



## Learn about their treatment at **HOME SWEET HOME**

How to care for those taking INQOVI® (decitabine and cedazuridine) tablets for myelodysplastic syndromes (MDS), including chronic myelomonocytic leukemia (CMML)

### What is INQOVI?

INQOVI is a prescription medicine used to treat adults with myelodysplastic syndromes, including chronic myelomonocytic leukemia (CMML). Your healthcare provider will determine if INQOVI can treat your type of MDS.

It is not known if INQOVI is safe or effective in children.

### Selected Important Safety Information

**INQOVI may cause serious side effects, including:**

**Low blood cell counts.** Low blood counts (white blood cells, platelets, and red blood cells) are common with INQOVI but can also be serious and lead to infections that may be life-threatening. If your blood cell counts are too low, your healthcare provider may need to delay treatment with INQOVI, lower your dose of INQOVI, or in some cases give you a medicine to help treat low blood cell counts. Your healthcare provider may need to give you antibiotic medicines to prevent or treat infections or fever while your blood cell counts are low. Your healthcare provider will check your blood cell counts before you start treatment and regularly during treatment with INQOVI.

**Call your healthcare provider right away if you get any of the following signs and symptoms of infection during treatment with INQOVI:**

- fever
- body aches
- chills
- bruising more easily than usual

Please see Important Safety Information throughout, read the full Prescribing Information in pocket or at [INQOVI.com/PI](https://www.inqovi.com/PI), and discuss with your healthcare provider.

**INQOVI**®  
(decitabine and cedazuridine)  
35mg / 100mg tablets

## Introduction

### About this guide

This guide is to help you and those you care for through treatment with INQOVI® (decitabine and cedazuridine) tablets, an oral medication (taken by mouth) for **myelodysplastic syndromes (MDS)**, including **chronic myelomonocytic leukemia (CMML)**.



The person you care for may have just been diagnosed with MDS, or they may have tried other treatment options before switching to treatment with INQOVI. Either way, this booklet will help you understand their MDS diagnosis and treatment journey.

The person you care for should follow their healthcare provider's instructions about how to take INQOVI. This booklet serves as a reminder of those instructions. You or the person you care for should always contact their healthcare provider if they have any questions or problems taking their medication as instructed.

————— x You can visit **INQOVI.com** for more information x —————

### Glossary\*

**Myelodysplastic syndromes (MDS)** are a group of bone marrow failure disorders that lead to lowered blood cell counts and cells that don't function properly.

**Bone marrow** is a tissue inside your bones that produces different types of blood cells.

**Chronic myelomonocytic leukemia (CMML)** is a rare type of blood cancer that shares features with MDS as well as with another type of blood cancer called myeloproliferative neoplasms.

**Myeloproliferative neoplasms** are a group of disorders in which the bone marrow produces too many of one or more types of blood cells. They are sometimes known as MPN.

\*Definitions of blue bolded terms can also be found in the glossary on pages 30 to 31.

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### Selected Important Safety Information

**Before taking INQOVI, tell your healthcare provider about all of your medical conditions, including if you:**

- have kidney problems
- have liver problems

**Please see Important Safety Information throughout, read the full Prescribing Information in pocket or at [INQOVI.com/PI](https://www.inqovi.com/PI), and discuss with your healthcare provider.**

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## The caregiver role

### Helpful tips

As a caregiver, you will work alongside the professional caregiver team. Here are some ways you might be able to help the person you care for:

- Have patience with them and listen to their feelings
- Talk to family and friends to discuss a care plan
- Educate yourself on MDS and treatment with INQOVI® (decitabine and cedazuridine) tablets
- Let the person you care for decide how much help they need. They may want to be left alone sometimes
- Help them keep track of when to take INQOVI
- Watch out for and help manage unusual behavior or side effects
- Coordinate medical appointments and provide a ride if needed
- Make a plan for emergencies. Organize a folder for important health resources and contact information
- Assist with daily activities and household chores when you are able to
- Offer to go to checkups or medical appointments with the person you care for
  - You can hear the healthcare provider's instructions firsthand to avoid any confusion or misinterpretation
  - You can help take care of billing and insurance issues
- Be honest and clear when communicating with the person you care for

Caregiving is an important role, and it can vary based on your relationship with the person taking INQOVI. A caregiver can be many things, including:

- An advocate
- A friend
- An extra set of hands
- A source of support and encouragement
- A trusted comfort and guide along the treatment journey

**If you do not live with the person you care for, be sure to check in regularly. If you live far away from them, you may want to find someone who lives nearby to help with certain tasks.**



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## Getting the support you need

Your role as a caregiver is very important, but you are not alone in caring for this person. There are resources available to help you and the person you care for through this treatment process.

Lean on family members, doctors, nurses, or an extended care team for support. Plan a schedule for the week and share it with family and friends so they can help.

You might consider joining a support group or advocacy network to get involved with other people who have experienced or cared for people with MDS.

The advocacy groups listed below and on page 13 of this brochure will help you find community and additional information for caregivers. The doctor, nurses, or office staff may also help you find a counselor, support group, or other means of support.

————— x For more caregiver resources, visit [caregiver.org](https://caregiver.org) x —————  
or [theraymondfoundation.org](https://theraymondfoundation.org)

## Self-care

Being a caregiver can take an emotional and physical toll. It's important to take a break sometimes and care for yourself. The better you can take care of yourself, the better you can assist the person you care for.

It is important to maintain balance in your life. When possible, find a little part of your day to relax. Take some time to do things you enjoy, like:

- Traveling
- Exercising
- Creating art
- Reading
- Whatever you need to relax after hours of caregiving



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## About MDS

### What is MDS?

The term “myelodysplastic syndromes (MDS)” refers to a **group of conditions**, which are sometimes called bone marrow failure disorders, that can lead to abnormalities in the blood. MDS occurs when bone marrow produces fewer healthy blood cells that work properly. There are several different types of MDS.

MDS is a rare type of blood cancer.

- Up to 20,000 new cases of MDS are reported in the United States every year
- Between 60,000 and 170,000 people in the United States are estimated to have MDS

MDS is not contagious. In very rare cases (up to 10%), MDS can be linked to inherited conditions (meaning they run in the family). Tell the person you care for to talk to a healthcare provider about inheritable disorders related to MDS.

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### Glossary

**Chemotherapy** is the use of cytotoxic agents, or medicines that kill cells. It works by controlling abnormal cells, but it may harm healthy cells in the process.

**Radiation therapy** is a type of cancer treatment that uses high-energy waves, such as X-rays or gamma rays, to destroy or damage cells in a certain area.

### What are the risk factors for MDS?

The cause of MDS is unknown in more than 80% of diagnosed patients.

A person may be at greater risk of MDS if they:

- Are older than 60 years (86% of patients with MDS are over 60)
- Are male (men are more than twice as likely to develop MDS as women)
- Have spent a lot of time around chemicals such as benzene (which can be found in tobacco smoke) or other toxic chemicals
- Have received **chemotherapy** or **radiation therapy** for other cancers



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## What happens to bone marrow in MDS?

Bone marrow makes immature blood cells called blast cells. In healthy bone marrow, these blast cells will fully mature into 3 different types of blood cells: red blood cells, white blood cells, and platelets.

Blood cells help carry out a lot of important tasks in your body:

**White blood cells** help fight infection

x **Platelets** help stop bleeding

**Red blood cells** carry oxygen around the body

MDS alters the appearance and performance of some blood cells in the bone marrow. These changes cause bone marrow to produce blast cells that do not mature into normal blood cells. As a result, some people with MDS do not have enough normal blood cells.

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### Glossary

**Absolute neutrophil count**, sometimes called ANC, is the number of neutrophils in the blood.

**Hemoglobin**, sometimes called Hgb, is the blood protein that carries oxygen to the body's tissues.

**Hematocrit**, sometimes called Hct, is the percentage of red blood cells in the body's total blood volume.

This results in **cytopenia(s)**, meaning a shortage of mature blood cells. There are different types of cytopenias, including:

- **Anemia**: Low red blood cell count
- **Leukopenia**: Low white blood cell count
- **Neutropenia**: Low neutrophil count (a type of white blood cell that plays an important role in fighting infection)
- **Thrombocytopenia**: Low platelet count

When a person has MDS, their healthcare provider will take regular blood tests to track the levels of different types of blood cells, including:

- White blood cells
- **Hematocrit**
- **Absolute neutrophil count**
- Platelets
- **Hemoglobin**

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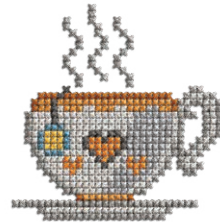
## What are the effects of MDS?

The effects of MDS vary from patient to patient. Many patients do not experience any symptoms when they are first diagnosed with MDS. Knowing the type of cytopenia(s) the person you care for has can help to determine which symptoms may show up.

If the person you care for has:

- Low red blood cells (anemia), they may experience tiredness, shortness of breath, or their heart skipping a beat
- Low white blood cells (leukopenia or neutropenia), they may experience fever and recurrent or prolonged infections
- Low platelets (thrombocytopenia), they may experience bruising or unusual bleeding such as bleeding gums, bloody nose, or blood in their stool or urine

The healthcare provider may have mentioned that MDS has a chance of progressing to **acute myeloid leukemia (AML)**. 70% of people with MDS do not progress to AML.



## Resources and support

Unlike some other cancers, MDS is a rare disease. That means that you and the person you care for may not know a lot about MDS or know others who have it. As a caregiver for a person with MDS, it is important to understand MDS and have a support system to turn to.

These organizations offer free educational resources about MDS, including

- Videos explaining how MDS affects the body
- Detailed guidelines for managing treatment
- Community forums with other MDS patients and caregivers
- Resources for caregivers

### The Aplastic Anemia and MDS International Foundation (AAMDSIF)

Visit [aamds.org](http://aamds.org) or call 1-800-747-2820 Monday to Friday, 8 AM to 4 PM ET to contact the Patient HelpLine

### The Leukemia & Lymphoma Society (LLS)

Visit [lls.org](http://lls.org) or call 1-800-955-4572 Monday to Friday, 9 AM to 9 PM ET to speak with an Information Specialist

### The Myelodysplastic Syndromes (MDS) Foundation, Inc.

Visit [mds-foundation.org](http://mds-foundation.org) or call 1-800-MDS-0839 (1-800-637-0839)

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## Glossary

**Acute myeloid leukemia (AML)** is a type of blood cancer that starts in the bone marrow but can move into the blood or other parts of the body.

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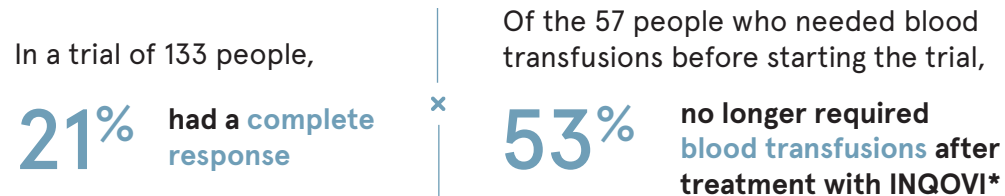
## About INQOVI

### What is INQOVI?

INQOVI® (decitabine and cedazuridine) tablets are a prescription medicine used to treat adults with certain types of MDS, including CMML.

INQOVI is an oral combination pill made of decitabine and cedazuridine. Decitabine has been used to treat MDS for many years, but was previously only available as an **intravenous (IV) infusion**. Cedazuridine is an ingredient that allows INQOVI to be taken by mouth.

In clinical trials, INQOVI was shown to be effective in some patients with MDS or CMML.



\*In this trial, blood transfusions could mean either red blood cell or platelet transfusions. Patients who did not need blood transfusions were able to go without a transfusion for 56 days.

### Glossary

**Intravenous (IV) infusion** is a way to get medicines directly into the bloodstream by going through a vein.

**Complete response** occurs when there is no evidence of the signs and symptoms of MDS.

**Blood transfusion** is a blood transfer procedure that can provide temporary relief for patients with low blood counts.

### Who should take INQOVI?

INQOVI is for adult patients (18+ years of age). INQOVI was primarily studied in patients with intermediate- or high-risk types of MDS, including CMML. It is not known if INQOVI is safe or effective in children.

The revised International Prognostic Scoring System is used to help predict the course of MDS in a patient and their risk level for progressing to AML. Risk level (low, intermediate, high) is determined by their hemoglobin, blood cell counts, and genetic tests. A healthcare provider can help determine the best treatment based on risk level.

The person you care for should talk to a healthcare provider before taking INQOVI if they

Have kidney or liver problems  Are pregnant or plan to become pregnant  Are breastfeeding or plan to breastfeed

Remind the person you care for to **tell their healthcare provider about all the medicines they take**, including prescription and over-the-counter medicines, vitamins, and herbal supplements. You or the person you care for should keep a list of the medicines they take to show their healthcare provider and pharmacist when they get a new medicine.

### Selected Important Safety Information

**Before taking INQOVI, tell your healthcare provider about all of your medical conditions, including if you:**

- are pregnant or plan to become pregnant. INQOVI can harm your unborn baby. Tell your healthcare provider right away if you become pregnant or think you may be pregnant during treatment with INQOVI.

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## How to take INQOVI



INQOVI tablets contain 35 mg of decitabine and 100 mg of cedazuridine.

Tablet shown is not actual size. Actual tablet size is 7.94 mm x 14.29 mm.

Remind the person you care for to take 1 tablet, by mouth, once a day for the first 5 days of each 28-day cycle. INQOVI® (decitabine and cedazuridine) tablets should be **taken on an empty stomach, at least 2 hours before or 2 hours after a meal**. After 5 days of treatment, they do not need to take INQOVI for the next 23 days.

| Week 1 | Take 1 tablet once daily for 5 days | 2 days off |
|--------|-------------------------------------|------------|
| Week 2 | No medication                       |            |
| Week 3 | No medication                       |            |
| Week 4 | No medication                       |            |

\_\_\_\_ x If the person you care for misses their dose by more than 12 hours, x \_\_\_\_  
they should skip that dose and extend their cycle by 1 day

To reduce risk of nausea or vomiting, their healthcare provider may prescribe an anti-nausea pill to take before each dose of INQOVI.

**INQOVI cannot be substituted for IV-administered decitabine within the same cycle.** If the person you care for is switching from IV-administered decitabine to INQOVI, tell them to talk to their healthcare provider about starting INQOVI at the beginning of their next cycle.

## Important reminders during treatment with INQOVI

### DO

- Take INQOVI exactly as their healthcare provider tells them to take it
- Take it one time a day at about the same time each day
- Take INQOVI on an empty stomach
- Swallow INQOVI tablets whole
- If they miss their dose, they should take it within 12 hours of their usual time
- If they miss a dose by more than 12 hours, they should take their next dose at the usual time the following day

### DO NOT

- Do not change their dose or stop taking INQOVI unless their healthcare provider tells them to
- Do not eat for at least 2 hours before and 2 hours after taking INQOVI
- Do not cut, crush, or chew the tablet
- Do not take a dose missed by more than 12 hours
- Do not take an additional dose after vomiting a dose

### Selected Important Safety Information

#### Females who are able to become pregnant:

- Your healthcare provider will check to see if you are pregnant before you start treatment with INQOVI.
- You should use effective birth control during treatment with INQOVI and for at least 6 months after your last dose of INQOVI.

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## How to take INQOVI (cont'd)

It may take 4 or more cycles before INQOVI® (decitabine and cedazuridine) tablets have an effect on the condition. Their blood cell counts may change within the first 2 months.

Their healthcare provider will take blood tests before they start treatment with INQOVI and again before each 28-day cycle to check how well the treatment is working. If their blood counts are low, their healthcare provider may need to give them antibiotic medicines to prevent or treat infections or fever.

If the person you care for gets certain side effects, their healthcare provider may tell them to

- reduce the number of days they take INQOVI per cycle
- temporarily stop taking INQOVI
- completely stop taking INQOVI



## Selected Important Safety Information

**Males** with female partners who are able to become pregnant should use effective birth control during treatment with INQOVI and for 3 months after the last dose. Talk to your healthcare provider if you have questions about birth control options that are right for you.

## How should INQOVI be stored?

- INQOVI should be stored at room temperature between 68°F and 77°F (20°C and 25°C)
- INQOVI should not be stored outside of the original blister pack (plastic sheet containing pills)
- Remind the person you care for to talk to their healthcare provider about how to safely dispose of INQOVI



DosePak is 7.35 in x 2.45 in.

**Keep INQOVI and all medicines out of the reach of children.**

## Important information about INQOVI

The person you care for should not use INQOVI for any condition for which it was not prescribed. They should not give INQOVI to other people, even if they have the same symptoms. It may harm them. They can talk to a healthcare provider for more information about INQOVI.

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## Possible side effects

### What are the possible side effects of INQOVI?

The person you care for may experience side effects while taking INQOVI® (decitabine and cedazuridine) tablets. Their healthcare provider will take blood tests before each cycle of INQOVI to help check for side effects such as cytopenias.

The most common side effects of INQOVI include:

- low white blood cell count (leukopenia)
- low platelets in the blood (thrombocytopenia)
- low white blood cell count (neutropenia)
- low red blood cell count (anemia)
- tiredness
- constipation
- bleeding
- muscle pain
- pain or sores in mouth or throat
- joint pain
- nausea
- shortness of breath
- diarrhea
- rash
- dizziness
- fever with low white blood cell count (**febrile neutropenia**)
- swelling of arms or legs
- headache
- cough
- decreased appetite
- upper respiratory tract infection
- pneumonia
- changes in liver function tests

— × You or the person you care for can record any side effects or important notes in the health journal provided in the INQOVI Treatment Kit or online at [INQOVI.com/healthjournal](https://www.inqovi.com/healthjournal) × —

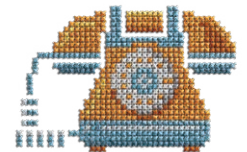
**INQOVI may cause serious side effects, such as low blood cell counts.** Low blood counts are common with INQOVI but can also be serious and can lead to infections that may be life-threatening. The person you care for will have their blood counts checked by a healthcare provider regularly during treatment with INQOVI. If they have low blood counts, their healthcare provider may need to give them antibiotic medicines to prevent or treat infections or fever.

**The person you care for should tell their healthcare provider right away if they get any of the following signs and symptoms of infection during treatment with INQOVI:**

- fever
- chills
- body aches
- bruising more easily than usual

INQOVI may affect fertility in men. The person you care for can talk to their healthcare provider if this is a concern for them.

— × These are not all of the possible side effects of INQOVI. **Remind the person you care for to call their healthcare provider for medical advice about side effects.** You may report side effects to the Food and Drug Administration at 1-800-FDA-1088.

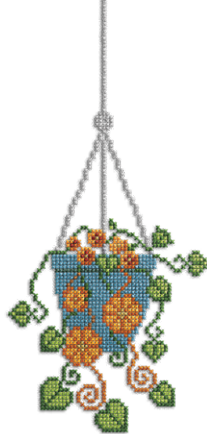


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## Tips for managing common side effects

The person you care for should refer to their healthcare provider for ways to manage certain side effects. Their healthcare provider may adjust or delay their dosing cycle. The following information may also be helpful to you and the person you care for in managing some of the common side effects of INQOVI® (decitabine and cedazuridine) tablets, along with their healthcare provider's care.



**This information is not meant to replace a healthcare provider's advice. The person you care for should always discuss any side effects with their healthcare provider.**

### Tiredness or weakness

#### Help the person you care for to

- Relax. Stress and anxiety can increase feelings of tiredness
- Eat well and hydrate. They should drink about 8 cups of water or juice daily
- Set reasonable goals each day. Offer to help with more difficult tasks if you are able
- Plan time to rest or nap. Keeping naps short will help with better sleep at night
- Stay active. Talk with a healthcare provider about low-effort exercise that may be appropriate for their energy level, such as short walks
- Get at least 8 hours of sleep every night. Establishing a bedtime routine may help
- Talk to a healthcare provider about possible medications to help with tiredness

### Fever

#### Help the person you care for to

- Look out for signs of fever, such as:
  - Feeling very warm or cold
  - Having a headache or body aches
  - Having shaking chills
  - Developing a skin rash or a new area of redness or swelling
  - Developing a new cough or shortness of breath
  - Having a sore throat
  - Developing new belly pain
  - Feeling burning or pain while urinating
  - Having pus coming from an injury or other location
  - Seeming confused or forgetful
- Check their temperature by mouth. If they can't hold the thermometer in their mouth, they can hold it under their armpit
  - You or the person you care for may want to contact their healthcare provider if their temperature reaches **100.5°F (38°C) or higher**
- Drink plenty of liquids, like water, juice, and soup, because a fever can cause fluid loss and dehydration
- Get enough rest
- Keep cool by using a cold compress on their forehead
- **They should not take any medicine for the fever before talking to their healthcare provider**
- **Call their healthcare provider immediately if they have a fever or other signs of infection, such as chills or body aches**

### Selected Important Safety Information

**Before taking INQOVI, tell your healthcare provider about all of your medical conditions, including if you:**

- are breastfeeding or plan to breastfeed. It is not known if INQOVI passes into breast milk. Do not breastfeed during treatment with INQOVI and for 2 weeks after your last dose of INQOVI.

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## Tips for managing common side effects (cont'd)

### Nausea or vomiting

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#### Help the person you care for to

- Eat smaller meals throughout the day, instead of 3 big ones
- Avoid certain foods that may make them sick, such as greasy, fried, sweet, or spicy foods
- Choose foods that are easy on the stomach, like plain crackers or toast
- Eat food at room temperature
- Avoid strong smells. If they feel like vomiting, they can go outside and get a breath of fresh air
- Talk to a healthcare provider, who may prescribe medication that can help with nausea. They can take this before treatment with INQOVI® (decitabine and cedazuridine) tablets

### Constipation

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#### Help the person you care for to

- **Talk to a healthcare provider if they have not had a bowel movement in 2 days**
- Keep a record of their bowel movements to discuss with their healthcare provider
- Talk to their healthcare provider about a high-fiber diet. Some examples are bran muffins, cooked peas and beans, and peanut butter
- Stay hydrated. They should drink at least 8 cups of water or other fluids per day
- Drink warm fluids like tea. Fruit juice such as prune juice may also help
- Be active when possible. Ask a healthcare provider about ways to exercise while taking INQOVI

### Diarrhea

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#### Help the person you care for to

- Keep track of their bowel movements. **They should talk to their healthcare provider if:**
  - They have diarrhea lasting for more than 24 hours
  - They experience pain along with diarrhea
  - Their rectal area is sore or bleeds
- Talk to their healthcare provider about prescription medicine to help with diarrhea. They should not take any medicine for diarrhea before talking to a doctor or nurse
- Eat smaller meals throughout the day instead of 3 large ones
- Talk to their healthcare provider about foods high in sodium and potassium. They may be low on these minerals if they've had diarrhea
- Eat low-fiber foods such as bananas, white rice, white toast, and plain or vanilla yogurt
- Drink 8 to 12 cups of clear liquids each day, such as water or clear broth. Liquids containing electrolytes can be helpful
- Drink liquids slowly and at room temperature

### Selected Important Safety Information

**Tell your healthcare provider about all the medicines you take,** including prescription and over-the-counter medicines, vitamins, and herbal supplements. Know the medicines you take. Keep a list of them to show your healthcare provider and pharmacist when you get a new medicine.

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## Tips for managing common side effects (cont'd)

### Cough

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#### Help the person you care for to

- Pay attention to their surroundings. Coughs can be caused by:
  - Allergies
  - Secondhand smoke or chemicals
  - Infection
  - Acid reflux, or heartburn
- Talk to their healthcare provider about the cause and type of cough. A cough can be acute (lasting less than 3 weeks) or persistent (more than 8 weeks)
- **Call their healthcare provider immediately if they cough up blood or colored mucus, or experience other symptoms with their cough**
- Avoid exposure to secondhand smoke or irritating chemicals such as those found in hairspray or cleaning products
- Avoid things they are allergic to. It's a good idea to vacuum and dust regularly if they have allergies
- Take a hot shower or use a humidifier to loosen mucus and moisten the throat
- Stay hydrated to thin out the mucus in the throat
- Talk to a healthcare provider about medicines that may help alleviate their cough, such as antihistamines or cough drops

### Decreased appetite

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#### Help the person you care for to

- Eat small meals throughout the day instead of 3 large ones
- Set a daily schedule for meals. They may not feel hungry, but this will help them remember to eat regularly
- Drink liquid foods such as soup or smoothies if they do not feel like eating solid foods
- Choose foods that are high in calories and/or protein
- Use plastic forks or spoons if they experience a metallic taste in their mouth
- Talk to their healthcare provider about exercises that may help them feel hungrier, or extra vitamins or supplements they can take

### Selected Important Safety Information

**The most common side effects of INQOVI include:** low white blood cell count (leukopenia), low platelets in your blood (thrombocytopenia), low white blood cell count (neutropenia), low red blood cell count (anemia), tiredness, constipation, bleeding, muscle pain, pain or sores in your mouth or throat, joint pain, nausea, shortness of breath, diarrhea, rash, dizziness, fever with low white blood cell count (febrile neutropenia), swelling of arms or legs, headache, cough, decreased appetite, upper respiratory tract infection, pneumonia and changes in liver function tests.

Please see Important Safety Information throughout, read the full Prescribing Information in pocket or at [INQOVI.com/PI](https://www.inqovi.com/PI), and discuss with your healthcare provider.

**INQOVI**<sup>®</sup>  
(decitabine and cedazuridine)  
35mg / 100mg tablets

## Taiho Oncology Patient Support™ is here to help you



An MDS diagnosis can be overwhelming and confusing, but Taiho Oncology Patient Support™ is here to ensure that access to treatment is as simple as possible.

Our patient support program is your online and on-call resource center for any questions or needs related to financial assistance, reimbursement, and treatment with INQOVI® (decitabine and cedazuridine) tablets. Visit [TaihoPatientSupport.com](https://TaihoPatientSupport.com) to find support now.

### Financial assistance

We offer financial support depending on insurance type, including:

- \$0 Co-pay program for eligible,\* privately insured patients
- Alternate funding support for publicly insured patients (such as those on Medicare)
- Patient Assistance program for underinsured patients

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Personalized nurse support† is available to help with dose refills and education about treatment with INQOVI

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Additional services include:

- Insurance support: Taiho Oncology Patient Support™ will welcome you and explain your insurance benefits
- Reimbursement support: A reimbursement specialist will confirm your access to INQOVI or assist you in applying for financial assistance
- Specialty pharmacy program: The specialty pharmacy will call you to discuss payment and shipment
- You will receive your prescription of INQOVI from the specialty pharmacy, physician, or hospital, and it will have instructions for use to begin your treatment

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The person you care for can talk to their healthcare provider about enrollment.

To learn more, visit [TaihoPatientSupport.com](https://TaihoPatientSupport.com) or call  
**1-844-TAIHO-4U** (1-844-824-4648) Monday to Friday, 8 AM to 8 PM ET

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\*Visit [TaihoPatientSupport.com](https://TaihoPatientSupport.com) to see full eligibility criteria.

†If selected on the Patient Enrollment Form, a Nurse Navigator will be assigned to provide telephone support and will address general inquiries about INQOVI treatment.

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# Glossary

## Helpful words to know

**Absolute neutrophil count** (sometimes called ANC) – The total amount of neutrophils in the blood. It is calculated by multiplying the number of white blood cells times the percentage of neutrophils.

**Acute myeloid leukemia** (sometimes called AML) – A cancer of the blood cells. AML starts in the bone marrow, but often moves quickly into the blood as well. AML can sometimes spread to other parts of the body, including the lymph nodes, liver, spleen, brain and spinal cord, and testicles.

**Anemia** – A condition in which the body does not have enough healthy red blood cells. This may result in fatigue, generalized weakness, and shortness of breath.

**Blast cells** – Immature blood cells that normally would become fully functional mature red cells, white cells, or platelets. The number of blast cells in the bone marrow helps define how severe MDS is in a person.

**Blood transfusion** – Blood transfer procedures that can provide temporary relief for patients with low blood counts.

**Bone marrow** – The soft, spongelike tissue in the center of bones that functions like a factory to produce white blood cells, red blood cells, and platelets.

**Chemotherapy** – The use of cytotoxic agents, or medicines that kill cells. Chemotherapy works by controlling abnormal cells, but it may harm healthy cells in the process. Side effects may occur as a result. Chemotherapy is working well when normal blood cells start to grow again.

**Chronic myelomonocytic leukemia** (sometimes called CMML) – A form of blood cancer that is characterized by high numbers of white blood cells (monocytes) in the blood and bone marrow. CMML is an uncommon blood cancer that has features of 2 other types of blood cancer: MDS and myeloproliferative neoplasms (MPN).

**Complete response** – Disappearance of the signs and symptoms of cancer.

**Cytopenia** – A lack of mature cells in the blood. Cytopenias can occur in red blood cells, white blood cells, and/or platelets.

**Febrile neutropenia** – A lack of a certain type of mature white blood cells, called neutrophils, paired with a fever. Febrile neutropenia can be more serious than neutropenia on its own.



**Hematocrit** (sometimes called Hct) – The percentage of red blood cells in the body's total blood volume.

**Hemoglobin** (sometimes called Hgb) – The blood protein that carries oxygen to the body's tissues.

**Intravenous infusion** – A method of getting fluids or medicines directly into the bloodstream (through a vein) over a period of time. Sometimes called IV infusion.

**Leukopenia** – A lack of white blood cells.

**Myelodysplastic syndromes** (sometimes called MDS) – A group of bone marrow failure disorders. *Myelo* refers to the bone marrow. *Dysplastic* means abnormal growth. In MDS, the bone marrow does not make blood cells normally. The result is too few cells or low blood counts (cytopenias) and cells that do not function properly.

**Myeloproliferative neoplasms** (sometimes called MPN) – A group of disorders in which bone marrow blast cells produce excess numbers of one or more types of blood cells (red cells, white cells, or platelets).

**Neutropenia** – A lack of a certain type of mature white blood cells, called neutrophils.

**Neutrophil** – A type of white blood cell that assists in fighting bacterial infections.

**Platelets** (sometimes called Plt) – The type of blood cell that helps stop bleeding.

**Radiation therapy** – A type of cancer treatment that uses high-energy waves, such as X-rays or gamma rays, to destroy or damage cells in a certain area. It can also be used with other types of treatment.

**Red blood cells** (sometimes called RBC) – The type of blood cell that carries oxygen around the body.

**Thrombocytopenia** – A condition in which the number of mature platelets, or thrombocytes, is below normal. When severe, there is a tendency to bruise and bleed more easily.

**White blood cells** (sometimes called WBC) – The type of blood cell that helps fight infection.

Please see Important Safety Information throughout, read the full Prescribing Information in pocket or at [INQOVI.com/PI](http://INQOVI.com/PI), and discuss with your healthcare provider.

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visit [TaihoPatientSupport.com](https://www.taihopatient.com) or call **1-844-TAIHO-4U**  
(1-844-824-4648) Monday to Friday, 8 AM to 8 PM ET



For general information and support for MDS, check the  
resource brochure available in your treatment kit or online  
at [INQOVI.com/resources](https://www.inqovi.com/resources)



## Selected Important Safety Information

INQOVI may affect fertility in men. Talk to your healthcare provider if this is a concern for you. These are not all of the possible side effects of INQOVI. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**Please see Important Safety Information throughout,  
read the full Prescribing Information in pocket or at  
[INQOVI.com/PI](https://www.inqovi.com/PI), and discuss with your healthcare provider.**

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