Decnupaz™
pivekimab sunirine-pvzy
injection for intravenous use 2 mg

BILLING AND CODING GUIDE

(REV: 05/2026)

Decnupaz™ Support Services

DECNUPAZ™ Support Services is committed to helping patients prescribed DECNUPAZ by offering access and reimbursement support, along with affordability assistance for eligible commercially insured patients.

For more information, call DECNUPAZ Support Services at **1-833-746-7892, Monday to Friday, 7:00 AM to 7:00 PM CST.**

Find support resources for your practice and your patients at **DECNUPAZhcp.com**

This guide is for informational purposes only and is not intended to provide reimbursement or legal advice. The information presented here does not guarantee payment or coverage for any product or service. Providers are responsible for determining the appropriate codes and submitting true and correct claims for product and services rendered. Providers should contact the patient's payer for information on coverage, coding, and reimbursement.

UNCLASSIFIED/MISCELLANEOUS HCPCS CODES FOR DECNUPAZ[1,2]

HCPCS Code	Description
J3490	Unclassified drug
J3590	Unclassified biologics
J9999	Antineoplastic drugs that are not otherwise classified
C9399	Unclassified drugs or biologics

HCPCS = Healthcare Common Procedure Coding System.

INDICATION

DECNUPAZ™ (pivekimab sunirine-pvzy) is indicated for the treatment of adult patients with blastic plasmacytoid dendritic cell neoplasm (BPDCN).

IMPORTANT SAFETY INFORMATION

BOXED WARNING: HEPATOTOXICITY, INCLUDING HEPATIC VENO-OCCLUSIVE DISEASE (VOD) (ALSO KNOWN AS SINUSOIDAL OBSTRUCTION SYNDROME)

- **DECNUPAZ can cause hepatotoxicity, including severe or fatal hepatic VOD (also known as sinusoidal obstruction syndrome).**
- **Closely monitor patients for signs and symptoms of VOD, including elevations in liver tests, hepatomegaly (which may be painful), rapid weight gain, and ascites.**
- **Monitor liver tests, including ALT, AST, and total bilirubin, prior to each dose of DECNUPAZ.**
- **Delay DECNUPAZ dosage for liver test elevation. Permanently discontinue DECNUPAZ for patients who experience VOD.**

Please see additional Important Safety Information, including BOXED WARNING on pages 1-7.

Please see accompanying full Prescribing Information, or visit https://www.rxabbvie.com/pdf/decnupaz_pi.pdf

TABLE OF CONTENTS

IMPORTANT SAFETY INFORMATION (cont'd)
WARNINGS AND PRECAUTIONS
Hepatotoxicity, Including Hepatic VOD

- DECNUPAZ can cause hepatotoxicity, including VOD, a severe form of hepatotoxicity. In CADENZA, VOD occurred in 6% (7/116) of adult patients during treatment or following a subsequent hematopoietic stem cell transplantation (HSCT). Of the 7 total patients that developed VOD, 3 patients had treatment-naïve BPDCN and 4 patients had relapsed/refractory BPDCN. Among all 116 patients treated with DECNUPAZ at 0.045 mg/kg, VOD occurred in 2/116 (2%) during treatment, with onset up to 30 days after the last dose. Among 19 patients with BPDCN who proceeded to HSCT, VOD occurred in 5/19 patients (26%), including 2 fatal cases. The median time from subsequent HSCT to onset of VOD was 11 days (range: 7-25 days).
- After receiving DECNUPAZ, patients should be closely monitored for signs and symptoms of VOD, including elevations in ALT, AST, and total bilirubin; hepatomegaly (which may be painful); rapid weight gain; and ascites. Monitor liver tests, including ALT, AST, and total bilirubin, prior to each dose of DECNUPAZ. Based on elevations of liver tests, delay DECNUPAZ. In patients who experience VOD, discontinue DECNUPAZ and treat according to standard medical practice.

Infusion-Related Reactions

- DECNUPAZ can cause serious, life-threatening infusion-related reactions (IRR); signs and symptoms of IRR include dyspnea, flushing, fever, chills, nausea, chest discomfort, hypotension, and vomiting. In CADENZA, IRR occurred in 26% (30/116) of patients during treatment with DECNUPAZ at 0.045 mg/kg once every 3 weeks, including Grade 1 in 4.3% (5/116), Grade 2 in 16% (19/116), and Grade 3 in 5% (6/116) of patients. IRR occurred in Cycle 1 in 25% (29/116) of patients with decreasing frequency in subsequent cycles. IRR led to discontinuation in 1 patient.
- Premedicate with a corticosteroid the day before infusion, and premedicate with a corticosteroid, antihistamine, and antipyretic prior to dosing. Premedication the day before infusion and prior to dosing led to reduced frequency and severity of IRR.
- Monitor patients closely for potential IRR during the infusion and for at least 4 hours, or longer as clinically indicated, after the first infusion and for at least 1 hour after subsequent infusions.
- Interrupt infusion of DECNUPAZ and institute appropriate medical management if an infusion-related reaction occurs. Depending on the severity of the infusion-related reaction, reduce infusion rate or permanently discontinue.

Edema

- DECNUPAZ can cause edema and fluid retention, including serious events. In CADENZA, Grade 3-4 edema occurred in 16% (18/116) of patients treated with DECNUPAZ, including Grade 3-4 generalized edema in 2.6% (3/116) of patients.
- Monitor patients for new or worsening edema. For Grade 2 or 3 edema, delay further dosing of DECNUPAZ until edema has returned to Grades 0-1 or baseline. For Grade 3 edema or Grade 2 edema with dose delay for more than 2 weeks, consider resuming at a lower dose. For Grade 4 edema, permanently discontinue. Institute appropriate medical management for edema.

Sulfite Allergic Reactions

- DECNUPAZ contains sodium metabisulfite, a sulfite that may cause allergic-type reactions, including anaphylactic symptoms and life-threatening or less severe asthmatic episodes in certain susceptible people. The overall prevalence of sulfite sensitivity in the general population is unknown and probably low. Sulfite sensitivity is seen more frequently in asthmatic than in non-asthmatic people.

Please see additional Important Safety Information, including BOXED WARNING on pages 1-7.

Please see accompanying full Prescribing Information, or visit https://www.rxabbvie.com/pdf/decnupaz_pi.pdf

BILLING AND CODING GUIDE INFORMATION MAY HELP SUPPORT SUCCESSFUL CLAIMS PROCESSING

Accuracy in billing and coding can help enhance claims processing and facilitate timely reimbursement. AbbVie provides this informational guide as a reference for billing and coding for DECNUPAZ™.

Claims that include the following may help support more successful processing:

- Accurate codes (eg, CPT, J-code, ICD-10-CM)
- Accurate product information (ie, dose, route, units given, units wasted)
- Accurate and complete NDC, Prior Authorization number, and National Provider Identifier
- Accurate beneficiary information (eg, insurance identification number, date of birth)
- Completion of all payer-specific requirements
- Consistency between the Prior Authorization and the filed claim

DISCLAIMER: This guide is for informational purposes only and is not intended to provide reimbursement or legal advice. The information presented here does not guarantee payment or coverage. The coding, coverage, and payment information included in this guide is subject to change in accordance with frequently changing laws, regulations, rules, and policies. Reimbursement policies will vary by payer and state. You should check the current laws, regulations, and payer coverage policies to confirm current coding, coverage, and billing requirements for DECNUPAZ. AbbVie encourages healthcare providers to submit claims with accurate and appropriate codes, charges, and modifiers for the services rendered. It is always the provider's responsibility to determine medical necessity and the proper site for delivery of any services and to submit the appropriate codes. Healthcare professionals are ultimately responsible for all aspects of reimbursement. Codes must accurately reflect the patient's condition, procedure performed, and products used.

CPT = Current Procedural Terminology; **ICD-10-CM** = International Classification of Diseases, 10th Revision, Clinical Modification; **NDC** = National Drug Code.

IMPORTANT SAFETY INFORMATION (cont'd)
WARNINGS AND PRECAUTIONS (cont'd)
Embryo-Fetal Toxicity

- Based on its mechanism of action, DECNUPAZ can cause embryo-fetal harm when administered to a pregnant woman because it contains a genotoxic compound (FGN849) and affects actively dividing cells.
- Advise patients of the potential risk to the fetus. Advise females of reproductive potential to use effective contraception during treatment with DECNUPAZ and for 7 months after the last dose. Advise male patients with female partners of reproductive potential to use effective contraception during treatment with DECNUPAZ, and for 4 months after the last dose.

Please see additional Important Safety Information, including BOXED WARNING on pages 1-7.

Please see accompanying full Prescribing Information, or visit https://www.rxabbvie.com/pdf/decnupaz_pi.pdf

HOSPITAL/OUTPATIENT CODING

The tables below provide examples of codes that may be appropriate for DECNUPAZ™ for its FDA-approved indication. Please note, the use of the following codes does not guarantee payment or coverage for any product or service.

NDC[3]

11-Digit NDC[3]

Administration Method	Dosage Form	Code	Description
Physician Administered	Carton of one 2-mg vial	00074-0282-02	One single-use vial

10-Digit NDC[3]

Administration Method	Dosage Form	Code	Description
Physician Administered	Carton of one 2-mg vial	0074-0282-02	One single-use vial

CPT[4-6,*,†]

Submitting accurate codes and claims is important to ensure proper reimbursement of services.

Procedural Type	Code	Description
Intravenous Infusion/Push	96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance or drug
Intravenous Infusion/Push	96409‡	Injection and intravenous infusion chemotherapy administration; intravenous, push technique, single or initial substance/drug

FDA = Food and Drug Administration; **HCP** = healthcare provider.

This document is intended for informational purposes only and is not intended to provide reimbursement or legal advice. Providers are responsible for determining the appropriate codes and submitting true and correct claims for product and services rendered. Providers should contact the patient's payor for information on coverage, coding, and reimbursement.

*Commercial payers may use alternate codes; check with payer.

†Modifier 52, if discontinued and not resumed. Modifier 76 defines a repeat procedure or service, on the same day, by the same physician or other qualified healthcare professional (QHP). Intended for use only if service was completely discontinued and restarted. Stop and start (without discontinuation) does not require this modifier but should be documented in the patient's medical record.[8,9]

‡This code is listed in addition to the code for administering an infusion based on CPT coding guidance that appears to allow the use of an intravenous (IV) push code for short infusions (15 minutes or less).[10] It is not intended to advise on whether this product can be administered as a push or an infusion, and providers should defer to the labeling for information on dosing and administration

IMPORTANT SAFETY INFORMATION (cont'd)
ADVERSE REACTIONS

- Serious adverse reactions occurred in 55% of patients treated with DECNUPAZ. The most common (≥2%) serious adverse reactions were febrile neutropenia, pneumonia, edema, sepsis, hemorrhage, thrombosis, infusion-related reactions, viral infection, pneumonitis, infections without pathogens identified, pyrexia, and musculoskeletal pain. Fatal adverse reactions occurred in 4.3% of patients who received DECNUPAZ, including cardiac arrest (0.9%), clostridium difficile infection (0.9%), failure to thrive (0.9%), depressed level of consciousness (0.9%), and respiratory failure (0.9%).

Please see additional Important Safety Information, including BOXED WARNING on pages 1-7.

Please see accompanying full Prescribing Information, or visit https://www.rxabbvie.com/pdf/decnupaz_pi.pdf

HOSPITAL/OUTPATIENT CODING (CONT'D)

PLACE-OF-SERVICE CODES[7]

Code	Location	Description
19	Off Campus: Outpatient Hospital	A portion of off-campus hospital, provider-based department that provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization
22	On Campus: Outpatient Hospital	A portion of a hospital's main campus that provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization

HCPCS[1,2]

HCPCS Code	Description
J3490	Unclassified drug
J3590	Unclassified biologics
J9999	Antineoplastic drugs that are not otherwise classified
C9399	Unclassified drugs or biologics

ICD-10-CM DIAGNOSIS CODES[11]

Code	Description
C86.4	Blastic plasmacytoid dendritic cell neoplasm

CODE MODIFIERS[12,13,*]

Code	Description
JW	Drug amount discarded/not administered to any patient
JZ	Zero drug amount discarded/not administered to any patient
TB[†]	Drug or biologic acquired with 340B drug pricing program discount, reported for informational purposes

When submitting a CMS-1500 form: Split claim and modifier guidance varies by payer and should be verified prior to submitting a split claim. Check MAC requirements for specific claim submission guidance.

*For more information on the JW and JZ modifiers, visit:
https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf
Modifier requirements for payers other than Medicare may vary—providers should check with their specific plans about policies.

†Effective January 1, 2025, the JG modifier is no longer used under Medicare and the TB modifier is required under the OPPS and PFS to identify 340B units instead.[13]

IMPORTANT SAFETY INFORMATION (cont'd)

ADVERSE REACTIONS (cont'd)

- The most common adverse reactions (≥20%) were edema, fatigue, musculoskeletal pain, hemorrhage, infusion-related reactions, nausea, and diarrhea.
- The most common Grade 3 or 4 laboratory abnormalities (≥10%) were decreased neutrophils, decreased platelets, decreased lymphocyte count, decreased white blood cell count, decreased hemoglobin, and increased glucose.

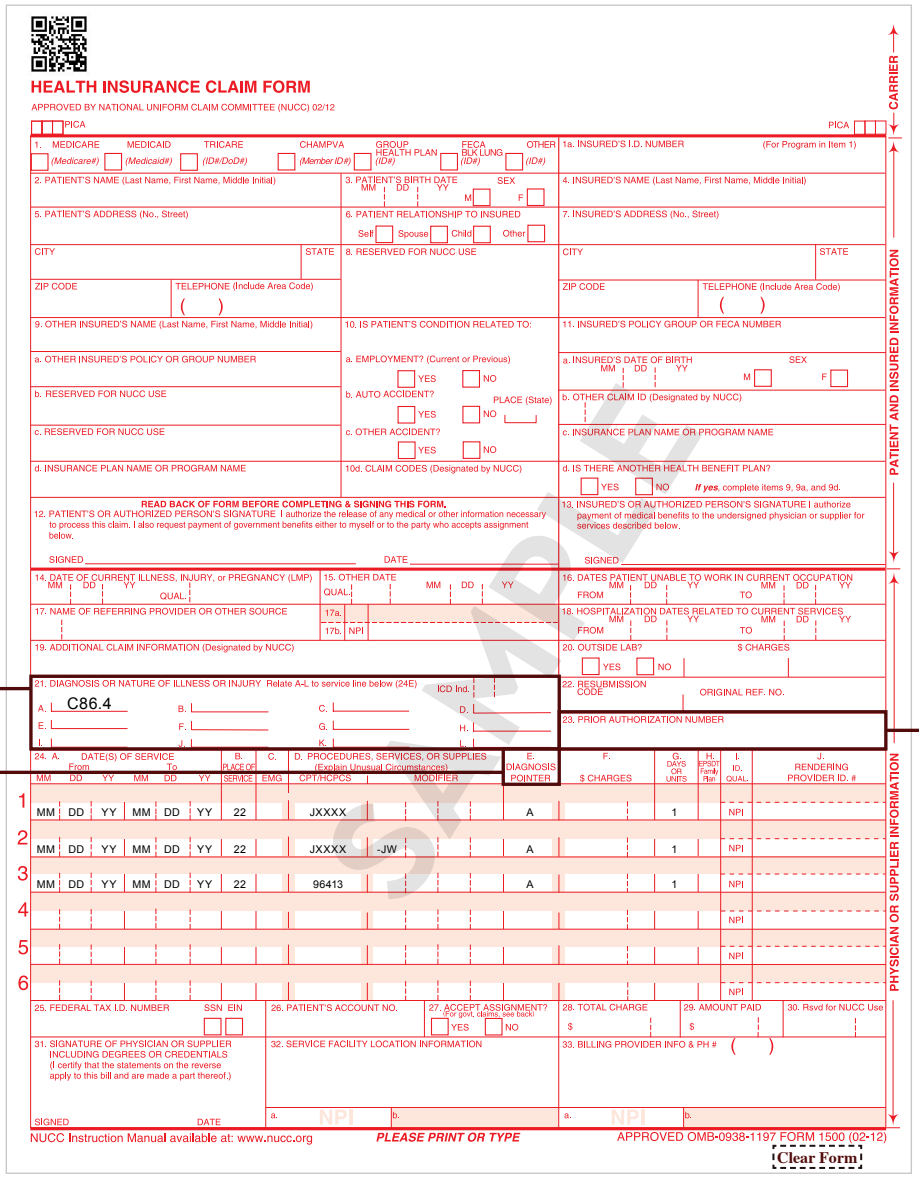
Please see additional Important Safety Information, including BOXED WARNING on pages 1-7.

Please see accompanying full Prescribing Information, or visit https://www.rxabbvie.com/pdf/decnupaz_pi.pdf

SAMPLE CMS 1500 CLAIM FORM

Box 21 (Electronic Claim Form = Loop 2300, Segment HI01-2 through HI12-2): Enter the patient's diagnosis from the patient's medical record. Be as specific as possible. Use Box 21 B-L fields for secondary diagnoses.

Box 24E (Electronic Claim Form = Loop 2400, Segment SV107): Specify the diagnosis letter that corresponds to DECNUPAZ and the drug administration code(s) in Box 21.



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code)

ZIP CODE TELEPHONE (Include Area Code)

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? PLACE (State) YES NO

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO *If yes*, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM MM DD YY TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. C86.4 B. C. D.

E. F. G. H.

I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 MM DD YY	MM DD YY	22		JXXXX		A		1		NPI	
2 MM DD YY	MM DD YY	22		JXXXX	-JW	A		1		NPI	
3 MM DD YY	MM DD YY	22		96413		A		1		NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

Clear Form

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

SAMPLE

Box 23 (Electronic Claim Form = Loop 2300, REF02): Enter Prior Authorization number if one exists.

IMPORTANT SAFETY INFORMATION (cont'd)

DRUG INTERACTIONS

- FGN849 is a substrate of CYP3A. Closely monitor patients for adverse reactions with DECNUPAZ when used concomitantly with strong and moderate CYP3A inhibitors.

USE IN SPECIAL POPULATIONS

- **Lactation:** Advise women not to breastfeed during treatment with DECNUPAZ and for 1 month after the last dose.
- **Renal Impairment:** Avoid use of DECNUPAZ in patients with moderate to severe renal impairment (CLcr <60 mL/min, estimated by Cockcroft-Gault) or patients with end-stage renal disease.

Please see additional Important Safety Information, including BOXED WARNING on pages 1-7.

Please see accompanying full Prescribing Information, or visit https://www.rxabbvie.com/pdf/decnupaz_pi.pdf

SAMPLE UB-04/CMS 1450 CLAIM FORM

Form Locator (FL) 42 (Electronic Claim Form = Loop 2400, Segment Type SV201): List the appropriate revenue code for DECNUPAZ™. Medicare requires Revenue Code 0636. Medicaid may use 0636, but other payers may use General Pharmacy 0250 or other revenue codes—always check with the billed payer.

Additionally, enter an appropriate revenue code for the administration service, 0335 for chemotherapy, or others based on the cost center in which the service was performed.

FL 43 (NOT REQUIRED BY MEDICARE): Enter the description of the procedure for the Revenue Code billed. If required, enter the N4 indicator first, then the 11-digit NDC code. In the third place, list the quantity and, last, the unit-of-measurement code.

An example for DECNUPAZ is N400074-0282-02 UN2.

FL 45 (Electronic Claim Form = Loop 2400, Segment DTP/472/03): Enter the date of service.

FL 46 (Electronic Claim Form = Loop 2400, SV205): Enter the units for the HCPCS code billed.

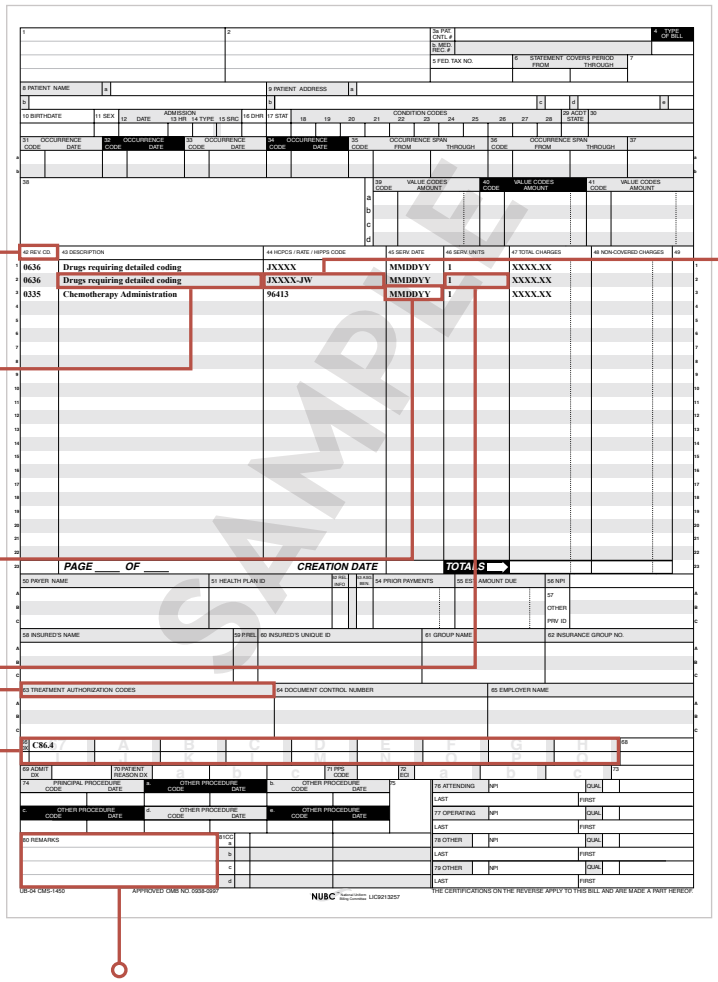
Enter the number of service units for each item. **For misc codes, each unit corresponds to 1 Unit of DECNUPAZ.**

For Medicare (and some other payers), bill the units given and the units wasted on separate lines, with the units wasted corresponding to modifier JW.

FL 63 (Electronic Claim Form = Loop 2300, REF/G1/02): Enter treatment authorization code.

FL 67A-Q (Electronic Claim Form = Loop 2300, HI01–2 [HI01–1 = BK]): Enter a diagnosis code for DECNUPAZ documented in the medical record.

Be as specific as possible. The code listed here is an example: C86.4.



FL 44 (Electronic Claim Form = Loop 2400, SV202–2 [SV202–1 = HC/HP]): Enter the appropriate HCPCS code for **DECNUPAZ (pivekimab sunirine-pvzy) for intravenous injection,* which, as of May 27, 2026, is the selected misc code.**

This HCPCS code may not be acceptable to all payers on or after May 27, 2026. If applicable, the discarded product must be reported on a separate line with modifier JW.† If no waste is reported, apply modifier JZ‡ for dates of service on or after January 1, 2023. Also, modifier TB must be applied for 340B providers in most cases. For administration, enter the appropriate code or codes for the infusion duration. As an example, a 60-minute infusion of DECNUPAZ requires 96413.§

FL 80 (Electronic Claim Form = Loop 2300, Segment OCC): When completing a claim for a drug that does not have a permanent code, additional information is required. Include the drug name, drug strength, unit of measure, number of units administered (and discarded), total dosage, route of administration, and 11-digit NDC. A Prior Authorization (or precertification) code may also be required by commercial plans.

*Utilize a miscellaneous J-code between May 27, 2026 and December 31, 2026. After December 31, 2026, you will use the permanent J-code assigned to DECNUPAZ.

†Effective January 1, 2017, Medicare requires providers to use the JW modifier (drug amount discarded/not administered to any patient) for all claims with unused drugs or biologicals from single-use vials, and to document the discarded drug or biological in the patient's medical record.

‡Effective July 1, 2023, Medicare requires the use of the JZ modifier to indicate there were no units of drug discarded.

§CPT® Code 96413: Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug. Initial infusion times may vary.

IMPORTANT SAFETY INFORMATION (cont'd)
USE IN SPECIAL POPULATIONS (cont'd)

- **Hepatic Impairment:** Avoid use of DECNUPAZ in patients with moderate to severe hepatic impairment (total bilirubin >1.5 x ULN with any AST).

Please see additional Important Safety Information, including BOXED WARNING on pages 1-7.

Please see accompanying full Prescribing Information, or visit https://www.rxabbvie.com/pdf/decnupaz_pi.pdf

Decnupaz™
pivekimab sunirine-pvzy
injection for intravenous use 2 mg

Decnupaz™ Support Services

DECNUPAZ™ SUPPORT SERVICES

HERE TO HELP YOU NAVIGATE ACCESS FOR YOUR PATIENTS

DECNUPAZ Support Services is committed to helping patients **prescribed DECNUPAZ** by offering **access and reimbursement** support, along with **affordability** assistance for eligible, commercially insured patients.

ENROLL YOUR PATIENT IN DECNUPAZ SUPPORT SERVICES

Visit DECNUPAZhcp.com to download and complete the enrollment form.

Once enrolled, DECNUPAZ Support Services offers the following:

Access and Reimbursement Support	Co-Pay Assistance*
• Benefits investigation • Prior Authorization support • Appeals support	• Support for eligible, commercially insured patients with out-of-pocket costs • Patients could **pay as little as $0** for their medication

*Eligibility: Available to patients with commercial insurance coverage for DECNUPAZ who meet eligibility criteria. This co-pay assistance program is not available to patients receiving prescription reimbursement under any federal, state, or government-funded insurance programs (for example, Medicare [including Part D], Medicare Advantage, Medigap, Medicaid, TRICARE, Department of Defense, or Veterans Affairs programs) or where prohibited by law. Offer subject to change or termination without notice. Restrictions, including monthly maximums, may apply. This is not health insurance. **For full Terms and Conditions, visit https://www.DECNUPAZ.com/copayterms or call 1-833-746-7892 for additional information. To learn about AbbVie's privacy practices and your privacy choices, visit https://abbv.ie/corpprivacy**

Questions?
Connect with a DECNUPAZ Support Services specialist.
Call 1-833-746-7892, Monday to Friday, 7:00 AM to 7:00 PM CST.

myABBVIE ASSIST

If your patient is having difficulty paying for their medicine, AbbVie may be able to help.†
Visit AbbVie.com/PatientAccessSupport to learn more.

†Criteria include patients who are uninsured or have insurance that excludes coverage for DECNUPAZ (including patients on Medicare or Medicaid), residents of the United States or Puerto Rico, and patients who meet the financial eligibility requirements. Terms and conditions apply.

References: 1. Centers for Medicare & Medicaid Services. Billing and coding: hospital outpatient drugs and biologicals under the Outpatient Prospective Payment System (OPPS). Accessed March 18, 2026. https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=55913. 2. American Academy of Professional Coders. HCPCS Code for Not otherwise classified, antineoplastic drugs J9999. Accessed March 18, 2026. https://www.aapc.com/codes/hcpcs-codes/J9999. 3. DECNUPAZ [package insert]. AbbVie, Inc. 2026. 4. American Academy of Professional Coders. CPT 96413, under injection and intravenous infusion chemotherapy and other highly complex drug or highly complex biologic agent administration. Accessed March 18, 2026. https://www.aapc.com/codes/cpt-codes/96413. 5. National Library of Medicine. CPT Code 96413. Accessed March 18, 2026. https://vsac.nlm.nih.gov/context/cs/codesystem/CPT/version/2021/code/96413/info. 6. American Academy of Professional Coders. CPT 96415, under injection and intravenous infusion chemotherapy and other highly complex drug or highly complex biologic agent administration. Accessed March 18, 2026. https://www.aapc.com/codes/cpt-codes/96415. 7. Centers for Medicare & Medicaid Services. Place of service code set. Accessed March 18, 2026. https://www.cms.gov/medicare/coding-billing/place-of-service-codes/code-sets. 8. ICD10Data.com. Malignant neoplasm of bronchus and lung C34-. Accessed March 18, 2026. https://www.icd10data.com/ICD10CM/Codes/C00-D49/C30-C39/C34-. 9. American Academy of Professional Coders. ICD-10-CM code for human epidermal growth factor receptor 2 negative status Z17.32. Accessed March 18, 2026. https://www.aapc.com/codes/icd-10-codes/Z17.32. 10. Centers for Medicare & Medicaid Services. Billing and coding: JW and JZ modifier billing guidelines. Accessed March 18, 2026. https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=55932. 11. 2026 ICD-10-CM Diagnosis Code C86.4. ICD10Data.com. Accessed January 14, 2026. https://www.icd10data.com/ICD10CM/Codes/C00-D49/C81-C96/C86-/C86.4. 12. Centers for Medicare & Medicaid Services. Medicare program. Discarded Drugs and Biologicals—JW Modifier and JZ Modifier Policy. Accessed January 14, 2026. https: //www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf. 13. Centers for Medicare & Medicaid Services. Revised Part B inflation rebate guidance: Use of the 340B Modifier. Accessed January 14, 2026. https://www.cms.gov/files/document/revised-part-b-inflationrebate-340b-modifier-guidance.pdf.

Please see Important Safety Information, including BOXED WARNING on Hepatotoxicity Including Hepatic Veno-Occlusive Disease (VOD) on pages 1-7.

Please see accompanying full Prescribing Information, including BOXED WARNING, or visit https://www.rxabbvie.com/pdf/decnupaz_pi.pdf

abbvie

US-PVEK-250077 May 2026 032611