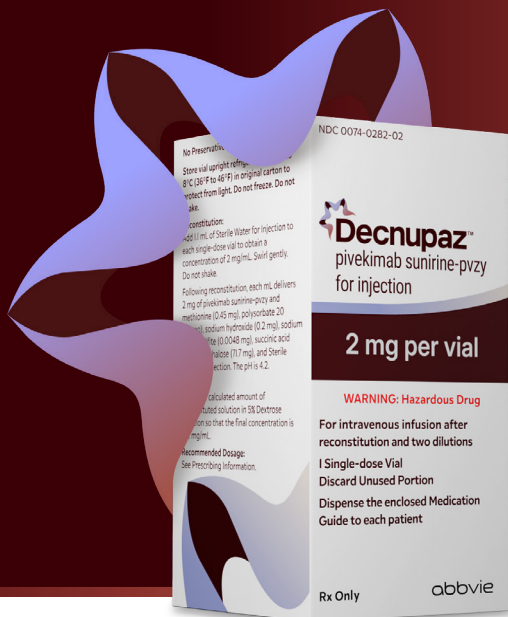


# DOSING & ADMINISTRATION GUIDE



This guide provides DECNUPAZ PI-based direction for dosing, preparation, administration, and dose modifications.

## INDICATION<sup>1</sup>

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

## IMPORTANT SAFETY INFORMATION<sup>1</sup>

**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 full Important Safety Information, including BOXED WARNING, on pages 12 and 13. Please see full [Prescribing Information](#).

# Instructions for preparation

## What is needed

Before beginning the dose preparation process, ensure you have everything you need:



Personal protective equipment and materials for hazardous drug handling (per local requirements)



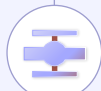
Sterile Water for Injection for reconstitution of 2 mg vial(s) of DECNUPAZ



DECNUPAZ 2 mg vial(s) – single-dose, each contains 1 mL (2 mg) withdrawable drug



Sterile syringes (of appropriate size for reconstitution, dilution, and administration)



Syringe connector (for mixing during second dilution)



5% Dextrose Injection (for both first and second dilutions, and to flush IV-line following infusion)



Syringe pump (as appropriate)



**Optional:** 1.2 micron polyethersulfone (PES) filter (only if an in-line filter is required for administration)

# General overview of preparation

Please see full dosing and preparation instructions below



## Preparation

- Use aseptic technique to prepare<sup>1</sup>
- DECNUPAZ is a hazardous drug<sup>1</sup>
- Determine the dose and the number of vials needed based on the patient's actual body weight<sup>1</sup>



## Reconstitution

- Reconstitute each room-temperature 2 mg vial with 1.1 mL of Sterile Water for Injection for a concentration of 2 mg/mL<sup>1</sup>



## First Dilution

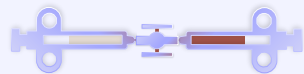
- Add 4.8 mL of 5% Dextrose Injection<sup>1</sup>
- Resulting diluted concentration is 0.4 mg/mL<sup>1</sup>
- Volume (mL) needed from vial(s) after first dilution =  $\text{Dose (mg)} / 0.4 \text{ mg/mL}^1$
- Requires a second dilution prior to administration<sup>1</sup>



## Second Dilution

- Dilute 1:1 with 5% Dextrose Injection<sup>1</sup>
- The final concentration is 0.2 mg/mL<sup>1</sup>
- Discard any unused drug remaining in the vial(s)<sup>1</sup>

### SYRINGE-TO-SYRINGE DILUTION



5% Dextrose Injection

0.4 mg/mL DECNUPAZ solution



## Administration

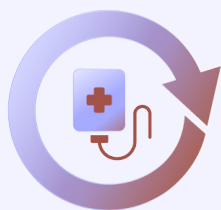
- Administer 0.2 mg/mL DECNUPAZ solution using a syringe pump (as appropriate)<sup>1</sup>
- The recommended dose is 0.045 mg/kg once every 3 weeks until disease progression or unacceptable toxicity<sup>1</sup>

Please see full dosing and preparation instructions below

Please see full Important Safety Information, including BOXED WARNING, on pages 12 and 13. Please see full [Prescribing Information](#).

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

# Recommended dosage



## One outpatient infusion of DECNUPAZ every 21 days<sup>1,2</sup>

Continue until disease progression or unacceptable toxicity<sup>1</sup>

### Weight-based dosing

- The recommended dose of DECNUPAZ is 0.045 mg/kg based on the patient's actual body weight<sup>1</sup>

### Rapid administration

- Administered over ~15–30 minutes as an IV infusion<sup>\*\*</sup>

### Considerations for specific patient populations

- **Pregnancy/those with reproductive potential:** DECNUPAZ can cause fetal harm when administered to a pregnant woman. Advise females of reproductive potential to use effective contraception during treatment and for 7 months after the last dose. Advise males with female partners of reproductive potential to use effective contraception during treatment and for 4 months after last dose<sup>1</sup>
- **Lactation:** Advise women not to breastfeed during treatment with DECNUPAZ and for 1 month after the last dose<sup>1</sup>
- **Pediatric use:** Safety and effectiveness of DECNUPAZ have not been established in pediatric patients<sup>1</sup>
- **For patients with renal impairment:** No dosage adjustment of DECNUPAZ is recommended for patients with mild renal impairment (CLcr 60 to <90 mL/min, estimated by Cockcroft-Gault)<sup>1</sup>
  - **Moderate to severe 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<sup>1</sup>
- **For patients with hepatic impairment:** No dosage adjustment of DECNUPAZ is recommended for patients with mild hepatic impairment (total bilirubin  $\leq$ ULN and AST >ULN or total bilirubin  $\leq$ 1.5 times ULN and any AST)<sup>1</sup>
  - **Moderate to severe hepatic impairment:** Avoid use of DECNUPAZ in patients with moderate to severe hepatic impairment (total bilirubin >1.5  $\times$  ULN with any AST)<sup>1</sup>

<sup>\*\*</sup>This does not include administration of premedications or monitoring.

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# Premedications

Administer premedications the **day prior to and on the day\*** of each infusion of DECNUPAZ to reduce the risk of infusion-related reactions.<sup>1</sup>

Recommended Premedications Prior to Each DECNUPAZ Infusion <sup>1</sup>			
ADMINISTRATION TIME PRIOR TO DECNUPAZ INFUSION	PREMEDICATION	ROUTE OF ADMINISTRATION	DOSE (OR EQUIVALENT)
Day prior to infusion	Corticosteroid	Oral or IV	Dexamethasone 8 mg twice daily
30 to 60 minutes prior to infusion	Corticosteroid	IV	Dexamethasone 8 mg
	Antihistamine	IV	Diphenhydramine 25 mg to 50 mg
	Antipyretic	Oral	Acetaminophen 325 mg to 650 mg

## Monitoring for infusion-related reactions

- Monitor patients closely for potential infusion-related reactions 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<sup>1</sup>
- Interrupt the infusion of DECNUPAZ and institute appropriate medical management if an infusion-related reaction occurs. Depending on the severity of the infusion-related reactions, reduce the infusion rate or permanently discontinue<sup>1</sup>

\*30–60 minutes prior to each DECNUPAZ infusion<sup>1</sup>

Please see full Important Safety Information, including **BOXED WARNING**, on pages 12 and 13. Please see full **Prescribing Information**.



# Preparation overview

## Dosage forms and strengths

**Strength:** 2 mg per single-dose vial<sup>1</sup>

**For injection:** 2 mg of pivekimab sunirine-pvzy as a white to off-white, lyophilized cake in a single-dose vial<sup>1</sup>

### Important Administration Instructions

**DECNUPAZ requires reconstitution followed by two dilutions prior to administration.**

**Read the entire Instructions for Preparation section carefully before preparing and administering DECNUPAZ<sup>1</sup>**

#### Preparing DECNUPAZ

- Use aseptic technique to prepare DECNUPAZ<sup>1</sup>
- DECNUPAZ is a hazardous drug. Follow applicable special handling and disposal procedures in accordance with local requirements<sup>1</sup>
- Determine the dose and the number of DECNUPAZ vials needed. More than one vial may be needed to achieve a full dose<sup>1</sup>
- Remove the DECNUPAZ vial(s) from the refrigerator and allow the vial(s) to reach room temperature 15°C to 30°C (59°F to 86°F) before use<sup>1</sup>



Please see full Important Safety Information, including BOXED WARNING, on pages 12 and 13. Please see full Prescribing Information.

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

# Reconstitution



## Reconstitute DECNUPAZ with Sterile Water for Injection

- Using a sterile syringe, reconstitute DECNUPAZ by slowly injecting 1.1 mL of Sterile Water for Injection into each vial to obtain a concentration of 2 mg/mL. Each single-dose vial contains 1 mL (2 mg) of withdrawable DECNUPAZ<sup>1</sup>
- Gently swirl the vial in a circular motion. Do not shake<sup>1</sup>
- Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit. The reconstituted solution in each vial should appear clear to slightly opalescent, colorless to slightly yellow and free of visible contaminants, particles and/or particulates. Do not use if discoloration or particulate matter is present<sup>1</sup>
- DECNUPAZ contains no preservative. Use reconstituted solution immediately. If not used immediately, store the reconstituted DECNUPAZ vials in a refrigerator at 2°C to 8°C (36°F to 46°F) for up to 4 hours from the time of reconstitution. Do not freeze<sup>1</sup>

Please see full Important Safety Information, including **BOXED WARNING**, on pages 12 and 13. Please see full **Prescribing Information**.

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

# Dilution



**Dilute DECNUPAZ to a final concentration of 0.2 mg/mL following a two-step dilution process**

## First Dilution

- DECNUPAZ must be diluted with 5% Dextrose Injection<sup>1</sup>
- Add 4.8 mL of 5% Dextrose Injection to the reconstituted solution in the vial. Mix the diluted solution by gentle inversion. Do not shake<sup>1</sup>
- The resulting diluted solution concentration is 0.4 mg/mL<sup>1</sup>
- Calculate the required administration volume needed from the first dilution of vial(s)<sup>1</sup>
- DECNUPAZ requires a second dilution prior to administration<sup>1</sup>

Volume needed from vial(s)  
after first dilution (mL)

=

Dose  
(mg)

÷

0.4  
mg/mL

## Second Dilution

- Withdraw the calculated volume from the first dilution of vial(s) using an appropriately sized syringe
- Withdraw an equal volume of 5% Dextrose Injection in an appropriately sized second syringe
- Attach a connector to the two syringes and transfer DECNUPAZ into the syringe containing 5% Dextrose Injection
- Disconnect the syringes. Draw air into the syringe containing the DECNUPAZ diluted solution and close
- Gently invert the syringe to mix the solution. Do not shake
- Remove air bubbles from the syringe before administration
- The final concentration is 0.2 mg/mL
- Discard any unused drug remaining in the vial(s)
- Do not use an in-line filter due to increased drug loss. If an in-line filter is required, a 1.2 micron polyethersulfone (PES) filter can be used

Please see full Important Safety Information, including BOXED WARNING, on pages 12 and 13. Please see full [Prescribing Information](#).

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

# Storage



## Storage of diluted solution

- Immediately use diluted DECNUPAZ solution<sup>1</sup>
- The total storage time from the start of dose preparation to completion of administration should not exceed 24 hours. Store the diluted solution of DECNUPAZ under refrigeration at 2°C to 8°C (36°F to 46°F) for no more than 24 hours, including up to 8 hours at room temperature at 9°C to 25°C (48°F to 77°F), from the time of reconstitution to completion of the intravenous infusion.<sup>1</sup>
- Discard diluted infusion solution if storage time exceeds these limits<sup>1</sup>
- If refrigerated, allow approximately 30 minutes for the diluted solution to come to room temperature prior to administration. Do not shake<sup>1</sup>
- Do not freeze the diluted infusion solution<sup>1</sup>
- Protect from light during storage<sup>1</sup>
- Do not shake<sup>1</sup>

Please see full Important Safety Information, including **BOXED WARNING**, on pages 12 and 13. Please see full **Prescribing Information**.

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# Administration instructions



Administer DECNUPAZ as an IV infusion at a rate of 0.8 mL/min (0.165 mg/min) for the first 30 minutes during the first infusion

- After preparing the dose for infusion, visually inspect the syringe content for particulates and discard if present<sup>1</sup>
- Do not mix DECNUPAZ with any other drugs or any IV fluids other than 5% Dextrose Injection<sup>1</sup>
- Protect the intravenous syringe from light using a light-blocking cover during infusion. The infusion line does not need to be protected from light<sup>1</sup>
- Administer DECNUPAZ as an IV infusion only. Do not administer as an IV push or bolus<sup>1</sup>
  - The first infusion of DECNUPAZ should be administered at a rate of 0.8 mL/min (0.165 mg/min) for the first 30 minutes<sup>1</sup>
  - If well tolerated, the infusion rate can be increased after 30 minutes to 1.7 mL/min (0.33 mg/min), if necessary<sup>1</sup>
  - Subsequent infusions may be delivered at the highest tolerated rate<sup>1</sup>
- Following the infusion, flush the IV line with sufficient volume of 5% Dextrose Injection to ensure delivery of the full dose. Do not use any other intravenous fluids for flushing<sup>1</sup>

# Dose modifications for adverse reactions

## Recommended Dosage Modifications for Adverse Reactions<sup>1</sup>

ADVERSE REACTION	SEVERITY <sup>a</sup>	DOSE MODIFICATION GUIDELINES
Veno-occlusive disease	Any Grade	<ul style="list-style-type: none"> <li>Permanently discontinue DECNUPAZ</li> </ul>
Increased AST or ALT	Either AST or ALT is >2.5 × the ULN	<ul style="list-style-type: none"> <li>Delay further DECNUPAZ dosing until AST or ALT have returned to ≤2.5 × the ULN</li> </ul>
Increased bilirubin	Total bilirubin >1.5 × the ULN	<ul style="list-style-type: none"> <li>Delay further DECNUPAZ dosing until total bilirubin has returned to ≤1.5 × the ULN</li> </ul>
Infusion-related reactions	Grade 2	<ul style="list-style-type: none"> <li>Interrupt DECNUPAZ infusion and institute appropriate medical management</li> <li>After full resolution of symptoms, resume DECNUPAZ infusion at 50% of the previous rate and if no further symptoms appear, increase rate as appropriate until infusion is completed</li> </ul>
	Grade 3	<ul style="list-style-type: none"> <li>Stop DECNUPAZ infusion and institute appropriate medical management</li> <li>After full resolution of symptoms, resume the infusion at 50% of the previous rate</li> <li>If symptoms recur, permanently discontinue</li> </ul>
	Grade 4	<ul style="list-style-type: none"> <li>Permanently discontinue DECNUPAZ</li> </ul>
Edema	Grade 1 (5-10% inter-limb discrepancy in volume or circumference, 4 kg weight gain, or 1+ pitting edema [2 mm])	<ul style="list-style-type: none"> <li>Follow weekly weights</li> <li>Consider administering diuretic therapy</li> </ul>
	Grade 2 (10-30% inter-limb discrepancy in volume or circumference, >4 kg weight gain, or 2+ pitting edema [4 mm])	<ul style="list-style-type: none"> <li>Administer diuretic therapy</li> <li>Manage hypoalbuminemia as needed</li> <li>Delay further DECNUPAZ dosing until edema has returned to Grade 0-1 or baseline</li> <li>If delayed more than 2 weeks, consider dose reduction before resuming</li> </ul>
	Grade 3 (>30% inter-limb discrepancy in volume, or 3+/4+ pitting edema [>6 mm])	<ul style="list-style-type: none"> <li>Consider combination diuretic therapy</li> <li>Manage hypoalbuminemia as needed</li> <li>Delay further DECNUPAZ dosing until edema has returned to Grade 0-1 or baseline</li> <li>Consider resuming DECNUPAZ infusion at 0.015 mg/kg IV once every 3 weeks</li> </ul>
	Grade 4 (life-threatening)	<ul style="list-style-type: none"> <li>Permanently discontinue DECNUPAZ</li> </ul>
Other non-hematologic adverse reactions	Grade 3	<ul style="list-style-type: none"> <li>Delay further DECNUPAZ dosing until resolved to ≤ Grade 2 or baseline</li> </ul>
	Grade 4	<ul style="list-style-type: none"> <li>Permanently discontinue DECNUPAZ</li> </ul>

<sup>a</sup>NCI CTCAE Version 4.03; Grade 1 is mild, Grade 2 is moderate, Grade 3 is severe, and Grade 4 is life-threatening.<sup>1</sup>

Please see full Important Safety Information, including BOXED WARNING, on pages 12 and 13. Please see full Prescribing Information.


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

# INDICATION AND IMPORTANT SAFETY INFORMATION<sup>1</sup>

## INDICATION<sup>1</sup>

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

## IMPORTANT SAFETY INFORMATION<sup>1</sup>

### 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.

### 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.

Please see full Important Safety Information, including BOXED WARNING, on pages 12 and 13. Please see full Prescribing Information.

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

# INDICATION AND IMPORTANT SAFETY INFORMATION (Cont'd)<sup>1</sup>

## 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.

## 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.

## ADVERSE REACTIONS

- Serious adverse reactions occurred in 55% of patients treated with DECNUPAZ. The most common ( $\geq 2\%$ ) 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%).
- The most common adverse reactions ( $\geq 20\%$ ) were edema, fatigue, musculoskeletal pain, hemorrhage, infusion-related reactions, nausea, and diarrhea.
- The most common Grade 3 or 4 laboratory abnormalities ( $\geq 10\%$ ) were decreased neutrophils, decreased platelets, decreased lymphocyte count, decreased white blood cell count, decreased hemoglobin, and increased glucose.

## 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

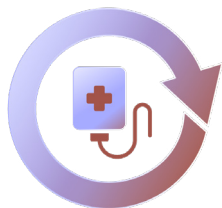
- **Lactation:** Advise women not to breastfeed during treatment with DECNUPAZ and for 1 month after the last dose.
- **Renal Impairment:** Avoid use of DECNUPAZ in patients with moderate to severe renal impairment (CL<sub>Cr</sub> <60 mL/min, estimated by Cockcroft-Gault) or patients with end-stage renal disease.
- **Hepatic Impairment:** Avoid use of DECNUPAZ in patients with moderate to severe hepatic impairment (total bilirubin >1.5 x ULN with any AST).

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







**One day.  
One outpatient infusion.  
Once every 21 days.<sup>1</sup>**

Give patients with BPDCN a different kind of treatment experience from the start

Actual clinical time may vary, including premedication and post-infusion monitoring.<sup>1</sup>

View full information for dose modification and management in the Adverse Reaction Management Guide.

Visit [DECNUPAZHCP.com](https://www.abbvie.com/decnupazhcp) to download.

## INDICATION<sup>1</sup>

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- 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.

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ALT=alanine aminotransferase; AST=aspartate aminotransferase; CLCr=creatinine clearance; IV=intravenous; NCI CTCAE=National Cancer Institute Common Terminology Criteria for Adverse Events; ULN=upper limit of normal

**REFERENCES:** 1. DECNUPAZ [package insert]. North Chicago, IL: AbbVie Inc. 2. Pemmaraju N, Marconi G, Montesinos P, et al. Pivekimab sunirine in blastic plasmacytoid dendritic cell neoplasm. *J Clin Oncol*. 2026;00;1-13.

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