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

EHR CONSIDERATIONS FOR DECNUPAZ

How to find appropriate patients and add DECNUPAZ to a treatment plan

EHR systems covered in this piece:

- Epic®
- Oracle Health®
- OncoEMR®
- Veradigm®
- iKnowMed®

INDICATION

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

SELECT IMPORTANT SAFETY INFORMATION

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

- **VOD, a severe form of hepatotoxicity, has been reported in patients with BPDCN treated with DECNUPAZ, including severe or fatal hepatic VOD.**
- **Closely monitor for signs and symptoms of VOD. Monitor liver tests and total bilirubin prior to each dose.**
- **Discontinue DECNUPAZ for patients who experience VOD.**

Additional Warnings and Precautions: Infusion-related reactions, edema, sulfite allergic reactions, and embryo-fetal toxicity.

Please see additional Important Safety Information, including BOXED WARNING, on pages 11 and 12. Please see accompanying full Prescribing Information.

Overview

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CONSIDERATIONS AND LIMITATIONS

The Suggested Search Criteria provides health systems with guidance to identify adult patients diagnosed with blastic plasmacytoid dendritic cell neoplasm (BPDCN) who may be eligible for treatment with DECNUPAZ.

These considerations were designed specifically to use Suggested Search Criteria in the Epic, Oracle Health, OncoEMR, Veradigm, and iKnowMed EHR systems and will not work for other conditions, treatments, or therapeutic areas and are not applicable for other EHR systems.

The processes outlined in this piece are variable, and not all steps will apply to every health system. Any steps or settings that are not part of a health system's standard process should be excluded or modified accordingly. Any questions should be directed at the appropriate service provider. The practice is solely responsible for implementing, testing, monitoring, and ongoing operation of any EHR tools.

Please see Important Safety Information, including BOXED WARNING, on pages 11 and 12. Please see accompanying full Prescribing Information.

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DECNUPAZ background

INDICATION[1]

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

DOSING[1]

The recommended dose of DECNUPAZ in adult patients with BPDCN is 0.045 mg/kg intravenously over approximately 15-30 minutes once every 3 weeks (21-day cycle) until disease progression or unacceptable toxicity. The dose is calculated based on the patient's actual body weight.

See full **Prescribing Information** for preparation and administration instructions.

DOSAGE FORM AND STRENGTH[1]

2 mg single-dose vial (NDC 0074-0282-02)

PREMEDICATIONS[1]

Administer premedications the day prior to and the day of the infusion of DECNUPAZ to reduce the risk of infusion-related reactions.

Recommended Premedications Prior to Each DECNUPAZ Infusion[1]

Administration Time Prior to DECNUPAZ Infusion	Premedication	Route of Administration	Dose (or Equivalent)
Day before DECNUPAZ infusion	Corticosteroid	Oral or intravenous	Dexamethasone 8 mg twice daily
30 to 60 minutes prior to infusion	Corticosteroid	Intravenous	Dexamethasone 8 mg
	Antihistamine	Intravenous	Diphenhydramine 25 mg to 50 mg
	Antipyretic	Oral	Acetaminophen 325 mg to 650 mg

HELPFUL LINKS

DECNUPAZ Prescribing Information:
www.rxabbvie.com/pdf/decnupaz_pi.pdf

DECNUPAZ patient website:
decnupaz.com

DECNUPAZ healthcare provider website:
decnupazhcp.com

DECNUPAZ background (cont'd)

DOSING MODIFICATIONS[1]

Recommended dosage modifications for DECNUPAZ due to adverse reactions

Adverse Reaction	Severity of Adverse Reaction*	Dose Modification Guidelines
Veno-occlusive disease (VOD)	Any grade	• Permanently discontinue
Increased aspartate aminotransferase (AST) or alanine aminotransferase (ALT)	Either AST or ALT is >2.5 × ULN	• Delay further dosing until AST or ALT have returned to ≤2.5 × ULN
Increased bilirubin	Total bilirubin >1.5 × ULN	• Delay further dosing until total bilirubin has returned to ≤1.5 × ULN
Infusion-related reactions	Grade 2	• Interrupt infusion and institute appropriate medical management • After full resolution of symptoms, resume the infusion at 50% of the previous rate, and if no further symptoms appear, increase rate as appropriate until infusion is completed
	Grade 3	• Stop infusion and institute appropriate medical management • After full resolution of symptoms, resume the infusion at 50% of the previous rate • If symptoms recur, permanently discontinue
	Grade 4	• Permanently discontinue
Edema	Grade 1 (5-10% inter-limb discrepancy in volume or circumference, 4 kg weight gain, or 1+ pitting edema [2 mm])	• Follow weekly weights • Consider administering diuretic therapy
	Grade 2 (10-30% inter-limb discrepancy in volume or circumference, >4 kg weight gain, or 2+ pitting edema [4 mm])	• Administer diuretic therapy • Manage hypoalbuminemia as needed • Delay further dosing until edema has returned to Grade 0-1 or baseline • If delayed more than 2 weeks, consider dose reduction before resuming
	Grade 3 (>30% inter-limb discrepancy in volume, or 3+/4+ pitting edema [>6 mm])	• Consider combination diuretic therapy • Manage hypoalbuminemia as needed • Delay further dosing until edema has returned to Grade 0-1 or baseline • Consider resuming infusion at 0.015 mg/kg intravenously once every 3 weeks
	Grade 4 (life-threatening)	• Permanently discontinue
Other non-hematologic adverse reactions	Grade 3	• Delay further dosing until resolved to ≤Grade 2 or baseline
	Grade 4	• Permanently discontinue

*National Cancer Institute Common Terminology Criteria for Adverse Events (NCI CTCAE) version 4.03; Grade 1 is mild, Grade 2 is moderate, Grade 3 is severe, and Grade 4 is life-threatening.[1]

ULN, upper limit of normal.

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Epic

IDENTIFYING PATIENTS WITH BPDCN

Use the following instructions to identify patients with BPDCN who may be eligible for treatment with DECNUPAZ.

1. Access the **Reporting Workbench** by clicking on the **Epic logo** → **Reports** → **My Reports**
2. Navigate to the **Library** tab from the **Reports** menu
3. Enter "Generic criteria" or "Find patients" in the search field and select **Search**
4. Select the **Find My Patients – Generic Criteria** report and click **New**
5. In the **Find Criteria** field, enter "Diagnosis"
6. Select the **Diagnosis by Code** criterion
7. Enter the following suggested ICD-10-CM code for BPDCN: **C86.4**[2]
8. Select the **General** tab and complete all report details, such as name and description
9. Click **Save** and **Run** to run the query. The results will display all patients matching the criteria
10. **Save** the query

CLINICAL WORKFLOW CONSIDERATIONS

Use the following steps to add DECNUPAZ to a patient's treatment plan.

1. **Patient encounter:** Once the plan is available in the system, a provider or authorized staff member logs into Epic (Hyperspace) and opens an "orders only" encounter for the patient
2. **Select the plan:** Within the patient's chart, navigate to the **Beacon Treatment Plans** section and select the newly built plan from the available protocols
3. **Customize and sign:** The provider can modify the plan for the specific patient's needs, complete any "stop signs" (required fields) for orders, and deselect unnecessary items. The provider then signs the plan
4. **Pharmacy and nursing workflow:** Signing the plan routes the medication orders to the pharmacy for preparation (via the Willow module) and makes the administration details available on the nursing eMAR (electronic Medication Administration Record)

ICD-10-CM, International Classification of Diseases, Tenth Revision, Clinical Modification.

Oracle Health

IDENTIFYING PATIENTS WITH BPDCN

Use the following instructions to identify patients with BPDCN who may be eligible for treatment with DECNUPAZ.

1. Launch **Discern Analytics 2.0**. It may be found as **DA2.exe** in the Oracle Health (Cerner) applications folder
2. Click the **Domains** tab to access available domains
3. Select **File** → **New** → **Query** or select the desired domain by double-clicking it
4. The query wizard will display available categories
5. In the **Qualifications** window, select the **Diagnosis Code Filter,** and click **Modify Filter List**
6. Enter the following suggested ICD-10-CM code for BPDCN: **C86.4**[2]
7. Set the general criteria for the report (name, version, time-out range, etc)
8. Click **Query** → **Query Review** or **Run Query in Viewer** in the **Query tab** to run the query
9. **Save** the query

CLINICAL WORKFLOW CONSIDERATIONS

Use the following steps to add DECNUPAZ to a patient's treatment plan.

1. **Patient identification and order entry: Log into Oracle Health** and open the patient's chart. Navigate to the **Orders tab** and search for DECNUPAZ, then select it from the available medication database
2. **Configure the order**: Enter dosing, timing, and administration details. Add any required labs in the **Labs section**
3. **Review and submit**: Review the order for accuracy, then submit it to the pharmacy. Complete required actions such as e-signature or faxing, depending on organizational workflows
4. **Add supportive therapies**: Use the **Order Set** to include additional treatments as part of the regimen
5. **Pharmacy verification**: The pharmacy reviews the order, verifies clinical details, and documents relevant notes and lab information for care team visibility

OncoEMR

IDENTIFYING PATIENTS WITH BPDCN

Use the following instructions to identify patients with BPDCN who may be eligible for treatment with DECNUPAZ.

1. Click **General** → **Reports** in the left navigation menu
2. From the available report templates, select the **Disease ICD Report**
3. In the **ICD Code Field**, enter the following suggested ICD-10-CM code for BPDCN: **C86.4**[2]
4. Set the general criteria for the report (name, version, time-out range, etc)
5. **Save** the query

CLINICAL WORKFLOW CONSIDERATIONS

Use the following steps to add DECNUPAZ to a patient's treatment plan.

1. **Initiate the treatment plan**: Enter the patient's chart and navigate to the **Treatment Plan** tab. Select **New Flowsheet** to begin building a new treatment plan. This will launch a series of guided pop-up screens requiring additional clinical details.
2. **Define the primary diagnosis**: In the prompted fields, **select or enter the patient's primary diagnosis (eg, BPDCN)** to align the treatment plan with the appropriate indication
3. **Search and select the treatment regimen:** Perform a full treatment search by **applying all filters within the library**, including NCCN Guidelines, Flatiron Network, and Practice). From the populated results, select the appropriate regimen, (ie, DECNUPAZ)
4. **Review and generate the Flowsheet:** After selecting the regimen, **review the pop-up summary of patient details**, diagnosis, and any required testing or blood work. Make any necessary updates, then proceed to **generate the treatment Flowsheet**
5. **Access and review the treatment Flowsheet**: Return to the **Treatment Plan** tab to view the newly created Flowsheet
6. **Finalize and approve the treatment plan: Select a treatment date** within the **Flowsheet** to open the detailed review window. After confirming all treatment details: **Select Approved** to finalize the plan and allow the treatment to proceed (the status indicator will change, eg, from blue to black).

Veradigm

IDENTIFYING PATIENTS WITH BPDCN

Use the following instructions to identify patients with BPDCN who may be eligible for treatment with DECNUPAZ.

1. Navigate to the **Reporting Module** → **Patient Reports**
2. From **Segment**, determine whether an appropriate population Segment exists, or create a new Segment (eg, deceased patients, active patients)
   a. *Note: If a new Segment was created, execute the* ***Segment***
3. From **Report**, select the **Green Plus** sign to create a new report. Name and enter report options. Link the report to the appropriate **Segment**
4. To add a criterion to the **Report** section, select the **Green Plus** sign, then **Criterion**
5. Select **Diagnosis** → **Active Problem (ICD-10-CM)**, then select **OK**
6. In **Criterion Properties**, choose **Add ICD-10 codes**
7. From the **ICD-10 Search** tab, search for and select the appropriate **Active Problem (ICD-10 codes)** diagnosis code. Consider the following suggested ICD-10-CM code for BPDCN: **C86.4**[2]
8. Select **OK** twice to complete
9. Choose **OK** to save the report
10. From the list of saved reports, highlight the desired report. Select **Execute** to run the report

CLINICAL WORKFLOW CONSIDERATIONS

Use the following steps to add DECNUPAZ to a patient's treatment plan.

1. **Patient screener:** Provider determines patient diagnosis and documents in the **Screener** following patient encounter
2. **Select product and prescribe:** Provider selects DECNUPAZ and completes prescription details to e-prescribe. The prescription is sent to the pharmacy, and the documented ICD-10-CM code is saved to patient chart along with DECNUPAZ as the selected treatment

iKnowMed

IDENTIFYING PATIENTS WITH BPDCN

Use the following instructions to identify patients with BPDCN who may be eligible for treatment with DECNUPAZ.

1. From the top toolbar, click **Admin** and select **Reports** from the pull-down menu
2. Select the **Reports** tab
3. Select the **Diagnosis Report** template
4. In the **ICD-10-CM Code & Description** field, enter and select the following suggested ICD-10-CM code for BPDCN: **C86.4**[2]
5. Set all other fields as desired
6. Click **Generate Report** to launch the patient query. The display columns are limited, and a manual chart pull may be required to confirm the information
7. Click the 3 dots in the top right corner, and select **Download** and then **Excel** to export to Excel

CLINICAL WORKFLOW CONSIDERATIONS

For automated treatment plan entry, use the following steps:

1. **Patient identification:** Enter the patient's profile and navigate to the **Clinical Profile** tab. Select **Patient Problems**, and you will be prompted to document the patient's diagnosis and disease details
2. **Enter disease-specific information:** Navigate to the **Details** tab and enter information regarding the patient's diagnosis (eg, sites of involvement and overall extent of disease). An ICD-10 code may be auto-selected depending on the disease-specific information you enter, or you may need to manually enter an ICD-10 code (eg, for BPDCN: C86.4)[2]
3. **Add regimen:** Select an associated treatment regimen from the populated list based on the ICD-10 code and problem details you provided
4. **Review and E-sign:** Once the new order is reviewed, you will **provide an electronic signature** and the order will proceed to the pharmacy for processing and verification

For manual treatment plan entry, use the following steps:

1. **Add a new Order:** In the patient's treatment plan, navigate to the **Order** tab and select **New Order**
2. **Select treatment:** Manually enter the medication you would like to request (eg, DECNUPAZ)
3. **Review and E-sign:** Once the new order is reviewed, you will **provide an electronic signature** and the order will proceed to the pharmacy for processing and verification

Note: Workflows and steps may vary based on the institution

Notes

The Customers (ie, physician, medical group, integrated delivery network) shall be solely responsible for implementation, testing, and monitoring of the considerations to ensure proper orientation in each Customer's EHR system.

Capabilities, functionality, and set-up (customization) for each individual EHR system vary. AbbVie shall not be responsible for revising the implementation considerations it provides to any Customer if that Customer modifies or changes its software or the configuration of its EHR system after such time as the implementation considerations have been initially provided by AbbVie.

Although AbbVie tests its implementation considerations on multiple EHR systems, the considerations are not guaranteed to work for all available EHR systems, and AbbVie shall have no liability thereto.

Although EHRs may assist providers in identifying appropriate patients for consideration of assessment and treatment, the decision and action should ultimately be decided by a provider in consultation with the patient after a review of the patient's records to determine eligibility, and AbbVie shall have no liability thereto.

The considerations have not been designed to meet and are not tools and/or solutions for meeting Advancing Care Information and/or any other quality/accreditation requirement.

Indication and Important Safety Information

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.**

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 page 12. Please see accompanying full Prescribing Information.

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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.

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%).
- 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.

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.
- **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 full accompanying Prescribing Information, including BOXED WARNING.

References: 1. DECNUPAZ [package insert]. North Chicago, IL: AbbVie Inc. **2.** ICD-10-CM tabular list of diseases and injuries. Centers for Medicare & Medicaid Services. Updated October 1, 2025. Accessed October 8, 2025. https://www.cms.gov/medicare/coding-billing/icd-10-codes

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