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

BILLING & REIMBURSEMENT

Decnupaz™ Support Services

HOW TO BILL FOR DECNUPAZ™ USING A MISCELLANEOUS J-CODE

- Until a permanent J-code is available for DECNUPAZ, claims for DECNUPAZ can use an unclassified/miscellaneous HCPCS code
  – A permanent DECNUPAZ J-code is anticipated by January 1, 2027
- Miscellaneous J-codes are used for the drug portion of a physician-administered therapy if no drug-specific code is available (where permissible under payer rules)
- When using J3490 for DECNUPAZ, bill as 1 unit for Medicare

NOTE: For J3490, always check with the payer regarding units to be billed. Some payers have reduced rates for miscellaneous codes.

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.

Modifier requirements for payers other than Medicare may vary—providers should check with their specific plans about policies.

*__JW Modifier:__ 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 that are appropriately discarded, and to document the discarded drug or biological in the patient's medical record.

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

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

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 Important Safety Information, including BOXED WARNING on Hepatotoxicity including Hepatic Veno-Occlusive Disease (VOD) (also known as Sinusoidal Obstruction Syndrome). Please see additional Important Safety Information on the following page.

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

NATIONAL DRUG CODE (NDC)[3]

- For drugs without a permanent HCPCS code, payers often require inclusion of the drug's NDC in the claim
- While the FDA provides NDCs as 10-digit codes, payers frequently require 11-digit formats
  - Contact each payer for its specific requirements, as they vary by payer

	Strength	FDA-Specified 10-Digit NDC (4-4-2 Format)	11-Digit NDC (5-4-2 Format)
DECNUPAZ™	2 mg/vial	0074-0282-02	00074-0282-02

NDC ON CLAIM FORMS FOR THE PLACE OF SERVICE (POS)

Claim Form (or Electronic Equivalent)	Place of Service	Additional Information
CMS-1500 claim form	Physician office setting	Information required in boxes 19 and 24 (commercial payers may also require additional information in box 19; may vary by payer)
UB-04 (CMS-1450) claim form	HOPD setting	Information required in box 43 (may vary by payer). May be important to note additional information in box 80

HOPD = hospital outpatient department.

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.

Please see additional Important Safety Information, including BOXED WARNING on Hepatotoxicity including Hepatic Veno-Occlusive Disease (VOD). Please see additional Important Safety Information on the following pages.

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NATIONAL DRUG CODE (NDC)[3] (cont'd)

- For drugs without a permanent HCPCS code, payers often require inclusion of the drug's NDC in the claim
- While the FDA provides NDCs as 10-digit codes, payers frequently require 11-digit formats
  - Contact each payer for its specific requirements, as they vary by payer

MISCELLANEOUS CLAIM SUBMISSION

Payers May Require Additional Information and/or Documentation, Including:

- Drug name/strength
- Dosing
- Administration
- NDC
- Prescribing Information
- FDA approval letter
- Medical necessity documentation
- Drug purchase invoice

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

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 (≥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 Important Safety Information, including BOXED WARNING on Hepatotoxicity including Hepatic Veno-Occlusive Disease (VOD). Please see additional Important Safety Information on the previous pages.

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TIPS THAT MAY HELP WITH TIMELY REIMBURSEMENT

PAYERS MAY REQUIRE ADDITIONAL INFORMATION AND/OR DOCUMENTATION

- **Help prevent delays in processing claims by:**
  - Ensuring proper coding
  - Including appropriate documentation
  - Including payer-specific required information (check payer contracts for language around miscellaneous J-codes or C-codes)
  - Submitting payer-required clinical notes and invoice along with your billing
- **Timing:** Miscellaneous J-code or C-code claims typically require a manual review by payers, so the payment may be delayed
- **Common reasons for claim denial:** Incorrect patient information, invalid codes (CPT, HCPCS, or ICD-10), and missing information (eg, NDC, number of units, or place-of-service mismatch)

PROVIDER AND PATIENT REIMBURSEMENT SUPPORT FOR DECNUPAZ™

DECNUPAZ Support Services as well as your Field Reimbursement Manager (FRM) provide access and reimbursement education for healthcare professionals and office staff throughout the reimbursement continuum to help patients access DECNUPAZ.

For more information, visit **DECNUPAZhcp.com**
or **call 1-833-746-7892**, **Monday to Friday**, 7:00 AM to 7:00 PM CT.

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.

References: 1. Centers for Medicare and Medicaid Services. Billing and coding: hospital outpatient drugs and biologicals under the Outpatient Prospective Payment System (OPPS). Accessed January 20, 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 January 20, 2026. https://www.aapc.com/codes/hcpcs-codes/J9999. 3. DECNUPAZ [package insert]. AbbVie, Inc. 2026.

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

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

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