Mass General Brigham
Health Plan

Blastic Plasmacytoid Dendritic Cell Neoplasm Agents
Decnupaz (pivekimab sunirine-pvzy)
Effective 01/04/2027

Plan	☒ MassHealth UPPL ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

Overview

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

Coverage Guidelines

If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with the requested drug, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorization may be granted when all of the following criteria are met:

1. Diagnosis of blastic plasmacytoid dendritic cell neoplasm (BPDCN)
2. Member is ≥ 18 years of age
3. Prescriber is an oncologist or hematologist
4. Appropriate dosing
5. ONE of the following:
    a. Requested agent will be used as monotherapy
    b. Requested agent will be used in combination with intrathecal chemotherapy for CNS disease

Continuation of Therapy

Resubmission by prescriber will infer a positive response to therapy.

Limitations

1. Initial approvals will be granted for 3 months
2. Reauthorizations will be granted for 6 months

References

1. Decnupaz [package insert]. AbbVie Inc. Chicago (IL). 2026 May.
2. Pemmaraju N, Lane AA, Sweet KL, Stein AS, Vasu S, Blum W, et al. Tagraxofusp in Blastic Plasmacytoid Dendritic-Cell Neoplasm. N Engl J Med. 2019 Apr 25;380(17):1628-1637.

3. BPDCN [website on the internet]. Stemline. 2025 Jul [cited 2026 Mar 9]. Available from: https://bpdcninfo.com/.
4. Gurbuxani S, Wang ES. Blastic plasmacytoid dendritic cell neoplasm. In: Larson RA (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2024 [cited 2026 Mar 9]. Available from: https://www.uptodate.com/contents/blastic-plasmacytoid-dendritic-cell-neoplasm.
5. Pagano L, Valentini CG, Grammatico S, Pulsoni A. Blastic plasmacytoid dendritic cell neoplasm: diagnostic criteria and therapeutical approaches. Br J Haematol. 2016 Jul;174(2):188-202.
6. Pemmaraju N, Kantarjian H, Sweet K, Wang E, Senapati J, Wilson NR et al. North American Blastic Plasmacytoid Dendritic Cell Neoplasm Consortium: position on standards of care and areas of need. Blood. 2023;141(6):567.

Review History

11/4/26 – Created for P&T. Decnupaz added to medical benefit only. Criteria developed in accordance to MH guidelines. Effective 1/4/27