



Aetna Better Health of Texas PROVIDER NOTIFICATION

Dear Valued Provider,

Prior Authorization Requirement and Criteria for Treosulfan (Grafapex) Effective October 25, 2025

Effective for dates of service October 25, 2025, prior authorization will be required for treosulfan (Grafapex), procedure code C9175.

Treosulfan (Grafapex) is an alkylating drug that is administered through intravenous infusion in combination with fludarabine over three consecutive days before hematopoietic stem cell infusion.

Prior Authorization Requirements for Treosulfan (Grafapex)

Treosulfan (Grafapex) must be used in combination with fludarabine as a preparative regimen for allogeneic hematopoietic stem cell transplantation (HSCT). It is indicated for clients who meet the following requirements:

- The client is 1 year of age or older.
- The client has a confirmed diagnosis of acute myeloid leukemia (diagnosis code C9200) or myelodysplastic syndrome (diagnosis code D469).
- The client is undergoing allogeneic HSCT.

The prescriber must attest that female clients of childbearing age were counseled on the use of an effective method of contraception to prevent pregnancy during treatment and up to six months after the last dose of therapy. Male clients with female partners of reproductive potential should also be counseled.

Required Monitoring Parameters

After administering treosulfan (Grafapex) infusion, the provider must monitor the client for all the following:

- Hematologic laboratory parameters, due to the risk of severe and prolonged myelosuppression.
- Neurological adverse reactions, such as seizures.
- Signs of extravasation and tissue necrosis.
- Infections, anemia, thrombocytopenia, and secondary malignancies.

Please refer to the provider pre-authorization tool for the most up to date listing of codes requiring a prior authorization <https://www.aetnabetterhealth.com/texas/providers/prior-authorization.html>

Please note: This new process may result in a change in how your practice is reimbursed for these services. We urge you to thoroughly review the information in this document and in the attached policy.

CHIP

Bexar area

1-866-818-0959 (TTY: 711)

Tarrant area

1-800-245-5380 (TTY: 711)

STAR (Medicaid)

Bexar area

1-800-248-7767 (TTY: 711)

Tarrant area

1-800-306-8612 (TTY: 711)

STAR Kids

07/2025

Dallas and Tarrant areas

1-844-787-5437 (TTY: 711)

Thank you for your valued partnership in caring for our Aetna Better Health Members.
Sincerely,

Provider Services and Chief Medical Officer
Aetna Better Health of Texas