POLICY: Transplantation – Grafapex Utilization Management Medical Policy
- Grafapex™ (treosulfan intravenous infusion – Medexus)

EFFECTIVE DATE: 7/1/2025
LAST REVISION DATE: 02/26/2025

COVERAGE CRITERIA FOR: All UCare Plans

OVERVIEW

Grafapex, an alkylating drug, is indicated for use in combination with fludarabine as a preparatory regimen for allogeneic hematopoietic stem cell transplantation (HSCT) in adult and pediatric patients ≥ 1 year of age for acute myeloid leukemia (AML) and myelodysplastic syndrome (MDS).

Disease Overview

Allogeneic HSCT has a vital role in the management of patients with various hematologic malignancies.[2] In patients undergoing allogeneic HSCT, conditioning regimens are given to eradicate malignant cells in the bone marrow (if utilizing a myeloablative regimen) and to immunosuppress the recipient to promote engraftment of healthy donor cells. It is estimated that over 8,000 allogeneic transplants were performed in the US in 2021. Common malignancies treated in this manner include AML and MDS. Allogeneic HSCT is done to replace the malignant hematopoietic cells with those derived from a healthy donor.

Dosing Information

The recommended dose of Grafapex is 10 g/m^2 of body surface area per day as a 2-hour intravenous (IV) infusion which is administered on 3 consecutive days (Day -4, -3, -2) in combination with fludarabine before hematopoietic stem cell fusion (Day 0).[1]

Guidelines

The National Comprehensive Cancer Network (NCCN) guidelines for hematopoietic cell transplantation (version 2.024 – August 30, 2024) have not addressed Grafapex.[2] The NCCN guidelines recommended various conditioning regimens utilized in patients undergoing allogeneic HSCT, including busulfan and fludarabine. These agents have been used together, along with other agents (e.g., cyclophosphamide, thiotepa, clofarabine).

Safety

Grafapex has a Boxed Warning regarding myelosuppression.[1]

POLICY STATEMENT

Prior Authorization is recommended for medical benefit coverage of Grafapex. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indication. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for 30

days to allow for an adequate time frame to administer the doses. Because of the specialized skills required for evaluation and diagnosis of patients treated with Grafapex as well as the monitoring required for adverse events and long-term efficacy, approval requires Grafapex to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA
Coverage of Grafapex is recommended in those who meet one of the following criteria:

FDA-Approved Indications

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1. **Acute Myeloid Leukemia.** Approve for 30 days if the patient meets ALL of the following (A, B, C, and D):
   - **A)** Patient is ≥ 1 year of age; AND
   - **B)** Patient is using Grafapex in combination with fludarabine; AND
   - **C)** Patient is undergoing allogeneic hematopoietic stem cell transplantation; AND
   - **D)** The medication is prescribed by or in consultation with a hematologist, oncologist, transplant specialist physician, or a physician associated with a transplant center.

   Dosing. Approve a dose of up to 10 g/m^2 body surface area per day given by intravenous infusion for up to 3 consecutive days.

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2. **Myelodysplastic Syndrome.** Approve for 30 days if the patient meets ALL of the following (A, B, C, and D):
   - **A)** Patient is ≥ 1 year of age; AND
   - **B)** Patient is using Grafapex in combination with fludarabine; AND
   - **C)** Patient is undergoing allogeneic hematopoietic stem cell transplantation; AND
   - **D)** The medication is prescribed by or in consultation with a hematologist, oncologist, transplant specialist physician, or a physician associated with a transplant center.

   Dosing. Approve a dose of up to 10 g/m^2 body surface area per day given by intravenous infusion for up to 3 consecutive days.

CONDITIONS NOT RECOMMENDED FOR APPROVAL
Coverage of Grafapex is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES
1. Grafapex™ intravenous infusion [prescribing information]. Chicago, IL: Medexus; January 2025.

2. The NCCN Hematopoietic Cell Transplantation (HCT) Guidelines in Oncology (version 2.2024 – August 30, 2024). © 2024 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on February 22, 2025.

HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	--	02/26/2025
UCare P&T Review	Policy reviewed and approved by UCare P&T committee. Annual review process	04/28/2025