

**Generic Name:** fruquintinib

**Preferred:** N/A

**Therapeutic Class or Brand Name:** Fruzaqla

**Non-preferred:** N/A

**Applicable Drugs:** N/A

**Date of Origin:** 9/30/2024

**Date Last Reviewed / Revised:** N/A

## PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through V are met)

- I. Documented diagnosis of metastatic colorectal cancer (mCRC) and criteria A and B are met:
  - A. Documented treatment failure, intolerance, or contraindication to all the following i through iv:
    - i. Fluoropyrimidine-based chemotherapy
    - ii. Oxaliplatin-based chemotherapy
    - iii. Irinotecan-based chemotherapy
    - iv. Anti-vascular endothelial growth factor (VEGF) therapy
  - B. Documentation of RAS mutation status
    - i. If the tumor is RAS wild type, criteria 1 or 2 are met:
      1. Documentation of a trial of anti-epidermal growth factor receptor (EGFR) therapy.
      2. Documentation by prescriber that anti-epidermal growth factor receptor (EGFR) therapy is not medically appropriate.
- II. Minimum age requirement: 18 years old.
- III. Treatment must be prescribed by or in consultation with an oncologist or hematologist.
- IV. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.
- V. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have documented treatment failure or contraindication to the preferred product(s).

## EXCLUSION CRITERIA

- Pregnancy
- Severe hepatic impairment

## OTHER CRITERIA

- N/A

## QUANTITY / DAYS SUPPLY RESTRICTIONS

- Fruzaqla (fruquintinib) 1 mg capsule: 84 capsules per 28 days
- Fruzaqla (fruquintinib) 5 mg capsule: 21 capsules per 28 days

## APPROVAL LENGTH

- **Authorization:** 6 months
- **Re-Authorization:** An updated letter of medical necessity or progress notes documenting no evidence of unacceptable toxicity or disease progression while on the current regimen.

## APPENDIX

N/A

## REFERENCES

1. Fruzaqla [package insert]. Lexington, MA: Takeda Pharmaceuticals America, Inc.; November 2023.
2. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines): Colon Cancer. Version 5.2025. Accessed August 24, 2024.  
[https://www.nccn.org/professionals/physician\\_gls/pdf/colon.pdf](https://www.nccn.org/professionals/physician_gls/pdf/colon.pdf)
3. 3. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines): Rectal Cancer. Version 4.2024. Accessed August 24, 2024.  
[https://www.nccn.org/professionals/physician\\_gls/pdf/rectal.pdf](https://www.nccn.org/professionals/physician_gls/pdf/rectal.pdf)

**DISCLAIMER:** Medication Policies are developed to help ensure safe, effective, and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgment in providing the most appropriate care for their patients.