



Commercial PA Criteria
Effective: December 18, 2023

Prior Authorization: Fruzaqla (fruquintinib)

Products Affected: Fruzaqla (fruquintinib) oral capsules

Medication Description: Fruquintinib is a small molecule kinase inhibitor of vascular endothelial growth factor receptors (VEGFR)-1, -2, and -3. In vitro studies showed fruquintinib inhibited VEGF-mediated endothelial cell proliferation and tubular formation. In vitro and in vivo studies showed fruquintinib inhibited VEGF-induced VEGFR-2 phosphorylation. In vivo studies showed fruquintinib inhibited tumor growth in a tumor xenograft mouse model of colon cancer

Covered Uses: metastatic colorectal cancer (mCRC) who have been previously treated with fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy, an anti-VEGF therapy, and, if RAS wild-type and medically appropriate, an anti-EGFR therapy.

Exclusion Criteria: None

Required Medical Information:

1. Diagnosis
2. Previous Therapies tried and failed

Prescriber Restriction: Medication must be prescribed by, or in consultation with, an oncologist

Age Restriction: 18 years and older

Coverage Duration: Initial: 3 months
Continuation: 6 months

Other Criteria:

Initial Approval Criteria

1. Colon and Rectal Cancer.

- A. Patient has metastatic disease; **AND**
- B. Patient has previously been treated with the following (i, ii, and iii)
 - i. Fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy; **AND**
Note: Examples of fluoropyrimidine agents include 5-fluorouracil (5-FU) and capecitabine.
 - ii. An anti-vascular endothelial growth factor (VEGF) agent; **AND**
Note: Examples of anti-VEGF agents include bevacizumab.
 - iii. If the tumor is RAS wild-type (*KRAS* wild-type and *NRAS* wild-type) [that is, the tumor or metastases are *KRAS* and *NRAS* mutation negative], the patient meets **ONE** of the following (a or b):
 - a. According to the prescriber, anti-epidermal growth factor receptor (EGFR) therapy is NOT medically appropriate; **OR**

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b. The patient has received an anti-EGFR therapy

Note: Examples of anti-EGFR therapy includes Erbitux (cetuximab intravenous infusion) and Vectibix (panitumumab intravenous infusion).

Renewal Criteria

- 1. Member has responded positively to the treatment as determined by the prescribing physician; **AND**
- 2. Member has not experienced unacceptable toxicity from the drug

References:

- 1. Product Information: FRUZAQLA™ oral capsules, fruquintinib oral capsules. Takeda Pharmaceuticals America, Inc (per FDA), Lexington, MA, 2023.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	12/18/2023