

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Fruquintinib (Fruzaqla)

#### Notes:

- Quantity Limits: Yes
- \* Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

**Initiation (new start) criteria:** Non-formulary **Fruquintinib (Fruzaqla)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has a diagnosis of metastatic colorectal cancer
- Prescribed by Oncology/Hematology provider
- Patient has failed an adequate trial<sup>^</sup> of intravenous fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy, an anti-VEGF therapy, and, if RAS wild-type, an anti-EGFR therapy, and trifluridine-tipiracil, or have contraindications or intolerance to these agents.

**Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:** Non-formulary **Fruquintinib (Fruzaqla)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has a diagnosis of metastatic colorectal cancer
- Prescribed by Oncology/Hematology provider
- Patient has failed an adequate trial<sup>^</sup> of intravenous fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy, an anti-VEGF therapy, and, if RAS wild-type, an anti-EGFR therapy, and trifluridine-tipiracil, or have contraindications or intolerance to these agents.

**Continued use criteria for patients previously approved per the above criteria who are currently stable on the medication:** Non-formulary **Fruquintinib (Fruzaqla)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has a diagnosis of metastatic colorectal cancer
- Prescribed by Oncology/Hematology provider
- Patient has failed an adequate trial<sup>^</sup> of intravenous fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy, an anti-VEGF therapy, and, if RAS wild-type, an anti-EGFR therapy, and trifluridine-tipiracil, or have contraindications or intolerance to these agents.