BlueCross BlueShield
Federal Employee Program
Blue Cross Blue Shield Association
750 9th St NW, Suite 900
Washington, D.C. 20001
1-800-624-5060
Fax 1-877-378-4727

5.21.214

Section:	Prescription Drugs	**Effective Date:**	April 1, 2026
Subsection:	Antineoplastic Agents	**Original Policy Date:**	December 1, 2023
Subject:	Fruzaqla	**Page:**	1 of 4

Last Review Date: March 6, 2026

Fruzaqla

Description

Fruzaqla (fruquintinib)

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

Regulatory Status
FDA-approved indication: Fruzaqla is a kinase inhibitor indicated for the treatment of adult patients with 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 (1).

Fruzaqla use can increase the risk for hypertension, hemorrhagic events, infections, gastrointestinal perforation, hepatotoxicity, proteinuria, palmar-plantar erythrodysesthesia, posterior reversible encephalopathy syndrome (PRES), impaired wound healing, and arterial thromboembolic events. Fruzaqla contains FD&C yellow No.5 (tartrazine) and No. 6 (sunset yellow FCF) as color additives, which may cause allergic reactions in certain susceptible patients (1).

Fruzaqla may cause fetal harm when administered to pregnant women. Advise females of reproductive potential and males with female partners of reproductive potential to use effective contraception during treatment with Fruzaqla and for 2 weeks after the last dose (1).

The safety and efficacy of Fruzaqla in pediatric patients have not been established (1).

Related policies
Stivarga

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Fruzaqla may be considered **medically necessary** if the conditions indicated below are met.

Fruzaqla may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Metastatic colorectal cancer (mCRC)

AND ALL of the following:

a. Patient has previously been treated with fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy
b. Patient has previously been treated with an anti-VEGF therapy
c. If RAS wild-type and medically appropriate, patient has previously been treated with an anti-EGFR therapy
d. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Fruzaqla and for 2 weeks after the last dose
e. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Fruzaqla and for 2 weeks after the last dose

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Metastatic colorectal cancer (mCRC)

AND ALL of the following:

a. **NO** disease progression or unacceptable toxicity
b. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Fruzaqla and for 2 weeks after the last dose
c. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Fruzaqla and for 2 weeks after the last dose

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Quantity

Strength	Quantity
1 mg	252 capsules per 84 days **OR**
5 mg	63 capsules per 84 days

Duration 12 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

Fruzaqla is a kinase inhibitor indicated for the treatment of adult patients with 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. The safety and efficacy of Fruzaqla in pediatric patients have not been established. Fruzaqla may increase the risk of hypertension, hemorrhagic events, infections, gastrointestinal perforation, hepatotoxicity, proteinuria, palmar-plantar erythrodysesthesia, posterior reversible encephalopathy syndrome (PRES), impaired wound healing, and arterial thromboembolic events (1).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Fruzaqla while maintaining optimal therapeutic outcomes.

References

1. Fruzaqla [package insert]. Lexington, MA: Takeda Pharmaceuticals America, Inc.; February 2025.
2. NCCN Drugs & Biologics Compendium® Fruquintinib 2026. National Comprehensive Cancer Network, Inc. Accessed on January 23, 2026.

Policy History

Date	Action
December 2023	Addition to PA
March 2024	Annual review and reference update
December 2024	Annual review and reference update
March 2025	Annual review and reference update
March 2026	Annual review and reference update

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 6, 2026 and is effective on April 1, 2026.