



Commercial/Healthcare Exchange PA Criteria Effective: December 2, 2022

Prior Authorization: Furoscix

Products Affected: Furoscix (furosemide) 30mg/10mL on body infusor

Medication Description: FUROSCIX is indicated for the treatment of congestion due to fluid overload in adult patients with New York Heart Association (NYHA) Class II and Class III chronic heart failure. FUROSCIX is not indicated for use in emergency situations or in patients with acute pulmonary edema.

Covered Uses:

1. Treatment of congestion due to fluid overload in adult patients with New York Heart Association (NYHA) Class II and Class III chronic heart failure

Exclusion Criteria:

1. Patients with Acute Pulmonary Edema
2. Patients with Anuria
3. Patients with hepatic cirrhosis or ascites
4. Patients with a history of hypersensitivity to furosemide or medical adhesives

Required Medical Information:

1. Diagnosis
2. Current medical conditions
3. Current prescription therapies

Prescriber Restriction: prescribed by, or in consultation with, a cardiologist or provider trained in managing Acute decompensated Heart Failure

Age Restriction: 18 years and older

Coverage Duration: 12 months

Other Criteria:

Initial Approval Criteria

1. **NYHA Class II/III HF Congestion due to fluid overload**
 - A. Patient is 18 years or older; **AND**
 - B. Patient is on background loop diuretic therapy; **AND**
 - C. Provider is able to attest that patient is stable and suitable for at-home treatment as determined by:
 - i. Oxygen saturation $\geq 90\%$ on exertion; **AND**
 - ii. Respiratory rate < 24 breaths per minute; **AND**

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- iii. Resting heart rate < 100 beats per minute; **AND**
- iv. Systolic blood pressure >100mmHg; **AND**
- D. Patient has an estimated creatinine clearance of > 30mL/min by Cockcroft-Gault equation **OR** an estimated glomerular filtration rate of >20mL/min/1.73m² and no evidence of renal failure; **AND**
- E. Patient does not have acute pulmonary edema, hepatic cirrhosis or ascites or other conditions that require immediate hospitalization or anticipated admission within 30 days

References:

1. Furoscix [prescribing information.] scPharmaceuticals Inc. Burlington, MA. November 2022.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	12/2/2022