



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2024 P 2299-2
Program	Prior Authorization/Medical Necessity
Medication	Furoscix® (furosemide injection)
P&T Approval Date	3/2023, 3/2024
Effective Date	6/1/2024

1. Background:

Furoscix (furosemide injection) is indicated for the treatment of congestion due to fluid overload in adults with NYHA Class II/III chronic heart failure.¹

Limitations of use:

Furoscix is not indicated for emergency situations or in patients with acute pulmonary edema.

2. Coverage Criteria ^a:

<p>A. <u>Authorization</u></p> <p>1. Furoscix will be approved based on <u>all</u> of the following criteria:</p> <p>a. Diagnosis of chronic heart failure</p> <p style="text-align: center;">-AND-</p> <p>b. Heart failure is classified as <u>one</u> of the following:</p> <p>(1) New York Heart Association (NYHA) class II heart failure</p> <p style="text-align: center;">-OR-</p> <p>(2) New York Heart Association (NYHA) class III heart failure</p> <p style="text-align: center;">-AND-</p> <p>c. Patient has signs or symptoms of congestion due to fluid overload</p> <p style="text-align: center;">-AND-</p> <p>d. Patient is established on background loop diuretic therapy (e.g., furosemide, torsemide, bumetanide)</p> <p style="text-align: center;">-AND-</p> <p>e. <u>Both</u> of the following:</p> <p>(1) Patient does not require ongoing emergency care or hospitalization for heart failure, acute pulmonary edema, or other conditions</p>
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-AND-

(2) Patient is currently a candidate for parenteral diuresis outside of the hospital

-AND-

f. Patient has an estimated creatine clearance >30ml/min

-AND-

g. Furoscix is prescribed by or in consultation with a cardiologist

Authorization will be issued for 1 month

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply Limits may be in place.

4. References:

1. Furoscix [package insert]. Burlington, MA: scPharmaceuticals, Inc.; November 2022.
2. Heidenreich PA, Bozkurt, B, et al. 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. Circulation. 2022;145(18):e895-e1032.

Program	Prior Authorization/Medical Necessity - Furoscix (furosemide injection)
Change Control	
3/2023	New program.
3/2024	Annual review. Updated background to include limitations of use. Updated reference.