

Clinical Policy Title:	furosemide
Policy Number:	RxA.786
Drug(s) Applied:	Furoscix®
Original Policy Date:	04/13/2023
Last Review Date:	4/1/2024
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. NYHA Class II/III CHF Congestion due to fluid overload (must meet all):

1. Diagnosis of chronic heart failure (CHF) of NYHA Class II or Class III;
2. Prescribed by or in consultation with cardiologist;
3. Patient has tried and failed one of the following loop diuretics, unless contraindicated or clinically significant adverse effects are experienced (a, b, or c):
 - a. Furosemide oral tablets;
 - b. Torsemide oral tablets;
 - c. Bumetanide oral tablets;

Initial Approval Duration

All Lines of Business (except Medicare): 30 days

II. Continued Therapy Approval

A. NYHA Class II/III CHF Congestion due to fluid overload

1. Re-authorization is not permitted. Patient must meet the initial approval criteria.

References

1. Heidenreich PA, Bozkurt B, Aguilar D, 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 [published correction appears in *J Am Coll Cardiol.* 2023 Apr 18;81(15):1551]. *J Am Coll Cardiol.* 2022;79(17):e263-e421. Accessed on April 1st, 2024.
2. Furoscix (furosemide) injection for subcutaneous use package insert. Burlington, MA: scPharmaceuticals, Inc.;2022 Oct. Accessed on April 1st, 2024.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	01/17/2023	04/13/2023
Policy was reviewed.	10/19/2023	10/19/2023
Policy was reviewed: <ol style="list-style-type: none"> 1. Removed age 2. Removed prescriber attestation of use at home 	04/01/2024	4/1/2024

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

3. Removed dosing		
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