
5.40.034

Section:	Prescription Drugs	Effective Date:	April 1, 2024
Subsection:	Cardiovascular Agent	Original Policy Date:	April 7, 2023
Subject:	Furoscix	Page:	1 of 4

Last Review Date: March 8, 2024

Furoscix

Description

Furoscix (furosemide) injection for subcutaneous use

Background

Furoscix (furosemide) primarily inhibits the reabsorption of sodium and chloride in the proximal and distal tubules and in the loop of Henle. The high degree of diuresis is largely due to the unique site of action. The action on the distal tubule is independent of any inhibitory effect on carbonic anhydrase and aldosterone (1).

Regulatory Status

FDA-approved indication: Furoscix is indicated for the treatment of congestion due to fluid overload in adults with New York Heart Association (NYHA) Class II/III chronic heart failure (1).

Limitations of Use: Furoscix is not indicated for use in emergency situations or in patients with acute pulmonary edema. The On-Body Infusor will deliver only an 80-mg dose of Furoscix (1).

Furoscix is not for chronic use and should be replaced with oral diuretics as soon as practical (1).

Furoscix contains warnings regarding the following: fluid, electrolyte, and metabolic abnormalities; worsening renal function; ototoxicity; and acute urinary retention (1).

The safety and efficacy of Furoscix in pediatric patients less than 18 years of age have not been established (1).

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Related policies

Corlanor, Verquvo

Policy

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

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

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

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

1. Chronic heart failure

AND ALL of the following:

- a. Patient has congestion due to fluid overload
- b. NYHA Class II – III
- c. Patient has a clinical reason for requiring Furoscix (e.g., reduced responsiveness to oral diuretics such as bumetanide, furosemide, or torsemide)
- d. Patient is a candidate for outpatient treatment
- e. Prescriber agrees to use Furoscix short-term only **AND** replace with oral diuretics as soon as practical
- f. **NO** acute pulmonary edema

Prior – Approval *Renewal* Requirements

None

Each prior authorization (PA) request for Furoscix is considered initiation of therapy due to its acute duration of use

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Policy Guidelines

Pre - PA Allowance

Quantity 5 kits per 90 days

Prior - Approval Limits

Quantity 10 kits

Duration 3 months

Prior – Approval *Renewal* Limits

None

Each prior authorization (PA) request for Furoscix is considered initiation of therapy due to its acute duration of use

Rationale

Summary

Furoscix (furosemide) is a diuretic indicated for the treatment of congestion due to fluid overload in adults with NYHA Class II/III chronic heart failure. Furoscix is not for chronic use and should be replaced with oral diuretics as soon as practical. The safety and efficacy of Furoscix in pediatric patients less than 18 years of age have not been established (1).

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

References

1. Furoscix [package insert]. Burlington, MA: scPharmaceuticals, Inc.; October 2023.

Policy History

Date	Action
April 2023	Addition to PA
June 2023	Annual review

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March 2024 Annual review and reference update

[Keywords](#)

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 8, 2024 and is effective on April 1, 2024.