



UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2023 P 2299-1
Program	Prior Authorization/Medical Necessity
Medication	Furoscix <sup>®</sup> (furosemide injection)
P&T Approval Date	3/2023
Effective Date	6/1/2023; Oxford Only: 6/1/2023

**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.<sup>1</sup>

**2. Coverage Criteria <sup>a</sup>:**

<p>A. <b><u>Authorization</u></b></p> <p>1. <b>Furoscix</b> will be approved based on <b><u>all</u></b> of the following criteria:</p> <p>a. Diagnosis of chronic heart failure</p> <p style="text-align: center;"><b>-AND-</b></p> <p>b. Heart failure is classified as <b><u>one</u></b> of the following:</p> <p>(1) New York Heart Association (NYHA) class II heart failure</p> <p style="text-align: center;"><b>-OR-</b></p> <p>(2) New York Heart Association (NYHA) class III heart failure</p> <p style="text-align: center;"><b>-AND-</b></p> <p>c. Patient has signs or symptoms of congestion due to fluid overload</p> <p style="text-align: center;"><b>-AND-</b></p> <p>d. Patient is established on background loop diuretic therapy (e.g., furosemide, torsemide, bumetanide)</p> <p style="text-align: center;"><b>-AND-</b></p> <p>e. <b><u>Both</u></b> 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> <p style="text-align: center;"><b>-AND-</b></p>
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(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**

<sup>a</sup> 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.; October 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)
<b>Change Control</b>	
3/2023	New program.