
5.40.034

Section:	Prescription Drugs	Effective Date:	April 1, 2025
Subsection:	Cardiovascular Agent	Original Policy Date:	April 7, 2023
Subject:	Furoscix	Page:	1 of 4

Last Review Date: March 7, 2025

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 chronic heart failure (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).

Related policies

Corlanor, Verquvo

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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. Patient has a clinical reason for requiring Furoscix (e.g., reduced responsiveness to oral diuretics such as bumetanide, furosemide, or torsemide)
- c. Patient is a candidate for outpatient treatment
- d. Prescriber agrees to use Furoscix short-term only **AND** replace with oral diuretics as soon as practical

Prior – Approval *Renewal* Requirements

None

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

Policy Guidelines

Pre - PA Allowance

Quantity 5 kits per 90 days

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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 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.; August 2024.

Policy History

Date	Action
April 2023	Addition to PA
June 2023	Annual review
March 2024	Annual review and reference update
August 2024	Per PI update, removed requirement for heart failure to be NYHA class II-III and removed requirement of “no pulmonary edema”
December 2024	Annual review
March 2025	Annual review

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Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 7, 2025 and is effective on April 1, 2025.