

Clinical Policy Title:	furosemide
Policy Number:	RxA.786
Drug(s) Applied:	Furoscix®
Original Policy Date:	04/13/2023
Last Review Date:	10/19/2023
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. Age ≥ 18 years;
3. Prescribed by or in consultation with cardiologist or provider trained in managing Acute decompensated Heart Failure (ADHF);
4. Prescriber must attest that member is stable and suitable for at-home treatment as determined by (a, b, c and d):
 - a. Oxygen saturation >90% on exertion;
 - b. Respiratory rate <24 breaths per minute;
 - c. Resting heart rate;
 - d. Systolic blood pressure >100 mm Hg;
5. Member has been stable and is refractory (as defined by Appendix D) to at least one of the following loop diuretics (a, b or c):
 - a. Furosemide oral tablets;
 - b. Torsemide oral tablets;
 - c. Bumetanide oral tablets;
6. Member does not have acute pulmonary edema, hepatic cirrhosis or ascites or other conditions that require immediate hospitalization or anticipated admission within 30 days;
7. Dose does not exceed both of the following (a or b)
 - a. 80 mg/dose subcutaneously per day
 - b. Total of 8 kits over 30 days

Approval Duration

Commercial: One-time authorization per incident (8 kits per 30 day)

Medicaid: One-time authorization per incident (8 kits per 30 day)

II. Continued Therapy Approval

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

1. Re-authorization is not permitted. Furoscix® is not indicated for continuous use for this indication. Members must meet the initial approval criteria.

References

Not Applicable

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.

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