

Clinical Policy: Furosemide (Furoscix)

Reference Number: LA.PHAR.608

Effective Date: 09.29.23

Last Review Date: 06.16.25

Line of Business: Medicaid

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

****Please note: This policy is for medical benefit****

Description

Furosemide (Furoscix®) is a loop diuretic administered via a wearable, single-use, pre-programmed On-Body Infusor for outpatient self-administration.

FDA Approved Indication(s)

Furoscix is indicated for the treatment of edema in adult patients with chronic heart failure (CHF) or chronic kidney disease (CKD), including the nephrotic syndrome.

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of Louisiana Healthcare Connections® that Furoscix is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Heart Failure or Chronic Kidney Disease (must meet all):

1. Diagnosis of CHF or CKD;
2. Prescribed by or in consultation with a cardiologist or nephrologist;
3. Age ≥ 18 years;
4. Provider attestation that member is showing signs of extracellular volume expansion due to CHF or CKD (e.g., jugular venous distension, pitting edema $[\geq 1+]$, abdominal distension, pulmonary congestion on chest x-ray, pulmonary rales);
5. Documentation that member is a candidate for parenteral diuresis outside of the hospital, as defined by all of the following (a, b, c, and d):
 - a. Oxygen saturation $\geq 90\%$ on exertion;
 - b. Respiratory rate < 24 breaths per minute;
 - c. Resting heart rate < 100 beats per minute;
 - d. Systolic blood pressure > 100 mmHg;
6. Provider attestation that member will use Furoscix for short-term use only and will be transitioned to oral diuretics as soon as practical;
7. Member has been stable and is refractory (as defined by *Appendix D*) to at least one of the following loop diuretics, at up to maximally indicated doses (a, b, or c):
 - a. Furosemide oral tablets;
 - b. Torsemide oral tablets;

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- c. Bumetanide oral tablets;
- 8. Dose does not exceed both of the following (a and b):
 - a. 80 mg (1 cartridge) per day;
 - b. Total of 8 kits over 30 days.

Approval duration: 4 weeks (up to 8 kits total)

B. Other diagnoses/indications (must meet 1 or 2):

- 1. If this drug has recently (within the last 6 months) undergone a label change (e.g., newly approved indication, age expansion, new dosing regimen) that is not yet reflected in this policy, refer to LA.PMN.255
- 2. If the requested use (e.g., diagnosis, age, dosing regimen) is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized) AND criterion 1 above does not apply, refer to the off-label use policy LA.PMN.53 for Medicaid.

II. Continued Therapy

A. Heart Failure or Chronic Kidney Disease

- 1. Re-authorization is not permitted. Members must meet the initial approval criteria for each request.

Approval duration: Not applicable

B. Other diagnoses/indications (must meet 1 or 2):

- 1. If this drug has recently (within the last 6 months) undergone a label change (e.g., newly approved indication, age expansion, new dosing regimen) that is not yet reflected in this policy, refer to LA.PMN.255
- 2. If the requested use (e.g., diagnosis, age, dosing regimen) is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized) AND criterion 1 above does not apply, refer to the off-label use policy LA.PMN.53 for Medicaid.

III. Diagnoses/Indications for which coverage is NOT authorized:

- A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policies – LA.PMN.53 for Medicaid or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

CHF: congestive heart failure

CKD: chronic kidney disease

FDA: Food and Drug Administration

Appendix B: Therapeutic Alternatives

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This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
bumetanide (Bumex [®])	0.5 to 2 mg PO QD	10 mg/day
furosemide (Lasix [®])	20 to 80 mg PO QD	600 mg/day
torsemide (Sooanz [®])	10 to 20 mg PO QD	200 mg/day

Therapeutic alternatives are listed as Brand name[®] (generic) when the drug is available by brand name only and generic (Brand name[®]) when the drug is available by both brand and generic.

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s): anuria; hepatic cirrhosis; hypersensitivity to furosemide, components of Furoscix formulation, or medical adhesives
- Boxed warning(s): none reported

Appendix D: General Information

- Definition of disease refractory to loop diuretics
 - Failure to relieve volume overload, edema, or congestion despite a full dose of loop diuretic. Full dose of loop diuretic is defined by oral furosemide 80 mg daily or equivalent. The approximate dose conversion ratio for bumetanide: torsemide: furosemide is 1:20:40.

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
CHF, CKD	80 mg SC once over 5 hours	80 mg/day

VI. Product Availability

Carton containing one prefilled cartridge co-packed with one On-body Infusor (i.e., one kit): 80 mg/10 mL

VII. References

1. Furoscix Prescribing Information. Burlington, MA: scPharmaceuticals, Inc; March 2025. Available at www.furoscix.com. Accessed March 14, 2025.
2. 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. *Circulation*. 2022;145:e895–e1032. doi: 10.1161/CIR.0000000000001063.
3. Maddox TM, Januzzi JL, Allen LA, et al. 2024 ACC Expert Consensus Decision Pathway for treatment of heart failure with reduced ejection fraction: A report of the American College of Cardiology Solution Set Oversight Committee. *JACC*. 2024; 83(15): 1444-1488.
4. Wilcox CS, Testani JM, Pitt B. Pathophysiology of diuretic resistance and its implications for the management of chronic heart failure. *Hypertension*. 2020 Oct;76(4):1045-1054. doi: 10.1161/HYPERTENSIONAHA.120.15205. Epub 2020 Aug 24. PMID: 32829662.

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5. Bensimhon D, Weintraub WS, Peacock WF, et al. Reduced heart failure-related healthcare costs with Furoscix versus in-hospital intravenous diuresis in heart failure patients: The FREEDOM-HF study. *Future Cardiol.* 2023 Jun;19(8):385-396. doi: 10.2217/fca-2023-0071.
6. Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group. KDIGO 2024 Clinical practice guideline for the evaluation and management of chronic kidney disease. *Kidney Int.* 2024;105(4S): S117–S314.
7. Kidney Disease Outcomes Quality Initiative (K/DOQI). K/DOQI clinical practice guidelines on hypertension and antihypertensive agents in chronic kidney disease. *Am J Kidney Dis.* 2004 May;43(5 Suppl 1):S1-290.
8. Clinical Pharmacology [database online]. Tampa, FL: Elsevier; 2025. URL: www.clinicalkey.com/pharmacology.

Coding Implications

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPSC Code	Description
J1941	Injection, furosemide (furoscix), 20 mg

Reviews, Revisions, and Approvals	Date	LDH Approval Date
Policy created	05.01.23	08.28.23
Annual review: no significant changes; in Appendix B, removed thiazide diuretics (metolazone and chlorothiazide) since there are no thiazide-related redirection in criteria and added commercially available brand names; references reviewed and updated.	03.25.24	06.20.24
Removed specification of NYHA Class II or Class III from criteria per expanded FDA-approved indication; removed ascites from contraindications and revised dosage strength from 80 mg/mL to 80 mg/10 mL per PI.	10.09.24	01.27.25
Updated FDA indication and criteria to include CKD including nephrotic syndrome; added nephrologist as an option for the prescriber specialty requirement	06.16.25	

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical

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