



UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2023 P 1408-1
Program	Prior Authorization/Notification
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><b>A. <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><b>Authorization will be issued for 1 month.</b></p> <p><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.</p>
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**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.

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<b>Change Control</b>	
3/2023	New program.