



MISSISSIPPI DIVISION OF
MEDICAID

Prior Authorization Criteria

FUROSCIX® (*furosemide*) PA CRITERIA:

FUROSCIX® (*furosemide*) is a loop diuretic indicated for the treatment of edema in adult patients with chronic heart failure or chronic kidney disease, including the nephrotic syndrome. FUROSCIX® is not for chronic use and should be replaced with oral diuretics as soon as practical.

Prior authorization is required for FUROSCIX® (*furosemide*). Prior authorization approval will be considered when the following criteria are met. Along with the Universal PA Form, please submit any supporting clinical documentation.

Initial Authorization: Quantity limit of 4 single-dose prefilled cartridges per claim with a time limit of 1 month (if the request exceeds any of these limits, please provide justification and documentation outlining a plan for transitioning the patient to oral diuretics)

1. Age of the patient is within the age range as recommended by the FDA label; **AND**
2. Diagnosis of congestive heart failure or chronic kidney disease; **AND**
3. Documentation that patient is showing signs or symptoms of fluid overload due to congestive heart failure or chronic kidney disease (e.g., rapid weight gain, jugular venous distension, pitting edema, abdominal distention, pulmonary rales); **AND**
4. Patient has been stable and is refractory to at least one of the following loop diuretics, at up to maximally indicated doses:
 - a. Furosemide oral tablets
 - b. Torsemide oral tablets
 - c. Bumetanide oral tablets
 - d. Ethacrynic acid oral tablets; **AND**
5. Prescribed by or in consultation with a specialist in the area of the patient's diagnosis (e.g., a cardiologist or nephrologist); **AND**
6. Prescriber attests the following:
 - a. The patient is currently a candidate for parenteral diuresis outside of the hospital; **AND**
 - b. The patient will use FUROSCIX® for short-term use only and will be transitioned to oral diuretics as soon as practical; **AND**
 - c. The patient will be educated on proper Infusor placement on the body and instructions for starting the infusion.



FUROSCIX® Dosing:

- The single-use, On-Body Infusor with prefilled cartridge is pre-programmed to deliver 30 mg of furosemide over the first hour followed by 12.5 mg per hour for the subsequent 4 hours. Please see the full Prescribing Information for important administration instructions.

Formulation:

- FUROSCIX® is available as 80 mg/10 mL (8 mg/mL) in a single-dose prefilled cartridge co-packaged with a single-use On-Body Infusor.