

**FUROSCIX**  
**(furosemide)** injection for subcutaneous use

## Pre - PA Allowance

**Quantity** 5 kits per 90 days

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## Prior-Approval Requirements

**Age** 18 years of age or older

### Diagnoses

Patient must have **ONE** of the following:

1. Chronic heart failure
2. Chronic kidney disease including nephrotic syndrome

**AND ALL** of the following:

- a. Patient has edema
- 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 Limits

**Quantity** 10 kits

**Duration** 3 months

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## Prior – Approval *Renewal* Requirements

None

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

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None

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