Original Effective Date: 02/25/2023
Current Effective Date: 07/23/2025
Last P&T Approval/Version: 04/30/2025
Next Review Due By: 01/2026
Policy Number: C24669-A

Furoscix (furosemide injection)

PRODUCTS AFFECTED

Furoscix (furosemide injection)

COVERAGE POLICY

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any. This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.

Documentation Requirements:
Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

DIAGNOSIS:
Edema

REQUIRED MEDICAL INFORMATION:
This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information along with state and federal requirements, benefit being administered and formulary preferencing. Coverage will be determined on a case-by case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review. When the requested drug product for coverage is dosed by weight, body surface area or other member specific measurement, this data element is required as part of the medical necessity review. The Pharmacy and Therapeutics Committee has determined that the drug benefit shall be a mandatory generic and that generic drugs will be dispensed whenever available.

A. EDEMA:
   1. Documentation of diagnosis of chronic heart failure or chronic kidney disease (including nephrotic syndrome) with history of congestion due to fluid overload or edema (acute decompensation)
      AND

2. Documentation member is currently on loop diuretic therapy
   AND
3. Provider attestation member has been evaluated for the following metrics and the member is suitable for at-home treatment: stable oxygen saturation, respiratory rate, resting heart rate, systolic blood pressure, estimated creatinine clearance of >30 mL/min and no evidence of renal failure
   AND
4. Prescriber attestation that member is or will be enrolled with a care or case management program for at-home monitoring by a health care professional
   AND
5. Prescriber attests to (or the clinical reviewer has found that) the member not having any FDA labeled contraindications that haven't been addressed by the prescriber within the documentation submitted for review [Contraindications to Furoscix (furosemide injection) include: anuria, a history of hypersensitivity to furosemide, components of Furoscix formulation, or medical adhesives.]
   AND
6. Prescriber attests member and/or member's caregiver has been provided counseling and education on preparation, use and disposal of the on-body infusor device.

CONTINUATION OF THERAPY:

A. EDEMA:

1. Prescriber attests to or clinical reviewer has found no evidence of intolerable adverse effects or drug toxicity
   AND
2. Documentation of medical record of response and number of doses utilized from last acute decompensation episode [DOCUMENTATION REQUIRED]
   AND
3. Provider attestation member has been evaluated (within last 30 days) for the following metrics and the member is suitable for continued at-home treatment: stable oxygen saturation, respiratory rate, resting heart rate, systolic blood pressure, estimated creatinine clearance of >30 mL/min and no evidence of renal failure
   AND
4. Prescriber attestation that member is or will continue to be enrolled with a care or case management program for at-home monitoring by a health care professional

DURATION OF APPROVAL:

Initial authorization: 1 month, Continuation of Therapy: 1 month

PRESCRIBER REQUIREMENTS:

Prescribed by or in consultation with a board-certified cardiologist, nephrologist, or provider trained in managing acute decompensation events related to fluid balance [If prescribed in consultation, consultation notes must be submitted with initial request and reauthorization requests]

AGE RESTRICTIONS:

18 years of age and older

QUANTITY:

Up to 10 single use kits per dispense
NOTE: The number of Furoscix doses required to meet desired diuresis requirements will vary on a patient-by- patient basis per acute decompensation episode.

PLACE OF ADMINISTRATION:

The recommendation is that injectable medications in this policy will be for pharmacy benefit coverage and patient self-administered.

DRUG INFORMATION

ROUTE OF ADMINISTRATION:
Subcutaneous

DRUG CLASS:
Loop Diuretics

FDA-APPROVED USES:
Indicated for the treatment of edema in adult patients with chronic heart failure or chronic kidney disease, including the nephrotic syndrome.

COMPENDIAL APPROVED OFF-LABELED USES:
None

APPENDIX

APPENDIX:

BACKGROUND AND OTHER CONSIDERATIONS

BACKGROUND:
Furoscix is a pH-neutral formulation of furosemide designed for SC injection via a wearable, single-use, preprogrammed on-body infusor (OBI), for outpatient self-administration.

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:
All other uses of Furoscix (furosemide injection) are considered experimental/investigational and therefore, will follow Molina's Off- Label policy. Contraindications to Furoscix (furosemide injection) include: anuria, hypersensitivity to furosemide, components of Furoscix formulation or medical adhesives. Patients with hepatic cirrhosis or ascites should be treated in a setting where clinical status and electrolyte balance can be carefully monitored due to the risk of sudden alterations of fluid and electrolyte balance precipitating hepatic encephalopathy and coma.

OTHER SPECIAL CONSIDERATIONS:
None

CODING/BILLING INFORMATION

CODING DISCLAIMER. *Codes listed in this policy are for reference purposes only and may not be all-inclusive or applicable for every state or line of business. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does not guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry-standard coding practices for all submissions. Molina has the right to reject/deny the claim and recover claim payment(s) if it is determined it is not billed appropriately or not a covered benefit. Molina reserves the right to revise this policy as needed.*

HCPCS CODE	DESCRIPTION
J1941	Injection, furosemide (furoscix), 20 mg

AVAILABLE DOSAGE FORMS:
Furoscix CTKT 80MG/10ML

REFERENCES

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SUMMARY OF REVIEW/REVISIONS	DATE
REVISION- Notable revisions: Diagnosis Required Medical Information Prescriber Requirements FDA-Approved Uses Contraindications/Exclusions/ Discontinuation References	Q2 2025

REVISION- Notable revisions: Required Medical Information FDA-Approved Uses Coding/Billing Information	Q1 2025
REVISION- Notable revisions: Required Medical Information Contraindications/Exclusions/ Discontinuation References	Q1 2024
NEW CRITERIA	Q1 2023