Effective Date **5/1/2023**
Next Review Date… **5/1/2024**
Coverage Policy Number **IP0551**

Furosemide On-Body Infusor

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Related Coverage Resources

Quantity Limitations

INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Overview

This policy supports medical necessity review for furosemide subcutaneous injection by on-body infusor (**Furoscix**®).

Receipt of sample product does not satisfy any criteria requirements for coverage.

Initial Approval Criteria

Furosemide subcutaneous injection by on-body infusor (Furoscix) is considered medically necessary for the treatment of congestion due to fluid overload when the individual meets ALL of the following criteria:

1. 18 years of age or older
2. Documented diagnosis of New York Heart Association Class II/III chronic heart failure and evidence of volume overload
3. Documentation of elevated brain natriuretic peptide (BNP) level, above 2 times upper limit of normal

4. Inadequate ongoing diuresis with an oral loop diuretic requiring parenteral therapeutic options
5. Medication is prescribed by or in consultation with, a cardiologist or emergency department physician

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Continuation of Therapy Criteria

Continuation of furosemide subcutaneous injection by on-body infusor (Furoscix) is considered medically necessary for congestion due to fluid overload when initial criteria are met AND beneficial response is demonstrated.

Authorization Duration

Initial approval duration: up to 30 days
Reauthorization approval duration: up to 30 days

Conditions Not Covered

Any other use is considered experimental, investigational or unproven, including the following (this list may not be all inclusive):

1. Liver failure
2. Renal failure
3. Nephrotic syndrome

Background

OVERVIEW
Furoscix, a loop diuretic, is indicated for the treatment of congestion due to fluid overload in adults with New York Heart Association (NYHA) Class II and Class III chronic heart failure.[1]

Limitations of Use:
Furoscix is not indicated for use in emergency situations or in patients with acute pulmonary edema. The on-body infusor will deliver only an 80-mg dose of Furoscix.[1]

Furoscix is not for chronic use and should be replaced with oral diuretics (for example, oral furosemide) as soon as practical.[1]

References

1. Furoscix® subcutaneous injection by on-body infusor [prescribing information]. Burlington, MA: scPharmaceuticals; October 2022.