

STEP THERAPY POLICY

- POLICY:** Diuretics – Loop Products Step Therapy Policy
- bumetanide tablets (generic only)
 - Edecrin® (ethacrynic acid tablets – Bausch/Patheon, generic)
 - Furoscix® (furosemide subcutaneous injection by on-body infusor – scPharmaceuticals)
 - Lasix® (furosemide tablets – Validus, generic)
 - Soaanz® (torsemide tablets – Sarfez)
 - torsemide tablets (generic only)

REVIEW DATE: 06/26/2024

OVERVIEW

The medications included in this policy are loop diuretics. For most products, the indications for use are very similar and are noted below.

Bumetanide tablets (generic) are indicated for:¹

- Treatment of **edema** associated with congestive heart failure, hepatic and renal disease, including the nephrotic syndrome.

Ethacrynic acid tablets are indicated for:²

- Treatment of **edema** associated with congestive heart failure, cirrhosis of the liver, and renal disease, including the nephrotic syndrome.

Furosemide tablets are indicated for:³

- Treatment of **edema** associated with congestive heart failure, cirrhosis of the liver, and renal disease, including the nephrotic syndrome, in adults and pediatric patients.
- Treatment of **hypertension**, alone or in combination with other antihypertensive agents, in adults.

Furoscix is indicated for:⁴

- Treatment of **congestion due to fluid overload in adults with New York Heart Association Class II and III chronic heart failure**. Limitations of Use: Furoscix is not indicated for use in emergency situations or in patients with acute pulmonary edema. Of note, the single-use, on-body infusor with prefilled cartridge is pre-programmed to deliver 30 mg of Furoscix subcutaneously (SC) over the first hour, followed by 12.5 mg per hour for the subsequent 4 hours (80 mg SC over a total of 5 hours). Furoscix is not for chronic use and should be replaced with oral diuretics as soon as practical.

Soaanz is indicated for:⁵

- Treatment of **edema** associated with heart failure or renal disease in adults.

Torsemide tablets (generic) are indicated for:⁶

- Treatment of **edema** associated with heart failure, renal disease or hepatic disease.
- Treatment of **hypertension**, to lower blood pressure.

POLICY STATEMENT

06/26/2024

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This program has been developed to encourage the use of a Step 1 Product prior to the use of a Step 2 Product. If the Step Therapy rule is not met for a Step 2 Product at the point of service, coverage will be determined by the Step Therapy criteria below. All approvals are provided for 1 year in duration.

Automation: A patient with a of one Step 1 Product within the 130-day look-back period is excluded from Step Therapy.

Step 1: bumetanide tablets, ethacrynic acid tablets, furosemide tablets, torsemide tablets

Step 2: Edecrin tablets, Lasix tablets, Soanz tablets, Furoscix

CRITERIA

1. If the patient has tried one Step 1 Product, approve a Step 2 Product.
2. No other exceptions are recommended.

REFERENCES

1. Bumex[®] tablets [prescribing information]. Parsippany, NJ: Validus; January 2024.
2. Edecrin[®] tablets and Sodium Edecrin[®] intravenous solution [prescribing information]. Bridgewater, NJ and Greenville, NC; Bausch and Patheon; August 2020.
3. Lasix[®] tablets [prescribing information]. Parsippany, NJ: Validus; August 2018.
4. Furoscix[®] subcutaneous injection by on-body infusor [prescribing information]. Burlington, MA: scPharmaceuticals; October 2023.
5. Soanz[®] tablets [prescribing information]. Vienna, VA: Sarfex; November 2021.
6. Demadex[®] tablets [prescribing information]. Somerset, NJ: Meda; February 2017.