DATE: March 13, 2026

TO: Commonwealth of Kentucky Medicaid Prescriber Network

FROM: MedImpact Healthcare Systems

Subject: Furoscix Injection Kit Prior Authorization Criteria

Status: Please be advised that the Kentucky Department for Medicaid Services (DMS) will implement clinical criteria for Furoscix Injection Kit starting **May 1, 2026**. The new prior authorization (PA) criteria are defined below.

Pharmacy providers are encouraged to work with prescribers and their impacted patients to either obtain the necessary prior authorization or find alternative therapies when appropriate.

Effective Date	Agent(s) Subject to Criteria	Criteria for Approval

05/01/2026	**Furoscix Injection Kit**	**Approval Duration:** 3 months initial, 3 months renewal
		
		Initial Approval Criteria:
		• Diagnosis of Chronic Heart Failure (CHF) or Chronic Kidney Disease (CKD) including nephrotic syndrome; **AND**
		• Documentation of current edema/volume overload requiring parenteral diuresis; **AND**
		• Prescribed by, or in consultation with, a cardiologist, nephrologist, or other specialist in the treatment of CHF or CKD; **AND**
		• Prescriber attestation of ALL of the following:
		  ○ Patient is hemodynamically stable; **AND**
		  ○ Patient is a candidate for diuresis outside of the hospital; **AND**
		  ○ Medication is being used for short-term, episodic decongestion; **AND**
		  ○ Therapeutic plan to transition back to oral loop diuretics when clinically appropriate is in place; **AND**
		  ○ Patient/caregiver has a documented home management plan (e.g., home weight measurements, symptom monitoring, follow-up labs, device alarm response,

Effective Date	Agent(s) Subject to Criteria	Criteria for Approval

		criteria for repeat dosing, clear thresholds for escalation of care, etc.); **AND**
		• Documentation of ONE of the following:
		  ○ Recent optimization of oral diuretic strategy with insufficient response, intolerance, contraindication; **OR**
		  ○ Clinical rationale why alternative loop-diuretic formulations/settings (e.g., higher-dose oral, clinic/infusion-center IV) are not suitable for this episode; **AND**
		• Documentation of baseline renal function and electrolytes (serum creatinine/eGFR, BUN, sodium, potassium, bicarbonate) obtained prior to first dose; **AND**
		• Patient must meet the minimum age and weight recommended by the package insert for the FDA-approved indication; **AND**
		• The requested dose does not exceed the FDA-approved dose for this indication.
		
		Renewal Criteria:
		
		• Patient continues to meet the above criteria; **AND**
		• Prescriber attestation of clinically significant improvement or stabilization in clinical signs and symptoms; **AND**
		• Documentation of recent labs within the current authorization period (serum creatinine/eGFR, BUN, sodium, potassium, bicarbonate); **AND**
		• Provider attestation that a therapeutic plan to transition back to oral loop diuretics remains in place.
		
		Quantity Limit: 8 kits per 30 days

Providers are encouraged to reference the Kentucky Medicaid PDL and Prior Authorization documents found on the MedImpact Provider Portal at: https://kyportal.medimpact.com/provider-documents/drug-information. For any additional information or questions that you may have, please contact the Kentucky MedImpact team at KYMFFS@medimpact.com for Fee for-Service members or at KYMCOPBM@medimpact.com for Managed Care Organization (MCO) members.

KY MCO Contact Information

Program Questions	KYMCOPBM@MedImpact.com
Pharmacy Help Desk	(800) 210-7628 [24 hours per day/ 7 days per week]
Prior Authorizations	Phone (844) 336-2676 [8:00AM - 7:00PM EST/ 7 days per week]; Fax (858) 357-2612
Pharmacy Portal	https://kyportal.medimpact.com/
BIN: 023880 / PCN: KYPROD1 / GROUP: KYM01	

KY FFS Contact Information

Program Questions	KYMFFS@MedImpact.com
Pharmacy Help Desk	(877) 403-6034 [24 hours per day/ 7 days per week]
Prior Authorizations	Phone (877) 403-6034 [8:00AM - 7:00PM EST/ 7 days per week] Fax (858) 357-2612
Pharmacy Portal	https://kyportal.medimpact.com/
BIN: 026309 / PCN: KYPROD1 / GROUP: KYF01	