



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

TORSEMIDE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
TORSEMIDE	SOAAZ		52032 52033	GPI-14 (37200080000335 37200080000345)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of edema associated with heart failure or renal disease and meet **ALL** of the following criteria?

- The patient is 18 years of age or older
- The patient had a trial of or contraindication to TWO generic loop diuretics (e.g., furosemide, bumetanide)

If yes, **approve for 12 months by GPID or GPI-14 for the requested strength with the following quantity limits:**

- **40mg: #5 per day.**
- **60mg: #3 per day.**

If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **TORSEMIDE (Soanz)** requires the following rule(s) be met for approval:

- A. You have edema (swelling caused by fluid build-up in the body) associated with heart failure (a type of heart condition) or renal (kidney) disease
- B. You are 18 years of age or older
- C. You had a trial of or contraindication (harmful for) to TWO generic loop diuretics (such as furosemide, bumetanide)

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Soanz.

REFERENCES

- Soanz [Prescribing Information]. Vienna, VA: Sarfez Pharmaceuticals, Inc.; December 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

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