WHEN YOUR HEART FAILURE PATIENTS ARE EXPERIENCING FLUID OVERLOAD,
FROM THE EARLIEST SIGNS TO WORSENING SYMPTOMS...

IT'S TIME FOR COMFORT

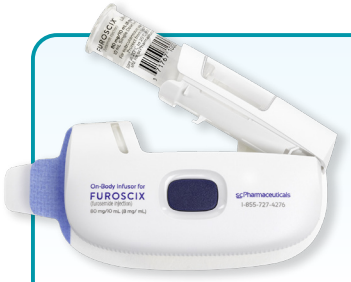
with the assured bioavailability of an infused diuretic
and at-home symptom relief.[1,2]

FUROSCIX®
(furosemide injection) 80 mg/10 mL for subcutaneous use

FUROSCIX, A SUBCUTANEOUS FORMULATION OF FUROSEMIDE:

BYPASSES THE GI TRACT TO PROVIDE 99.6% BIOAVAILABILITY—
even in the presence of fluid overload[1]

REACHES THERAPEUTIC PLASMA FUROSEMIDE LEVELS WITHIN 30 MINUTES*
with urine output as early as 60 minutes[1,3]



FUROSCIX is self-administered by patients through a single-use wearable device, the On-Body Infusor.

Each prescribed dose is shipped to patients as a complete, pre-filled, pre-programmed, and ready-to-use kit.

FUROSCIX DELIVERS A FIXED 80 mg OF MEDICATION OVER 5 HOURS[4]

- 30 mg in the first hour
- 12.5 mg per hour for the next 4 hours

*Based on mean +/- SD 30-minute plasma concentration of 600 (± 209) ng/mL.[1]
SD=standard deviation.

INDICATION

FUROSCIX® (furosemide injection), 80 mg/10 mL for subcutaneous use is indicated for the treatment of congestion due to fluid overload in adult patients with chronic heart failure.

IMPORTANT SAFETY INFORMATION

FUROSCIX is contraindicated in patients with anuria, patients with a history of hypersensitivity to furosemide, any component of the FUROSCIX formulation, or medical adhesives, and in patients with hepatic cirrhosis.

Furosemide may cause fluid, electrolyte, and metabolic abnormalities, particularly in patients receiving higher doses, patients with inadequate oral electrolyte intake, and in elderly patients. Serum electrolytes, CO_2, BUN, creatinine, glucose, and uric acid should be monitored frequently during furosemide therapy.

Excessive diuresis may cause dehydration and blood volume reduction with circulatory collapse and possibly vascular thrombosis and embolism, particularly in elderly patients.

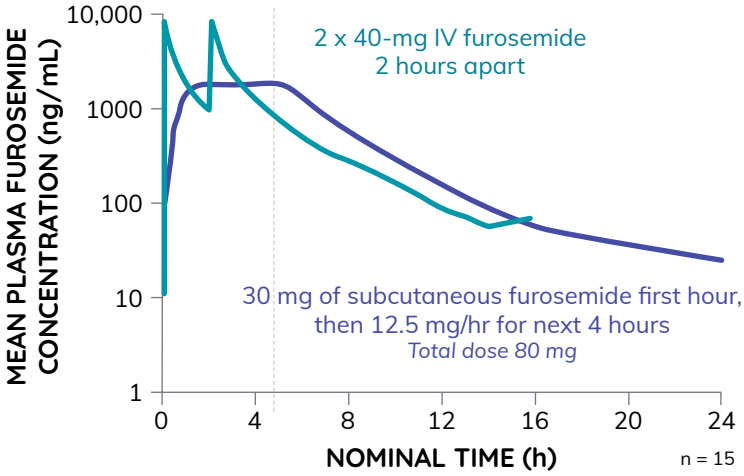
Furosemide can cause dehydration and azotemia. If increasing azotemia and oliguria occur during treatment of severe progressive renal disease, discontinue furosemide.

In an open-label, crossover study,

FUROSCIX AND IV FUROSEMIDE DEMONSTRATED EQUIVALENT BIOAVAILABILITY AND DIURESIS[1]*

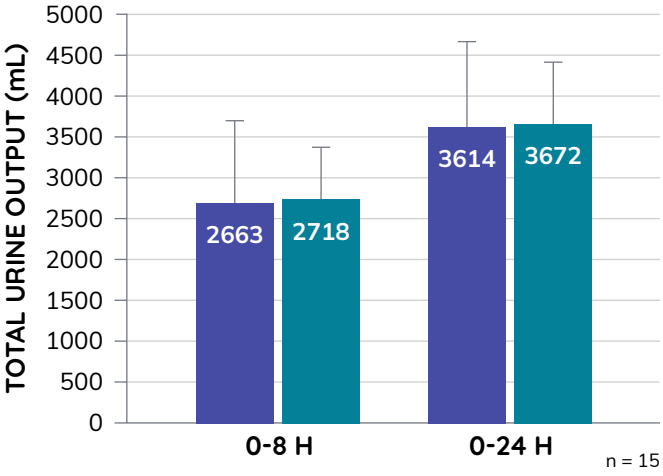
FUROSCIX® (furosemide injection) 80 mg/10 mL for subcutaneous use

FUROSCIX ACHIEVED 99.6% ABSOLUTE BIOAVAILABILITY[1]



Adapted from Sica (2018).

FUROSCIX DEMONSTRATED DIURETIC EQUIVALENCE TO IV FUROSEMIDE[1†]



Adapted from Sica (2018).

FUROSCIX REACHED THERAPEUTIC PLASMA FUROSEMIDE LEVELS WITHIN 30 MINUTES[1,3‡]

Open-label, crossover study design[1]:

- Study subjects represented likely FUROSCIX patients
  - NYHA Class II and Class III chronic heart failure
  - Fluid overload treated with oral diuretics for at least 3 months
- Patients discontinued oral furosemide at least 24 hours prior to study treatment
- Patients randomized to either drug, then received alternate treatment after 7-day wash out

*90% confidence interval of 94.8-104.8. The design of the device used in this study was different from the current On-Body Infusor, but it used the same administration profile.
†Urine output over the periods of 0 to 8 hours and 0 to 24 hours following administration of 80-mg furosemide by 5-hour subcutaneous infusion with FUROSCIX, or IV administration of 2 doses of 40 mg 2 hours apart. Time 0 indicates the start of diuresis therapy.
‡Based on mean +/- SD 30-minute plasma concentration of 600 (± 209) ng/mL.[1]
SD=standard deviation.

To get started with FUROSCIX, **contact your sales representative today.**

IMPORTANT SAFETY INFORMATION (cont'd)

Cases of tinnitus and reversible or irreversible hearing impairment and deafness have been reported with furosemide. Reports usually indicate that furosemide ototoxicity is associated with rapid injection, severe renal impairment, the use of higher than recommended doses, hypoproteinemia or concomitant therapy with aminoglycoside antibiotics, ethacrynic acid, or other ototoxic drugs.

In patients with severe symptoms of urinary retention (because of bladder emptying disorders, prostatic hyperplasia, urethral narrowing), the administration of furosemide can cause acute urinary retention related to increased production and retention of urine. These patients require careful monitoring, especially during the initial stages of treatment.

Contact with water or other fluids and certain patient movements during treatment may cause the On-body Infusor to prematurely terminate infusion. Ensure patients can detect and respond to alarms.

The most common adverse reactions with FUROSCIX administration in clinical trials were site and skin reactions including erythema, bruising, edema, and injection site pain.

Please see the FUROSCIX full Prescribing Information and Instructions for Use.

References: 1. Sica DA, Muntendam P, Myers RL, et al. Subcutaneous furosemide in heart failure: pharmacokinetic characteristics of a newly buffered solution. *JACC Basic Transl Sci.* 2018;3(1):25-34. doi:10.1016/j.jacbts.2017.10.001. **2.** Khan WJ, Arriola-Montenegro J, Mutschler MS, et al. A novel opportunity to improve heart failure care: focusing on subcutaneous furosemide. *Heart Fail Rev.* 2023;28(6):1315-1323. doi: 10.1007/s10741-023-10331-4. **3.** Data on file. scPharmaceuticals. 2023. **4.** FUROSCIX [prescribing information]. Burlington, MA: scPharmaceuticals Inc.; 2024.

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