Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

Furosemide SQ Agents

Clinical Criteria Information Included in this Document

Furoscix (Furosemide Injection)

- Drugs requiring prior authorization: the list of drugs requiring prior authorization for this clinical criteria
- Prior authorization criteria logic: a description of how the prior authorization request will be evaluated against the clinical criteria rules
- Logic diagram: a visual depiction of the clinical criteria logic
- Supporting tables: a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- References: clinical publications and sources relevant to this clinical criteria

Lasix ONYU (Furosemide Injection)

- Drugs requiring prior authorization: the list of drugs requiring prior authorization for this clinical criteria
- Prior authorization criteria logic: a description of how the prior authorization request will be evaluated against the clinical criteria rules
- Logic diagram: a visual depiction of the clinical criteria logic
- Supporting tables: a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- References: clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Added criteria for Furoscix as discussed by the Board at the April 2026 DURB meeting
Renamed the guide from “Lasix ONYU” to “Furosemide SQ Agents”
Updated references

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Furoscix (Furosemide Injection)

Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-search.

Drugs Requiring Prior Authorization	
Label Name	**GCN**
FUROSCIX 80 MG/10ML ON-BODY KT	52993

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Furoscix (Furosemide Injection)

Clinical Criteria Logic

1. Is the client greater than or equal to (≥) 6 years of age?

   [ ] Yes – Go to #2

   [ ] No – Deny

2. Does the client have a diagnosis of chronic heart failure in past medical and/or pharmacy claims history?

   [ ] Yes – Go to #4

   [ ] No – Go to #3

3. Does the client have a diagnosis of chronic kidney disease in past medical and/or pharmacy claims history?

   [ ] Yes – Go to #4

   [ ] No – Deny

4. Does the client currently have a diagnosis of anuria?

   [ ] Yes – Deny

   [ ] No – Go to #5

5. Will the client have concurrent therapy with an aminoglycoside antibiotic, ethacrynic acid, or lithium?

   [ ] Yes – Deny

   [ ] No – Go to #6

6. Has the client received less than or equal to (≤) a 30-day total supply of Furoscix therapy in the last 90 days?

   [ ] Yes – Approve (30 days)

   [ ] No – Deny

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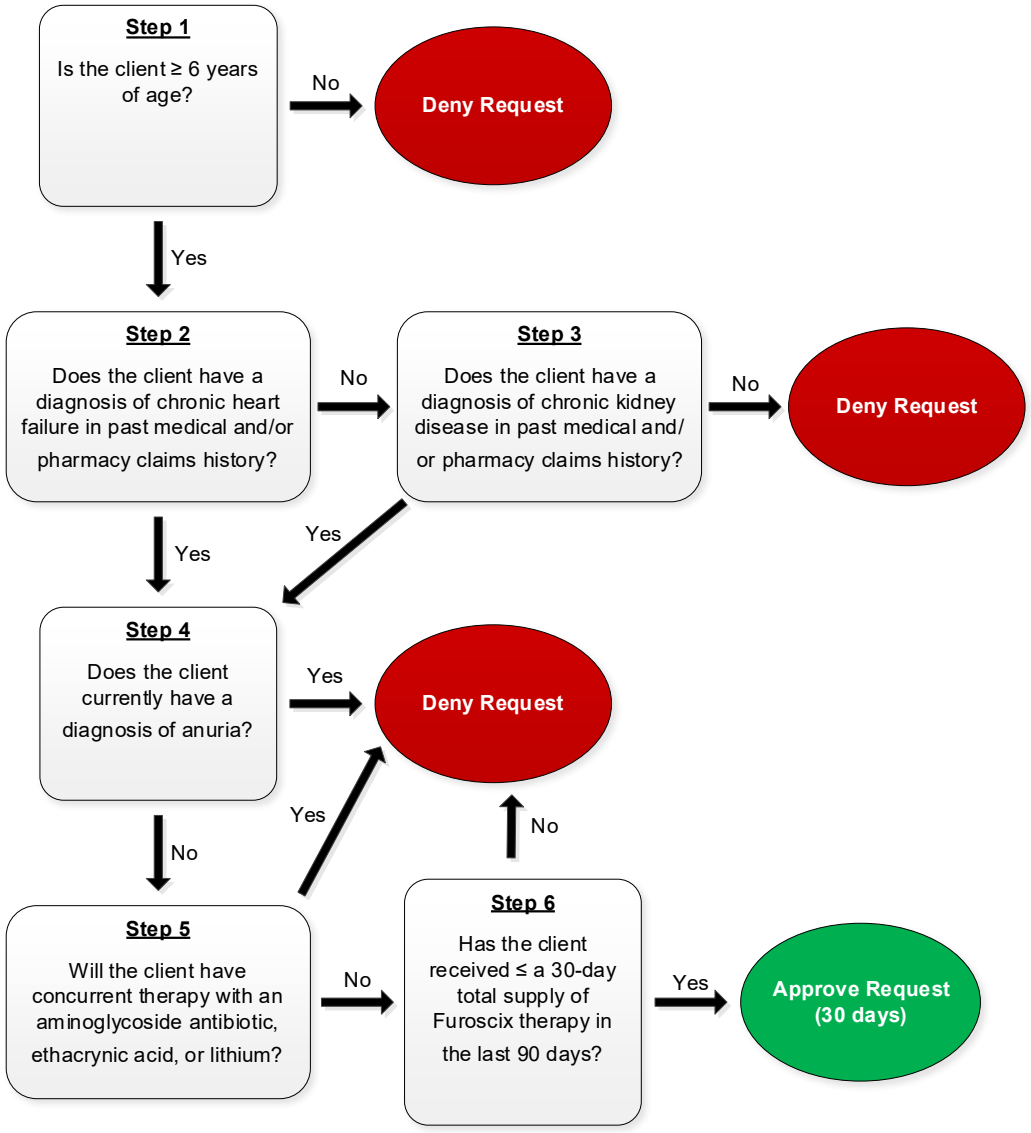
Furoscix (Furosemide Injection)

Clinical Criteria Logic Diagram



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Lasix ONYU (Furosemide Injection)

Drugs Requiring Prior Authorization

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Drugs Requiring Prior Authorization	
Label Name	**GCN**
LASIX ONYU 80 MG/2.67 ML KIT	58457
LASIX ONYU REUSABLE UNIT	94200

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Lasix ONYU (Furosemide Injection)

Clinical Criteria Logic

1. Is the client greater than or equal to (≥) 18 years of age?

   [ ] Yes – Go to #2

   [ ] No – Deny

2. Does the client have a diagnosis of chronic heart failure in past medical and/or pharmacy claims history?

   [ ] Yes – Go to #3

   [ ] No – Deny

3. Does the client currently have a diagnosis of anuria?

   [ ] Yes – Deny

   [ ] No – Go to #4

4. Will the client have concurrent therapy with an aminoglycoside antibiotic, ethacrynic acid, or lithium?

   [ ] Yes – Deny

   [ ] No – Go to #5

5. Has the client received less than or equal to (≤) a 30-day total supply of Lasix ONYU therapy in the last 90 days?

   [ ] Yes – Approve (30 days)

   [ ] No – Deny

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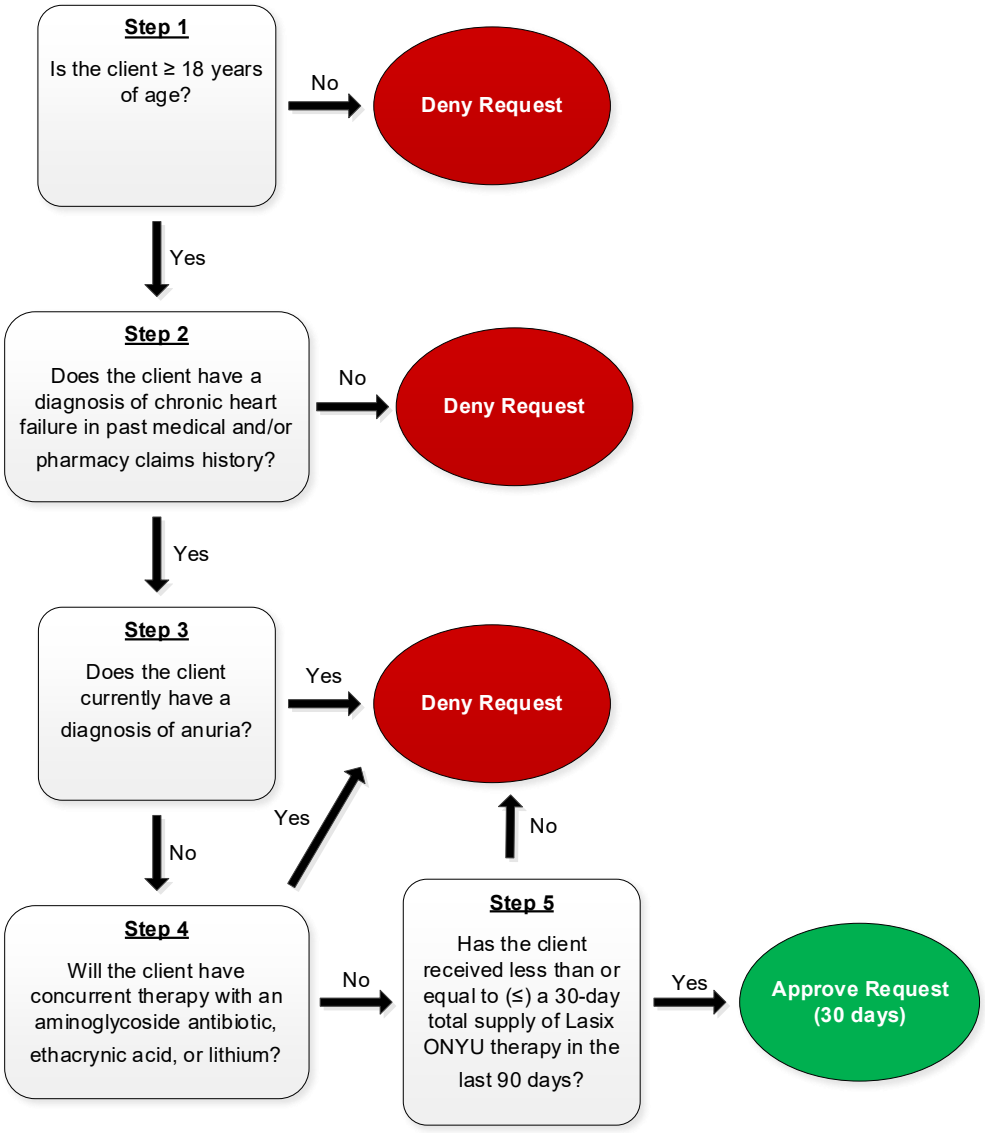
Lasix ONYU (Furosemide Injection)

Clinical Criteria Logic Diagram



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Furosemide SQ Agents

Clinical Criteria Supporting Tables

Aminoglycoside Antibiotic	
GCN	**Label Name**
28729	AMIKACIN SULF 500 MG/2 ML VIAL
28734	AMIKACIN SULF 1 GRAM/4 ML VIAL
16122	BETHKIS 300 MG/4 ML AMPULE
41132	GENTAMICIN 80 MG/2 ML VIAL
41132	GENTAMICIN 800 MG/20 ML VIAL
97800	ISOTON GENTAMICIN 80 MG/100 ML
97802	ISO GENTAMICIN 100 MG/100 ML
97797	ISOTON GENTAMICIN 60 MG/50 ML
41003	ISO GENTAMICIN 120 MG/100 ML
97799	ISOTON GENTAMICIN 80 MG/50 ML
97801	ISOTON GENTAMICIN 100 MG/50 ML
37569	KITABIS PAK 300 MG/5 ML
41072	NEOMYCIN 500 MG TABLET
14285	NEOMYC-POLYM-DEXAMET EYE OINTM
14023	NEOMYCIN-POLYMYXIN-HC EAR SOLN
98446	NEOMYC-POLYM-GRAMICID EYE DROP
89699	NEOMY-POLYMYXIN B 40 MG/ML AMP
89680	NEOMY-POLYMYXIN B 40 MG/ML VL
14283	NEOMYC-BACIT-POLYMIX EYE OINT
30097	PAROMOMYCIN SULFATE POWDER
40960	STREPTOMYCIN SULF 1 GM VIAL
40430	STREPTOMYCIN SULFATE POWDER

Aminoglycoside Antibiotic	
GCN	**Label Name**
61551	TOBI 300 MG/5 ML SOLUTION
30025	TOBI PODHALER 28 MG INHALE CAP
92270	TOBRADEX EYE OINTMENT
28944	TOBRADEX ST 0.3-0.05% EYE DROP
61551	TOBRAMYCIN 300 MG/5 ML AMPULE
41185	TOBRAMYCIN 80 MG/2 ML VIAL
09384	TOBRAMYCIN 0.3% EYE DROP
41160	TOBRAMYCIN 1.2 GM VIAL
92280	TOBRAMYCIN-DEXAMETH OPHTH SUSP
09383	TOBREX 0.3% EYE OINTMENT
44919	ZEMDRI 500 MG/10 ML VIAL
24089	ZYLET EYE DROPS

Diagnosis of Anuria	
ICD-10 Code	**Description**
R34	ANURIA AND OLIGURIA
T795XXA	TRAUMATIC ANURIA, INITIAL ENCOUNTER
T795	TRAUMATIC ANURIA
T795XXD	TRAUMATIC ANURIA, SUBSEQUENT ENCOUNTER
T795XXS	TRAUMATIC ANURIA, SEQUELA

Diagnosis of Chronic Heart Failure	
ICD-10 Code	**Description**
I501	LEFT VENTRICULAR FAILURE
I5020	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE

Diagnosis of Chronic Heart Failure	
ICD-10 Code	**Description**
I5022	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE
I5023	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE
I5030	UNSPECIFIED DIASTOLIC (CONGESTIVE) HEART FAILURE
I5032	CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE
I5033	ACUTE ON CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE
I5040	UNSPECIFIED COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I5042	CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I5043	ACUTE ON CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I50810	RIGHT HEART FAILURE UNSPECIFIED
I50812	CHRONIC RIGHT HEART FAILURE
I50813	ACUTE ON CHRONIC RIGHT HEART FAILURE
I50814	RIGHT HEART FAILURE DUE TO LEFT HEART FAILURE
I5082	BIVENTRICULAR HEART FAILURE
I5083	HIGH OUTPUT HEART FAILURE
I5084	END STAGE HEART FAILURE
I5089	OTHER HEART FAILURE
I509	HEART FAILURE, UNSPECIFIED

Diagnosis of Chronic Kidney Disease	
ICD-10 Code	**Description**
D631	ANEMIA IN CHRONIC KIDNEY DISEASE
E0822	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH DIABETIC CHRONIC KIDNEY DISEASE

Diagnosis of Chronic Kidney Disease	
ICD-10 Code	**Description**
E0922	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE
E1022	TYPE 1 DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE
E1122	TYPE 2 DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE
E1322	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE
I12	HYPERTENSIVE CHRONIC KIDNEY DISEASE
I120	HYPERTENSIVE CHRONIC KIDNEY DISEASE WITH STAGE 5 CHRONIC KIDNEY DISEASE OR END STAGE RENAL DISEASE
I129	HYPERTENSIVE CHRONIC KIDNEY DISEASE WITH STAGE 1 THROUGH STAGE 4 CHRONIC KIDNEY DISEASE, OR UNSPECIFIED CHRONIC KIDNEY DISEASE
I13	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE
I130	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE WITH HEART FAILURE AND STAGE 1 THROUGH STAGE 4 CHRONIC KIDNEY DISEASE, OR UNSPECIFIED CHRONIC KIDNEY DISEASE
I131	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE WITHOUT HEART FAILURE
I1310	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE WITHOUT HEART FAILURE, WITH STAGE 1 THROUGH STAGE 4 CHRONIC KIDNEY DISEASE, OR UNSPECIFIED CHRONIC KIDNEY DISEASE
I1311	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE WITHOUT HEART FAILURE, WITH STAGE 5 CHRONIC KIDNEY DISEASE, OR END STAGE RENAL DISEASE
I132	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE WITH HEART FAILURE AND WITH STAGE 5 CHRONIC KIDNEY DISEASE, OR END STAGE RENAL DISEASE
N18	CHRONIC KIDNEY DISEASE (CKD)
N181	CHRONIC KIDNEY DISEASE, STAGE 1

Diagnosis of Chronic Kidney Disease	
ICD-10 Code	**Description**
N182	CHRONIC KIDNEY DISEASE, STAGE 2 (MILD)
N183	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)
N1830	CHRONIC KIDNEY DISEASE, STAGE 3 UNSPECIFIED
N1831	CHRONIC KIDNEY DISEASE, STAGE 3A
N1832	CHRONIC KIDNEY DISEASE, STAGE 3B
N184	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)
N185	CHRONIC KIDNEY DISEASE, STAGE 5
N186	END STAGE RENAL DISEASE
N189	CHRONIC KIDNEY DISEASE, UNSPECIFIED
O102	PRE-EXISTING HYPERTENSIVE CHRONIC KIDNEY DISEASE COMPLICATING PREGNANCY, CHILDBIRTH AND THE PUERPERIUM
O1021	PRE-EXISTING HYPERTENSIVE CHRONIC KIDNEY DISEASE COMPLICATING PREGNANCY
O10211	PRE-EXISTING HYPERTENSIVE CHRONIC KIDNEY DISEASE COMPLICATING PREGNANCY, FIRST TRIMESTER
O10212	PRE-EXISTING HYPERTENSIVE CHRONIC KIDNEY DISEASE COMPLICATING PREGNANCY, SECOND TRIMESTER
O10213	PRE-EXISTING HYPERTENSIVE CHRONIC KIDNEY DISEASE COMPLICATING PREGNANCY, THIRD TRIMESTER
O10219	PRE-EXISTING HYPERTENSIVE CHRONIC KIDNEY DISEASE COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O1022	PRE-EXISTING HYPERTENSIVE CHRONIC KIDNEY DISEASE COMPLICATING CHILDBIRTH

Diagnosis of Chronic Kidney Disease	
ICD-10 Code	**Description**
O1023	PRE-EXISTING HYPERTENSIVE CHRONIC KIDNEY DISEASE COMPLICATING THE PUERPERIUM
O103	PRE-EXISTING HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE COMPLICATING PREGNANCY, CHILDBIRTH AND THE PUERPERIUM
O1031	PRE-EXISTING HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE COMPLICATING PREGNANCY
O10312	PRE-EXISTING HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE COMPLICATING PREGNANCY, SECOND TRIMESTER
O10313	PRE-EXISTING HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE COMPLICATING PREGNANCY, THIRD TRIMESTER
O10319	PRE-EXISTING HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O1032	PRE-EXISTING HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE COMPLICATING CHILDBIRTH
O1033	PRE-EXISTING HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE COMPLICATING THE PUERPERIUM

Ethacrynic Acid	
GCN	**Label Name**
34910	EDECRIN 25 MG TABLET
34910	ETHACRYNIC ACID 25 MG TABLET

Lithium	
GCN	**Label Name**
15741	LITHIUM 8 MEQ/5 ML SOLN CUP
15741	LITHIUM 8 MEQ/5 ML SOLUTION

Lithium	
GCN	**Label Name**
15711	LITHIUM CARBONATE 150 MG CAP
15710	LITHIUM CARBONATE 300 MG CAP
15721	LITHIUM CARBONATE 300 MG TAB
15712	LITHIUM CARBONATE 600 MG CAP
15731	LITHIUM CARBONATE ER 300 MG TB
15730	LITHIUM CARBONATE ER 450 MG TB
15731	LITHOBID ER 300 MG TABLET

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Clinical Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2026. Available at www.clinicalpharmacology.com. Accessed on July 16, 2026.

2. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on July 16, 2026.

3. 2026 ICD-10-CM Diagnosis Codes, Volume 1. 2026. Available at www.ICD10data.com. Accessed on July 16, 2026.

4. Furoscix Prescribing Information. Burlington, MA. scPharmaceuticals, Inc. December 2025.

5. Lasix ONYU Prescribing Information. Burlington, MA. SQ Innovation, Inc. October 2025.

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Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the Revision Notes on the first page of this document.

Publication Date	Notes
04/24/2026	• Initial publication and presentation to the DUR Board
07/16/2026	• Added criteria for Furoscix as discussed by the Board at the April 2026 DURB meeting • Renamed the guide from “Lasix ONYU” to “Furosemide SQ Agents” • Updated references