

Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

Lasix ONYU (Furosemide Injection)

Clinical Criteria Information Included in this Document

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

Initial publication and presentation to the DUR Board

**Lasix ONYU (Furosemide Injection)****Drugs Requiring Prior Authorization**

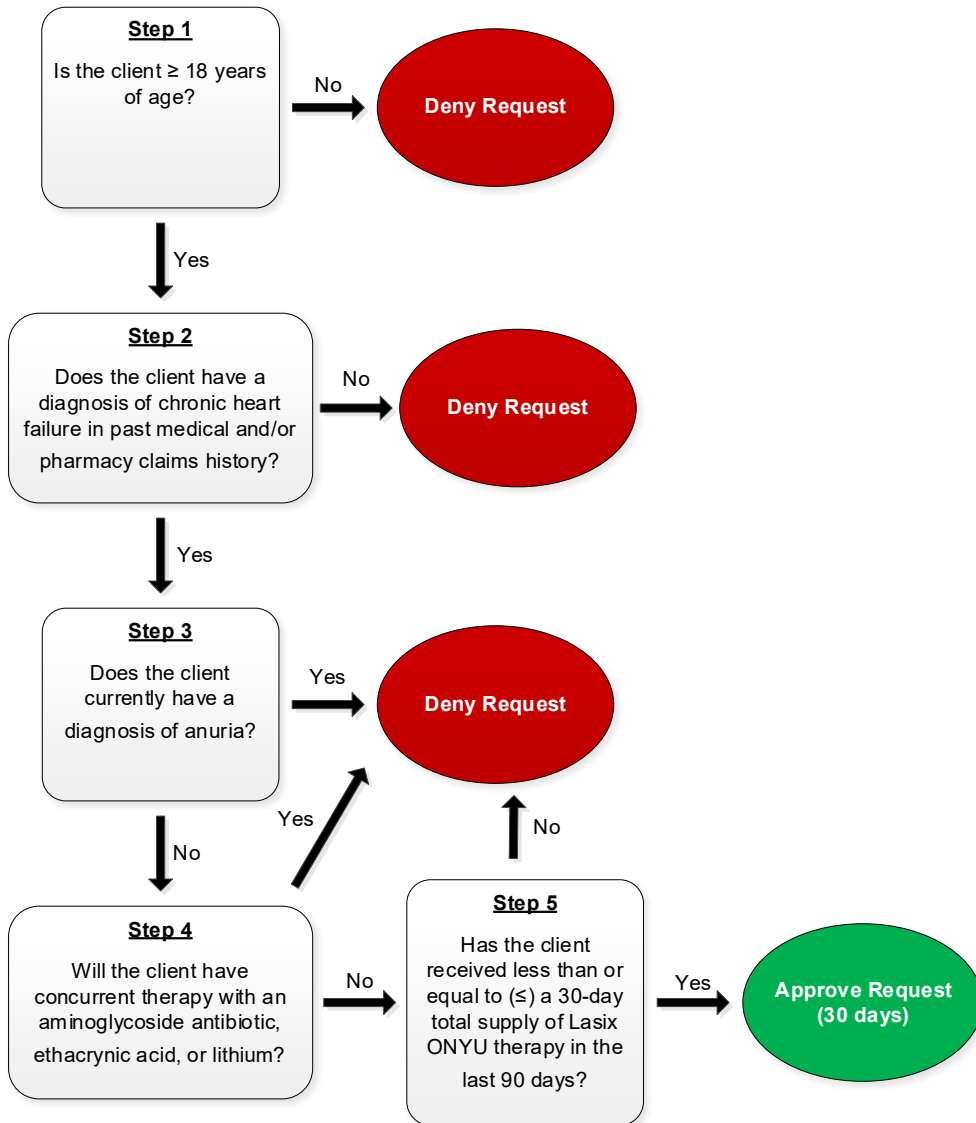
The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-search.

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

**Lasix ONYU (Furosemide Injection)****Clinical Criteria Logic**

1. Is the client greater than or equal to (\geq) 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 (\leq) a 30-day total supply of Lasix ONYU therapy in the last 90 days?
 Yes – Approve (30 days)
 No – Deny

PAXPRESS™ **Lasix ONYU (Furosemide Injection)**
Clinical Criteria Logic Diagram





Lasix ONYU (Furosemide Injection)

Clinical Criteria Supporting Tables

Table 2 (diagnosis of chronic heart failure)	
ICD-10 Code	Description
I501	LEFT VENTRICULAR FAILURE
I5020	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE
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

Table 3 (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

Table 4a (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

Table 4a (aminoglycoside antibiotic)	
GCN	Label Name
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
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	TOBEX 0.3% EYE OINTMENT
44919	ZEMDRI 500 MG/10 ML VIAL
24089	ZYLET EYE DROPS

Table 4b (ethacrynic acid)	
GCN	Label Name
34910	EDECIN 25 MG TABLET
34910	ETHACRYNIC ACID 25 MG TABLET

Table 4c (lithium)	
GCN	Label Name
15741	LITHIUM 8 MEQ/5 ML SOLN CUP
15741	LITHIUM 8 MEQ/5 ML SOLUTION
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

**Lasix ONYU (Furosemide Injection)****Clinical Criteria References**

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2026. Available at www.clinicalpharmacology.com. Accessed on April 24, 2026.
2. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on April 24, 2026.
3. 2026 ICD-10-CM Diagnosis Codes, Volume 1. 2026. Available at www.ICD10data.com. Accessed on April 24, 2026.
4. Lasix ONYU Prescribing Information. Burlington, MA. SQ Innovation, Inc. October 2025.

**Lasix ONYU (Furosemide Injection)****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	<ul style="list-style-type: none"><li data-bbox="492 579 1156 609">• Initial publication and presentation to the DUR Board