

---

**5.40.034**

---

<b>Section:</b>	Prescription Drugs	<b>Effective Date:</b>	April 1, 2026
<b>Subsection:</b>	Cardiovascular Agent	<b>Original Policy Date:</b>	April 7, 2023
<b>Subject:</b>	Furoscix Lasix Onyu	<b>Page:</b>	1 of 5

---

**Last Review Date:** March 6, 2026

---

## Furoscix Lasix Onyu

### Description

Furoscix (furosemide) injection for subcutaneous use  
Lasix Onyu (furosemide) injection for subcutaneous use

---

### Background

Furoscix and Lasix Onyu (furosemide) primarily inhibit the reabsorption of sodium and chloride in the proximal and distal tubules and in the loop of Henle. The high degree of diuresis is largely due to the unique site of action. The action on the distal tubule is independent of any inhibitory effect on carbonic anhydrase and aldosterone (1-2).

### Regulatory Status

FDA-approved indication: Furoscix is a loop diuretic indicated for the treatment of edema in pediatric patients weighing 43 kg and above and in adult patients with chronic heart failure or chronic kidney disease, including nephrotic syndrome. Lasix Onyu is a loop diuretic indicated for the treatment of edema in adult patients with chronic heart failure (1-2).

Furoscix is not for chronic use and should be replaced with oral diuretics as soon as practical (1).

Furoscix and Lasix Onyu contain warnings regarding the following: fluid, electrolyte, and metabolic abnormalities; worsening renal function; ototoxicity; acute urinary retention; and incomplete dosing (1-2).

<b>Section:</b>	Prescription Drugs	<b>Effective Date:</b>	April 1, 2026
<b>Subsection:</b>	Cardiovascular Agent	<b>Original Policy Date:</b>	April 7, 2023
<b>Subject:</b>	Furoscix Lasix Onyu	<b>Page:</b>	2 of 5

---

The safety and effectiveness of Furoscix in pediatric patients weighing less than 43 kg has not been established. The safety and effectiveness of Lasix Onyu in pediatric patients less than 18 years of age has not been established (1-2).

---

### Related policies

Corlanor, Verquvo

### Policy

*This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.*

Furoscix and Lasix Onyu may be considered **medically necessary** if the conditions indicated below are met.

Furoscix and Lasix Onyu may be considered **investigational** for all other indications.

## Prior-Approval Requirements

### Furoscix only

#### Diagnoses

Patient must have **ONE** of the following:

1. Chronic heart failure
2. Chronic kidney disease including nephrotic syndrome

**AND ALL** of the following:

- a. Patients less than 18 years of age **only**: weight  $\geq$  43 kg
- b. Patient has edema
- c. Patient has a clinical reason for requiring Furoscix (e.g., reduced responsiveness to oral diuretics such as bumetanide, furosemide, or torsemide)
- d. Patient is a candidate for outpatient treatment
- e. Prescriber agrees to use Furoscix short-term only **AND** replace with oral diuretics as soon as practical

<b>Section:</b>	Prescription Drugs	<b>Effective Date:</b>	April 1, 2026
<b>Subsection:</b>	Cardiovascular Agent	<b>Original Policy Date:</b>	April 7, 2023
<b>Subject:</b>	Furoscix Lasix Onyu	<b>Page:</b>	3 of 5

---

## Lasix Onyu only

**Age** 18 years of age or older

### **Diagnosis**

Patient must have the following:

1. Chronic heart failure

**AND ALL** of the following:

- a. Patient has edema
- b. Patient has a clinical reason for requiring Lasix Onyu (e.g., reduced responsiveness to oral diuretics such as bumetanide, furosemide, or torsemide)
- c. Patient is a candidate for outpatient treatment
- d. Prescriber agrees to use Lasix Onyu short-term only **AND** replace with oral diuretics as soon as practical

---

## **Prior – Approval *Renewal* Requirements**

None

*Each prior authorization (PA) request for Furoscix or Lasix Onyu is considered initiation of therapy due to its acute duration of use*

### [Policy Guidelines](#)

## **Pre - PA Allowance**

**Quantity** 5 kits per 90 days

## **Prior - Approval Limits**

**Quantity** 10 kits

**Duration** 3 months

<b>Section:</b>	Prescription Drugs	<b>Effective Date:</b>	April 1, 2026
<b>Subsection:</b>	Cardiovascular Agent	<b>Original Policy Date:</b>	April 7, 2023
<b>Subject:</b>	Furoscix Lasix Onyu	<b>Page:</b>	4 of 5

## Prior – Approval *Renewal* Limits

None

*Each prior authorization (PA) request for Furoscix or Lasix Onyu is considered initiation of therapy due to its acute duration of use*

### Rationale

#### Summary

Furoscix and Lasix Onyu (furosemide) are loop diuretics indicated for the treatment of edema in pediatric patients weighing 43 kg and above and in adult patients with chronic heart failure or chronic kidney disease. Furoscix and Lasix Onyu are not for chronic use and should be replaced with oral diuretics as soon as practical. The safety and effectiveness of Furoscix in pediatric patients weighing less than 43 kg has not been established. The safety and effectiveness of Lasix Onyu in pediatric patients less than 18 years of age has not been established (1-2).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Furoscix and Lasix Onyu while maintaining optimal therapeutic outcomes.

#### References

1. Furoscix [package insert]. Burlington, MA: scPharmaceuticals, Inc.; December 2025.
2. Lasix Onyu [package insert]. Burlington, MA: SQ Innovation, Inc.; October 2025.

### Policy History

Date	Action
April 2023	Addition to PA
June 2023	Annual review
March 2024	Annual review and reference update
August 2024	Per PI update, removed requirement for heart failure to be NYHA class II-III and removed requirement of “no pulmonary edema”
December 2024	Annual review
March 2025	Annual review
April 2025	Per PI update, added indication of chronic kidney disease and changed wording from congestion due to fluid overload to edema
June 2025	Annual review

# 5.40.034

---

<b>Section:</b>	Prescription Drugs	<b>Effective Date:</b>	April 1, 2026
<b>Subsection:</b>	Cardiovascular Agent	<b>Original Policy Date:</b>	April 7, 2023
<b>Subject:</b>	Furoscix Lasix Onyu	<b>Page:</b>	5 of 5

---

February 2026      Per PI update, removed age limit and added weight limit  
March 2026      Annual review. Addition of Lasix Onyu to policy

## [Keywords](#)

---

**This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 6, 2026 and is effective on April 1, 2026.**