



Inland Empire Health Plan

## IEHP Medi-Cal Floor Stock List

The following is an approved floor stock medication list. Physicians can administer these medications and submit a manual claim for reimbursement. These medications do not require pre-approval (prior authorization) prior to administration.

Medication	HCPCS Code	Medication	HCPCS Code
Adenosine 1mg	J0153	Penicillin G (Bicillin)	J0558
Albuterol Nebulizer Solution	J7609	Prochlorperazine (Compazine)	J0780
Ampicillin 500mg (Totacillin-N)	J0290	Promethazine (Phenergan)	J2550
Betamethasone 3mg (Celestone Soluspan)	J0702	Ranitidine Hcl 25mg	J2780
Cefazolin 500mg (Ancef, Kefzol)	J0690	Rho d Immune Globulin 50 mcg Mini dose (Rhogam)	J2788
Cefotaxime (Claforan)	J0698	Rho d Immune Globulin 300 mcg Full Dose (Rhogam)	J2790
Ceftazidime (Fortaz, Tazicef)	J0713	Solu-Medrol (Methylprednisolone)	J2930
Ceftriaxone (Rocephin)	J0696	Solu-Medrol (Methylprednisolone, Lower Dosage)	J2920
Cefuroxime (Zinacef)	J0697	Triamcinolone (Kenalog)	J3301
Cimetidine (Tagamet)	J8499	Triamcinolone 1mg, preservative free	J3300
Depo-Provera 1mg	J1050	Vitamin B-12 (cyanocobalamin)	J3420
Dexamethasone Oral .25mg (Decadron)	J8540	Dextrose/normal saline (500 ml=1unit)	J7042
Dexamethasone Injection 1mg (Decadron)	J1100	5% Dextrose/water (500 ml=1unit)	J7060
Diphenhydramine (Benadryl)	J1200	D5W 1,000 cc (infusion)	J7070
Epinephrine 0.1mg (Adrenalin)	J0171	Ringer's lactate up to 1,000 cc	J7120
Furosemide (Lasix)	J1940	Hypertonic saline solution 1 ml	J7131
Gentamicin (Garamycin)	J1580	<b>CHEMOTHERAPY ONLY</b>	<b>HCPCS Code</b>
Hydrocortisone (Cortef)	J1720	Fentanyl Citrate 0.1 mg ( Vial Only) , Max Qty 1 unit	J3010
Hydroxyzine (Vistaril)	J3410	Fosaprepitant 1mg ( Emend- Vial Only) Max 150 units	J1453
Ketorolac (Toradol)	J1885	Heparin	J1642
Lidocaine 10mg	J2001	Heparin Sodium per 1,000 units- <b>Non Therapeutic</b>	J1644
Methotrexate 5mg	J9250	Hydromorphone up to 4mg-Max 1 unit	J1170
Methotrexate 50mg	J9260	KCL	J3480
Methylprednisolone 20mg (Medrol)	J1020	Lorazepam 2 mg – <b>Max 1 unit- Chemo/Procedure only</b>	J2060
Methylprednisolone 40mg (Medrol)	J1030	Mag Sulfate	J3475
Methylprednisolone 80mg (Medrol)	J1040	Mannitol	J2150
Metoclopramide up to 10 mg	J2765	Meperidine per 100mg-Max 1 unit	J2175
Normal Saline 1000cc	J7030	Midazolam HCL 1 mg- <b>Chemo/Procedure only</b>	J2250
Normal Saline 250cc	J7050	Morphine Sulfate up to 10mg-Max 1 Unit	J2270
Normal Saline 500cc	J7040	Ondansetron 1 mg – <b>Max 16 units- Chemo Only</b>	J2405
Penicillin G benzathine (Bicillin LA)	J0561		

Newly Added to Floor Stock List

(Version 09/08/2016)