



**To:** IPAs and PCPs  
**From:** IEHP – Provider Relations  
**Date:** April 10, 2019  
**Subject:** Pharmacy Floor Stock Medication List

Provider can administer these medications and submit a manual claim for reimbursement. These medications do not require pre-approval (prior authorization) prior to administration. Current Floor Stock List is available at <https://ww3.iehp.org/en/providers/pharmaceutical-services/formulary/>

Medication Name		Medication Name	
Adenosine, 1mg	J0153	Penicillin G (Bicillin)	J0558
Albuterol Nebulizer Solution	J7609	Prochlorperazine (Compazine)	J0780
Ampicilin (Totacillin-N), 500mg	J0290	Promethazine (Phenergan)	J2550
Betamethasone (Celestone Soluspan), 3mg	J0702	Ranitidine Hcl, 25mg	J2780
Cefazolin (Ancef, Kefzol), 500mg	J0690	Rho d Immune Globulin, mini dose (Rhogam), 50mg	J2788
Cefotaxime (Claforan)	J0698	Rho d Immune Globulin, full dose (Rhogam), 300mg	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, Preservative Free, 1mg	J3300
Depo-Provera, 1mg	J1050	Vitamin B-12 (cyanocobalamin)	J3420
Dexamethasone Oral (Decadron), 25mg	J8540	Dextrose/normal saline (500ml = 1 unit)	J7042
Dexamethasone Injection (Decadron), 1mg	J1100	5% Dextrose/water (500ml = 1 unit)	J7060
Diphenhydramine (Benadryl)	J1200	DSW (infusion), 1,000 cc	J7070
Epinephrine (Adrenalin), 0.1mg	J0171	Ringer's Lactate up to 1,000 cc	J7120
Furosemide (Lasix)	J1940	Hypertonic Saline Solution, 1ml	J7131
Gentamycin (Garamycin)	J1580	<b>Chemotherapy Only</b>	
Hydrocortisone (Cortef)	J1720	Fentanyl Citrate (Vial only), 0.1 mg, Max Qty 1 unit	J3010
Hydroxyzine (Vistaril)	J3410	Fosaprepitant (Emend-Vial only), 1mg, 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 Qty 1 unit	J1170
Methotrexate, 50mg	J9260	KCL	J3480
Methylprednisolone (Medrol), 20mg	J1020	Lorazepam 2mg, <b>Max 1 unit – Chemo/Procedure only</b>	J2060
Methylprednisolone (Medrol), 40mg	J1030	Mag Sulfate	J3475
Methylprednisolone (Medrol), 80mg	J1040	Mannitol	J2150
Metoclopramide up to 10mg	J2765	Meperidine per 100mg, Max 1 unit	J2175
Normal Saline, 250cc	J7050	Midazolam HCL, 1mg – <b>Chemo/Procedure only</b>	J2250
Normal Saline, 500cc	J7040	Morphine Sulfate up to 10mg – Max 1 unit	J2270
Normal Saline, 1000cc	J7030	Ondansetron 1mg – <b>Max 16 units – Chemo only</b>	J2405
Penicillin G Benzathine (Bicillin LA)	J0561		

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at (909) 890-2054.