



A Public Entity

Inland Empire Health Plan

IEHP PHARMACEUTICAL SERVICES DEPARTMENT
Floor Stock List

This list of medication are considered formulary items and do not require prior authorization. Please bill claims for these items to:

IEHP Claims Dept., P.O. Box 10129, San Bernardino, CA 92408.

Drug Name	HCPCS Code	Drug Name	HCPCS Code
Adenosine, 6mg (therapeutic use)	J0150	Hydroxyzine (Vistaril), up to 25mg	J3410
Adenosine, 30mg (diagnostic use)	J0152	Ketorolac (Toradol), per 15mg	J1885
Albuterol (Proventil)	J3535	Lidocaine (Xylocaine), 10mg	J2001
Ampicilin (Totacillin-N), 500mg	J0290	Methotrexate sodium, 5mg	J9250
Betamethasone acetate, 3mg	J0702	Methotrexate sodium, 50mg	J9260
Cefazolin (Ancef, Kefzol), 500mg	J0690	Methylprednisolone (Medrol), 20mg	J1020
Cefotaxime (Claforan), 1gm	J0698	Methylprednisolone (Medrol), 40mg	J1030
Ceftazidime (Fortaz, Tazicef), 500mg	J0713	Methylprednisolone (Medrol), 80mg	J1040
Ceftriaxone (Rocephin), 250mg	J0696	Normal Saline, 1000cc	J7030
Cefuroxime (Zinacef), 750mg	J0697	Normal Saline, 500cc	J7040
Medroxyprogesterone (Depo-Provera), 50mg	J1051	Normal Saline, 250cc	J7030
Dexamethasone (Decadron), oral, 25mg	J8540	Penicillin G (Bicillin, Wycillin), 100,000 units	J0558
Dexamethasone (Decadron), injection, 1mg	J1100	Prochlorperazine (Compazine), up to 10mg	J0780
Diphenhydramine (Benadryl), 50mg	J1200	Promethazine (Phenergan), 50mg	J2550
Epinephrine (Adrenalin), 0.1mg	J0171	Methylprednisolone (Solu-Medrol), 125mg	J2930
Gentamycin (Garamycin), 80mg	J1580	Triamcinolone (Kenalog) injection, 10mg	J3301
Hydrocortisone (Cortef), up to 100mg	J1720	Triamcinolone hexacetonide injection, 5mg	J3303