

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
<p>Exhibit V.C instructions: Submit on a CD (for Offerors proposing to use Medispan related to generic drug pricing)</p> <p>1) For each GPI provide the proposed Empire Plan MAC List for Retail and Mail Service Pharmacy unit cost as of 4/1/2011 in the Retail and Mail Service Pharmacy MAC Unit Cost column. These figures should support the Offeror's proposed guaranteed minimum discounts off the aggregate AWP for all generic drugs dispensed by Retail and Mail Service Pharmacies for the Program.</p> <p>2) For each GPI indicate with a "Y" (yes) or "N" (no) whether the MAC price is applicable to all NDCs within the GPI, including any brand NDC in the GPI.</p> <p>3) If any NDCs within a GPI are exempted from MAC pricing for reasons other than being B-rated or unrated, list the GPI, all excluded NDCs and drug names and the reason for the exclusion in a separate worksheet labeled "excluded NDCs".</p> <p>4) For each GPI indicate with a "Y" (yes) or "N" (no) whether a therapeutically equivalent generic (A-rated or Authorized) is available.</p>				
01100010112070	Penicillin G Potassium Inj 60000 Unit/ML in Dextrose			
01100040100310	Penicillin V Potassium Tab 250 MG			
01100040100315	Penicillin V Potassium Tab 500 MG			
01100040102105	Penicillin V Potassium For Soln 125 MG/5ML			
01100040102110	Penicillin V Potassium For Soln 250 MG/5ML			
01200010100105	Amoxicillin (Trihydrate) Cap 250 MG			
01200010100110	Amoxicillin (Trihydrate) Cap 500 MG			
01200010100303	Amoxicillin (Trihydrate) Tab 500 MG			
01200010100315	Amoxicillin (Trihydrate) Tab 875 MG			
01200010100505	Amoxicillin (Trihydrate) Chew Tab 125 MG			
01200010100508	Amoxicillin (Trihydrate) Chew Tab 200 MG			

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01200010100510	Amoxicillin (Trihydrate) Chew Tab 250 MG			
01200010100516	Amoxicillin (Trihydrate) Chew Tab 400 MG			
01200010101910	Amoxicillin (Trihydrate) For Susp 125 MG/5ML			
01200010101913	Amoxicillin (Trihydrate) For Susp 200 MG/5ML			
01200010101915	Amoxicillin (Trihydrate) For Susp 250 MG/5ML			
01200010101924	Amoxicillin (Trihydrate) For Susp 400 MG/5ML			
01200020200105	Ampicillin Cap 250 MG			
01200020200110	Ampicillin Cap 500 MG			
01200020201915	Ampicillin For Susp 250 MG/5ML			
01200020302120	Ampicillin Sodium For Inj 1 GM			
01200020302122	Ampicillin Sodium For IV Soln 1 GM			
01200020302125	Ampicillin Sodium For Inj 2 GM			
01300020100110	Dicloxacillin Sodium Cap 250 MG			
01300020100115	Dicloxacillin Sodium Cap 500 MG			
01300040102118	Nafcillin Sodium For IV Soln 2 GM			
01300040102125	Nafcillin Sodium For Inj 10 GM			
01300050102120	Oxacillin Sodium For Inj 2 GM			
01300050102130	Oxacillin Sodium For Inj 10 GM			
01990002200310	Amoxicillin & K Clavulanate Tab 250-125 MG			
01990002200320	Amoxicillin & K Clavulanate Tab 500-125 MG			
01990002200340	Amoxicillin & K Clavulanate Tab 875-125 MG			
01990002200515	Amoxicillin & K Clavulanate Chew Tab 200-28.5 MG			
01990002200535	Amoxicillin & K Clavulanate Chew Tab 400-57 MG			
01990002201915	Amoxicillin & K Clavulanate For Susp 200-28.5 MG/5ML			
01990002201935	Amoxicillin & K Clavulanate For Susp 400-57 MG/5ML			
01990002201960	Amoxicillin & K Clavulanate For Susp 600-42.9 MG/5ML			
02100010000105	Cefadroxil Cap 500 MG			

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02100010000305	Cefadroxil Tab 1 GM			
02100010001910	Cefadroxil For Susp 250 MG/5ML			
02100010001915	Cefadroxil For Susp 500 MG/5ML			
02100015102110	Cefazolin Sodium For Inj 500 MG			
02100015102115	Cefazolin Sodium For Inj 1 GM			
02100015102125	Cefazolin Sodium For Inj 10 GM			
02100015112010	Cefazolin in D5W Inj 1 GM/50ML			
02100020000105	Cephalexin Cap 250 MG			
02100020000110	Cephalexin Cap 500 MG			
02100020000310	Cephalexin Tab 250 MG			
02100020000315	Cephalexin Tab 500 MG			
02100020001910	Cephalexin For Susp 125 MG/5ML			
02100020001915	Cephalexin For Susp 250 MG/5ML			
02200040000105	Cefaclor Cap 250 MG			
02200040000110	Cefaclor Cap 500 MG			
02200040001905	Cefaclor For Susp 125 MG/5ML			
02200040001907	Cefaclor For Susp 187 MG/5ML			
02200040001910	Cefaclor For Susp 250 MG/5ML			
02200040001915	Cefaclor For Susp 375 MG/5ML			
02200040107430	Cefaclor Monohydrate Tab SR 12HR 500 MG			
02200062000320	Cefprozil Tab 250 MG			
02200062000330	Cefprozil Tab 500 MG			
02200062001910	Cefprozil For Susp 125 MG/5ML			
02200062001920	Cefprozil For Susp 250 MG/5ML			
02200065050310	Cefuroxime Axetil Tab 250 MG			
02200065050315	Cefuroxime Axetil Tab 500 MG			
02300065100320	Cefpodoxime Proxetil Tab 100 MG			

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02300065100330	Cefpodoxime Proxetil Tab 200 MG			
02300075102105	Cefotaxime Sodium For Inj 1 GM			
02300080002110	Ceftazidime For Inj 1 GM			
02300080002115	Ceftazidime For Inj 2 GM			
02300080002120	Ceftazidime For Inj 6 GM			
02300090102105	Ceftriaxone Sodium For Inj 250 MG			
02300090102110	Ceftriaxone Sodium For Inj 500 MG			
02300090102115	Ceftriaxone Sodium For Inj 1 GM			
02300090102120	Ceftriaxone Sodium For Inj 2 GM			
02300090102125	Ceftriaxone Sodium For Inj 10 GM			
02300090112015	Ceftriaxone Sodium in Dextrose Inj 20 MG/ML			
02300090112020	Ceftriaxone Sodium in Dextrose Inj 40 MG/ML			
02300090132130	Ceftriaxone Sodium for IV Soln 2 GM and Dextrose 2.22%			
03100005000305	Erythromycin Tab 250 MG			
03100005000310	Erythromycin Tab 500 MG			
03100005000610	Erythromycin Tab Delayed Release 333 MG			
03100005002900	Erythromycin Powder			
03100005006720	Erythromycin w/ Delayed Release Particles Cap 250 MG			
03100010100305	Erythromycin Stearate Tab 250 MG			
03100010100310	Erythromycin Stearate Tab 500 MG			
03100030300305	Erythromycin Ethylsuccinate Tab 400 MG			
03100030301810	Erythromycin Ethylsuccinate Susp 200 MG/5ML			
03100030301820	Erythromycin Ethylsuccinate Susp 400 MG/5ML			
03100030301910	Erythromycin Ethylsuccinate For Susp 200 MG/5ML			
03400010000320	Azithromycin Tab 250 MG			
03400010000334	Azithromycin Tab 500 MG			
03400010000340	Azithromycin Tab 600 MG			

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03400010001920	Azithromycin For Susp 100 MG/5ML			
03400010001930	Azithromycin For Susp 200 MG/5ML			
03400010002120	Azithromycin IV For Soln 500 MG			
03400010003020	Azithromycin Powd Pack for Susp 1 GM			
03500010000310	Clarithromycin Tab 250 MG			
03500010000320	Clarithromycin Tab 500 MG			
03500010001910	Clarithromycin For Susp 125 MG/5ML			
03500010001920	Clarithromycin For Susp 250 MG/5ML			
03500010007520	Clarithromycin Tab SR 24HR 500 MG			
04000010100305	Demeclocycline HCl Tab 150 MG			
04000010100310	Demeclocycline HCl Tab 300 MG			
04000020000105	Doxycycline Monohydrate Cap 50 MG			
04000020000110	Doxycycline Monohydrate Cap 100 MG			
04000020000305	Doxycycline Monohydrate Tab 50 MG			
04000020000307	Doxycycline Monohydrate Tab 75 MG			
04000020000310	Doxycycline Monohydrate Tab 100 MG			
04000020100105	Doxycycline Hyclate Cap 50 MG			
04000020100110	Doxycycline Hyclate Cap 100 MG			
04000020100302	Doxycycline Hyclate Tab 20 MG			
04000020100310	Doxycycline Hyclate Tab 100 MG			
04000020102105	Doxycycline Hyclate For Inj 100 MG			
04000020106715	Doxycycline Hyclate Cap DR Particles 75 MG			
04000020106720	Doxycycline Hyclate Cap DR Particles 100 MG			
04000040100105	Minocycline HCl Cap 50 MG			
04000040100107	Minocycline HCl Cap 75 MG			
04000040100110	Minocycline HCl Cap 100 MG			
04000040100305	Minocycline HCl Tab 50 MG			

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04000040100307	Minocycline HCl Tab 75 MG			
04000040100310	Minocycline HCl Tab 100 MG			
04000060100105	Tetracycline HCl Cap 250 MG			
04000060100110	Tetracycline HCl Cap 500 MG			
05000020001920	Ciprofloxacin For Oral Susp 250 MG/5ML (5%) (5 GM/100ML)			
05000020001930	Ciprofloxacin For Oral Susp 500 MG/5ML (10%) (10 GM/100ML)			
05000020100305	Ciprofloxacin HCl Tab 100 MG (Base Equiv)			
05000020100310	Ciprofloxacin HCl Tab 250 MG (Base Equiv)			
05000020100315	Ciprofloxacin HCl Tab 500 MG (Base Equiv)			
05000020100320	Ciprofloxacin HCl Tab 750 MG (Base Equiv)			
05000050000320	Ofloxacin Tab 200 MG			
05000050000330	Ofloxacin Tab 300 MG			
05000050000340	Ofloxacin Tab 400 MG			
07000010102010	Amikacin Sulfate Inj 250 MG/ML			
07000020102037	Gentamicin Sulfate IV Soln 10 MG/ML			
07000020102045	Gentamicin Sulfate Inj 40 MG/ML			
07000020112008	Gentamicin in Saline Inj 0.8 MG/ML			
07000040100305	Neomycin Sulfate Tab 500 MG			
07000040102010	Neomycin Sulfate Soln 25 MG/ML			
07000055100110	Paromomycin Sulfate Cap 250 MG			
07000070102030	Tobramycin Sulfate Inj 40 MG/ML			
08000020000305	Sulfadiazine Tab 500 MG			
08000070000305	Sulfisoxazole Tab 500 MG			
09000040100305	Ethambutol HCl Tab 100 MG			
09000040100310	Ethambutol HCl Tab 400 MG			
09000060000305	Isoniazid Tab 100 MG			
09000060000310	Isoniazid Tab 300 MG			

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09000060001210	Isoniazid Syrup 50 MG/5ML			
09000070000310	Pyrazinamide Tab 500 MG			
09000080000105	Rifampin Cap 150 MG			
09000080000110	Rifampin Cap 300 MG			
11000010002105	Amphotericin B For Inj 50 MG			
11000030101805	Griseofulvin Microsize Susp 125 MG/5ML			
11000030200315	Griseofulvin Ultramicrosize Tab 250 MG			
11000060000305	Nystatin Tab 500000 Unit			
11000060002900	Nystatin Oral Powder			
11404040000310	Ketoconazole Tab 200 MG			
11407015000310	Fluconazole Tab 50 MG			
11407015000320	Fluconazole Tab 100 MG			
11407015000325	Fluconazole Tab 150 MG			
11407015000330	Fluconazole Tab 200 MG			
11407015001910	Fluconazole For Susp 10 MG/ML			
11407015001940	Fluconazole For Susp 40 MG/ML			
11407015012020	Fluconazole in NaCl 0.9% Inj 400 MG/200ML			
11407035000120	Itraconazole Cap 100 MG			
12105015006528	Didanosine Delayed Release Capsule 200 MG			
12105015006535	Didanosine Delayed Release Capsule 250 MG			
12105015006550	Didanosine Delayed Release Capsule 400 MG			
12108085000110	Zidovudine Cap 100 MG			
12108085000330	Zidovudine Tab 300 MG			
12108085001210	Zidovudine Syrup 10 MG/ML			
12200030000120	Ganciclovir Cap 250 MG			
12200030000140	Ganciclovir Cap 500 MG			
12353070000120	Ribavirin Cap 200 MG			

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12353070000320	Ribavirin Tab 200 MG			
12353070000340	Ribavirin Tab 400 MG			
12353070000360	Ribavirin Tab 600 MG			
12353070006320	Ribavirin Tab 400 MG & Ribavirin Tab 600 MG Dose Pack			
12405010000110	Acyclovir Cap 200 MG			
12405010000320	Acyclovir Tab 400 MG			
12405010000330	Acyclovir Tab 800 MG			
12405010001810	Acyclovir Susp 200 MG/5ML			
12405010102120	Acyclovir Sodium For Inj 500 MG			
12405010102130	Acyclovir Sodium For Inj 1000 MG			
12500070100320	Rimantadine Hydrochloride Tab 100 MG			
13000010200305	Chloroquine Phosphate Tab 250 MG			
13000010200310	Chloroquine Phosphate Tab 500 MG			
13000020100305	Hydroxychloroquine Sulfate Tab 200 MG			
13000025100310	Mefloquine HCl Tab 250 MG			
13000030100310	Primaquine Phosphate Tab 26.3 MG			
13000050102900	Quinacrine HCl Powder			
13000060100110	Quinine Sulfate Cap 200 MG			
13000060100120	Quinine Sulfate Cap 325 MG			
13000060100310	Quinine Sulfate Tab 260 MG			
15000010000505	Mebendazole Chew Tab 100 MG			
16000010002110	Bacitracin Intramuscular For Soln 50000 Unit			
16000015002105	Colistimethate Sodium For Inj 150 MG			
16000035000107	Metronidazole Cap 375 MG			
16000035000305	Metronidazole Tab 250 MG			
16000035000310	Metronidazole Tab 500 MG			
16000035112020	Metronidazole in NaCl 0.79% IV Soln 500 MG/100ML			

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16000055000305	Trimethoprim Tab 100 MG			
16000060102105	Vancomycin HCl For Inj 500 MG			
16000060102108	Vancomycin HCl For Inj 1000 MG			
16000060102109	Vancomycin HCl For Inj 5000 MG			
16000060102120	Vancomycin HCl For Inj 10 GM			
16000060102900	Vancomycin HCl Powder			
16100010102105	Polymyxin B Sulfate For Inj 500000 Unit			
16220020100110	Clindamycin HCl Cap 150 MG			
16220020100120	Clindamycin HCl Cap 300 MG			
16220020302030	Clindamycin Phosphate Inj 150 MG/ML			
16220020302035	Clindamycin Phosphate IV Soln 150 MG/ML			
16300010000310	Dapsone Tab 25 MG			
16300010000320	Dapsone Tab 100 MG			
16990002101910	Erythromycin-Sulfisoxazole For Susp 200-600 MG/5ML			
16990002300310	Sulfamethoxazole-Trimethoprim Tab 400-80 MG			
16990002300320	Sulfamethoxazole-Trimethoprim Tab 800-160 MG			
16990002301810	Sulfamethoxazole-Trimethoprim Susp 200-40 MG/5ML			
16990002302010	Sulfamethoxazole-Trimethoprim IV Soln 400-80 MG/5ML			
17200065002205	Pneumococcal Vaccine Polyvalent Inj 25 MCG/0.5ML			
18000020102005	Tetanus Toxoid Fluid Inj 5 LF			
18990002202210	Tetanus-Diphtheria Toxoids (Td) Inj 5-2 LFU			
19100010002200	Hepatitis B Immune Globulin (Human) Inj			
19100020002200	Immune Globulin (Human) Inj			
19100020102120	Immune Globulin (Human) IV For Soln 5 GM			
19100020102130	Immune Globulin (Human) IV For Soln 10 GM			
19100020102135	Immune Globulin (Human) IV For Soln 12 GM			
19100020102205	Immune Globulin (Human) IV Soln 5%			

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21100015002025	Carboplatin IV Soln 10 MG/ML			
21100015002110	Carboplatin IV For Inj 50 MG			
21100015002120	Carboplatin IV For Inj 150 MG			
21100015002140	Carboplatin IV For Inj 450 MG			
21100020002010	Cisplatin Inj 1 MG/ML			
21101020000305	Cyclophosphamide Tab 25 MG			
21101020000310	Cyclophosphamide Tab 50 MG			
21101020002160	Cyclophosphamide Lyophilized For Inj 500 MG			
21101020002165	Cyclophosphamide Lyophilized For Inj 1 GM			
21101025002110	Ifosfamide For Inj 1 GM			
21200010102105	Bleomycin Sulfate For Inj 15 Unit			
21200010102115	Bleomycin Sulfate For Inj 30 Unit			
21200040102010	Doxorubicin HCl Inj 2 MG/ML			
21200040102105	Doxorubicin HCl For Inj 10 MG			
21200040102115	Doxorubicin HCl For Inj 50 MG			
21200050002110	Mitomycin For Inj 20 MG			
21200050002120	Mitomycin For Inj 40 MG			
21200055001310	Mitoxantrone HCl Inj Conc 2 MG/ML			
21300007002010	Cladribine Inj 1 MG/ML			
21300010002010	Cytarabine Inj 20 MG/ML			
21300010002105	Cytarabine For Inj 100 MG			
21300020002105	Floxuridine For Inj 0.5 GM			
21300025102020	Fludarabine Phosphate Inj 25 MG/ML			
21300025102120	Fludarabine Phosphate For Inj 50 MG			
21300030002010	Fluorouracil Inj 50 MG/ML			
21300040000305	Mercaptopurine Tab 50 MG			
21300050100310	Methotrexate Sodium Tab 2.5 MG (Base Equiv)			

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21300050102030	Methotrexate Sodium Inj 25 MG/ML			
21402440000110	Flutamide Cap 125 MG			
21402680100310	Tamoxifen Citrate Tab 10 MG (Base Equivalent)			
21402680100320	Tamoxifen Citrate Tab 20 MG (Base Equivalent)			
21404020100305	Megestrol Acetate Tab 20 MG			
21404020100310	Megestrol Acetate Tab 40 MG			
21404020101810	Megestrol Acetate Susp 40 MG/ML			
21405010102005	Leuprolide Acetate Inj 5 MG/ML			
21405010106407	Leuprolide Acetate Inj Kit 5 MG/ML			
21500010000120	Etoposide Cap 50 MG			
21500010002020	Etoposide Inj 20 MG/ML			
21500012001320	Paclitaxel IV Conc 6 MG/ML			
21500020102005	Vincristine Sulfate IV Soln 1 MG/ML			
21500030102020	Vinblastine Sulfate Inj 1 MG/ML			
21500030102105	Vinblastine Sulfate For Inj 10 MG			
21500050802020	Vinorelbine Tartrate Inj 10 MG/ML			
21700020002110	Dacarbazine For Inj 200 MG			
21700030000105	Hydroxyurea Cap 500 MG			
21754040002140	Dexrazoxane For Inj 500 MG			
21755040100310	Leucovorin Calcium Tab 5 MG			
21755040100325	Leucovorin Calcium Tab 10 MG			
21755040100335	Leucovorin Calcium Tab 15 MG			
21755040100345	Leucovorin Calcium Tab 25 MG			
21755040102030	Leucovorin Calcium Inj 10 MG/ML			
21755040102120	Leucovorin Calcium For Inj 50 MG			
21755040102130	Leucovorin Calcium For Inj 100 MG			
21755040102150	Leucovorin Calcium For Inj 200 MG			

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21755040102160	Leucovorin Calcium For Inj 350 MG			
21755040102170	Leucovorin Calcium For Inj 500 MG			
21758050002010	Mesna Inj 100 MG/ML			
22100010202900	Betamethasone Sodium Phosphate Powder			
22100015100310	Cortisone Acetate Tab 25 MG			
22100020000310	Dexamethasone Tab 0.25 MG			
22100020000315	Dexamethasone Tab 0.5 MG			
22100020000320	Dexamethasone Tab 0.75 MG			
22100020000325	Dexamethasone Tab 1 MG			
22100020000330	Dexamethasone Tab 1.5 MG			
22100020000335	Dexamethasone Tab 2 MG			
22100020000340	Dexamethasone Tab 4 MG			
22100020000345	Dexamethasone Tab 6 MG			
22100020001005	Dexamethasone Elixir 0.5 MG/5ML			
22100020002005	Dexamethasone Soln 0.5 MG/5ML			
22100020006400	Dexamethasone Tab 0.75 MG Dose Pack			
22100020202005	Dexamethasone Sodium Phosphate Inj 4 MG/ML			
22100020202010	Dexamethasone Sodium Phosphate Inj 10 MG/ML			
22100025000310	Hydrocortisone Tab 20 MG			
22100030000310	Methylprednisolone Tab 4 MG			
22100030000315	Methylprednisolone Tab 8 MG			
22100030006405	Methylprednisolone Tab 4 MG Dose Pack			
22100030101810	Methylprednisolone Acetate Inj Susp 40 MG/ML			
22100030101815	Methylprednisolone Acetate Inj Susp 80 MG/ML			
22100030202105	Methylprednisolone Sodium Succinate For Inj 40 MG			
22100030202110	Methylprednisolone Sodium Succinate For Inj 125 MG			
22100030202120	Methylprednisolone Sodium Succinate For Inj 1000 MG			

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22100040000305	Prednisolone Tab 5 MG			
22100040001203	Prednisolone Syrup 5 MG/5ML			
22100040001205	Prednisolone Syrup 15 MG/5ML			
22100040200910	Prednisolone Sod Phosphate Liq 6.7 MG/5ML (5MG/5ML Base Eq)			
22100040202020	Prednisolone Sod Phosphate Oral Soln 15 MG/5ML (Base Equiv)			
22100045000305	Prednisone Tab 1 MG			
22100045000310	Prednisone Tab 2.5 MG			
22100045000315	Prednisone Tab 5 MG			
22100045000320	Prednisone Tab 10 MG			
22100045000325	Prednisone Tab 20 MG			
22100045000335	Prednisone Tab 50 MG			
22100045002005	Prednisone Oral Soln 5 MG/5ML			
22100045006405	Prednisone Tab 5 MG Dose Pack			
22100045006410	Prednisone Tab 10 MG Dose Pack			
22200030100305	Fludrocortisone Acetate Tab 0.1 MG			
22200030102900	Fludrocortisone Acetate Powder			
23100005000105	Danazol Cap 50 MG			
23100005000110	Danazol Cap 100 MG			
23100005000115	Danazol Cap 200 MG			
23100020000310	Methyltestosterone Oral Tab 10 MG			
23100020002900	Methyltestosterone Powder			
23100030002900	Testosterone Powder			
23100030101715	Testosterone Cypionate IM in Oil 200 MG/ML			
23100030102900	Testosterone Cypionate Powder			
23100030201710	Testosterone Enanthate IM in Oil 200 MG/ML			
23100030302900	Testosterone Propionate Powder			
23200030101710	Nandrolone Decanoate IM in Oil 100 MG/ML			

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23200030101715	Nandrolone Decanoate IM in Oil 200 MG/ML			
24000035000303	Estradiol Tab 0.5 MG			
24000035000305	Estradiol Tab 1 MG			
24000035000310	Estradiol Tab 2 MG			
24000035002900	Estradiol Powder			
24000035008810	Estradiol TD Patch Weekly 0.025 MG/24HR			
24000035008815	Estradiol TD Patch Weekly 0.0375 MG/24HR (37.5 MCG/24HR)			
24000035008820	Estradiol TD Patch Weekly 0.05 MG/24HR			
24000035008824	Estradiol TD Patch Weekly 0.06 MG/24HR			
24000035008830	Estradiol TD Patch Weekly 0.075 MG/24HR			
24000035008840	Estradiol TD Patch Weekly 0.1 MG/24HR			
24000050003800	Estrone Crystals			
24000055000305	Estropipate Tab 0.75 MG			
24000055000310	Estropipate Tab 1.5 MG			
24000055000315	Estropipate Tab 3 MG			
24000060002900	Ethinyl Estradiol Powder			
24000065052900	Estriol Micronized Powder			
24991002300305	Esterified Estrogens & Methyltestosterone Tab 0.625-1.25 MG			
24991002300310	Esterified Estrogens & Methyltestosterone Tab 1.25-2.5 MG			
25100010000305	Norethindrone Tab 0.35 MG			
25150035101820	Medroxyprogesterone Acetate IM Susp 150 MG/ML			
25990002100320	Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG			
25990002100365	Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 MG(21/5)			
25990002200310	Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-35 MCG			
25990002200320	Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-50 MCG			
25990002400305	Levonorgestrel & Ethinyl Estradiol Tab 0.10 MG-20 MCG			
25990002400310	Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
25990002500310	Norethindrone & Ethinyl Estradiol Tab 0.5 MG-35 MCG			
25990002500320	Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG			
25990002600310	Norethindrone Ace & Ethinyl Estradiol Tab 1 MG-20 MCG			
25990002600320	Norethindrone Ace & Ethinyl Estradiol Tab 1.5 MG-30 MCG			
25990002700310	Norethindrone & Mestranol Tab 1 MG-50 MCG			
25990002900310	Norgestrel & Ethinyl Estradiol Tab 0.3 MG-30 MCG			
25990002900320	Norgestrel & Ethinyl Estradiol Tab 0.5 MG-50 MCG			
25990002950310	Norgestimate & Ethinyl Estradiol Tab 0.25 MG-35 MCG			
25990003610310	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1 MG-20 MCG			
25990003610320	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1.5 MG-30 MCG			
25991002200310	Norethindrone-Eth Estradiol Tab 0.5-35/1-35 MG-MCG (10/11)			
25992002030320	Desogest-Ethin Est Tab 0.1-0.025/0.125-0.025/0.15-0.025MG-MG			
25992002100310	Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG			
25992002200310	Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG			
25992002200330	Norethindrone-Eth Estradiol Tab 0.5-35/1-35/0.5-35 MG-MCG			
25992002300320	Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG			
25993002300320	Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 MG			
26000020200305	Medroxyprogesterone Acetate Tab 2.5 MG			
26000020200310	Medroxyprogesterone Acetate Tab 5 MG			
26000020200315	Medroxyprogesterone Acetate Tab 10 MG			
26000030100305	Norethindrone Acetate Tab 5 MG			
26000040001705	Progesterone IM in Oil 50 MG/ML			
26000040002900	Progesterone Powder			
26000040102900	Progesterone Micronized Powder			
27200020000305	Chlorpropamide Tab 100 MG			
27200020000310	Chlorpropamide Tab 250 MG			
27200027000310	Glimepiride Tab 1 MG			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List
Costs per GPI**

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
27200027000320	Glimepiride Tab 2 MG			
27200027000340	Glimepiride Tab 4 MG			
27200030000305	Glipizide Tab 5 MG			
27200030000310	Glipizide Tab 10 MG			
27200030007505	Glipizide Tab SR 24HR 2.5 MG			
27200030007510	Glipizide Tab SR 24HR 5 MG			
27200030007520	Glipizide Tab SR 24HR 10 MG			
27200040000305	Glyburide Tab 1.25 MG			
27200040000310	Glyburide Tab 2.5 MG			
27200040000315	Glyburide Tab 5 MG			
27200040100310	Glyburide Micronized Tab 1.5 MG			
27200040100320	Glyburide Micronized Tab 3 MG			
27200040100340	Glyburide Micronized Tab 6 MG			
27200050000305	Tolazamide Tab 100 MG			
27200050000310	Tolazamide Tab 250 MG			
27200060000310	Tolbutamide Tab 500 MG			
27250050000320	Metformin HCl Tab 500 MG			
27250050000340	Metformin HCl Tab 850 MG			
27250050000350	Metformin HCl Tab 1000 MG			
27250050007520	Metformin HCl Tab SR 24HR 500 MG			
27250050007530	Metformin HCl Tab SR 24HR 750 MG			
27997002350320	Glipizide-Metformin HCl Tab 2.5-250 MG			
27997002350325	Glipizide-Metformin HCl Tab 2.5-500 MG			
27997002350340	Glipizide-Metformin HCl Tab 5-500 MG			
27997002400310	Glyburide-Metformin Tab 1.25-250 MG			
27997002400320	Glyburide-Metformin Tab 2.5-500 MG			
27997002400330	Glyburide-Metformin Tab 5-500 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
28100010100305	Levothyroxine Sodium Tab 25 MCG			
28100010100310	Levothyroxine Sodium Tab 50 MCG			
28100010100315	Levothyroxine Sodium Tab 75 MCG			
28100010100317	Levothyroxine Sodium Tab 88 MCG			
28100010100320	Levothyroxine Sodium Tab 100 MCG			
28100010100322	Levothyroxine Sodium Tab 112 MCG			
28100010100325	Levothyroxine Sodium Tab 125 MCG			
28100010100327	Levothyroxine Sodium Tab 137 MCG			
28100010100330	Levothyroxine Sodium Tab 150 MCG			
28100010100335	Levothyroxine Sodium Tab 175 MCG			
28100010100340	Levothyroxine Sodium Tab 200 MCG			
28100010100345	Levothyroxine Sodium Tab 300 MCG			
28100010102105	Levothyroxine Sodium For Inj 200 MCG			
28100010102110	Levothyroxine Sodium For Inj 500 MCG			
28100020102900	Liothyronine Sodium Powder			
28100050000305	Thyroid Tab 15 MG (1/4 Grain)			
28100050000310	Thyroid Tab 30 MG (1/2 Grain)			
28100050000315	Thyroid Tab 60 MG (1 Grain)			
28100050000320	Thyroid Tab 90 MG (1 1/2 Grain)			
28100050000325	Thyroid Tab 120 MG (2 Grain)			
28100050000330	Thyroid Tab 180 MG (3 Grain)			
28100050000335	Thyroid Tab 240 MG (4 Grain)			
28100050000340	Thyroid Tab 300 MG (5 Grain)			
28300010000305	Methimazole Tab 5 MG			
28300010000310	Methimazole Tab 10 MG			
28300010000320	Methimazole Tab 20 MG			
28300020000310	Propylthiouracil Tab 50 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
30042040100305	Etidronate Disodium Tab 200 MG			
30042040100310	Etidronate Disodium Tab 400 MG			
30042060102006	Pamidronate Disodium IV Soln 3 MG/ML			
30042060102009	Pamidronate Disodium IV Soln 6 MG/ML			
30042060102012	Pamidronate Disodium IV Soln 9 MG/ML			
30042060102120	Pamidronate Disodium For Inj 30 MG			
30042060102140	Pamidronate Disodium For Inj 90 MG			
30043020002080	Calcitonin (Salmon) Nasal Soln 200 Unit/ACT			
30062020002140	Chorionic Gonadotropin For Inj 10000 Unit			
30066030100305	Clomiphene Citrate Tab 50 MG			
30090040102020	Ganirelix Acetate Inj 250 MCG/0.5ML			
30170070102005	Octreotide Acetate Inj 0.05 MG/ML			
30170070102010	Octreotide Acetate Inj 0.1 MG/ML			
30170070102015	Octreotide Acetate Inj 0.2 MG/ML			
30170070102020	Octreotide Acetate Inj 0.5 MG/ML			
30170070102030	Octreotide Acetate Inj 1 MG/ML			
30201010100310	Desmopressin Acetate Tab 0.1 MG			
30201010100320	Desmopressin Acetate Tab 0.2 MG			
30201010102030	Desmopressin Acetate Inj 4 MCG/ML			
30201010112010	Desmopressin Acetate Nasal Soln 0.01% (Refrigerated)			
30201010122010	Desmopressin Acetate Nasal Spray Soln 0.01% (Refrigerated)			
30201010132010	Desmopressin Acetate Nasal Spray Soln 0.01%			
30402020000320	Cabergoline Tab 0.5 MG			
30903045100330	Levocarnitine Tab 330 MG			
30903045102010	Levocarnitine Oral Soln 1 GM/10ML (10%)			
30903045102060	Levocarnitine Inj 200 MG/ML			
31100030102020	Milrinone Lactate IV Soln 1 MG/ML (Base Equivalent)			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
31200010000305	Digoxin Tab 0.125 MG			
31200010000310	Digoxin Tab 0.25 MG			
31200010002040	Digoxin Oral Soln 0.05 MG/ML			
32100020000305	Isosorbide Dinitrate Tab 5 MG			
32100020000310	Isosorbide Dinitrate Tab 10 MG			
32100020000315	Isosorbide Dinitrate Tab 20 MG			
32100020000320	Isosorbide Dinitrate Tab 30 MG			
32100020000405	Isosorbide Dinitrate Tab CR 40 MG			
32100020000705	Isosorbide Dinitrate SL Tab 2.5 MG			
32100020000710	Isosorbide Dinitrate SL Tab 5 MG			
32100025000310	Isosorbide Mononitrate Tab 10 MG			
32100025000320	Isosorbide Mononitrate Tab 20 MG			
32100025007520	Isosorbide Mononitrate Tab SR 24HR 30 MG			
32100025007530	Isosorbide Mononitrate Tab SR 24HR 60 MG			
32100025007540	Isosorbide Mononitrate Tab SR 24HR 120 MG			
32100030000205	Nitroglycerin Cap CR 2.5 MG			
32100030000215	Nitroglycerin Cap CR 6.5 MG			
32100030000220	Nitroglycerin Cap CR 9 MG			
32100030000710	Nitroglycerin SL Tab 0.3 MG			
32100030000715	Nitroglycerin SL Tab 0.4 MG			
32100030000720	Nitroglycerin SL Tab 0.6 MG			
32100030004205	Nitroglycerin Oint 2%			
32100030008510	Nitroglycerin TD Patch 24HR 0.1 MG/HR			
32100030008520	Nitroglycerin TD Patch 24HR 0.2 MG/HR			
32100030008540	Nitroglycerin TD Patch 24HR 0.4 MG/HR			
32100030008550	Nitroglycerin TD Patch 24HR 0.6 MG/HR			
32100050002020	Amyl Nitrite Inhal Soln 0.3 ML			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
33100010000303	Nadolol Tab 20 MG			
33100010000305	Nadolol Tab 40 MG			
33100010000310	Nadolol Tab 80 MG			
33100010000315	Nadolol Tab 120 MG			
33100010000320	Nadolol Tab 160 MG			
33100030000305	Pindolol Tab 5 MG			
33100030000310	Pindolol Tab 10 MG			
33100040100305	Propranolol HCl Tab 10 MG			
33100040100310	Propranolol HCl Tab 20 MG			
33100040100315	Propranolol HCl Tab 40 MG			
33100040100320	Propranolol HCl Tab 60 MG			
33100040100325	Propranolol HCl Tab 80 MG			
33100040102050	Propranolol HCl Oral Soln 20 MG/5ML			
33100040102060	Propranolol HCl Oral Soln 40 MG/5ML			
33100045100310	Sotalol HCl Tab 80 MG			
33100045100315	Sotalol HCl Tab 120 MG			
33100045100320	Sotalol HCl Tab 160 MG			
33100045100330	Sotalol HCl Tab 240 MG			
33100045120310	Sotalol HCl (AFIB/AFL) Tab 80 MG			
33100045120315	Sotalol HCl (AFIB/AFL) Tab 120 MG			
33100045120320	Sotalol HCl (AFIB/AFL) Tab 160 MG			
33100050100305	Timolol Maleate Tab 5 MG			
33100050100310	Timolol Maleate Tab 10 MG			
33100050100315	Timolol Maleate Tab 20 MG			
33200010100105	Acebutolol HCl Cap 200 MG			
33200010100110	Acebutolol HCl Cap 400 MG			
33200020000303	Atenolol Tab 25 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
33200020000305	Atenolol Tab 50 MG			
33200020000310	Atenolol Tab 100 MG			
33200021100310	Betaxolol HCl Tab 10 MG			
33200021100320	Betaxolol HCl Tab 20 MG			
33200022100310	Bisoprolol Fumarate Tab 5 MG			
33200022100320	Bisoprolol Fumarate Tab 10 MG			
33200030100305	Metoprolol Tartrate Tab 25 MG			
33200030100310	Metoprolol Tartrate Tab 50 MG			
33200030100315	Metoprolol Tartrate Tab 100 MG			
33200030102900	Metoprolol Tartrate Powder			
33300010100305	Labetalol HCl Tab 100 MG			
33300010100310	Labetalol HCl Tab 200 MG			
33300010100315	Labetalol HCl Tab 300 MG			
34000010100305	Diltiazem HCl Tab 30 MG			
34000010100310	Diltiazem HCl Tab 60 MG			
34000010100315	Diltiazem HCl Tab 90 MG			
34000010100320	Diltiazem HCl Tab 120 MG			
34000010106910	Diltiazem HCl Cap SR 12HR 60 MG			
34000010106915	Diltiazem HCl Cap SR 12HR 90 MG			
34000010106920	Diltiazem HCl Cap SR 12HR 120 MG			
34000010107020	Diltiazem HCl Cap SR 24HR 120 MG			
34000010107030	Diltiazem HCl Cap SR 24HR 180 MG			
34000010107040	Diltiazem HCl Cap SR 24HR 240 MG			
34000010117020	Diltiazem HCl Extended Release Beads Cap SR 24HR 120 MG			
34000010117030	Diltiazem HCl Extended Release Beads Cap SR 24HR 180 MG			
34000010117040	Diltiazem HCl Extended Release Beads Cap SR 24HR 240 MG			
34000010117050	Diltiazem HCl Extended Release Beads Cap SR 24HR 300 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
34000010117060	Diltiazem HCl Extended Release Beads Cap SR 24HR 360 MG			
34000010117070	Diltiazem HCl Extended Release Beads Cap SR 24HR 420 MG			
34000010127020	Diltiazem HCl Coated Beads Cap SR 24HR 120 MG			
34000010127030	Diltiazem HCl Coated Beads Cap SR 24HR 180 MG			
34000010127040	Diltiazem HCl Coated Beads Cap SR 24HR 240 MG			
34000010127050	Diltiazem HCl Coated Beads Cap SR 24HR 300 MG			
34000013007505	Felodipine Tab SR 24HR 2.5 MG			
34000013007510	Felodipine Tab SR 24HR 5 MG			
34000013007520	Felodipine Tab SR 24HR 10 MG			
34000015000110	Isradipine Cap 2.5 MG			
34000015000120	Isradipine Cap 5 MG			
34000018100120	Nicardipine HCl Cap 20 MG			
34000018100125	Nicardipine HCl Cap 30 MG			
34000020000105	Nifedipine Cap 10 MG			
34000020000110	Nifedipine Cap 20 MG			
34000020002900	Nifedipine Powder			
34000020007530	Nifedipine Tab SR 24HR 30 MG			
34000020007540	Nifedipine Tab SR 24HR 60 MG			
34000020007550	Nifedipine Tab SR 24HR 90 MG			
34000020007570	Nifedipine Tab SR 24HR Osmotic 30 MG			
34000020007575	Nifedipine Tab SR 24HR Osmotic 60 MG			
34000020007580	Nifedipine Tab SR 24HR Osmotic 90 MG			
34000030100303	Verapamil HCl Tab 40 MG			
34000030100305	Verapamil HCl Tab 80 MG			
34000030100310	Verapamil HCl Tab 120 MG			
34000030100410	Verapamil HCl Tab CR 120 MG			
34000030100415	Verapamil HCl Tab CR 180 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
34000030100420	Verapamil HCl Tab CR 240 MG			
34000030102005	Verapamil HCl IV Soln 2.5 MG/ML			
34000030107020	Verapamil HCl Cap SR 24HR 120 MG			
34000030107025	Verapamil HCl Cap SR 24HR 180 MG			
34000030107035	Verapamil HCl Cap SR 24HR 240 MG			
34000030107045	Verapamil HCl Cap SR 24HR 360 MG			
35100010100105	Disopyramide Phosphate Cap 100 MG			
35100010100110	Disopyramide Phosphate Cap 150 MG			
35100010106915	Disopyramide Phosphate Cap SR 12HR 150 MG			
35100020100105	Procainamide HCl Cap 250 MG			
35100020100115	Procainamide HCl Cap 500 MG			
35100020100410	Procainamide HCl Tab CR 500 MG			
35100020100415	Procainamide HCl Tab CR 750 MG			
35100020100420	Procainamide HCl Tab CR 1000 MG			
35100030100403	Quinidine Gluconate Tab CR 324 MG			
35100030300310	Quinidine Sulfate Tab 200 MG			
35100030300315	Quinidine Sulfate Tab 300 MG			
35100030300405	Quinidine Sulfate Tab CR 300 MG			
35200020102030	Lidocaine HCl IV Inj 20 MG/ML			
35200025100105	Mexiletine HCl Cap 150 MG			
35200025100110	Mexiletine HCl Cap 200 MG			
35200025100115	Mexiletine HCl Cap 250 MG			
35300010100303	Flecainide Acetate Tab 50 MG			
35300010100305	Flecainide Acetate Tab 100 MG			
35300010100310	Flecainide Acetate Tab 150 MG			
35300050000320	Propafenone HCl Tab 150 MG			
35300050000325	Propafenone HCl Tab 225 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
35300050000330	Propafenone HCl Tab 300 MG			
35400005000305	Amiodarone HCl Tab 200 MG			
35400005000320	Amiodarone HCl Tab 400 MG			
36100005100310	Benazepril HCl Tab 5 MG			
36100005100320	Benazepril HCl Tab 10 MG			
36100005100330	Benazepril HCl Tab 20 MG			
36100005100340	Benazepril HCl Tab 40 MG			
36100010000305	Captopril Tab 12.5 MG			
36100010000310	Captopril Tab 25 MG			
36100010000315	Captopril Tab 50 MG			
36100010000320	Captopril Tab 100 MG			
36100020100303	Enalapril Maleate Tab 2.5 MG			
36100020100305	Enalapril Maleate Tab 5 MG			
36100020100310	Enalapril Maleate Tab 10 MG			
36100020100315	Enalapril Maleate Tab 20 MG			
36100027100310	Fosinopril Sodium Tab 10 MG			
36100027100320	Fosinopril Sodium Tab 20 MG			
36100027100340	Fosinopril Sodium Tab 40 MG			
36100030000303	Lisinopril Tab 2.5 MG			
36100030000305	Lisinopril Tab 5 MG			
36100030000310	Lisinopril Tab 10 MG			
36100030000315	Lisinopril Tab 20 MG			
36100030000324	Lisinopril Tab 30 MG			
36100030000330	Lisinopril Tab 40 MG			
36100033100320	Moexipril HCl Tab 15 MG			
36100040100305	Quinapril HCl Tab 5 MG			
36100040100310	Quinapril HCl Tab 10 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
36100040100320	Quinapril HCl Tab 20 MG			
36100040100340	Quinapril HCl Tab 40 MG			
36201010100305	Clonidine HCl Tab 0.1 MG			
36201010100310	Clonidine HCl Tab 0.2 MG			
36201010100315	Clonidine HCl Tab 0.3 MG			
36201020100305	Guanabenz Acetate Tab 4 MG			
36201020100310	Guanabenz Acetate Tab 8 MG			
36201025100320	Guanfacine HCl Tab 1 MG			
36201025100330	Guanfacine HCl Tab 2 MG			
36201030000310	Methyldopa Tab 250 MG			
36201030000315	Methyldopa Tab 500 MG			
36202005100310	Doxazosin Mesylate Tab 1 MG			
36202005100320	Doxazosin Mesylate Tab 2 MG			
36202005100330	Doxazosin Mesylate Tab 4 MG			
36202005100340	Doxazosin Mesylate Tab 8 MG			
36202030100105	Prazosin HCl Cap 1 MG			
36202030100110	Prazosin HCl Cap 2 MG			
36202030100115	Prazosin HCl Cap 5 MG			
36202040100105	Terazosin HCl Cap 1 MG			
36202040100110	Terazosin HCl Cap 2 MG			
36202040100115	Terazosin HCl Cap 5 MG			
36202040100120	Terazosin HCl Cap 10 MG			
36202040100320	Terazosin HCl Tab 10 MG			
36203040000305	Reserpine Tab 0.1 MG			
36203040000310	Reserpine Tab 0.25 MG			
36300020102105	Phentolamine Mesylate For Inj 5 MG			
36400010100305	Hydralazine HCl Tab 10 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
36400010100310	Hydralazine HCl Tab 25 MG			
36400010100315	Hydralazine HCl Tab 50 MG			
36400010100320	Hydralazine HCl Tab 100 MG			
36400020000305	Minoxidil Tab 2.5 MG			
36400020000310	Minoxidil Tab 10 MG			
36991802150310	Benazepril & Hydrochlorothiazide Tab 5-6.25 MG			
36991802150320	Benazepril & Hydrochlorothiazide Tab 10-12.5 MG			
36991802150330	Benazepril & Hydrochlorothiazide Tab 20-12.5 MG			
36991802150340	Benazepril & Hydrochlorothiazide Tab 20-25 MG			
36991802250310	Captopril & Hydrochlorothiazide Tab 25-15 MG			
36991802250320	Captopril & Hydrochlorothiazide Tab 25-25 MG			
36991802250330	Captopril & Hydrochlorothiazide Tab 50-15 MG			
36991802250340	Captopril & Hydrochlorothiazide Tab 50-25 MG			
36991802350305	Enalapril Maleate & Hydrochlorothiazide Tab 5-12.5 MG			
36991802350310	Enalapril Maleate & Hydrochlorothiazide Tab 10-25 MG			
36991802400310	Fosinopril Sodium & Hydrochlorothiazide Tab 10-12.5 MG			
36991802400320	Fosinopril Sodium & Hydrochlorothiazide Tab 20-12.5 MG			
36991802550305	Lisinopril & Hydrochlorothiazide Tab 10-12.5 MG			
36991802550310	Lisinopril & Hydrochlorothiazide Tab 20-12.5 MG			
36991802550320	Lisinopril & Hydrochlorothiazide Tab 20-25 MG			
36991802650320	Quinapril-Hydrochlorothiazide Tab 10-12.5 MG			
36991802650330	Quinapril-Hydrochlorothiazide Tab 20-12.5 MG			
36991802650335	Quinapril-Hydrochlorothiazide Tab 20-25 MG			
36992002100310	Atenolol & Chlorthalidone Tab 50-25 MG			
36992002100320	Atenolol & Chlorthalidone Tab 100-25 MG			
36992002130310	Bisoprolol & Hydrochlorothiazide Tab 2.5-6.25 MG			
36992002130320	Bisoprolol & Hydrochlorothiazide Tab 5-6.25 MG			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List
Costs per GPI**

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
36992002130330	Bisoprolol & Hydrochlorothiazide Tab 10-6.25 MG			
36992002200310	Metoprolol & Hydrochlorothiazide Tab 50-25 MG			
36992002200320	Metoprolol & Hydrochlorothiazide Tab 100-25 MG			
36992002200325	Metoprolol & Hydrochlorothiazide Tab 100-50 MG			
36992002400310	Propranolol & Hydrochlorothiazide Tab 40-25 MG			
36992002400320	Propranolol & Hydrochlorothiazide Tab 80-25 MG			
36995002700310	Methyldopa & Hydrochlorothiazide Tab 250-15 MG			
36995002700320	Methyldopa & Hydrochlorothiazide Tab 250-25 MG			
36999002450115	Hydralazine & Hydrochlorothiazide Cap 25-25 MG			
36999002450120	Hydralazine & Hydrochlorothiazide Cap 50-50 MG			
37100010000305	Acetazolamide Tab 125 MG			
37100010000310	Acetazolamide Tab 250 MG			
37100030000303	Methazolamide Tab 25 MG			
37100030000305	Methazolamide Tab 50 MG			
37200010000305	Bumetanide Tab 0.5 MG			
37200010000310	Bumetanide Tab 1 MG			
37200010000315	Bumetanide Tab 2 MG			
37200010002005	Bumetanide Inj 0.25 MG/ML			
37200030000305	Furosemide Tab 20 MG			
37200030000310	Furosemide Tab 40 MG			
37200030000315	Furosemide Tab 80 MG			
37200030002005	Furosemide Inj 10 MG/ML			
37200030002045	Furosemide Oral Soln 8 MG/ML			
37200030002050	Furosemide Oral Soln 10 MG/ML			
37200080000310	Torsemide Tab 5 MG			
37200080000320	Torsemide Tab 10 MG			
37200080000330	Torsemide Tab 20 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
37200080000350	Torseamide Tab 100 MG			
37400030002025	Mannitol IV Soln 25%			
37500010100305	Amiloride HCl Tab 5 MG			
37500020000305	Spirolactone Tab 25 MG			
37500020000310	Spirolactone Tab 50 MG			
37500020000315	Spirolactone Tab 100 MG			
37500030002900	Triamterene Powder			
37600020000305	Chlorothiazide Tab 250 MG			
37600020000310	Chlorothiazide Tab 500 MG			
37600025000305	Chlorthalidone Tab 25 MG			
37600025000310	Chlorthalidone Tab 50 MG			
37600025000315	Chlorthalidone Tab 100 MG			
37600040000110	Hydrochlorothiazide Cap 12.5 MG			
37600040000305	Hydrochlorothiazide Tab 25 MG			
37600040000310	Hydrochlorothiazide Tab 50 MG			
37600050000303	Indapamide Tab 1.25 MG			
37600050000305	Indapamide Tab 2.5 MG			
37600055000310	Methyclothiazide Tab 5 MG			
37600060000305	Metolazone Tab 2.5 MG			
37600060000310	Metolazone Tab 5 MG			
37600060000315	Metolazone Tab 10 MG			
37990002100310	Amiloride & Hydrochlorothiazide Tab 5-50 MG			
37990002200310	Spirolactone & Hydrochlorothiazide Tab 25-25 MG			
37990002300105	Triamterene & Hydrochlorothiazide Cap 37.5-25 MG			
37990002300110	Triamterene & Hydrochlorothiazide Cap 50-25 MG			
37990002300315	Triamterene & Hydrochlorothiazide Tab 37.5-25 MG			
37990002300330	Triamterene & Hydrochlorothiazide Tab 75-50 MG			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List
Costs per GPI**

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
38000083100320	Midodrine HCl Tab 2.5 MG			
38000083100330	Midodrine HCl Tab 5 MG			
38000083100340	Midodrine HCl Tab 10 MG			
39100010002905	Cholestyramine Powder 4 GM/DOSE			
39100010003005	Cholestyramine Powder Packets 4 GM			
39100010102905	Cholestyramine Light Powder 4 GM/DOSE			
39100010103005	Cholestyramine Light Powder Packets 4 GM			
39100020103010	Colestipol HCl Granule Packets 5 GM			
39200025000325	Fenofibrate Tab 160 MG			
39200025100107	Fenofibrate Micronized Cap 67 MG			
39200025100115	Fenofibrate Micronized Cap 134 MG			
39200025100130	Fenofibrate Micronized Cap 200 MG			
39200030000310	Gemfibrozil Tab 600 MG			
39400050000305	Lovastatin Tab 10 MG			
39400050000310	Lovastatin Tab 20 MG			
39400050000320	Lovastatin Tab 40 MG			
39400065100320	Pravastatin Sodium Tab 10 MG			
39400065100330	Pravastatin Sodium Tab 20 MG			
39400065100340	Pravastatin Sodium Tab 40 MG			
39400075000310	Simvastatin Tab 5 MG			
39400075000320	Simvastatin Tab 10 MG			
39400075000330	Simvastatin Tab 20 MG			
39400075000340	Simvastatin Tab 40 MG			
39400075000360	Simvastatin Tab 80 MG			
40100030100305	Isoxsuprine HCl Tab 10 MG			
40100030100310	Isoxsuprine HCl Tab 20 MG			
40100060100205	Papaverine HCl Cap CR 150 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
40100060102005	Papaverine HCl Inj 30 MG/ML			
40100060102900	Papaverine HCl Powder			
40308080100310	Yohimbine HCl Tab 5.4 MG			
41100010157420	Brompheniramine Maleate Tab SR 12HR 6 MG			
41100010400520	Brompheniramine Tannate Chew Tab 12 MG			
41100010401820	Brompheniramine Tannate Susp 12 MG/5ML			
41100020150205	Chlorpheniramine Maleate Cap CR 8 MG			
41100020150210	Chlorpheniramine Maleate Cap CR 12 MG			
41100030150405	Dexchlorpheniramine Maleate Tab CR 4 MG			
41100030150410	Dexchlorpheniramine Maleate Tab CR 6 MG			
41200010150930	Carbinoxamine Maleate Liquid 4 MG/5ML			
41200010156930	Carbinoxamine Maleate Cap SR 12HR 10 MG			
41200020400310	Clemastine Fumarate Tab 2.68 MG			
41200020401205	Clemastine Fumarate Syrup 0.67 MG/5ML (0.5 MG/5ML Base Eq)			
41200030100105	Diphenhydramine HCl Cap 25 MG			
41200030100110	Diphenhydramine HCl Cap 50 MG			
41200030102010	Diphenhydramine HCl Inj 50 MG/ML			
41200030300520	Diphenhydramine Tannate Chew Tab 25 MG			
41400020100305	Promethazine HCl Tab 12.5 MG			
41400020100310	Promethazine HCl Tab 25 MG			
41400020100315	Promethazine HCl Tab 50 MG			
41400020101210	Promethazine HCl Syrup 6.25 MG/5ML			
41400020102005	Promethazine HCl Inj 25 MG/ML			
41400020102010	Promethazine HCl Inj 50 MG/ML			
41400020102020	Promethazine HCl IM Inj 50 MG/ML			
41400020105205	Promethazine HCl Suppos 12.5 MG			
41400020105210	Promethazine HCl Suppos 25 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
41400020105215	Promethazine HCl Suppos 50 MG			
41500020100305	Cyproheptadine HCl Tab 4 MG			
41500020101210	Cyproheptadine HCl Syrup 2 MG/5ML			
41550024100310	Fexofenadine HCl Tab 30 MG			
41550024100320	Fexofenadine HCl Tab 60 MG			
41550024100350	Fexofenadine HCl Tab 180 MG			
41550030000320	Loratadine Tab 10 MG			
41991002301820	Carbinoxamine Maleate-Carbinoxamine Tannate Susp 2-6 MG/5ML			
41992002207420	Chlorpheniramine-Methscopolamine Tab SR 12HR 8-2.5 MG			
42200030002005	Flunisolide Nasal Soln 0.025%			
42200032301810	Fluticasone Propionate Nasal Susp 50 MCG/ACT			
42300040102010	Ipratropium Bromide Nasal Soln 0.03% (21 MCG/SPRAY)			
42300040102020	Ipratropium Bromide Nasal Soln 0.06% (42 MCG/SPRAY)			
43101005103800	Hydrocodone Bitartrate Crystals			
43101010000310	Hydrocodone w/ Homatropine Tab 5-1.5 MG			
43101010001210	Hydrocodone w/ Homatropine Syrup 5-1.5 MG/5ML			
43102010000105	Benzonatate Cap 100 MG			
43102010000110	Benzonatate Cap 200 MG			
43200003102900	Bromhexine HCl Powder			
43200010000320	Guaifenesin Tab 200 MG			
43200010000340	Guaifenesin Tab 400 MG			
43200010000910	Guaifenesin Liquid 100 MG/5ML			
43200010007420	Guaifenesin Tab SR 12HR 600 MG			
43200010007450	Guaifenesin Tab SR 12HR 1200 MG			
43300010002003	Acetylcysteine Inhal Soln 10%			
43300010002005	Acetylcysteine Inhal Soln 20%			
43300010002900	Acetylcysteine Powder			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
43400010002520	Sodium Chloride Soln Nebu 0.9%			
43400010002530	Sodium Chloride Soln Nebu 3%			
43400010002540	Sodium Chloride Soln Nebu 10%			
43400020002000	Water, Sterile Inhal Soln			
43992802507420	Pseudoephedrine-Methscopolamine Tab SR 12HR 120-2.5 MG			
43993002206920	Brompheniramine & Phenylephrine Cap SR 12HR 6-7.5 MG			
43993002206930	Brompheniramine & Phenylephrine Cap SR 12HR 12-15 MG			
43993002211820	Brompheniramine Tan-Phenylephrine Tan Susp 12-20 MG/5ML			
43993002240210	Brompheniramine & Pseudoephedrine Cap CR 6-60 MG			
43993002240215	Brompheniramine & Pseudoephedrine Cap CR 12-120 MG			
43993002240928	Brompheniramine & Pseudoephedrine Liquid 1-12.5 MG/ML			
43993002241235	Brompheniramine & Pseudoephedrine Syrup 4-45 MG/5ML			
43993002246920	Brompheniramine & Pseudoephedrine Cap SR 12HR 10-120 MG			
43993002247420	Brompheniramine & Pseudoephedrine Tab SR 12HR 6-45 MG			
43993002260310	Carbinoxamine & Pseudoephedrine Tab 4-60 MG			
43993002260945	Carbinoxamine & Pseudoephedrine Liquid 1-15 MG/ML			
43993002261206	Carbinoxamine & Pseudoephedrine Syrup 2-25 MG/5ML			
43993002261210	Carbinoxamine & Pseudoephedrine Syrup 4-60 MG/5ML			
43993002267420	Carbinoxamine & Pseudoephedrine Tab SR 12HR 8-120 MG			
43993002300420	Chlorpheniramine & Phenylephrine Tab CR 8-20 MG			
43993002300960	Chlorpheniramine & Phenylephrine Liquid 1-3.5 MG/ML			
43993002301215	Chlorpheniramine & Phenylephrine Syrup 4-12.5 MG/5ML			
43993002340220	Chlorpheniramine & Pseudoephedrine Cap CR 8-120 MG			
43993002341205	Chlorpheniramine & Pseudoephedrine Syrup 2-30 MG/5ML			
43993002346910	Chlorpheniramine & Pseudoephedrine Cap SR 12HR 4-60 MG			
43993002347030	Chlorpheniramine & Pseudoephedrine Cap SR 24HR 12-100 MG			
43993002347430	Chlorpheniramine & Pseudoephedrine Tab SR 12HR 12-120 MG			

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GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
43993002351810	Chlorphen Tan & Pseudoeph Tan Susp 4.5-75 MG/5ML			
43993002360325	Chlorphen Tan & Phenyleph Tan Tab 9-25 MG			
43993002361830	Chlorpheniramine Tan-Phenylephrine Tan Susp 4.5-5 MG/5ML			
43993002451820	Dexchlorphen Tan & Pseudoephed Tan Susp 2.5-75 MG/5ML			
43993002547420	Dexbrompheniramine & Pseudoephedrine Tab SR 12HR 6-120 MG			
43993002570520	Diphenhydramine Tan-Phenylephrine Tan Chew Tab 25-10 MG			
43993002701210	Promethazine & Phenylephrine Syrup 6.25-5 MG/5ML			
43993002740320	Pyrilamine Tan-Phenyleph Tan Tab 60-25 MG			
43993002741820	Pyrilamine Tan-Phenyleph Tan Susp 30-5 MG/5ML			
43993002741830	Pyrilamine Tan-Phenyleph Tan Susp 30-12.5 MG/5ML			
43993003210420	Chlorphen-Ptolox-Phenyleph Tab CR 4-40-20 MG			
43993003210920	Chlorphen-Ptolox-Phenyleph Liquid 2.5-7.5-5 MG/5ML			
43993003240930	Chlorphen-Pyrilamine & PE Liqd 2-12.5-7.5 MG/5ML			
43993003251820	Chlorphen Tan-Pyrilamine Tan-PE Tan Susp 2-12.5-5 MG/5ML			
43993503067420	Carbinoxamine-Pseudoeph-Methscop Tab SR 12HR 8-90-2.5 MG			
43993503157420	Chlorphen-PSE & Belladonna Alk Tab SR 12HR 8-90-0.24 MG			
43993503167412	Chlorphen-PSE & Methscopolamine Tab SR 12HR 8-60-1.25 MG			
43993503167416	Chlorphen-PSE & Methscopolamine Tab SR 12HR 8-90-2.5 MG			
43993503167420	Chlorphen-PSE & Methscopolamine Tab SR 12HR 8-120-2.5 MG			
43993503180510	Chlorpheniramine-PE-Methscopolamine Chew Tab 2-10-1.25 MG			
43993503181210	Chlorphen-PE-Methscopolamine Syrup 2-10-0.625 MG/5ML			
43993503181220	Chlorpheniramine-PE-Methscopolamine Syrup 2-10-1.25 MG/5ML			
43993503181230	Chlorpheniramine-PE-Methscopolamine Syrup 4-10-1.25 MG/5ML			
43993503187415	Chlorphen-PE-Methscopolamine Tab SR 12HR 8-20-1.25 MG			
43993503187420	Chlorphen-PE-Methscopolamine Tab SR 12HR 8-20-2.5 MG			
43993503187425	Chlorphen-PE-Methscopolamine Tab SR 12HR 8-40-2.5 MG			
43993503187430	Chlorphen-PE-Methscopolamine Tab SR 12HR 12-20-2.5 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
43993505207420	Chlorphen-PE-Atropine-Hyos-Scopol Tab SR 12HR 8-20 MG			
43994003100410	Chlorphen-Phenylephrine w/ APAP Tab CR 8-40-500 MG			
43995102180920	Phenyleph-Hydrocodone Liq 5-2.5 MG/5ML			
43995102180930	Phenyleph-Hydrocodone Liq 7.5-3.75 MG/5ML			
43995102241210	Pseudoephedrine w/ Hydrocodone Syrup 15-3 MG/5ML			
43995102242010	Pseudoephedrine w/ Hydrocodone Soln 60-5 MG/5ML			
43995202341210	Promethazine w/ Codeine Syrup 6.25-10 MG/5ML			
43995303101210	Phenylephrine-Promethazine w/ Codeine Syrup 5-6.25-10 MG/5ML			
43995303131220	Phenylephrine-Chlorphen-Dihydrocodeine Syrup 7.5-2-3 MG/5ML			
43995303200910	Pseudoephedrine-Chlorphen w/ Codeine Liq 30-2-10 MG/5ML			
43995303460920	Phenylephrine-Carbinoxamine w/ Hydrocodone Liqd 8-4-5 MG/5ML			
43995303470923	Phenyleph-Bromphen-Hydrocodone Liqd 7.5-2-5 MG/5ML			
43995303481230	Phenyleph-Diphenhyd-Hydrocodone Syrup 7.5-12.5-2 MG/5ML			
43995303490940	Phenyleph-Dexchlorpheniramine-Hydrocodone Liqd 5-2-4 MG/5ML			
43995303500935	Phenyleph-Chlorphen w/ Hydrocodone Liqd 5-2-1.67 MG/5ML			
43995303500940	Phenyleph-Chlorphen w/ Hydrocodone Liqd 5-2-5 MG/5ML			
43995303500960	Phenyleph-Chlorphen w/ Hydrocodone Liqd 12-2-6 MG/5ML			
43995303501205	Phenyleph-Chlorphen w/ Hydrocodone Syrup 5-2-2.5 MG/5ML			
43995303501214	Phenyleph-Chlorphen w/ Hydrocodone Syrup 10-2-5 MG/5ML			
43995303501215	Phenyleph-Chlorphen w/ Hydrocodone Syrup 10-4-2.5 MG/5ML			
43995303501250	Phenyleph-Chlorphen w/ Hydrocodone Syrup 7.5-2-2 MG/5ML			
43995303501255	Phenyleph-Chlorphen w/ Hydrocodone Syrup 7.5-2-3.5 MG/5ML			
43995303501265	Phenyleph-Chlorphen w/ Hydrocodone Syrup 10-2-2.5 MG/5ML			
43995303521203	Phenyleph-Pyrimilamine w/ Hydrocodone Syrup 5-5-5 MG/5ML			
43995303521210	Phenyleph-Pyrimilamine w/ Hydrocodone Syrup 5-8.33-1.66 MG/5ML			
43995303530915	Pseudoeph-Bromphen w/ Hydrocodone Liquid 15-2-2.5 MG/5ML			
43995303530930	Pseudoeph-Bromphen w/ Hydrocodone Liquid 30-3-2.5 MG/5ML			

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GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
43995303532020	Pseudoeph-Bromphen w/ Hydrocodone Soln 30-2-1.7 MG/5ML			
43995303540920	Pseudoeph-Chlorphen w/ Hydrocodone Liquid 30-2-5 MG/5ML			
43995303541220	Pseudoeph-Chlorphen w/ Hydrocodone Syrup 15-2-3 MG/5ML			
43995303541240	Pseudoeph-Chlorphen w/ Hydrocodone Syr 30-2-2.5 MG/5ML			
43995303551220	Pseudoephed-Chlorphen-Dihydrocodeine Syrup 15-2-7.5 MG/5ML			
43995303600925	Pseudoeph-Carbinoxamine w/ Hydrocodone Liqd 30-2-5 MG/5ML			
43995602171840	Phenylephrine Tan-Carbetapentane Tan Susp 30-30 MG/5ML			
43995702130320	Chlorphen Tannate-Carbetapentane Tannate Tab 5-60 MG			
43995702131820	Chlorphen Tannate-Carbetapentane Tannate Susp 4-30 MG/5ML			
43995702301210	Promethazine-DM Syrup 6.25-15 MG/5ML			
43995803080930	Phenylephrine-Brompheniramine-DM Liquid 7.5-2-15 MG/5ML			
43995803091820	Phenyleph Tan-Bromphen Tan-DM Tan Susp 20-8-20 MG/5 ML			
43995803100920	Phenylephrine-Carbinoxamine-DM Liquid 2-1-2 MG/ML			
43995803120960	Phenylephrine-Chlorphen-DM Liquid 3.5-1-3 MG/ML			
43995803121215	Phenylephrine-Chlorphen-DM Syrup 6-2-15 MG/5ML			
43995803121230	Phenylephrine-Chlorphen-DM Syrup 10-2-15 MG/5ML			
43995803121250	Phenylephrine-Chlorphen-DM Syrup 12.5-4-15 MG/5ML			
43995803122030	Phenylephrine-Chlorphen-DM Soln 10-4-15 MG/5ML			
43995803127420	Phenylephrine-Chlorphen-DM Tab SR 12HR 20-8-30 MG			
43995803130320	Phenyleph Tan-Chlorphen Tan-Carbetapent Tan Tab 10-5-60 MG			
43995803131820	Phenyleph Tan-Chlorphen Tan-Carbeta Tan Susp 5-4-30 MG/5ML			
43995803161210	Phenylephrine-Pyridamine-DM Syrup 5-8.33-10 MG/5ML			
43995803181820	Phenyleph Tan-Pyridamine Tan-Carbeta Tan Susp 5-30-30 MG/5ML			
43995803191820	Phenyleph Tan-Pyridamine Tan-DM Tan Susp 12.5-30-25 MG/5ML			
43995803301250	Pseudoephed-Chlorphen-DM Syrup 15-2-15 MG/5ML			
43995803320915	Pseudoephed-Bromphen-DM Liquid 12.5-1-3 MG/ML			
43995803321210	Pseudoephed-Bromphen-DM Syrup 30-2-10 MG/5ML			

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GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
43995803321230	Pseudoephed-Bromphen-DM Syrup 45-4-15 MG/5ML			
43995803321240	Pseudoephed-Bromphen-DM Syrup 60-4-30 MG/5ML			
43995803331830	Pseudoephed Tan-Dexchlorphen Tan-DM Tan Sus 75-2.5-25 MG/5ML			
43995803340910	Pseudoephed-Carbinoxamine-DM Liquid 12.5-3-15 MG/5ML			
43995803340935	Pseudoephed-Carbinoxamine-DM Liquid 15-1-4 MG/ML			
43995803341220	Pseudoephed-Carbinoxamine-DM Syrup 60-4-15 MG/5ML			
43995803371845	Pseudoephed Tan-Bromphen Tan-DM Tan Susp 90-8-60 MG/5ML			
43995803507420	Phenylephrine-Dexbrompheniramine-DM Tab SR 12HR 20-6-30 MG			
43995803701820	Phenyleph Tan-Diphenhyd Tan-Carbeta Tan Sus 7.5-25-30 MG/5ML			
43995804200310	Phenyleph-Ephed-CPM w/ Carbetapentane Tab 10-10-5-60 MG			
43995804201810	Phenyleph-Ephed-CPM w/ Carbetapentane Susp 5-5-4-30 MG/5ML			
43996202100406	Phenylephrine-Guaifenesin Tab CR 15-600 MG			
43996202100920	Phenylephrine-Guaifenesin Liqd 5-100 MG/5ML			
43996202100925	Phenylephrine-Guaifenesin Liqd 7.5-100 MG/5ML (1.5-20 MG/ML)			
43996202101230	Phenylephrine-Guaifenesin Syrup 7.5-100 MG/5ML			
43996202106920	Phenylephrine-Guaifenesin Cap SR 12HR 7.5-200 MG			
43996202106930	Phenylephrine-Guaifenesin Cap SR 12HR 10-300 MG			
43996202106940	Phenylephrine-Guaifenesin Cap SR 12HR 15-400 MG			
43996202106960	Phenylephrine-Guaifenesin Cap SR 12HR 30-400 MG			
43996202107420	Phenylephrine-Guaifenesin Tab SR 12HR 10-600 MG			
43996202107430	Phenylephrine-Guaifenesin Tab SR 12HR 20-600 MG			
43996202107432	Phenylephrine-Guaifenesin Tab SR 12HR 25-275 MG			
43996202107437	Phenylephrine-Guaifenesin Tab SR 12HR 25-800 MG			
43996202107438	Phenylephrine-Guaifenesin Tab SR 12HR 25-900 MG			
43996202107439	Phenylephrine-Guaifenesin Tab SR 12HR 25-1200 MG			
43996202107440	Phenylephrine-Guaifenesin Tab SR 12HR 30-600 MG			
43996202107480	Phenylephrine-Guaifenesin Tab SR 12HR 40-600 MG			

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GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
43996202107485	Phenylephrine-Guaifenesin Tab SR 12HR 40-1200 MG			
43996202300210	Pseudoephedrine-Guaifenesin Cap CR 60-300 MG			
43996202300220	Pseudoephedrine-Guaifenesin Cap CR 120-250 MG			
43996202306950	Pseudoephedrine-Guaifenesin Cap SR 12HR 90-400 MG			
43996202306970	Pseudoephedrine-Guaifenesin Cap SR 12HR 120-400 MG			
43996202307414	Pseudoephedrine-Guaifenesin Tab SR 12HR 45-800 MG			
43996202307415	Pseudoephedrine-Guaifenesin Tab SR 12HR 48-595 MG			
43996202307417	Pseudoephedrine-Guaifenesin Tab SR 12HR 50-1200 MG			
43996202307420	Pseudoephedrine-Guaifenesin Tab SR 12HR 58-600 MG			
43996202307425	Pseudoephedrine-Guaifenesin Tab SR 12HR 60-500 MG			
43996202307430	Pseudoephedrine-Guaifenesin Tab SR 12HR 60-550 MG			
43996202307433	Pseudoephedrine-Guaifenesin Tab SR 12HR 60-580 MG			
43996202307435	Pseudoephedrine-Guaifenesin Tab SR 12HR 60-600 MG			
43996202307440	Pseudoephedrine-Guaifenesin Tab SR 12HR 60-800 MG			
43996202307447	Pseudoephedrine-Guaifenesin Tab SR 12HR 60-1200 MG			
43996202307449	Pseudoephedrine-Guaifenesin Tab SR 12HR 75-1200 MG			
43996202307450	Pseudoephedrine-Guaifenesin Tab SR 12HR 80-700 MG			
43996202307451	Pseudoephedrine-Guaifenesin Tab SR 12HR 80-780 MG			
43996202307452	Pseudoephedrine-Guaifenesin Tab SR 12HR 80-800 MG			
43996202307456	Pseudoephedrine-Guaifenesin Tab SR 12HR 85-795 MG			
43996202307462	Pseudoephedrine-Guaifenesin Tab SR 12HR 90-800 MG			
43996202307480	Pseudoephedrine-Guaifenesin Tab SR 12HR 120-600 MG			
43996202307492	Pseudoephedrine-Guaifenesin Tab SR 12HR 120-1200 MG			
43997002070920	Carbetapentane-Guaifenesin Liquid 20-100 MG/5ML			
43997002077440	Carbetapentane-Guaifenesin Tab SR 12 HR 60-600 MG			
43997002280310	Codeine-Guaifenesin Tab 10-300 MG			
43997002280920	Codeine-Guaifenesin Liquid 10-300 MG/20ML			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
43997002280940	Codeine-Guaifenesin Liquid 10-100 MG/5ML			
43997002281210	Codeine-Guaifenesin Syrup 10-100 MG/5ML			
43997002450930	Dextromethorphan-Pot Guaiacolsulfonate Liqd 15-300 MG/5ML			
43997002520910	Dextromethorphan-Guaifenesin Liquid 10-100 MG/5ML			
43997002520913	Dextromethorphan-Guaifenesin Liquid 15-25 MG/5ML			
43997002521030	Dextromethorphan-Guaifenesin Elixir 20-200 MG/5ML			
43997002522060	Dextromethorphan-Guaifenesin Solution 25-225 MG/5ML			
43997002527407	Dextromethorphan-Guaifenesin Tab SR 12HR 20-1200 MG			
43997002527410	Dextromethorphan-Guaifenesin Tab SR 12HR 28-600 MG			
43997002527420	Dextromethorphan-Guaifenesin Tab SR 12HR 30-500 MG			
43997002527430	Dextromethorphan-Guaifenesin Tab SR 12HR 30-600 MG			
43997002527440	Dextromethorphan-Guaifenesin Tab SR 12HR 30-800 MG			
43997002527460	Dextromethorphan-Guaifenesin Tab SR 12HR 55-1000 MG			
43997002527470	Dextromethorphan-Guaifenesin Tab SR 12HR 60-1000 MG			
43997002527475	Dextromethorphan-Guaifenesin Tab SR 12HR 60-1200 MG			
43997002700305	Hydrocodone-Guaifenesin Tab 2.5-300 MG			
43997002701215	Hydrocodone-Guaifenesin Syrup 2.5-200 MG/5ML			
43997002701218	Hydrocodone-Guaifenesin Syrup 3.5-100 MG/5ML			
43997002701220	Hydrocodone-Guaifenesin Syrup 5-100 MG/5ML			
43997002721223	Hydrocodone-Pot Guaiaco Syrup 2.5-120 MG/5ML			
43997002721226	Hydrocodone-Pot Guaiaco Syrup 4.5-300 MG/5ML			
43997002721230	Hydrocodone-Pot Guaiaco Syrup 5-300 MG/5ML			
43997002721240	Hydrocodone-Pot Guaiaco Syrup 5-400 MG/5ML			
43997002721248	Hydrocodone-Pot Guaiaco Syrup 3-150 MG/5ML			
43997303100935	Phenylephrine w/ DM-GG Liqd 10-30-200 MG/5ML			
43997303101215	Phenylephrine w/ DM-GG Syrup 10-30-200 MG/5ML			
43997303101217	Phenylephrine w/ DM-GG Syrup 12.5-25-175 MG/5ML			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
43997303101250	Phenylephrine w/ DM-GG Syrup 10-20-100 MG/5ML			
43997303107420	Phenylephrine w/ DM-GG Tab SR 12HR 10-30-600 MG			
43997303107425	Phenylephrine w/ DM-GG Tab SR 12HR 20-20-800 MG			
43997303107427	Phenylephrine w/ DM-GG Tab SR 12HR 20-25-550 MG			
43997303107445	Phenylephrine w/ DM-GG Tab SR 12HR 30-30-1200 MG			
43997303107460	Phenylephrine w/ DM-GG Tab SR 12HR 40-20-1200 MG			
43997303107470	Phenylephrine w/ DM-GG Tab SR 12HR 40-60-600 MG			
43997303141207	Phenylephrine w/ Hydrocodone-GG Syrup 6-2.5-150 MG/5ML			
43997303141210	Phenylephrine w/ Hydrocodone-GG Syrup 7.5-2.5-50 MG/5ML			
43997303141214	Phenylephrine w/ Hydrocodone-GG Syrup 7.5-5-100 MG/5ML			
43997303141218	Phenylephrine w/ Hydrocodone-GG Syrup 10-2-100 MG/5ML			
43997303142020	Phenylephrine w/ Hydrocodone-GG Solution 10-2.5-225 MG/5ML			
43997303301240	Pseudoephedrine w/ COD-GG Syrup 60-20-200 MG/5ML			
43997303302010	Pseudoephedrine w/ COD-GG Soln 30-10-100 MG/5ML			
43997303321262	Pseudoephedrine w/ DM-GG Syrup 40-15-100 MG/5ML			
43997303327422	Pseudoephedrine w/ DM-GG Tab SR 12HR 45-30-800 MG			
43997303327424	Pseudoephedrine w/ DM-GG Tab SR 12HR 48-32-595 MG			
43997303327428	Pseudoephedrine w/ DM-GG Tab SR 12HR 60-30-550 MG			
43997303327431	Pseudoephedrine w/ DM-GG Tab SR 12HR 60-30-580 MG			
43997303327435	Pseudoephedrine w/ DM-GG Tab SR 12HR 60-30-600 MG			
43997303327445	Pseudoephedrine w/ DM-GG Tab SR 12HR 60-30-800 MG			
43997303327457	Pseudoephedrine w/ DM-GG Tab SR 12HR 60-60-1200 MG			
43997303327464	Pseudoephedrine w/ DM-GG Tab SR 12HR 80-40-700 MG			
43997303327466	Pseudoephedrine w/ DM-GG Tab SR 12HR 80-40-780 MG			
43997303327470	Pseudoephedrine w/ DM-GG Tab SR 12HR 90-60-800 MG			
43997303331220	Pseudoephedrine-Dihydrocodeine-GG Syrup 15-7.5-100 MG/5ML			
43997303341010	Pseudoephedrine w/ Hydrocodone-GG Elixir 30-2.5-100 MG/5ML			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
43997303341210	Pseudoephedrine w/ Hydrocodone-GG Syrup 15-3-100 MG/5ML			
43997303342008	Pseudoephedrine w/ Hydrocodone-GG Soln 30-2.5-100 MG/5ML			
43997303601230	Phenylephrine-Carbetapentane-GG Syrup 15-20-100 MG/5ML			
43997503100920	Brompheniramine w/ DM-GG Liquid 2-15-200 MG/5ML			
43998004171220	Phenyleph-Bromphen-DM-Guaifenesin Syrup 5-2-5-50 MG/5ML			
43998004261240	Phenyleph-Chlorphen w/ DM-GG Syrup 10-2-7.5-100 MG/5ML			
43998004591220	Pseudoephed-Bromphen-DM-GG Syrup 30-2-5-50 MG/5ML			
43998006300920	Phenyleph-DM-Pyrid-Pot Guai-Sod Cit-Cit Acid Liquid			
44100030102020	Ipratropium Bromide Inhal Soln 0.02%			
44150010102505	Cromolyn Sodium Soln Nebu 20 MG/2ML			
44201010003405	Albuterol Inhal Aerosol 90 MCG/ACT			
44201010100305	Albuterol Sulfate Tab 2 MG			
44201010100310	Albuterol Sulfate Tab 4 MG			
44201010101205	Albuterol Sulfate Syrup 2 MG/5ML			
44201010102515	Albuterol Sulfate Soln Nebu 0.083%			
44201010102520	Albuterol Sulfate Soln Nebu 0.5% (5 MG/ML)			
44201010102560	Albuterol Sulfate Soln Nebu 1.25 MG/3ML (Base Equiv)			
44201010103410	Albuterol Sulfate Inhal Aero 108 MCG/ACT (90MCG Base Equiv)			
44201050201205	Metaproterenol Sulfate Syrup 10 MG/5ML			
44201050202503	Metaproterenol Sulfate Soln Nebu 0.4%			
44201050202505	Metaproterenol Sulfate Soln Nebu 0.6%			
44201060200305	Terbutaline Sulfate Tab 2.5 MG			
44201060200310	Terbutaline Sulfate Tab 5 MG			
44201060202005	Terbutaline Sulfate Inj 1 MG/ML			
44202020202010	Epinephrine HCl Inj 1 MG/ML			
44300010000305	Aminophylline Tab 100 MG			
44300010000310	Aminophylline Tab 200 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
44300040006923	Theophylline Cap SR 12HR 125 MG			
44300040006930	Theophylline Cap SR 12HR 200 MG			
44300040006940	Theophylline Cap SR 12HR 300 MG			
44300040007420	Theophylline Tab SR 12HR 100 MG			
44300040007430	Theophylline Tab SR 12HR 200 MG			
44300040007440	Theophylline Tab SR 12HR 300 MG			
44300040007455	Theophylline Tab SR 12HR 450 MG			
44300040007540	Theophylline Tab SR 24HR 400 MG			
44991002200315	Dyphylline-Guaifenesin Tab 200-200 MG			
44991002200920	Dyphylline-Guaifenesin Liqd 100-100 MG/5ML			
44991002201010	Dyphylline-Guaifenesin Elixir 100-100 MG/15ML			
44992203151010	Theophylline-PSE-GG Elixir 150-30-150 MG/15ML			
46600020002010	Lactulose Solution 10 GM/15ML			
46600033002910	Polyethylene Glycol 3350 Oral Powder			
46600033003020	Polyethylene Glycol 3350 Oral Packet			
46992004302120	PEG 3350-KCl-Sod Bicarb-NaCl For Soln 420 GM			
46992005302140	PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 240 GM			
47100010100310	Diphenoxylate w/ Atropine Tab 2.5-0.025 MG			
47100010100910	Diphenoxylate w/ Atropine Liq 2.5-0.025 MG/5ML			
47100020100105	Loperamide HCl Cap 2 MG			
47100030201510	Opium Tincture 10%			
47100040001510	Paregoric 2 MG/5ML			
49101010100310	Atropine Sulfate Tab 0.4 MG			
49101010102005	Atropine Sulfate Inj 0.05 MG/ML			
49101010102020	Atropine Sulfate Inj 0.4 MG/ML			
49101010102028	Atropine Sulfate Inj 0.8 MG/ML			
49101010102030	Atropine Sulfate Inj 1 MG/ML			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
49101030100310	Hyoscyamine Sulfate Tab 0.125 MG			
49101030100710	Hyoscyamine Sulfate Tab SL 0.125 MG			
49101030101055	Hyoscyamine Sulfate Elixir 0.125 MG/5ML			
49101030102050	Hyoscyamine Sulfate Soln 0.125 MG/ML			
49101030106920	Hyoscyamine Sulfate Cap SR 12HR 0.375 MG			
49101030107220	Hyoscyamine Sulfate Orally Disintegrating Tab 0.125 MG			
49101030107420	Hyoscyamine Sulfate Tab SR 12HR 0.375 MG			
49102030000310	Glycopyrrolate Tab 1 MG			
49102030000315	Glycopyrrolate Tab 2 MG			
49102030002010	Glycopyrrolate Inj 0.2 MG/ML			
49102070100310	Propantheline Bromide Tab 15 MG			
49103010100105	Dicyclomine HCl Cap 10 MG			
49103010100305	Dicyclomine HCl Tab 20 MG			
49103010102050	Dicyclomine HCl Oral Soln 10 MG/5ML			
49109902155210	Belladonna Alkaloids & Opium Suppos 16.2-30 MG			
49109902155220	Belladonna Alkaloids & Opium Suppos 16.2-60 MG			
49109902250312	Belladonna Alkaloids-Phenobarbital Tab 16.2 MG			
49109902250430	Belladonna Alkaloids-Phenobarbital Tab CR 48 MG			
49109902251010	Belladonna Alkaloids-Phenobarbital Elixir 16 MG/5ML			
49109902450110	Clidinium & Chlordiazepoxide Cap 2.5-5 MG			
49200010000305	Cimetidine Tab 200 MG			
49200010000310	Cimetidine Tab 300 MG			
49200010000315	Cimetidine Tab 400 MG			
49200010000320	Cimetidine Tab 800 MG			
49200010102005	Cimetidine HCl Inj 150 MG/ML			
49200010102050	Cimetidine HCl Soln 300 MG/5ML			
49200020100105	Ranitidine HCl Cap 150 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
49200020100110	Ranitidine HCl Cap 300 MG			
49200020100305	Ranitidine HCl Tab 150 MG			
49200020100310	Ranitidine HCl Tab 300 MG			
49200020101210	Ranitidine HCl Syrup 15 MG/ML (75 MG/5ML)			
49200020102005	Ranitidine HCl Inj 25 MG/ML			
49200030000320	Famotidine Tab 20 MG			
49200030000340	Famotidine Tab 40 MG			
49200030002010	Famotidine Inj 10 MG/ML			
49200040000110	Nizatidine Cap 150 MG			
49200040000120	Nizatidine Cap 300 MG			
49250030000310	Misoprostol Tab 100 MCG			
49250030000320	Misoprostol Tab 200 MCG			
49270060006510	Omeprazole Cap Delayed Release 10 MG			
49270060006520	Omeprazole Cap Delayed Release 20 MG			
49300010000305	Sucralfate Tab 1 GM			
49300010001820	Sucralfate Susp 1 GM/10ML			
50200050000305	Meclizine HCl Tab 12.5 MG			
50200050000310	Meclizine HCl Tab 25 MG			
50200050000313	Meclizine HCl Tab 32 MG			
50200070100110	Trimethobenzamide HCl Cap 250 MG			
50200070100120	Trimethobenzamide HCl Cap 300 MG			
50200070102005	Trimethobenzamide HCl Inj 100 MG/ML			
50309902855210	Trimethobenzamide-Benzocaine Suppos 100 MG-2%			
50309902855220	Trimethobenzamide-Benzocaine Suppos 200 MG-2%			
51990003200175	Amylase-Lipase-Protease Cap 15000-1200-15000 Unit			
51990003200180	Amylase-Lipase-Protease Cap 30000-2400-30000 Unit			
51990003200310	Amylase-Lipase-Protease Tab 30000-8000-30000 Unit			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
51990003206735	Amy-Lip-Prot DR Particles Cap 16600-5000-18750 Unit			
51990003206748	Amy-Lip-Prot DR Particles Cap 20000-4500-25000 Unit			
51990003206772	Amy-Lip-Prot DR Particles Cap 33200-10000-37500 Unit			
51990003206774	Amy-Lip-Prot DR Particles Cap 39000-12000-39000 Unit			
51990003206780	Amy-Lip-Prot DR Particles Cap 48000-16000-48000 Unit			
51990003206784	Amy-Lip-Prot DR Particles Cap 56000-20000-44000 Unit			
51990003206785	Amy-Lip-Prot DR Particles Cap 58500-18000-58500 Unit			
51990003206786	Amy-Lip-Prot DR Particles Cap 66400-20000-75000 Unit			
51990003206787	Amy-Lip-Prot DR Particles Cap 65000-20000-65000 Unit			
52100040000120	Ursodiol Cap 300 MG			
52300010002005	Dexpanthenol Inj 250 MG/ML			
52300020100303	Metoclopramide HCl Tab 5 MG			
52300020100305	Metoclopramide HCl Tab 10 MG			
52300020101205	Metoclopramide HCl Syrup 5 MG/5ML			
52300020102005	Metoclopramide HCl Inj 5 MG/ML			
52400020002010	Lactulose (Encephalopathy) Solution 10 GM/15ML			
52500030005105	Mesalamine Enema 4 GM			
52500060000310	Sulfasalazine Tab 500 MG			
52500060000610	Sulfasalazine Tab Delayed Release 500 MG			
53000020100310	Methenamine Mandelate Tab 0.5 GM			
53000020100320	Methenamine Mandelate Tab 1 GM			
53000020200305	Methenamine Hippurate Tab 1 GM			
53000050100115	Nitrofurantoin Macrocrystalline Cap 50 MG			
53000050100120	Nitrofurantoin Macrocrystalline Cap 100 MG			
53000050150120	Nitrofurantoin Monohydrate Macrocrystalline Cap 100 MG			
53992005100310	Methenamine-Bella Alk-Meth Blue-Phenyl Sal Tab			
53992005200322	Methenamine-Hyosc-Meth Blue-Sod Phos-Phenyl Sal Tab 81.6 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
53992005200330	Methenamine-Hyosc-Meth Blue-Sod Phos-Phenyl Sal Tab 120 MG			
53992006200620	Methen-Meth Blue-Benz Acid-Phenyl Sal-Atrop-Hyosc Tab DR			
54000010100305	Bethanechol Chloride Tab 5 MG			
54000010100310	Bethanechol Chloride Tab 10 MG			
54000010100315	Bethanechol Chloride Tab 25 MG			
54000010100320	Bethanechol Chloride Tab 50 MG			
54000020100305	Flavoxate HCl Tab 100 MG			
54000030100305	Oxybutynin Chloride Tab 5 MG			
54000030101205	Oxybutynin Chloride Syrup 5 MG/5ML			
54000040000305	Hyoscyamine Tab 0.15 MG			
54990003100310	Phenazopyridine-Butabarbital-Hyoscyamine Tab 150-15-0.3 MG			
55100018103720	Clindamycin Phosphate Vaginal Cream 2%			
55100035004020	Metronidazole Vaginal Gel 0.75%			
55100050000310	Nystatin Vaginal Tab 100000 Unit			
55104050105210	Miconazole Nitrate Vaginal Suppos 200 MG			
55104050106410	Miconazole Nitrate Vaginal Supp 200 MG & 2% Cream 9 GM Kit			
55104070003710	Terconazole Vaginal Cream 0.4%			
55104070003720	Terconazole Vaginal Cream 0.8%			
55104070005210	Terconazole Vaginal Suppos 80 MG			
55400006103700	Amino Acid-Urea Cervical Cream			
55400030004000	Acetic Acid Vaginal Gel			
56202010200420	Potassium Citrate Tab CR 540 MG (5 MEQ)			
56202010200440	Potassium Citrate Tab CR 1080 MG (10 MEQ)			
56202020002010	Sodium Citrate & Citric Acid Soln 500-334 MG/5ML			
56202022002025	Potassium Citrate & Citric Acid Soln 1100-334 MG/5ML			
56202022003010	Potassium Citrate & Citric Acid Powder Pack 3300-1002 MG			
56202030101220	Pot & Sod Citrates w/ Cit Ac Syrup 550-500-334 MG/5ML			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
56300010100305	Phenazopyridine HCl Tab 100 MG			
56300010100310	Phenazopyridine HCl Tab 200 MG			
56500010002010	Dimethyl Sulfoxide Soln 50%			
56700040002005	Acetic Acid Irrigation Soln 0.25%			
56700060002010	Sodium Chloride Irrigation Soln 0.9%			
56851030000320	Finasteride Tab 5 MG			
56852070107020	Tamsulosin HCl Cap SR 24HR 0.4 MG			
57100010000305	Alprazolam Tab 0.25 MG			
57100010000310	Alprazolam Tab 0.5 MG			
57100010000315	Alprazolam Tab 1 MG			
57100010000320	Alprazolam Tab 2 MG			
57100010007505	Alprazolam Tab SR 24HR 0.5 MG			
57100010007510	Alprazolam Tab SR 24HR 1 MG			
57100010007520	Alprazolam Tab SR 24HR 2 MG			
57100010007530	Alprazolam Tab SR 24HR 3 MG			
57100020100105	Chlordiazepoxide HCl Cap 5 MG			
57100020100110	Chlordiazepoxide HCl Cap 10 MG			
57100020100115	Chlordiazepoxide HCl Cap 25 MG			
57100030100305	Clorazepate Dipotassium Tab 3.75 MG			
57100030100310	Clorazepate Dipotassium Tab 7.5 MG			
57100030100320	Clorazepate Dipotassium Tab 15 MG			
57100040000305	Diazepam Tab 2 MG			
57100040000310	Diazepam Tab 5 MG			
57100040000315	Diazepam Tab 10 MG			
57100040002001	Diazepam Soln 1 MG/ML			
57100040002010	Diazepam Inj 5 MG/ML			
57100060000305	Lorazepam Tab 0.5 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
57100060000310	Lorazepam Tab 1 MG			
57100060000315	Lorazepam Tab 2 MG			
57100060002005	Lorazepam Inj 2 MG/ML			
57100060002010	Lorazepam Inj 4 MG/ML			
57100070000105	Oxazepam Cap 10 MG			
57100070000110	Oxazepam Cap 15 MG			
57100070000115	Oxazepam Cap 30 MG			
57200005100310	Buspirone HCl Tab 5 MG			
57200005100315	Buspirone HCl Tab 7.5 MG			
57200005100320	Buspirone HCl Tab 10 MG			
57200005100330	Buspirone HCl Tab 15 MG			
57200005100340	Buspirone HCl Tab 30 MG			
57200030002005	Droperidol Inj 2.5 MG/ML			
57200040100305	Hydroxyzine HCl Tab 10 MG			
57200040100310	Hydroxyzine HCl Tab 25 MG			
57200040100315	Hydroxyzine HCl Tab 50 MG			
57200040101210	Hydroxyzine HCl Syrup 10 MG/5ML			
57200040102005	Hydroxyzine HCl IM Soln 25 MG/ML			
57200040102010	Hydroxyzine HCl IM Soln 50 MG/ML			
57200040200105	Hydroxyzine Pamoate Cap 25 MG			
57200040200110	Hydroxyzine Pamoate Cap 50 MG			
57200040200115	Hydroxyzine Pamoate Cap 100 MG			
57200050000305	Meprobamate Tab 200 MG			
57200050000310	Meprobamate Tab 400 MG			
58030050000308	Mirtazapine Tab 7.5 MG			
58030050000315	Mirtazapine Tab 15 MG			
58030050000330	Mirtazapine Tab 30 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
58030050000345	Mirtazapine Tab 45 MG			
58030050007215	Mirtazapine Orally Disintegrating Tab 15 MG			
58030050007230	Mirtazapine Orally Disintegrating Tab 30 MG			
58030050007245	Mirtazapine Orally Disintegrating Tab 45 MG			
58100030100305	Tranlycypromine Sulfate Tab 10 MG			
58120050100305	Nefazodone HCl Tab 50 MG			
58120050100310	Nefazodone HCl Tab 100 MG			
58120050100320	Nefazodone HCl Tab 150 MG			
58120050100330	Nefazodone HCl Tab 200 MG			
58120050100340	Nefazodone HCl Tab 250 MG			
58120080100305	Trazodone HCl Tab 50 MG			
58120080100310	Trazodone HCl Tab 100 MG			
58120080100315	Trazodone HCl Tab 150 MG			
58120080100325	Trazodone HCl Tab 300 MG			
58160020100310	Citalopram Hydrobromide Tab 10 MG (Base Equiv)			
58160020100320	Citalopram Hydrobromide Tab 20 MG (Base Equiv)			
58160020100340	Citalopram Hydrobromide Tab 40 MG (Base Equiv)			
58160020102020	Citalopram Hydrobromide Oral Soln 10 MG/5ML			
58160040000110	Fluoxetine HCl Cap 10 MG			
58160040000120	Fluoxetine HCl Cap 20 MG			
58160040000140	Fluoxetine HCl Cap 40 MG			
58160040000310	Fluoxetine HCl Tab 10 MG			
58160040000320	Fluoxetine HCl Tab 20 MG			
58160040002020	Fluoxetine HCl Solution 20 MG/5ML			
58160045100310	Fluvoxamine Maleate Tab 25 MG			
58160045100320	Fluvoxamine Maleate Tab 50 MG			
58160045100330	Fluvoxamine Maleate Tab 100 MG			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List
Costs per GPI**

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
58160060000310	Paroxetine HCl Tab 10 MG			
58160060000320	Paroxetine HCl Tab 20 MG			
58160060000330	Paroxetine HCl Tab 30 MG			
58160060000340	Paroxetine HCl Tab 40 MG			
58160070100305	Sertraline HCl Tab 25 MG			
58160070100310	Sertraline HCl Tab 50 MG			
58160070100320	Sertraline HCl Tab 100 MG			
58160070101320	Sertraline HCl Oral Conc 20 MG/ML			
58180090100320	Venlafaxine HCl Tab 25 MG			
58180090100340	Venlafaxine HCl Tab 37.5 MG			
58180090100350	Venlafaxine HCl Tab 50 MG			
58180090100360	Venlafaxine HCl Tab 75 MG			
58180090100370	Venlafaxine HCl Tab 100 MG			
58200010100305	Amitriptyline HCl Tab 10 MG			
58200010100310	Amitriptyline HCl Tab 25 MG			
58200010100315	Amitriptyline HCl Tab 50 MG			
58200010100320	Amitriptyline HCl Tab 75 MG			
58200010100325	Amitriptyline HCl Tab 100 MG			
58200010100330	Amitriptyline HCl Tab 150 MG			
58200010102900	Amitriptyline HCl Powder			
58200020000305	Amoxapine Tab 25 MG			
58200020000310	Amoxapine Tab 50 MG			
58200020000320	Amoxapine Tab 150 MG			
58200025100120	Clomipramine HCl Cap 25 MG			
58200025100130	Clomipramine HCl Cap 50 MG			
58200025100140	Clomipramine HCl Cap 75 MG			
58200030100305	Desipramine HCl Tab 10 MG			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List
Costs per GPI**

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
58200030100310	Desipramine HCl Tab 25 MG			
58200030100315	Desipramine HCl Tab 50 MG			
58200030100320	Desipramine HCl Tab 75 MG			
58200030100325	Desipramine HCl Tab 100 MG			
58200030100330	Desipramine HCl Tab 150 MG			
58200040100105	Doxepin HCl Cap 10 MG			
58200040100110	Doxepin HCl Cap 25 MG			
58200040100115	Doxepin HCl Cap 50 MG			
58200040100120	Doxepin HCl Cap 75 MG			
58200040100125	Doxepin HCl Cap 100 MG			
58200040100130	Doxepin HCl Cap 150 MG			
58200040101305	Doxepin HCl Conc 10 MG/ML			
58200050100305	Imipramine HCl Tab 10 MG			
58200050100310	Imipramine HCl Tab 25 MG			
58200050100315	Imipramine HCl Tab 50 MG			
58200050200105	Imipramine Pamoate Cap 75 MG			
58200050200110	Imipramine Pamoate Cap 100 MG			
58200050200115	Imipramine Pamoate Cap 125 MG			
58200050200120	Imipramine Pamoate Cap 150 MG			
58200060100105	Nortriptyline HCl Cap 10 MG			
58200060100110	Nortriptyline HCl Cap 25 MG			
58200060100115	Nortriptyline HCl Cap 50 MG			
58200060100120	Nortriptyline HCl Cap 75 MG			
58200060102005	Nortriptyline HCl Soln 10 MG/5ML			
58200080100110	Trimipramine Maleate Cap 50 MG			
58300010100305	Maprotiline HCl Tab 25 MG			
58300010100310	Maprotiline HCl Tab 50 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
58300010100315	Maprotiline HCl Tab 75 MG			
58300040100305	Bupropion HCl Tab 75 MG			
58300040100310	Bupropion HCl Tab 100 MG			
58300040107420	Bupropion HCl Tab SR 12HR 100 MG			
58300040107430	Bupropion HCl Tab SR 12HR 150 MG			
58300040107440	Bupropion HCl Tab SR 12HR 200 MG			
59100010100305	Haloperidol Tab 0.5 MG			
59100010100310	Haloperidol Tab 1 MG			
59100010100315	Haloperidol Tab 2 MG			
59100010100320	Haloperidol Tab 5 MG			
59100010100325	Haloperidol Tab 10 MG			
59100010100330	Haloperidol Tab 20 MG			
59100010201305	Haloperidol Lactate Oral Conc 2 MG/ML			
59100010202005	Haloperidol Lactate Inj 5 MG/ML			
59100010302010	Haloperidol Decanoate IM Soln 50 MG/ML			
59100010302020	Haloperidol Decanoate IM Soln 100 MG/ML			
59152020000320	Clozapine Tab 25 MG			
59152020000330	Clozapine Tab 100 MG			
59154020200105	Loxapine Succinate Cap 5 MG			
59154020200110	Loxapine Succinate Cap 10 MG			
59154020200115	Loxapine Succinate Cap 25 MG			
59154020200120	Loxapine Succinate Cap 50 MG			
59200015100305	Chlorpromazine HCl Tab 10 MG			
59200015100310	Chlorpromazine HCl Tab 25 MG			
59200015100315	Chlorpromazine HCl Tab 50 MG			
59200015100320	Chlorpromazine HCl Tab 100 MG			
59200015100325	Chlorpromazine HCl Tab 200 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
59200025100305	Fluphenazine HCl Tab 1 MG			
59200025100310	Fluphenazine HCl Tab 2.5 MG			
59200025100315	Fluphenazine HCl Tab 5 MG			
59200025100320	Fluphenazine HCl Tab 10 MG			
59200025302005	Fluphenazine Decanoate Inj 25 MG/ML			
59200045000305	Perphenazine Tab 2 MG			
59200045000310	Perphenazine Tab 4 MG			
59200045000315	Perphenazine Tab 8 MG			
59200045000320	Perphenazine Tab 16 MG			
59200045001350	Perphenazine Conc 16 MG/5ML			
59200055005215	Prochlorperazine Suppos 25 MG			
59200055100305	Prochlorperazine Maleate Tab 5 MG			
59200055100310	Prochlorperazine Maleate Tab 10 MG			
59200055202005	Prochlorperazine Edisylate Inj 5 MG/ML			
59200080100305	Thioridazine HCl Tab 10 MG			
59200080100315	Thioridazine HCl Tab 25 MG			
59200080100320	Thioridazine HCl Tab 50 MG			
59200080100325	Thioridazine HCl Tab 100 MG			
59200085100305	Trifluoperazine HCl Tab 1 MG			
59200085100310	Trifluoperazine HCl Tab 2 MG			
59200085100315	Trifluoperazine HCl Tab 5 MG			
59200085100320	Trifluoperazine HCl Tab 10 MG			
59300020100105	Thiothixene Cap 1 MG			
59300020100110	Thiothixene Cap 2 MG			
59300020100115	Thiothixene Cap 5 MG			
59300020100120	Thiothixene Cap 10 MG			
59500010100103	Lithium Carbonate Cap 150 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
59500010100105	Lithium Carbonate Cap 300 MG			
59500010100110	Lithium Carbonate Cap 600 MG			
59500010100305	Lithium Carbonate Tab 300 MG			
59500010100405	Lithium Carbonate Tab CR 300 MG			
59500010100410	Lithium Carbonate Tab CR 450 MG			
59500010202010	Lithium Citrate Oral Soln 8 mEq/5ML			
60100040000310	Mephobarbital Tab 50 MG			
60100040000315	Mephobarbital Tab 100 MG			
60100060000305	Phenobarbital Tab 15 MG			
60100060000308	Phenobarbital Tab 16.2 MG			
60100060000315	Phenobarbital Tab 30 MG			
60100060000317	Phenobarbital Tab 32.4 MG			
60100060000320	Phenobarbital Tab 60 MG			
60100060000322	Phenobarbital Tab 64.8 MG			
60100060000324	Phenobarbital Tab 97.2 MG			
60100060000325	Phenobarbital Tab 100 MG			
60100060001010	Phenobarbital Elixir 20 MG/5ML			
60200020001210	Chloral Hydrate Syrup 500 MG/5ML			
60201005000310	Estazolam Tab 1 MG			
60201005000320	Estazolam Tab 2 MG			
60201010100105	Flurazepam HCl Cap 15 MG			
60201010100110	Flurazepam HCl Cap 30 MG			
60201025101220	Midazolam HCl Syrup 2 MG/ML (Base Equivalent)			
60201025102001	Midazolam HCl Inj 1 MG/ML (Base Equivalent)			
60201025102005	Midazolam HCl Inj 5 MG/ML (Base Equivalent)			
60201030000105	Temazepam Cap 15 MG			
60201030000110	Temazepam Cap 30 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
60201040000305	Triazolam Tab 0.125 MG			
60201040000310	Triazolam Tab 0.25 MG			
61100020100305	Dextroamphetamine Sulfate Tab 5 MG			
61100020100310	Dextroamphetamine Sulfate Tab 10 MG			
61100020107005	Dextroamphetamine Sulfate Cap SR 24HR 5 MG			
61100020107010	Dextroamphetamine Sulfate Cap SR 24HR 10 MG			
61100020107015	Dextroamphetamine Sulfate Cap SR 24HR 15 MG			
61109902100305	Amphetamine-Dextroamphetamine Tab 5 MG			
61109902100307	Amphetamine-Dextroamphetamine Tab 7.5 MG			
61109902100310	Amphetamine-Dextroamphetamine Tab 10 MG			
61109902100312	Amphetamine-Dextroamphetamine Tab 12.5 MG			
61109902100315	Amphetamine-Dextroamphetamine Tab 15 MG			
61109902100320	Amphetamine-Dextroamphetamine Tab 20 MG			
61109902100330	Amphetamine-Dextroamphetamine Tab 30 MG			
61200020100305	Diethylpropion HCl Tab 25 MG			
61200020107510	Diethylpropion HCl Tab SR 24HR 75 MG			
61200050100305	Phendimetrazine Tartrate Tab 35 MG			
61200050107010	Phendimetrazine Tartrate Cap SR 24HR 105 MG			
61200070100110	Phentermine HCl Cap 15 MG			
61200070100115	Phentermine HCl Cap 30 MG			
61200070100120	Phentermine HCl Cap 37.5 MG			
61200070100310	Phentermine HCl Tab 37.5 MG			
61400020100305	Methylphenidate HCl Tab 5 MG			
61400020100310	Methylphenidate HCl Tab 10 MG			
61400020100315	Methylphenidate HCl Tab 20 MG			
61400020100403	Methylphenidate HCl Tab CR 10 MG			
61400020100405	Methylphenidate HCl Tab CR 20 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
61400030000305	Pemoline Tab 18.75 MG			
61400030000310	Pemoline Tab 37.5 MG			
61400030000315	Pemoline Tab 75 MG			
61400030000505	Pemoline Chew Tab 37.5 MG			
62000010000310	Ergoloid Mesylates Tab 1 MG			
62100002107430	Bupropion HCl (Smoking Deterrent) Tab SR 12HR 150 MG			
62100005008520	Nicotine TD Patch 24HR 7 MG/24HR			
62100005008530	Nicotine TD Patch 24HR 14 MG/24HR			
62100005008540	Nicotine TD Patch 24HR 21 MG/24HR			
62992002200310	Chlordiazepoxide-Amitriptyline Tab 5-12.5 MG			
62992002200320	Chlordiazepoxide-Amitriptyline Tab 10-25 MG			
62994002600310	Perphenazine-Amitriptyline Tab 2-10 MG			
62994002600315	Perphenazine-Amitriptyline Tab 2-25 MG			
62994002600320	Perphenazine-Amitriptyline Tab 4-10 MG			
62994002600325	Perphenazine-Amitriptyline Tab 4-25 MG			
62994002600330	Perphenazine-Amitriptyline Tab 4-50 MG			
64100010000615	Aspirin Tab Delayed Release 975 MG			
64100050000310	Diflunisal Tab 500 MG			
64100075000305	Salsalate Tab 500 MG			
64100075000310	Salsalate Tab 750 MG			
64109902200305	Choline & Magnesium Salicylates Tab 500 MG			
64109902200310	Choline & Magnesium Salicylates Tab 750 MG			
64109902200315	Choline & Magnesium Salicylates Tab 1000 MG			
64109902200910	Choline & Magnesium Salicylates Liq 500 MG/5ML			
64990003130120	Acetaminophen-Salicylamide-Phenyltoloxamine Cap 300-200-20MG			
64990004450120	APAP-Salicylamide-Phenyltolox-Caffeine Cap 325-250-20-50 MG			
64991002120310	Butalbital-Acetaminophen Tab 50-325 MG			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List
Costs per GPI**

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
64991002120320	Butalbital-Acetaminophen Tab 50-650 MG			
64991002300315	Phenyltoloxamine w/ APAP Tab 30-500 MG			
64991002300320	Phenyltoloxamine w/ APAP Tab 50-500 MG			
64991002300335	Phenyltoloxamine w/ APAP Tab 60-650 MG			
64991002300430	Phenyltoloxamine w/ APAP Tab CR 66-600 MG			
64991003100110	Butalbital-Acetaminophen-Caffeine Cap 50-325-40 MG			
64991003100120	Butalbital-Acetaminophen-Caffeine Cap 50-500-40 MG			
64991003100310	Butalbital-Acetaminophen-Caffeine Tab 50-325-40 MG			
64991003100320	Butalbital-Acetaminophen-Caffeine Tab 50-500-40 MG			
64991003300120	Butalbital-Aspirin-Caffeine Cap 50-325-40 MG			
64991003300320	Butalbital-Aspirin-Caffeine Tab 50-325-40 MG			
65100020102003	Codeine Phosphate Inj 15 MG/ML			
65100020102900	Codeine Phosphate Powder			
65100020107320	Codeine Phosphate Soluble Tab 30 MG			
65100020200305	Codeine Sulfate Tab 15 MG			
65100020200310	Codeine Sulfate Tab 30 MG			
65100020200315	Codeine Sulfate Tab 60 MG			
65100025008620	Fentanyl TD Patch 72HR 25 MCG/HR			
65100025008630	Fentanyl TD Patch 72HR 50 MCG/HR			
65100025008640	Fentanyl TD Patch 72HR 75 MCG/HR			
65100025008650	Fentanyl TD Patch 72HR 100 MCG/HR			
65100025102005	Fentanyl Citrate Inj 0.05 MG/ML			
65100025108450	Fentanyl Citrate Lollipop 200 MCG			
65100025108455	Fentanyl Citrate Lollipop 400 MCG			
65100025108460	Fentanyl Citrate Lollipop 600 MCG			
65100025108465	Fentanyl Citrate Lollipop 800 MCG			
65100025108485	Fentanyl Citrate Lollipop 1600 MCG			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List
Costs per GPI**

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
65100035100310	Hydromorphone HCl Tab 2 MG			
65100035100320	Hydromorphone HCl Tab 4 MG			
65100035100330	Hydromorphone HCl Tab 8 MG			
65100035102005	Hydromorphone HCl Inj 1 MG/ML			
65100035102010	Hydromorphone HCl Inj 2 MG/ML			
65100035102025	Hydromorphone HCl Inj 10 MG/ML			
65100035105205	Hydromorphone HCl Suppos 3 MG			
65100040100305	Levorphanol Tartrate Tab 2 MG			
65100045100305	Meperidine HCl Tab 50 MG			
65100045100310	Meperidine HCl Tab 100 MG			
65100045102020	Meperidine HCl Inj 75 MG/ML			
65100045102030	Meperidine HCl Inj 100 MG/ML			
65100050100305	Methadone HCl Tab 5 MG			
65100050100310	Methadone HCl Tab 10 MG			
65100050101310	Methadone HCl Conc 10 MG/ML			
65100050102010	Methadone HCl Soln 5 MG/5ML			
65100050102015	Methadone HCl Soln 10 MG/5ML			
65100050107320	Methadone HCl Tab For Oral Susp 40 MG			
65100055100310	Morphine Sulfate Tab 15 MG			
65100055100315	Morphine Sulfate Tab 30 MG			
65100055102005	Morphine Sulfate Inj 2 MG/ML			
65100055102010	Morphine Sulfate Inj 4 MG/ML			
65100055102015	Morphine Sulfate Inj 5 MG/ML			
65100055102030	Morphine Sulfate Inj 10 MG/ML			
65100055102040	Morphine Sulfate Inj 15 MG/ML			
65100055102044	Morphine Sulfate IV Soln 25 MG/ML			
65100055102049	Morphine Sulfate IV Soln 50 MG/ML			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
65100055102065	Morphine Sulfate Oral Soln 10 MG/5ML			
65100055102070	Morphine Sulfate Oral Soln 20 MG/5ML			
65100055102090	Morphine Sulfate Oral Soln 20 MG/ML			
65100055105210	Morphine Sulfate Suppos 10 MG			
65100055107314	Morphine Sulfate Tab Sol 10 MG			
65100055107320	Morphine Sulfate Tab Sol 15 MG			
65100055107415	Morphine Sulfate Tab SR 12HR 15 MG			
65100055107430	Morphine Sulfate Tab SR 12HR 30 MG			
65100055107445	Morphine Sulfate Tab SR 12HR 60 MG			
65100055107460	Morphine Sulfate Tab SR 12HR 100 MG			
65100055107480	Morphine Sulfate Tab SR 12HR 200 MG			
65100055302020	Morphine Sulfate For Microinfusion Inj 200 MG/20ML (10MG/ML)			
65100075100110	Oxycodone HCl Cap 5 MG			
65100075100310	Oxycodone HCl Tab 5 MG			
65100075100325	Oxycodone HCl Tab 15 MG			
65100075100340	Oxycodone HCl Tab 30 MG			
65100075101320	Oxycodone HCl Conc 20 MG/ML			
65100075102005	Oxycodone HCl Soln 5 MG/5ML			
65100075107410	Oxycodone HCl Tab SR 12HR 10 MG			
65100075107420	Oxycodone HCl Tab SR 12HR 20 MG			
65100075107440	Oxycodone HCl Tab SR 12HR 40 MG			
65100075107480	Oxycodone HCl Tab SR 12HR 80 MG			
65100085100110	Propoxyphene HCl Cap 65 MG			
65100095100320	Tramadol HCl Tab 50 MG			
65200010102005	Buprenorphine HCl Inj 0.324 MG/ML (0.3 MG/ML Base Equiv)			
65200020102050	Butorphanol Tartrate Nasal Soln 10 MG/ML			
65200030102005	Nalbuphine HCl Inj 10 MG/ML			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
65200030102010	Nalbuphine HCl Inj 20 MG/ML			
65200040300310	Pentazocine w/ Naloxone Tab 50-0.5 MG			
65990002200120	Oxycodone w/ Acetaminophen Cap 5-500 MG			
65990002200310	Oxycodone w/ Acetaminophen Tab 5-325 MG			
65990002200327	Oxycodone w/ Acetaminophen Tab 7.5-325 MG			
65990002200330	Oxycodone w/ Acetaminophen Tab 7.5-500 MG			
65990002200335	Oxycodone w/ Acetaminophen Tab 10-325 MG			
65990002200340	Oxycodone w/ Acetaminophen Tab 10-650 MG			
65990002220320	Oxycodone w/ Aspirin Tab Full Strength			
65991002050310	Acetaminophen w/ Codeine Tab 300-15 MG			
65991002050315	Acetaminophen w/ Codeine Tab 300-30 MG			
65991002050320	Acetaminophen w/ Codeine Tab 300-60 MG			
65991002051005	Acetaminophen w/ Codeine Elixir 120-12 MG/5ML			
65991002052020	Acetaminophen w/ Codeine Soln 120-12 MG/5ML			
65991002100315	Aspirin w/ Codeine Tab 325-30 MG			
65991002100320	Aspirin w/ Codeine Tab 325-60 MG			
65991004100115	Butalbital-Acetaminophen-Caff w/ COD Cap 50-325-40-30 MG			
65991004300115	Butalbital-Aspirin-Caff w/ Codeine Cap 50-325-40-30 MG			
65991303050340	Acetaminophen-Caffeine-Dihydrocodeine Tab 712.8-60-32 MG			
65991702100110	Hydrocodone-Acetaminophen Cap 5-500 MG			
65991702100305	Hydrocodone-Acetaminophen Tab 10-325 MG			
65991702100307	Hydrocodone-Acetaminophen Tab 2.5-500 MG			
65991702100310	Hydrocodone-Acetaminophen Tab 5-500 MG			
65991702100325	Hydrocodone-Acetaminophen Tab 7.5-500 MG			
65991702100327	Hydrocodone-Acetaminophen Tab 10-500 MG			
65991702100340	Hydrocodone-Acetaminophen Tab 7.5-650 MG			
65991702100345	Hydrocodone-Acetaminophen Tab 10-650 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
65991702100346	Hydrocodone-Acetaminophen Tab 10-660 MG			
65991702100350	Hydrocodone-Acetaminophen Tab 7.5-750 MG			
65991702100353	Hydrocodone-Acetaminophen Tab 10-750 MG			
65991702100356	Hydrocodone-Acetaminophen Tab 5-325 MG			
65991702100358	Hydrocodone-Acetaminophen Tab 7.5-325 MG			
65991702102020	Hydrocodone-Acetaminophen Soln 7.5-500 MG/15ML			
65991702500320	Hydrocodone-Ibuprofen Tab 7.5-200 MG			
65992002200320	Propoxyphene HCl w/ APAP Tab 65-650 MG			
65992002400310	Propoxyphene-N w/ APAP Tab 50-325 MG			
65992002400312	Propoxyphene-N w/ APAP Tab 100-325 MG			
65992002400317	Propoxyphene-N w/ APAP Tab 100-500 MG			
65992002400320	Propoxyphene-N w/ APAP Tab 100-650 MG			
65993002200110	Meperidine w/ Promethazine Cap 50-25 MG			
65994002100310	Pentazocine w/ APAP Tab 25-650 MG			
65995002200320	Tramadol-Acetaminophen Tab 37.5-325 MG			
66100007000610	Diclofenac Sodium Tab Delayed Release 25 MG			
66100007000620	Diclofenac Sodium Tab Delayed Release 50 MG			
66100007000630	Diclofenac Sodium Tab Delayed Release 75 MG			
66100007002900	Diclofenac Sodium Powder			
66100007007530	Diclofenac Sodium Tab SR 24HR 100 MG			
66100007100330	Diclofenac Potassium Tab 50 MG			
66100008000120	Etodolac Cap 200 MG			
66100008000130	Etodolac Cap 300 MG			
66100008000310	Etodolac Tab 400 MG			
66100008000320	Etodolac Tab 500 MG			
66100008007520	Etodolac Tab SR 24HR 400 MG			
66100008007530	Etodolac Tab SR 24HR 500 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
66100008007540	Etodolac Tab SR 24HR 600 MG			
66100010100305	Fenoprofen Calcium Tab 600 MG			
66100012000310	Flurbiprofen Tab 50 MG			
66100012000315	Flurbiprofen Tab 100 MG			
66100020000320	Ibuprofen Tab 400 MG			
66100020000330	Ibuprofen Tab 600 MG			
66100020000340	Ibuprofen Tab 800 MG			
66100020001820	Ibuprofen Susp 100 MG/5ML			
66100020002900	Ibuprofen Powder			
66100030000105	Indomethacin Cap 25 MG			
66100030000110	Indomethacin Cap 50 MG			
66100030000205	Indomethacin Cap CR 75 MG			
66100035000105	Ketoprofen Cap 50 MG			
66100035000110	Ketoprofen Cap 75 MG			
66100035002900	Ketoprofen Powder			
66100035007030	Ketoprofen Cap SR 24HR 200 MG			
66100037100320	Ketorolac Tromethamine Tab 10 MG			
66100037102015	Ketorolac Tromethamine Inj 15 MG/ML			
66100037102030	Ketorolac Tromethamine Inj 30 MG/ML			
66100037102070	Ketorolac Tromethamine IM Inj 30 MG/ML			
66100040100105	Meclofenamate Sodium Cap 50 MG			
66100040100110	Meclofenamate Sodium Cap 100 MG			
66100052000320	Meloxicam Tab 7.5 MG			
66100052000330	Meloxicam Tab 15 MG			
66100055000320	Nabumetone Tab 500 MG			
66100055000330	Nabumetone Tab 750 MG			
66100060000305	Naproxen Tab 250 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
66100060000310	Naproxen Tab 375 MG			
66100060000315	Naproxen Tab 500 MG			
66100060000610	Naproxen Tab EC 375 MG			
66100060000615	Naproxen Tab EC 500 MG			
66100060001805	Naproxen Susp 125 MG/5ML			
66100060100305	Naproxen Sodium Tab 275 MG			
66100060100310	Naproxen Sodium Tab 550 MG			
66100060107540	Naproxen Sodium Tab SR 24HR 500 MG (Base Equiv)			
66100065000320	Oxaprozin Tab 600 MG			
66100070000105	Piroxicam Cap 10 MG			
66100070000110	Piroxicam Cap 20 MG			
66100080000305	Sulindac Tab 150 MG			
66100080000310	Sulindac Tab 200 MG			
66100090100105	Tolmetin Sodium Cap 400 MG			
66100090100305	Tolmetin Sodium Tab 200 MG			
66100090100320	Tolmetin Sodium Tab 600 MG			
66280050000310	Leflunomide Tab 10 MG			
66280050000320	Leflunomide Tab 20 MG			
67000030102005	Dihydroergotamine Mesylate Inj 1 MG/ML			
67990003100110	APAP-Isometheptene-Dichloral Cap 325-65-100 MG			
67991002100310	Ergotamine w/ Caffeine Tab 1-100 MG			
67991003200340	Ergotamine w/ PB & Belladonna Tab 0.6-40-0.2 MG			
68000010000305	Allopurinol Tab 100 MG			
68000010000310	Allopurinol Tab 300 MG			
68000020000310	Colchicine Tab 0.6 MG			
68000020002005	Colchicine Inj 0.5 MG/ML			
68100010000310	Probenecid Tab 500 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
68990002100310	Colchicine w/ Probenecid Tab 0.5-500 MG			
69100010102005	Bupivacaine HCl Inj 0.25%			
69100010102010	Bupivacaine HCl Inj 0.5%			
69100040102010	Lidocaine HCl Local Inj 1%			
69100040102020	Lidocaine HCl Local Inj 2%			
70400020102010	Ketamine HCl Inj 50 MG/ML			
70400050001620	Propofol IV Emul 10 MG/ML			
72100010000305	Clonazepam Tab 0.5 MG			
72100010000310	Clonazepam Tab 1 MG			
72100010000315	Clonazepam Tab 2 MG			
72100010007210	Clonazepam Orally Disintegrating Tab 0.125 MG			
72100010007215	Clonazepam Orally Disintegrating Tab 0.25 MG			
72100010007220	Clonazepam Orally Disintegrating Tab 0.5 MG			
72100010007230	Clonazepam Orally Disintegrating Tab 1 MG			
72100010007240	Clonazepam Orally Disintegrating Tab 2 MG			
72200030001810	Phenytoin Susp 125 MG/5ML			
72200030052005	Phenytoin Sodium Inj 50 MG/ML			
72200030100110	Phenytoin Sodium Prompt Cap 100 MG			
72200030200110	Phenytoin Sodium Extended Cap 100 MG			
72400010000105	Ethosuximide Cap 250 MG			
72400010002005	Ethosuximide Soln 250 MG/5ML			
72500020101205	Valproate Sodium Syrup 250 MG/5ML			
72500030000105	Valproic Acid Cap 250 MG			
72600020000305	Carbamazepine Tab 200 MG			
72600020000505	Carbamazepine Chew Tab 100 MG			
72600020001810	Carbamazepine Susp 100 MG/5ML			
72600030000110	Gabapentin Cap 100 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
72600030000130	Gabapentin Cap 300 MG			
72600030000140	Gabapentin Cap 400 MG			
72600030000310	Gabapentin Tab 100 MG			
72600030000315	Gabapentin Tab 300 MG			
72600030000320	Gabapentin Tab 400 MG			
72600030000330	Gabapentin Tab 600 MG			
72600030000340	Gabapentin Tab 800 MG			
72600040007210	Lamotrigine Tab Disp 5 MG			
72600040007220	Lamotrigine Tab Disp 25 MG			
72600060000305	Primidone Tab 50 MG			
72600060000310	Primidone Tab 250 MG			
72600090000105	Zonisamide Cap 25 MG			
72600090000110	Zonisamide Cap 50 MG			
72600090000120	Zonisamide Cap 100 MG			
73100010100305	Benzotropine Mesylate Tab 0.5 MG			
73100010100310	Benzotropine Mesylate Tab 1 MG			
73100010100315	Benzotropine Mesylate Tab 2 MG			
73100070100310	Trihexyphenidyl HCl Tab 2 MG			
73100070100320	Trihexyphenidyl HCl Tab 5 MG			
73200010100105	Amantadine HCl Cap 100 MG			
73200010100310	Amantadine HCl Tab 100 MG			
73200010101205	Amantadine HCl Syrup 50 MG/5ML			
73200020100105	Bromocriptine Mesylate Cap 5 MG			
73200020100305	Bromocriptine Mesylate Tab 2.5 MG			
73200040002900	Levodopa Powder			
73200050000302	Pergolide Mesylate Tab 0.05 MG (Base Equivalent)			
73200050000308	Pergolide Mesylate Tab 0.25 MG (Base Equivalent)			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
73200050000315	Pergolide Mesylate Tab 1 MG (Base Equivalent)			
73209902100310	Carbidopa & Levodopa Tab 10-100 MG			
73209902100320	Carbidopa & Levodopa Tab 25-100 MG			
73209902100330	Carbidopa & Levodopa Tab 25-250 MG			
73209902100410	Carbidopa & Levodopa Tab CR 25-100 MG			
73209902100420	Carbidopa & Levodopa Tab CR 50-200 MG			
73300030100120	Selegiline HCl Cap 5 MG			
73300030100320	Selegiline HCl Tab 5 MG			
75100010000305	Baclofen Tab 10 MG			
75100010000310	Baclofen Tab 20 MG			
75100010002900	Baclofen Powder			
75100020000305	Carisoprodol Tab 350 MG			
75100040000310	Chlorzoxazone Tab 500 MG			
75100050100303	Cyclobenzaprine HCl Tab 5 MG			
75100050100305	Cyclobenzaprine HCl Tab 10 MG			
75100050102900	Cyclobenzaprine HCl Powder			
75100070000305	Methocarbamol Tab 500 MG			
75100070000310	Methocarbamol Tab 750 MG			
75100080102005	Orphenadrine Citrate Inj 30 MG/ML			
75100080107410	Orphenadrine Citrate Tab SR 12HR 100 MG			
75100090100310	Tizanidine HCl Tab 2 MG			
75100090100320	Tizanidine HCl Tab 4 MG			
75200010100105	Dantrolene Sodium Cap 25 MG			
75200010100110	Dantrolene Sodium Cap 50 MG			
75200010100115	Dantrolene Sodium Cap 100 MG			
75990002100310	Carisoprodol w/ Aspirin Tab 200-325 MG			
75990003100310	Carisoprodol w/ Aspirin & Codeine Tab 200-325-16 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
75990003200310	Orphenadrine w/ Aspirin & Caffeine Tab 25-385-30 MG			
75990003200320	Orphenadrine w/ Aspirin & Caffeine Tab 50-770-60 MG			
76000050100305	Pyridostigmine Bromide Tab 60 MG			
77101010102005	Thiamine HCl Inj 100 MG/ML			
77101010102900	Thiamine HCl Powder			
77103010000350	Niacin Tab 500 MG			
77105010002005	Pyridoxine HCl Inj 100 MG/ML			
77105010002900	Pyridoxine HCl Powder			
77107010100120	Potassium Aminobenzoate Cap 500 MG			
77107010103010	Potassium Aminobenzoate Packet 2 GM			
77108010002020	Ascorbic Acid Inj 500 MG/ML			
77202030000110	Ergocalciferol Cap 50000 Unit			
77202036000105	Calcitriol Cap 0.25 MCG			
77202036000110	Calcitriol Cap 0.5 MCG			
77202036002005	Calcitriol Inj 1 MCG/ML			
77202036002050	Calcitriol Oral Soln 1 MCG/ML			
77204030002005	Phytonadione Inj 2 MG/ML			
77204030002010	Phytonadione Inj 10 MG/ML			
78104910000320	Niacinamide w/ Zinc-Copper & Folic Acid Tab 750-25-1.5-0.5 MG			
78110000002200	*B-Complex Vitamin Inj**			
78133000000130	*B-Complex w/ C & Folic Acid Cap 1 MG***			
78133000000300	*B-Complex w/ C & Folic Acid Tab***			
78133000000330	*B-Complex w/ C & Folic Acid Tab 1 MG***			
78133000000350	*B-Complex w/ C & Folic Acid Tab 5 MG***			
78135010000340	*B-Complex w/ C-Min-Fe & Folic Acid Tab 106-1 MG***			
78200000002200	*Multiple Vitamin Inj**			
78310000000100	*Multiple Vitamins w/ Minerals Cap**			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
7831000000300	*Multiple Vitamins w/ Minerals Tab**			
78313010000320	*Multiple Vitamins w/ Minerals & FA Tab 1.25 MG***			
78440500000520	*Pediatric Vitamins ACD w/ Fluoride Chew Tab 1 MG***			
78440500002010	*Pediatric Vitamins ACD w/ Fluoride Soln 0.25 MG/ML***			
78440500002020	*Pediatric Vitamins ACD w/ Fluoride Soln 0.5 MG/ML***			
78441000000505	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.25 MG***			
78441000000510	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.5 MG***			
78441000000520	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 1 MG***			
78441000002005	*Pediatric Multiple Vitamins w/ Fluoride Soln 0.25 MG/ML***			
78441000002010	*Pediatric Multiple Vitamins w/ Fluoride Soln 0.5 MG/ML***			
78450000000520	*Pediatric Multiple Vitamins w/ FI-Fe Chew Tab 0.5-12 MG**			
78450000000530	*Pediatric Multiple Vitamins w/ FI-Fe Chew Tab 1-12 MG**			
78450000002008	*Pediatric Multiple Vitamins w/ FI-Fe Drops 0.25-10 MG/ML**			
78450000002018	*Pediatric Multiple Vitamins w/ FI-Fe Drops 0.5-10 MG/ML**			
78452000002010	*Pediatric Vitamins ACD Fluoride & Fe Drops 0.25-10 MG/ML***			
78512010000330	*Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG***			
78512010000350	*Prenatal Vit w/ Iron Carbonyl-FA Tab 50-1 MG***			
78512010000352	*Prenatal Vit w/ Iron Carbonyl-FA Tab 50-1.25 MG***			
78512015000317	*Prenatal Vit w/ Fe Fumarate-FA Tab 17-1 MG***			
78512015000320	*Prenatal Vit w/ Fe Fumarate-FA Tab 27-0.5 MG***			
78512015000324	*Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***			
78512015000329	*Prenatal Vit w/ Fe Fumarate-FA Tab 28-1 MG***			
78512015000332	*Prenatal Vit w/ Fe Fumarate-FA Tab 29-1 MG***			
78512015000360	*Prenatal Vit w/ Fe Fumarate-FA Tab 60-1 MG***			
78512015000366	*Prenatal Vit w/ Fe Fumarate-FA Tab 65-1 MG***			
78512015000530	*Prenatal Vit w/ Fe Fumarate-FA Chew Tab 29-1 MG***			
78512030000360	*Prenatal Vit w/ Fe Polysac Cmplx-FA Tab 60-1 MG***			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
78512040000360	*Prenatal Vit w/ Iron Carbonyl-Fe Sulf-FA Tab 60-1 MG***			
78512045000324	*Prenatal Vit w/ Iron Carbonyl-Fe Gluc-FA Tab 27-1 MG***			
78512046000330	*Prenatal Vit w/ Fe Bisglycinate Chelate-FA Tab 29-1 MG***			
78512047000330	*Prenatal Vit w/ Fe Fum-Fe Bisglycinate-FA Tab 29-1 MG***			
78512050000160	*Prenatal w/o A Vit w/ Fe Fumarate-FA Cap 106-1 MG***			
78512052000329	*Prenatal w/o A Vit w/ Fe Carbonyl-FA Tab 29-1 MG***			
78512054000375	*Prenatal without A w/ Fe Carbonyl-Docusate-FA Tab 90-1MG***			
78512060000325	*Prenatal Vit w/ Sel-Fe Fumarate-FA Tab 27-1 MG***			
78512065000375	*Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***			
78512070000330	*Prenatal Vit w/ DSS-Fe Fumarate-FA Tab 29-1 MG***			
78512070000475	*Prenatal Vit w/ DSS-Fe Fumarate-FA Tab CR 90-1 MG***			
78514000006325	*Prenatal MV-Min w/Fe-FA Tab & Ca Chew Tab Therapy Pack***			
78610000000300	*Iron w/ Vitamin Tab**			
78610000000400	*Iron w/ Vitamin Tab CR**			
79050020002025	Sodium Bicarbonate Inj 8.4%			
79100030002010	Calcium Gluconate Inj 10%			
79300020000310	Sodium Fluoride Tab 0.5 MG F (from 1.1 MG NaF)			
79300020000315	Sodium Fluoride Tab 1 MG F (from 2.2 MG NaF)			
79300020000505	Sodium Fluoride Chew Tab 0.25 MG F (from 0.55 MG NaF)			
79300020000510	Sodium Fluoride Chew Tab 0.5 MG F (from 1.1 MG NaF)			
79300020000515	Sodium Fluoride Chew Tab 1 MG F (from 2.2 MG NaF)			
79300020002030	Sodium Fluoride Soln 0.125 MG/DROP F (0.275 MG/DROP NaF)			
79300020002035	Sodium Fluoride Soln 0.25 MG/DROP F (from 0.55 MG/DROP NaF)			
79300020002050	Sodium Fluoride Soln 0.5 MG/ML F (from 1.1 MG/ML NaF)			
79350032002020	Iodine Solution Strong 5% (Lugol's)			
79400010202015	Magnesium Chloride Inj 20%			
79400010402020	Magnesium Sulfate Inj 50%			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
79600030100320	Pot Phos Monobasic w/Sod Phos Di & Monobas Tab 155-852-130MG			
79700020000810	Potassium Bicarbonate Effer Tab 25 mEq			
79700030000210	Potassium Chloride Cap CR 10 mEq			
79700030000420	Potassium Chloride Tab CR 8 mEq (600 MG)			
79700030000430	Potassium Chloride Tab CR 10 mEq			
79700030000910	Potassium Chloride Oral Liq 10% (20 MEQ/15ML)			
79700030000920	Potassium Chloride Oral Liq 20% (40 MEQ/15ML)			
79700030002005	Potassium Chloride Inj 2 mEq/ML			
79700030003015	Potassium Chloride Powder Packet 20 mEq			
79700030100430	Potassium Chloride Microencapsulated Crys CR Tab 10 mEq			
79700030100440	Potassium Chloride Microencapsulated Crys CR Tab 20 mEq			
79709902100810	Pot Bicarbonate & Chloride Effer Tab 25 mEq			
79750010002010	Sodium Chloride Inj 0.45%			
79750010002020	Sodium Chloride Inj 0.9%			
79750010002021	Sodium Chloride IV Soln 0.9%			
79800010000120	Zinc Sulfate Cap 220 MG			
79800010002005	Zinc Sulfate Inj 1 MG/ML			
79800010002015	Zinc Sulfate Inj 5 MG/ML			
79900040102010	Selenious Acid Inj 40 MCG/ML			
79909905202020	Trace Min (Cr-Cu-Mn-Se-Zn) Inj 10-1000-500-60-5000 MCG/ML			
79992001202010	Lactated Ringer's Solution			
79993002202020	Dextrose 5% w/ Sodium Chloride 0.2%			
79993002202025	Dextrose 5% w/ Sodium Chloride 0.33%			
79993002202030	Dextrose 5% w/ Sodium Chloride 0.45%			
79993002202035	Dextrose 5% w/ Sodium Chloride 0.9%			
79993003102025	KCl 0.15% in D5/0.45% NaCl			
79993003102027	KCl 0.15% in D5/0.9% NaCl			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
80100010002040	Alcohol Absolute Inj 95%			
80100020002015	Dextrose Inj 5%			
80200010001620	Fat Emulsion IV Soln 20%			
80303050000105	Tryptophan Cap 500 MG			
80303060002900	Tyrosine Powder			
80303092003800	Glutathione Crystals			
82100010002015	Cyanocobalamin Inj 1000 MCG/ML			
82100010003800	Cyanocobalamin Crystals			
82100020002010	Hydroxocobalamin Inj 1000 MCG/ML			
82200010000315	Folic Acid Tab 1 MG			
82200010002005	Folic Acid Inj 5 MG/ML			
82300040002010	Iron Dextran Inj 50 MG/ML			
82300050000110	Polysaccharide Iron Complex Cap 150 MG			
82991002300720	Cyanocobalamin-Methylcobalamin Tab SL 600-600 MCG			
82991503200325	Folic Acid-Vitamin B6-Vitamin B12 Tab 2.2-25-0.5 MG			
82991503200328	Folic Acid-Vitamin B6-Vitamin B12 Tab 2.2-25-1 MG			
82991503200335	Folic Acid-Vitamin B6-Vitamin B12 Tab 2.5-25-1 MG			
82991503200337	Folic Acid-Vitamin B6-Vitamin B12 Tab 2.5-25-2 MG			
82992000000100	*Iron Combination Cap***			
82992003400120	Iron Polysacch Complex-Vit B12-FA Cap 150-0.025-1 MG			
82992003500420	Ferrous Sulfate-Vit C-Folic Acid Tab CR 105-500-0.8 MG			
82992004300230	Iron-Vit C-Vit B12-Folic Acid Cap CR 100-320-0.025-1 MG			
82992004300330	Iron-Vit C-Vit B12-Folic Acid Tab 100-250-0.025-1 MG			
82992004340130	Fe Fumarate-Vit C-Vit B12-FA Cap 200-250-0.01-1 MG			
82992004340140	Fe Fumarate-Vit C-Vit B12-FA Cap 460-60-0.01-1 MG			
82992005250130	Fe Fumarate w/ B12-Vit C-FA-IFC Cap 110-0.015-75-0.5-240 MG			
82994002200350	Ferrous Fumarate-Folic Acid Tab 324-1 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
83100020202005	Heparin Sodium (Porcine) Lock Flush Soln 10 Unit/ML			
83100020202007	Heparin Sodium (Porcine) Lock Flush IV Soln 10 Unit/ML			
83100020202010	Heparin Sodium (Porcine) Lock Flush Soln 100 Unit/ML			
83100020202012	Heparin Sodium (Porcine) Lock Flush IV Soln 100 Unit/ML			
83100020202015	Heparin Sodium (Porcine) Inj 1000 Unit/ML			
83100020202025	Heparin Sodium (Porcine) Inj 5000 Unit/ML			
83100020202035	Heparin Sodium (Porcine) Inj 10000 Unit/ML			
83100020202045	Heparin Sodium (Porcine) Inj 20000 Unit/ML			
83100020206405	Heparin Sodium (Porcine) w/ NaCl Lock Flush Kit 10 Unit/ML			
83100020222030	Heparin Sodium (Porcine) 100 Unit/ML in Sodium Chloride 0.9%			
83200030200303	Warfarin Sodium Tab 1 MG			
83200030200305	Warfarin Sodium Tab 2 MG			
83200030200310	Warfarin Sodium Tab 2.5 MG			
83200030200311	Warfarin Sodium Tab 3 MG			
83200030200313	Warfarin Sodium Tab 4 MG			
83200030200315	Warfarin Sodium Tab 5 MG			
83200030200317	Warfarin Sodium Tab 6 MG			
83200030200320	Warfarin Sodium Tab 7.5 MG			
83200030200325	Warfarin Sodium Tab 10 MG			
84100010000305	Aminocaproic Acid Tab 500 MG			
84100010001205	Aminocaproic Acid Syrup 25%			
85150030000310	Dipyridamole Tab 25 MG			
85150030000320	Dipyridamole Tab 50 MG			
85150030000330	Dipyridamole Tab 75 MG			
85155516000320	Cilostazol Tab 50 MG			
85155516000330	Cilostazol Tab 100 MG			
85156010100120	Anagrelide HCl Cap 0.5 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
85156010100130	Anagrelide HCl Cap 1 MG			
85158020100320	Clopidogrel Bisulfate Tab 75 MG (Base Equiv)			
85158080100320	Ticlopidine HCl Tab 250 MG			
85200010000410	Pentoxifylline Tab CR 400 MG			
85400010002015	Albumin, Human Inj 25%			
86101005004205	Bacitracin Ophth Oint 500 Unit/GM			
86101023102010	Ciprofloxacin HCl Ophth Soln 0.3%			
86101025004210	Erythromycin Ophth Oint 5 MG/GM			
86101030002005	Gentamicin Sulfate Ophth Soln 0.3%			
86101030004205	Gentamicin Sulfate Ophth Oint 0.3%			
86101047002020	Ofloxacin Ophth Soln 0.3%			
86101070002005	Tobramycin Sulfate Ophth Soln 0.3%			
86102010102010	Sulfacetamide Sodium Ophth Soln 10%			
86102010104205	Sulfacetamide Sodium Ophth Oint 10%			
86103020002005	Trifluridine Ophth Soln 1%			
86109902104200	Bacitracin-Polymyxin B Ophth Oint			
86109902602020	Polymyxin B-Trimethoprim Ophth Soln 10000 Unit/ML-0.1%			
86109903104220	Neomycin-Bacitrac Zn-Polymyx 3.5(5)MG-400Unt-10000Unt Op Oin			
86109903202000	Neomycin-Polymyxin B-Gramicidin Ophth Soln			
86250010102005	Betaxolol HCl Ophth Soln 0.5%			
86250012102005	Carteolol HCl Ophth Soln 1%			
86250015102020	Metipranolol Ophth Soln 0.3%			
86250020102003	Levobunolol HCl Ophth Soln 0.25%			
86250020102005	Levobunolol HCl Ophth Soln 0.5%			
86250030102005	Timolol Maleate Ophth Soln 0.25%			
86250030102010	Timolol Maleate Ophth Soln 0.5%			
86250030107620	Timolol Maleate Ophth Gel Forming Soln 0.25%			

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GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
86250030107630	Timolol Maleate Ophth Gel Forming Soln 0.5%			
86300010102005	Dexamethasone Sodium Phosphate Ophth Soln 0.1%			
86300020001810	Fluorometholone Ophth Susp 0.1%			
86300050101815	Prednisolone Acetate Ophth Susp 1%			
86300050202015	Prednisolone Sodium Phosphate Ophth Soln 1%			
86309902722015	Sulfacetamide Sodium-Prednisolone Ophth Soln 10-0.23(0.25)%			
86309903321810	Neomycin-Polymyxin-Dexamethasone Ophth Susp 0.1%			
86309903324210	Neomycin-Polymyxin-Dexamethasone Ophth Oint 0.1%			
86309903341810	Neomycin-Polymyxin-HC Ophth Susp			
86309904104220	Bacitracin-Polymyxin-Neomycin-HC Ophth Oint 1%			
86350010102010	Atropine Sulfate Ophth Soln 1%			
86350010104210	Atropine Sulfate Ophth Oint 1%			
86350020102010	Cyclopentolate HCl Ophth Soln 1%			
86350030102010	Homatropine HBr Ophth Soln 5%			
86350050002010	Tropicamide Ophth Soln 1%			
86400030102020	Naphazoline HCl Ophth Soln 0.1%			
86400040102010	Phenylephrine HCl Ophth Soln 2.5%			
86400040102015	Phenylephrine HCl Ophth Soln 10%			
86400040112010	Phenylephrine HCl Ophth Soln 2.5% (Refrigerated)			
86501030102010	Pilocarpine HCl Ophth Soln 0.5%			
86501030102015	Pilocarpine HCl Ophth Soln 1%			
86501030102020	Pilocarpine HCl Ophth Soln 2%			
86501030102025	Pilocarpine HCl Ophth Soln 3%			
86501030102030	Pilocarpine HCl Ophth Soln 4%			
86501030102040	Pilocarpine HCl Ophth Soln 6%			
86600010002005	Dipivefrin HCl Ophth Soln 0.1%			
86602020102010	Brimonidine Tartrate Ophth Soln 0.2%			

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GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
86750020102005	Proparacaine HCl Ophth Soln 0.5%			
86750030102005	Tetracaine HCl Ophth Soln 0.5%			
86802010102005	Cromolyn Sodium Ophth Soln 4%			
86802040102010	Ketotifen Fumarate Ophth Soln 0.025% (Base Equiv)			
86805020102010	Flurbiprofen Sodium Ophth Soln 0.03%			
87200010002010	Benzocaine Otic Soln 20%			
87300020102000	Hydrocortisone w/ Acetic Acid Otic Soln 1-2%			
87400010102010	Acetic Acid Otic Soln 2%			
87400025002010	Acetic Acid 2% in Aluminum Acetate Otic Soln			
87991003101807	Neomycin-Polymyxin-HC Otic Susp 3.5 MG/ML-10000 Unit/ML-1%			
87991003102010	Neomycin-Polymyxin-HC Otic Soln 1%			
87992002202010	Benzocaine-Antipyrine Otic Soln 1.4-5.4%			
87992003122010	Pramoxine-HC-Chloroxylonol Otic Soln 10-10-1 MG/ML			
87992003142010	Pramoxine-HC-Chloroxylonol Aqueous Otic Soln 10-10-1 MG/ML			
87992003202000	Benzocaine-PE-Antipyrine Otic Soln			
88100003002900	Amphotericin B Powder			
88100010001805	Nystatin Susp 100000 Unit/ML			
88100020004805	Clotrimazole Troche 10 MG			
88150020102012	Chlorhexidine Gluconate Soln 0.12%			
88250020104410	Triamcinolone Acetonide in Orabase 0.1%			
88350065102050	Lidocaine HCl Viscous Soln 2%			
88402020002020	Sodium Fluoride Rinse 0.2%			
88402020003721	Sodium Fluoride Cream 1.1%			
88402020004020	Sodium Fluoride Gel 1.1% (0.5% F)			
88402030001320	Stannous Fluoride Conc 0.63%			
88402030004010	Stannous Fluoride Gel 0.4%			
88501560100310	Pilocarpine HCl Tab 5 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
89100010003720	Hydrocortisone Rectal Cream 2.5%			
89100010103730	Hydrocortisone Acetate Rectal Cream 2.5%			
89100010105230	Hydrocortisone Acetate Suppos 25 MG			
89100010105237	Hydrocortisone Acetate Suppos 30 MG			
89150010005110	Hydrocortisone Enema 100 MG/60ML			
89991002263720	Lidocaine-Hydrocortisone Acetate Rectal Cream 3-0.5%			
89991002266420	Lidocaine-Hydrocortisone Acetate Rectal Cream Kit 3-0.5%			
89991002266430	Lidocaine-Hydrocortisone Acetate Rectal Cream Kit 3-1%			
90050010000903	Benzoyl Peroxide Liq 2.5%			
90050010000905	Benzoyl Peroxide Liq 5%			
90050010000910	Benzoyl Peroxide Liq 10%			
90050010003720	Benzoyl Peroxide Cream 10%			
90050010004005	Benzoyl Peroxide Gel 2.5%			
90050010004010	Benzoyl Peroxide Gel 5%			
90050010004015	Benzoyl Peroxide Gel 10%			
90050010004106	Benzoyl Peroxide Lotion 3%			
90050010004108	Benzoyl Peroxide Lotion 4%			
90050010004116	Benzoyl Peroxide Lotion 6%			
90050010004119	Benzoyl Peroxide Lotion 9%			
90050013000110	Isotretinoin Cap 10 MG			
90050013000120	Isotretinoin Cap 20 MG			
90050013000130	Isotretinoin Cap 30 MG			
90050013000140	Isotretinoin Cap 40 MG			
90050015102900	Metronidazole Benzoate Powder			
90050030003703	Tretinoin Cream 0.025%			
90050030003705	Tretinoin Cream 0.05%			
90050030003710	Tretinoin Cream 0.1%			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
90050030004005	Tretinoin Gel 0.01%			
90050030004010	Tretinoin Gel 0.025%			
90051010102005	Clindamycin Phosphate Soln 1%			
90051010104005	Clindamycin Phosphate Gel 1%			
90051010104105	Clindamycin Phosphate Lotion 1%			
90051010109420	Clindamycin Phosphate Swab 1%			
90051020002010	Erythromycin Soln 2%			
90051020004010	Erythromycin Gel 2%			
90051020004320	Erythromycin Pads 2%			
90059902104010	Benzoyl Peroxide-Erythromycin Gel 5-3%			
90059902170920	Benzoyl Peroxide-Urea Cleanser 4.5-10%			
90059902170925	Benzoyl Peroxide-Urea Cleanser 6.5-10%			
90059902170930	Benzoyl Peroxide-Urea Cleanser 8.5-10%			
90059902173725	Benzoyl Peroxide-Urea Cream 6.5-10%			
90059902173730	Benzoyl Peroxide-Urea Cream 8.5-10%			
90059902174020	Benzoyl Peroxide-Urea Gel 4.5-10%			
90059902174025	Benzoyl Peroxide-Urea Gel 6.5-10%			
90059902174030	Benzoyl Peroxide-Urea Gel 8.5-10%			
90059903201620	Sulfacetamide Sodium w/ Sulfur Emulsion 10-5%			
90059903201820	Sulfacetamide Sodium w/ Sulfur Susp 10-5%			
90059903203720	Sulfacetamide Sodium w/ Sulfur Cream 10-5%			
90059903204110	Sulfacetamide Sodium w/ Sulfur Lotion 10-5%			
90059903204320	Sulfacetamide Sodium w/ Sulfur Cleansing Cloth 10-5%			
90059903211620	Sulfacetamide Sodium-Sulfur in Urea Emulsion 10-5%			
90059903214020	Sulfacetamide Sodium-Sulfur in Urea Gel 10-5%			
90059903603720	*Sulfacetamide Sodium-Sulfur w/ Sunscreens Cream 10-5%***			
90060040003710	Metronidazole Cream 0.75%			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
90060040004010	Metronidazole Gel 0.75%			
90060040004110	Metronidazole Lotion 0.75%			
90100050102900	Gentamicin Sulfate Powder			
90100050103705	Gentamicin Sulfate Cream 0.1%			
90100050104205	Gentamicin Sulfate Oint 0.1%			
90100065104210	Mupirocin Oint 2%			
90150030101810	Ciclopirox Olamine Susp 0.77% (Base Equiv)			
90150030103705	Ciclopirox Olamine Cream 0.77% (Base Equiv)			
90150080002900	Nystatin Topical Powder			
90150080002950	Nystatin (Bulk) Powder			
90150080003710	Nystatin Cream 100000 Unit/GM			
90150080004215	Nystatin Oint 100000 Unit/GM			
90154020002005	Clotrimazole Soln 1%			
90154020003705	Clotrimazole Cream 1%			
90154035103705	Econazole Nitrate Cream 1%			
90154045003710	Ketoconazole Cream 2%			
90154045004510	Ketoconazole Shampoo 2%			
90159902053710	Clotrimazole w/ Betamethasone Cream 1-0.05%			
90159902054120	Clotrimazole w/ Betamethasone Lotion 1-0.05%			
90159902103720	Clioquinol-HC Cream 3-1%			
90159902153710	Iodoquinol-HC Cream 1%			
90159902253700	Nystatin-Triamcinolone Cream 100000-0.1 Unit/GM-%			
90159902254200	Nystatin-Triamcinolone Oint 100000-0.1 Unit/GM-%			
90159902304120	Sodium Thiosulfate-Salicylic Acid Lotion 25-1%			
90220015103710	Doxepin HCl Cream 5%			
90300050004120	Selenium Sulfide Lotion 2.5%			
90300060000920	Sulfacetamide Sodium Liquid 10%			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
90300060003720	Sulfacetamide Sodium Cream 10%			
90300060004020	Sulfacetamide Sodium Gel 10%			
90309902604120	Sulfacetamide Sodium-Urea Lotion 10-10%			
90309902606420	Sulfacetamide Sodium Lot 10% & Urea Shampoo 10% Kit			
90309903854520	Selenium Sulfide-Pyrithione Zinc in Urea Shampoo 2.25%			
90372030002020	Fluorouracil Soln 2%			
90372030002050	Fluorouracil Soln 5%			
90450030003710	Silver Sulfadiazine Cream 1%			
90509902406340	Silver Nitrate-Potassium Nitrate Applicator 75-25%			
90520010002020	Coal Tar Soln 20%			
90550005103710	Alclometasone Dipropionate Cream 0.05%			
90550005104210	Alclometasone Dipropionate Oint 0.05%			
90550010003705	Amcinonide Cream 0.1%			
90550010004105	Amcinonide Lotion 0.1%			
90550010004205	Amcinonide Oint 0.1%			
90550020003705	Betamethasone Dipropionate Cream 0.05%			
90550020004105	Betamethasone Dipropionate Lotion 0.05%			
90550020004205	Betamethasone Dipropionate Oint 0.05%			
90550020053705	Augmented Betamethasone Dipropionate Cream 0.05%			
90550020054005	Augmented Betamethasone Dipropionate Gel 0.05%			
90550020054205	Augmented Betamethasone Dipropionate Oint 0.05%			
90550020103710	Betamethasone Valerate Cream 0.1%			
90550020104105	Betamethasone Valerate Lotion 0.1%			
90550020104205	Betamethasone Valerate Oint 0.1%			
90550025102005	Clobetasol Propionate Soln 0.05%			
90550025102900	Clobetasol Propionate Powder			
90550025103705	Clobetasol Propionate Cream 0.05%			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
90550025104010	Clobetasol Propionate Gel 0.05%			
90550025104205	Clobetasol Propionate Oint 0.05%			
90550025153705	Clobetasol Propionate Emollient Base Cream 0.05%			
90550035003705	Desonide Cream 0.05%			
90550035004105	Desonide Lotion 0.05%			
90550035004205	Desonide Oint 0.05%			
90550040003705	Desoximetasone Cream 0.05%			
90550040003710	Desoximetasone Cream 0.25%			
90550040004005	Desoximetasone Gel 0.05%			
90550040004205	Desoximetasone Oint 0.25%			
90550050103705	Diflorasone Diacetate Cream 0.05%			
90550050104205	Diflorasone Diacetate Oint 0.05%			
90550050153705	Diflorasone Diacetate Emollient Base Cream 0.05%			
90550055102005	Fluocinolone Acetonide Soln 0.01%			
90550055103705	Fluocinolone Acetonide Cream 0.01%			
90550055103710	Fluocinolone Acetonide Cream 0.025%			
90550055104205	Fluocinolone Acetonide Oint 0.025%			
90550060002005	Fluocinonide Soln 0.05%			
90550060003705	Fluocinonide Cream 0.05%			
90550060004005	Fluocinonide Gel 0.05%			
90550060004205	Fluocinonide Oint 0.05%			
90550060103705	Fluocinonide Emulsified Base Cream 0.05%			
90550068103710	Fluticasone Propionate Cream 0.05%			
90550068104210	Fluticasone Propionate Oint 0.005%			
90550073103710	Halobetasol Propionate Cream 0.05%			
90550073104210	Halobetasol Propionate Oint 0.05%			
90550075002900	Hydrocortisone Powder			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
90550075003720	Hydrocortisone Cream 1%			
90550075003725	Hydrocortisone Cream 2.5%			
90550075004115	Hydrocortisone Lotion 1%			
90550075004120	Hydrocortisone Lotion 2.5%			
90550075004210	Hydrocortisone Oint 1%			
90550075004215	Hydrocortisone Oint 2.5%			
90550075052900	Hydrocortisone Micronized Powder			
90550075102900	Hydrocortisone Acetate Powder			
90550075203705	Hydrocortisone Valerate Cream 0.2%			
90550075204205	Hydrocortisone Valerate Oint 0.2%			
90550075302020	Hydrocortisone Butyrate Soln 0.1%			
90550075303705	Hydrocortisone Butyrate Cream 0.1%			
90550075304205	Hydrocortisone Butyrate Oint 0.1%			
90550082102010	Mometasone Furoate Solution 0.1% (Lotion)			
90550082103710	Mometasone Furoate Cream 0.1%			
90550082104210	Mometasone Furoate Oint 0.1%			
90550085102900	Triamcinolone Acetonide Powder			
90550085103705	Triamcinolone Acetonide Cream 0.025%			
90550085103710	Triamcinolone Acetonide Cream 0.1%			
90550085103720	Triamcinolone Acetonide Cream 0.5%			
90550085104105	Triamcinolone Acetonide Lotion 0.025%			
90550085104110	Triamcinolone Acetonide Lotion 0.1%			
90550085104205	Triamcinolone Acetonide Oint 0.025%			
90550085104207	Triamcinolone Acetonide Oint 0.05%			
90550085104210	Triamcinolone Acetonide Oint 0.1%			
90550085104215	Triamcinolone Acetonide Oint 0.5%			
90559802303710	Lidocaine-Hydrocortisone Acetate Cream 3-0.5%			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
90559802304120	Lidocaine-Hydrocortisone Acetate Lotion 3-0.5%			
90559802403725	Pramoxine-HC Cream 1-2.5%			
90559802404125	Pramoxine-HC Lotion 1-2.5%			
90559902853710	Urea-HC Acetate Cream 1%			
90650015003730	Lactic Acid (Ammonium Lactate) Cream 12%			
90650015004125	Lactic Acid (Ammonium Lactate) Lotion 10%			
90650015004130	Lactic Acid (Ammonium Lactate) Lotion 12%			
90659902303710	Lactic Acid w/ Vitamin E Cream 10%-3500 Unit/30GM			
90660080003725	Urea Cream 40%			
90660080003735	Urea Cream 50%			
90660080004040	Urea Gel 40%			
90660080004050	Urea Gel 50%			
90660080004138	Urea Lotion 35%			
90660080004140	Urea Lotion 40%			
90660080004250	Urea Ointment 50%			
90700050003400	Trypsin w/ Castor Oil & Peruvian Balsam Spray			
90700050004220	Trypsin w/ Castor Oil & Peruvian Balsam Oint			
90709902300920	Papain-Urea Spray 650000 Unit/GM-10%			
90709902304265	Papain-Urea Ointment 650000 Unit/GM-10%			
90709902304270	Papain-Urea Ointment 830000 Unit/GM-100 MG/GM			
90709903600910	*Papain-Urea-Chlorophyllin Liquid***			
90709903604210	*Papain-Urea-Chlorophyllin Ointment***			
90750015002020	Podofilox Soln 0.5%			
90750020002025	Podophyllum Resin Soln 25%			
90750030002900	Salicylic Acid Powder			
90750030003712	Salicylic Acid Cream 6%			
90750030004140	Salicylic Acid Lotion 6%			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
90759902104210	Salicylic Acid & Benzoic Acid Oint 3-6%			
90850060002900	Lidocaine Powder			
90850060004210	Lidocaine Oint 5%			
90850060102015	Lidocaine HCl Soln 4%			
90850060102900	Lidocaine HCl Powder			
90850060103730	Lidocaine HCl Cream 3%			
90850060104005	Lidocaine HCl Gel 2%			
90850060104140	Lidocaine HCl Lotion 3%			
90850060104210	Lidocaine HCl Oint 5%			
90851005003200	Ethyl Chloride Aerosol Spray			
90859902903710	Lidocaine-Prilocaine Cream 2.5-2.5%			
90871010002900	Methoxsalen Powder			
90872010002900	Hydroquinone Powder			
90886070003710	Tretinoin (Facial Wrinkles) Cream 0.05%			
90900020004110	Lindane Lotion 1%			
90900020004510	Lindane Shampoo 1%			
90900035003720	Permethrin Cream 5%			
90944000004000	*Wound Dressings - Gel***			
90970010002010	Aluminum Chloride Soln 20%			
92000005002010	Formaldehyde Solution 10%			
93000020102110	Deferoxamine Mesylate For Inj 500 MG			
93000020102130	Deferoxamine Mesylate For Inj 2 GM			
93400020102010	Naloxone HCl Inj 0.4 MG/ML			
93400030100305	Naltrexone HCl Tab 50 MG			
94200041106410	Glucagon (rDNA) Diagnostic Kit 1 MG			
96202060001700	Olive Oil			
96301007002900	Alprostadil Powder			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
96301058203800	Homatropine Methylbromide Crystals			
96400020002000	Coal Tar (Crude) Solution			
96424675002900	Acyclovir (Bulk) Powder			
96426448302900	Alpha-Lipoic Acid (Bulk) Powder			
96426860003800	Antipyrine (Bulk) Crystals			
96445070502900	Betamethasone (Bulk) Powder			
96448212002900	Budesonide (Bulk) Powder			
96465848002900	Ciprofloxacin (Bulk) Powder			
96485044002900	2-Deoxy-D-Glucose Powder			
96485836602900	Diltiazem HCl (Bulk) Powder			
96524239442900	Famotidine (Bulk) Powder			
96524239482900	Fampridine Powder			
96526409002900	Fluconazole (Bulk) Powder			
96544244002900	Gabapentin Powder			
96568812502900	Hydroxyprogesterone Caproate (Bulk) Powder			
96568814802900	Hydroxyzine HCl (Bulk) Powder			
96625003392900	Ketamine HCl (Bulk) Powder			
96645066452900	Levocarnitine (Bulk) Powder			
96645084002900	Levothyroxine Sodium (Bulk) Powder			
96665061002900	Methylcobalamin Powder			
96665091002900	Metronidazole Powder			
96684240002900	Naltrexone HCl (Bulk) Powder			
96684242252900	Nandrolone Decanoate (Bulk) Powder			
96807006542900	Tobramycin (Bulk) Powder			
98401010002000	Water For Injection			
98401010002050	Water For IV Injection			
98401020002000	Water For Inject, Bacteriostatic			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
98401020102000	Water For Inject, Bacteriostatic Benzyl Alcohol			
98401020202000	Water For Inject, Bacteriostatic Parabens			
98401040002010	Saline Injection Bacteriostatic			
98600050802900	Polyethylene Glycol 8000 Powder			
99402020000110	Cyclosporine Cap 25 MG			
99402020000140	Cyclosporine Cap 100 MG			
99402020002005	Cyclosporine IV Soln 50 MG/ML			
99402020002010	Cyclosporine Oral Soln 100 MG/ML			
99402020300120	Cyclosporine Modified Cap 25 MG			
99402020300130	Cyclosporine Modified Cap 50 MG			
99402020300150	Cyclosporine Modified Cap 100 MG			
99402020302020	Cyclosporine Modified Oral Soln 100 MG/ML			
99406010000305	Azathioprine Tab 50 MG			
99450010001840	Sodium Polystyrene Sulfonate Oral Susp 15 GM/60ML			
99450010001870	Sodium Polystyrene Sulfonate Rectal Susp 30 GM/120ML			
99450010002900	Sodium Polystyrene Sulfonate Powder			
99500010002005	Alprostadil Inj 500 MCG/ML			
99750005002000	Water For Irrigation, Sterile Irrigation Soln			