

**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 5/1/2017 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>				
01100010102125	Penicillin G Potassium For Inj 5000000 Unit			
01100010102135	Penicillin G Potassium For Inj 20000000 Unit			
01100010112070	Penicillin G Potassium Inj 60000 Unit/ML in Dextrose			
01100020001815	Penicillin G Benzathine Intramuscular Susp 1200000 Unit/2ML			
01100020001820	Penicillin G Benzathine Intramuscular Susp 2400000 Unit/4ML			
01100030001820	Penicillin G Procaine Intramuscular Susp 600000 Unit/ML			
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			

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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			
01200010100510	Amoxicillin (Trihydrate) Chew Tab 250 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			
01200010107520	Amoxicillin (Trihydrate) Tab SR 24HR 775 MG			
01200020200105	Ampicillin Cap 250 MG			
01200020200110	Ampicillin Cap 500 MG			
01200020201915	Ampicillin For Susp 250 MG/5ML			
01200020302110	Ampicillin Sodium For Inj 250 MG			
01200020302120	Ampicillin Sodium For Inj 1 GM			
01200020302125	Ampicillin Sodium For Inj 2 GM			
01300020100110	Dicloxacillin Sodium Cap 250 MG			
01300020100115	Dicloxacillin Sodium Cap 500 MG			
01300040102115	Nafcillin Sodium For Inj 2 GM			
01300040102125	Nafcillin Sodium For Inj 10 GM			
01300040112025	Nafcillin Sodium in Dextrose Inj 2 GM/100ML			
01300050102120	Oxacillin Sodium For Inj 2 GM			
01300050102130	Oxacillin Sodium For Inj 10 GM			
01300050112030	Oxacillin Sodium in Dextrose Inj 2 GM/50ML			
01990002101825	Penicillin G Benzathine & Procaine Inj Susp 1200000 Unit/2ML			
01990002101850	Penicillin G Benzathine & Procaine Inj 900000-300000 Unt/2ML			
01990002200310	Amoxicillin & K Clavulanate Tab 250-125 MG			

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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			
01990002201910	Amoxicillin & K Clavulanate For Susp 125-31.25 MG/5ML			
01990002201915	Amoxicillin & K Clavulanate For Susp 200-28.5 MG/5ML			
01990002201920	Amoxicillin & K Clavulanate For Susp 250-62.5 MG/5ML			
01990002201935	Amoxicillin & K Clavulanate For Susp 400-57 MG/5ML			
01990002201960	Amoxicillin & K Clavulanate For Susp 600-42.9 MG/5ML			
01990002207420	Amoxicillin & K Clavulanate Tab SR 12HR 1000-62.5 MG			
01990002252110	Ampicillin & Sulbactam Sodium For Inj 1.5 (1-0.5) GM			
01990002252120	Ampicillin & Sulbactam Sodium For Inj 3 (2-1) GM			
01990002702120	Piperacillin Sod-Tazobactam Sod For Inj 2.25 GM (2-0.25 GM)			
01990002702130	Piperacillin Sod-Tazobactam Na For Inj 3.375 GM (3-0.375 GM)			
01990002702140	Piperacillin Sod-Tazobactam Sod For Inj 4.5 GM (4-0.5 GM)			
01990002702170	Piperacillin Sod-Tazobactam Sod For Inj 40.5 GM (36-4.5 GM)			
01990002722025	Piperacillin Sod-Tazobactam Sod in Dex IV Soln 4-0.5GM/100ML			
01990002722030	Piperacillin Sod-Tazobactam Sod in Dex IV Sol 3-0.375GM/50ML			
02100010000105	Cefadroxil Cap 500 MG			
02100010000305	Cefadroxil Tab 1 GM			
02100010001910	Cefadroxil For Susp 250 MG/5ML			
02100010001915	Cefadroxil For Susp 500 MG/5ML			
02100015102115	Cefazolin Sodium For Inj 1 GM			
02100015102125	Cefazolin Sodium For Inj 10 GM			
02100020000105	Cephalexin Cap 250 MG			
02100020000110	Cephalexin Cap 500 MG			
02100020000120	Cephalexin Cap 750 MG			

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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			
02200040001910	Cefaclor For Susp 250 MG/5ML			
02200040107430	Cefaclor Monohydrate Tab SR 12HR 500 MG			
02200060102110	Cefoxitin Sodium For IV Soln 2 GM			
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			
02200065051910	Cefuroxime Axetil For Susp 125 MG/5ML			
02200065051920	Cefuroxime Axetil For Susp 250 MG/5ML			
02300040000120	Cefdinir Cap 300 MG			
02300040001920	Cefdinir For Susp 125 MG/5ML			
02300040001930	Cefdinir For Susp 250 MG/5ML			
02300060000120	Cefixime Cap 400 MG			
02300060000510	Cefixime Chew Tab 100 MG			
02300060000530	Cefixime Chew Tab 200 MG			
02300060001910	Cefixime For Susp 100 MG/5ML			
02300060001920	Cefixime For Susp 200 MG/5ML			
02300060001930	Cefixime For Susp 500 MG/5ML			

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02300065100320	Cefpodoxime Proxetil Tab 100 MG			
02300065100330	Cefpodoxime Proxetil Tab 200 MG			
02300065101920	Cefpodoxime Proxetil For Susp 50 MG/5ML			
02300065101930	Cefpodoxime Proxetil For Susp 100 MG/5ML			
02300080002110	Ceftazidime For Inj 1 GM			
02300080002115	Ceftazidime For Inj 2 GM			
02300080002120	Ceftazidime For Inj 6 GM			
02300083000120	Ceftibuten Cap 400 MG			
02300083001940	Ceftibuten For Susp 180 MG/5ML			
02300090102105	Ceftriaxone Sodium For Inj 250 MG			
02300090102110	Ceftriaxone Sodium For Inj 500 MG			
02300090102115	Ceftriaxone Sodium For Inj 1 GM			
02300090102117	Ceftriaxone Sodium For IV Soln 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			
02300090132120	Ceftriaxone Sodium for IV Soln 1 GM and Dextrose 3.74%			
02300090132130	Ceftriaxone Sodium for IV Soln 2 GM and Dextrose 2.22%			
02400040102022	Cefepime HCl IV Soln 1 GM/50ML			
02400040102024	Cefepime HCl IV Soln 2 GM/100ML			
02400040102110	Cefepime HCl For Inj 1 GM			
02400040102120	Cefepime HCl For Inj 2 GM			
02400040122110	Cefepime HCl and Dextrose 5% For IV Soln 1 GM/50ML			
02400040122120	Cefepime HCl and Dextrose 5% For IV Soln 2 GM/50ML			
02500030102120	Ceftaroline Fosamil for IV Soln 400 MG			
02500030102130	Ceftaroline Fosamil for IV Soln 600 MG			

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02990002352120	Ceftolozane-Tazobactam For Inj 1.5 GM (1-0.5 GM)			
03100005000305	Erythromycin Tab 250 MG			
03100005000310	Erythromycin Tab 500 MG			
03100005000605	Erythromycin Tab Delayed Release 250 MG			
03100005000610	Erythromycin Tab Delayed Release 333 MG			
03100005000615	Erythromycin Tab Delayed Release 500 MG			
03100005006720	Erythromycin w/ Delayed Release Particles Cap 250 MG			
03100006000605	Erythromycin w/ Enteric Coated Particles Tab 333 MG			
03100006000610	Erythromycin w/ Enteric Coated Particles Tab 500 MG			
03100010100305	Erythromycin Stearate Tab 250 MG			
03100030300305	Erythromycin Ethylsuccinate Tab 400 MG			
03100030301910	Erythromycin Ethylsuccinate For Susp 200 MG/5ML			
03100030301915	Erythromycin Ethylsuccinate For Susp 400 MG/5ML			
03400010000320	Azithromycin Tab 250 MG			
03400010000334	Azithromycin Tab 500 MG			
03400010000340	Azithromycin Tab 600 MG			
03400010001920	Azithromycin For Susp 100 MG/5ML			
03400010001930	Azithromycin For Susp 200 MG/5ML			
03400010001970	Azithromycin Extended Release For Oral Susp 2 GM			
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			
03530025000320	Fidaxomicin Tab 200 MG			

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04000010100305	Demeclocycline HCl Tab 150 MG			
04000010100310	Demeclocycline HCl Tab 300 MG			
04000020000105	Doxycycline Monohydrate Cap 50 MG			
04000020000107	Doxycycline Monohydrate Cap 75 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			
04000020000315	Doxycycline Monohydrate Tab 150 MG			
04000020001905	Doxycycline Monohydrate For Susp 25 MG/5ML			
04000020100105	Doxycycline Hyclate Cap 50 MG			
04000020100110	Doxycycline Hyclate Cap 100 MG			
04000020100302	Doxycycline Hyclate Tab 20 MG			
04000020100305	Doxycycline Hyclate Tab 50 MG			
04000020100307	Doxycycline Hyclate Tab 75 MG			
04000020100310	Doxycycline Hyclate Tab 100 MG			
04000020100315	Doxycycline Hyclate Tab 150 MG			
04000020100610	Doxycycline Hyclate Tab Delayed Release 50 MG			
04000020100620	Doxycycline Hyclate Tab Delayed Release 75 MG			
04000020100630	Doxycycline Hyclate Tab Delayed Release 100 MG			
04000020100635	Doxycycline Hyclate Tab Delayed Release 120 MG			
04000020100650	Doxycycline Hyclate Tab Delayed Release 200 MG			
04000020102105	Doxycycline Hyclate For Inj 100 MG			
04000020201205	Doxycycline Calcium Syrup 50 MG/5ML			
04000040100105	Minocycline HCl Cap 50 MG			
04000040100107	Minocycline HCl Cap 75 MG			
04000040100110	Minocycline HCl Cap 100 MG			

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04000040100305	Minocycline HCl Tab 50 MG			
04000040100307	Minocycline HCl Tab 75 MG			
04000040100310	Minocycline HCl Tab 100 MG			
04000040107520	Minocycline HCl Tab SR 24HR 45 MG			
04000040107522	Minocycline HCl Tab SR 24HR 55 MG			
04000040107525	Minocycline HCl Tab SR 24HR 65 MG			
04000040107528	Minocycline HCl Tab SR 24HR 80 MG			
04000040107530	Minocycline HCl Tab SR 24HR 90 MG			
04000040107533	Minocycline HCl Tab SR 24HR 105 MG			
04000040107535	Minocycline HCl Tab SR 24HR 115 MG			
04000040107540	Minocycline HCl Tab SR 24HR 135 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)			
05000020057520	Ciprofloxacin-Ciprofloxacin HCl Tab SR 24HR 500 MG (Base Eq)			
05000020057540	Ciprofloxacin-Ciprofloxacin HCl Tab SR 24HR 1000 MG(Base Eq)			
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)			
05000020112028	Ciprofloxacin 400 MG/200ML in D5W			
05000034000320	Levofloxacin Tab 250 MG			
05000034000330	Levofloxacin Tab 500 MG			
05000034000340	Levofloxacin Tab 750 MG			
05000034002020	Levofloxacin IV Soln 25 MG/ML			
05000034002050	Levofloxacin Oral Soln 25 MG/ML			

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05000034112028	Levofloxacin in D5W IV Soln 500 MG/100ML			
05000034112032	Levofloxacin in D5W IV Soln 750 MG/150ML			
05000037100320	Moxifloxacin HCl Tab 400 MG (Base Equiv)			
05000037122020	Moxifloxacin HCl 400 MG/250ML in Sodium Chloride 0.8% Inj			
05000050000340	Ofloxacin Tab 400 MG			
07000010102011	Amikacin Sulfate Inj 500 MG/2ML (250 MG/ML)			
07000010102013	Amikacin Sulfate Inj 1 GM/4ML (250 MG/ML)			
07000020102045	Gentamicin Sulfate Inj 40 MG/ML			
07000020112008	Gentamicin in Saline Inj 0.8 MG/ML			
07000020112015	Gentamicin in Saline Inj 1 MG/ML			
07000020112025	Gentamicin in Saline Inj 1.2 MG/ML			
07000020112045	Gentamicin in Saline Inj 1.6 MG/ML			
07000040100305	Neomycin Sulfate Tab 500 MG			
07000055100110	Paromomycin Sulfate Cap 250 MG			
07000070000120	Tobramycin Inhal Cap 28 MG			
07000070002520	Tobramycin Nebu Soln 300 MG/5ML			
07000070002530	Tobramycin Nebu Soln 300 MG/4ML			
07000070102034	Tobramycin Sulfate Inj 80 MG/2ML (40 MG/ML) (Base Equiv)			
07000070102038	Tobramycin Sulfate Inj 1.2 GM/30ML (40 MG/ML) (Base Equiv)			
07000070102039	Tobramycin Sulfate Inj 2 GM/50ML (40 MG/ML) (Base Equiv)			
07000070102105	Tobramycin Sulfate For Inj 1.2 GM			
08000020000305	Sulfadiazine Tab 500 MG			
09000040100305	Ethambutol HCl Tab 100 MG			
09000040100310	Ethambutol HCl Tab 400 MG			
09000060000310	Isoniazid Tab 300 MG			
09000060001210	Isoniazid Syrup 50 MG/5ML			
09000070000310	Pyrazinamide Tab 500 MG			

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09000075000120	Rifabutin Cap 150 MG			
09000080000105	Rifampin Cap 150 MG			
09000080000110	Rifampin Cap 300 MG			
09000085000320	Rifapentine Tab 150 MG			
09990002100110	Isoniazid & Rifampin Cap 150-300 MG			
11000010002105	Amphotericin B For Inj 50 MG			
11000010401920	Amphotericin B Liposome IV For Susp 50 MG			
11000020000105	Flucytosine Cap 250 MG			
11000030100315	Griseofulvin Microsize Tab 500 MG			
11000030101805	Griseofulvin Microsize Susp 125 MG/5ML			
11000030200305	Griseofulvin Ultramicrosize Tab 125 MG			
11000030200315	Griseofulvin Ultramicrosize Tab 250 MG			
11000060000305	Nystatin Tab 500000 Unit			
11000060002900	*Nystatin Oral Powder*			
11000080100310	Terbinafine HCl Tab 250 MG			
11000080103020	Terbinafine HCl Oral Granules Packet 125 MG			
11000080103030	Terbinafine HCl Oral Granules Packet 187.5 MG			
11404040000310	Ketoconazole Tab 200 MG			
11404050002900	Miconazole Powder			
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			
11407015012010	Fluconazole in NaCl 0.9% Inj 200 MG/100ML			
11407015012020	Fluconazole in NaCl 0.9% Inj 400 MG/200ML			

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11407030100120	Isavuconazonium Sulfate Cap 186 MG			
11407035000120	Itraconazole Cap 100 MG			
11407035000330	Itraconazole Tab 200 MG			
11407035002020	Itraconazole Oral Soln 10 MG/ML			
11407060000620	Posaconazole Tab Delayed Release 100 MG			
11407060001820	Posaconazole Susp 40 MG/ML			
11407080000320	Voriconazole Tab 50 MG			
11407080000340	Voriconazole Tab 200 MG			
11407080001920	Voriconazole For Susp 40 MG/ML			
11500010002130	Anidulafungin For IV Soln 100 MG			
11500025102120	Caspofungin Acetate For IV Soln 50 MG			
11500050102120	Micafungin Sodium For IV Soln 50 MG			
11500050102130	Micafungin Sodium For IV Soln 100 MG			
12102060000320	Maraviroc Tab 150 MG			
12102060000330	Maraviroc Tab 300 MG			
12102530002120	Enfuvirtide For Inj 90 MG			
12103015100320	Dolutegravir Sodium Tab 50 MG (Base Equiv)			
12103060100320	Raltegravir Potassium Tab 400 MG (Base Equiv)			
12104515200130	Atazanavir Sulfate Cap 150 MG (Base Equiv)			
12104515200140	Atazanavir Sulfate Cap 200 MG (Base Equiv)			
12104515200150	Atazanavir Sulfate Cap 300 MG (Base Equiv)			
12104520100340	Darunavir Ethanolate Tab 600 MG (Base Equiv)			
12104520100350	Darunavir Ethanolate Tab 800 MG (Base Equiv)			
12104525100330	Fosamprenavir Calcium Tab 700 MG (Base Equiv)			
12104525101820	Fosamprenavir Calcium Susp 50 MG/ML (Base Equiv)			
12104530200140	Indinavir Sulfate Cap 400 MG			
12104545200340	Nelfinavir Mesylate Tab 625 MG			

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12104560000120	Ritonavir Cap 100 MG			
12104560000320	Ritonavir Tab 100 MG			
12104580200320	Saquinavir Mesylate Tab 500 MG			
12104585000120	Tipranavir Cap 250 MG			
12105005100320	Abacavir Sulfate Tab 300 MG (Base Equiv)			
12105015006528	Didanosine Delayed Release Capsule 200 MG			
12105015006535	Didanosine Delayed Release Capsule 250 MG			
12105015006550	Didanosine Delayed Release Capsule 400 MG			
12106030000120	Emtricitabine Caps 200 MG			
12106030002010	Emtricitabine Soln 10 MG/ML			
12106060000320	Lamivudine Tab 150 MG			
12106060000330	Lamivudine Tab 300 MG			
12106060002020	Lamivudine Oral Soln 10 MG/ML			
12108070000140	Stavudine Cap 40 MG			
12108085000110	Zidovudine Cap 100 MG			
12108085000330	Zidovudine Tab 300 MG			
12108085001210	Zidovudine Syrup 10 MG/ML			
12108570100310	Tenofovir Disoproxil Fumarate Tab 200 MG			
12108570100320	Tenofovir Disoproxil Fumarate Tab 300 MG			
12109030000140	Efavirenz Cap 200 MG			
12109030000330	Efavirenz Tab 600 MG			
12109035000320	Etravirine Tab 100 MG			
12109035000340	Etravirine Tab 200 MG			
12109050000320	Nevirapine Tab 200 MG			
12109050007520	Nevirapine Tab SR 24HR 400 MG			
12109080100320	Rilpivirine HCl Tab 25 MG (Base Equivalent)			
12109530000320	Cobicistat Tab 150 MG			

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12109902200340	Abacavir Sulfate-Lamivudine Tab 600-300 MG			
12109902220330	Atazanavir Sulfate-Cobicistat Tab 300-150 MG (Base Equiv)			
12109902270320	Darunavir-Cobicistat Tab 800-150 MG			
12109902290320	Emtricitabine-Tenofovir Alafenamide Fumarate Tab 200-25 MG			
12109902300308	Emtricitabine-Tenofovir Disoproxil Fumarate Tab 100-150 MG			
12109902300320	Emtricitabine-Tenofovir Disoproxil Fumarate Tab 200-300 MG			
12109902500320	Lamivudine-Zidovudine Tab 150-300 MG			
12109902550320	Lopinavir-Ritonavir Tab 200-50 MG			
12109902552020	Lopinavir-Ritonavir Soln 400-100 MG/5ML (80-20 MG/ML)			
12109903150320	Abacavir-Dolutegravir-Lamivudine Tab 600-50-300 MG			
12109903200320	Abacavir Sulfate-Lamivudine-Zidovudine Tab 300-150-300 MG			
12109903300320	Efavirenz-Emtricitabine-Tenofovir DF Tab 600-200-300 MG			
12109903390320	Emtricitabine-Rilpivirine-Tenofovir AF Tab 200-25-25 MG			
12109903400320	Emtricitabine-Rilpivirine-Tenofovir DF Tab 200-25-300 MG			
12109904290315	Elvitegrav-Cobic-Emtricitab-Tenofov AF Tab 150-150-200-10 MG			
12109904300320	Elvitegrav-Cobic-Emtricitab-TenofovDF Tab 150-150-200-300 MG			
12200020102030	Foscarnet Sodium Inj 6000 MG/250ML (24 MG/ML)			
12200030102110	Ganciclovir Sodium For Inj 500 MG			
12200066100320	Valganciclovir HCl Tab 450 MG (Base Equivalent)			
12200066102120	Valganciclovir HCl For Soln 50 MG/ML (Base Equiv)			
12352015100320	Adefovir Dipivoxil Tab 10 MG			
12352030000320	Entecavir Tab 0.5 MG			
12352030000330	Entecavir Tab 1 MG			
12352050000315	Lamivudine Tab 100 MG (HBV)			
12352050002010	Lamivudine Oral Soln 5 MG/ML (HBV)			
12352083200320	Tenofovir Alafenamide Fumarate Tab 25 MG			
12353025100330	Daclatasvir Dihydrochloride Tab 60 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)
12353060052020	Peginterferon alfa-2a Inj 180 MCG/ML			
12353060052030	Peginterferon alfa-2a Inj 135 MCG/0.5ML			
12353060052040	Peginterferon alfa-2a Inj 180 MCG/0.5ML			
12353070000120	Ribavirin Cap 200 MG			
12353070000320	Ribavirin Tab 200 MG			
12353070000360	Ribavirin Tab 600 MG			
12353070006320	Ribavirin Tab 400 MG & Ribavirin Tab 600 MG Dose Pack			
12353077100120	Simeprevir Sodium Cap 150 MG (Base Equivalent)			
12353080000320	Sofosbuvir Tab 400 MG			
12359902300320	Elbasvir-Grazoprevir Tab 50-100 MG			
12359902400320	Ledipasvir-Sofosbuvir Tab 90-400 MG			
12359902650330	Sofosbuvir-Velpatasvir Tab 400-100 MG			
1235990460B720	Ombitas-Paritapre-Riton & Dasab Tab Pak 12.5-75-50 & 250 MG			
12405010000110	Acyclovir Cap 200 MG			
12405010000320	Acyclovir Tab 400 MG			
12405010000330	Acyclovir Tab 800 MG			
12405010000365	Acyclovir Buccal Tab 50 MG			
12405010001810	Acyclovir Susp 200 MG/5ML			
12405010102030	Acyclovir Sodium IV Soln 50 MG/ML			
12405085100310	Valacyclovir HCl Tab 500 MG			
12405085100320	Valacyclovir HCl Tab 1 GM			
12408040000305	Famciclovir Tab 125 MG			
12408040000310	Famciclovir Tab 250 MG			
12408040000320	Famciclovir Tab 500 MG			
12500070100320	Rimantadine Hydrochloride Tab 100 MG			
12504060200110	Oseltamivir Phosphate Cap 30 MG (Base Equiv)			
12504060200115	Oseltamivir Phosphate Cap 45 MG (Base Equiv)			

**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)
12504060200120	Oseltamivir Phosphate Cap 75 MG (Base Equiv)			
12504060201910	Oseltamivir Phosphate For Susp 6 MG/ML (Base Equiv)			
12504080008020	Zanamivir Aero Powder Breath Activated 5 MG/BLISTER			
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 (15 MG Base)			
13000040000310	Pyrimethamine Tab 25 MG			
13000060100119	Quinine Sulfate Cap 324 MG			
13990002030320	Artemether-Lumefantrine Tab 20-120 MG			
13990002050310	Atovaquone-Proguanil HCl Tab 62.5-25 MG			
13990002050320	Atovaquone-Proguanil HCl Tab 250-100 MG			
14000030002900	Iodoquinol Powder			
15000002000320	Albendazole Tab 200 MG			
15000007000310	Ivermectin Tab 3 MG			
15000010000505	Mebendazole Chew Tab 100 MG			
15000050000305	Praziquantel Tab 600 MG			
16000005002120	Aztreonam For Inj 1 GM			
16000005002130	Aztreonam For Inj 2 GM			
16000005402120	Aztreonam Lysine For Inhal Soln 75 MG (Base Equivalent)			
16000015002105	Colistimethate Sodium For Inj 150 MG			
16000021102130	Dalbavancin HCl For IV Soln 500 MG (Base Equivalent)			
16000035000107	Metronidazole Cap 375 MG			
16000035000305	Metronidazole Tab 250 MG			
16000035000310	Metronidazole Tab 500 MG			
16000035051920	*Metronidazole Benzoate For Susp 50 MG/ML (Cmpd Kit)*			

**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)
16000035051930	*Metronidazole Benzoate For Susp 100 MG/ML (Cmpd Kit)*			
16000035112019	Metronidazole in NaCl 0.74% IV Soln 500 MG/100ML			
16000035112020	Metronidazole in NaCl 0.79% IV Soln 500 MG/100ML			
16000045002170	Pentamidine Isethionate For Nebulization Soln 300 MG			
16000049000320	Rifaximin Tab 200 MG			
16000049000340	Rifaximin Tab 550 MG			
16000053000310	Tinidazole Tab 250 MG			
16000053000320	Tinidazole Tab 500 MG			
16000055000305	Trimethoprim Tab 100 MG			
16000055102020	Trimethoprim HCl Oral Soln 50 MG/5ML (Base Equiv)			
16000060100110	Vancomycin HCl Cap 125 MG			
16000060100120	Vancomycin HCl Cap 250 MG			
16000060102010	*Vancomycin HCl Oral Soln 25 MG/ML (Compound Kit)*			
16000060102020	*Vancomycin HCl Oral Soln 50 MG/ML (Compound Kit)*			
16000060102105	Vancomycin HCl For Inj 500 MG			
16000060102107	Vancomycin HCl For Inj 750 MG			
16000060102108	Vancomycin HCl For Inj 1000 MG			
16000060102109	Vancomycin HCl For Inj 5000 MG			
16000060102120	Vancomycin HCl For Inj 10 GM			
16000060112020	Vancomycin HCl in Dextrose Inj 500 MG/100ML			
16000060112030	Vancomycin HCl in Dextrose Inj 750 MG/150ML			
16000060112040	Vancomycin HCl in Dextrose Inj 1 GM/200ML			
16000060152020	Vancomycin HCl in Sodium Chloride 0.9% IV Soln 500 MG/100ML			
16000060152030	Vancomycin HCl in Sodium Chloride 0.9% IV Soln 750 MG/150ML			
16000060152040	Vancomycin HCl in Sodium Chloride 0.9% IV Soln 1 GM/200ML			
16100010102105	Polymyxin B Sulfate For Inj 500000 Unit			
16150020002120	Doripenem For IV Infusion 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)
16150030102130	Ertapenem Sodium For Inj 1 GM (Base Equivalent)			
16150030102135	Ertapenem Sodium For IV Inj 1 GM (Base Equivalent)			
16150050002120	Meropenem IV For Soln 500 MG			
16150050002140	Meropenem IV For Soln 1 GM			
16150050052120	Meropenem & Sodium Chloride 0.9% For IV Soln 500 MG/50ML			
16150050052130	Meropenem & Sodium Chloride 0.9% For IV Soln 1 GM/50ML			
16159902402110	Imipenem-Cilastatin Intravenous For Soln 250 MG			
16159902402120	Imipenem-Cilastatin Intravenous For Soln 500 MG			
16200010202160	Chloramphenicol Sodium Succinate For IV Inj 1 GM			
16220020100105	Clindamycin HCl Cap 75 MG			
16220020100110	Clindamycin HCl Cap 150 MG			
16220020100120	Clindamycin HCl Cap 300 MG			
16220020222120	Clindamycin Palmitate HCl For Soln 75 MG/5ML (Base Equiv)			
16220020302031	Clindamycin Phosphate Inj 300 MG/2ML			
16220020302033	Clindamycin Phosphate Inj 900 MG/6ML			
16220020302034	Clindamycin Phosphate Inj 9 GM/60ML			
16220020312030	Clindamycin Phosphate in D5W IV Soln 600 MG/50ML			
16230040000330	Linezolid Tab 600 MG			
16230040001920	Linezolid For Susp 100 MG/5ML			
16230040002040	Linezolid IV Soln 600 MG/300ML (2 MG/ML)			
16230070200320	Tedizolid Phosphate Tab 200 MG			
16270030002140	Daptomycin For IV Soln 500 MG			
16290070002120	Tigecycline For IV Soln 50 MG			
16300010000310	Dapsone Tab 25 MG			
16300010000320	Dapsone Tab 100 MG			
16400020001820	Atovaquone Susp 750 MG/5ML			
16400060000330	Nitazoxanide 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)
16400060001920	Nitazoxanide For Susp 100 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			
17100008001830	Hepatitis A Vaccine Inj Susp 720 EL Unit/0.5ML			
17100008001840	Hepatitis A Vaccine Inj Susp 1440 EL Unit/ML			
17100008001870	Hepatitis A Vaccine Inj Susp 50 Unit/ML			
17100010201820	Hepatitis B Vaccine (Recombinant) Susp 10 MCG/ML			
17100010201830	Hepatitis B Vaccine (Recombinant) Susp 20 MCG/ML			
17100020201800	Influenza Virus Vaccine Split IM Susp			
1710002021E620	Influenza Virus Vaccine Split PF Susp Pref Syringe 0.5 ML			
1710002023E620	Influenza Virus Vac Split High-Dose PF Susp Pref Syr 0.5ML			
17100020251800	Influenza Virus Vaccine Split Quadrivalent IM Inj			
17100020251820	Influenza Virus Vaccine Split Quadrivalent Inj 0.5 ML			
1710002025D310	Influenza Virus Vac Split Quad Intradermal Pen 9 MCG/Strain			
1710002025E620	Influenza Virus Vac Split Quadrivalent Susp Pref Syr 0.5ML			
17100020401800	Influenza Virus Vaccine Types A & B Surface Antigen IM Susp			
1710002040E605	Influenza Vac Type A&B Surface Antigen Susp Pref Syr 0.5 ML			
1710002044E620	Influenza Virus Vac Types A & B PF Susp Prefilled Syr 0.5 ML			
1710002046E620	Influenza Vac Type A&B Surface Ant Adj Susp Pref Syr 0.5 ML			
17100020541800	Influenza Virus Vaccine Live Quadrivalent Intranasal Susp			
1710002080E620	Influenza Virus Vac Tiss-Cult Subunit Susp Pref Syr 0.5 ML			
1710002082E620	Influenza Vac Tiss-Cult Subunit Quad Susp Pref Syr 0.5 ML			
17100020852000	Influenza Virus Vac Recombinant Hemagglutinin (HA) Inj			
17100025101800	Japanese Encephalitis Vaccine Inactivated Adsorbed Inj			
17100050002250	Poliovirus Vaccine, IPV Injection			

**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)
17100065101820	Human Papillomavirus (HPV) Quadrivalent Recombinant Vac Inj			
17100065501800	Human Papillomavirus (HPV) 9-Valent Recomb Vac IM Susp			
17100070002200	Rabies Virus Vaccine, HDC Inj			
17100090002200	Yellow Fever Vaccine Subcutaneous Inj			
17100095102120	Zoster Vaccine Live For Inj 19400 Unit/0.65ML			
17109902051820	Hepatitis A (Inact)-Hep B (Recomb) Vac Inj 720-20 ELU-MCG/ML			
17109903102200	Measles, Mumps & Rubella Virus Vaccines For Inj			
17200030102100	Haemophilus B Polysaccharide Conjugate Vaccine For Inj			
1720004012E610	Meningococcal Group B Vac (Recomb) IM Susp Prefilled Syr			
1720004015E620	Meningococcal Vac B (Recomb OMV Adjuv) Inj Prefilled Syringe			
17200040402200	Meningococcal Vaccine A, C, Y, and W-135 Inj			
17200040442200	Meningococcal (A, C, Y, and W-135) Conjugate Vaccine Inj			
17200040482100	Meningococcal (A, C, Y, and W-135) Oligo Conj Vac For Inj			
17200065002205	Pneumococcal Vaccine Polyvalent Inj 25 MCG/0.5ML			
17200065301800	Pneumococcal 13-Valent Conjugate Vaccine Inj			
17200080006500	Typhoid Vaccine Cap Delayed Release			
17200080102020	Typhoid VI Polysaccharide Intramuscular Vac Inj 25 MCG/0.5ML			
18990002201805	Tetanus-Diphtheria Toxoids (Td) Inj 2-2 LF/0.5ML			
18990002202210	Tetanus-Diphtheria Toxoids (Td) Inj 5-2 LFU			
18990003201825	Diph, Acellular Pert & Tet Tox Inj 15 LF-10 MCG-5 LF/0.5ML			
18990003221815	Tet Tox-Diph-Acell Pertuss Ad Inj 5-2-15.5 LF-LF-MCG/0.5ML			
18990003221820	Tet Tox-Diph-Acell Pertuss Ad Inj 5-2.5-18.5 LF-LF-MCG/0.5ML			
19100005002200	Cytomegalovirus Immune Globulin (Human) IV Inj			
19100010002000	Hepatitis B Immune Globulin (Human) IM Inj Soln			
19100020102038	Immune Globulin (Human) IV Soln 5 GM/100ML			
19100020102042	Immune Globulin (Human) IV Soln 10 GM/200ML			
19100020102044	Immune Globulin (Human) IV Soln 20 GM/400ML			

**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)
19100020102063	Immune Globulin (Human) IV Soln 2 GM/20ML			
19100020102068	Immune Globulin (Human) IV Soln 5 GM/50ML			
19100020102072	Immune Globulin (Human) IV Soln 10 GM/100ML			
19100020102076	Immune Globulin (Human) IV Soln 20 GM/200ML			
19100020102120	Immune Globulin (Human) IV For Soln 5 GM			
19100020102125	Immune Globulin (Human) IV For Soln 6 GM			
19100020102130	Immune Globulin (Human) IV For Soln 10 GM			
19100020202050	Immune Globulin (Human) Subcutaneous Inj 1 GM/5ML			
19100020202054	Immune Globulin (Human) Subcutaneous Inj 2 GM/10ML			
19100020202058	Immune Globulin (Human) Subcutaneous Inj 4 GM/20ML			
19100020202065	Immune Globulin (Human) Subcutaneous Inj 10 GM/50ML			
19100020302060	Immune Globulin (Human) IV or Subcutaneous Soln 1 GM/10ML			
19100020302064	Immune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25ML			
19100020302068	Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML			
19100020302072	Immune Globulin (Human) IV or Subcutaneous Soln 10 GM/100ML			
19100020302076	Immune Globulin (Human) IV or Subcutaneous Soln 20 GM/200ML			
19100020302080	Immune Globulin (Human) IV or Subcutaneous Soln 30 GM/300ML			
19100020302084	Immune Globulin (Human) IV or Subcutaneous Soln 40 GM/400ML			
19100045002205	Rabies Immune Globulin (Human) Inj 150 Unit/ML			
19100050002050	Rho D Immune Globulin (Human) Inj 2500 Unit/2.2ML			
1910005000E540	Rho D Immune Globulin IM Soln Pref Syr 1500 Unit (300MCG)			
1910005000E550	Rho D Immune Globulin Sol Pref Syr 1500 Unt/2ML (300MCG/2ML)			
19502060002015	Palivizumab IM Soln 50 MG/0.5ML			
19502060002020	Palivizumab IM Soln 100 MG/ML			
19990002356420	Immun Glob Inj 2.5 GM/25ML-Hyaluron Inj 200 Unt/1.25 ML Kit			
19990002356425	Immun Glob Inj 5 GM/50ML-Hyaluron Inj 400 Unt/2.5 ML Kit			
19990002356430	Immun Glob Inj 10 GM/100ML-Hyaluron Inj 800 Unt/5 ML Kit			

**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)
19990002356440	Immun Glob Inj 20 GM/200ML-Hyaluron Inj 1600 Unt/10 ML Kit			
19990002356450	Immun Glob Inj 30 GM/300ML-Hyaluron Inj 2400 Unt/15 ML Kit			
20100048000740	Timothy Grass Pollen Allergen Ext Tab SL 2800 BAU			
20100060200720	Short Ragweed Pollen Allergen Extract Tab SL 12 Amb a 1-U			
21100009102005	Bendamustine HCl IV Soln 100 MG/4ML (25 MG/ML)			
21100009102030	Bendamustine HCl IV Soln 180 MG/2ML (90 MG/ML)			
21100009102120	Bendamustine HCl For IV Soln 100 MG			
21100015002030	Carboplatin IV Soln 50 MG/5ML			
21100015002035	Carboplatin IV Soln 150 MG/15ML			
21100015002040	Carboplatin IV Soln 450 MG/45ML			
21100015002045	Carboplatin IV Soln 600 MG/60ML			
21100020002020	Cisplatin Inj 50 MG/50ML (1 MG/ML)			
21100020002025	Cisplatin Inj 100 MG/100ML (1 MG/ML)			
21100028002025	Oxaliplatin IV Soln 50 MG/10ML			
21100028002030	Oxaliplatin IV Soln 100 MG/20ML			
21100028002120	Oxaliplatin For IV Inj 50 MG			
21100028002130	Oxaliplatin For IV Inj 100 MG			
21101010000305	Chlorambucil Tab 2 MG			
21101020000105	Cyclophosphamide Cap 25 MG			
21101020000110	Cyclophosphamide Cap 50 MG			
21101020002120	Cyclophosphamide For Inj 500 MG			
21101020002125	Cyclophosphamide For Inj 1 GM			
21101030102105	Mechlorethamine HCl For Inj 10 MG			
21101040000305	Melphalan Tab 2 MG			
21102020000110	Lomustine Cap 10 MG			
21102020000115	Lomustine Cap 40 MG			
21102020000120	Lomustine 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)
21104070000110	Temozolomide Cap 5 MG			
21104070000120	Temozolomide Cap 20 MG			
21104070000140	Temozolomide Cap 100 MG			
21104070000143	Temozolomide Cap 140 MG			
21104070000147	Temozolomide Cap 180 MG			
21104070000150	Temozolomide Cap 250 MG			
21107075002140	Trabectedin For Inj 1 MG			
21200010102105	Bleomycin Sulfate For Inj 15 Unit			
21200020002105	Dactinomycin For Inj 0.5 MG			
21200030102210	Daunorubicin HCl Inj 5 MG/ML (Base Equiv)			
21200040102010	Doxorubicin HCl Inj 2 MG/ML			
21200040402210	Doxorubicin HCl Liposomal Inj (For IV Infusion) 2 MG/ML			
21200050002105	Mitomycin For IV Soln 5 MG			
21200050002110	Mitomycin For IV Soln 20 MG			
21200050002120	Mitomycin For IV Soln 40 MG			
21250010402125	Asparaginase Erwinia Chrysanthemi For Inj 10000 Unit			
21250060002020	Pegaspargase Inj 750 Unit/ML			
21300003001920	Azacitidine For Inj 100 MG			
21300005000320	Capecitabine Tab 150 MG			
21300005000350	Capecitabine Tab 500 MG			
21300007002015	Cladribine IV Soln 10 MG/10ML (1 MG/ML)			
21300010002011	Cytarabine Inj PF 20 MG/ML			
21300010002040	Cytarabine Inj PF 100 MG/ML			
21300025102120	Fludarabine Phosphate For Inj 50 MG			
21300030002020	Fluorouracil Inj 500 MG/10ML (50 MG/ML)			
21300030002025	Fluorouracil Inj 1 GM/20ML (50 MG/ML)			
21300030002030	Fluorouracil Inj 2.5 GM/50ML (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)
21300030002035	Fluorouracil Inj 5 GM/100ML (50 MG/ML)			
21300034102060	Gemcitabine HCl Inj 2 GM/52.6ML (38 MG/ML) (Base Equiv)			
21300034102110	Gemcitabine HCl For Inj 200 MG			
21300034102140	Gemcitabine HCl For Inj 1 GM			
21300034102160	Gemcitabine HCl For Inj 2 GM			
21300040000305	Mercaptopurine Tab 50 MG			
21300040001830	Mercaptopurine Susp 2000 MG/100ML (20 MG/ML)			
21300050100310	Methotrexate Sodium Tab 2.5 MG (Base Equiv)			
21300050100320	Methotrexate Sodium Tab 5 MG (Base Equiv)			
21300050100330	Methotrexate Sodium Tab 7.5 MG (Base Equiv)			
21300050100340	Methotrexate Sodium Tab 10 MG (Base Equiv)			
21300050100350	Methotrexate Sodium Tab 15 MG (Base Equiv)			
21300050102062	Methotrexate Sodium Inj 50 MG/2ML (25 MG/ML)			
21300050102063	Methotrexate Sodium Inj PF 50 MG/2ML (25 MG/ML)			
21300050102067	Methotrexate Sodium Inj PF 200 MG/8ML (25 MG/ML)			
21300050102068	Methotrexate Sodium Inj 250 MG/10ML (25 MG/ML)			
21300050102069	Methotrexate Sodium Inj PF 250 MG/10ML (25 MG/ML)			
21300050102075	Methotrexate Sodium Inj PF 1000 MG/40ML (25 MG/ML)			
21300050102150	Methotrexate Sodium For Inj 1 GM			
21300053102110	Pemetrexed Disodium For IV Soln 100 MG (Base Equiv)			
21300053102120	Pemetrexed Disodium For IV Soln 500 MG (Base Equiv)			
21300060000305	Thioguanine Tab 40 MG			
21335020002025	Bevacizumab IV Soln 100 MG/4ML (For Infusion)			
21335020002030	Bevacizumab IV Soln 400 MG/16ML (For Infusion)			
21335070002040	Ramucirumab IV Soln 500 MG/50ML (For Infusion)			
21353025002025	Cetuximab IV Soln 200 MG/100ML (2 MG/ML)			
21353027002030	Daratumumab IV Soln 400 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)
21353030002120	Elotuzumab For IV Soln 300 MG			
21353041002020	Nivolumab IV Soln 40 MG/4ML			
21353041002030	Nivolumab IV Soln 100 MG/10ML			
21353043002025	Obinutuzumab Soln for IV Infusion 1000 MG/40ML (25 MG/ML)			
21353047002020	Olaratumab Soln for IV Infusion 500 MG/50ML (10 MG/ML)			
21353053002030	Pembrolizumab IV Soln 100 MG/4ML (25 MG/ML)			
21353054002020	Pertuzumab Soln for IV Infusion 420 MG/14ML (30 MG/ML)			
21353060002020	Rituximab IV Soln 100 MG/10ML			
21353060002040	Rituximab IV Soln 500 MG/50ML			
21353070002120	Trastuzumab For IV Soln 440 MG			
21355020202120	Brentuximab Vedotin For IV Soln 50 MG			
21370060200120	Sonidegib Phosphate Cap 200 MG (Base Equivalent)			
21370070000120	Vismodegib Cap 150 MG			
21402250000320	Mitotane Tab 500 MG			
21402420000320	Bicalutamide Tab 50 MG			
21402430000120	Enzalutamide Cap 40 MG			
21402440000110	Flutamide Cap 125 MG			
21402460000330	Nilutamide Tab 150 MG			
21402680100310	Tamoxifen Citrate Tab 10 MG (Base Equivalent)			
21402680100320	Tamoxifen Citrate Tab 20 MG (Base Equivalent)			
21402680102020	Tamoxifen Citrate Oral Soln 10 MG/5ML (Base Equivalent)			
21402685100320	Toremifene Citrate Tab 60 MG (Base Equivalent)			
21402810000310	Anastrozole Tab 1 MG			
21402835000320	Exemestane Tab 25 MG			
21402860000320	Letrozole Tab 2.5 MG			
21403020100105	Estramustine Phosphate Sodium Cap 140 MG			
21403530002024	Fulvestrant Inj 250 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)
21404007202020	Hydroxyprogesterone Caproate IM in Oil 1.25 GM/5ML			
21404010101840	Medroxyprogesterone Acetate IM Susp 400 MG/ML			
21404020100305	Megestrol Acetate Tab 20 MG			
21404020100310	Megestrol Acetate Tab 40 MG			
21404020101810	Megestrol Acetate Susp 40 MG/ML			
21405005102310	Goserelin Acetate Implant 3.6 MG			
21405005102330	Goserelin Acetate Implant 10.8 MG			
21405007106450	Histrelin Acetate Implant Kit 50 MG			
21405010106405	Leuprolide Acetate For Inj Kit 3.75 MG			
21405010106407	Leuprolide Acetate Inj Kit 5 MG/ML			
21405010106410	Leuprolide Acetate For Inj Kit 7.5 MG			
21405010156420	Leuprolide Acetate (3 Month) For Inj Kit 11.25 MG			
21405010156430	Leuprolide Acetate (3 Month) For Inj Kit 22.5 MG			
21405010156432	Leuprolide Acetate (3 Month) For Subcutaneous Inj Kit 22.5MG			
21405010206430	Leuprolide Acetate (4 Month) For Inj Kit 30 MG			
21405010256445	Leuprolide Acetate (6 Month) For Subcutaneous Inj Kit 45 MG			
21405010256450	Leuprolide Acetate (6 Month) For Inj Kit 45 MG			
21405050201920	Triptorelin Pamoate For IM Susp 3.75 MG			
21405050201930	Triptorelin Pamoate For IM Susp 11.25 MG			
21405050201940	Triptorelin Pamoate For IM Susp 22.5 MG			
21405525102120	Degarelix Acetate For Inj 80 MG (Base Equiv)			
21405525102130	Degarelix Acetate For Inj 120 MG (Base Equiv)			
21406010200320	Abiraterone Acetate Tab 250 MG			
21450080000110	Pomalidomide Cap 1 MG			
21450080000115	Pomalidomide Cap 2 MG			
21450080000120	Pomalidomide Cap 3 MG			
21450080000125	Pomalidomide Cap 4 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)
21470080000320	Venetoclax Tab 10 MG			
21470080000340	Venetoclax Tab 50 MG			
21470080000360	Venetoclax Tab 100 MG			
2147008000B720	Venetoclax Tab Therapy Starter Pack 10 & 50 & 100 MG			
21500005001310	Docetaxel For Inj Conc 20 MG/ML			
21500005001315	Docetaxel For Inj Conc 80 MG/4ML (20 MG/ML)			
21500005001317	Docetaxel For Inj Conc 160 MG/8ML (20 MG/ML)			
21500009202020	Eribulin Mesylate Inj 1 MG/2ML (0.5 MG/ML)			
21500010000120	Etoposide Cap 50 MG			
21500010002025	Etoposide Inj 100 MG/5ML (20 MG/ML)			
21500010002030	Etoposide Inj 500 MG/25ML (20 MG/ML)			
21500012001335	Paclitaxel IV Conc 100 MG/16.7ML (6 MG/ML)			
21500012001340	Paclitaxel IV Conc 150 MG/25ML (6 MG/ML)			
21500012001350	Paclitaxel IV Conc 300 MG/50ML (6 MG/ML)			
21500012201920	Paclitaxel Protein-Bound Particles For IV Susp 100 MG			
21500020102005	Vincristine Sulfate IV Soln 1 MG/ML			
21500030102020	Vinblastine Sulfate Inj 1 MG/ML			
21500050802020	Vinorelbine Tartrate Inj 10 MG/ML (Base Equiv)			
21500050802025	Vinorelbine Tartrate Inj 50 MG/5ML (10 MG/ML) (Base Equiv)			
21531060000120	Palbociclib Cap 75 MG			
21531060000130	Palbociclib Cap 100 MG			
21531060000140	Palbociclib Cap 125 MG			
21531520002120	Belinostat For IV Inj 500 MG			
21531550100120	Panobinostat Lactate Cap 10 MG (Base Equivalent)			
21531550100130	Panobinostat Lactate Cap 15 MG (Base Equivalent)			
21531550100140	Panobinostat Lactate Cap 20 MG (Base Equivalent)			
21531575000120	Vorinostat 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)
21532025100120	Dabrafenib Mesylate Cap 50 MG (Base Equivalent)			
21532025100130	Dabrafenib Mesylate Cap 75 MG (Base Equivalent)			
21532080000320	Vemurafenib Tab 240 MG			
21532530000310	Everolimus Tab 2.5 MG			
21532530000320	Everolimus Tab 5 MG			
21532530000325	Everolimus Tab 7.5 MG			
21532530000330	Everolimus Tab 10 MG			
21532530007340	Everolimus Tab for Oral Susp 5 MG			
21532570002020	Temsirolimus Soln For IV Infusion 25 MG/ML			
21533050000320	Regorafenib Tab 40 MG			
21533060400320	Sorafenib Tosylate Tab 200 MG (Base Equivalent)			
21533070300120	Sunitinib Malate Cap 12.5 MG (Base Equivalent)			
21533070300130	Sunitinib Malate Cap 25 MG (Base Equivalent)			
21533070300135	Sunitinib Malate Cap 37.5 MG (Base Equivalent)			
21533070300140	Sunitinib Malate Cap 50 MG (Base Equivalent)			
21533530200320	Cobimetinib Fumarate Tab 20 MG (Base Equivalent)			
21533570100310	Trametinib Dimethyl Sulfoxide Tab 0.5 MG (Base Equivalent)			
21533570100330	Trametinib Dimethyl Sulfoxide Tab 2 MG (Base Equivalent)			
21534006100320	Afatinib Dimaleate Tab 20 MG (Base Equivalent)			
21534006100330	Afatinib Dimaleate Tab 30 MG (Base Equivalent)			
21534006100340	Afatinib Dimaleate Tab 40 MG (Base Equivalent)			
21534007100120	Alectinib HCl Cap 150 MG (Base Equivalent)			
21534008000320	Axitinib Tab 1 MG			
21534008000340	Axitinib Tab 5 MG			
21534012000320	Bosutinib Tab 100 MG			
21534012000340	Bosutinib Tab 500 MG			
21534013100320	Cabozantinib S-Malate Tab 20 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)
21534013100330	Cabozantinib S-Malate Tab 40 MG (Base Equivalent)			
21534013100340	Cabozantinib S-Malate Tab 60 MG (Base Equivalent)			
21534013106460	Cabozantinib S-Malate Cap 3 X 20 MG (60 MG Dose) Kit			
21534014000130	Ceritinib Cap 150 MG			
21534015000120	Crizotinib Cap 200 MG			
21534015000125	Crizotinib Cap 250 MG			
21534020000320	Dasatinib Tab 20 MG			
21534020000340	Dasatinib Tab 50 MG			
21534020000350	Dasatinib Tab 70 MG			
21534020000354	Dasatinib Tab 80 MG			
21534020000360	Dasatinib Tab 100 MG			
21534020000380	Dasatinib Tab 140 MG			
21534025100320	Erlotinib HCl Tab 25 MG (Base Equivalent)			
21534025100330	Erlotinib HCl Tab 100 MG (Base Equivalent)			
21534025100360	Erlotinib HCl Tab 150 MG (Base Equivalent)			
21534030000320	Gefitinib Tab 250 MG			
21534033000120	Ibrutinib Cap 140 MG			
21534035100320	Imatinib Mesylate Tab 100 MG (Base Equivalent)			
21534035100340	Imatinib Mesylate Tab 400 MG (Base Equivalent)			
21534050100320	Lapatinib Ditosylate Tab 250 MG (Base Equiv)			
2153405420B220	Lenvatinib Cap Therapy Pack 10 MG (10 MG Daily Dose)			
2153405420B230	Lenvatinib Cap Therapy Pack 10 (2) MG (20 MG Daily Dose)			
2153405420B240	Lenvatinib Cap Therapy Pack 10 & 4 MG (14 MG Daily Dose)			
2153405420B250	Lenvatinib Cap Therapy Pack 10 (2) & 4 MG (24 MG Daily Dose)			
21534060200115	Nilotinib HCl Cap 150 MG (Base Equivalent)			
21534060200125	Nilotinib HCl Cap 200 MG (Base Equivalent)			
21534065200320	Osimertinib Mesylate Tab 40 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)
21534065200330	Osimertinib Mesylate Tab 80 MG (Base Equivalent)			
21534070100320	Pazopanib HCl Tab 200 MG (Base Equiv)			
21534075100320	Ponatinib HCl Tab 15 MG (Base Equiv)			
21534075100340	Ponatinib HCl Tab 45 MG (Base Equiv)			
21534085000320	Vandetanib Tab 100 MG			
21535560000120	Olaparib Cap 50 MG			
21536015002120	Bortezomib For Inj 3.5 MG			
21536025002110	Carfilzomib For Inj 30 MG			
21536025002120	Carfilzomib For Inj 60 MG			
21536045100120	Ixazomib Citrate Cap 2.3 MG (Base Equivalent)			
21536045100130	Ixazomib Citrate Cap 3 MG (Base Equivalent)			
21536045100140	Ixazomib Citrate Cap 4 MG (Base Equivalent)			
21537560200310	Ruxolitinib Phosphate Tab 5 MG (Base Equivalent)			
21537560200320	Ruxolitinib Phosphate Tab 10 MG (Base Equivalent)			
21537560200325	Ruxolitinib Phosphate Tab 15 MG (Base Equivalent)			
21537560200330	Ruxolitinib Phosphate Tab 20 MG (Base Equivalent)			
21537560200335	Ruxolitinib Phosphate Tab 25 MG (Base Equivalent)			
21538040000320	Idelalisib Tab 100 MG			
21538040000330	Idelalisib Tab 150 MG			
21550040102025	Irinotecan HCl Inj 40 MG/2ML (20 MG/ML)			
21550040102030	Irinotecan HCl Inj 100 MG/5ML (20 MG/ML)			
21550080100140	Topotecan HCl Cap 1 MG (Base Equiv)			
21700013001930	BCG Live Intravesical For Susp 50 MG			
21700020002105	Dacarbazine For Inj 100 MG			
21700020002110	Dacarbazine For Inj 200 MG			
21700030000105	Hydroxyurea Cap 500 MG			
21700045002120	Pentostatin For Inj 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)
21700050100105	Procarbazine HCl Cap 50 MG			
21700060202022	Interferon Alfa-2B Inj 6000000 Unit/ML			
21700060202030	Interferon Alfa-2B Inj 10000000 Unit/ML			
21700060202130	Interferon Alfa-2B For Inj 10000000 Unit			
21700060202135	Interferon Alfa-2B For Inj 18000000 Unit			
21700060202160	Interferon Alfa-2B For Inj 50000000 Unit			
21700060702020	Interferon Gamma-1B Inj 100 MCG/0.5ML (2000000 Unit/0.5ML)			
21700075206420	Peginterferon alfa-2b For Inj Kit 300 MCG			
21703020002120	Aldesleukin For IV Soln 22000000 Unit			
21708080000110	Tretinoin Cap 10 MG			
21708220000120	Bexarotene Cap 75 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			
21755040102130	Leucovorin Calcium For Inj 100 MG			
21755040102150	Leucovorin Calcium For Inj 200 MG			
21755040102160	Leucovorin Calcium For Inj 350 MG			
21758050000320	Mesna Tab 400 MG			
21758050002010	Mesna Inj 100 MG/ML			
21990002750320	Trifluridine-Tipiracil Tab 15-6.14 MG			
21990002750330	Trifluridine-Tipiracil Tab 20-8.19 MG			
22100012006720	Budesonide Delayed Release Particles Cap 3 MG			
22100012007530	Budesonide Tab SR 24HR 9 MG			
22100015100310	Cortisone Acetate Tab 25 MG			
22100020000315	Dexamethasone Tab 0.5 MG			
22100020000320	Dexamethasone Tab 0.75 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)
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			
22100020001320	Dexamethasone Conc 1 MG/ML			
22100020002005	Dexamethasone Soln 0.5 MG/5ML			
2210002000B720	Dexamethasone Tab Therapy Pack 1.5 MG (21)			
2210002000B725	Dexamethasone Tab Therapy Pack 1.5 MG (35)			
2210002000B730	Dexamethasone Tab Therapy Pack 1.5 MG (51)			
22100020202005	Dexamethasone Sodium Phosphate Inj 4 MG/ML			
22100020202010	Dexamethasone Sodium Phosphate Inj 10 MG/ML			
22100020202011	Dexamethasone Sod Phosphate Preservative Free Inj 10 MG/ML			
22100020202040	Dexamethasone Sodium Phosphate Inj 20 MG/5ML			
22100020202045	Dexamethasone Sodium Phosphate Inj 120 MG/30ML			
22100020202060	Dexamethasone Sodium Phosphate Inj 100 MG/10ML			
22100025000303	Hydrocortisone Tab 5 MG			
22100025000305	Hydrocortisone Tab 10 MG			
22100025000310	Hydrocortisone Tab 20 MG			
22100025402150	Hydrocortisone Sodium Succinate PF For Inj 100 MG			
22100025402155	Hydrocortisone Sodium Succinate PF For Inj 250 MG			
22100025402165	Hydrocortisone Sodium Succinate PF For Inj 1000 MG			
22100030000305	Methylprednisolone Tab 2 MG			
22100030000310	Methylprednisolone Tab 4 MG			
22100030000315	Methylprednisolone Tab 8 MG			
22100030000320	Methylprednisolone Tab 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)
22100030000330	Methylprednisolone Tab 32 MG			
2210003000B705	Methylprednisolone Tab Therapy Pack 4 MG (21)			
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			
22100030202115	Methylprednisolone Sodium Succinate For Inj 500 MG			
22100030202120	Methylprednisolone Sodium Succinate For Inj 1000 MG			
22100040000305	Prednisolone Tab 5 MG			
22100040001205	Prednisolone Syrup 15 MG/5ML (USP Solution Equivalent)			
2210004000B730	Prednisolone Tab Therapy Pack 5 MG (48)			
22100040202020	Prednisolone Sod Phosphate Oral Soln 15 MG/5ML (Base Equiv)			
22100040202025	Prednisolone Sodium Phosphate Oral Soln 25 MG/5ML (Base Eq)			
22100040202040	Prednisolone Sod Phosph Oral Soln 6.7 MG/5ML (5 MG/5ML Base)			
22100040202050	Prednisolone Sod Phosphate Oral Soln 10 MG/5ML (Base Equiv)			
22100040202060	Prednisolone Sod Phosphate Oral Soln 20 MG/5ML (Base Equiv)			
22100040207215	Prednisolone Sod Phos Orally Disintegr Tab 10 MG (Base Eq)			
22100040207220	Prednisolone Sod Phos Orally Disintegr Tab 15 MG (Base Eq)			
22100040207240	Prednisolone Sod Phos Orally Disintegr Tab 30 MG (Base Eq)			
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			
22100045000610	Prednisone Tab Delayed Release 1 MG			
22100045000620	Prednisone Tab Delayed Release 2 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)
22100045000630	Prednisone Tab Delayed Release 5 MG			
22100045001310	Prednisone Conc 5 MG/ML			
22100045002005	Prednisone Oral Soln 5 MG/5ML			
2210004500B705	Prednisone Tab Therapy Pack 5 MG (21)			
2210004500B710	Prednisone Tab Therapy Pack 5 MG (48)			
2210004500B720	Prednisone Tab Therapy Pack 10 MG (21)			
2210004500B725	Prednisone Tab Therapy Pack 10 MG (48)			
22100050101805	Triamcinolone Acetonide Inj Susp 10 MG/ML			
22100050101810	Triamcinolone Acetonide Inj Susp 40 MG/ML			
22109902101810	Betamethasone Sod Phosphate & Acetate Inj Susp 6 (3-3) MG/ML			
22200030100305	Fludrocortisone Acetate Tab 0.1 MG			
23100005000105	Danazol Cap 50 MG			
23100005000110	Danazol Cap 100 MG			
23100005000115	Danazol Cap 200 MG			
23100020000105	Methyltestosterone Cap 10 MG			
23100020000310	Methyltestosterone Oral Tab 10 MG			
23100030002020	Testosterone TD Soln 30 MG/ACT			
23100030004025	Testosterone TD Gel 25 MG/2.5GM (1%)			
23100030004030	Testosterone TD Gel 50 MG/5GM (1%)			
23100030004040	Testosterone TD Gel 12.5 MG/ACT (1%)			
23100030004044	Testosterone TD Gel 20.25 MG/1.25GM (1.62%)			
23100030004047	Testosterone TD Gel 40.5 MG/2.5GM (1.62%)			
23100030004050	Testosterone TD Gel 20.25 MG/ACT (1.62%)			
23100030004070	Testosterone TD Gel 10MG/ACT (2%)			
23100030004080	Testosterone Nasal Gel 5.5 MG/ACT			
23100030006320	Testosterone Buccal Mucoadhesive System 30 MG			
23100030008503	Testosterone TD Patch 24HR 2 MG/24HR			

**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)
23100030008510	Testosterone TD Patch 24HR 4 MG/24HR			
23100030008920	Testosterone Implant Pellets 75 MG			
23100030102010	Testosterone Cypionate IM Inj in Oil 100 MG/ML			
23100030102015	Testosterone Cypionate IM Inj in Oil 200 MG/ML			
23100030202010	Testosterone Enanthate IM Inj in Oil 200 MG/ML			
23100030303720	*Testosterone Propionate TD Cream 2% (Cmpd Kit)**			
23100030304220	*Testosterone Propionate TD Ointment 2% (Cmpd Kit)**			
23100030802030	Testosterone Undecanoate IM Inj in Oil 750 MG/3ML (250MG/ML)			
23200040000305	Oxandrolone Tab 2.5 MG			
23200040000320	Oxandrolone Tab 10 MG			
24000015000310	Estrogens, Conjugated Tab 0.3 MG			
24000015000315	Estrogens, Conjugated Tab 0.45 MG			
24000015000320	Estrogens, Conjugated Tab 0.625 MG			
24000015000325	Estrogens, Conjugated Tab 0.9 MG			
24000015000330	Estrogens, Conjugated Tab 1.25 MG			
24000017000310	Estrogens, Conjugated Synthetic B Tab 0.3 MG			
24000017000315	Estrogens, Conjugated Synthetic B Tab 0.45 MG			
24000017000330	Estrogens, Conjugated Synthetic B Tab 0.9 MG			
24000030000305	Esterified Estrogens Tab 0.3 MG			
24000030000310	Esterified Estrogens Tab 0.625 MG			
24000030000315	Esterified Estrogens Tab 1.25 MG			
24000035000303	Estradiol Tab 0.5 MG			
24000035000305	Estradiol Tab 1 MG			
24000035000310	Estradiol Tab 2 MG			
24000035002020	Estradiol Transdermal Spray 1.53 MG/SPRAY			
24000035004008	Estradiol Gel 0.06% (0.52 MG/0.87 GM Metered-Dose Pump)			
24000035004010	Estradiol Gel 0.06% (0.75 MG/1.25 GM Metered-Dose Pump)			

**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)
24000035004035	Estradiol TD Gel 0.25 MG/0.25GM (0.1%)			
24000035004040	Estradiol TD Gel 0.5 MG/0.5GM (0.1%)			
24000035004045	Estradiol TD Gel 1 MG/GM (0.1%)			
24000035008705	Estradiol TD Patch Twice Weekly 0.025 MG/24HR			
24000035008710	Estradiol TD Patch Twice Weekly 0.0375 MG/24HR			
24000035008720	Estradiol TD Patch Twice Weekly 0.05 MG/24HR			
24000035008730	Estradiol TD Patch Twice Weekly 0.075 MG/24HR			
24000035008750	Estradiol TD Patch Twice Weekly 0.1 MG/24HR			
24000035008805	Estradiol TD Patch Weekly 14 MCG/24HR			
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			
24000035101710	Estradiol Cypionate IM in Oil 5 MG/ML			
24000035201705	Estradiol Valerate IM in Oil 10 MG/ML			
24000035201710	Estradiol Valerate IM in Oil 20 MG/ML			
24000035201715	Estradiol Valerate IM In Oil 40 MG/ML			
24000055000305	Estropipate Tab 0.75 MG			
24000055000310	Estropipate Tab 1.5 MG			
24000055000315	Estropipate Tab 3 MG			
24991002300305	Esterified Estrogens & Methyltestosterone Tab 0.625-1.25 MG			
24991002300310	Esterified Estrogens & Methyltestosterone Tab 1.25-2.5 MG			
24993002040340	Conjugated Estrogen-Medroxyprogesterone Acetate Tab 0.3-1.5 MG			
24993002040345	Conjugated Estrogen-Medroxyprogesterone Acetate Tab 0.45-1.5 MG			
24993002040350	Conjugated Estrogen-Medroxyprogesterone Acetate Tab 0.625-2.5 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)
24993002040360	Conjugated Estrogen-Medroxyprogesterone Acetate Tab 0.625-5 MG			
24993002040370	Conj Est 0.625(14)/Conj Est-Medroxypro Ac Tab 0.625-5MG(14)			
24993002120305	Estradiol & Norethindrone Acetate Tab 0.5-0.1 MG			
24993002120310	Estradiol & Norethindrone Acetate Tab 1-0.5 MG			
24993002128720	Estradiol-Norethindrone Ace TD PTTW 0.05-0.14 MG/DAY			
24993002128730	Estradiol-Norethindrone Ace TD PTTW 0.05-0.25 MG/DAY			
24993002250305	Norethindrone Acetate-Ethinyl Estradiol Tab 0.5 MG-2.5 MCG			
24993002250310	Norethindrone Acetate-Ethinyl Estradiol Tab 1 MG-5 MCG			
24993002400310	Drospirenone-Estradiol Tab 0.25-0.5 MG			
24993002400320	Drospirenone-Estradiol Tab 0.5-1 MG			
24993002588820	Estradiol-Levonorgestrel TD Patch Weekly 0.045-0.015 MG/DAY			
24993002650320	Estradiol Tab 1 MG(15)/Estrad-Norgestimate Tab 1-0.09MG(15)			
24995002100330	Conjugated Estrogens-Bazedoxifene Tab 0.45-20 MG			
25050010005320	*Copper IUD**			
25100010000305	Norethindrone Tab 0.35 MG			
25150035101820	Medroxyprogesterone Acetate IM Susp 150 MG/ML			
2515003510E620	Medroxyprogesterone Acetate IM Susp Prefilled Syr 150 MG/ML			
2515003510E625	Medroxyprogesterone Acetate Susp Pref Syr 104 MG/0.65ML			
25200050005310	Levonorgestrel Releasing IUD 14 MCG/DAY (13.5 MG Total)			
25200050005313	Levonorgestrel Releasing IUD 17.5 MCG/DAY (19.5 MG Total)			
25200050005318	Levonorgestrel Releasing IUD 18.6 MCG/DAY (52 MG Total)			
25200050005320	Levonorgestrel Releasing IUD 20 MCG/DAY (52 MG Total)			
25300005002320	Etonogestrel Subdermal Implant 68 MG			
25400040000320	Levonorgestrel Tab 0.75 MG			
25400040000340	Levonorgestrel Tab 1.5 MG			
25400070100320	Ulipristal Acetate Tab 30 MG			
25960002508820	Norelgestromin-Ethinyl Estradiol TD PTWK 150-35 MCG/24HR			

**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)
25970002309020	Etonogestrel-Ethinyl Estradiol VA Ring 0.120-0.015 MG/24HR			
25990002100320	Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG			
25990002150316	Drospirenone-Ethinyl Estradiol Tab 3-0.02 MG			
25990002150320	Drospirenone-Ethinyl Estradiol Tab 3-0.03 MG			
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 0.1 MG-20 MCG			
25990002400310	Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG			
25990002500305	Norethindrone & Ethinyl Estradiol Tab 0.4 MG-35 MCG			
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			
25990003200320	Drospirenone-Ethinyl Estrad-Levomefolate Tab 3-0.02-0.451 MG			
25990003200330	Drospirenone-Ethinyl Estrad-Levomefolate Tab 3-0.03-0.451 MG			
25990003600520	Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.4 MG-35 MCG			
25990003600540	Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.8 MG-25 MCG			
25990003610112	Norethindrone Ace-Ethinyl Estradiol-FE Cap 1 MG-20 MCG (24)			
25990003610310	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1 MG-20 MCG			
25990003610312	Norethindrone Ace-Ethinyl Estradiol-FE Tab 1 MG-20 MCG (24)			
25990003610320	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1.5 MG-30 MCG			
25990003610512	Norethindrone Ace-Eth Estradiol-FE Chew Tab 1 MG-20 MCG (24)			
25991002050320	Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 MG(21/5)			

**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)
25991002200310	Norethindrone-Eth Estradiol Tab 0.5-35/1-35 MG-MCG (10/11)			
25991003500320	Norethin-Eth Estradiol-Fe Tab 1 MG-10 MCG (24)/10 MCG (2)			
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			
25992002300310	Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 MG-MCG			
25992002300320	Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG			
25992003300340	Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-20/1-30/1-35 MG-MCG			
25992402400320	Estradiol Valerate-Dienogest Tab 3 MG /2-2 MG/2-3 MG/1 MG			
25993002300315	Levonorg-Eth Est Tab 0.1-0.02MG(84) & Eth Est Tab 0.01MG(7)			
25993002300320	Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 MG			
25993002300330	Levonorg-Eth Est Tab 0.15-0.03MG(84) & Eth Est Tab 0.01MG(7)			
25993002300350	Levonor-Eth Est Tab 0.15-0.02/0.025/0.03 MG &Eth Est 0.01 MG			
25994002350320	Levonorgestrel-Ethinyl Estradiol (Continuous) Tab 90-20 MCG			
26000010101710	Hydroxyprogesterone Caproate IM in Oil 250 MG/ML			
26000020200305	Medroxyprogesterone Acetate Tab 2.5 MG			
26000020200310	Medroxyprogesterone Acetate Tab 5 MG			
26000020200315	Medroxyprogesterone Acetate Tab 10 MG			
26000023201840	Megestrol Acetate Susp 625 MG/5ML			
26000030100305	Norethindrone Acetate Tab 5 MG			
26000040001705	Progesterone IM in Oil 50 MG/ML			
26000040100120	Progesterone Micronized Cap 100 MG			
26000040100130	Progesterone Micronized Cap 200 MG			
26000040102900	Progesterone Micronized Powder			
27104002002020	Insulin Aspart Inj 100 Unit/ML			
2710400200D220	Insulin Aspart Soln Pen-injector 100 Unit/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)
2710400200E220	Insulin Aspart Soln Cartridge 100 Unit/ML			
27104003002020	Insulin Glargine Inj 100 Unit/ML			
2710400300D220	Insulin Glargine Soln Pen-Injector 100 Unit/ML			
2710400300D230	Insulin Glargine Soln Pen-Injector 300 Unit/ML			
27104004002022	Insulin Glulisine Inj 100 Unit/ML			
2710400400D220	Insulin Glulisine Soln Pen-Injector Inj 100 Unit/ML			
27104005002020	Insulin Lispro Inj 100 Unit/ML			
2710400500D220	Insulin Lispro Soln Pen-injector 100 Unit/ML			
2710400500D230	Insulin Lispro Soln Pen-injector 200 Unit/ML			
2710400500E220	Insulin Lispro Soln Cartridge 100 Unit/ML			
27104006002020	Insulin Detemir Inj 100 Unit/ML			
2710400600D220	Insulin Detemir Soln Pen-injector 100 Unit/ML			
2710400700D210	Insulin Degludec Soln Pen-Injector 100 Unit/ML			
2710400700D220	Insulin Degludec Soln Pen-Injector 200 Unit/ML			
27104010002005	Insulin Regular (Human) Inj 100 Unit/ML			
27104010002015	Insulin Regular (Human) Inj 500 Unit/ML			
27104010002940	Insulin Regular (Human) Inhalation Powder 4 Unit/Cartridge			
27104010002970	Insulin Regular (Human) Inhal Powd 4 (30) & 8 (60) Unit/Cart			
27104010002975	Insulin Regular (Human) Inhal Powd 4 (60) & 8 (30) Unit/Cart			
27104010002986	Insulin Regular (Human) Inh Powd 8 (60) & 12 (30) Unit/Cart			
2710401000D250	Insulin Regular (Human) Soln Pen-Injector 500 Unit/ML			
27104020001805	Insulin NPH (Human) (Isophane) Inj 100 Unit/ML			
2710402000D320	Insulin NPH (Human) (Isophane) Susp Pen-injector 100 Unit/ML			
27104070001820	Insulin Aspart Prot & Aspart (Human) Inj 100 Unit/ML (70-30)			
2710407000D320	Insulin Aspart Prot & Aspart Sus Pen-inj 100 Unit/ML (70-30)			
27104080001820	Insulin Lispro Prot & Lispro Inj 100 Unit/ML (75-25)			
27104080001840	Insulin Lispro Protamine & Lispro Inj 100 Unit/ML (50-50)			

**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)
2710408000D320	Insulin Lispro Prot & Lispro Sus Pen-inj 100 Unit/ML (75-25)			
2710408000D340	Insulin Lispro Prot & Lispro Sus Pen-inj 100 Unit/ML (50-50)			
27104090001810	Insulin NPH Isophane & Regular Human Inj 100 Unit/ML (70-30)			
2710409000D320	Insulin NPH & Regular Susp Pen-Inj 100 Unit/ML (70-30)			
2715005010D220	Pramlintide Acetate Pen-inj 1500 MCG/1.5ML (1000 MCG/ML)			
2715005010D240	Pramlintide Acetate Pen-inj 2700 MCG/2.7ML (1000 MCG/ML)			
2717001000D120	Albiglutide For Soln Pen-injector 30 MG			
2717001000D130	Albiglutide For Soln Pen-injector 50 MG			
2717001500D220	Dulaglutide Soln Pen-injector 0.75 MG/0.5ML			
2717001500D230	Dulaglutide Soln Pen-injector 1.5 MG/0.5ML			
2717002000D120	Exenatide Extended Release for Susp Pen-injector 2 MG			
2717002000D220	Exenatide Soln Pen-injector 5 MCG/0.02ML			
2717002000D240	Exenatide Soln Pen-injector 10 MCG/0.04ML			
2717002000G220	Exenatide For Inj Extended Release Susp 2 MG			
2717005000D220	Liraglutide Soln Pen-injector 18 MG/3ML (6 MG/ML)			
27200020000305	Chlorpropamide Tab 100 MG			
27200020000310	Chlorpropamide Tab 250 MG			
27200027000310	Glimepiride Tab 1 MG			
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			

**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)
27200040000315	Glyburide Tab 5 MG			
27200040100310	Glyburide Micronized Tab 1.5 MG			
27200040100320	Glyburide Micronized Tab 3 MG			
27200040100340	Glyburide Micronized Tab 6 MG			
27200060000310	Tolbutamide Tab 500 MG			
27250050000320	Metformin HCl Tab 500 MG			
27250050000340	Metformin HCl Tab 850 MG			
27250050000350	Metformin HCl Tab 1000 MG			
27250050002020	Metformin HCl Oral Soln 500 MG/5ML			
27250050007520	Metformin HCl Tab SR 24HR 500 MG			
27250050007530	Metformin HCl Tab SR 24HR 750 MG			
27250050007560	Metformin HCl Tab SR 24HR Osmotic 500 MG			
27250050007570	Metformin HCl Tab SR 24HR Osmotic 1000 MG			
27250050007580	Metformin HCl Tab SR 24HR Modified Release 500 MG			
27250050007590	Metformin HCl Tab SR 24HR Modified Release 1000 MG			
27280040000320	Nateglinide Tab 60 MG			
27280040000330	Nateglinide Tab 120 MG			
27280060000310	Repaglinide Tab 0.5 MG			
27280060000320	Repaglinide Tab 1 MG			
27280060000330	Repaglinide Tab 2 MG			
27300010106410	Glucagon (rDNA) For Inj Kit 1 MG			
27300010152110	Glucagon HCl (rDNA) For Inj 1 MG (Base Equiv)			
27300020001810	Diazoxide Susp 50 MG/ML			
27304050000330	Mifepristone Tab 300 MG			
27500010000310	Acarbose Tab 25 MG			
27500010000320	Acarbose Tab 50 MG			
27500010000340	Acarbose 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)
27500050000310	Miglitol Tab 25 MG			
27500050000320	Miglitol Tab 50 MG			
27500050000340	Miglitol Tab 100 MG			
27550010100310	Alogliptin Benzoate Tab 6.25 MG (Base Equiv)			
27550010100320	Alogliptin Benzoate Tab 12.5 MG (Base Equiv)			
27550010100330	Alogliptin Benzoate Tab 25 MG (Base Equiv)			
27550050000320	Linagliptin Tab 5 MG			
27550065100320	Saxagliptin HCl Tab 2.5 MG (Base Equiv)			
27550065100330	Saxagliptin HCl Tab 5 MG (Base Equiv)			
27550070100320	Sitagliptin Phosphate Tab 25 MG (Base Equiv)			
27550070100330	Sitagliptin Phosphate Tab 50 MG (Base Equiv)			
27550070100340	Sitagliptin Phosphate Tab 100 MG (Base Equiv)			
27574020100320	Bromocriptine Mesylate Tab 0.8 MG (Base Equivalent)			
27607050100320	Pioglitazone HCl Tab 15 MG (Base Equiv)			
27607050100330	Pioglitazone HCl Tab 30 MG (Base Equiv)			
27607050100340	Pioglitazone HCl Tab 45 MG (Base Equiv)			
27607060100320	Rosiglitazone Maleate Tab 2 MG (Base Equiv)			
27607060100330	Rosiglitazone Maleate Tab 4 MG (Base Equiv)			
27607060100340	Rosiglitazone Maleate Tab 8 MG (Base Equiv)			
27700020000320	Canagliflozin Tab 100 MG			
27700020000330	Canagliflozin Tab 300 MG			
27700040200310	Dapagliflozin Propanediol Tab 5 MG (Base Equivalent)			
27700040200320	Dapagliflozin Propanediol Tab 10 MG (Base Equivalent)			
27700050000310	Empagliflozin Tab 10 MG			
27700050000320	Empagliflozin Tab 25 MG			
27992502100320	Alogliptin-Metformin HCl Tab 12.5-500 MG			
27992502100330	Alogliptin-Metformin HCl Tab 12.5-1000 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)
27992502400320	Linagliptin-Metformin HCl Tab 2.5-500 MG			
27992502400330	Linagliptin-Metformin HCl Tab 2.5-850 MG			
27992502400340	Linagliptin-Metformin HCl Tab 2.5-1000 MG			
27992502407520	Linagliptin-Metformin HCl Tab SR 24HR 2.5-1000 MG			
27992502407530	Linagliptin-Metformin HCl Tab SR 24HR 5-1000 MG			
27992502607520	Saxagliptin-Metformin HCl Tab SR 24HR 2.5-1000 MG			
27992502607530	Saxagliptin-Metformin HCl Tab SR 24HR 5-500 MG			
27992502607540	Saxagliptin-Metformin HCl Tab SR 24HR 5-1000 MG			
27992502700320	Sitagliptin-Metformin HCl Tab 50-500 MG			
27992502700340	Sitagliptin-Metformin HCl Tab 50-1000 MG			
27992502707520	Sitagliptin-Metformin HCl Tab SR 24HR 50-500 MG			
27992502707530	Sitagliptin-Metformin HCl Tab SR 24HR 50-1000 MG			
27992502707540	Sitagliptin-Metformin HCl Tab SR 24HR 100-1000 MG			
27994002100320	Alogliptin-Pioglitazone Tab 12.5-15 MG			
27994002100325	Alogliptin-Pioglitazone Tab 12.5-30 MG			
27994002100330	Alogliptin-Pioglitazone Tab 12.5-45 MG			
27994002100340	Alogliptin-Pioglitazone Tab 25-15 MG			
27994002100345	Alogliptin-Pioglitazone Tab 25-30 MG			
27994002100350	Alogliptin-Pioglitazone Tab 25-45 MG			
27995002700320	Repaglinide-Metformin HCl Tab 1-500 MG			
27995002700330	Repaglinide-Metformin HCl Tab 2-500 MG			
27996002200320	Canagliflozin-Metformin HCl Tab 50-500 MG			
27996002200330	Canagliflozin-Metformin HCl Tab 50-1000 MG			
27996002200340	Canagliflozin-Metformin HCl Tab 150-500 MG			
27996002200350	Canagliflozin-Metformin HCl Tab 150-1000 MG			
27996002207520	Canagliflozin-Metformin HCl Tab SR 24HR 50-500 MG			
27996002207530	Canagliflozin-Metformin HCl Tab SR 24HR 50-1000 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)
27996002207540	Canagliflozin-Metformin HCl Tab SR 24HR 150-500 MG			
27996002207550	Canagliflozin-Metformin HCl Tab SR 24HR 150-1000 MG			
27996002307510	Dapagliflozin-Metformin HCl Tab SR 24HR 5-500 MG			
27996002307515	Dapagliflozin-Metformin HCl Tab SR 24HR 5-1000 MG			
27996002307520	Dapagliflozin-Metformin HCl Tab SR 24HR 10-500 MG			
27996002307525	Dapagliflozin-Metformin HCl Tab SR 24HR 10-1000 MG			
27996002400310	Empagliflozin-Metformin HCl Tab 5-500 MG			
27996002400315	Empagliflozin-Metformin HCl Tab 5-1000 MG			
27996002400320	Empagliflozin-Metformin HCl Tab 12.5-500 MG			
27996002400325	Empagliflozin-Metformin HCl Tab 12.5-1000 MG			
27996502300320	Empagliflozin-Linagliptin Tab 10-5 MG			
27996502300330	Empagliflozin-Linagliptin Tab 25-5 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			
27997802400320	Pioglitazone HCl-Glimepiride Tab 30-2 MG			
27997802400340	Pioglitazone HCl-Glimepiride Tab 30-4 MG			
27998002400320	Pioglitazone HCl-Metformin HCl Tab 15-500 MG			
27998002400340	Pioglitazone HCl-Metformin HCl Tab 15-850 MG			
27998002407515	Pioglitazone HCl-Metformin HCl Tab SR 24HR 15-1000 MG			
27998002407530	Pioglitazone HCl-Metformin HCl Tab SR 24HR 30-1000 MG			
28100010100105	Levothyroxine Sodium Cap 13 MCG			
28100010100110	Levothyroxine Sodium Cap 25 MCG			
28100010100115	Levothyroxine Sodium Cap 50 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)
28100010100120	Levothyroxine Sodium Cap 75 MCG			
28100010100125	Levothyroxine Sodium Cap 88 MCG			
28100010100130	Levothyroxine Sodium Cap 100 MCG			
28100010100135	Levothyroxine Sodium Cap 112 MCG			
28100010100140	Levothyroxine Sodium Cap 125 MCG			
28100010100145	Levothyroxine Sodium Cap 137 MCG			
28100010100150	Levothyroxine Sodium Cap 150 MCG			
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			
28100010102103	Levothyroxine Sodium For IV Inj 100 MCG			
28100020100305	Liothyronine Sodium Tab 5 MCG			
28100020100310	Liothyronine Sodium Tab 25 MCG			
28100020100315	Liothyronine Sodium Tab 50 MCG			
28100050000305	Thyroid Tab 15 MG (1/4 Grain)			
28100050000310	Thyroid Tab 30 MG (1/2 Grain)			
28100050000315	Thyroid Tab 60 MG (1 Grain)			
28100050000318	Thyroid Tab 65 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)
28100050000320	Thyroid Tab 90 MG (1 1/2 Grain)			
28100050000322	Thyroid Tab 97.5 MG			
28100050000324	Thyroid Tab 113.75 MG			
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			
28300020000310	Propylthiouracil Tab 50 MG			
29000020100305	Methylergonovine Maleate Tab 0.2 MG			
29201030009910	Dinoprostone Vaginal Inserts 10 MG			
30042010100305	Alendronate Sodium Tab 5 MG			
30042010100310	Alendronate Sodium Tab 10 MG			
30042010100335	Alendronate Sodium Tab 35 MG			
30042010100340	Alendronate Sodium Tab 40 MG			
30042010100370	Alendronate Sodium Tab 70 MG			
30042010102020	Alendronate Sodium Oral Soln 70 MG/75ML			
30042010200370	Alendronate Sodium-Cholecalciferol Tab 70-2800 MG-Unit			
30042040100305	Etidronate Disodium Tab 200 MG			
30042040100310	Etidronate Disodium Tab 400 MG			
30042048100360	Ibandronate Sodium Tab 150 MG (Base Equivalent)			
30042048102030	Ibandronate Sodium IV Soln 3 MG/3ML (Base Equivalent)			
30042060102012	Pamidronate Disodium IV Soln 9 MG/ML			
30042060102140	Pamidronate Disodium For Inj 90 MG			
30042065100305	Risedronate Sodium Tab 5 MG			
30042065100320	Risedronate Sodium 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)
30042065100330	Risedronate Sodium Tab 35 MG			
30042065100380	Risedronate Sodium Tab 150 MG			
30042065100635	Risedronate Sodium Tab Delayed Release 35 MG			
30042090001320	Zoledronic Acid Inj Conc For IV Infusion 4 MG/5ML			
30042090002016	Zoledronic Acid IV Soln 4 MG/100ML			
30042090002020	Zoledronic Acid IV Soln 5 MG/100ML			
30043020002020	Calcitonin (Salmon) Inj 200 Unit/ML			
30043020002080	Calcitonin (Salmon) Nasal Soln 200 Unit/ACT			
3004405510E110	Parathyroid Hormone (Recombinant) For Inj Cartridge 25 MCG			
3004405510E120	Parathyroid Hormone (Recombinant) For Inj Cartridge 50 MCG			
3004405510E130	Parathyroid Hormone (Recombinant) For Inj Cartridge 75 MCG			
30044070002020	Teriparatide (Recombinant) Inj 600 MCG/2.4ML			
30044530002020	Denosumab Inj 60 MG/ML			
30044530002030	Denosumab Inj 120 MG/1.7ML			
30053050000330	Ospemifene Tab 60 MG			
30053060100320	Raloxifene HCl Tab 60 MG			
30062020002140	Chorionic Gonadotropin For Inj 10000 Unit			
30062022052220	Choriogonadotropin Alfa Inj 250 MCG/0.5ML			
30062030052020	Follitropin Alfa Inj 300 Unit/0.5ML			
30062030052025	Follitropin Alfa Inj 450 Unit/0.75ML			
30062030052040	Follitropin Alfa Inj 900 Unit/1.5ML			
30062030052115	Follitropin Alfa For Inj 75 Unit			
30062030052140	Follitropin Alfa For Inj 450 Unit			
30062030052150	Follitropin Alfa For Inj 1050 Unit			
30062030102020	Follitropin Beta Inj 300 Unit/0.36ML			
30062030102030	Follitropin Beta Inj 600 Unit/0.72ML			
30062030102040	Follitropin Beta Inj 900 Unit/1.08ML			

**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)
30062050002175	Menotropins For Subcutaneous Inj 75 Unit			
30066030100305	Clomiphene Citrate Tab 50 MG			
30080045106450	Histrelin Acetate (CPP) Implant Kit 50 MG			
30080050106420	Leuprolide Acetate For Inj Pediatric Kit 7.5 MG			
30080050106430	Leuprolide Acetate For Inj Pediatric Kit 11.25 MG			
30080050106440	Leuprolide Acetate For Inj Pediatric Kit 15 MG			
30080050156420	Leuprolide Acetate (3 Month) For Inj Pediatric Kit 11.25 MG			
30080050156440	Leuprolide Acetate (3 Month) For Inj Pediatric Kit 30 MG			
30080055102020	Nafarelin Acetate Nasal Soln 2 MG/ML (200 MCG/ACT) (Base Eq)			
30089902506420	Leuprolide (1 Mon) Inj 3.75 MG & Norethindrone Tab 5 MG Kit			
30089902506440	Leuprolide (3 Mon) Inj 11.25 MG & Norethindrone Tab 5 MG Kit			
30090025106420	Cetrorelix Acetate For Inj Kit 0.25 MG			
30090040102020	Ganirelix Acetate Inj 250 MCG/0.5ML			
30100020002050	Somatropin Inj 5 MG/1.5ML			
30100020002056	Somatropin Inj 10 MG/1.5ML			
30100020002062	Somatropin Inj 15 MG/1.5ML			
30100020002064	Somatropin Inj 20 MG/2ML			
30100020002066	Somatropin Inj 30 MG/3ML			
30100020002120	Somatropin For Inj 5 MG			
30100020002121	Somatropin For Subcutaneous Inj 5 MG			
30100020002123	Somatropin For Inj 5.8 MG			
30100020002125	Somatropin For Inj 6 MG (18 Unit)			
30100020002132	Somatropin For Inj 12 MG (36 Unit)			
30100020002134	Somatropin For Inj 12 MG (13.8 MG Overfill)			
30100020002150	Somatropin For Inj 24 MG			
30100020002166	Somatropin For Inj 0.2 MG			
30100020002168	Somatropin For Inj 0.4 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)
30100020002170	Somatropin For Inj 0.6 MG			
30100020002172	Somatropin For Inj 0.8 MG			
30100020002174	Somatropin For Inj 1 MG			
30100020102118	Somatropin (Non-Refrigerated) For Subcutaneous Inj 4 MG			
30100020102121	Somatropin (Non-Refrigerated) For Subcutaneous Inj 5 MG			
30100020102125	Somatropin (Non-Refrigerated) For Subcutaneous Inj 6 MG			
30100020102130	Somatropin (Non-Refrigerated) For Inj 8.8 MG			
30150085102120	Tesamorelin Acetate For Inj 1 MG (Base Equiv)			
30170050102025	Lanreotide Acetate Extended Release Inj 60 MG/0.2ML			
30170050102030	Lanreotide Acetate Extended Release Inj 90 MG/0.3ML			
30170050102040	Lanreotide Acetate Extended Release Inj 120 MG/0.5ML			
30170070102005	Octreotide Acetate Inj 50 MCG/ML (0.05 MG/ML)			
30170070102010	Octreotide Acetate Inj 100 MCG/ML (0.1 MG/ML)			
30170070102015	Octreotide Acetate Inj 200 MCG/ML (0.2 MG/ML)			
30170070102030	Octreotide Acetate Inj 1000 MCG/ML (1 MG/ML)			
30170070106410	Octreotide Acetate For IM Inj Kit 10 MG			
30170070106420	Octreotide Acetate For IM Inj Kit 20 MG			
30170070106430	Octreotide Acetate For IM Inj Kit 30 MG			
30170075401930	Pasireotide Pamoate For IM ER Susp 40 MG (Base Equiv)			
30180060002120	Pegvisomant For Inj 10 MG (As Protein)			
30180060002130	Pegvisomant For Inj 15 MG (As Protein)			
30180060002140	Pegvisomant For Inj 20 MG (As Protein)			
30180060002160	Pegvisomant For Inj 30 MG (As Protein)			
30201010100310	Desmopressin Acetate Tab 0.1 MG			
30201010100320	Desmopressin Acetate Tab 0.2 MG			
30201010102015	Desmopressin Acetate Nasal Soln 1.5 MG/ML			
30201010102030	Desmopressin Acetate Inj 4 MCG/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)
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%			
30300010004010	Corticotropin Inj Gel 80 Unit/ML			
30402020000320	Cabergoline Tab 0.5 MG			
30454060000320	Tolvaptan Tab 15 MG			
30454060000330	Tolvaptan Tab 30 MG			
30903045100330	Levocarnitine Tab 330 MG			
30903045102010	Levocarnitine Oral Soln 1 GM/10ML (10%)			
30903045102060	Levocarnitine Inj 200 MG/ML			
30903610102110	Agalsidase beta For IV Soln 5 MG			
30903610102120	Agalsidase beta For IV Soln 35 MG			
30904045000110	Nitisinone Cap 2 MG			
30904045000130	Nitisinone Cap 10 MG			
30904520002920	*Betaine Powder For Oral Solution***			
30905030000105	Calcitriol Cap 0.25 MCG			
30905030000110	Calcitriol Cap 0.5 MCG			
30905030002005	Calcitriol Inj 1 MCG/ML			
30905030002050	Calcitriol Oral Soln 1 MCG/ML			
30905040000105	Doxercalciferol Cap 0.5 MCG			
30905040000110	Doxercalciferol Cap 1 MCG			
30905040000120	Doxercalciferol Cap 2.5 MCG			
30905040002020	Doxercalciferol Inj 4 MCG/2ML (2 MCG/ML)			
30905070000110	Paricalcitol Cap 1 MCG			
30905070000120	Paricalcitol Cap 2 MCG			
30905225100320	Cinacalcet HCl Tab 30 MG (Base Equiv)			
30905225100330	Cinacalcet HCl Tab 60 MG (Base Equiv)			

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)
30905225100340	Cinacalcet HCl Tab 90 MG (Base Equiv)			
30908030000920	Glycerol Phenylbutyrate Liquid 1.1 GM/ML			
30908060000320	Sodium Phenylbutyrate Tab 500 MG			
30908565103020	Sapropterin Dihydrochloride Powder Packet 100 MG			
30908565103040	Sapropterin Dihydrochloride Powder Packet 500 MG			
30908565107320	Sapropterin Dihydrochloride Soluble Tab 100 MG			
31100030102030	Milrinone Lactate IV Soln 10 MG/10ML (Base Equivalent)			
31100030102040	Milrinone Lactate IV Soln 20 MG/20ML (Base Equivalent)			
31100030102050	Milrinone Lactate IV Soln 50 MG/50ML (Base Equivalent)			
31100030112040	Milrinone in Dextrose 5% IV Soln 20MG/100 ML			
31200010000303	Digoxin Tab 62.5 MCG (0.0625 MG)			
31200010000305	Digoxin Tab 125 MCG (0.125 MG)			
31200010000310	Digoxin Tab 250 MCG (0.25 MG)			
31200010002040	Digoxin Oral Soln 0.05 MG/ML			
32100020000205	Isosorbide Dinitrate Cap CR 40 MG			
32100020000305	Isosorbide Dinitrate Tab 5 MG			
32100020000310	Isosorbide Dinitrate Tab 10 MG			
32100020000315	Isosorbide Dinitrate Tab 20 MG			
32100020000320	Isosorbide Dinitrate Tab 30 MG			
32100020000325	Isosorbide Dinitrate Tab 40 MG			
32100020000405	Isosorbide Dinitrate Tab CR 40 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			

**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)
32100030000215	Nitroglycerin Cap CR 6.5 MG			
32100030000710	Nitroglycerin SL Tab 0.3 MG			
32100030000715	Nitroglycerin SL Tab 0.4 MG			
32100030000720	Nitroglycerin SL Tab 0.6 MG			
32100030002060	Nitroglycerin TL Soln 0.4 MG/SPRAY (400 MCG/SPRAY)			
32100030003020	Nitroglycerin Sublingual Powder Packet 400 MCG			
32100030003460	Nitroglycerin Lingual Aerosol 400 MCG/SPRAY			
32100030004205	Nitroglycerin Oint 2%			
32100030008510	Nitroglycerin TD Patch 24HR 0.1 MG/HR			
32100030008520	Nitroglycerin TD Patch 24HR 0.2 MG/HR			
32100030008530	Nitroglycerin TD Patch 24HR 0.3 MG/HR			
32100030008540	Nitroglycerin TD Patch 24HR 0.4 MG/HR			
32100030008550	Nitroglycerin TD Patch 24HR 0.6 MG/HR			
32100030008560	Nitroglycerin TD Patch 24HR 0.8 MG/HR			
32200040007420	Ranolazine Tab SR 12HR 500 MG			
32200040007430	Ranolazine Tab SR 12HR 1000 MG			
33100010000303	Nadolol Tab 20 MG			
33100010000305	Nadolol Tab 40 MG			
33100010000310	Nadolol Tab 80 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			

**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)
33100040102060	Propranolol HCl Oral Soln 40 MG/5ML			
33100040102080	Propranolol HCl Oral Soln 4.28 MG/ML			
33100040107025	Propranolol HCl Cap SR 24HR 60 MG			
33100040107030	Propranolol HCl Cap SR 24HR 80 MG			
33100040107035	Propranolol HCl Cap SR 24HR 120 MG			
33100040107040	Propranolol HCl Cap SR 24HR 160 MG			
33100040127020	Propranolol HCl Sustained-Release Beads Cap SR 24HR 80 MG			
33100040127030	Propranolol HCl Sustained-Release Beads Cap SR 24HR 120 MG			
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			
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			

**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)
33200030057510	Metoprolol Succinate Tab SR 24HR 25 MG (Tartrate Equiv)			
33200030057520	Metoprolol Succinate Tab SR 24HR 50 MG (Tartrate Equiv)			
33200030057530	Metoprolol Succinate Tab SR 24HR 100 MG (Tartrate Equiv)			
33200030057540	Metoprolol Succinate Tab SR 24HR 200 MG (Tartrate Equiv)			
33200030100305	Metoprolol Tartrate Tab 25 MG			
33200030100307	Metoprolol Tartrate Tab 37.5 MG			
33200030100310	Metoprolol Tartrate Tab 50 MG			
33200030100312	Metoprolol Tartrate Tab 75 MG			
33200030100315	Metoprolol Tartrate Tab 100 MG			
33200030102005	Metoprolol Tartrate Inj 1 MG/ML			
33200040100310	Nebivolol HCl Tab 2.5 MG (Base Equivalent)			
33200040100320	Nebivolol HCl Tab 5 MG (Base Equivalent)			
33200040100330	Nebivolol HCl Tab 10 MG (Base Equivalent)			
33200040100340	Nebivolol HCl Tab 20 MG (Base Equivalent)			
33300007000305	Carvedilol Tab 3.125 MG			
33300007000310	Carvedilol Tab 6.25 MG			
33300007000320	Carvedilol Tab 12.5 MG			
33300007000330	Carvedilol Tab 25 MG			
33300007207010	Carvedilol Phosphate Cap SR 24HR 10 MG			
33300007207020	Carvedilol Phosphate Cap SR 24HR 20 MG			
33300007207030	Carvedilol Phosphate Cap SR 24HR 40 MG			
33300007207050	Carvedilol Phosphate Cap SR 24HR 80 MG			
33300010100305	Labetalol HCl Tab 100 MG			
33300010100310	Labetalol HCl Tab 200 MG			
33300010100315	Labetalol HCl Tab 300 MG			
34000003100320	Amlodipine Besylate Tab 2.5 MG			
34000003100330	Amlodipine Besylate 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)
34000003100340	Amlodipine Besylate Tab 10 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			
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			
34000010127060	Diltiazem HCl Coated Beads Cap SR 24HR 360 MG			
34000010127520	Diltiazem HCl Coated Beads Tab SR 24HR 120 MG			
34000010127530	Diltiazem HCl Coated Beads Tab SR 24HR 180 MG			
34000010127540	Diltiazem HCl Coated Beads Tab SR 24HR 240 MG			
34000010127550	Diltiazem HCl Coated Beads Tab SR 24HR 300 MG			
34000010127560	Diltiazem HCl Coated Beads Tab SR 24HR 360 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)
34000010127570	Diltiazem HCl Coated Beads Tab SR 24HR 420 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			
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 Release 30 MG			
34000020007575	Nifedipine Tab SR 24HR Osmotic Release 60 MG			
34000020007580	Nifedipine Tab SR 24HR Osmotic Release 90 MG			
34000022000120	Nimodipine Cap 30 MG			
34000024007508	Nisoldipine Tab SR 24HR 8.5 MG			
34000024007517	Nisoldipine Tab SR 24HR 17 MG			
34000024007520	Nisoldipine Tab SR 24HR 20 MG			
34000024007526	Nisoldipine Tab SR 24HR 25.5 MG			
34000024007530	Nisoldipine Tab SR 24HR 30 MG			
34000024007535	Nisoldipine Tab SR 24HR 34 MG			
34000024007540	Nisoldipine Tab SR 24HR 40 MG			
34000030100303	Verapamil HCl Tab 40 MG			
34000030100305	Verapamil HCl Tab 80 MG			
34000030100310	Verapamil HCl Tab 120 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)
34000030100410	Verapamil HCl Tab CR 120 MG			
34000030100415	Verapamil HCl Tab CR 180 MG			
34000030100420	Verapamil HCl Tab CR 240 MG			
34000030102005	Verapamil HCl IV Soln 2.5 MG/ML			
34000030107015	Verapamil HCl Cap SR 24HR 100 MG			
34000030107020	Verapamil HCl Cap SR 24HR 120 MG			
34000030107025	Verapamil HCl Cap SR 24HR 180 MG			
34000030107030	Verapamil HCl Cap SR 24HR 200 MG			
34000030107035	Verapamil HCl Cap SR 24HR 240 MG			
34000030107040	Verapamil HCl Cap SR 24HR 300 MG			
34000030107045	Verapamil HCl Cap SR 24HR 360 MG			
35100010100105	Disopyramide Phosphate Cap 100 MG			
35100010100110	Disopyramide Phosphate Cap 150 MG			
35100010106910	Disopyramide Phosphate Cap SR 12HR 100 MG			
35100010106915	Disopyramide Phosphate Cap SR 12HR 150 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			
35200020102020	Lidocaine HCl IV Inj 10 MG/ML			
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			

**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)
35300050000320	Propafenone HCl Tab 150 MG			
35300050000325	Propafenone HCl Tab 225 MG			
35300050000330	Propafenone HCl Tab 300 MG			
35300050006920	Propafenone HCl Cap SR 12HR 225 MG			
35300050006930	Propafenone HCl Cap SR 12HR 325 MG			
35300050006940	Propafenone HCl Cap SR 12HR 425 MG			
35400005000303	Amiodarone HCl Tab 100 MG			
35400005000305	Amiodarone HCl Tab 200 MG			
35400005000320	Amiodarone HCl Tab 400 MG			
35400025000110	Dofetilide Cap 125 MCG (0.125 MG)			
35400025000120	Dofetilide Cap 250 MCG (0.25 MG)			
35400025000130	Dofetilide Cap 500 MCG (0.5 MG)			
35400028100320	Dronedarone HCl Tab 400 MG (Base Equivalent)			
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			
36100020102130	Enalapril Maleate For Oral Soln 1 MG/ML			
36100027100310	Fosinopril Sodium Tab 10 MG			

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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)
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			
36100030002020	Lisinopril Oral Soln 1 MG/ML			
36100033100310	Moexipril HCl Tab 7.5 MG			
36100033100320	Moexipril HCl Tab 15 MG			
36100035100310	Perindopril Erbumine Tab 2 MG			
36100035100320	Perindopril Erbumine Tab 4 MG			
36100035100330	Perindopril Erbumine Tab 8 MG			
36100040100305	Quinapril HCl Tab 5 MG			
36100040100310	Quinapril HCl Tab 10 MG			
36100040100320	Quinapril HCl Tab 20 MG			
36100040100340	Quinapril HCl Tab 40 MG			
36100050000110	Ramipril Cap 1.25 MG			
36100050000120	Ramipril Cap 2.5 MG			
36100050000130	Ramipril Cap 5 MG			
36100050000140	Ramipril Cap 10 MG			
36100060000310	Trandolapril Tab 1 MG			
36100060000320	Trandolapril Tab 2 MG			
36100060000340	Trandolapril Tab 4 MG			
36150010200320	Azilsartan Medoxomil Tab 40 MG			
36150010200330	Azilsartan Medoxomil Tab 80 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)
36150020100310	Candesartan Cilexetil Tab 4 MG			
36150020100320	Candesartan Cilexetil Tab 8 MG			
36150020100330	Candesartan Cilexetil Tab 16 MG			
36150020100340	Candesartan Cilexetil Tab 32 MG			
36150024200330	Eprosartan Mesylate Tab 600 MG			
36150030000310	Irbesartan Tab 75 MG			
36150030000320	Irbesartan Tab 150 MG			
36150030000340	Irbesartan Tab 300 MG			
36150040200320	Losartan Potassium Tab 25 MG			
36150040200330	Losartan Potassium Tab 50 MG			
36150040200340	Losartan Potassium Tab 100 MG			
36150055200320	Olmesartan Medoxomil Tab 5 MG			
36150055200340	Olmesartan Medoxomil Tab 20 MG			
36150055200360	Olmesartan Medoxomil Tab 40 MG			
36150070000310	Telmisartan Tab 20 MG			
36150070000320	Telmisartan Tab 40 MG			
36150070000340	Telmisartan Tab 80 MG			
36150080000310	Valsartan Tab 40 MG			
36150080000320	Valsartan Tab 80 MG			
36150080000330	Valsartan Tab 160 MG			
36150080000340	Valsartan Tab 320 MG			
36170010100320	Aliskiren Fumarate Tab 150 MG (Base Equivalent)			
36170010100340	Aliskiren Fumarate Tab 300 MG (Base Equivalent)			
36201010100305	Clonidine HCl Tab 0.1 MG			
36201010100310	Clonidine HCl Tab 0.2 MG			
36201010100315	Clonidine HCl Tab 0.3 MG			
36201010108810	Clonidine HCl TD Patch Weekly 0.1 MG/24HR			

**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)
36201010108820	Clonidine HCl TD Patch Weekly 0.2 MG/24HR			
36201010108830	Clonidine HCl TD Patch Weekly 0.3 MG/24HR			
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			
36250030000320	Eplerenone Tab 25 MG			
36250030000330	Eplerenone Tab 50 MG			
36300010100105	Phenoxybenzamine HCl Cap 10 MG			
36300025000110	Metyrosine Cap 250 MG			
36400010100305	Hydralazine HCl Tab 10 MG			
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			

**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)
36991502200120	Amlodipine Besylate-Benazepril HCl Cap 2.5-10 MG			
36991502200130	Amlodipine Besylate-Benazepril HCl Cap 5-10 MG			
36991502200140	Amlodipine Besylate-Benazepril HCl Cap 5-20 MG			
36991502200145	Amlodipine Besylate-Benazepril HCl Cap 5-40 MG			
36991502200150	Amlodipine Besylate-Benazepril HCl Cap 10-20 MG			
36991502200160	Amlodipine Besylate-Benazepril HCl Cap 10-40 MG			
36991502230335	Perindopril Arginine-Amlodipine Besylate Tab 7-5 MG			
36991502700420	Trandolapril-Verapamil HCl Tab CR 1-240 MG			
36991502700432	Trandolapril-Verapamil HCl Tab CR 2-180 MG			
36991502700436	Trandolapril-Verapamil HCl Tab CR 2-240 MG			
36991502700452	Trandolapril-Verapamil HCl Tab CR 4-240 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			
36991802600310	Moexipril-Hydrochlorothiazide Tab 7.5-12.5 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)
36991802600316	Moexipril-Hydrochlorothiazide Tab 15-12.5 MG			
36991802600320	Moexipril-Hydrochlorothiazide Tab 15-25 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			
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			
36992002207520	Metoprolol & Hydrochlorothiazide Tab SR 24HR 25-12.5 MG			
36992002207530	Metoprolol & Hydrochlorothiazide Tab SR 24HR 50-12.5 MG			
36992002207540	Metoprolol & Hydrochlorothiazide Tab SR 24HR 100-12.5 MG			
36992002300310	Nadolol & Bendroflumethiazide Tab 40-5 MG			
36992002300320	Nadolol & Bendroflumethiazide Tab 80-5 MG			
36992002400310	Propranolol & Hydrochlorothiazide Tab 40-25 MG			
36992002400320	Propranolol & Hydrochlorothiazide Tab 80-25 MG			
36992702500320	Nebivolol-Valsartan Tab 5-80 MG			
36993002050310	Amlodipine Besylate-Olmesartan Medoxomil Tab 5-20 MG			
36993002050320	Amlodipine Besylate-Olmesartan Medoxomil Tab 5-40 MG			
36993002050330	Amlodipine Besylate-Olmesartan Medoxomil Tab 10-20 MG			
36993002050340	Amlodipine Besylate-Olmesartan Medoxomil Tab 10-40 MG			
36993002100310	Amlodipine Besylate-Valsartan Tab 5-160 MG			
36993002100320	Amlodipine Besylate-Valsartan Tab 5-320 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)
36993002100330	Amlodipine Besylate-Valsartan Tab 10-160 MG			
36993002100340	Amlodipine Besylate-Valsartan Tab 10-320 MG			
36993002700320	Telmisartan-Amlodipine Tab 40-5 MG			
36993002700330	Telmisartan-Amlodipine Tab 40-10 MG			
36993002700340	Telmisartan-Amlodipine Tab 80-5 MG			
36993002700350	Telmisartan-Amlodipine Tab 80-10 MG			
36994002100320	Azilsartan Medoxomil-Chlorthalidone Tab 40-12.5 MG			
36994002100340	Azilsartan Medoxomil-Chlorthalidone Tab 40-25 MG			
36994002200320	Candesartan Cilexetil-Hydrochlorothiazide Tab 16-12.5 MG			
36994002200340	Candesartan Cilexetil-Hydrochlorothiazide Tab 32-12.5 MG			
36994002200350	Candesartan Cilexetil-Hydrochlorothiazide Tab 32-25 MG			
36994002300320	Irbesartan-Hydrochlorothiazide Tab 150-12.5 MG			
36994002300340	Irbesartan-Hydrochlorothiazide Tab 300-12.5 MG			
36994002450320	Losartan Potassium & Hydrochlorothiazide Tab 50-12.5 MG			
36994002450325	Losartan Potassium & Hydrochlorothiazide Tab 100-12.5 MG			
36994002450340	Losartan Potassium & Hydrochlorothiazide Tab 100-25 MG			
36994002500320	Olmesartan Medoxomil-Hydrochlorothiazide Tab 20-12.5 MG			
36994002500340	Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-12.5 MG			
36994002500345	Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-25 MG			
36994002600320	Telmisartan-Hydrochlorothiazide Tab 40-12.5 MG			
36994002600340	Telmisartan-Hydrochlorothiazide Tab 80-12.5 MG			
36994002600345	Telmisartan-Hydrochlorothiazide Tab 80-25 MG			
36994002700320	Valsartan-Hydrochlorothiazide Tab 80-12.5 MG			
36994002700340	Valsartan-Hydrochlorothiazide Tab 160-12.5 MG			
36994002700350	Valsartan-Hydrochlorothiazide Tab 160-25 MG			
36994002700360	Valsartan-Hydrochlorothiazide Tab 320-12.5 MG			
36994002700370	Valsartan-Hydrochlorothiazide Tab 320-25 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)
36994503200320	Amlodipine-Valsartan-Hydrochlorothiazide Tab 5-160-12.5 MG			
36994503200325	Amlodipine-Valsartan-Hydrochlorothiazide Tab 5-160-25 MG			
36994503200330	Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-160-12.5 MG			
36994503200335	Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-160-25 MG			
36994503200340	Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-320-25 MG			
36994503450310	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 20-5-12.5 MG			
36994503450320	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-5-12.5 MG			
36994503450330	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-5-25 MG			
36994503450340	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-10-12.5 MG			
36994503450350	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-10-25 MG			
36995002700310	Methyldopa & Hydrochlorothiazide Tab 250-15 MG			
36995002700320	Methyldopa & Hydrochlorothiazide Tab 250-25 MG			
36996002150320	Aliskiren-Hydrochlorothiazide Tab 150-12.5 MG			
36996002150325	Aliskiren-Hydrochlorothiazide Tab 150-25 MG			
36996002150340	Aliskiren-Hydrochlorothiazide Tab 300-12.5 MG			
36996002150345	Aliskiren-Hydrochlorothiazide Tab 300-25 MG			
37100010000305	Acetazolamide Tab 125 MG			
37100010000310	Acetazolamide Tab 250 MG			
37100010006920	Acetazolamide Cap SR 12HR 500 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			
37200020000305	Ethacrynic Acid Tab 25 MG			
37200030000305	Furosemide 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)
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			
37200080000350	Torsemide Tab 100 MG			
37400030002025	Mannitol IV Soln 25%			
37500010100305	Amiloride HCl Tab 5 MG			
37500020000305	Spironolactone Tab 25 MG			
37500020000310	Spironolactone Tab 50 MG			
37500020000315	Spironolactone Tab 100 MG			
37500030000105	Triamterene Cap 50 MG			
37500030000110	Triamterene Cap 100 MG			
37600020000305	Chlorothiazide Tab 250 MG			
37600020000310	Chlorothiazide Tab 500 MG			
37600020001805	Chlorothiazide Susp 250 MG/5ML			
37600025000305	Chlorthalidone Tab 25 MG			
37600025000310	Chlorthalidone Tab 50 MG			
37600040000110	Hydrochlorothiazide Cap 12.5 MG			
37600040000303	Hydrochlorothiazide Tab 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			

**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)
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	Spironolactone & Hydrochlorothiazide Tab 25-25 MG			
37990002200320	Spironolactone & Hydrochlorothiazide Tab 50-50 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			
38000010112040	Dobutamine Inj 4 MG/ML in D5W			
38000032102020	Epinephrine HCl PF IV Soln 1 MG/ML (For IV Infusion)			
38000083100320	Midodrine HCl Tab 2.5 MG			
38000083100330	Midodrine HCl Tab 5 MG			
38000083100340	Midodrine HCl Tab 10 MG			
38000095102010	Phenylephrine HCl Inj 10 MG/ML			
38700030000130	Droxidopa Cap 100 MG			
38700030000140	Droxidopa Cap 200 MG			
38700030000150	Droxidopa Cap 300 MG			
38900040002060	Epinephrine Inj 30 MG/30ML (1 MG/ML) (1:1000)			
3890004000D520	Epinephrine Solution Auto-injector 0.15 MG/0.3ML (1:2000)			
3890004000D530	Epinephrine Solution Auto-injector 0.15 MG/0.15ML (1:1000)			
3890004000D540	Epinephrine Solution Auto-injector 0.3 MG/0.3ML (1:1000)			
39100010002905	Cholestyramine Powder 4 GM/DOSE			
39100010003005	Cholestyramine Powder Packets 4 GM			
39100010102905	Cholestyramine Light Powder 4 GM/DOSE			

**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)
39100010103005	Cholestyramine Light Powder Packets 4 GM			
39100016100330	Colesevelam HCl Tab 625 MG			
39100016103040	Colesevelam HCl Packet For Susp 3.75 GM			
39100020100320	Colestipol HCl Tab 1 GM			
39100020102705	Colestipol HCl Granules 5 GM			
39100020103010	Colestipol HCl Granule Packets 5 GM			
39200006006520	Choline Fenofibrate Cap DR 45 MG (Fenofibric Acid Equiv)			
39200006006540	Choline Fenofibrate Cap DR 135 MG (Fenofibric Acid Equiv)			
39200024000320	Fenofibric Acid Tab 35 MG			
39200024000340	Fenofibric Acid Tab 105 MG			
39200025000110	Fenofibrate Cap 50 MG			
39200025000124	Fenofibrate Cap 150 MG			
39200025000308	Fenofibrate Tab 40 MG			
39200025000310	Fenofibrate Tab 48 MG			
39200025000312	Fenofibrate Tab 54 MG			
39200025000322	Fenofibrate Tab 120 MG			
39200025000323	Fenofibrate Tab 145 MG			
39200025000325	Fenofibrate Tab 160 MG			
39200025100103	Fenofibrate Micronized Cap 30 MG			
39200025100104	Fenofibrate Micronized Cap 43 MG			
39200025100107	Fenofibrate Micronized Cap 67 MG			
39200025100111	Fenofibrate Micronized Cap 90 MG			
39200025100114	Fenofibrate Micronized Cap 130 MG			
39200025100115	Fenofibrate Micronized Cap 134 MG			
39200025100130	Fenofibrate Micronized Cap 200 MG			
39200030000310	Gemfibrozil Tab 600 MG			
39300030000320	Ezetimibe 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)
3935001000D220	Alirocumab Subcutaneous Soln Pen-injector 75 MG/ML			
3935001000D230	Alirocumab Subcutaneous Soln Pen-injector 150 MG/ML			
3935001000E520	Alirocumab Subcutaneous Soln Prefilled Syringe 75 MG/ML			
3935001000E530	Alirocumab Subcutaneous Soln Prefilled Syringe 150 MG/ML			
3935002000D520	Evolocumab Subcutaneous Soln Auto-Injector 140 MG/ML			
3935002000E230	Evolocumab Subcutaneous Soln Cartridge/Infusor 420 MG/3.5ML			
3935002000E520	Evolocumab Subcutaneous Soln Prefilled Syringe 140 MG/ML			
39400010100310	Atorvastatin Calcium Tab 10 MG (Base Equivalent)			
39400010100320	Atorvastatin Calcium Tab 20 MG (Base Equivalent)			
39400010100330	Atorvastatin Calcium Tab 40 MG (Base Equivalent)			
39400010100350	Atorvastatin Calcium Tab 80 MG (Base Equivalent)			
39400030100120	Fluvastatin Sodium Cap 20 MG			
39400030100140	Fluvastatin Sodium Cap 40 MG			
39400030107530	Fluvastatin Sodium Tab SR 24 HR 80 MG			
39400050000305	Lovastatin Tab 10 MG			
39400050000310	Lovastatin Tab 20 MG			
39400050000320	Lovastatin Tab 40 MG			
39400050007540	Lovastatin Tab SR 24HR 60 MG			
39400058100320	Pitavastatin Calcium Tab 1 MG (Base Equiv)			
39400058100330	Pitavastatin Calcium Tab 2 MG (Base Equiv)			
39400058100340	Pitavastatin Calcium Tab 4 MG (Base Equiv)			
39400060100305	Rosuvastatin Calcium Tab 5 MG			
39400060100310	Rosuvastatin Calcium Tab 10 MG			
39400060100320	Rosuvastatin Calcium Tab 20 MG			
39400060100340	Rosuvastatin Calcium Tab 40 MG			
39400065100320	Pravastatin Sodium Tab 10 MG			
39400065100330	Pravastatin Sodium 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)
39400065100340	Pravastatin Sodium Tab 40 MG			
39400065100360	Pravastatin Sodium Tab 80 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			
39409902457520	Niacin-Lovastatin Tab SR 24HR 500-20 MG			
39409902457530	Niacin-Lovastatin Tab SR 24HR 1000-20 MG			
39409902457535	Niacin-Lovastatin Tab SR 24HR 1000-40 MG			
39409902707520	Niacin-Simvastatin Tab SR 24HR 500-20 MG			
39409902707523	Niacin-Simvastatin Tab SR 24HR 500-40 MG			
39409902707525	Niacin-Simvastatin Tab SR 24HR 750-20 MG			
39409902707530	Niacin-Simvastatin Tab SR 24HR 1000-20 MG			
39409902707533	Niacin-Simvastatin Tab SR 24HR 1000-40 MG			
39450050000350	Niacin (Antihyperlipidemic) Tab 500 MG			
39450050000450	Niacin Tab CR 500 MG (Antihyperlipidemic)			
39450050000460	Niacin Tab CR 750 MG (Antihyperlipidemic)			
39450050000470	Niacin Tab CR 1000 MG (Antihyperlipidemic)			
39480050200120	Lomitapide Mesylate Cap 5 MG (Base Equiv)			
39500035100110	Icosapent Ethyl Cap 0.5 GM			
39500035100120	Icosapent Ethyl Cap 1 GM			
39500045200130	Omega-3-acid Ethyl Esters Cap 1 GM			
39994002300320	Ezetimibe-Simvastatin Tab 10-10 MG			
39994002300330	Ezetimibe-Simvastatin Tab 10-20 MG			
39994002300340	Ezetimibe-Simvastatin Tab 10-40 MG			
39994002300350	Ezetimibe-Simvastatin Tab 10-80 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)
39999002506430	Omega-3-acid Ethyl Esters Cap 1GM & Vit D3 Cap 1000 Unit Kit			
40100030100305	Isoxsuprine HCl Tab 10 MG			
40100060102900	Papaverine HCl Powder			
40120070000310	Selexipag Tab 200 MCG			
40120070000315	Selexipag Tab 400 MCG			
40120070000345	Selexipag Tab 1600 MCG			
4012007000B720	Selexipag Tab Therapy Pack 200 MCG (140) & 800 MCG (60)			
40134050000310	Riociguat Tab 0.5 MG			
40134050000320	Riociguat Tab 1 MG			
40134050000330	Riociguat Tab 1.5 MG			
40134050000340	Riociguat Tab 2 MG			
40134050000350	Riociguat Tab 2.5 MG			
40143060100320	Sildenafil Citrate Tab 20 MG			
40143060101920	Sildenafil Citrate For Suspension 10 MG/ML			
40143080000320	Tadalafil Tab 20 MG (PAH)			
40160007000310	Ambrisentan Tab 5 MG			
40160007000320	Ambrisentan Tab 10 MG			
40160015000320	Bosentan Tab 62.5 MG			
40160015000330	Bosentan Tab 125 MG			
40160050000320	Macitentan Tab 10 MG			
40170080002020	Treprostinil Inhalation Solution 0.6 MG/ML			
40170080050410	Treprostinil Diolamine Tab CR 0.125 MG (Base Equiv)			
40170080050415	Treprostinil Diolamine Tab CR 0.25 MG (Base Equiv)			
40170080050420	Treprostinil Diolamine Tab CR 1 MG (Base Equiv)			
40170080050425	Treprostinil Diolamine Tab CR 2.5 MG (Base Equiv)			
40170080102010	Treprostinil Sodium Inj 1 MG/ML (Base Equiv)			
40170080102020	Treprostinil Sodium Inj 2.5 MG/ML (Base Equiv)			

**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)
40170080102030	Treprostinil Sodium Inj 5 MG/ML (Base Equiv)			
40170080102040	Treprostinil Sodium Inj 10 MG/ML (Base Equiv)			
40303010002120	Alprostadil For Inj 20 MCG			
40303010002140	Alprostadil For Inj 40 MCG			
40303010006410	Alprostadil For Inj Kit 10 MCG			
40303010006420	Alprostadil For Inj Kit 20 MCG			
40303010006440	Alprostadil For Inj Kit 40 MCG			
40303010008910	Alprostadil Urethral Pellet 125 MCG			
40303010008920	Alprostadil Urethral Pellet 250 MCG			
40303010008930	Alprostadil Urethral Pellet 500 MCG			
40303010008950	Alprostadil Urethral Pellet 1000 MCG			
40304015000320	Avanafil Tab 50 MG			
40304015000330	Avanafil Tab 100 MG			
40304015000340	Avanafil Tab 200 MG			
40304070100310	Sildenafil Citrate Tab 25 MG			
40304070100320	Sildenafil Citrate Tab 50 MG			
40304070100330	Sildenafil Citrate Tab 100 MG			
40304080000302	Tadalafil Tab 2.5 MG			
40304080000305	Tadalafil Tab 5 MG			
40304080000310	Tadalafil Tab 10 MG			
40304080000320	Tadalafil Tab 20 MG			
40304090100320	Vardenafil HCl Tab 5 MG			
40304090100330	Vardenafil HCl Tab 10 MG			
40304090100340	Vardenafil HCl Tab 20 MG			
40304090107230	Vardenafil HCl Orally Disintegrating Tab 10 MG			
40700035100320	Ivabradine HCl Tab 5 MG (Base Equiv)			
40700035100330	Ivabradine HCl Tab 7.5 MG (Base Equiv)			

**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)
40992002600320	Sacubitril-Valsartan Tab 24-26 MG			
40992002600330	Sacubitril-Valsartan Tab 49-51 MG			
40992002600340	Sacubitril-Valsartan Tab 97-103 MG			
40992502150305	Amlodipine Besylate-Atorvastatin Calcium Tab 2.5-10 MG			
40992502150320	Amlodipine Besylate-Atorvastatin Calcium Tab 5-10 MG			
40992502150325	Amlodipine Besylate-Atorvastatin Calcium Tab 5-20 MG			
40992502150330	Amlodipine Besylate-Atorvastatin Calcium Tab 5-40 MG			
40992502150350	Amlodipine Besylate-Atorvastatin Calcium Tab 10-10 MG			
40992502150355	Amlodipine Besylate-Atorvastatin Calcium Tab 10-20 MG			
40992502150360	Amlodipine Besylate-Atorvastatin Calcium Tab 10-40 MG			
40995002400320	Isosorbide Dinitrate-Hydralazine HCl Tab 20-37.5 MG			
41200010150320	Carbinoxamine Maleate Tab 4 MG			
41200010152030	Carbinoxamine Maleate Soln 4 MG/5ML			
4120001015G120	Carbinoxamine Maleate Extended Release Susp 4 MG/5ML			
41200020400310	Clemastine Fumarate Tab 2.68 MG			
41200030101010	Diphenhydramine HCl Elixir 12.5 MG/5ML			
41200030102010	Diphenhydramine HCl Inj 50 MG/ML			
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			
41400020105205	Promethazine HCl Suppos 12.5 MG			
41400020105210	Promethazine HCl Suppos 25 MG			
41400020105215	Promethazine HCl Suppos 50 MG			
41500020100305	Cyproheptadine HCl Tab 4 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)
41500020101210	Cyproheptadine HCl Syrup 2 MG/5ML			
41550020102010	Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML)			
41550021000320	Desloratadine Tab 5 MG			
41550021001220	Desloratadine Syrup 0.5 MG/ML			
41550021007210	Desloratadine Tab Orally Disintegrating 2.5 MG			
41550021007220	Desloratadine Tab Orally Disintegrating 5 MG			
41550024100320	Fexofenadine HCl Tab 60 MG			
41550024100350	Fexofenadine HCl Tab 180 MG			
41550027100320	Levocetirizine Dihydrochloride Tab 5 MG			
41550027102020	Levocetirizine Dihydrochloride Soln 2.5 MG/5ML (0.5 MG/ML)			
42200010303408	Beclomethasone Dipropionate Nasal Aerosol 40 MCG/ACT			
42200010303430	Beclomethasone Dipropionate Nasal Aerosol 80 MCG/ACT			
42200010321810	Beclomethasone Dipropionate Monohyd Nasal Susp 42 MCG/SPRAY			
42200015001810	Budesonide Nasal Susp 32 MCG/ACT			
42200018001820	Ciclesonide Nasal Susp 50 MCG/ACT			
42200018003420	Ciclesonide Nasal Aerosol Soln 37 MCG/ACT (50 MCG/Valve)			
42200030002005	Flunisolide Nasal Soln 25 MCG/ACT (0.025%)			
42200032101820	Fluticasone Furoate Nasal Susp 27.5 MCG/SPRAY			
42200032301810	Fluticasone Propionate Nasal Susp 50 MCG/ACT			
42200045101820	Mometasone Furoate Nasal Susp 50 MCG/ACT			
42200060103210	Triamcinolone Acetonide Nasal Aerosol Suspension 55 MCG/ACT			
42251050104210	Mupirocin Calcium Nasal Oint 2%			
42300040102010	Ipratropium Bromide Nasal Soln 0.03% (21 MCG/SPRAY)			
42300040102020	Ipratropium Bromide Nasal Soln 0.06% (42 MCG/SPRAY)			
42401015102020	Azelastine HCl Nasal Spray 0.1% (137 MCG/SPRAY)			
42401015102030	Azelastine HCl Nasal Spray 0.15% (205.5 MCG/SPRAY)			
42401060102020	Olopatadine HCl Nasal Soln 0.6%			

**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)
42995502151820	Azelastine HCl-Fluticasone Prop Nasal Spray 137-50 MCG/ACT			
43101010000310	Hydrocodone w/ Homatropine Tab 5-1.5 MG			
43101010001210	Hydrocodone w/ Homatropine Syrup 5-1.5 MG/5ML			
43102010000105	Benzonatate Cap 100 MG			
43102010000107	Benzonatate Cap 150 MG			
43102010000110	Benzonatate Cap 200 MG			
43300010002003	Acetylcysteine Inhal Soln 10%			
43300010002005	Acetylcysteine Inhal Soln 20%			
43400010002520	Sodium Chloride Soln Nebu 0.9%			
43400010002530	Sodium Chloride Soln Nebu 3%			
43400010002531	Sodium Chloride Soln Nebu 3.5%			
43400010002534	Sodium Chloride Soln Nebu 6%			
43400010002535	Sodium Chloride Soln Nebu 7%			
43400010002540	Sodium Chloride Soln Nebu 10%			
43993002030120	Acrivastine & Pseudoephedrine Cap 8-60 MG			
43993002627420	Desloratadine & Pseudoephedrine Tab SR 12HR 2.5-120 MG			
43993002687420	Fexofenadine-Pseudoephedrine Tab SR 12HR 60-120 MG			
43993002701210	Promethazine & Phenylephrine Syrup 6.25-5 MG/5ML			
4399520231G120	Codeine Polist-Chlorphen Polist ER Susp 14.7-2.8 MG/5ML			
43995202341210	Promethazine w/ Codeine Syrup 6.25-10 MG/5ML			
43995202366920	Hydrocod Polst-Chlorphen Polst Cap SR 12HR 5-4 MG			
43995202366930	Hydrocod Polst-Chlorphen Polst Cap SR 12HR 10-8 MG			
4399520236G110	Hydrocod Polst-Chlorphen Polst ER Susp 10-8 MG/5ML			
43995303101210	Phenylephrine-Promethazine w/ Codeine Syrup 5-6.25-10 MG/5ML			
43995303542030	Pseudoeph-Chlorphen w/ Hydrocodone Soln 60-4-5 MG/5ML			
43995702301210	Promethazine-DM Syrup 6.25-15 MG/5ML			
43995803321210	Pseudoephed-Bromphen-DM Syrup 30-2-10 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)
43997002282017	Guaifenesin-Codeine Soln 100-6.3 MG/5ML			
43997002282020	Guaifenesin-Codeine Soln 100-10 MG/5ML			
43997002702005	Hydrocodone-Guaifenesin Soln 2.5-200 MG/5ML			
43997303302010	Pseudoephedrine w/ COD-GG Soln 30-10-100 MG/5ML			
43997303342009	Pseudoephedrine w/ Hydrocodone-GG Soln 30-2.5-200 MG/5ML			
44100007108020	Acidinium Bromide Aerosol Powd Breath Activated 400 MCG/ACT			
44100030102020	Ipratropium Bromide Inhal Soln 0.02%			
44100030123420	Ipratropium Bromide HFA Inhal Aerosol 17 MCG/ACT			
44100080100120	Tiotropium Bromide Monohydrate Inhal Cap 18 MCG (Base Equiv)			
44100080103410	Tiotropium Bromide Monohydrate Inhal Aerosol 1.25 MCG/ACT			
44100080103420	Tiotropium Bromide Monohydrate Inhal Aerosol 2.5 MCG/ACT			
44100090208030	Umeclidinium Br Aero Powd Breath Act 62.5 MCG/INH (Base Eq)			
44150010102505	Cromolyn Sodium Soln Nebu 20 MG/2ML			
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% (2.5 MG/3ML)			
44201010102520	Albuterol Sulfate Soln Nebu 0.5% (5 MG/ML)			
44201010102555	Albuterol Sulfate Soln Nebu 0.63 MG/3ML (Base Equiv)			
44201010102560	Albuterol Sulfate Soln Nebu 1.25 MG/3ML (Base Equiv)			
44201010103410	Albuterol Sulfate Inhal Aero 108 MCG/ACT (90MCG Base Equiv)			
44201010107410	Albuterol Sulfate Tab SR 12HR 4 MG			
44201010107420	Albuterol Sulfate Tab SR 12HR 8 MG			
44201010108020	Albuterol Sulfate Aer Pow BA 108 MCG/ACT (90 MCG Base Equiv)			
44201012102520	Arformoterol Tartrate Soln Nebu 15 MCG/2ML (Base Equiv)			
44201027100120	Formoterol Fumarate Inhal Cap 12 MCG			
44201027102520	Formoterol Fumarate Soln Nebu 20 MCG/2ML			

**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)
44201042200120	Indacaterol Maleate Inhal Powder Cap 75 MCG (Base Equiv)			
44201045102510	Levalbuterol HCl Soln Nebu 0.31 MG/3ML (Base Equiv)			
44201045102520	Levalbuterol HCl Soln Nebu 0.63 MG/3ML (Base Equiv)			
44201045102530	Levalbuterol HCl Soln Nebu 1.25 MG/3ML (Base Equiv)			
44201045102560	Levalbuterol HCl Soln Nebu Conc 1.25 MG/0.5ML (Base Equiv)			
44201045503220	Levalbuterol Tartrate Inhal Aerosol 45 MCG/ACT (Base Equiv)			
44201050201205	Metaproterenol Sulfate Syrup 10 MG/5ML			
44201052203410	Olodaterol HCl Inhal Aerosol Soln 2.5 MCG/ACT (Base Equiv)			
44201058108020	Salmeterol Xinafoate Aer Pow BA 50 MCG/DOSE (Base Equiv)			
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			
44209902012015	Ipratropium-Albuterol Nebu Soln 0.5-2.5(3) MG/3ML			
44209902013420	Ipratropium-Albuterol Inhal Aerosol Soln 20-100 MCG/ACT			
44209902413220	Budesonide-Formoterol Fumarate Dihyd Aerosol 80-4.5 MCG/ACT			
44209902413240	Budesonide-Formoterol Fumarate Dihyd Aerosol 160-4.5 MCG/ACT			
44209902703250	Fluticasone-Salmeterol Inhal Aerosol 45-21 MCG/ACT			
44209902703260	Fluticasone-Salmeterol Inhal Aerosol 115-21 MCG/ACT			
44209902703270	Fluticasone-Salmeterol Inhal Aerosol 230-21 MCG/ACT			
44209902708020	Fluticasone-Salmeterol Aer Powder BA 100-50 MCG/DOSE			
44209902708030	Fluticasone-Salmeterol Aer Powder BA 250-50 MCG/DOSE			
44209902708040	Fluticasone-Salmeterol Aer Powder BA 500-50 MCG/DOSE			
44209902758020	Fluticasone Furoate-Vilanterol Aero Powd BA 100-25 MCG/INH			
44209902758030	Fluticasone Furoate-Vilanterol Aero Powd BA 200-25 MCG/INH			
44209902903220	Mometasone Furoate-Formoterol Fumarate Aerosol 100-5 MCG/ACT			
44209902903240	Mometasone Furoate-Formoterol Fumarate Aerosol 200-5 MCG/ACT			

**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)
44209902923420	Tiotropium Br-Olodaterol Inhal Aero Soln 2.5-2.5 MCG/ACT			
44209902958020	Umeclidinium-Vilanterol Aero Powd BA 62.5-25 MCG/INH			
44300010002010	Aminophylline Inj 25 MG/ML			
44300040001010	Theophylline Elixir 80 MG/15ML			
44300040002010	Theophylline Soln 80 MG/15ML			
44300040007020	Theophylline Cap SR 24HR 100 MG			
44300040007030	Theophylline Cap SR 24HR 200 MG			
44300040007040	Theophylline Cap SR 24HR 300 MG			
44300040007050	Theophylline Cap SR 24HR 400 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			
44300040007560	Theophylline Tab SR 24HR 600 MG			
44400010103408	Beclomethasone Diprop Inhal Aero Soln 40 MCG/ACT (50/Valve)			
44400010103428	Beclomethasone Diprop Inhal Aero Soln 80 MCG/ACT (100/Valve)			
44400015001830	Budesonide Inhalation Susp 0.25 MG/2ML			
44400015001840	Budesonide Inhalation Susp 0.5 MG/2ML			
44400015001850	Budesonide Inhalation Susp 1 MG/2ML			
44400015008009	Budesonide Inhal Aero Powd 90 MCG/ACT (Breath Activated)			
44400015008018	Budesonide Inhal Aero Powd 180 MCG/ACT (Breath Activated)			
44400017003420	Ciclesonide Inhal Aerosol 80 MCG/ACT			
44400017003440	Ciclesonide Inhal Aerosol 160 MCG/ACT			
44400030123420	Flunisolide HFA Inhal Aerosol 80 MCG/ACT			
44400033108020	Fluticasone Furoate Aerosol Powder Breath Activ 100 MCG/ACT			
44400033108030	Fluticasone Furoate Aerosol Powder Breath Activ 200 MCG/ACT			

**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)
44400033208010	Fluticasone Propionate Aer Pow BA 50 MCG/BLISTER			
44400033208020	Fluticasone Propionate Aer Pow BA 100 MCG/BLISTER			
44400033208030	Fluticasone Propionate Aer Pow BA 250 MCG/BLISTER			
44400033223220	Fluticasone Propionate HFA Inhal Aero 44 MCG/ACT (50/Valve)			
44400033223230	Fluticasone Propionate HFA Inhal Aer 110 MCG/ACT (125/Valve)			
44400033223240	Fluticasone Propionate HFA Inhal Aer 220 MCG/ACT (250/Valve)			
44400036203220	Mometasone Furoate Inhal Aerosol Suspension 100 MCG/ACT			
44400036203230	Mometasone Furoate Inhal Aerosol Suspension 200 MCG/ACT			
44400036208010	Mometasone Furoate Inhal Powd 110 MCG/INH (Breath Activated)			
44400036208020	Mometasone Furoate Inhal Powd 220 MCG/INH (Breath Activated)			
44450065000320	Roflumilast Tab 500 MCG			
44504085000330	Zileuton Tab 600 MG			
44504085007420	Zileuton Tab SR 12HR 600 MG			
44505050100330	Montelukast Sodium Tab 10 MG (Base Equiv)			
44505050100516	Montelukast Sodium Chew Tab 4 MG (Base Equiv)			
44505050100520	Montelukast Sodium Chew Tab 5 MG (Base Equiv)			
44505050103020	Montelukast Sodium Oral Granules Packet 4 MG (Base Equiv)			
44505080000310	Zafirlukast Tab 10 MG			
44505080000320	Zafirlukast Tab 20 MG			
44603060002120	Omalizumab For Inj 150 MG			
44604055002120	Mepolizumab For Inj 100 MG			
45100010102020	Alpha1-Proteinase Inhibitor (Human) Inj 1000 MG/50ML			
45100010102110	Alpha1-Proteinase Inhibitor (Human) For IV Soln 500 MG			
45100010102120	Alpha1-Proteinase Inhibitor (Human) For IV Soln 1000 MG			
45302030000320	Ivacaftor Tab 150 MG			
45302030003030	Ivacaftor Packet 75 MG			
45304020002010	Dornase Alfa Inhal Soln 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)
45309902300310	Lumacaftor-Ivacaftor Tab 100-125 MG			
45309902300320	Lumacaftor-Ivacaftor Tab 200-125 MG			
45550060000120	Pirfenidone Cap 267 MG			
45554050200120	Nintedanib Esylate Cap 100 MG (Base Equivalent)			
45554050200130	Nintedanib Esylate Cap 150 MG (Base Equivalent)			
46109902120320	Sod Phos Mono-Sod Phos Di Tabs 1.102-0.398 GM(1.5GM Na Phos)			
46600020002010	Lactulose Solution 10 GM/15ML			
46600020003010	Lactulose Oral Crystal Packet 10 GM			
46600020003020	Lactulose Oral Crystal Packet 20 GM			
46600033002910	Polyethylene Glycol 3350 Oral Powder			
46600033003020	Polyethylene Glycol 3350 Oral Packet			
46992003453020	Sod Picosulfate-Mg Oxide-Citric Acid Pack 10 MG-3.5 GM-12 GM			
46992003602020	Sodium Sulfate-Potassium Sulfate-Magnesium Sulfate Oral Soln			
46992004302120	PEG 3350-KCl-Sod Bicarb-NaCl For Soln 420 GM			
46992005206420	Bisacodyl Tab & PEG 3350-KCl-Sod Bicarb-NaCl For Soln Kit			
46992005302120	PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 227.1 GM			
46992005302130	PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 236 GM			
46992005302140	PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 240 GM			
46992005303020	PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate Packet 227.1 GM			
46992006302120	PEG 3350-KCl-NaCl-Na Sulfate-Na Ascorbate-C For Soln 100 GM			
46992007606420	Na Sulf-K Sulf-Mg Sulf & PEG 3350-NaCl-Na Bicarb-KCl Kit			
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			
47100030201505	Opium Tincture 1% (10 MG/ML) (Morphine Equiv)			
47100040001510	Paregoric Tincture 2 MG/5ML (Morphine Equivalent)			
47250025000620	Crofelemer Tab Delayed Release 125 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)
47300025003000	*Probiotic Product - Packet**			
47990002470120	Lactobacillus Casei-Folic Acid Cap 60-1.25 MG			
49101010102020	Atropine Sulfate Inj 0.4 MG/ML			
49101010102030	Atropine Sulfate Inj 1 MG/ML			
49101030100310	Hyoscyamine Sulfate Tab 0.125 MG			
49101030100420	Hyoscyamine Sulfate Tab CR 0.375 MG (0.125 MG IR/0.25 MG CR)			
49101030100710	Hyoscyamine Sulfate Tab SL 0.125 MG			
49101030101055	Hyoscyamine Sulfate Elixir 0.125 MG/5ML			
49101030102050	Hyoscyamine Sulfate Soln 0.125 MG/ML			
49101030107220	Hyoscyamine Sulfate Tab Disp 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			
49102030002014	Glycopyrrolate Inj 4 MG/20ML (0.2 MG/ML)			
49102030002060	Glycopyrrolate Oral Soln 1 MG/5ML			
49102060100305	Methscopolamine Bromide Tab 2.5 MG			
49102060100320	Methscopolamine Bromide Tab 5 MG			
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			
49109902450110	Chlordiazepoxide HCl-Clidinium Bromide Cap 5-2.5 MG			
49109904050320	PB-Hyoscy-Atrop-Scopol Tab 16.2-0.1037-0.0194-0.0065 MG			
49109904050430	PB-Hyoscy-Atrop-Scopol Tab CR 48.6-0.3111-0.0582-0.0195 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)
49109904051030	PB-Hyoscy-Atrop-Scopol Elix 16.2-0.1037-0.0194-0.0065 MG/5ML			
49200010000305	Cimetidine Tab 200 MG			
49200010000310	Cimetidine Tab 300 MG			
49200010000315	Cimetidine Tab 400 MG			
49200010000320	Cimetidine Tab 800 MG			
49200010102050	Cimetidine HCl Soln 300 MG/5ML			
49200020100105	Ranitidine HCl Cap 150 MG			
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)			
49200020102006	Ranitidine HCl Inj 50 MG/2ML (25 MG/ML)			
49200020102007	Ranitidine HCl Inj 150 MG/6ML (25 MG/ML)			
49200020102009	Ranitidine HCl Inj 1000 MG/40ML (25 MG/ML)			
49200030000320	Famotidine Tab 20 MG			
49200030000340	Famotidine Tab 40 MG			
49200030001920	Famotidine For Susp 40 MG/5ML			
49200030002015	Famotidine Inj 20 MG/2ML			
49200030002020	Famotidine Inj 40 MG/4ML			
49200030002030	Famotidine Inj 200 MG/20ML			
49200030112020	Famotidine in NaCl 0.9% IV Soln 20 MG/50ML			
49200040000110	Nizatidine Cap 150 MG			
49200040000120	Nizatidine Cap 300 MG			
49200040002050	Nizatidine Oral Soln 15 MG/ML			
49250030000310	Misoprostol Tab 100 MCG			
49250030000320	Misoprostol Tab 200 MCG			
49270020006520	Dexlansoprazole Cap Delayed Release 30 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)
49270020006530	Dexlansoprazole Cap Delayed Release 60 MG			
49270025103004	Esomeprazole Magnesium For Delayed Release Susp Pack 2.5 MG			
49270025103007	Esomeprazole Magnesium For Delayed Release Susp Packet 5 MG			
49270025103010	Esomeprazole Magnesium For Delayed Release Susp Packet 10 MG			
49270025103020	Esomeprazole Magnesium For Delayed Release Susp Packet 20 MG			
49270025103040	Esomeprazole Magnesium For Delayed Release Susp Packet 40 MG			
49270025106520	Esomeprazole Magnesium Cap Delayed Release 20 MG (Base Eq)			
49270025106540	Esomeprazole Magnesium Cap Delayed Release 40 MG (Base Eq)			
49270025202140	Esomeprazole Sodium For Intravenous Soln 40 MG (Base Equiv)			
49270025306550	Esomeprazole Strontium Cap Delayed Release 49.3 MG			
49270040001820	*Lansoprazole Susp 3 MG/ML (Compound Kit)**			
49270040006510	Lansoprazole Cap Delayed Release 15 MG			
49270040006520	Lansoprazole Cap Delayed Release 30 MG			
49270040007215	Lansoprazole Tab Delayed Release Orally Disintegrating 15 MG			
49270040007230	Lansoprazole Tab Delayed Release Orally Disintegrating 30 MG			
49270060001820	*Omeprazole Susp 2 MG/ML (Compound Kit)**			
49270060006510	Omeprazole Cap Delayed Release 10 MG			
49270060006520	Omeprazole Cap Delayed Release 20 MG			
49270060006530	Omeprazole Cap Delayed Release 40 MG			
49270060103020	Omeprazole Magnesium For Delayed Release Susp Packet 2.5 MG			
49270060103030	Omeprazole Magnesium For Delayed Release Susp Packet 10 MG			
49270070100610	Pantoprazole Sodium EC Tab 20 MG (Base Equiv)			
49270070100620	Pantoprazole Sodium EC Tab 40 MG (Base Equiv)			
49270070102120	Pantoprazole Sodium For IV Soln 40 MG (Base Equiv)			
49270070103020	Pantoprazole Sodium For Delayed Release Susp Packet 40 MG			
49270076100620	Rabeprazole Sodium EC Tab 20 MG			
49270076106805	Rabeprazole Sodium Capsule Sprinkle DR 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)
49270076106810	Rabeprazole Sodium Capsule Sprinkle DR 10 MG			
49300010000305	Sucralfate Tab 1 GM			
49300010001820	Sucralfate Susp 1 GM/10ML			
49992003150120	Bismuth Subcit-Metronidazole-Tetracycline Cap 140-125-125 MG			
49993003206320	Amoxicillin Cap-Clarithro Tab-Lansopraz Cap DR Therapy Pack			
49993003256320	Amoxicillin Cap-Clarithro Tab w/ Omepraz Cap DR Therapy Pack			
49996002600120	Omeprazole-Sodium Bicarbonate Cap 20-1100 MG			
49996002600140	Omeprazole-Sodium Bicarbonate Cap 40-1100 MG			
49996002603020	Omeprazole-Sodium Bicarbonate Powd Pack for Susp 20-1680 MG			
49996002603040	Omeprazole-Sodium Bicarbonate Powd Pack for Susp 40-1680 MG			
50200050000305	Meclizine HCl Tab 12.5 MG			
50200050000310	Meclizine HCl Tab 25 MG			
50200060008610	Scopolamine TD Patch 72HR 1 MG/3DAYS			
50200070100120	Trimethobenzamide HCl Cap 300 MG			
50200070102005	Trimethobenzamide HCl Inj 100 MG/ML			
50250025200320	Dolasetron Mesylate Tab 50 MG			
50250025202020	Dolasetron Mesylate IV Inj 20 MG/ML			
50250035005920	Granisetron TD Patch 3.1 MG/24HR (Contains 34.3 MG)			
50250035100310	Granisetron HCl Tab 1 MG			
50250035102010	Granisetron HCl Inj 1 MG/ML			
50250065007220	Ondansetron Orally Disintegrating Tab 4 MG			
50250065007240	Ondansetron Orally Disintegrating Tab 8 MG			
50250065008240	Ondansetron Oral Soluble Film 8 MG			
50250065050310	Ondansetron HCl Tab 4 MG			
50250065050320	Ondansetron HCl Tab 8 MG			
50250065052024	Ondansetron HCl Inj 4 MG/2ML (2 MG/ML)			
50250065052030	Ondansetron HCl Inj 40 MG/20ML (2 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)
50250065052070	Ondansetron HCl Oral Soln 4 MG/5ML			
50250070102020	Palonosetron HCl IV Soln 0.25 MG/5ML (Base Equivalent)			
50280020000110	Aprepitant Capsule 40 MG			
50280020000120	Aprepitant Capsule 80 MG			
50280020000130	Aprepitant Capsule 125 MG			
50280020006320	Aprepitant Capsule Therapy Pack 80 & 125 MG			
50280035102130	Fosaprepitant Dimeglumine For IV Infusion 150 MG (Base Eq)			
50280050200320	Rolapitant HCl Tab 90 MG (Base Equiv)			
50300030000110	Dronabinol Cap 2.5 MG			
50300030000115	Dronabinol Cap 5 MG			
50300030000120	Dronabinol Cap 10 MG			
50309902100620	Doxylamine-Pyridoxine Tab Delayed Release 10-10 MG			
50309902290120	Netupitant-Palonosetron Cap 300-0.5 MG			
51200024000330	Pancrelipase (Lip-Prot-Amyl) Tab 10440-39150-39150 Unit			
51200024000360	Pancrelipase (Lip-Prot-Amyl) Tab 20880-78300-78300 Unit			
51200024006705	Pancrelipase (Lip-Prot-Amyl) DR Cap 3000-9500-15000 Unit			
51200024006706	Pancrelipase (Lip-Prot-Amyl) DR Cap 3000-10000-16000 Unit			
51200024006710	Pancrelipase (Lip-Prot-Amyl) DR Cap 4200-14200-24600 Unit			
51200024006715	Pancrelipase (Lip-Prot-Amyl) DR Cap 5000-17000-27000 Unit			
51200024006720	Pancrelipase (Lip-Prot-Amyl) DR Cap 6000-19000-30000 Unit			
51200024006725	Pancrelipase (Lip-Prot-Amyl) DR Cap 8000-28750-30250 Unit			
51200024006730	Pancrelipase (Lip-Prot-Amyl) DR Cap 10000-34000-55000 Unit			
51200024006734	Pancrelipase (Lip-Prot-Amyl) DR Cap 10500-35500-61500 Unit			
51200024006740	Pancrelipase (Lip-Prot-Amyl) DR Cap 12000-38000-60000 Unit			
51200024006748	Pancrelipase (Lip-Prot-Amyl) DR Cap 15000-51000-82000 Unit			
51200024006749	Pancrelipase (Lip-Prot-Amyl) DR Cap 16000-57500-60500 Unit			
51200024006750	Pancrelipase (Lip-Prot-Amyl) DR Cap 16800-56800-98400 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)
51200024006752	Pancrelipase (Lip-Prot-Amyl) DR Cap 20000-68000-109000 Unit			
51200024006754	Pancrelipase (Lip-Prot-Amyl) DR Cap 21000-54700-83900 Unit			
51200024006760	Pancrelipase (Lip-Prot-Amyl) DR Cap 24000-76000-120000 Unit			
51200024006765	Pancrelipase (Lip-Prot-Amyl) DR Cap 25000-85000-136000 Unit			
51200024006780	Pancrelipase (Lip-Prot-Amyl) DR Cap 36000-114000-180000 Unit			
51200024006785	Pancrelipase (Lip-Prot-Amyl) DR Cap 40000-136000-218000 Unit			
51200060002030	Sacrosidase Soln 8500 Unit/ML			
52100040000120	Ursodiol Cap 300 MG			
52100040000325	Ursodiol Tab 250 MG			
52100040000350	Ursodiol Tab 500 MG			
52160015101320	Cromolyn Sodium Oral Conc 100 MG/5ML			
52300020100303	Metoclopramide HCl Tab 5 MG			
52300020100305	Metoclopramide HCl Tab 10 MG			
52300020102005	Metoclopramide HCl Inj 5 MG/ML			
52300020102013	Metoclopramide HCl Soln 5 MG/5ML (10 MG/10ML)			
52300020107210	Metoclopramide HCl Orally Disintegrating Tab 5 MG			
52300020107220	Metoclopramide HCl Orally Disintegrating Tab 10 MG			
52400020002010	Lactulose (Encephalopathy) Solution 10 GM/15ML			
52450045000110	Lubiprostone Cap 8 MCG			
52450045000120	Lubiprostone Cap 24 MCG			
52500020100120	Balsalazide Disodium Cap 750 MG			
52500020100320	Balsalazide Disodium Tab 1.1 GM			
52500030000210	Mesalamine Cap CR 250 MG			
52500030000220	Mesalamine Cap CR 500 MG			
52500030000620	Mesalamine Tab Delayed Release 400 MG			
52500030000650	Mesalamine Tab Delayed Release 800 MG			
52500030000670	Mesalamine Tab Delayed Release 1.2 GM			

**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)
52500030005105	Mesalamine Enema 4 GM			
52500030005240	Mesalamine Suppos 1000 MG			
52500030006530	Mesalamine Cap DR 400 MG			
52500030007020	Mesalamine Cap SR 24HR 0.375 GM			
52500030206420	*Mesalamine Rectal Enema 4 GM & Cleanser Wipe Kit**			
52500040100120	Olsalazine Sodium Cap 250 MG			
52500060000310	Sulfasalazine Tab 500 MG			
52500060000610	Sulfasalazine Tab Delayed Release 500 MG			
52503080002120	Vedolizumab For IV Solution 300 MG			
52504070002020	Ustekinumab IV Soln 130 MG/26ML (5 MG/ML) (For IV Infusion)			
52505020106420	Certolizumab Pegol For Inj Kit 2 X 200 MG			
52505020106440	Certolizumab Pegol Inj Kit 2 X 200 MG/ML			
52505020106460	Certolizumab Pegol Inj Kit 6 X 200 MG/ML			
52505040002120	Infliximab For IV Inj 100 MG			
52533070006420	Teduglutide (rDNA) For Inj Kit 5 MG			
52554015100310	Alosetron HCl Tab 0.5 MG (Base Equiv)			
52554015100320	Alosetron HCl Tab 1 MG (Base Equiv)			
52557050000120	Linaclotide Cap 145 MCG			
52557050000140	Linaclotide Cap 290 MCG			
52558020000330	Eluxadoline Tab 75 MG			
52558020000340	Eluxadoline Tab 100 MG			
52580050100320	Methylnaltrexone Bromide Tab 150 MG			
52580050102015	Methylnaltrexone Bromide Inj 8 MG/0.4ML (20 MG/ML)			
52580050102020	Methylnaltrexone Bromide Inj 12 MG/0.6ML (20 MG/ML)			
52580060300320	Naloxegol Oxalate Tab 12.5 MG (Base Equivalent)			
52580060300330	Naloxegol Oxalate Tab 25 MG (Base Equivalent)			
52750060000320	Obeticholic Acid 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)
52750060000330	Obeticholic Acid Tab 10 MG			
52800020100120	Calcium Acetate (Phosphate Binder) Cap 667 MG (169 MG Ca)			
52800020100320	Calcium Acetate (Phosphate Binder) Tab 667 MG			
52800020102020	Calcium Acetate (Phosphate Binder) Oral Soln 667 MG/5ML			
52800030100320	Ferric Citrate Tab 1 GM (210 MG Ferric Iron)			
52800045200540	Lanthanum Carbonate Chew Tab 500 MG (Elemental)			
52800045200550	Lanthanum Carbonate Chew Tab 750 MG (Elemental)			
52800045200560	Lanthanum Carbonate Chew Tab 1000 MG (Elemental)			
52800045203030	Lanthanum Carbonate Oral Powder Pack 750 MG (Elemental)			
52800045203040	Lanthanum Carbonate Oral Powder Pack 1000 MG (Elemental)			
52800070050340	Sevelamer Carbonate Tab 800 MG			
52800070053020	Sevelamer Carbonate Packet 0.8 GM			
52800070053040	Sevelamer Carbonate Packet 2.4 GM			
52800070100320	Sevelamer HCl Tab 400 MG			
52800070100340	Sevelamer HCl Tab 800 MG			
52800080100520	Sucroferric Oxyhydroxide Chew Tab 500 MG			
53000015203020	Fosfomycin Tromethamine Powd Pack 3 GM (Base Equivalent)			
53000020100310	Methenamine Mandelate Tab 0.5 GM			
53000020100320	Methenamine Mandelate Tab 1 GM			
53000020200305	Methenamine Hippurate Tab 1 GM			
53000050001810	Nitrofurantoin Susp 25 MG/5ML			
53000050100110	Nitrofurantoin Macrocrystalline Cap 25 MG			
53000050100115	Nitrofurantoin Macrocrystalline Cap 50 MG			
53000050100120	Nitrofurantoin Macrocrystalline Cap 100 MG			
53000050150120	Nitrofurantoin Monohydrate Macrocrystalline Cap 100 MG			
53992004200325	*Methenamine-Hyoscamine-Meth Blue-Sod Phos Tab 81.6 MG***			
53992005150325	Methenamine-Hyosc-Meth Blue-Benz Acid-Phenyl Sal Tab 81.6MG			

**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)
53992005200128	*Methenamine-Hyosc-Meth Blue-Sod Phos-Phen Sal Cap 118 MG***			
53992005200130	*Methenamine-Hyosc-Meth Blue-Sod Phos-Phen Sal Cap 120 MG***			
53992005200320	*Methenamine-Hyosc-Meth Blue-Sod Phos-Phen Sal Tab 81 MG***			
53992005200322	*Methenamine-Hyos-Meth Blue-Sod Phos-Phen Sal Tab 81.6 MG***			
54100010207520	Darifenacin Hydrobromide Tab SR 24HR 7.5 MG (Base Equiv)			
54100010207530	Darifenacin Hydrobromide Tab SR 24HR 15 MG (Base Equiv)			
54100020207520	Fesoterodine Fumarate Tab SR 24HR 4 MG			
54100020207530	Fesoterodine Fumarate Tab SR 24HR 8 MG			
54100045004020	Oxybutynin TD Gel 3% (28 MG/ACT Metered-Dose Pump)			
54100045008720	Oxybutynin TD Patch Twice Weekly 3.9 MG/24HR			
54100045200330	Oxybutynin Chloride Tab 5 MG			
54100045201220	Oxybutynin Chloride Syrup 5 MG/5ML			
54100045204030	Oxybutynin Chloride TD Gel 10%			
54100045207520	Oxybutynin Chloride Tab SR 24HR 5 MG			
54100045207530	Oxybutynin Chloride Tab SR 24HR 10 MG			
54100045207540	Oxybutynin Chloride Tab SR 24HR 15 MG			
54100055200320	Solifenacin Succinate Tab 5 MG			
54100055200330	Solifenacin Succinate Tab 10 MG			
54100060200320	Tolterodine Tartrate Tab 1 MG			
54100060200330	Tolterodine Tartrate Tab 2 MG			
54100060207020	Tolterodine Tartrate Cap SR 24HR 2 MG			
54100060207030	Tolterodine Tartrate Cap SR 24HR 4 MG			
54100065200320	Trospium Chloride Tab 20 MG			
54100065207020	Trospium Chloride Cap SR 24HR 60 MG			
54200050007520	Mirabegron Tab SR 24 HR 25 MG			
54200050007530	Mirabegron Tab SR 24 HR 50 MG			
54300010100310	Bethanechol Chloride 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)
54300010100320	Bethanechol Chloride Tab 10 MG			
54300010100330	Bethanechol Chloride Tab 25 MG			
54300010100340	Bethanechol Chloride Tab 50 MG			
54400025100310	Flavoxate HCl Tab 100 MG			
55100018103720	Clindamycin Phosphate Vaginal Cream 2%			
55100018105220	Clindamycin Phosphate Vaginal Suppos 100 MG			
55100018113720	Clindamycin Phosphate (One Dose) Vaginal Cream 2%			
55100035004020	Metronidazole Vaginal Gel 0.75%			
55100035004030	Metronidazole Vaginal Gel 1.3%			
55100070003705	Sulfanilamide Vaginal Cream 15%			
55104015123720	Butoconazole Nitrate (One Dose) Vaginal Cream 2%			
55104050105210	Miconazole Nitrate Vaginal Suppos 200 MG			
55104070003710	Terconazole Vaginal Cream 0.4%			
55104070003720	Terconazole Vaginal Cream 0.8%			
55104070005210	Terconazole Vaginal Suppos 80 MG			
55300010004030	Nonoxynol-9 Gel 3%			
55350020000310	Estradiol Vaginal Tab 10 MCG			
55350020003705	Estradiol Vaginal Cream 0.1 MG/GM			
55350020009020	Estradiol Vaginal Ring 2 MG (7.5 MCG/24HRS)			
55350020109020	Estradiol Acetate Vaginal Ring 0.05 MG/24HR			
55350020109030	Estradiol Acetate Vaginal Ring 0.1 MG/24HR			
55350025003710	Estrogens, Conjugated Vaginal Cream 0.625 MG/GM			
55370060004010	Progesterone Vaginal Gel 4%			
55370060004020	Progesterone Vaginal Gel 8%			
55370060005205	Progesterone Vaginal Suppository 50 MG			
55370060005210	Progesterone Vaginal Suppository 100 MG			
55370060005220	Progesterone Vaginal Suppository 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)
55370060005230	Progesterone Vaginal Suppository 400 MG			
55370060009910	Progesterone Vaginal Insert 100 MG			
55409902204020	Acetic Acid-Oxyquinoline Vaginal Gel 0.9-0.025%			
56101002200320	Potassium & Sodium Acid Phosphates Tab 305-700 MG			
56202010200420	Potassium Citrate Tab CR 5 MEQ (540 MG)			
56202010200440	Potassium Citrate Tab CR 10 MEQ (1080 MG)			
56202010200460	Potassium Citrate Tab CR 15 MEQ (1620 MG)			
56202020002010	Sodium Citrate & Citric Acid Soln 500-334 MG/5ML			
56202020002020	Sodium Citrate & Citric Acid Soln 490-640 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			
56202030102020	Pot & Sod Citrates w/ Cit Ac Soln 550-500-334 MG/5ML			
56300010100305	Phenazopyridine HCl Tab 100 MG			
56300010100310	Phenazopyridine HCl Tab 200 MG			
56400030100140	Cysteamine Bitartrate Cap 150 MG			
56500010002010	Dimethyl Sulfoxide Soln 50%			
56500060100110	Pentosan Polysulfate Sodium Caps 100 MG			
56600020000310	Acetohydroxamic Acid Tab 250 MG			
56600050000310	Tiopronin Tab 100 MG			
56700020002000	*Citric Acid-Gluconolactone-Magnesium Carbonate Soln**			
56700040002005	Acetic Acid Irrigation Soln 0.25%			
56700060002010	Sodium Chloride Irrigation Soln 0.9%			
56701002102000	Neomycin-Polymyxin B GU Irrigation Soln			
56851020000120	Dutasteride Cap 0.5 MG			
56851030000320	Finasteride Tab 5 MG			
56852010107530	Alfuzosin HCl Tab SR 24HR 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)
56852025207520	Doxazosin Mesylate Tab SR 24 HR 4 MG (Base Equiv)			
56852025207530	Doxazosin Mesylate Tab SR 24 HR 8 MG (Base Equiv)			
56852060000120	Silodosin Cap 4 MG			
56852060000140	Silodosin Cap 8 MG			
56852070100110	Tamsulosin HCl Cap 0.4 MG			
56859902250120	Dutasteride-Tamsulosin HCl Cap 0.5-0.4 MG			
57100010000305	Alprazolam Tab 0.25 MG			
57100010000310	Alprazolam Tab 0.5 MG			
57100010000315	Alprazolam Tab 1 MG			
57100010000320	Alprazolam Tab 2 MG			
57100010001310	Alprazolam Conc 1 MG/ML			
57100010007205	Alprazolam Orally Disintegrating Tab 0.25 MG			
57100010007210	Alprazolam Orally Disintegrating Tab 0.5 MG			
57100010007215	Alprazolam Orally Disintegrating Tab 1 MG			
57100010007220	Alprazolam Orally Disintegrating 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			

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)
57100040000315	Diazepam Tab 10 MG			
57100040001310	Diazepam Conc 5 MG/ML			
57100040002001	Diazepam Oral Soln 1 MG/ML			
57100040002010	Diazepam Inj 5 MG/ML			
5710004000D520	Diazepam IM Solution Auto-inj 10 MG/2ML			
57100060000305	Lorazepam Tab 0.5 MG			
57100060000310	Lorazepam Tab 1 MG			
57100060000315	Lorazepam Tab 2 MG			
57100060001320	Lorazepam Conc 2 MG/ML			
57100060002005	Lorazepam Inj 2 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			
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			
57200040200105	Hydroxyzine Pamoate Cap 25 MG			
57200040200110	Hydroxyzine Pamoate Cap 50 MG			
57200040200115	Hydroxyzine Pamoate Cap 100 MG			
57200050000305	Meprobamate 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)
57200050000310	Meprobamate Tab 400 MG			
58030050000308	Mirtazapine Tab 7.5 MG			
58030050000315	Mirtazapine Tab 15 MG			
58030050000330	Mirtazapine Tab 30 MG			
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			
58100010000305	Isocarboxazid Tab 10 MG			
58100020100305	Phenelzine Sulfate Tab 15 MG			
58100027008520	Selegiline TD Patch 24HR 6 MG/24HR			
58100027008530	Selegiline TD Patch 24HR 9 MG/24HR			
58100027008540	Selegiline TD Patch 24HR 12 MG/24HR			
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			
58120088100310	Vilazodone HCl Tab 10 MG			
58120088100320	Vilazodone HCl Tab 20 MG			
58120088100340	Vilazodone HCl Tab 40 MG			
58120088106410	Vilazodone HCl Tab Starter Kit 10 (7) & 20 (23) 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)
58120088106420	Vilazodone HCl Tab Starter Kit 10 (7) & 20 (7) & 40 (16) MG			
58120093100310	Vortioxetine HBr Tab 5 MG (Base Equiv)			
58120093100320	Vortioxetine HBr Tab 10 MG (Base Equiv)			
58120093100340	Vortioxetine HBr Tab 20 MG (Base Equiv)			
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			
58160034100310	Escitalopram Oxalate Tab 5 MG (Base Equiv)			
58160034100320	Escitalopram Oxalate Tab 10 MG (Base Equiv)			
58160034100330	Escitalopram Oxalate Tab 20 MG (Base Equiv)			
58160034102020	Escitalopram Oxalate Soln 5 MG/5ML (Base Equiv)			
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			
58160040000360	Fluoxetine HCl Tab 60 MG			
58160040002020	Fluoxetine HCl Solution 20 MG/5ML			
58160040006530	Fluoxetine HCl Cap Delayed Release 90 MG			
58160045100310	Fluvoxamine Maleate Tab 25 MG			
58160045100320	Fluvoxamine Maleate Tab 50 MG			
58160045100330	Fluvoxamine Maleate Tab 100 MG			
58160045107020	Fluvoxamine Maleate Cap SR 24HR 100 MG			
58160045107030	Fluvoxamine Maleate Cap SR 24HR 150 MG			
58160060000310	Paroxetine HCl Tab 10 MG			
58160060000320	Paroxetine HCl 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)
58160060000330	Paroxetine HCl Tab 30 MG			
58160060000340	Paroxetine HCl Tab 40 MG			
58160060001820	Paroxetine HCl Oral Susp 10 MG/5ML (Base Equiv)			
58160060007520	Paroxetine HCl Tab SR 24HR 12.5 MG			
58160060007530	Paroxetine HCl Tab SR 24HR 25 MG			
58160060007540	Paroxetine HCl Tab SR 24HR 37.5 MG			
58160060300310	Paroxetine Mesylate Tab 10 MG (Base Equiv)			
58160060300320	Paroxetine Mesylate Tab 20 MG (Base Equiv)			
58160060300330	Paroxetine Mesylate Tab 30 MG (Base Equiv)			
58160060300340	Paroxetine Mesylate Tab 40 MG (Base Equiv)			
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			
58180020007520	Desvenlafaxine Tab SR 24HR 50 MG			
58180020007540	Desvenlafaxine Tab SR 24HR 100 MG			
58180020207510	Desvenlafaxine Succinate Tab SR 24HR 25 MG (Base Equiv)			
58180020207520	Desvenlafaxine Succinate Tab SR 24HR 50 MG (Base Equiv)			
58180020207540	Desvenlafaxine Succinate Tab SR 24HR 100 MG (Base Equiv)			
58180025106720	Duloxetine HCl Enteric Coated Pellets Cap 20 MG			
58180025106730	Duloxetine HCl Enteric Coated Pellets Cap 30 MG			
58180025106740	Duloxetine HCl Enteric Coated Pellets Cap 40 MG			
58180025106750	Duloxetine HCl Enteric Coated Pellets Cap 60 MG			
58180050107020	Levomilnacipran HCl Cap SR 24HR 20 MG (Base Equivalent)			
58180050107040	Levomilnacipran HCl Cap SR 24HR 40 MG (Base Equivalent)			
58180050107060	Levomilnacipran HCl Cap SR 24HR 80 MG (Base Equivalent)			
58180050107080	Levomilnacipran HCl Cap SR 24HR 120 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)
5818005010B620	Levomilnacipran HCl Cap SR 24HR 20 & 40 MG Therapy Pack			
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			
58180090107020	Venlafaxine HCl Cap SR 24HR 37.5 MG (Base Equivalent)			
58180090107030	Venlafaxine HCl Cap SR 24HR 75 MG (Base Equivalent)			
58180090107050	Venlafaxine HCl Cap SR 24HR 150 MG (Base Equivalent)			
58180090107510	Venlafaxine HCl Tab SR 24HR 37.5 MG (Base Equivalent)			
58180090107520	Venlafaxine HCl Tab SR 24HR 75 MG (Base Equivalent)			
58180090107530	Venlafaxine HCl Tab SR 24HR 150 MG (Base Equivalent)			
58180090107540	Venlafaxine HCl Tab SR 24HR 225 MG (Base Equivalent)			
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			
58200020000305	Amoxapine Tab 25 MG			
58200020000310	Amoxapine Tab 50 MG			
58200020000315	Amoxapine Tab 100 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			
58200030100310	Desipramine HCl 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)
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			
58200070100305	Protriptyline HCl Tab 5 MG			
58200070100310	Protriptyline HCl Tab 10 MG			
58200080100105	Trimipramine Maleate Cap 25 MG			
58200080100110	Trimipramine Maleate Cap 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)
58300010100305	Maprotiline HCl Tab 25 MG			
58300010100310	Maprotiline HCl Tab 50 MG			
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			
58300040107520	Bupropion HCl Tab SR 24HR 150 MG			
58300040107530	Bupropion HCl Tab SR 24HR 300 MG			
58300040107545	Bupropion HCl Tab SR 24HR 450 MG			
58300040207520	Bupropion HBr Tab SR 24HR 174 MG			
58300040207530	Bupropion HBr Tab SR 24HR 348 MG			
58300040207540	Bupropion HBr Tab SR 24HR 522 MG			
59070035000310	Iloperidone Tab 1 MG			
59070035000320	Iloperidone Tab 2 MG			
59070035000340	Iloperidone Tab 4 MG			
59070035000360	Iloperidone Tab 6 MG			
59070035000380	Iloperidone Tab 8 MG			
59070035000390	Iloperidone Tab 12 MG			
59070050007505	Paliperidone Tab SR 24HR 1.5 MG			
59070050007510	Paliperidone Tab SR 24HR 3 MG			
59070050007520	Paliperidone Tab SR 24HR 6 MG			
59070050007530	Paliperidone Tab SR 24HR 9 MG			
59070050101838	Paliperidone Palmitate IM Extended-Release Susp 78 MG/0.5ML			
59070050101839	Paliperidone Palmitate IM Extend-Release Susp 117 MG/0.75ML			
59070050101840	Paliperidone Palmitate IM Extended-Release Susp 156 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)
59070050101845	Paliperidone Palmitate IM Extended-Release Susp 234 MG/1.5ML			
59070050101860	Paliperidone Palmitate IM Extend-Release Susp 410 MG/1.315ML			
59070050101870	Paliperidone Palmitate IM Extend-Release Susp 546 MG/1.75ML			
59070050101880	Paliperidone Palmitate IM Extend-Release Susp 819 MG/2.625ML			
59070070000303	Risperidone Tab 0.25 MG			
59070070000306	Risperidone Tab 0.5 MG			
59070070000310	Risperidone Tab 1 MG			
59070070000320	Risperidone Tab 2 MG			
59070070000330	Risperidone Tab 3 MG			
59070070000340	Risperidone Tab 4 MG			
59070070002010	Risperidone Soln 1 MG/ML			
59070070007210	Risperidone Orally Disintegrating Tab 0.25 MG			
59070070007220	Risperidone Orally Disintegrating Tab 0.5 MG			
59070070007230	Risperidone Orally Disintegrating Tab 1 MG			
59070070007240	Risperidone Orally Disintegrating Tab 2 MG			
59070070007250	Risperidone Orally Disintegrating Tab 3 MG			
59070070007260	Risperidone Orally Disintegrating Tab 4 MG			
59070070101910	Risperidone Microspheres For Inj 12.5 MG			
59070070101920	Risperidone Microspheres For Inj 25 MG			
59070070101930	Risperidone Microspheres For Inj 37.5 MG			
59070070101940	Risperidone Microspheres For Inj 50 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			

**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)
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			
59152020000325	Clozapine Tab 50 MG			
59152020000330	Clozapine Tab 100 MG			
59152020000340	Clozapine Tab 200 MG			
59152020007210	Clozapine Orally Disintegrating Tab 12.5 MG			
59152020007220	Clozapine Orally Disintegrating Tab 25 MG			
59152020007230	Clozapine Orally Disintegrating Tab 100 MG			
59152020007240	Clozapine Orally Disintegrating Tab 150 MG			
59152020007250	Clozapine Orally Disintegrating Tab 200 MG			
59153070100310	Quetiapine Fumarate Tab 25 MG			
59153070100314	Quetiapine Fumarate Tab 50 MG			
59153070100320	Quetiapine Fumarate Tab 100 MG			
59153070100330	Quetiapine Fumarate Tab 200 MG			
59153070100340	Quetiapine Fumarate Tab 300 MG			
59153070100350	Quetiapine Fumarate Tab 400 MG			
59153070107505	Quetiapine Fumarate Tab SR 24HR 50 MG			
59153070107515	Quetiapine Fumarate Tab SR 24HR 150 MG			
59153070107520	Quetiapine Fumarate Tab SR 24HR 200 MG			
59153070107530	Quetiapine Fumarate Tab SR 24HR 300 MG			
59153070107540	Quetiapine Fumarate Tab SR 24HR 400 MG			
59154020200105	Loxapine Succinate Cap 5 MG			
59154020200110	Loxapine Succinate Cap 10 MG			
59154020200115	Loxapine Succinate Cap 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)
59154020200120	Loxapine Succinate Cap 50 MG			
59155015100710	Asenapine Maleate SL Tab 2.5 MG (Base Equiv)			
59155015100720	Asenapine Maleate SL Tab 5 MG (Base Equiv)			
59155015100730	Asenapine Maleate SL Tab 10 MG (Base Equiv)			
59157060000305	Olanzapine Tab 2.5 MG			
59157060000310	Olanzapine Tab 5 MG			
59157060000315	Olanzapine Tab 7.5 MG			
59157060000320	Olanzapine Tab 10 MG			
59157060000330	Olanzapine Tab 15 MG			
59157060000340	Olanzapine Tab 20 MG			
59157060002120	Olanzapine For IM Inj 10 MG			
59157060007210	Olanzapine Orally Disintegrating Tab 5 MG			
59157060007220	Olanzapine Orally Disintegrating Tab 10 MG			
59157060007230	Olanzapine Orally Disintegrating Tab 15 MG			
59157060007240	Olanzapine Orally Disintegrating Tab 20 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			
59200015102005	Chlorpromazine HCl Inj 25 MG/ML			
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			
59200025102005	Fluphenazine HCl Inj 2.5 MG/ML			
59200025302005	Fluphenazine Decanoate Inj 25 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)
59200045000305	Perphenazine Tab 2 MG			
59200045000310	Perphenazine Tab 4 MG			
59200045000315	Perphenazine Tab 8 MG			
59200045000320	Perphenazine Tab 16 MG			
59200055005215	Prochlorperazine Suppos 25 MG			
59200055100305	Prochlorperazine Maleate Tab 5 MG (Base Equivalent)			
59200055100310	Prochlorperazine Maleate Tab 10 MG (Base Equivalent)			
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			
59250015000305	Aripiprazole Tab 2 MG			
59250015000310	Aripiprazole Tab 5 MG			
59250015000320	Aripiprazole Tab 10 MG			
59250015000330	Aripiprazole Tab 15 MG			
59250015000340	Aripiprazole Tab 20 MG			
59250015000350	Aripiprazole Tab 30 MG			
59250015001920	Aripiprazole IM For Extended Release Susp 300 MG			
59250015001930	Aripiprazole IM For Extended Release Susp 400 MG			
59250015002020	Aripiprazole Oral Solution 1 MG/ML			
59250015007220	Aripiprazole Orally Disintegrating Tab 10 MG			
5925001520E420	Aripiprazole Lauroxil IM ER Susp Prefilled Syr 441 MG/1.6ML			

**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)
5925001520E430	Aripiprazole Lauroxil IM ER Susp Prefilled Syr 662 MG/2.4ML			
5925001520E440	Aripiprazole Lauroxil IM ER Susp Prefilled Syr 882 MG/3.2ML			
59250020000310	Brexpiprazole Tab 0.25 MG			
59250020000320	Brexpiprazole Tab 0.5 MG			
59250020000330	Brexpiprazole Tab 1 MG			
59250020000340	Brexpiprazole Tab 2 MG			
59250020000350	Brexpiprazole Tab 3 MG			
59250020000360	Brexpiprazole Tab 4 MG			
59300020100105	Thiothixene Cap 1 MG			
59300020100110	Thiothixene Cap 2 MG			
59300020100115	Thiothixene Cap 5 MG			
59300020100120	Thiothixene Cap 10 MG			
59400015006910	Carbamazepine (Antipsychotic) Cap SR 12HR 100 MG			
59400015006920	Carbamazepine (Antipsychotic) Cap SR 12HR 200 MG			
59400015006930	Carbamazepine (Antipsychotic) Cap SR 12HR 300 MG			
59400018100120	Cariprazine HCl Cap 1.5 MG (Base Equivalent)			
59400018100130	Cariprazine HCl Cap 3 MG (Base Equivalent)			
59400018100140	Cariprazine HCl Cap 4.5 MG (Base Equivalent)			
59400018100150	Cariprazine HCl Cap 6 MG (Base Equivalent)			
5940001810B220	Cariprazine HCl Cap Therapy Pack 1.5 MG (1) & 3 MG (6)			
59400023100310	Lurasidone HCl Tab 20 MG			
59400023100320	Lurasidone HCl Tab 40 MG			
59400023100330	Lurasidone HCl Tab 60 MG			
59400023100340	Lurasidone HCl Tab 80 MG			
59400023100350	Lurasidone HCl Tab 120 MG			
59400028200320	Pimavanserin Tartrate Tab 17 MG (Base Equivalent)			
59400085100120	Ziprasidone HCl Cap 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)
59400085100130	Ziprasidone HCl Cap 40 MG			
59400085100140	Ziprasidone HCl Cap 60 MG			
59400085100150	Ziprasidone HCl Cap 80 MG			
59400085202120	Ziprasidone Mesylate For Inj 20 MG (Base Equivalent)			
59500010002010	Lithium Oral Solution 8 mEq/5ML			
59500010100103	Lithium Carbonate Cap 150 MG			
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			
60100025100310	Butabarbital Sodium Tab 30 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			
60100070100110	Secobarbital Sodium Cap 100 MG			
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)			

**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)
60201025102005	Midazolam HCl Inj 5 MG/ML (Base Equivalent)			
60201025102050	Midazolam HCl Inj 50 MG/10ML (Base Equivalent)			
60201030000103	Temazepam Cap 7.5 MG			
60201030000105	Temazepam Cap 15 MG			
60201030000108	Temazepam Cap 22.5 MG			
60201030000110	Temazepam Cap 30 MG			
60201040000305	Triazolam Tab 0.125 MG			
60201040000310	Triazolam Tab 0.25 MG			
60204035000320	Eszopiclone Tab 1 MG			
60204035000330	Eszopiclone Tab 2 MG			
60204035000340	Eszopiclone Tab 3 MG			
60204070000120	Zaleplon Cap 5 MG			
60204070000130	Zaleplon Cap 10 MG			
60204080100310	Zolpidem Tartrate Tab 5 MG			
60204080100315	Zolpidem Tartrate Tab 10 MG			
60204080100410	Zolpidem Tartrate Tab CR 6.25 MG			
60204080100420	Zolpidem Tartrate Tab CR 12.5 MG			
60204080100708	Zolpidem Tartrate SL Tab 1.75 MG			
60204080100715	Zolpidem Tartrate SL Tab 3.5 MG			
60204080100730	Zolpidem Tartrate SL Tab 10 MG			
60204080102020	Zolpidem Tartrate Oral Spray 5 MG/ACT			
60250060000320	Ramelteon Tab 8 MG			
60250070000130	Tasimelteon Capsule 20 MG			
60400030100320	Doxepin HCl (Sleep) Tab 3 MG (Base Equiv)			
60400030100330	Doxepin HCl (Sleep) Tab 6 MG (Base Equiv)			
60500070000305	Suvorexant Tab 5 MG			
60500070000310	Suvorexant 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)
60500070000315	Suvorexant Tab 15 MG			
60500070000320	Suvorexant Tab 20 MG			
6110001000G120	Amphetamine Extended Release Susp 2.5 MG/ML			
6110001000H410	Amphetamine Tab Extended Release Dispersible 3.1 MG			
6110001000H420	Amphetamine Tab Extended Release Dispersible 6.3 MG			
6110001000H430	Amphetamine Tab Extended Release Dispersible 9.4 MG			
6110001000H440	Amphetamine Tab Extended Release Dispersible 12.5 MG			
6110001000H450	Amphetamine Tab Extended Release Dispersible 15.7 MG			
6110001000H460	Amphetamine Tab Extended Release Dispersible 18.8 MG			
61100010100310	Amphetamine Sulfate Tab 5 MG			
61100010100320	Amphetamine Sulfate Tab 10 MG			
61100020100303	Dextroamphetamine Sulfate Tab 2.5 MG			
61100020100305	Dextroamphetamine Sulfate Tab 5 MG			
61100020100308	Dextroamphetamine Sulfate Tab 7.5 MG			
61100020100310	Dextroamphetamine Sulfate Tab 10 MG			
61100020100315	Dextroamphetamine Sulfate Tab 15 MG			
61100020100330	Dextroamphetamine Sulfate Tab 20 MG			
61100020100350	Dextroamphetamine Sulfate Tab 30 MG			
61100020102020	Dextroamphetamine Sulfate Oral Solution 5 MG/5ML			
61100020107005	Dextroamphetamine Sulfate Cap SR 24HR 5 MG			
61100020107010	Dextroamphetamine Sulfate Cap SR 24HR 10 MG			
61100020107015	Dextroamphetamine Sulfate Cap SR 24HR 15 MG			
61100025100110	Lisdexamfetamine Dimesylate Cap 10 MG			
61100025100120	Lisdexamfetamine Dimesylate Cap 20 MG			
61100025100130	Lisdexamfetamine Dimesylate Cap 30 MG			
61100025100140	Lisdexamfetamine Dimesylate Cap 40 MG			
61100025100150	Lisdexamfetamine Dimesylate Cap 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)
61100025100160	Lisdexamfetamine Dimesylate Cap 60 MG			
61100025100170	Lisdexamfetamine Dimesylate Cap 70 MG			
61100030100305	Methamphetamine HCl Tab 5 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			
61109902107005	Amphetamine-Dextroamphetamine Cap SR 24HR 5 MG			
61109902107010	Amphetamine-Dextroamphetamine Cap SR 24HR 10 MG			
61109902107015	Amphetamine-Dextroamphetamine Cap SR 24HR 15 MG			
61109902107020	Amphetamine-Dextroamphetamine Cap SR 24HR 20 MG			
61109902107025	Amphetamine-Dextroamphetamine Cap SR 24HR 25 MG			
61109902107030	Amphetamine-Dextroamphetamine Cap SR 24HR 30 MG			
61200010100310	Benzphetamine HCl Tab 50 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			
61200070107215	Phentermine HCl Orally Disintegrating Tab 15 MG			
61200070107230	Phentermine HCl Orally Disintegrating 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)
61209902307020	Phentermine HCl-Topiramate Cap SR 24HR 3.75-23 MG			
61209902307030	Phentermine HCl-Topiramate Cap SR 24HR 7.5-46 MG			
61209902307040	Phentermine HCl-Topiramate Cap SR 24HR 11.25-69 MG			
61209902307050	Phentermine HCl-Topiramate Cap SR 24HR 15-92 MG			
6125205000D220	Liraglutide (Weight Management) Soln Pen-Injector 18 MG/3ML			
61253560000120	Orlistat Cap 120 MG			
61256550100320	Lorcaserin HCl Tab 10 MG			
61256550107520	Lorcaserin HCl Tab SR 24HR 20 MG			
61259902507420	Naltrexone HCl-Bupropion HCl Tab SR 12HR 8-90 MG			
61300010102020	Caffeine Citrate Inj 60 MG/3ML (10 MG/ML Base Equiv)			
61300010102060	Caffeine Citrate Oral Soln 60 MG/3ML (10 MG/ML Base Equiv)			
61353020107420	Clonidine HCl Tab SR 12HR 0.1 MG			
61353030107520	Guanfacine HCl Tab SR 24HR 1 MG (Base Equiv)			
61353030107530	Guanfacine HCl Tab SR 24HR 2 MG (Base Equiv)			
61353030107540	Guanfacine HCl Tab SR 24HR 3 MG (Base Equiv)			
61353030107550	Guanfacine HCl Tab SR 24HR 4 MG (Base Equiv)			
61354015100110	Atomoxetine HCl Cap 10 MG (Base Equiv)			
61354015100118	Atomoxetine HCl Cap 18 MG (Base Equiv)			
61354015100125	Atomoxetine HCl Cap 25 MG (Base Equiv)			
61354015100140	Atomoxetine HCl Cap 40 MG (Base Equiv)			
61354015100160	Atomoxetine HCl Cap 60 MG (Base Equiv)			
61354015100170	Atomoxetine HCl Cap 80 MG (Base Equiv)			
61354015100180	Atomoxetine HCl Cap 100 MG (Base Equiv)			
61400010000310	Armodafinil Tab 50 MG			
61400010000330	Armodafinil Tab 150 MG			
61400010000335	Armodafinil Tab 200 MG			
61400010000340	Armodafinil 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)
61400016100320	Dexmethylphenidate HCl Tab 2.5 MG			
61400016100330	Dexmethylphenidate HCl Tab 5 MG			
61400016100340	Dexmethylphenidate HCl Tab 10 MG			
61400016107020	Dexmethylphenidate HCl Cap SR 24 HR 5 MG			
61400016107030	Dexmethylphenidate HCl Cap SR 24 HR 10 MG			
61400016107035	Dexmethylphenidate HCl Cap SR 24 HR 15 MG			
61400016107040	Dexmethylphenidate HCl Cap SR 24 HR 20 MG			
61400016107045	Dexmethylphenidate HCl Cap SR 24 HR 25 MG			
61400016107050	Dexmethylphenidate HCl Cap SR 24 HR 30 MG			
61400016107055	Dexmethylphenidate HCl Cap SR 24 HR 35 MG			
61400016107060	Dexmethylphenidate HCl Cap SR 24 HR 40 MG			
61400020005910	Methylphenidate TD Patch 10 MG/9HR			
61400020005915	Methylphenidate TD Patch 15 MG/9HR			
61400020005920	Methylphenidate TD Patch 20 MG/9HR			
61400020005930	Methylphenidate TD Patch 30 MG/9HR			
61400020100210	Methylphenidate HCl Cap CR 10 MG (CD)			
61400020100220	Methylphenidate HCl Cap CR 20 MG (CD)			
61400020100230	Methylphenidate HCl Cap CR 30 MG (CD)			
61400020100240	Methylphenidate HCl Cap CR 40 MG (CD)			
61400020100250	Methylphenidate HCl Cap CR 50 MG (CD)			
61400020100260	Methylphenidate HCl Cap CR 60 MG (CD)			
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			
61400020100460	Methylphenidate HCl Tab SA OSM 18 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)
61400020100465	Methylphenidate HCl Tab SA OSM 27 MG			
61400020100470	Methylphenidate HCl Tab SA OSM 36 MG			
61400020100480	Methylphenidate HCl Tab SA OSM 54 MG			
61400020100510	Methylphenidate HCl Chew Tab 2.5 MG			
61400020100520	Methylphenidate HCl Chew Tab 5 MG			
61400020100530	Methylphenidate HCl Chew Tab 10 MG			
61400020101920	Methylphenidate HCl For ER Susp 25 MG/5ML (5 MG/ML)			
61400020102020	Methylphenidate HCl Soln 5 MG/5ML			
61400020102030	Methylphenidate HCl Soln 10 MG/5ML			
61400020107010	Methylphenidate HCl Cap SR 24HR 10 MG (LA)			
61400020107020	Methylphenidate HCl Cap SR 24HR 20 MG (LA)			
61400020107030	Methylphenidate HCl Cap SR 24HR 30 MG (LA)			
61400020107040	Methylphenidate HCl Cap SR 24HR 40 MG (LA)			
61400020107048	Methylphenidate HCl Cap SR 24HR 60 MG (LA)			
61400020107055	Methylphenidate HCl Cap ER 24HR 10 MG (XR)			
61400020107065	Methylphenidate HCl Cap ER 24HR 20 MG (XR)			
61400020107070	Methylphenidate HCl Cap ER 24HR 30 MG (XR)			
61400020107075	Methylphenidate HCl Cap ER 24HR 40 MG (XR)			
61400020107080	Methylphenidate HCl Cap ER 24HR 50 MG (XR)			
61400020107085	Methylphenidate HCl Cap ER 24HR 60 MG (XR)			
61400020107518	Methylphenidate HCl Tab SR 24HR 18 MG			
61400020107527	Methylphenidate HCl Tab SR 24HR 27 MG			
61400020107536	Methylphenidate HCl Tab SR 24HR 36 MG			
61400020107554	Methylphenidate HCl Tab SR 24HR 54 MG			
6140002010H220	Methylphenidate HCl Chew Tab Extended Release 20 MG			
6140002010H230	Methylphenidate HCl Chew Tab Extended Release 30 MG			
6140002010H240	Methylphenidate HCl Chew Tab Extended Release 40 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)
61400024000310	Modafinil Tab 100 MG			
61400024000320	Modafinil Tab 200 MG			
62000030000303	Pimozide Tab 1 MG			
62000030000305	Pimozide Tab 2 MG			
62051025100310	Donepezil Hydrochloride Tab 5 MG			
62051025100320	Donepezil Hydrochloride Tab 10 MG			
62051025100330	Donepezil Hydrochloride Tab 23 MG			
62051025107210	Donepezil Hydrochloride Orally Disintegrating Tab 5 MG			
62051025107220	Donepezil Hydrochloride Orally Disintegrating Tab 10 MG			
62051030100320	Galantamine Hydrobromide Tab 4 MG			
62051030100330	Galantamine Hydrobromide Tab 8 MG			
62051030100340	Galantamine Hydrobromide Tab 12 MG			
62051030107020	Galantamine Hydrobromide Cap SR 24HR 8 MG			
62051030107030	Galantamine Hydrobromide Cap SR 24HR 16 MG			
62051030107040	Galantamine Hydrobromide Cap SR 24HR 24 MG			
62051040008520	Rivastigmine TD Patch 24HR 4.6 MG/24HR			
62051040008530	Rivastigmine TD Patch 24HR 9.5 MG/24HR			
62051040008540	Rivastigmine TD Patch 24HR 13.3 MG/24HR			
62051040200110	Rivastigmine Tartrate Cap 1.5 MG			
62051040200120	Rivastigmine Tartrate Cap 3 MG			
62051040200130	Rivastigmine Tartrate Cap 4.5 MG			
62051040200140	Rivastigmine Tartrate Cap 6 MG			
62053550100320	Memantine HCl Tab 5 MG			
62053550100330	Memantine HCl Tab 10 MG			
62053550100350	Memantine HCl Tab 5 MG (28) & 10 MG (21) Titration Pak			
62053550102020	Memantine HCl Oral Solution 2 MG/ML			
62053550107020	Memantine HCl Cap SR 24HR 7 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)
62053550107030	Memantine HCl Cap SR 24HR 14 MG			
62053550107040	Memantine HCl Cap SR 24HR 21 MG			
62053550107050	Memantine HCl Cap SR 24HR 28 MG			
62053550107080	Memantine HCl Cap SR 24HR 7 MG & 14 MG & 21 MG & 28 MG Pack			
62059902507020	Memantine HCl-Donepezil HCl Cap SR 24HR 7-10 MG			
62059902507030	Memantine HCl-Donepezil HCl Cap SR 24HR 14-10 MG			
62059902507040	Memantine HCl-Donepezil HCl Cap SR 24HR 21-10 MG			
62059902507050	Memantine HCl-Donepezil HCl Cap SR 24HR 28-10 MG			
62100002107430	Bupropion HCl (Smoking Deterrent) Tab SR 12HR 150 MG			
62100005002020	Nicotine Nasal Spray 10 MG/ML (0.5 MG/SPRAY)			
62100005002410	Nicotine Inhaler System 10 MG (4 MG Delivered)			
62100005008520	Nicotine TD Patch 24HR 7 MG/24HR			
62100005008530	Nicotine TD Patch 24HR 14 MG/24HR			
62100005008540	Nicotine TD Patch 24HR 21 MG/24HR			
62100010002810	Nicotine Polacrilex Gum 2 MG			
62100010002820	Nicotine Polacrilex Gum 4 MG			
62100010004710	Nicotine Polacrilex Lozenge 2 MG			
62100010004720	Nicotine Polacrilex Lozenge 4 MG			
62100080200320	Varenicline Tartrate Tab 0.5 MG (Base Equiv)			
62100080200330	Varenicline Tartrate Tab 1 MG (Base Equiv)			
62100080206320	Varenicline Tartrate Tab 0.5 MG X 11 & Tab 1 MG X 42 Pack			
62175030000320	Flibanserin Tab 100 MG			
62206040000110	Fluoxetine HCl (PMDD) Cap 10 MG			
62206040000120	Fluoxetine HCl (PMDD) Cap 20 MG			
62206040000310	Fluoxetine HCl (PMDD) Tab 10 MG			
62206040000320	Fluoxetine HCl (PMDD) Tab 20 MG			
62226060300110	Paroxetine Mesylate Cap 7.5 MG (Base Equiv)			

**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)
62380070000310	Tetrabenazine Tab 12.5 MG			
62380070000320	Tetrabenazine Tab 25 MG			
6240003010E520	Glatiramer Acetate Soln Prefilled Syringe 20 MG/ML			
6240003010E540	Glatiramer Acetate Soln Prefilled Syringe 40 MG/ML			
62403060456420	Interferon Beta-1a For IM Inj Kit 30MCG (33MCG(6.6 MU)/Vial)			
6240306045D520	Interferon Beta-1a Soln Auto-Inj 22 MCG/0.5ML (12MU/ML)			
6240306045D540	Interferon Beta-1a Soln Auto-inj 44 MCG/0.5ML (24MU/ML)			
6240306045D560	Interferon Beta-1a Auto-inj 6X8.8 MCG/0.2ML & 6X22 MCG/0.5ML			
6240306045E520	Interferon Beta-1a Soln Pref Syr 22 MCG/0.5ML (12MU/ML)			
6240306045E540	Interferon Beta-1a Soln Pref Syr 44 MCG/0.5ML (24MU/ML)			
6240306045E560	Interferon Beta-1a Pref Syr 6X8.8 MCG/0.2ML & 6X22 MCG/0.5ML			
6240306045F530	Interferon Beta-1a IM Auto-Injector Kit 30 MCG/0.5ML			
6240306045F830	Interferon Beta-1a IM Prefilled Syringe Kit 30 MCG/0.5ML			
62403060506420	Interferon Beta-1b For Inj Kit 0.3 MG			
6240307530D220	Peginterferon Beta-1a Soln Pen-injector 125 MCG/0.5ML			
6240307530D250	Peginterferon Beta-1a Soln Pen-inj 63 & 94 MCG/0.5ML Pack			
6240307530E520	Peginterferon Beta-1a Soln Prefilled Syringe 125 MCG/0.5ML			
6240307530E550	Peginterferon Beta-1a Soln Pref Syr 63 & 94 MCG/0.5ML Pack			
62404070000320	Teriflunomide Tab 7 MG			
62404070000330	Teriflunomide Tab 14 MG			
62405010002020	Alemtuzumab IV Inj 12 MG/1.2ML (10 MG/ML)			
6240502500E520	Daclizumab Soln Prefilled Syringe 150 MG/ML			
62405050001320	Natalizumab for IV Inj Conc 300 MG/15ML			
62405525006320	Dimethyl Fumarate Capsule DR Starter Pack 120 MG & 240 MG			
62405525006520	Dimethyl Fumarate Capsule Delayed Release 120 MG			
62405525006540	Dimethyl Fumarate Capsule Delayed Release 240 MG			
62406030007420	Dalfampridine Tab SR 12HR 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)
62407025100120	Fingolimod HCl Cap 0.5 MG (Base Equiv)			
62450060202020	Sodium Oxybate Oral Solution 500 MG/ML			
62504050100320	Milnacipran HCl Tab 12.5 MG			
62504050100330	Milnacipran HCl Tab 25 MG			
62504050100340	Milnacipran HCl Tab 50 MG			
62504050100350	Milnacipran HCl Tab 100 MG			
62504050106320	Milnacipran HCl Tab 12.5 MG (5) & 25 MG (8) & 50 MG (42) Pak			
62540030000320	Gabapentin (Once-Daily) Tab 300 MG			
62540030000330	Gabapentin (Once-Daily) Tab 600 MG			
62540030006320	Gabapentin (Once-Daily) Tab Pack 300 MG (9) & 600 MG (69)			
62560030200420	Gabapentin Enacarbil Tab CR 300 MG			
62560030200430	Gabapentin Enacarbil Tab CR 600 MG			
62609902300120	Dextromethorphan HBr-Quinidine Sulfate Cap 20-10 MG			
62802010200620	Acamprosate Calcium Tab Delayed Release 333 MG			
62802040000325	Disulfiram Tab 250 MG			
62802040000350	Disulfiram Tab 500 MG			
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			
62995002500110	Olanzapine-Fluoxetine HCl Cap 3-25 MG			
62995002500120	Olanzapine-Fluoxetine HCl Cap 6-25 MG			
62995002500125	Olanzapine-Fluoxetine HCl Cap 6-50 MG			
62995002500140	Olanzapine-Fluoxetine HCl Cap 12-25 MG			
62995002500145	Olanzapine-Fluoxetine HCl Cap 12-50 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)
64100010000307	Aspirin Tab 81 MG			
64100010000315	Aspirin Tab 325 MG			
64100010000510	Aspirin Chew Tab 81 MG			
64100010000601	Aspirin Tab Delayed Release 81 MG			
64100010000605	Aspirin Tab Delayed Release 325 MG			
64100050000310	Diflunisal Tab 500 MG			
64100075000305	Salsalate Tab 500 MG			
64100075000310	Salsalate Tab 750 MG			
64109902200910	Choline & Magnesium Salicylates Liq 500 MG/5ML			
64154090102020	Ziconotide Acetate Intrathecal Inj 100 MCG/ML			
64991002120304	Butalbital-Acetaminophen Tab 25-325 MG			
64991002120308	Butalbital-Acetaminophen Tab 50-300 MG			
64991002120310	Butalbital-Acetaminophen Tab 50-325 MG			
64991002300315	Phenyltoloxamine-Acetaminophen Tab 30-500 MG			
64991003100108	Butalbital-Acetaminophen-Caffeine Cap 50-300-40 MG			
64991003100110	Butalbital-Acetaminophen-Caffeine Cap 50-325-40 MG			
64991003100310	Butalbital-Acetaminophen-Caffeine Tab 50-325-40 MG			
64991003102020	Butalbital-Acetaminophen-Caffeine Soln 50-325-40 MG/15ML			
64991003300120	Butalbital-Aspirin-Caffeine Cap 50-325-40 MG			
65100020200305	Codeine Sulfate Tab 15 MG			
65100020200310	Codeine Sulfate Tab 30 MG			
65100020200315	Codeine Sulfate Tab 60 MG			
65100025000910	Fentanyl Sublingual Spray 100 MCG			
65100025000920	Fentanyl Sublingual Spray 200 MCG			
65100025000930	Fentanyl Sublingual Spray 400 MCG			
65100025000940	Fentanyl Sublingual Spray 600 MCG			
65100025000950	Fentanyl Sublingual Spray 800 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)
65100025000960	Fentanyl Sublingual Spray 1200 MCG (600 MCG X 2)			
65100025000970	Fentanyl Sublingual Spray 1600 MCG (800 MCG X 2)			
65100025008610	Fentanyl TD Patch 72HR 12 MCG/HR			
65100025008620	Fentanyl TD Patch 72HR 25 MCG/HR			
65100025008626	Fentanyl TD Patch 72HR 37.5 MCG/HR			
65100025008630	Fentanyl TD Patch 72HR 50 MCG/HR			
65100025008635	Fentanyl TD Patch 72HR 62.5 MCG/HR			
65100025008640	Fentanyl TD Patch 72HR 75 MCG/HR			
65100025008645	Fentanyl TD Patch 72HR 87.5 MCG/HR			
65100025008650	Fentanyl TD Patch 72HR 100 MCG/HR			
65100025100310	Fentanyl Citrate Buccal Tab 100 MCG (Base Equiv)			
65100025100320	Fentanyl Citrate Buccal Tab 200 MCG (Base Equiv)			
65100025100340	Fentanyl Citrate Buccal Tab 600 MCG (Base Equiv)			
65100025100350	Fentanyl Citrate Buccal Tab 800 MCG (Base Equiv)			
65100025100710	Fentanyl Citrate SL Tab 100 MCG (Base Equiv)			
65100025100720	Fentanyl Citrate SL Tab 200 MCG (Base Equiv)			
65100025102012	Fentanyl Citrate Preservative Free (PF) Inj 100 MCG/2ML			
65100025102022	Fentanyl Citrate Preservative Free (PF) Inj 250 MCG/5ML			
65100025102042	Fentanyl Citrate Preservative Free (PF) Inj 2500 MCG/50ML			
65100025102050	Fentanyl Citrate Nasal Spray 100 MCG/ACT (Base Equiv)			
65100025102060	Fentanyl Citrate Nasal Spray 400 MCG/ACT (Base Equiv)			
65100025108450	Fentanyl Citrate Lozenge on a Handle 200 MCG			
65100025108455	Fentanyl Citrate Lozenge on a Handle 400 MCG			
65100025108465	Fentanyl Citrate Lozenge on a Handle 800 MCG			
65100025108485	Fentanyl Citrate Lozenge on a Handle 1600 MCG			
65100030106930	Hydrocodone Bitartrate Cap SR 12HR 30 MG			
65100030106940	Hydrocodone Bitartrate Cap SR 12HR 40 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)
65100030106950	Hydrocodone Bitartrate Cap SR 12HR 50 MG			
6510003010A310	Hydrocodone Bitartrate Cap SR 12HR Abuse-Deterrent 10 MG			
6510003010A315	Hydrocodone Bitartrate Cap SR 12HR Abuse-Deterrent 15 MG			
6510003010A320	Hydrocodone Bitartrate Cap SR 12HR Abuse-Deterrent 20 MG			
6510003010A330	Hydrocodone Bitartrate Cap SR 12HR Abuse-Deterrent 30 MG			
6510003010A340	Hydrocodone Bitartrate Cap SR 12HR Abuse-Deterrent 40 MG			
6510003010A350	Hydrocodone Bitartrate Cap SR 12HR Abuse-Deterrent 50 MG			
6510003010A810	Hydrocodone Bitartrate Tab ER 24HR Deter 20 MG			
6510003010A820	Hydrocodone Bitartrate Tab ER 24HR Deter 30 MG			
6510003010A830	Hydrocodone Bitartrate Tab ER 24HR Deter 40 MG			
6510003010A840	Hydrocodone Bitartrate Tab ER 24HR Deter 60 MG			
6510003010A850	Hydrocodone Bitartrate Tab ER 24HR Deter 80 MG			
6510003010A860	Hydrocodone Bitartrate Tab ER 24HR Deter 100 MG			
65100035100310	Hydromorphone HCl Tab 2 MG			
65100035100320	Hydromorphone HCl Tab 4 MG			
65100035100330	Hydromorphone HCl Tab 8 MG			
65100035100920	Hydromorphone HCl Liqd 1 MG/ML			
65100035102005	Hydromorphone HCl Inj 1 MG/ML			
65100035102010	Hydromorphone HCl Inj 2 MG/ML			
65100035102027	Hydromorphone HCl Preservative Free (PF) Inj 10 MG/ML			
65100035105205	Hydromorphone HCl Suppos 3 MG			
6510003510A820	Hydromorphone HCl Tab ER 24HR Deter 8 MG			
6510003510A830	Hydromorphone HCl Tab ER 24HR Deter 12 MG			
6510003510A840	Hydromorphone HCl Tab ER 24HR Deter 16 MG			
6510003510A855	Hydromorphone HCl Tab ER 24HR Deter 32 MG			
65100040100305	Levorphanol Tartrate Tab 2 MG			
65100045100305	Meperidine 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)
65100045100310	Meperidine HCl Tab 100 MG			
65100045102010	Meperidine HCl Inj 25 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			
65100055100415	Morphine Sulfate Tab CR 15 MG			
65100055100432	Morphine Sulfate Tab CR 30 MG			
65100055100445	Morphine Sulfate Tab CR 60 MG			
65100055100460	Morphine Sulfate Tab CR 100 MG			
65100055100480	Morphine Sulfate Tab CR 200 MG			
65100055102030	Morphine Sulfate Inj 10 MG/ML			
65100055102049	Morphine Sulfate IV Soln 50 MG/ML			
65100055102058	Morphine Sulfate IV Soln PF 4 MG/ML			
65100055102060	Morphine Sulfate IV Soln PF 10 MG/ML			
65100055102065	Morphine Sulfate Oral Soln 10 MG/5ML			
65100055102070	Morphine Sulfate Oral Soln 20 MG/5ML			
65100055102090	Morphine Sulfate Oral Soln 100 MG/5ML (20 MG/ML)			
65100055105210	Morphine Sulfate Suppos 10 MG			
65100055105215	Morphine Sulfate Suppos 20 MG			
65100055107010	Morphine Sulfate Cap SR 24HR 10 MG			
65100055107020	Morphine Sulfate Cap SR 24HR 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)
65100055107030	Morphine Sulfate Cap SR 24HR 30 MG			
65100055107035	Morphine Sulfate Cap SR 24HR 40 MG			
65100055107040	Morphine Sulfate Cap SR 24HR 50 MG			
65100055107045	Morphine Sulfate Cap SR 24HR 60 MG			
65100055107050	Morphine Sulfate Cap SR 24HR 80 MG			
65100055107060	Morphine Sulfate Cap SR 24HR 100 MG			
65100055207020	Morphine Sulfate Beads Cap SR 24HR 30 MG			
65100055207025	Morphine Sulfate Beads Cap SR 24HR 45 MG			
65100055207030	Morphine Sulfate Beads Cap SR 24HR 60 MG			
65100055207035	Morphine Sulfate Beads Cap SR 24HR 75 MG			
65100055207040	Morphine Sulfate Beads Cap SR 24HR 90 MG			
65100055207050	Morphine Sulfate Beads Cap SR 24HR 120 MG			
65100055302020	Morphine Sulfate For Microinfusion Inj 200 MG/20ML (10MG/ML)			
65100055302040	Morphine Sulfate For Microinfusion Inj 500 MG/20ML (25MG/ML)			
65100055700220	Morphine-Naltrexone Cap CR 20-0.8 MG			
65100055700230	Morphine-Naltrexone Cap CR 30-1.2 MG			
65100055700240	Morphine-Naltrexone Cap CR 50-2 MG			
65100055700250	Morphine-Naltrexone Cap CR 60-2.4 MG			
65100055700260	Morphine-Naltrexone Cap CR 80-3.2 MG			
65100055700270	Morphine-Naltrexone Cap CR 100-4 MG			
6510007500A310	Oxycodone Cap ER 12HR Abuse-Deterrent 9 MG			
6510007500A315	Oxycodone Cap ER 12HR Abuse-Deterrent 13.5 MG			
6510007500A320	Oxycodone Cap ER 12HR Abuse-Deterrent 18 MG			
6510007500A330	Oxycodone Cap ER 12HR Abuse-Deterrent 27 MG			
6510007500A340	Oxycodone Cap ER 12HR Abuse-Deterrent 36 MG			
65100075100110	Oxycodone HCl Cap 5 MG			
65100075100310	Oxycodone 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)
65100075100320	Oxycodone HCl Tab 10 MG			
65100075100325	Oxycodone HCl Tab 15 MG			
65100075100330	Oxycodone HCl Tab 20 MG			
65100075100340	Oxycodone HCl Tab 30 MG			
65100075101320	Oxycodone HCl Conc 100 MG/5ML (20 MG/ML)			
65100075102005	Oxycodone HCl Soln 5 MG/5ML			
6510007510A510	Oxycodone HCl Tab Abuse Deter 5 MG			
6510007510A520	Oxycodone HCl Tab Abuse Deter 7.5 MG			
6510007510A710	Oxycodone HCl Tab ER 12HR Deter 10 MG			
6510007510A715	Oxycodone HCl Tab ER 12HR Deter 15 MG			
6510007510A720	Oxycodone HCl Tab ER 12HR Deter 20 MG			
6510007510A730	Oxycodone HCl Tab ER 12HR Deter 30 MG			
6510007510A740	Oxycodone HCl Tab ER 12HR Deter 40 MG			
6510007510A760	Oxycodone HCl Tab ER 12HR Deter 60 MG			
6510007510A780	Oxycodone HCl Tab ER 12HR Deter 80 MG			
65100080100305	Oxymorphone HCl Tab 5 MG			
65100080100310	Oxymorphone HCl Tab 10 MG			
65100080107405	Oxymorphone HCl Tab SR 12HR 5 MG			
65100080107407	Oxymorphone HCl Tab SR 12HR 7.5 MG			
65100080107410	Oxymorphone HCl Tab SR 12HR 10 MG			
65100080107415	Oxymorphone HCl Tab SR 12HR 15 MG			
65100080107420	Oxymorphone HCl Tab SR 12HR 20 MG			
65100080107430	Oxymorphone HCl Tab SR 12HR 30 MG			
65100080107440	Oxymorphone HCl Tab SR 12HR 40 MG			
6510008010A705	Oxymorphone HCl Tab ER 12HR Deter 5 MG			
6510008010A707	Oxymorphone HCl Tab ER 12HR Deter 7.5 MG			
6510008010A710	Oxymorphone HCl Tab ER 12HR Deter 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)
6510008010A715	Oxymorphone HCl Tab ER 12HR Deter 15 MG			
6510008010A720	Oxymorphone HCl Tab ER 12HR Deter 20 MG			
6510008010A730	Oxymorphone HCl Tab ER 12HR Deter 30 MG			
6510008010A740	Oxymorphone HCl Tab ER 12HR Deter 40 MG			
65100091100320	Tapentadol HCl Tab 50 MG			
65100091100330	Tapentadol HCl Tab 75 MG			
65100091100340	Tapentadol HCl Tab 100 MG			
65100091107420	Tapentadol HCl Tab SR 12HR 50 MG			
65100091107430	Tapentadol HCl Tab SR 12HR 100 MG			
65100091107440	Tapentadol HCl Tab SR 12HR 150 MG			
65100091107450	Tapentadol HCl Tab SR 12HR 200 MG			
65100091107460	Tapentadol HCl Tab SR 12HR 250 MG			
65100095100320	Tramadol HCl Tab 50 MG			
65100095107070	Tramadol HCl Cap SR 24HR Biphasic Release 100 MG			
65100095107080	Tramadol HCl Cap SR 24HR Biphasic Release 200 MG			
65100095107090	Tramadol HCl Cap SR 24HR Biphasic Release 300 MG			
65100095107520	Tramadol HCl Tab SR 24HR 100 MG			
65100095107530	Tramadol HCl Tab SR 24HR 200 MG			
65100095107540	Tramadol HCl Tab SR 24HR 300 MG			
65100095107560	Tramadol HCl Tab SR 24HR Biphasic Release 100 MG			
65100095107570	Tramadol HCl Tab SR 24HR Biphasic Release 200 MG			
65100095107580	Tramadol HCl Tab SR 24HR Biphasic Release 300 MG			
65200010008820	Buprenorphine TD Patch Weekly 5 MCG/HR			
65200010008825	Buprenorphine TD Patch Weekly 7.5 MCG/HR			
65200010008830	Buprenorphine TD Patch Weekly 10 MCG/HR			
65200010008835	Buprenorphine TD Patch Weekly 15 MCG/HR			
65200010008840	Buprenorphine TD Patch Weekly 20 MCG/HR			

**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)
65200010100760	Buprenorphine HCl SL Tab 2 MG (Base Equiv)			
65200010100780	Buprenorphine HCl SL Tab 8 MG (Base Equiv)			
65200010108210	Buprenorphine HCl Buccal Film 75 MCG (Base Equivalent)			
65200010108220	Buprenorphine HCl Buccal Film 150 MCG (Base Equivalent)			
65200010108230	Buprenorphine HCl Buccal Film 300 MCG (Base Equivalent)			
65200010108240	Buprenorphine HCl Buccal Film 450 MCG (Base Equivalent)			
65200010108250	Buprenorphine HCl Buccal Film 600 MCG (Base Equivalent)			
65200010108260	Buprenorphine HCl Buccal Film 750 MCG (Base Equivalent)			
65200010200715	Buprenorphine HCl-Naloxone HCl SL Tab 1.4-0.36 MG (Base Eq)			
65200010200720	Buprenorphine HCl-Naloxone HCl SL Tab 2-0.5 MG (Base Equiv)			
65200010200725	Buprenorphine HCl-Naloxone HCl SL Tab 2.9-0.71 MG (Base Eq)			
65200010200732	Buprenorphine HCl-Naloxone HCl SL Tab 5.7-1.4 MG (Base Eq)			
65200010200740	Buprenorphine HCl-Naloxone HCl SL Tab 8-2 MG (Base Equiv)			
65200010200745	Buprenorphine HCl-Naloxone HCl SL Tab 8.6-2.1 MG (Base Eq)			
65200010200760	Buprenorphine HCl-Naloxone HCl SL Tab 11.4-2.9 MG (Base Eq)			
65200010208220	Buprenorphine HCl-Naloxone HCl SL Film 2-0.5 MG (Base Equiv)			
65200010208230	Buprenorphine HCl-Naloxone HCl SL Film 4-1 MG (Base Equiv)			
65200010208240	Buprenorphine HCl-Naloxone HCl SL Film 8-2 MG (Base Equiv)			
65200010208250	Buprenorphine HCl-Naloxone HCl SL Film 12-3 MG (Base Equiv)			
65200010208270	Buprenorphine-Naloxone Buccal Film 4.2-0.7 MG (Base Equiv)			
65200010208280	Buprenorphine-Naloxone Buccal Film 6.3-1 MG (Base Equiv)			
65200020102050	Butorphanol Tartrate Nasal Soln 10 MG/ML			
65200040300310	Pentazocine w/ Naloxone Tab 50-0.5 MG			
65990002200305	Oxycodone w/ Acetaminophen Tab 2.5-325 MG			
65990002200308	Oxycodone w/ Acetaminophen Tab 5-300 MG			
65990002200310	Oxycodone w/ Acetaminophen Tab 5-325 MG			
65990002200325	Oxycodone w/ Acetaminophen Tab 7.5-300 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)
65990002200327	Oxycodone w/ Acetaminophen Tab 7.5-325 MG			
65990002200333	Oxycodone w/ Acetaminophen Tab 10-300 MG			
65990002200335	Oxycodone w/ Acetaminophen Tab 10-325 MG			
65990002200430	Oxycodone w/ Acetaminophen Tab CR 7.5-325 MG			
65990002220340	Oxycodone-Aspirin Tab 4.8355-325 MG			
65990002260320	Oxycodone-Ibuprofen Tab 5-400 MG			
65991002050310	Acetaminophen w/ Codeine Tab 300-15 MG			
65991002050315	Acetaminophen w/ Codeine Tab 300-30 MG			
65991002050320	Acetaminophen w/ Codeine Tab 300-60 MG			
65991002052020	Acetaminophen w/ Codeine Soln 120-12 MG/5ML			
65991004100113	Butalbital-Acetaminophen-Caff w/ COD Cap 50-300-40-30 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			
65991303050115	Acetaminophen-Caffeine-Dihydrocodeine Cap 320.5-30-16 MG			
65991702100302	Hydrocodone-Acetaminophen Tab 2.5-325 MG			
65991702100305	Hydrocodone-Acetaminophen Tab 10-325 MG			
65991702100309	Hydrocodone-Acetaminophen Tab 5-300 MG			
65991702100322	Hydrocodone-Acetaminophen Tab 7.5-300 MG			
65991702100356	Hydrocodone-Acetaminophen Tab 5-325 MG			
65991702100358	Hydrocodone-Acetaminophen Tab 7.5-325 MG			
65991702100375	Hydrocodone-Acetaminophen Tab 10-300 MG			
65991702102015	Hydrocodone-Acetaminophen Soln 7.5-325 MG/15ML			
65991702500315	Hydrocodone-Ibuprofen Tab 5-200 MG			
65991702500320	Hydrocodone-Ibuprofen Tab 7.5-200 MG			
65991702500330	Hydrocodone-Ibuprofen Tab 10-200 MG			
65995002200320	Tramadol-Acetaminophen Tab 37.5-325 MG			
66100007000120	Diclofenac Cap 18 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)
66100007000130	Diclofenac Cap 35 MG			
66100007100120	Diclofenac Potassium Cap 25 MG			
66100007100330	Diclofenac Potassium Tab 50 MG			
66100007200610	Diclofenac Sodium Tab Delayed Release 25 MG			
66100007200620	Diclofenac Sodium Tab Delayed Release 50 MG			
66100007200630	Diclofenac Sodium Tab Delayed Release 75 MG			
66100007207530	Diclofenac Sodium Tab SR 24HR 100 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			
66100008007540	Etodolac Tab SR 24HR 600 MG			
66100010100120	Fenoprofen Calcium Cap 400 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			
66100030000104	Indomethacin Cap 20 MG			
66100030000105	Indomethacin Cap 25 MG			
66100030000107	Indomethacin Cap 40 MG			
66100030000110	Indomethacin Cap 50 MG			
66100030000205	Indomethacin Cap CR 75 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)
66100030001805	Indomethacin Susp 25 MG/5ML			
66100030005205	Indomethacin Suppos 50 MG			
66100035000105	Ketoprofen Cap 50 MG			
66100035000110	Ketoprofen Cap 75 MG			
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			
66100037102071	Ketorolac Tromethamine IM Inj 60 MG/2ML (30 MG/ML)			
66100037102090	Ketorolac Tromethamine Nasal Spray 15.75 MG/SPRAY			
66100040100110	Meclofenamate Sodium Cap 100 MG			
66100050000105	Mefenamic Acid Cap 250 MG			
66100052000115	Meloxicam Cap 5 MG			
66100052000125	Meloxicam Cap 10 MG			
66100052000320	Meloxicam Tab 7.5 MG			
66100052000330	Meloxicam Tab 15 MG			
66100052001820	Meloxicam Susp 7.5 MG/5ML			
66100055000320	Nabumetone Tab 500 MG			
66100055000330	Nabumetone Tab 750 MG			
66100060000305	Naproxen Tab 250 MG			
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			

**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)
66100060107520	Naproxen Sodium Tab SR 24HR 375 MG (Base Equiv)			
66100060107540	Naproxen Sodium Tab SR 24HR 500 MG (Base Equiv)			
66100060107550	Naproxen Sodium Tab SR 24HR 750 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			
66100090100320	Tolmetin Sodium Tab 600 MG			
66100525000110	Celecoxib Cap 50 MG			
66100525000120	Celecoxib Cap 100 MG			
66100525000130	Celecoxib Cap 200 MG			
66100525000140	Celecoxib Cap 400 MG			
66109902200620	Diclofenac w/ Misoprostol Tab Delayed Release 50-0.2 MG			
66109902200630	Diclofenac w/ Misoprostol Tab Delayed Release 75-0.2 MG			
66109902320340	Ibuprofen-Famotidine Tab 800-26.6 MG			
66109902440620	Naproxen-Esomeprazole Magnesium Tab DR 375-20 MG			
66109902440640	Naproxen-Esomeprazole Magnesium Tab DR 500-20 MG			
66200010000105	Auranofin Cap 3 MG			
6625005000D510	Methotrexate Soln PF Auto-Injector 7.5 MG/0.15ML			
6625005000D511	Methotrexate Soln PF Auto-Injector 7.5 MG/0.4ML			
6625005000D512	Methotrexate Soln PF Auto-Injector 10 MG/0.2ML			
6625005000D515	Methotrexate Soln PF Auto-Injector 10 MG/0.4ML			
6625005000D517	Methotrexate Soln PF Auto-Injector 12.5 MG/0.25ML			
6625005000D519	Methotrexate Soln PF Auto-Injector 15 MG/0.3ML			
6625005000D520	Methotrexate Soln PF Auto-Injector 15 MG/0.4ML			

**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)
6625005000D522	Methotrexate Soln PF Auto-Injector 17.5 MG/0.35ML			
6625005000D523	Methotrexate Soln PF Auto-Injector 17.5 MG/0.4ML			
6625005000D525	Methotrexate Soln PF Auto-Injector 20 MG/0.4ML			
6625005000D527	Methotrexate Soln PF Auto-Injector 22.5 MG/0.45ML			
6625005000D528	Methotrexate Soln PF Auto-Injector 22.5 MG/0.4ML			
6625005000D530	Methotrexate Soln PF Auto-Injector 25 MG/0.4ML			
6625005000D535	Methotrexate Soln PF Auto-Injector 25 MG/0.5ML			
66250050100320	Methotrexate Sodium Tab 2.5 MG (Antirheumatic)			
6626001000E520	Anakinra Subcutaneous Soln Prefilled Syringe 100 MG/0.67ML			
6627001500F420	Adalimumab Pen-injector Kit 40 MG/0.8ML			
6627001500F805	Adalimumab Prefilled Syringe Kit 10 MG/0.2ML			
6627001500F810	Adalimumab Prefilled Syringe Kit 20 MG/0.4ML			
6627001500F820	Adalimumab Prefilled Syringe Kit 40 MG/0.8ML			
66270040002015	Golimumab IV Soln 50 MG/4ML			
6627004000D520	Golimumab Subcutaneous Soln Auto-injector 50 MG/0.5ML			
6627004000D540	Golimumab Subcutaneous Soln Auto-injector 100 MG/ML			
6627004000E520	Golimumab Subcutaneous Soln Prefilled Syringe 50 MG/0.5ML			
6627004000E540	Golimumab Subcutaneous Soln Prefilled Syringe 100 MG/ML			
66280050000310	Leflunomide Tab 10 MG			
66280050000320	Leflunomide Tab 20 MG			
66290030002120	Etanercept For Subcutaneous Inj 25 MG			
6629003000D530	Etanercept Subcutaneous Solution Auto-injector 50 MG/ML			
6629003000E525	Etanercept Subcutaneous Soln Prefilled Syringe 25 MG/0.5ML			
6629003000E530	Etanercept Subcutaneous Soln Prefilled Syringe 50 MG/ML			
66400010002120	Abatacept For IV Soln 250 MG			
6640001000D520	Abatacept Subcutaneous Soln Auto-Injector 125 MG/ML			
6640001000E520	Abatacept Subcutaneous Soln Prefilled Syringe 125 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)
66460020002120	Canakinumab For Inj 180 MG			
66500070002030	Tocilizumab IV Inj 80 MG/4ML			
66500070002035	Tocilizumab IV Inj 200 MG/10ML			
66500070002040	Tocilizumab IV Inj 400 MG/20ML			
6650007000E520	Tocilizumab Subcutaneous Soln Prefilled Syringe 162 MG/0.9ML			
66603065100320	Tofacitinib Citrate Tab 5 MG (Base Equivalent)			
66603065107530	Tofacitinib Citrate Tab SR 24HR 11 MG (Base Equivalent)			
66700015000330	Apremilast Tab 30 MG			
6670001500B720	Apremilast Tab Starter Therapy Pack 10 MG & 20 MG & 30 MG			
67000030102005	Dihydroergotamine Mesylate Inj 1 MG/ML			
67000030102060	Dihydroergotamine Mesylate Nasal Spray 4 MG/ML			
67406010100320	Almotriptan Malate Tab 6.25 MG			
67406010100330	Almotriptan Malate Tab 12.5 MG			
67406025100320	Eletriptan Hydrobromide Tab 20 MG (Base Equivalent)			
67406025100340	Eletriptan Hydrobromide Tab 40 MG (Base Equivalent)			
67406030100320	Frovatriptan Succinate Tab 2.5 MG (Base Equivalent)			
67406050100310	Naratriptan HCl Tab 1 MG (Base Equiv)			
67406050100320	Naratriptan HCl Tab 2.5 MG (Base Equiv)			
67406060100310	Rizatriptan Benzoate Tab 5 MG (Base Equivalent)			
67406060100320	Rizatriptan Benzoate Tab 10 MG (Base Equivalent)			
67406060107220	Rizatriptan Benzoate Oral Disintegrating Tab 5 MG (Base Eq)			
67406060107230	Rizatriptan Benzoate Oral Disintegrating Tab 10 MG (Base Eq)			
67406070002010	Sumatriptan Nasal Spray 5 MG/ACT			
67406070002040	Sumatriptan Nasal Spray 20 MG/ACT			
67406070100305	Sumatriptan Succinate Tab 25 MG			
67406070100310	Sumatriptan Succinate Tab 50 MG			
67406070100320	Sumatriptan Succinate Tab 100 MG			

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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)
67406070102010	Sumatriptan Succinate Inj 6 MG/0.5ML			
67406070105920	Sumatriptan Succinate TD Iontophoretic Patch 6.5 MG/4HR			
6740607010D505	Sumatriptan Succinate Solution Auto-injector 3 MG/0.5ML			
6740607010D510	Sumatriptan Succinate Solution Auto-injector 4 MG/0.5ML			
6740607010D520	Sumatriptan Succinate Solution Auto-injector 6 MG/0.5ML			
6740607010D820	Sumatriptan Succinate Solution Jet-injector 6 MG/0.5ML			
6740607010E210	Sumatriptan Succinate Solution Cartridge 4 MG/0.5ML			
6740607010E220	Sumatriptan Succinate Solution Cartridge 6 MG/0.5ML			
6740607010E520	Sumatriptan Succinate Solution Prefilled Syringe 6 MG/0.5ML			
6740607010G420	Sumatriptan Succinate Exhaler Powder 11 MG/NOSEPIECE			
67406080000320	Zolmitriptan Tab 2.5 MG			
67406080000330	Zolmitriptan Tab 5 MG			
67406080002010	Zolmitriptan Nasal Spray 2.5 MG/Spray Unit			
67406080002020	Zolmitriptan Nasal Spray 5 MG/Spray Unit			
67406080007220	Zolmitriptan Orally Disintegrating Tab 2.5 MG			
67406080007230	Zolmitriptan Orally Disintegrating Tab 5 MG			
67600040103020	Diclofenac Potassium Packet 50 MG			
67990003070310	Isometheptene-Caffeine-Acetaminophen Tab 65-20-325 MG			
67990003100110	Isometheptene-Dichloral-Acetaminophen Cap 65-100-325 MG			
67991002100310	Ergotamine w/ Caffeine Tab 1-100 MG			
67991002105220	Ergotamine w/ Caffeine Suppos 2-100 MG			
67992002600320	Sumatriptan-Naproxen Sodium Tab 85-500 MG			
68000010000305	Allopurinol Tab 100 MG			
68000010000310	Allopurinol Tab 300 MG			
68000020000120	Colchicine Cap 0.6 MG			
68000020000310	Colchicine Tab 0.6 MG			
68000030000320	Febuxostat Tab 40 MG			

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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)
68000030000330	Febuxostat Tab 80 MG			
68000040000320	Lesinurad Tab 200 MG			
68100010000310	Probenecid Tab 500 MG			
68990002100310	Colchicine w/ Probenecid Tab 0.5-500 MG			
69100010102010	Bupivacaine HCl Inj 0.5%			
69100010102012	Bupivacaine HCl Preservative Free (PF) Inj 0.5%			
69100010102018	Bupivacaine HCl Preservative Free (PF) Inj 0.75%			
69100040102010	Lidocaine HCl Local Inj 1%			
69100040102011	Lidocaine HCl Local Preservative Free (PF) Inj 1%			
69100040102020	Lidocaine HCl Local Inj 2%			
69100040102021	Lidocaine HCl Local Preservative Free (PF) Inj 2%			
69100040102026	Lidocaine HCl Local Preservative Free (PF) Inj 4%			
70400020102010	Ketamine HCl Inj 50 MG/ML			
72100007000305	Clobazam Tab 5 MG			
72100007000310	Clobazam Tab 10 MG			
72100007000320	Clobazam Tab 20 MG			
72100007001830	Clobazam Suspension 2.5 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			
72100030004030	Diazepam Rectal Gel Delivery System 2.5 MG			
72100030004040	Diazepam Rectal Gel Delivery System 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)
72100030004060	Diazepam Rectal Gel Delivery System 20 MG			
72120020000310	Felbamate Tab 400 MG			
72120020000320	Felbamate Tab 600 MG			
72120020001810	Felbamate Susp 600 MG/5ML			
72170070100302	Tiagabine HCl Tab 2 MG			
72170070100305	Tiagabine HCl Tab 4 MG			
72170070100315	Tiagabine HCl Tab 12 MG			
72170085000320	Vigabatrin Tab 500 MG			
72170085003020	Vigabatrin Powd Pack 500 MG			
72200010000310	Ethotoin Tab 250 MG			
72200030000505	Phenytoin Chew Tab 50 MG			
72200030001810	Phenytoin Susp 125 MG/5ML			
72200030200105	Phenytoin Sodium Extended Cap 30 MG			
72200030200110	Phenytoin Sodium Extended Cap 100 MG			
72200030200120	Phenytoin Sodium Extended Cap 200 MG			
72200030200130	Phenytoin Sodium Extended Cap 300 MG			
72400010000105	Ethosuximide Cap 250 MG			
72400010002005	Ethosuximide Soln 250 MG/5ML			
72400020000110	Methsuximide Cap 300 MG			
72500010100605	Divalproex Sodium Tab Delayed Release 125 MG			
72500010100610	Divalproex Sodium Tab Delayed Release 250 MG			
72500010100615	Divalproex Sodium Tab Delayed Release 500 MG			
72500010107520	Divalproex Sodium Tab SR 24 HR 250 MG			
72500010107530	Divalproex Sodium Tab SR 24 HR 500 MG			
7250001010H120	Divalproex Sodium Cap Delayed Release Sprinkle 125 MG			
72500020101205	Valproate Sodium Syrup 250 MG/5ML (Base Equiv)			
72500030000105	Valproic Acid Cap 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)
72550060000310	Perampanel Tab 2 MG			
72550060000320	Perampanel Tab 4 MG			
72550060000330	Perampanel Tab 6 MG			
72550060000340	Perampanel Tab 8 MG			
72550060000350	Perampanel Tab 10 MG			
72550060000360	Perampanel Tab 12 MG			
72550060001820	Perampanel Susp 0.5 MG/ML			
72600015000310	Brivaracetam Tab 10 MG			
72600015000320	Brivaracetam Tab 25 MG			
72600015000330	Brivaracetam Tab 50 MG			
72600015000350	Brivaracetam Tab 100 MG			
72600020000305	Carbamazepine Tab 200 MG			
72600020000505	Carbamazepine Chew Tab 100 MG			
72600020001810	Carbamazepine Susp 100 MG/5ML			
72600020006910	Carbamazepine Cap SR 12HR 100 MG			
72600020006920	Carbamazepine Cap SR 12HR 200 MG			
72600020006930	Carbamazepine Cap SR 12HR 300 MG			
72600020007410	Carbamazepine Tab SR 12HR 100 MG			
72600020007420	Carbamazepine Tab SR 12HR 200 MG			
72600020007440	Carbamazepine Tab SR 12HR 400 MG			
72600024100320	Eslicarbazepine Acetate Tab 200 MG			
72600024100330	Eslicarbazepine Acetate Tab 400 MG			
72600024100340	Eslicarbazepine Acetate Tab 600 MG			
72600024100360	Eslicarbazepine Acetate Tab 800 MG			
72600026000330	Ezogabine Tab 200 MG			
72600030000110	Gabapentin Cap 100 MG			
72600030000130	Gabapentin Cap 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)
72600030000140	Gabapentin Cap 400 MG			
72600030000330	Gabapentin Tab 600 MG			
72600030000340	Gabapentin Tab 800 MG			
72600030002020	Gabapentin Oral Soln 250 MG/5ML			
72600036000320	Lacosamide Tab 50 MG			
72600036000330	Lacosamide Tab 100 MG			
72600036000340	Lacosamide Tab 150 MG			
72600036000350	Lacosamide Tab 200 MG			
72600036002060	Lacosamide Oral Solution 10 MG/ML			
72600040000310	Lamotrigine Tab 25 MG			
72600040000330	Lamotrigine Tab 100 MG			
72600040000335	Lamotrigine Tab 150 MG			
72600040000340	Lamotrigine Tab 200 MG			
72600040000510	Lamotrigine Tab Chewable Dispersible 5 MG			
72600040000520	Lamotrigine Tab Chewable Dispersible 25 MG			
72600040006430	Lamotrigine Tab 25 MG (42) & 100 MG (7) Starter Kit			
72600040006435	Lamotrigine Tab 25 MG (84) & 100 MG (14) Starter Kit			
72600040006450	Lamotrigine Tab Disp 25 MG (21) & 50 MG (7) Titration Kit			
72600040006460	Lamotrigine Tab Disp 25 (14) & 50 MG (14) & 100 MG (7) Kit			
72600040006470	Lamotrigine Tab SR 24HR 25 MG (21) & 50 MG (7) Titration Kit			
72600040006475	Lamotrigine Tab SR 24HR 25 (14) & 50 MG (14) & 100 MG(7) Kit			
72600040007225	Lamotrigine Orally Disintegrating Tab 25 MG			
72600040007230	Lamotrigine Orally Disintegrating Tab 50 MG			
72600040007240	Lamotrigine Orally Disintegrating Tab 100 MG			
72600040007250	Lamotrigine Orally Disintegrating Tab 200 MG			
72600040007510	Lamotrigine Tab SR 24HR 25 MG			
72600040007520	Lamotrigine Tab SR 24HR 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)
72600040007530	Lamotrigine Tab SR 24HR 100 MG			
72600040007540	Lamotrigine Tab SR 24HR 200 MG			
72600040007545	Lamotrigine Tab SR 24HR 250 MG			
72600040007550	Lamotrigine Tab SR 24HR 300 MG			
72600043000320	Levetiracetam Tab 250 MG			
72600043000330	Levetiracetam Tab 500 MG			
72600043000340	Levetiracetam Tab 750 MG			
72600043000350	Levetiracetam Tab 1000 MG			
72600043002020	Levetiracetam Oral Soln 100 MG/ML			
72600043002060	Levetiracetam Inj 500 MG/5ML (100 MG/ML)			
72600043007520	Levetiracetam Tab SR 24HR 500 MG			
72600043007530	Levetiracetam Tab SR 24HR 750 MG			
7260004300G820	Levetiracetam Tab Disintegrating Soluble 250 MG			
7260004300G830	Levetiracetam Tab Disintegrating Soluble 500 MG			
7260004300G840	Levetiracetam Tab Disintegrating Soluble 750 MG			
72600046000310	Oxcarbazepine Tab 150 MG			
72600046000320	Oxcarbazepine Tab 300 MG			
72600046000340	Oxcarbazepine Tab 600 MG			
72600046001820	Oxcarbazepine Susp 300 MG/5ML (60 MG/ML)			
72600046007520	Oxcarbazepine Tab SR 24HR 150 MG			
72600046007530	Oxcarbazepine Tab SR 24HR 300 MG			
72600046007540	Oxcarbazepine Tab SR 24HR 600 MG			
72600057000110	Pregabalin Cap 25 MG			
72600057000115	Pregabalin Cap 50 MG			
72600057000120	Pregabalin Cap 75 MG			
72600057000125	Pregabalin Cap 100 MG			
72600057000135	Pregabalin 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)
72600057000145	Pregabalin Cap 200 MG			
72600057000150	Pregabalin Cap 225 MG			
72600057000160	Pregabalin Cap 300 MG			
72600057002020	Pregabalin Soln 20 MG/ML			
72600060000305	Primidone Tab 50 MG			
72600060000310	Primidone Tab 250 MG			
72600065000320	Rufinamide Tab 200 MG			
72600065000330	Rufinamide Tab 400 MG			
72600065001820	Rufinamide Susp 40 MG/ML			
72600075000310	Topiramate Tab 25 MG			
72600075000320	Topiramate Tab 50 MG			
72600075000330	Topiramate Tab 100 MG			
72600075000340	Topiramate Tab 200 MG			
72600075006820	Topiramate Sprinkle Cap 15 MG			
72600075006830	Topiramate Sprinkle Cap 25 MG			
72600075007020	Topiramate Cap SR 24HR 25 MG			
72600075007030	Topiramate Cap SR 24HR 50 MG			
72600075007040	Topiramate Cap SR 24HR 100 MG			
72600075007050	Topiramate Cap SR 24HR 200 MG			
7260007500F310	Topiramate Cap ER 24HR Sprinkle 25 MG			
7260007500F320	Topiramate Cap ER 24HR Sprinkle 50 MG			
7260007500F330	Topiramate Cap ER 24HR Sprinkle 100 MG			
7260007500F340	Topiramate Cap ER 24HR Sprinkle 150 MG			
7260007500F350	Topiramate Cap ER 24HR Sprinkle 200 MG			
72600090000105	Zonisamide Cap 25 MG			
72600090000110	Zonisamide Cap 50 MG			
72600090000120	Zonisamide 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)
73100010100305	Benztropine Mesylate Tab 0.5 MG			
73100010100310	Benztropine Mesylate Tab 1 MG			
73100010100315	Benztropine Mesylate Tab 2 MG			
73100070100310	Trihexyphenidyl HCl Tab 2 MG			
73100070100320	Trihexyphenidyl HCl Tab 5 MG			
73100070101005	Trihexyphenidyl HCl Elixir 0.4 MG/ML			
73152070000320	Tolcapone Tab 100 MG			
73153030000320	Entacapone Tab 200 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 (Base Equivalent)			
73200020100305	Bromocriptine Mesylate Tab 2.5 MG (Base Equivalent)			
73203010102020	Apomorphine Hydrochloride Inj 10 MG/ML			
73203060100305	Pramipexole Dihydrochloride Tab 0.125 MG			
73203060100310	Pramipexole Dihydrochloride Tab 0.25 MG			
73203060100315	Pramipexole Dihydrochloride Tab 0.5 MG			
73203060100317	Pramipexole Dihydrochloride Tab 0.75 MG			
73203060100320	Pramipexole Dihydrochloride Tab 1 MG			
73203060100330	Pramipexole Dihydrochloride Tab 1.5 MG			
73203060107520	Pramipexole Dihydrochloride Tab SR 24HR 0.375 MG			
73203060107530	Pramipexole Dihydrochloride Tab SR 24HR 0.75 MG			
73203060107540	Pramipexole Dihydrochloride Tab SR 24HR 1.5 MG			
73203060107545	Pramipexole Dihydrochloride Tab SR 24HR 2.25 MG			
73203060107550	Pramipexole Dihydrochloride Tab SR 24HR 3 MG			
73203060107555	Pramipexole Dihydrochloride Tab SR 24HR 3.75 MG			
73203060107560	Pramipexole Dihydrochloride Tab SR 24HR 4.5 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)
73203070100310	Ropinirole Hydrochloride Tab 0.25 MG			
73203070100315	Ropinirole Hydrochloride Tab 0.5 MG			
73203070100320	Ropinirole Hydrochloride Tab 1 MG			
73203070100330	Ropinirole Hydrochloride Tab 2 MG			
73203070100337	Ropinirole Hydrochloride Tab 3 MG			
73203070100344	Ropinirole Hydrochloride Tab 4 MG			
73203070100350	Ropinirole Hydrochloride Tab 5 MG			
73203070107520	Ropinirole Hydrochloride Tab SR 24HR 2 MG (Base Equivalent)			
73203070107530	Ropinirole Hydrochloride Tab SR 24HR 4 MG (Base Equivalent)			
73203070107535	Ropinirole Hydrochloride Tab SR 24HR 6 MG (Base Equivalent)			
73203070107540	Ropinirole Hydrochloride Tab SR 24HR 8 MG (Base Equivalent)			
73203070107550	Ropinirole Hydrochloride Tab SR 24HR 12 MG (Base Equivalent)			
73203075008510	Rotigotine TD Patch 24HR 1 MG/24HR			
73203075008520	Rotigotine TD Patch 24HR 2 MG/24HR			
73203075008525	Rotigotine TD Patch 24HR 3 MG/24HR			
73203075008530	Rotigotine TD Patch 24HR 4 MG/24HR			
73203075008540	Rotigotine TD Patch 24HR 6 MG/24HR			
73203075008550	Rotigotine TD Patch 24HR 8 MG/24HR			
73209902100220	Carbidopa & Levodopa Cap CR 23.75-95 MG			
73209902100230	Carbidopa & Levodopa Cap CR 36.25-145 MG			
73209902100240	Carbidopa & Levodopa Cap CR 48.75-195 MG			
73209902100250	Carbidopa & Levodopa Cap CR 61.25-245 MG			
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			

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)
73209902101820	Carbidopa-Levodopa Enteral Susp 4.63-20 MG/ML			
73209902107210	Carbidopa & Levodopa Orally Disintegrating Tab 10-100 MG			
73209902107220	Carbidopa & Levodopa Orally Disintegrating Tab 25-100 MG			
73209902107230	Carbidopa & Levodopa Orally Disintegrating Tab 25-250 MG			
73209903300320	Carbidopa-Levodopa-Entacapone Tabs 12.5-50-200 MG			
73209903300325	Carbidopa-Levodopa-Entacapone Tabs 18.75-75-200 MG			
73209903300330	Carbidopa-Levodopa-Entacapone Tabs 25-100-200 MG			
73209903300335	Carbidopa-Levodopa-Entacapone Tabs 31.25-125-200 MG			
73209903300340	Carbidopa-Levodopa-Entacapone Tabs 37.5-150-200 MG			
73209903300350	Carbidopa-Levodopa-Entacapone Tabs 50-200-200 MG			
73300025200320	Rasagiline Mesylate Tab 0.5 MG (Base Equiv)			
73300025200330	Rasagiline Mesylate Tab 1 MG (Base Equiv)			
73300030100120	Selegiline HCl Cap 5 MG			
73300030100320	Selegiline HCl Tab 5 MG			
73300030107220	Selegiline HCl Orally Disintegrating Tab 1.25 MG			
73403030000320	Carbidopa Tab 25 MG			
74400020032115	AbobotulinumtoxinA For IM Inj 300 Unit			
74400020032120	AbobotulinumtoxinA For IM Inj 500 Unit			
74400020052120	OnabotulinumtoxinA For Inj 100 Unit			
74400020052140	OnabotulinumtoxinA For Inj 200 Unit			
74400020102018	RimabotulinumtoxinB IM Inj 2500 Unit/0.5ML			
74400020102022	RimabotulinumtoxinB IM Inj 10000 Unit/2ML			
74400020202120	IncobotulinumtoxinA For IM Inj 50 Unit			
74400020202130	IncobotulinumtoxinA For IM Inj 100 Unit			
74503070000320	Riluzole Tab 50 MG			
75100010000305	Baclofen Tab 10 MG			
75100010000310	Baclofen 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)
75100010002032	Baclofen Intrathecal Inj 10000 MCG/20ML (500 MCG/ML)			
75100010002034	Baclofen Intrathecal Inj 10 MG/20ML (500 MCG/ML)			
75100010002040	Baclofen Intrathecal Inj 20000 MCG/20ML (1000 MCG/ML)			
75100010002048	Baclofen Intrathecal Inj 40000 MCG/20ML (2000 MCG/ML)			
75100010002050	Baclofen Intrathecal Inj 40 MG/20ML (2000 MCG/ML)			
75100010002900	Baclofen Powder			
75100020000304	Carisoprodol Tab 250 MG			
75100020000305	Carisoprodol Tab 350 MG			
75100040000307	Chlorzoxazone Tab 375 MG			
75100040000310	Chlorzoxazone Tab 500 MG			
75100040000320	Chlorzoxazone Tab 750 MG			
75100050100303	Cyclobenzaprine HCl Tab 5 MG			
75100050100304	Cyclobenzaprine HCl Tab 7.5 MG			
75100050100305	Cyclobenzaprine HCl Tab 10 MG			
75100050107015	Cyclobenzaprine HCl Cap SR 24HR 15 MG			
75100050107030	Cyclobenzaprine HCl Cap SR 24HR 30 MG			
75100060000310	Metaxalone Tab 400 MG			
75100060000320	Metaxalone Tab 800 MG			
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			
75100090100110	Tizanidine HCl Cap 2 MG (Base Equivalent)			
75100090100120	Tizanidine HCl Cap 4 MG (Base Equivalent)			
75100090100130	Tizanidine HCl Cap 6 MG (Base Equivalent)			
75100090100310	Tizanidine HCl Tab 2 MG (Base Equivalent)			
75100090100320	Tizanidine HCl Tab 4 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)
75200010100105	Dantrolene Sodium Cap 25 MG			
75200010100110	Dantrolene Sodium Cap 50 MG			
75200010100115	Dantrolene Sodium Cap 100 MG			
7580002000E420	Cross-Linked Hyaluronate Gel Prefilled Syringe 30 MG/3ML			
7580004000E560	Hylan Intra-articular Solution Prefilled Syringe 48 MG/6ML			
7580006000E515	Hyaluronan Intra-articular Soln Prefilled Syringe 24 MG/3ML			
75800070102024	Sodium Hyaluronate Intra-articular Inj 20 MG/2ML			
7580007010E520	Sodium Hyaluronate Intra-articular Soln Pref Syr 20 MG/2ML			
7580007010E525	Sodium Hyaluronate Intra-articular Soln Pref Syr 25 MG/2.5ML			
75990002100310	Carisoprodol w/ Aspirin Tab 200-325 MG			
75990003100310	Carisoprodol w/ Aspirin & Codeine Tab 200-325-16 MG			
76000040202017	Neostigmine Methylsulfate IV Soln 5 MG/10 ML (0.5 MG/ML)			
76000050100305	Pyridostigmine Bromide Tab 60 MG			
76000050100405	Pyridostigmine Bromide Tab CR 180 MG			
76000050101205	Pyridostigmine Bromide Syrup 60 MG/5ML			
77101010102005	Thiamine HCl Inj 100 MG/ML			
77105010002005	Pyridoxine HCl Inj 100 MG/ML			
77107010100120	Potassium Aminobenzoate Cap 500 MG			
77108010002020	Ascorbic Acid Inj 500 MG/ML			
77202030000110	Ergocalciferol Cap 50000 Unit			
77202030002900	Ergocalciferol Powder			
77202032000105	Cholecalciferol Cap 400 Unit			
77202032000320	Cholecalciferol Tab 400 Unit			
77202032000520	Cholecalciferol Chew Tab 400 Unit			
77202032000912	Cholecalciferol Oral Liquid 1000 Unit/10ML			
77202032000915	Cholecalciferol Oral Liquid 400 Unit/ML			
77204030000305	Phytonadione 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)
77204030002010	Phytonadione Inj 10 MG/ML			
78104915000320	*Niacinamide w/ Zn-Cu-Methylfolate Tab 750-25-1.5-0.5 MG***			
78104920000320	*Niacinamide w/ Zn-Cu-Methylfol-Se-Cr Tab 750-27-2-0.5 MG***			
78110000002200	*B-Complex Vitamin Inj**			
78133000000130	*B-Complex w/ C & Folic Acid Cap 1 MG***			
78133000000330	*B-Complex w/ C & Folic Acid Tab 1 MG***			
78133000000350	*B-Complex w/ C & Folic Acid Tab 5 MG***			
78135300007230	*B-Complex w/ C-Biotin-D & Folic Acid Tab Disp 1 MG***			
78137500000350	*B-Complex w/ C-Biotin-Minerals & Folic Acid Tab 5 MG***			
78200000002200	*Multiple Vitamin Inj**			
78310000000100	*Multiple Vitamins w/ Minerals Cap**			
78310000000300	*Multiple Vitamins w/ Minerals Tab**			
78313010000320	*Multiple Vitamins w/ Minerals & FA Tab 1.25 MG***			
78350000006300	*Multiple Vitamins w/ Calcium Therapy Pack**			
78421000002020	*Pediatric Multiple Vitamin w/ Minerals & C Drops 45 MG/ML**			
78440500002010	*Pediatric Vitamins ACD w/ Fluoride Soln 0.25 MG/ML***			
78440500002020	*Pediatric Vitamins ACD w/ Fluoride Soln 0.5 MG/ML***			
78440720001810	*Ped Vit ACD & L-Methylfol w/ FI Biphaseic Susp 0.25 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***			
78441000000550	*Ped Multiple Vit w/ Fluoride Biphaseic Chew Tab 0.25 MG***			
78441000000555	*Ped Multiple Vit w/ Fluoride Biphaseic Chew Tab 0.5 MG***			
78441000000560	*Ped Multiple Vit w/ Fluoride Biphaseic Chew Tab 1 MG***			
78441000001810	*Ped Multiple Vit w/ Fluoride Biphaseic Susp 0.25 MG/ML***			
78441000002005	*Pediatric Multiple Vitamins w/ Fluoride Soln 0.25 MG/ML***			
78441000002010	*Pediatric Multiple Vitamins w/ Fluoride Soln 0.5 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)
78441000006105	*Pediatric Multiple Vit w/ Fluoride Oral Strip 0.25 MG***			
78441000006120	*Pediatric Multiple Vitamins w/ Fluoride Oral Strip 1 MG***			
78450000000560	*Ped Multiple Vit w/ FI-Fe Biphasic Chew Tab 0.5-10 MG**			
78450000001810	*Ped Multiple Vitamin w/ FI-Fe Biphasic Susp 0.25-7 MG/ML**			
78450000002008	*Pediatric Multiple Vitamins w/ FI-Fe Drops 0.25-10 MG/ML**			
78452000002010	*Pediatric Vitamins ACD Fluoride & Fe Drops 0.25-10 MG/ML***			
78460000000510	*Ped Multiple Vitamins & Minerals w/ FI Chew Tab 0.25 MG**			
78460000000515	*Ped Multiple Vitamins & Minerals w/ FI Chew Tab 0.5 MG**			
78460000000520	*Ped Multiple Vitamins & Minerals w/ FI Chew Tab 1 MG**			
78510018000520	*Prenat w/ B2-B6-B12-D3-Folic Acid Chew Tab 1.4 MG**			
78510035000320	*Prenatal w/ Calcium-Vit B6-Vit B12-FA-Ginger Tab 1 MG***			
78510530000530	*Prenat MV & Min w/ L-Methylfolate-FA Chew Tab 0.6-0.4 MG***			
78512005000520	*Prenat Vit w/ Fe Phos-FA-Omega Chew Tab 3.33-0.333-34.8 MG*			
78512007000120	*Prenatal Vit w/ Fe Gly Cys-FA-Omega 3 Fatty Acids Cap***			
78512010000330	*Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG***			
78512010000352	*Prenatal Vit w/ Iron Carbonyl-FA Tab 50-1.25 MG***			
78512012000330	*Prenatal Vit w/ Fe Asparto Glycinate-FA Tab 20-1 MG***			
78512012200330	*Prenatal w/ Fe Asp Gly-L Methylfol-FA Tab 20-0.6-0.4 MG***			
78512013000140	*Prenat w/ Iron Cbn-Fe Asp Glyc-FA-Omega Cap 30-10-1-200 MG*			
78512014000350	*Prenatal Vit w/ Fe Cbn-Fe Asp Glyc-FA Tab 30-20-1 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***			
78512015000366	*Prenatal Vit w/ Fe Fumarate-FA Tab 65-1 MG***			
78512015000530	*Prenatal Vit w/ Fe Fumarate-FA Chew Tab 29-1 MG***			
78512016000130	*Prenatal Vit w/ Fe Cbn-Fe Asp Glyc-FA-Omega 3 Cap 27-1MG***			
78512018000116	*Prenatal Vit w/ Fe Fum-FA-Omega 3 Cap 28-1-200 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)
78512018000117	*Prenatal Vit w/ Fe Fum-FA-Omega 3 Cap 28-1-215.8 MG***			
78512022000315	*Prenatal Vit w/ Fe Fum-Methylfolate-FA Tab 26-0.6-0.4 MG***			
78512022000320	*Prenatal Vit w/ Fe Fum-Methylfolate-FA Tab 27-0.6-0.4 MG***			
78512032000530	*Prenat w/ FePolyCmplx-Methylfol-FA Chew Tab 29-0.6-0.4 MG**			
78512047000525	*Prenatal Vit w/ Fe Fum-Fe Bisglycin-FA Chew Tab 28-1 MG***			
78512050200320	*Prenatal w/o A w/ FeFum-L Methylfol-FA Tab 18-0.6-0.4 MG***			
78512051000327	*Prenatal w/o A w/ Fe Carbonyl-Fe Gluc-DSS-FA Tab 27-1MG***			
78512060000325	*Prenatal Vit w/ Sel-Fe Fumarate-FA Tab 27-1 MG***			
78512061000130	*Prenatal w/o Vit A w/ Fe Fum-FA-Omega 3 Cap 28-1-250 MG***			
78512062000130	*Prenat w/o A w/ Fe Fumerate-Methylfolate-FA-Omega 3 Cap***			
78512065000375	*Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***			
78512066000340	*Prenatal Vit w/o Vit A w/ Fe Bisglycinate-FA Tab 32-1 MG***			
78512067006340	*Prenat w/o A w/ Fe Bisglyc-FA Tab 32-1 MG & Omega Cap Pack*			
78512070000330	*Prenatal Vit w/ DSS-Fe Fumarate-FA Tab 29-1 MG***			
78512071006320	*Prenat w/o A w/FeCbn-FeGlu-FA Tab 20-1 MG & Vit B6 Tab Pak*			
78512072000135	*Prenatal w/o A w/FeCbn-Fe Asp Glyc-FA-Fish Cap 50-1-476 MG*			
78512073000140	*Prenat w/o A w/FeCbn-FeAspGlyc-FA-Omega Cap 35-5-1-200 MG**			
78512076000130	*Prenat w/o A w/FeFum-Methylfol-Omegas Cap 27-1.13 MG***			
78512079000230	*Prenat w/oA w/FeFum-Na Fered-FA-DHA Cap CR 30-1.4-200 MG***			
78512081000140	*Prenat w/o A w/FeAsp-Methylf-FA-Omeg Cap 29-0.6-0.4-340 MG*			
78512087006335	*Prenat-Fe Poly Cmplx-Fe Heme Poly-FA Tab & Omega 3 Cap Pck*			
78512090000335	*Prenat Vit-Fe Poly Cmplx-Fe Heme Poly-FA Tab 28-6-1 MG***			
78512090000345	*Prenat Vit-Fe Poly Cmplx-Fe Heme Poly-FA Tab 34-1 MG***			
78512091000135	*Prenatal w/Fe Fum-Fe Poly -FA-Omega 3 Cap 53.5-38-1 MG***			
78512094000127	*Prenatal w/Fe Fumarate-FA-DSS-Fish Oil Cap 27-1-500 MG***			
78512097006316	*Prenat w/Fe Poly-Na Fered-FA Tab 25-1 & Omega Cap 267 MG***			
78512097006318	*Prenat w/Fe Poly-Na Fered-FA Tab 25-1 & Omega Cap 400 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)
78515031006320	*Prenatal w/o Vit A w/FE Polysac-FA-CA Tab & Omega 3 Cap***			
78516016000320	*Prenatal MV w/Fe Carbonyl-DSS-FA-DHA Tab 15-25-0.5-50 MG***			
78516020006330	*Prenatal MV w/Fe Fum-FA Tab 65-1 MG & DHA Cap 250 MG Pack *			
78516023000130	*Prenat w/o A w/FeCbn-Methfol-FA-DHA Cap 27.5-1-200 MG***			
78516023000135	*Prenat w/o A w/FeCbn-Methylf-FA-DHA Cap 29-0.6-0.4-350 MG**			
78516023000140	*Prenat w/o A w/FeCbn-Methylf-FA-DHA Cap 31-0.6-0.4-200 MG**			
78516024000125	*Prenat w/o A w/FeFum-Methfol-FA-DHA Cap 27-0.6-0.4-300 MG**			
78516024000127	*Prenat w/o A w/FeFum-Methfol-FA-DHA Cap 27-0.6-0.4-400 MG**			
78516024000135	*Prenat w/o A w/FeFum-Methfol-FA-DHA Cap 28-0.6-0.4-300 MG**			
78516024000137	*Prenat w/o A w/FeFum-Methfol-FA-DHA Cap 28-0.6-0.4-400 MG**			
78516024000140	*Prenat w/o A w/FeFum-Methfol-FA-DHA Cap 30-0.6-0.4-200 MG**			
78516025000115	*Prenat w/o A w/FeAspG-Methfol-FA-DHA Cap 10-0.6-0.4-200 MG*			
78516025000125	*Prenat w/o A w/FeAspG-Methfol-FA-DHA Cap 18-0.6-0.4-300 MG*			
78516032000130	*Prenatal MV w/ Fe Polysac Cmplx-FA-DHA Cap 29-1-200 MG***			
78516032006325	*Prenatal MV w/Fe Poly-FA Chw 29-1 MG & DHA Cap 250 MG Pak *			
78516035000130	*Prenatal w/o A w/Fe Cbn-DSS-FA-DHA Cap 28-1-250 MG***			
78516037000138	*Prenatal w/o Vit A w/ Fe Fum-DSS-FA-DHA Cap 27-1.25-300 MG*			
78516037000140	*Prenatal w/o Vit A w/ Fe Fum-DSS-FA-DHA Cap 30-1.2-265 MG**			
78516037000170	*Prenatal w/o Vit A w/ Fe Fum-DSS-FA-DHA Cap 29-1.25-325 MG*			
78516038000160	*Prenatal w/o Vit A w/ Fe Fum-Doc-FA-DHA Cap 29-1.25-350 MG*			
78516040006327	*Prenat w/o A w/FeCbn-FeGI-DSS-FA Tab & DHA Cap 250 MG Pack*			
78516040006340	*Prenat w/o A w/FeCbn-FeGI-DSS-FA Tab & DHA Cap 300 MG Pack*			
78516040006370	*Prenat w/o A w/FeCbn-FeGI-DSS-FA Tab 90 &DHA Cap 300MG Pak*			
78516042000125	*Prenat w/oA w/FeCb-FeAsp-Meth-FA-DHA Cap 18-0.6-0.4-350 MG*			
78516047000130	*Prenat w/o A w/Fe Fum-Fe Cbn-DSS-FA-DHA Cap 27-1-260 MG***			
78516050000130	*Prenat-Fe Poly Cmplx-Fe Heme Poly-FA-DHA Cap 22-6-1-200 MG*			
78516050006340	*Prenat-Fe Poly Cmplx 28MG-Fe Heme Poly-FA Tab&DHA Cap Pack*			

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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)
78516058000130	*Prenat w/Fe Poly-Methylfol-FA-DHA Cap 29-0.6-0.4-200 MG***			
78516069006340	*Prenat w/o A w/Fe Chel-FA Tab 30-1.4 MG & DHA Cap 300MG Pk*			
78516070006335	*Prenat w/o A w/ Fe Chelate-L Methylfol-FA Tab & DHA Cap Pk*			
78516075000120	*Prenat w/o A w/Fe Fum-Fe Poly-FA-DHA Cap 16-16-1.25-110 MG*			
7851608000B260	*Prenat-FePoly-Methol-FA-DHA Cap 90-1-200 MG & DSS 50MG Cap*			
78610000000300	*Iron w/ Vitamin Tab**			
79050020002005	Sodium Bicarbonate Inj 4%			
79050020002025	Sodium Bicarbonate Inj 8.4%			
79109907203125	Ca Carb-Folic Acid-Vit D-B6-B12-Boron-Mag Wafer 1342-1 MG			
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)			
79300020002035	Sodium Fluoride Soln 0.25 MG/DROP F (from 0.55 MG/DROP NaF)			
79300020002039	Sodium Fluoride Soln 0.25 MG/0.6ML (from 0.55 MG/0.6ML NaF)			
79300020002050	Sodium Fluoride Soln 0.5 MG/ML F (from 1.1 MG/ML NaF)			
79309902750920	Sodium Fluoride-Vitamin D Liqd Drops 0.25 MG/ML-400 Unit/ML			
79350010002020	Potassium Iodide Soln 1 GM/ML			
79400010402020	Magnesium Sulfate Inj 50%			
79600010020305	Potassium Phosphate Monobasic Tab 500 MG			
79600030100320	Pot Phos Monobasic w/Sod Phos Di & Monobas Tab 155-852-130MG			
79700020000810	Potassium Bicarbonate Effer Tab 25 mEq			
79700030000205	Potassium Chloride Cap CR 8 mEq			
79700030000210	Potassium Chloride Cap CR 10 mEq			
79700030000420	Potassium Chloride Tab CR 8 mEq (600 MG)			
79700030000430	Potassium Chloride Tab CR 10 mEq			
79700030000445	Potassium Chloride Tab CR 20 mEq (1500 MG)			
79700030002005	Potassium Chloride Inj 2 mEq/ML			
79700030002085	Potassium Chloride Oral Soln 10% (20 MEQ/15ML)			

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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)
79700030002095	Potassium Chloride Oral Soln 20% (40 MEQ/15ML)			
79700030003015	Potassium Chloride Powder Packet 20 mEq			
79700030003020	Potassium Chloride Powder Packet 25 mEq			
79700030100430	Potassium Chloride Microencapsulated Crys CR Tab 10 mEq			
79700030100435	Potassium Chloride Microencapsulated Crys CR Tab 15 mEq			
79700030100440	Potassium Chloride Microencapsulated Crys CR Tab 20 mEq			
79709902100810	Pot Bicarbonate & Chloride Effer Tab 25 mEq			
79709902110810	Potassium Bicarbonate-Citric Acid Effer Tab 10 mEq			
79709902110820	Potassium Bicarbonate-Citric Acid Effer Tab 20 mEq			
79750010002010	Sodium Chloride Inj 0.45%			
79750010002020	Sodium Chloride Inj 0.9%			
79750010002021	Sodium Chloride IV Soln 0.9%			
79750010002045	Sodium Chloride Inj 4 mEq/ML (23.4%)			
79750010102024	Sodium Chloride Flush IV Soln 0.9%			
79800007000120	Zinc Acetate Cap 50 MG (Elemental Zinc)			
79800010000120	Zinc Sulfate Cap 220 MG (50 MG Elemental Zn)			
79992001202010	Lactated Ringer's Solution			
79992002102020	KCl 20 MEQ/L (0.15%) in NaCl 0.9% Inj			
79993002202030	Dextrose 5% w/ Sodium Chloride 0.45%			
79993002202035	Dextrose 5% w/ Sodium Chloride 0.9%			
79993002302020	Dextrose 5% in Lactated Ringers			
79993003102015	KCl 10 MEQ/L (0.075%) in Dextrose 5% & NaCl 0.45% Inj			
79993003102025	KCl 20 MEQ/L (0.15%) in Dextrose 5% & NaCl 0.45% Inj			
80100010002045	Alcohol Absolute Inj 98%			
80100020002015	Dextrose Inj 5%			
80100020002020	Dextrose Inj 10%			
80100020002050	Dextrose 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)
80100020002060	Dextrose Inj 70%			
80200010001620	Fat Emulsion IV Soln 20%			
80200010001630	Fat Emulsion IV Soln 30%			
80302010102040	*Amino Acid Infusion 10%***			
80302010102060	*Amino Acid Infusion 15%***			
80302010102070	*Amino Acid Infusion 20%***			
80303002000140	Acetylcysteine Cap 600 MG			
80303012002900	Glutamine Powder (Bulk)			
80303014002900	Isoleucine Powder			
80303085002900	Valine Powder			
81100000000900	*Infant Foods Liquid**			
81200000000900	*Nutritional Supplement Liquid**			
81250045000120	Flavocoxid Cap 250 MG			
81250045000130	Flavocoxid Cap 500 MG			
81250060000320	*L-Methylfolate Tab 7.5 MG**			
81250060000330	*L-Methylfolate Tab 15 MG**			
81250070000140	Omega-3-Acid Ethyl Esters (Dietary Management) Cap 1 GM			
81250080003030	Serum-Derived Bovine Immunoglob/Protein Isolate 5 GM Packet			
81259902150320	Cyanocobalamin-Salcaprozate Sodium Tab 1000 MCG-100 MG			
81259902250120	Flavocoxid-Citrated Zinc Bisglycinate Cap 250-50 MG			
81259902250130	Flavocoxid-Citrated Zinc Bisglycinate Cap 500-50 MG			
81259902400120	*L-Methylfolate-Algae Cap 7.5-90.314 MG***			
81259902400130	*L-Methylfolate-Algae Cap 15-90.314 MG***			
81259903250340	Folic Acid-Pyridoxine-Cyanocobalamin Tab 2.5-25-2 MG			
81259903350120	*Genistein-Zinc Amino Acid Chelate-Vitamin D Cap***			
81259903500322	*L-Methylfolate-Methylcobalamin-Acetylcyst Tab 6-2-600 MG***			
81259903550310	*L-Methylfolate w/ Vit B6-Vit B12 Tab 1.13-25-2 MG***			

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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)
81259903550330	*L-Methylfolate w/ Vit B6-Vit B12 Tab 3-35-2 MG***			
81259903600120	Phosphatidylserine-DHA-EPA Cap 75-21.5-8.5 MG			
81259903600130	Phosphatidylserine-DHA-EPA Cap 100-19.5-6.5 MG			
81259904400320	*L-Methylfolate-Algae-B12-Acetylcyst Tab 6-90.314-2-600MG***			
81259904500130	*L-Methylfolate-Algae-Vit B12-B6 Cap 3-90.314-2-35 MG***			
81259904600320	*L-Methylfolate w/ Vit B12-Vit B6-Vit B2 Tab 6-1-50-5 MG***			
81259990000100	*Dietary Management Product - Caps***			
81259990000300	*Dietary Management Product - Tabs***			
81259990003000	*Dietary Management Product - Packet***			
82100010002015	Cyanocobalamin Inj 1000 MCG/ML			
82100010002020	Cyanocobalamin Nasal Spray 500 MCG/0.1ML			
82100020002010	Hydroxocobalamin Inj 1000 MCG/ML			
82200010000305	Folic Acid Tab 400 MCG			
82200010000310	Folic Acid Tab 800 MCG			
82200010000315	Folic Acid Tab 1 MG			
82200010002005	Folic Acid Inj 5 MG/ML			
82300010000925	Ferrous Sulfate Liquid 220 MG/5ML (44 MG/5ML Elemental Fe)			
82300010001010	Ferrous Sulfate Elixir 220 MG/5ML (44 MG/5ML Elemental Fe)			
82300010002003	Ferrous Sulfate Soln 75 MG/ML (15 MG/ML Elemental Fe)			
82300040002010	Iron Dextran Inj 50 MG/ML (Elemental Iron)			
82300048002020	Iron Sucrose Inj 20 MG/ML (Fe Equiv)			
82300062002030	Ferric Carboxymaltose IV Soln 750 MG/15ML (Fe Equivalent)			
82300068002020	Ferumoxytol Inj 510 MG/17ML (30 MG/ML) (Elemental Fe)			
82300085102020	Sod Ferric Gluc Cmplx in Sucrose IV Soln 12.5 MG/ML (Fe Eq)			
82401015102010	Darbepoetin Alfa Soln Inj 25 MCG/ML			
82401015102020	Darbepoetin Alfa Soln Inj 40 MCG/ML			
82401015102030	Darbepoetin Alfa Soln Inj 60 MCG/ML			

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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)
82401015102040	Darbepoetin Alfa Soln Inj 100 MCG/ML			
82401015102060	Darbepoetin Alfa Soln Inj 200 MCG/ML			
8240101510E510	Darbepoetin Alfa Soln Prefilled Syringe 10 MCG/0.4ML			
8240101510E528	Darbepoetin Alfa Soln Prefilled Syringe 25 MCG/0.42ML			
8240101510E543	Darbepoetin Alfa Soln Prefilled Syringe 40 MCG/0.4ML			
8240101510E552	Darbepoetin Alfa Soln Prefilled Syringe 60 MCG/0.3ML			
8240101510E560	Darbepoetin Alfa Soln Prefilled Syringe 100 MCG/0.5ML			
8240101510E575	Darbepoetin Alfa Soln Prefilled Syringe 150 MCG/0.3ML			
8240101510E582	Darbepoetin Alfa Soln Prefilled Syringe 200 MCG/0.4ML			
8240101510E588	Darbepoetin Alfa Soln Prefilled Syringe 300 MCG/0.6ML			
8240101510E590	Darbepoetin Alfa Soln Prefilled Syringe 500 MCG/ML			
82401020002010	Epoetin Alfa Inj 2000 Unit/ML			
82401020002015	Epoetin Alfa Inj 3000 Unit/ML			
82401020002020	Epoetin Alfa Inj 4000 Unit/ML			
82401020002040	Epoetin Alfa Inj 10000 Unit/ML			
82401020002050	Epoetin Alfa Inj 20000 Unit/ML			
82401020002060	Epoetin Alfa Inj 40000 Unit/ML			
82401520002010	Filgrastim Inj 300 MCG/ML			
82401520002012	Filgrastim Inj 480 MCG/1.6ML (300 MCG/ML)			
8240152000E545	Filgrastim Soln Prefilled Syringe 300 MCG/0.5ML			
8240152000E550	Filgrastim Soln Prefilled Syringe 480 MCG/0.8ML (600 MCG/ML)			
8240152060E540	Filgrastim-sndz Soln Prefilled Syringe 480 MCG/0.8ML			
8240152070E530	Tbo-Filgrastim Soln Prefilled Syringe 300 MCG/0.5ML			
8240152070E540	Tbo-Filgrastim Soln Prefilled Syringe 480 MCG/0.8ML			
8240157000E520	Pegfilgrastim Soln Prefilled Syringe 6 MG/0.6ML			
8240157000F820	Pegfilgrastim Soln Prefilled Syringe Kit 6 MG/0.6ML			
82402050002120	Sargramostim Lyophilized For Inj 250 MCG			

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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)
82405030100310	Eltrombopag Olamine Tab 12.5 MG (Base Equiv)			
82405030100320	Eltrombopag Olamine Tab 25 MG (Base Equiv)			
82405030100330	Eltrombopag Olamine Tab 50 MG (Base Equiv)			
82405030100340	Eltrombopag Olamine Tab 75 MG (Base Equiv)			
82405060002120	Romiplostim For Inj 250 MCG			
82405060002130	Romiplostim For Inj 500 MCG			
82502060002020	Plerixafor Subcutaneous Inj 24 MG/1.2ML (20 MG/ML)			
82700040600120	Eliglustat Tartrate Cap 84 MG (Base Equivalent)			
82700050002120	Imiglucerase For Inj 400 Unit			
82700070000120	Miglustat Cap 100 MG			
82700085102120	Velaglucerase Alfa For Inj 400 Unit			
82803030000120	Hydroxyurea Cap 200 MG			
82803030000130	Hydroxyurea Cap 300 MG			
82803030000140	Hydroxyurea Cap 400 MG			
82991000000300	*Cobalamine Combination Tab***			
82991502400120	Folic Acid-Cholecalciferol Cap 1 MG-3775 UNIT			
82991502400130	Folic Acid-Cholecalciferol Cap 1 MG-5750 UNIT			
82991502400318	Folic Acid-Cholecalciferol Tab 1 MG-500 UNIT			
82991502400324	Folic Acid-Cholecalciferol Tab 1 MG-2500 UNIT			
82991502400330	Folic Acid-Cholecalciferol Tab 1 MG-5000 UNIT			
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			
82991505400120	*Folic Acid-Vit B6-Vit B12-Omega 3-Phytosterols Cap 1 MG***			
82991506500120	*Folic Acid-B6-B12-D-Omega 3-Phytosterols Cap 1 MG***			
82992000000100	*Iron Combination Cap***			
82992000000300	*Iron Combination Tab***			

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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)
82992003400120	Iron Polysacch Complex-Vit B12-FA Cap 150-0.025-1 MG			
82992004300330	Iron-Vit C-Vit B12-Folic Acid Tab 100-250-0.025-1 MG			
82992004340140	Fe Fumarate-Vit C-Vit B12-FA Cap 460 (151 Fe)-60-0.01-1 MG			
82992005250130	Fe Fumarate w/ B12-Vit C-FA-IFC Cap 110-0.015-75-0.5-240 MG			
82992006150320	*Fe Asparto Gly-Succ Acd-C-Threonic Acd-B12-Des Stom Tab***			
82992006200320	*Fe Asparto Gly-Succinic Acd-Vit C-Threonic Acd-B12-FA Tab**			
82992006500320	Iron-Folic Acid-Vit C-Vit B6-Vit B12-Zinc Tab 150-1.25 MG			
82992007150130	*Iron-C-FA-B12-Biotin-Copper-Docusate Cap 110-1 MG***			
82992007500320	*Fe Aspart Gly-Fe Fum-Succ Acd-C-Threonic Acd-B12-FA Tab***			
82992007600120	*Fe Asp Gly-Fe Polysacch-Succ Ac-C-Threon Ac-B12-FA Cap***			
82992007656320	*Fe Bisglyc-Fe Polys-Succ Acd-B Cmplx-C-Ca-FA Tab Ther Pk**			
82992007700140	*Fe Fum-Iron Poly Cmplx-FA-B Cmplx-C-Biotin-Probiotic Cap***			
82992008200330	*Iron-Docusate-B12-Folic Acid-C-E-Cu-Biotin Tab 150-1 MG***			
82992008600130	*Fe Fum-Iron Polysacch Complex-FA-B Cmplx-C-Zn-Mn-Cu Cap***			
82992008700330	*Ferrous Fumarate-FA-B Complex-C-Zn-Mg-Mn-Cu Tab 106-1 MG***			
82994002200350	Ferrous Fumarate-Folic Acid Tab 324-1 MG			
82994002400320	Iron Heme Polypeptide-Folic Acid Tab 12-1 MG (FE Equiv)			
82994005600130	*Fe Fum-Fe Poly-FA-C-B3 Cap 62.5-62.5-1-40-3MG(125 MG Fe)***			
82995004400320	Polysacch Fe Cmplx-Fe Heme Poly-FA-B12 Tab 22-6-1-0.025 MG			
82995005300330	*Iron-Folic Acid-Vit B12-Vit C-Docusate Sod Tab 90-1 MG***			
82995005406320	*Fe Asparto Gly-Fe Fum-B12-FA-C-Succinic Ac Tab Ther Pack**			
82995006350330	*Fe Carbonyl-Fe Gluconate-FA-Vit B12-Vit C-DSS Tab 90-1 MG**			
82995007300330	*Fe Asparto Gly-B12-FA-C-DSS-Succinic Acid-Zn Tab 75-1 MG***			
83100020202015	Heparin Sodium (Porcine) Inj 1000 Unit/ML			
83100020202025	Heparin Sodium (Porcine) Inj 5000 Unit/ML			
83100020202034	Heparin Sodium (Porcine) PF Inj 5000 Unit/0.5ML			
83100020202035	Heparin Sodium (Porcine) Inj 10000 Unit/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)
83100020202045	Heparin Sodium (Porcine) Inj 20000 Unit/ML			
83100020302020	Heparin Sodium (Porcine) Lock Flush IV Soln 10 Unit/ML			
83100020302030	Heparin Sodium (Porcine) Lock Flush IV Soln 100 Unit/ML			
83101010102015	Dalteparin Sodium Inj 10000 Unit/ML			
83101010102040	Dalteparin Sodium Inj 5000 Unit/0.2ML			
83101010102045	Dalteparin Sodium Inj 7500 Unit/0.3ML			
83101010102053	Dalteparin Sodium Inj 12500 Unit/0.5ML			
83101010102056	Dalteparin Sodium Inj 15000 Unit/0.6ML			
83101010102060	Dalteparin Sodium Inj 18000 Unit/0.72ML			
83101020102012	Enoxaparin Sodium Inj 30 MG/0.3ML			
83101020102013	Enoxaparin Sodium Inj 40 MG/0.4ML			
83101020102014	Enoxaparin Sodium Inj 60 MG/0.6ML			
83101020102015	Enoxaparin Sodium Inj 80 MG/0.8ML			
83101020102016	Enoxaparin Sodium Inj 100 MG/ML			
83101020102018	Enoxaparin Sodium Inj 120 MG/0.8ML			
83101020102020	Enoxaparin Sodium Inj 150 MG/ML			
83101020102050	Enoxaparin Sodium Inj 300 MG/3ML			
83103030102020	Fondaparinux Sodium Subcutaneous Inj 2.5 MG/0.5ML			
83103030102035	Fondaparinux Sodium Subcutaneous Inj 5 MG/0.4ML			
83103030102040	Fondaparinux Sodium Subcutaneous Inj 7.5 MG/0.6ML			
83103030102045	Fondaparinux Sodium Subcutaneous Inj 10 MG/0.8ML			
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			

**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)
83200030200317	Warfarin Sodium Tab 6 MG			
83200030200320	Warfarin Sodium Tab 7.5 MG			
83200030200325	Warfarin Sodium Tab 10 MG			
83337030200120	Dabigatran Etexilate Mesylate Cap 75 MG (Etexilate Base Eq)			
83337030200130	Dabigatran Etexilate Mesylate Cap 110 MG (Etexilate Base Eq)			
83337030200140	Dabigatran Etexilate Mesylate Cap 150 MG (Etexilate Base Eq)			
83370010000320	Apixaban Tab 2.5 MG			
83370010000330	Apixaban Tab 5 MG			
83370030200315	Edoxaban Tosylate Tab 15 MG (Base Equivalent)			
83370030200330	Edoxaban Tosylate Tab 30 MG (Base Equivalent)			
83370030200350	Edoxaban Tosylate Tab 60 MG (Base Equivalent)			
83370060000320	Rivaroxaban Tab 10 MG			
83370060000330	Rivaroxaban Tab 15 MG			
83370060000340	Rivaroxaban Tab 20 MG			
8337006000B720	Rivaroxaban Tab Starter Therapy Pack 15 MG & 20 MG			
84100010000305	Aminocaproic Acid Tab 500 MG			
84100010000320	Aminocaproic Acid Tab 1000 MG			
84100010001205	Aminocaproic Acid Syrup 25%			
84100010002060	Aminocaproic Acid Oral Soln 0.25 GM/ML			
84100040000320	Tranexamic Acid Tab 650 MG			
84100040002025	Tranexamic Acid IV Soln 1000 MG/10ML (100 MG/ML)			
85100010002130	Antihemophilic Factor (Human) For Inj 500 Unit			
85100010002140	Antihemophilic Factor (Human) For Inj 1000 Unit			
85100010002146	Antihemophilic Factor (Human) For Inj 1700 Unit			
85100010202115	Antihemophilic Factor (Recombinant) For Inj 220-400 Unit			
85100010202125	Antihemophilic Factor (Recombinant) For Inj 401-800 Unit			
85100010202135	Antihemophilic Factor (Recombinant) For Inj 801-1240 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)
85100010202145	Antihemophilic Factor (Recombinant) For Inj 1241-1800 Unit			
85100010202155	Antihemophilic Factor (Recombinant) For Inj 1801-2400 Unit			
85100010206420	Antihemophilic Factor (Recombinant) For Inj Kit 250 Unit			
85100010206430	Antihemophilic Factor (Recombinant) For Inj Kit 500 Unit			
85100010206440	Antihemophilic Factor (Recombinant) For Inj Kit 1000 Unit			
85100010206450	Antihemophilic Factor (Recombinant) For Inj Kit 2000 Unit			
85100010206460	Antihemophilic Factor (Recombinant) For Inj Kit 3000 Unit			
85100010252120	Antihemophilic Factor rAHF-PFM For Inj 250 Unit			
85100010252130	Antihemophilic Factor rAHF-PFM For Inj 500 Unit			
85100010252140	Antihemophilic Factor rAHF-PFM For Inj 1000 Unit			
85100010252180	Antihemophilic Factor rAHF-PFM For Inj 3000 Unit			
85100010266470	Antihemophilic Factor Recombinant PAF For Inj Kit 3000 Unit			
85100010302120	Antihemophilic Factor (Recomb) rFVIII Fc For Inj 250 Unit			
85100010302125	Antihemophilic Factor (Recomb) rFVIII Fc For Inj 500 Unit			
85100010302130	Antihemophilic Factor (Recomb) rFVIII Fc For Inj 750 Unit			
85100010302135	Antihemophilic Factor (Recomb) rFVIII Fc For Inj 1000 Unit			
85100010302145	Antihemophilic Factor (Recomb) rFVIII Fc For Inj 1500 Unit			
85100010302155	Antihemophilic Factor (Recomb) rFVIII Fc For Inj 2000 Unit			
85100010302165	Antihemophilic Factor (Recomb) rFVIII Fc For Inj 3000 Unit			
85100010502130	Antihemophilic Factor (Recomb Porc) rpFVIII For Inj 500 Unit			
85100015102122	Antihemophilic Factor/VWF (Human) For Inj 250-600 Unit			
85100015102129	Antihemophilic Factor/VWF (Human) For Inj 500-500 Unit			
85100015102132	Antihemophilic Factor/VWF (Human) For Inj 500-1200 Unit			
85100015102139	Antihemophilic Factor/VWF (Human) For Inj 1000-1000 Unit			
85100015102144	Antihemophilic Factor/VWF (Human) For Inj 1000-2400 Unit			
85100015102193	Antihemophilic Factor/VWF (Human) For Inj 2000 Unit			
85100020002100	*Antiinhibitor Coagulant Complex For Inj**			

**Empire Plan Prescription Drug Program
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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)
85100026202117	Coagulation Factor VIIa (Recomb) For Inj 1 MG (1000 MCG)			
85100026202126	Coagulation Factor VIIa (Recomb) For Inj 2 MG (2000 MCG)			
85100028002180	Coagulation Factor IX For Inj 1000 Unit			
85100028202130	Coagulation Factor IX (Recombinant) For Inj 500 Unit			
85100028202150	Coagulation Factor IX (Recombinant) For Inj 2000 Unit			
85100028206430	Coagulation Factor IX (Recombinant) For Inj Kit 500 Unit			
85100028206440	Coagulation Factor IX (Recombinant) For Inj Kit 1000 Unit			
85100028206450	Coagulation Factor IX (Recombinant) For Inj Kit 2000 Unit			
85100028402105	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 250 Unit			
85100028402110	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 500 Unit			
85100028402120	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 1000 Unit			
85100028402130	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 2000 Unit			
85100028402140	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 3000 Unit			
85150010007020	Aspirin Capsule SR 24HR 162.5 MG			
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			
85155780300320	Vorapaxar Sulfate Tab 2.08 MG (Base Equivalent)			
85156010100120	Anagrelide HCl Cap 0.5 MG			
85156010100130	Anagrelide HCl Cap 1 MG			
85158020100320	Clopidogrel Bisulfate Tab 75 MG (Base Equiv)			
85158020100340	Clopidogrel Bisulfate Tab 300 MG (Base Equiv)			
85158060100320	Prasugrel HCl Tab 5 MG (Base Equiv)			
85158060100330	Prasugrel HCl Tab 10 MG (Base Equiv)			
85158470000315	Ticagrelor Tab 60 MG			

**Empire Plan Prescription Drug Program
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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)
85158470000320	Ticagrelor Tab 90 MG			
85159902206920	Aspirin-Dipyridamole Cap SR 12HR 25-200 MG			
85200010000410	Pentoxifylline Tab CR 400 MG			
85400010002015	Albumin, Human Inj 25%			
85601010002102	Alteplase For Inj 2 MG			
85800050002020	Eculizumab IV Soln 10 MG/ML (For Infusion)			
85802022002120	C1 Esterase Inhibitor (Human) For IV Inj 500 Unit			
85802022006420	C1 Esterase Inhibitor (Human) For IV Inj Kit 500 Unit			
85802022102130	C1 Esterase Inhibitor (Recombinant) For IV Inj 2100 Unit			
85820040102020	Icatibant Acetate Inj 30 MG/3ML (Base Equivalent)			
85840030002020	Ecallantide Inj 10 MG/ML			
86101004002020	Azithromycin Ophth Soln 1%			
86101005004205	Bacitracin Ophth Oint 500 Unit/GM			
86101007101820	Besifloxacin HCl Ophth Susp 0.6% (Base Equiv)			
86101023102010	Ciprofloxacin HCl Ophth Soln 0.3%			
86101023104210	Ciprofloxacin HCl Ophth Oint 0.3%			
86101025004210	Erythromycin Ophth Oint 5 MG/GM			
86101029002030	Gatifloxacin Ophth Soln 0.5%			
86101030002005	Gentamicin Sulfate Ophth Soln 0.3%			
86101030004205	Gentamicin Sulfate Ophth Oint 0.3%			
86101036002020	Levofloxacin Ophth Soln 0.5%			
86101038102020	Moxifloxacin HCl Ophth Soln 0.5% (Base Equiv)			
86101038102025	Moxifloxacin HCl Ophth Soln 0.5% (Base Eq) (2 Times Daily)			
86101047002020	Ofloxacin Ophth Soln 0.3%			
86101070002005	Tobramycin Ophth Soln 0.3%			
86101070004205	Tobramycin Ophth Oint 0.3%			
86102010102010	Sulfacetamide Sodium Ophth Soln 10%			

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86102010104205	Sulfacetamide Sodium Ophth Oint 10%			
86103007004020	Ganciclovir Ophth Gel 0.15%			
86103020002005	Trifluridine Ophth Soln 1%			
86104010001805	Natamycin Ophth Susp 5%			
86109902104200	Bacitracin-Polymyxin B Ophth Oint			
86109902602020	Polymyxin B-Trimethoprim Ophth Soln 10000 Unit/ML-0.1%			
86109903104220	Neomycin-Bacitrac Zn-Polymyx 5(3.5)MG-400Unt-10000Unt Op Oin			
86109903202000	Neomycin-Polmy-Gramicid Op Sol 1.75-10000-0.025MG-UNT-MG/ML			
86203000009900	*Artificial Tear Ophth Insert***			
86250010101810	Betaxolol HCl Ophth Susp 0.25%			
86250010102005	Betaxolol HCl Ophth Soln 0.5%			
86250012102005	Carteolol HCl Ophth Soln 1%			
86250020102005	Levobunolol HCl Ophth Soln 0.5%			
86250030002020	Timolol Ophth Soln 0.25%			
86250030002030	Timolol Ophth Soln 0.5%			
86250030102005	Timolol Maleate Ophth Soln 0.25%			
86250030102006	Timolol Maleate Preservative Free Ophth Soln 0.25%			
86250030102010	Timolol Maleate Ophth Soln 0.5%			
86250030102011	Timolol Maleate Preservative Free Ophth Soln 0.5%			
86250030102060	Timolol Maleate Ophth Soln 0.5% (Once-Daily)			
86250030107620	Timolol Maleate Ophth Gel Forming Soln 0.25%			
86250030107630	Timolol Maleate Ophth Gel Forming Soln 0.5%			
86259902152020	Brimonidine Tartrate-Timolol Maleate Ophth Soln 0.2-0.5%			
86259902202020	Dorzolamide HCl-Timolol Maleate Ophth Soln 22.3-6.8 MG/ML			
86259902202060	Dorzolamide HCl-Timolol Maleate Ophth Sol 22.3-6.8 MG/ML PF			
86300010001805	Dexamethasone Ophth Susp 0.1%			
86300010002320	Dexamethasone Intravitreal Implant 0.7 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)
86300010102005	Dexamethasone Sodium Phosphate Ophth Soln 0.1%			
86300012001620	Difluprednate Ophth Emulsion 0.05%			
86300020001810	Fluorometholone Ophth Susp 0.1%			
86300020001820	Fluorometholone Ophth Susp 0.25%			
86300020004205	Fluorometholone Ophth Oint 0.1%			
86300020101810	Fluorometholone Acetate Ophth Susp 0.1%			
86300035101820	Loteprednol Etabonate Ophth Susp 0.2%			
86300035101830	Loteprednol Etabonate Ophth Susp 0.5%			
86300035104020	Loteprednol Etabonate Ophth Gel 0.5%			
86300035104230	Loteprednol Etabonate Ophth Oint 0.5%			
86300050101809	Prednisolone Acetate Ophth Susp 0.12%			
86300050101815	Prednisolone Acetate Ophth Susp 1%			
86300050202015	Prednisolone Sodium Phosphate Ophth Soln 1%			
86300070001810	Rimexolone Ophth Susp 1%			
86300080101820	Triamcinolone Acetonide Ophth Inj 40 MG/ML			
86309902151810	Gentamicin-Prednisolone Ace Ophth Susp 0.3-1%			
86309902154210	Gentamicin-Prednisolone Ace Ophth Oint 0.3-0.6%			
86309902171820	Loteprednol Etabonate-Tobramycin Ophth Susp 0.5-0.3%			
86309902721810	Sulfacetamide Sodium-Prednisolone Ophth Susp 10-0.2%			
86309902722015	Sulfacetamide Sodium-Prednisolone Ophth Soln 10-0.23(0.25)%			
86309902724210	Sulfacetamide Sodium-Prednisolone Ophth Oint 10-0.2%			
86309902801810	Tobramycin-Dexamethasone Ophth Susp 0.3-0.05%			
86309902801820	Tobramycin-Dexamethasone Ophth Susp 0.3-0.1%			
86309902804220	Tobramycin-Dexamethasone Ophth Oint 0.3-0.1%			
86309903321810	Neomycin-Polymyxin-Dexamethasone Ophth Susp 0.1%			
86309903324210	Neomycin-Polymyxin-Dexamethasone Ophth Oint 0.1%			
86309903341810	Neomycin-Polymyxin-HC Ophth Susp			

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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)
86309904104220	Bacitracin-Polymyxin-Neomycin-HC Ophth Oint 1%			
86330015002010	Bimatoprost Ophth Soln 0.01%			
86330015002020	Bimatoprost Ophth Soln 0.03%			
86330050002020	Latanoprost Ophth Soln 0.005%			
86330065002020	Tafluprost Ophth Soln 0.0015%			
86330070002020	Travoprost Ophth Soln 0.004%			
86330070002025	Travoprost Ophth Soln 0.004% (Benzalkonium Free) (BAK Free)			
86350010102010	Atropine Sulfate Ophth Soln 1%			
86350010104210	Atropine Sulfate Ophth Oint 1%			
86350020102005	Cyclopentolate HCl Ophth Soln 0.5%			
86350020102010	Cyclopentolate HCl Ophth Soln 1%			
86350020102015	Cyclopentolate HCl Ophth Soln 2%			
86350030102010	Homatropine HBr Ophth Soln 5%			
86350050002005	Tropicamide Ophth Soln 0.5%			
86350050002010	Tropicamide Ophth Soln 1%			
86359902102010	Cyclopentolate w/ Phenylephrine Ophth Soln 0.2-1%			
86400030102020	Naphazoline HCl Ophth Soln 0.1%			
86400040102010	Phenylephrine HCl Ophth Soln 2.5%			
86400040102015	Phenylephrine HCl Ophth Soln 10%			
86501030102015	Pilocarpine HCl Ophth Soln 1%			
86501030102020	Pilocarpine HCl Ophth Soln 2%			
86501030102030	Pilocarpine HCl Ophth Soln 4%			
86502020102115	Echothiophate Iodide Ophth For Soln 0.125%			
86602010102010	Apraclonidine HCl Ophth Soln 0.5% (Base Equivalent)			
86602010102020	Apraclonidine HCl Ophth Soln 1% (Base Equivalent)			
86602020102005	Brimonidine Tartrate Ophth Soln 0.1%			
86602020102007	Brimonidine Tartrate Ophth Soln 0.15%			

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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)
86602020102010	Brimonidine Tartrate Ophth Soln 0.2%			
86609902201820	Brinzolamide-Brimonidine Tartrate Ophth Susp 1-0.2%			
86655010002020	Aflibercept Intravitreal Inj 2 MG/0.05ML (40 MG/ML)			
86655060002012	Ranibizumab Intravitreal Inj 0.3 MG/0.05ML (6 MG/ML)			
86655060002020	Ranibizumab Intravitreal Inj 0.5 MG/0.05ML (10 MG/ML)			
86720020001620	Cyclosporine (Ophth) Emulsion 0.05%			
86734050002020	Lifitegrast Ophth Soln 5%			
86750020102005	Proparacaine HCl Ophth Soln 0.5%			
86750030102005	Tetracaine HCl Ophth Soln 0.5%			
86802004002020	Alcaftadine Ophth Soln 0.25%			
86802006102020	Azelastine HCl Ophth Soln 0.05%			
86802008102020	Bepotastine Besilate Ophth Soln 1.5%			
86802010102005	Cromolyn Sodium Ophth Soln 4%			
86802025102020	Emedastine Difumarate Ophth Soln 0.05% (Base Equiv)			
86802028102020	Epinastine HCl Ophth Soln 0.05%			
86802050202010	Lodoxamide Tromethamine Ophth Soln 0.1%			
86802060102020	Nedocromil Sodium Ophth Soln 2%			
86802065102020	Olopatadine HCl Ophth Soln 0.1% (Base Equivalent)			
86802065102030	Olopatadine HCl Ophth Soln 0.2% (Base Equivalent)			
86802065102040	Olopatadine HCl Ophth Soln 0.7% (Base Equivalent)			
86802320001820	Brinzolamide Ophth Susp 1%			
86802340102020	Dorzolamide HCl Ophth Soln 2%			
86803010002000	*Ophthalmic Irrigation Solution - Intraocular***			
86805005102007	Bromfenac Sodium Ophth Soln 0.07% (Base Equivalent)			
86805005102008	Bromfenac Sodium Ophth Soln 0.075% (Base Equivalent)			
86805005102010	Bromfenac Sodium Ophth Soln 0.09% (Base Equivalent)			
86805005102060	Bromfenac Sodium Ophth Soln 0.09% (Base Equiv) (Once-Daily)			

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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)
86805010102010	Diclofenac Sodium Ophth Soln 0.1%			
86805020102010	Flurbiprofen Sodium Ophth Soln 0.03%			
86805035102015	Ketorolac Tromethamine Ophth Soln 0.4%			
86805035102017	Ketorolac Tromethamine Ophth Soln 0.45%			
86805035102020	Ketorolac Tromethamine Ophth Soln 0.5%			
86805050001820	Nepafenac Ophth Susp 0.1%			
86805050001840	Nepafenac Ophth Susp 0.3%			
86805525102020	Cysteamine HCl Ophth Soln 0.44% (Base Equivalent)			
87100012102020	Ciprofloxacin HCl Otic Soln 0.2% (Base Equivalent)			
87100060002010	Ofloxacin Otic Soln 0.3%			
87300018101720	Fluocinolone Acetonide (Otic) Oil 0.01%			
87300020102000	Hydrocortisone w/ Acetic Acid Otic Soln 1-2%			
87400010102010	Acetic Acid Otic Soln 2%			
87400025002010	Acetic Acid 2% in Aluminum Acetate Otic Soln			
87991002361820	Ciprofloxacin-Dexamethasone Otic Susp 0.3-0.1%			
87991002382025	Ciprofloxacin-Fluocinolone Aceton (PF) Otic Soln 0.3-0.025%			
87991002401820	Ciprofloxacin-Hydrocortisone Otic Susp 0.2-1%			
87991003101807	Neomycin-Polymyxin-HC Otic Susp 3.5 MG/ML-10000 Unit/ML-1%			
87991003102010	Neomycin-Polymyxin-HC Otic Soln 1%			
87991004201820	Neomycin-Colistin-HC-Thonzonium Otic Susp 3.3-3-10-0.5 MG/ML			
87992002202010	Antipyrine-Benzocaine Otic Soln 54-14 MG/ML (5.4-1.4%)			
88100010001805	Nystatin Susp 100000 Unit/ML			
88100020004805	Clotrimazole Troche 10 MG			
88100060000310	Miconazole Buccal Tab 50 MG (Mouth-Throat)			
88109903501820	*Diphenhydramine-Lidocaine-Nystatin Susp (Cmpd Kit)***			
88150020102012	Chlorhexidine Gluconate Soln 0.12%			
88159902802015	Sulfuric Acid-Sulfonated Phenolics Soln 30-50%			

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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)
88250020104410	Triamcinolone Acetonide Dental Paste 0.1%			
88350065102045	Lidocaine HCl Laryngotracheal Soln 4%			
88350065102050	Lidocaine HCl Viscous Soln 2%			
88359905401820	*Diphenhyd-Lido-Al Hydrox-Mg Hydrox-Simeth Susp (Cmpd Kit)**			
88402020002020	Sodium Fluoride Rinse 0.2%			
88402020003721	Sodium Fluoride Cream 1.1%			
88402020004020	Sodium Fluoride Gel 1.1% (0.5% F)			
88402020004418	Sodium Fluoride Paste 1.1%			
88409902774420	Sodium Fluoride-Potassium Nitrate Paste 1.1-5%			
88452050106320	Minocycline HCl Subgingival Powder Cartridge 1 MG			
88501000002000	*Artificial Saliva - Solution***			
88501000003000	*Artificial Saliva - Packet***			
88501000003400	*Artificial Saliva - Aero Soln***			
88501525100120	Cevimeline HCl Cap 30 MG			
88501560100310	Pilocarpine HCl Tab 5 MG			
88501560100320	Pilocarpine HCl Tab 7.5 MG			
88502003604000	*Povidone-Sodium Hyaluronate-Glycyrrhetic Acid Gel***			
88502050000900	*Oral Wound Care Products - Liquid Rinse***			
89100010003705	Hydrocortisone Rectal Cream 1%			
89100010003720	Hydrocortisone Rectal Cream 2.5%			
89100010105230	Hydrocortisone Acetate Suppos 25 MG			
89100010105237	Hydrocortisone Acetate Suppos 30 MG			
89150007003920	Budesonide Rectal Foam 2 MG/ACT			
89150010005110	Hydrocortisone Enema 100 MG/60ML			
89150010103905	Hydrocortisone Acetate Rectal Foam 10% (90 MG/DOSE)			
89254060004220	Nitroglycerin Oint 0.4%			
89991002263720	Lidocaine-Hydrocortisone Acetate Rectal Cream 3-0.5%			

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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)
89991002264020	Lidocaine-Hydrocortisone Acetate Rectal Gel 2.8-0.55%			
89991002266410	Lidocaine-Hydrocortisone Acetate Rectal Cream Kit 2-2%			
89991002266420	Lidocaine-Hydrocortisone Acetate Rectal Cream Kit 3-0.5%			
89991002266430	Lidocaine-Hydrocortisone Acetate Rectal Cream Kit 3-1%			
89991002266460	Lidocaine-Hydrocortisone Acetate Rectal Gel Kit 3-2.5%			
89991002313710	Hydrocortisone Acetate w/ Pramoxine Rectal Cream 1-1%			
89991002313720	Hydrocortisone Acetate w/ Pramoxine Rectal Cream 2.5-1%			
89991002313910	Hydrocortisone Acetate w/ Pramoxine Rectal Foam 1-1%			
89991002314120	Hydrocortisone Acetate w/ Pramoxine Rectal Lotn 2.5-1%			
89991002316440	*HC-Pramoxine Emol Cream 2.5-1% & Pramoxine Wipe 1% Kit***			
90050003003710	Adapalene Cream 0.1%			
90050003004010	Adapalene Gel 0.1%			
90050003004030	Adapalene Gel 0.3%			
90050003004110	Adapalene Lotion 0.1%			
90050005103720	Azelaic Acid Cream 20%			
90050010000903	Benzoyl Peroxide Liq 2.5%			
90050010000907	Benzoyl Peroxide Liq 7%			
90050010000910	Benzoyl Peroxide Liq 10%			
90050010003930	Benzoyl Peroxide Foam 5.3%			
90050010003932	Benzoyl Peroxide Foam 5.5%			
90050010003947	Benzoyl Peroxide Foam 9.5%			
90050010003948	Benzoyl Peroxide Foam 9.8%			
90050010004012	Benzoyl Peroxide Gel 4%			
90050010004014	Benzoyl Peroxide Gel 8%			
90050010006375	Benzoyl Peroxide Cloth 6%			
90050013000110	Isotretinoin Cap 10 MG			
90050013000120	Isotretinoin Cap 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)
90050013000125	Isotretinoin Cap 25 MG			
90050013000130	Isotretinoin Cap 30 MG			
90050013000135	Isotretinoin Cap 35 MG			
90050013000140	Isotretinoin Cap 40 MG			
90050027003930	Tazarotene (Acne) Foam 0.1%			
90050030003703	Tretinoin Cream 0.025%			
90050030003705	Tretinoin Cream 0.05%			
90050030003710	Tretinoin Cream 0.1%			
90050030004005	Tretinoin Gel 0.01%			
90050030004010	Tretinoin Gel 0.025%			
90050030004015	Tretinoin Gel 0.05%			
90050030204015	Tretinoin Microsphere Gel 0.04%			
90050030204020	Tretinoin Microsphere Gel 0.08%			
90050030204030	Tretinoin Microsphere Gel 0.1%			
90051010102005	Clindamycin Phosphate Soln 1%			
90051010103905	Clindamycin Phosphate Foam 1%			
90051010104005	Clindamycin Phosphate Gel 1%			
90051010104105	Clindamycin Phosphate Lotion 1%			
90051010109420	Clindamycin Phosphate Swab 1%			
90051015004020	Dapsone Gel 5%			
90051015004030	Dapsone Gel 7.5%			
90051020002010	Erythromycin Soln 2%			
90051020004010	Erythromycin Gel 2%			
90051020004320	Erythromycin Pads 2%			
90051036104120	Sulfacetamide Sodium Lotion 10% (Acne)			
90059902034020	Adapalene-Benzoyl Peroxide Gel 0.1-2.5%			
90059902034030	Adapalene-Benzoyl Peroxide Gel 0.3-2.5%			

**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)
90059902104010	Benzoyl Peroxide-Erythromycin Gel 5-3%			
90059902194020	Clindamycin Phosphate-Benzoyl Peroxide Gel 1-5%			
90059902194030	Clindamycin Phosphate-Benzoyl Peroxide Gel 1.2-2.5%			
90059902194040	Clindamycin Phosphate-Benzoyl Peroxide Gel 1.2-3.75%			
90059902476420	*Benzoyl Peroxide Pad 4% & Vitamin E Topical 5% Kit***			
90059902476430	*Benzoyl Peroxide Pad 8% & Vitamin E Topical 5% Kit***			
90059902594020	Clindamycin Phosph-Benzoyl Peroxide (Refrig) Gel 1.2 (1)-5%			
90059902626420	*Clindamycin Phosphate Swab 1% & Cleanser Kit***			
90059902654020	Clindamycin Phosphate-Tretinoin Gel 1.2-0.025%			
90059903104110	Benzoyl Peroxide-HC Lotion 5-0.5%			
90059903200914	Sulfacetamide Sodium w/ Sulfur Wash 9-4%			
90059903200915	Sulfacetamide Sodium w/ Sulfur Wash 9-4.5%			
90059903200917	Sulfacetamide Sodium w/ Sulfur Cleanser 9.8-4.8%			
90059903200918	Sulfacetamide Sodium w/ Sulfur Cleanser 10-2%			
90059903200925	Sulfacetamide Sodium w/ Sulfur Wash 10-4.5%			
90059903201615	Sulfacetamide Sodium w/ Sulfur Emulsion 10-1%			
90059903201620	Sulfacetamide Sodium w/ Sulfur Emulsion 10-5%			
90059903201810	Sulfacetamide Sodium w/ Sulfur Susp 8-4%			
90059903201820	Sulfacetamide Sodium w/ Sulfur Susp 10-5%			
90059903203716	Sulfacetamide Sodium w/ Sulfur Cream 9.8-4.8%			
90059903203718	Sulfacetamide Sodium w/ Sulfur Cream 10-2%			
90059903203720	Sulfacetamide Sodium w/ Sulfur Cream 10-5%			
90059903203910	Sulfacetamide Sodium w/ Sulfur Foam 9.5-5%			
90059903203914	Sulfacetamide Sodium w/ Sulfur Foam 10-2%			
90059903203920	Sulfacetamide Sodium w/ Sulfur Foam 10-5%			
90059903204109	Sulfacetamide Sodium w/ Sulfur Lotion 9.8-4.8%			
90059903204110	Sulfacetamide Sodium w/ Sulfur Lotion 10-5%			

**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)
90059903204308	Sulfacetamide Sodium w/ Sulfur Cleansing Pad 9.5-5%			
90059903204310	Sulfacetamide Sodium w/ Sulfur Cleansing Cloth 9.8-4.8%			
90059903204312	Sulfacetamide Sodium w/ Sulfur Cleansing Pad 10-2%			
90059903204316	Sulfacetamide Sodium w/ Sulfur Cleansing Pad 10-4%			
90059903204320	Sulfacetamide Sodium w/ Sulfur Cleansing Cloth 10-5%			
90059903211618	Sulfacetamide Sodium-Sulfur in Urea Emulsion 10-4%			
90059903211620	Sulfacetamide Sodium-Sulfur in Urea Emulsion 10-5%			
90059903226415	*Sulfacetamide Sod-Sulfur Wash 9-4.5% & Skin Cleanser Kit***			
90059903226440	*Sulfacetamide Sod-Sulfur Pad 10-4% & Skin Cleanser Kit***			
90059903236420	*Sulfacetamide Sod-Sulfur Wash 9-4.5% & Sunscreen Kit***			
90059903486420	*Benzoyl Perox Pad 4% & Salicylic Ac Pad 1% & Vit E 5% Kit*			
90059903486430	*Benzoyl Perox Pad 8% & Salicylic Ac Pad 2% & Vit E 5% Kit*			
90059903586420	*Clindamycin-Benzoyl Perox Gel 1.2-5% & Moisturizer Cr Kit**			
90060010003920	Azelaic Acid Foam 15%			
90060010004020	Azelaic Acid Gel 15%			
90060020104020	Brimonidine Tartrate Gel 0.33% (Base Equivalent)			
90060025006520	Doxycycline (Rosacea) Cap Delayed Release 40 MG			
90060030003720	Ivermectin Cream 1%			
90060040003710	Metronidazole Cream 0.75%			
90060040003720	Metronidazole Cream 1%			
90060040004010	Metronidazole Gel 0.75%			
90060040004020	Metronidazole Gel 1%			
90060040004110	Metronidazole Lotion 0.75%			
90060040206415	Metronidazole Gel 0.75% w/ Cleanser Kit			
90060040206440	Metronidazole Cream 0.75% w/ Cleanser Kit			
90100050103705	Gentamicin Sulfate Cream 0.1%			
90100050104205	Gentamicin Sulfate Oint 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)
90100065104210	Mupirocin Oint 2%			
90100065203710	Mupirocin Calcium Cream 2%			
90100095004220	Retapamulin Oint 1%			
90109902203710	Neomycin Sulfate-Fluocinolone Acetonide Cream 0.5-0.025%			
90109903103710	Neomycin-Polymyxin-HC Crm 3.5 MG/GM-10000 UNT/GM-0.5%			
90109903596420	*Neomycin-Fluocinolone Cream 0.5-0.025% & Emollient Cr Kit*			
90109904104220	Bacitracin-Polymyxin-Neomycin HC Oint 1%			
90150026103720	Butenafine HCl Cream 1%			
90150030002020	Ciclopirox Solution 8%			
90150030004010	Ciclopirox Gel 0.77%			
90150030004510	Ciclopirox Shampoo 1%			
90150030006420	Ciclopirox Solution Kit 8%			
90150030006450	*Ciclopirox Soln 8% & Lacquer Removal Pads Kit**			
90150030101810	Ciclopirox Olamine Susp 0.77% (Base Equiv)			
90150030103705	Ciclopirox Olamine Cream 0.77% (Base Equiv)			
90150030406440	*Ciclopirox Olamine Cream 0.77% (Base Equiv) & Cleanser Kit*			
90150078003710	Naftifine HCl Cream 1%			
90150078003720	Naftifine HCl Cream 2%			
90150078004010	Naftifine HCl Gel 1%			
90150078004030	Naftifine HCl Gel 2%			
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%			

**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)
90154035103910	Econazole Nitrate Foam 1%			
90154037002020	Efinaconazole Soln 10%			
90154045003710	Ketoconazole Cream 2%			
90154045003920	Ketoconazole Foam 2%			
90154045004020	Ketoconazole Gel 2%			
90154045004510	Ketoconazole Shampoo 2%			
90154048003720	Luliconazole Cream 1%			
90154065003710	Oxiconazole Nitrate Cream 1%			
90154065004120	Oxiconazole Nitrate Lotion 1%			
90154070103720	Sertaconazole Nitrate Cream 2%			
90154075002010	Sulconazole Nitrate Solution 1%			
90154075003710	Sulconazole Nitrate Cream 1%			
90156080002010	Tavaborole Soln 5%			
90159902053710	Clotrimazole w/ Betamethasone Cream 1-0.05%			
90159902054120	Clotrimazole w/ Betamethasone Lotion 1-0.05%			
90159902103710	Clioquinol-HC Cream 3-0.5%			
90159902153710	Iodoquinol-HC Cream 1%			
90159902253700	Nystatin-Triamcinolone Cream 100000-0.1 Unit/GM-%			
90159902254200	Nystatin-Triamcinolone Oint 100000-0.1 Unit/GM-%			
90159902774020	*Iodoquinol-Aloe Polysaccharides Gel 1.25-1%***			
90159903086410	*Clioquinol-HC Cream 3-0.5% & Emollient Liqd Kit***			
90159903284030	*Iodoquinol-Hydrocortisone-Aloe Polysaccharide Gel 1-2-1%***			
90159903293710	Iodoquinol-Hydrocortisone in Aloe Vehicle Cream 1-1.9%			
90159903404220	Miconazole-Zinc Oxide-White Petrolatum Oint 0.25-15-81.35%			
90210030205920	Diclofenac Epolamine Patch 1.3%			
90210030302025	Diclofenac Sodium Soln 1.5%			
90210030302030	Diclofenac Sodium Soln 2%			

**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)
90210030303720	Diclofenac Sodium Cream 1%			
90210030304020	Diclofenac Sodium Gel 1%			
90220015103710	Doxepin HCl Cream 5%			
90250020003725	Anthralin Cream 1%			
90250020003728	Anthralin Cream 1.2%			
90250020004520	Anthralin Shampoo 1%			
90250025002020	Calcipotriene Soln 0.005% (50 MCG/ML)			
90250025003710	Calcipotriene Cream 0.005%			
90250025003920	Calcipotriene Foam 0.005%			
90250025004210	Calcipotriene Oint 0.005%			
90250028004220	Calcitriol Oint 3 MCG/GM			
90250070003720	Tazarotene Cream 0.05%			
90250070003730	Tazarotene Cream 0.1%			
90250070004020	Tazarotene Gel 0.05%			
90250070004030	Tazarotene Gel 0.1%			
90250510000110	Acitretin Cap 10 MG			
90250510000115	Acitretin Cap 17.5 MG			
90250510000125	Acitretin Cap 25 MG			
9025055400D520	Ixekizumab Subcutaneous Soln Auto-injector 80 MG/ML			
9025055400E520	Ixekizumab Subcutaneous Soln Prefilled Syringe 80 MG/ML			
90250560100110	Methoxsalen Rapid Cap 10 MG			
9025057500D520	Secukinumab Subcutaneous Soln Auto-injector 150 MG/ML			
9025057500E520	Secukinumab Subcutaneous Soln Prefilled Syringe 150 MG/ML			
9025058500E520	Ustekinumab Soln Prefilled Syringe 45 MG/0.5ML			
9025058500E540	Ustekinumab Soln Prefilled Syringe 90 MG/ML			
90300050003920	Selenium Sulfide Foam 2.25%			
90300050004120	Selenium Sulfide Lotion 2.5%			

**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)
90300060000920	Sulfacetamide Sodium Liquid 10%			
90300060003720	Sulfacetamide Sodium Cream 10%			
90300060003917	Sulfacetamide Sodium Foam 9.8%			
90300060004060	Sulfacetamide Sodium Cleansing Gel 10%			
90300060004109	Sulfacetamide Sodium Lotion 9.8%			
90300060004540	Sulfacetamide Sodium Shampoo 10%			
90309900003700	*Antiseborrheic Products Misc - Cream***			
90309900006400	*Antiseborrheic Products Misc - Kit***			
90309902540920	Sulfacetamide Sodium in Bakuchiol Vehicle Wash 10%			
90309903854520	Selenium Sulfide-Pyrithione Zinc in Urea Shampoo 2.25%			
90309903854522	Selenium Sulfide-Pyrithione Zinc in Urea Shampoo 2.3%			
90350010003720	Acyclovir Cream 5%			
90350010004205	Acyclovir Oint 5%			
90350060003720	Penciclovir Cream 1%			
90359902153720	Acyclovir-Hydrocortisone Cream 5-1%			
90371050204030	Mechlorethamine HCl Gel 0.016% (Base Equivalent)			
90372030002020	Fluorouracil Soln 2%			
90372030002050	Fluorouracil Soln 5%			
90372030003705	Fluorouracil Cream 0.5%			
90372030003725	Fluorouracil Cream 4%			
90372030003730	Fluorouracil Cream 5%			
90374035304020	Diclofenac Sodium (Actinic Keratoses) Gel 3%			
90375015102120	Aminolevulinic Acid HCl For Soln 20% (Stick Applicator)			
90376015004020	Alitretinoin Gel 0.1%			
90376220004020	Bexarotene Gel 1%			
90378035204020	Ingenol Mebutate Gel 0.015%			
90378035204040	Ingenol Mebutate Gel 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)
90450010103710	Mafenide Acetate Cream 85 MG/GM			
90450030003710	Silver Sulfadiazine Cream 1%			
90500040002003	Silver Nitrate Soln 0.5%			
90500050000980	Trichloroacetic Acid Liqd 80%			
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%			
90550020001620	Betamethasone Dipropionate Spray Emulsion 0.05% (Base Equiv)			
90550020003705	Betamethasone Dipropionate Cream 0.05%			
90550020004105	Betamethasone Dipropionate Lotion 0.05%			
90550020004205	Betamethasone Dipropionate Oint 0.05%			
90550020053705	Betamethasone Dipropionate Augmented Cream 0.05%			
90550020054005	Betamethasone Dipropionate Augmented Gel 0.05%			
90550020054105	Betamethasone Dipropionate Augmented Lotion 0.05%			
90550020054205	Betamethasone Dipropionate Augmented Oint 0.05%			
90550020103710	Betamethasone Valerate Cream 0.1%			
90550020103920	Betamethasone Valerate Aerosol Foam 0.12%			
90550020104105	Betamethasone Valerate Lotion 0.1%			
90550020104205	Betamethasone Valerate Oint 0.1%			
90550025100910	Clobetasol Propionate Spray 0.05%			
90550025102005	Clobetasol Propionate Soln 0.05%			
90550025103705	Clobetasol Propionate Cream 0.05%			
90550025103920	Clobetasol Propionate Foam 0.05%			
90550025104010	Clobetasol Propionate Gel 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)
90550025104110	Clobetasol Propionate Lotion 0.05%			
90550025104205	Clobetasol Propionate Oint 0.05%			
90550025104520	Clobetasol Propionate Shampoo 0.05%			
90550025153705	Clobetasol Propionate Emollient Base Cream 0.05%			
90550025203920	Clobetasol Propionate Emulsion Foam 0.05%			
90550030103705	Clocortolone Pivalate Cream 0.1%			
90550035003705	Desonide Cream 0.05%			
90550035003920	Desonide Foam 0.05%			
90550035004020	Desonide Gel 0.05%			
90550035004105	Desonide Lotion 0.05%			
90550035004205	Desonide Oint 0.05%			
90550040000910	Desoximetasone Spray 0.25%			
90550040003705	Desoximetasone Cream 0.05%			
90550040003710	Desoximetasone Cream 0.25%			
90550040004005	Desoximetasone Gel 0.05%			
90550040004203	Desoximetasone Oint 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%			
90550055101712	Fluocinolone Acetonide Oil 0.01% (Body Oil)			
90550055101714	Fluocinolone Acetonide Oil 0.01% (Scalp Oil)			
90550055102005	Fluocinolone Acetonide Soln 0.01%			
90550055103705	Fluocinolone Acetonide Cream 0.01%			
90550055103710	Fluocinolone Acetonide Cream 0.025%			
90550055104205	Fluocinolone Acetonide Oint 0.025%			
90550055104501	Fluocinolone Acetonide Shampoo 0.01%			

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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)
90550060002005	Fluocinonide Soln 0.05%			
90550060003705	Fluocinonide Cream 0.05%			
90550060003710	Fluocinonide Cream 0.1%			
90550060004005	Fluocinonide Gel 0.05%			
90550060004205	Fluocinonide Oint 0.05%			
90550060103705	Fluocinonide Emulsified Base Cream 0.05%			
90550065003710	Flurandrenolide Cream 0.05%			
90550065004105	Flurandrenolide Lotion 0.05%			
90550065004210	Flurandrenolide Oint 0.05%			
90550065004605	Flurandrenolide Tape 4 MCG/SQCM			
90550068103710	Fluticasone Propionate Cream 0.05%			
90550068104120	Fluticasone Propionate Lotion 0.05%			
90550068104210	Fluticasone Propionate Oint 0.005%			
90550070003710	Halcinonide Cream 0.1%			
90550070004205	Halcinonide Oint 0.1%			
90550073103710	Halobetasol Propionate Cream 0.05%			
90550073104110	Halobetasol Propionate Lotion 0.05%			
90550073104210	Halobetasol Propionate Oint 0.05%			
90550075002020	Hydrocortisone Soln 2.5%			
90550075002900	Hydrocortisone Powder			
90550075003720	Hydrocortisone Cream 1%			
90550075003725	Hydrocortisone Cream 2.5%			
90550075004050	*Hydrocortisone Gel 10% (Cmpd Kit)**			
90550075004118	Hydrocortisone Lotion 2%			
90550075004120	Hydrocortisone Lotion 2.5%			
90550075004210	Hydrocortisone Oint 1%			
90550075004215	Hydrocortisone Oint 2.5%			

**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)
90550075203705	Hydrocortisone Valerate Cream 0.2%			
90550075204205	Hydrocortisone Valerate Oint 0.2%			
90550075273720	Hydrocortisone Probutate Cream 0.1%			
90550075302020	Hydrocortisone Butyrate Soln 0.1%			
90550075303705	Hydrocortisone Butyrate Cream 0.1%			
90550075304120	Hydrocortisone Butyrate Lotion 0.1%			
90550075304205	Hydrocortisone Butyrate Oint 0.1%			
90550075323705	Hydrocortisone Butyrate Hydrophilic Lipo Base Cream 0.1%			
90550075656420	*Hydrocortisone Lot 2% & Cleanser Liq Kit**			
90550075706430	*Hydrocortisone Lot 2% & Emollient Cream Kit**			
90550082102010	Mometasone Furoate Solution 0.1% (Lotion)			
90550082103710	Mometasone Furoate Cream 0.1%			
90550082104210	Mometasone Furoate Oint 0.1%			
90550083003710	Prednicarbate Cream 0.1%			
90550083004210	Prednicarbate Oint 0.1%			
90550085103400	Triamcinolone Acetonide Aerosol Soln 0.147 MG/GM			
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%			
90550085206420	*Triamcinolone Cream 0.1% & Emollient Cream Kit**			
90559802403720	Pramoxine-HC Cream 1-1%			

**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)
90559802403725	Pramoxine-HC Cream 1-2.5%			
90559802403910	Pramoxine-HC Aerosol Foam 1-1%			
90559802404020	Pramoxine-HC Gel 1-2%			
90559802404120	Pramoxine-HC Lotion 1-1%			
90559802404125	Pramoxine-HC Lotion 1-2.5%			
90559802404220	Pramoxine-HC Oint 1-1%			
90559802404230	Pramoxine-HC Oint 1-2.5%			
90559803404030	*Hydrocortisone Ace-Pramoxine-Aloe Polysacch Gel 2-1-1%***			
90559902321825	Calcipotriene-Betamethasone Dipropionate Susp 0.005-0.064%			
90559902323930	Calcipotriene-Betamethasone Dipropionate Foam 0.005-0.064%			
90559902324225	Calcipotriene-Betamethasone Dipropionate Oint 0.005-0.064%			
90559902346420	*Clobetasol Propionate Shampoo 0.05% & Cleanser Kit***			
90559902396420	*Fluocinolone Acetonide Soln 0.01% & Cleanser Kit***			
90559902406430	*Fluocinolone Cream 0.025%-Emollient Cream Kit***			
90559902406435	*Fluocinolone Oint 0.025%-Emollient Cream Kit***			
90559902496420	Halobetasol Prop Cream 0.05% & Lactic Acid Cream 10% Kit			
90559902496440	Halobetasol Prop Oint 0.05% & Lactic Acid Cream 10% Kit			
90559903216420	*Fluocinolone Soln 0.01% & Cleanser Lot & Silicone Tape Kit*			
9055990322B120	*Fluocinolone Soln 0.01% & Urea Cr 20% & Silicone Tape THPK*			
90559903906420	*Triamcinolone Acet Cr 0.1% & Dimeth Cr 5% & Silicone Tape*			
90650000004000	*Emollient - Gel**			
90650000004100	*Emollient - Lotion**			
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			
90660080001640	Urea Emulsion 40%			

**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)
90660080001840	Urea Suspension 40%			
90660080003722	Urea Cream 37.5%			
90660080003724	Urea Cream 39%			
90660080003725	Urea Cream 40%			
90660080003726	Urea Cream 41%			
90660080003729	Urea Cream 44%			
90660080003730	Urea Cream 45%			
90660080003732	Urea Cream 47%			
90660080003735	Urea Cream 50%			
90660080003940	Urea Foam 40%			
90660080004040	Urea Gel 40%			
90660080004045	Urea Gel 45%			
90660080004140	Urea Lotion 40%			
90660080004145	Urea Lotion 45%			
90660080256439	*Urea Cream 39% & Emollient Cream Kit***			
90669902401640	Urea-Hyaluronate Sodium Emulsion 40-0.3%			
90669902401840	Urea-Hyaluronate Sodium Susp 40-0.3%			
90669902406440	Urea Susp 40% & Hyaluronate Sodium Gel 0.2% Kit			
90669902823935	Urea in Lactic Acid Vehicle Foam 35%			
90669903801840	Urea in Lactic Acid-Salicylic Acid Vehicle Susp 50%			
90669903901650	Urea in Zinc Undecylenate-Lactic Acid Vehicle Emulsion 50%			
90669903909340	Urea in Zinc Undecylenate-Lactic Acid Vehicle Stick 50%			
90700010004205	Collagenase Oint 250 Unit/GM			
90700050003400	Trypsin w/ Castor Oil & Peruvian Balsam Spray			
90700050004220	Trypsin w/ Castor Oil & Peruvian Balsam Oint			
90750015002020	Podofilox Soln 0.5%			
90750015004020	Podofilox Gel 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)
90750020002025	Podophyllum Resin Soln 25%			
90750030000948	Salicylic Acid Film Forming Liquid 27.5%			
90750030002010	Salicylic Acid Soln 26%			
90750030002017	Salicylic Acid ER Film-Forming Soln 28.5%			
90750030003712	Salicylic Acid Cream 6%			
90750030003940	Salicylic Acid Foam 6%			
90750030004005	Salicylic Acid Gel 6%			
90750030004140	Salicylic Acid Lotion 6%			
90750030004530	Salicylic Acid Shampoo 6%			
90750030006415	Salicylic Acid Shampoo 6% & Salicylic Acid Gel 6% Kit			
90750030406420	*Salicylic Acid Cream 6% & Cleanser Liqd Kit**			
90750030406430	*Salicylic Acid Lotion 6% & Cleanser Liqd Kit**			
90759902104210	Salicylic Acid & Benzoic Acid Oint 3-6%			
90760070004220	Sinecatechins Oint 15%			
90773040003715	Imiquimod Cream 3.75%			
90773040003720	Imiquimod Cream 5%			
90784060003720	Pimecrolimus Cream 1%			
90784075004210	Tacrolimus Oint 0.03%			
90784075004230	Tacrolimus Oint 0.1%			
90850025306420	Capsaicin Patch 8% & Cleansing Gel Kit			
90850060003720	Lidocaine Cream 4%			
90850060004210	Lidocaine Oint 5%			
90850060005930	Lidocaine Patch 5%			
90850060102015	Lidocaine HCl Soln 4%			
90850060104005	Lidocaine HCl Gel 2%			
90850060104025	Lidocaine HCl Gel 4%			
90851005003200	Ethyl Chloride Aerosol Spray			

**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)
90859902845920	Lidocaine-Tetracaine Topical Patch 70-70 MG			
90859902885955	Lidocaine-Menthol Patch 4-5%			
90859902903710	Lidocaine-Prilocaine Cream 2.5-2.5%			
90859902906410	Lidocaine-Prilocaine Cream Kit 2.5-2.5%			
90859903403220	Butamben-Tetracaine-Benzocaine Aerosol Spray 2-2-14%			
90886060003730	Tazarotene (Facial Wrinkles) Cream 0.1%			
90900004004120	Benzyl Alcohol Lotion 5%			
90900010003705	Crotamiton Cream 10%			
90900010004105	Crotamiton Lotion 10%			
90900017004120	Ivermectin Lotion 0.5%			
90900020004110	Lindane Lotion 1%			
90900020004510	Lindane Shampoo 1%			
90900030004120	Malathion Lotion 0.5%			
90900035003720	Permethrin Cream 5%			
90900048001820	Spinosad Susp 0.9%			
90930000004000	*Scar Treatment Products - Gel**			
90943000000900	*Wound Cleansers - Liquid**			
90944000002000	*Wound Dressings - Soln***			
90944000003700	*Wound Dressings - Cream***			
90944000004000	*Wound Dressings - Gel***			
90944000004300	*Wound Dressings - Pads***			
90944000006400	*Wound Dressings - Kit***			
90945020004020	Becaplermin Gel 0.01%			
90949902154200	*Balsam Peru-Castor Oil Oint***			
90949902204320	*Bismuth Tribromophenate-Petrolatum Dressing Pads***			
90949902206300	*Bismuth Tribromophenate-Petrolatum Dressing - Misc***			
90970010002010	Aluminum Chloride Soln 20%			

**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)
90972000003700	*Skin Protectants Misc - Cream***			
90978010000900	*Eyelid Cleansers - Liquid***			
90990000000900	*Dermatological Products Misc - Liquid**			
90990000001600	*Dermatological Products Misc - Emulsion**			
90990000002000	*Dermatological Products Misc - Solution**			
90990000003700	*Dermatological Products Misc - Cream**			
90990000003900	*Dermatological Products, Misc. - Aerosol Foam**			
90990000004000	*Dermatological Products Misc - Gel**			
90990000004100	*Dermatological Products Misc - Lotion**			
90990000006400	*Dermatological Products Misc - Kit**			
92000005002010	Formaldehyde Solution 10%			
92000005002020	Formaldehyde Solution 20%			
92100030102060	Chlorhexidine Gluconate Soln 20%			
92200003004020	Cadexomer Iodine Gel 0.9%			
93000007000820	Acetylcysteine Effervescent Tab 500 MG			
93000007002020	Acetylcysteine Inj 200 MG/ML			
93000020102110	Deferoxamine Mesylate For Inj 500 MG			
93000020102130	Deferoxamine Mesylate For Inj 2 GM			
93100025000320	Deferasirox Tab 90 MG			
93100025000330	Deferasirox Tab 180 MG			
93100025000340	Deferasirox Tab 360 MG			
93100025007320	Deferasirox Tab For Oral Susp 125 MG			
93100025007330	Deferasirox Tab For Oral Susp 250 MG			
93100025007340	Deferasirox Tab For Oral Susp 500 MG			
93100028000320	Deferiprone Tab 500 MG			
93100080000120	Succimer Cap 100 MG			
93200040002025	Flumazenil IV Soln 0.5 MG/5ML (0.1 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)
93400020100920	Naloxone HCl Nasal Spray 4 MG/0.1ML			
93400020102010	Naloxone HCl Inj 0.4 MG/ML			
9340002010D530	Naloxone HCl Solution Auto-injector 0.4 MG/0.4ML			
9340002010E210	Naloxone HCl Soln Cartridge 0.4 MG/ML			
9340002010E540	Naloxone HCl Soln Prefilled Syringe 2 MG/2ML			
93400030001920	Naltrexone For IM Extended Release Susp 380 MG			
93400030100305	Naltrexone HCl Tab 50 MG			
94100030006100	Glucose Blood Test Strip			
94200037002105	Cosyntropin For Inj 0.25 MG			
94200041052110	Glucagon HCl Diagnostic For Inj 1 MG (Base Equiv)			
94200041152110	Glucagon HCl (rDNA) Diagnostic For Inj 1 MG (Base Equiv)			
94200055002115	Indocyanine Green For Inj 25 MG			
94200068000105	Metyrapone Cap 250 MG			
94200090102120	Thyrotropin Alfa For Inj 1.1 MG			
94300008002000	Candida Albicans Skin Test Antigen			
94300070002010	Tuberculin PPD Inj 5 Unit/0.1ML			
96301064002900	Ketoconazole Powder			
96301074002900	Minoxidil Powder			
96426647002900	Amoxicillin-Potassium Clavulanate 4:1 (Bulk) Powder			
96445059802900	Betahistine Hydrochloride (Bulk) Powder			
96465647002900	Cholestyramine (Bulk) Powder			
96526465202900	Fluticasone Propionate (Bulk) Powder			
96544244002900	Gabapentin Powder			
96568814202900	Hydroxyurea (Bulk) Powder			
96645066902900	Levocetirizine Dihydrochloride (Bulk) Powder			
96765058002900	Resveratrol (Bulk) Powder			
96765058002998	Resveratrol (Bulk) Powder 98%			

**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)
96805050502900	Testosterone (Bulk) Powder			
97051030906305	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"			
97051030906307	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"			
97051030906308	Insulin Syringe/Needle U-100 0.3 ML 30 x 1/2"			
97051030906318	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"			
97051030906320	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"			
97051030906327	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"			
97051030906328	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"			
97051030906329	Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"			
97051030906330	Insulin Syringe/Needle U-100 1 ML 25 x 5/8"			
97051030906333	Insulin Syringe/Needle U-100 0.3 ML 31 x 15/64"			
97051030906335	Insulin Syringe/Needle U-100 1 ML 25 x 1"			
97051030906370	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"			
97051030906380	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"			
97051030906384	Insulin Syringe/Needle U-100 1 ML 30 x 5/16"			
97051030906386	Insulin Syringe/Needle U-100 1 ML 30 x 1/2"			
97051030906387	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"			
97051030906388	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"			
97051030906391	Insulin Syringe/Needle U-100 1/2 ML 31 x 15/64"			
97051030906399	Insulin Syringe/Needle U-100 1 ML 31 x 15/64"			
97051050126220	Injection Device for Insulin			
97051050146322	Insulin Pen Needle 29 G X 8 MM (5/16")			
97051050146330	Insulin Pen Needle 29 G X 12 MM (1/2")			
97051050146331	Insulin Pen Needle 29 G X 12.7 MM			
97051050146340	Insulin Pen Needle 30 G X 5 MM (3/16")			
97051050146344	Insulin Pen Needle 30 G X 8 MM (1/3" or 5/16")			
97051050146358	Insulin Pen Needle 31 G X 5 MM (3/16")			

**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)
97051050146361	Insulin Pen Needle 31 G X 6 MM (1/4")			
97051050146364	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")			
97051050146366	Insulin Pen Needle 32 G X 4 MM (5/32")			
97051050146367	Insulin Pen Needle 32 G X 5 MM (1/5" or 3/16")			
97051050146368	Insulin Pen Needle 32 G X 6 MM (1/4")			
97100550006200	*Spacer/Aerosol-Holding Chambers - Device***			
97201030506400	*Insulin Infusion Disposable Pump Kit***			
97401810006226	Cervical Cap 26 MM			
97402010005400	*Diaphragm Arc-Spring***			
97402080005445	Diaphragm Wide Seal 65 MM			
97475010006400	*Impotence Aid Device - Kit***			
97703040004300	*Alcohol Swabs***			
98401010002000	Water For Injection			
98401010002050	Water For IV Injection			
98401020102000	Water For Inject, Bacteriostatic Benzyl Alcohol			
98401040002010	Saline Injection Bacteriostatic			
98600008004000	*Carbomer Gel Base**			
98600012003700	*Cream Base**			
98600033004000	*Gel Base - Gel**			
99200020100110	Trientine HCl Cap 250 MG			
99200030000110	Penicillamine Cap 250 MG			
99350035002120	Collagenase Clostridium Histolyticum For Inj 0.9 MG			
99350040102020	Hyaluronidase Human Inj 150 Unit/ML			
99350040202020	Hyaluronidase Ovine Inj 200 Unit/ML			
99379902404020	Dextranomer-Sodium Hyaluronate Inj Gel 50-15 MG/ML			
99392070000120	Thalidomide Cap 50 MG			
99392070000130	Thalidomide 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)
99392070000135	Thalidomide Cap 150 MG			
99392070000140	Thalidomide Cap 200 MG			
99394050000110	Lenalidomide Caps 2.5 MG			
99394050000120	Lenalidomide Cap 5 MG			
99394050000130	Lenalidomide Cap 10 MG			
99394050000140	Lenalidomide Cap 15 MG			
99394050000145	Lenalidomide Cap 20 MG			
99394050000150	Lenalidomide Cap 25 MG			
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			
99403030100120	Mycophenolate Mofetil Cap 250 MG			
99403030100330	Mycophenolate Mofetil Tab 500 MG			
99403030101920	Mycophenolate Mofetil For Oral Susp 200 MG/ML			
99403030300620	Mycophenolate Sodium Tab DR 180 MG (Mycophenolic Acid Equiv)			
99403030300630	Mycophenolate Sodium Tab DR 360 MG (Mycophenolic Acid Equiv)			
99404035000320	Everolimus Tab 0.25 MG			
99404035000325	Everolimus Tab 0.5 MG			
99404035000330	Everolimus Tab 0.75 MG			
99404070000310	Sirolimus Tab 0.5 MG			
99404070000320	Sirolimus Tab 1 MG			
99404070000330	Sirolimus Tab 2 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)
99404070002020	Sirolimus Oral Soln 1 MG/ML			
99404080000105	Tacrolimus Cap 0.5 MG			
99404080000110	Tacrolimus Cap 1 MG			
99404080000120	Tacrolimus Cap 5 MG			
99404080007010	Tacrolimus Cap SR 24HR 1 MG			
99404080007020	Tacrolimus Cap SR 24HR 5 MG			
99404080007515	Tacrolimus Tab SR 24HR 1 MG			
99406010000305	Azathioprine Tab 50 MG			
99406010000315	Azathioprine Tab 75 MG			
99406010000325	Azathioprine Tab 100 MG			
99408020002120	Belatacept For IV Infusion 250 MG			
99422015002120	Belimumab For IV Soln 120 MG			
99422015002140	Belimumab For IV Soln 400 MG			
99450010001840	Sodium Polystyrene Sulfonate Oral Susp 15 GM/60ML			
99450010002900	*Sodium Polystyrene Sulfonate Powder**			
99450060203020	Patiromer Sorbitex Calcium For Susp Packet 8.4 GM (Base Eq)			
99450060203030	Patiromer Sorbitex Calcium For Susp Packet 16.8 GM (Base Eq)			
99650018003920	Polidocanol (Laureth-9) Inj Foam 180 MG/18ML (10 MG/ML) (1%)			
99750005002000	Water For Irrigation, Sterile Irrigation Soln			
99870010004000	*Homeopathic Products - Gel**			