

**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)
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Exhibit V.C instructions: Submit on a CD

- 1) For each GPI provide the proposed Empire Plan MAC List for Retail and Mail Service Pharmacy unit cost as of 5/1/2018 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.
- 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.
- 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".
- 4) For each GPI indicate with a "Y" (yes) or "N" (no) whether a therapeutically equivalent generic (A-rated or Authorized) is available.

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			
01100010202105	Penicillin G Sodium For Inj 5000000 Unit			
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			
01200010100110	Amoxicillin (Trihydrate) Cap 500 MG			

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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 ER 24HR 775 MG			
01200020200105	Ampicillin Cap 250 MG			
01200020200110	Ampicillin Cap 500 MG			
01200020201915	Ampicillin For Susp 250 MG/5ML			
01200020302115	Ampicillin Sodium For Inj 500 MG			
01200020302120	Ampicillin Sodium For Inj 1 GM			
01200020302125	Ampicillin Sodium For Inj 2 GM			
01200020302127	Ampicillin Sodium For IV Soln 2 GM			
01200020302132	Ampicillin Sodium For IV Soln 10 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			
01300050102115	Oxacillin Sodium For Inj 1 GM (Base Equivalent)			
01300050102120	Oxacillin Sodium For Inj 2 GM (Base Equivalent)			
01300050102130	Oxacillin Sodium For Inj 10 GM (Base Equivalent)			
01990002200310	Amoxicillin & K Clavulanate Tab 250-125 MG			
01990002200320	Amoxicillin & K Clavulanate Tab 500-125 MG			

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01990002200340	Amoxicillin & K Clavulanate Tab 875-125 MG			
01990002200515	Amoxicillin & K Clavulanate Chew Tab 200-28.5 MG			
01990002200535	Amoxicillin & K Clavulanate Chew Tab 400-57 MG			
01990002201915	Amoxicillin & K Clavulanate For Susp 200-28.5 MG/5ML			
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 ER 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			
01990002252150	Ampicillin & Sulbactam Sodium For Inj 15 (10-5) 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)			
01990002702150	Piperacillin Sod-Tazobactam Sod For Inj 13.5 GM (12-1.5 GM)			
01990002702170	Piperacillin Sod-Tazobactam Sod For Inj 40.5 GM (36-4.5 GM)			
02100010000105	Cefadroxil Cap 500 MG			
02100010000305	Cefadroxil Tab 1 GM			
02100010001910	Cefadroxil For Susp 250 MG/5ML			
02100010001915	Cefadroxil For Susp 500 MG/5ML			
02100015102110	Cefazolin Sodium For Inj 500 MG			
02100015102115	Cefazolin Sodium For Inj 1 GM			
02100015102117	Cefazolin Sodium For IV Soln 1 GM			
02100015102125	Cefazolin Sodium For Inj 10 GM			
02100015112010	Cefazolin in D5W Inj 1 GM/50ML			
02100015132030	Cefazolin Sodium-Dextrose IV Solution 2 GM/100ML-4%			
02100015132120	Cefazolin Sodium for IV Soln 1 GM and Dextrose 4%			

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02100015132130	Cefazolin Sodium for IV Soln 2 GM and Dextrose 3%			
02100020000105	Cephalexin Cap 250 MG			
02100020000110	Cephalexin Cap 500 MG			
02100020000120	Cephalexin Cap 750 MG			
02100020000310	Cephalexin Tab 250 MG			
02100020000315	Cephalexin Tab 500 MG			
02100020001910	Cephalexin For Susp 125 MG/5ML			
02100020001915	Cephalexin For Susp 250 MG/5ML			
02200040000105	Cefaclor Cap 250 MG			
02200040000110	Cefaclor Cap 500 MG			
02200040001905	Cefaclor For Susp 125 MG/5ML			
02200040001910	Cefaclor For Susp 250 MG/5ML			
02200040001915	Cefaclor For Susp 375 MG/5ML			
02200040107430	Cefaclor Monohydrate Tab ER 12HR 500 MG			
02200057102110	Cefotetan Disodium For Inj 1 GM			
02200057122130	Cefotetan Disodium for IV Soln 2 GM and Dextrose 2.08%			
02200060102105	Cefoxitin Sodium For IV Soln 1 GM			
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			
02200065102105	Cefuroxime Sodium For Inj 750 MG			
02300040000120	Cefdinir Cap 300 MG			
02300040001920	Cefdinir For Susp 125 MG/5ML			

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02300040001930	Cefdinir For Susp 250 MG/5ML			
02300045200320	Cefditoren Pivoxil Tab 200 MG (Base Equivalent)			
02300045200340	Cefditoren Pivoxil Tab 400 MG (Base Equivalent)			
02300060001910	Cefixime For Susp 100 MG/5ML			
02300060001920	Cefixime For Susp 200 MG/5ML			
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			
02300075102103	Cefotaxime Sodium For Inj 500 MG			
02300075102110	Cefotaxime Sodium For Inj 2 GM			
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			
02300090102122	Ceftriaxone Sodium For IV Soln 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%			

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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			
03100005000305	Erythromycin Tab 250 MG			
03100005000310	Erythromycin Tab 500 MG			
03100005006720	Erythromycin w/ Delayed Release Particles Cap 250 MG			
03100010100305	Erythromycin Stearate Tab 250 MG			
03100030300305	Erythromycin Ethylsuccinate Tab 400 MG			
03100030301910	Erythromycin Ethylsuccinate For Susp 200 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			
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 ER 24HR 500 MG			
04000010100305	Demeclocycline HCl Tab 150 MG			
04000010100310	Demeclocycline HCl Tab 300 MG			
04000020000105	Doxycycline Monohydrate Cap 50 MG			

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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			
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			
04000020100640	Doxycycline Hyclate Tab Delayed Release 150 MG			
04000020100650	Doxycycline Hyclate Tab Delayed Release 200 MG			
04000020102105	Doxycycline Hyclate For Inj 100 MG			
04000020102900	Doxycycline Hyclate Powder			
04000040100105	Minocycline HCl Cap 50 MG			
04000040100107	Minocycline HCl Cap 75 MG			
04000040100110	Minocycline HCl Cap 100 MG			
04000040100305	Minocycline HCl Tab 50 MG			
04000040100307	Minocycline HCl Tab 75 MG			
04000040100310	Minocycline HCl Tab 100 MG			
04000040102900	Minocycline HCl Powder			
04000040107520	Minocycline HCl Tab ER 24HR 45 MG			

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04000040107530	Minocycline HCl Tab ER 24HR 90 MG			
04000040107540	Minocycline HCl Tab ER 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)			
05000020002024	Ciprofloxacin IV Soln 200 MG/20ML (1%)			
05000020057520	Ciprofloxacin-Ciprofloxacin HCl Tab ER 24HR 500 MG (Base Eq)			
05000020057540	Ciprofloxacin-Ciprofloxacin HCl Tab ER 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)			
05000020112024	Ciprofloxacin 200 MG/100ML in D5W			
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			
05000034112024	Levofloxacin in D5W IV Soln 250 MG/50ML			
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)			
05000037102020	Moxifloxacin HCl IV Solution 400 MG/250ML (Base Equiv)			
05000037122020	Moxifloxacin HCl 400 MG/250ML in Sodium Chloride 0.8% Inj			
05000050000330	Ofloxacin Tab 300 MG			

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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			
07000020112045	Gentamicin in Saline Inj 1.6 MG/ML			
07000020112065	Gentamicin in Saline Inj 2 MG/ML			
07000040100305	Neomycin Sulfate Tab 500 MG			
07000055100110	Paromomycin Sulfate Cap 250 MG			
07000070002520	Tobramycin Nebu Soln 300 MG/5ML			
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)			
07000070102105	Tobramycin Sulfate For Inj 1.2 GM			
08000020000305	Sulfadiazine Tab 500 MG			
08000040002900	Sulfamethoxazole Powder			
09000040100305	Ethambutol HCl Tab 100 MG			
09000040100310	Ethambutol HCl Tab 400 MG			
09000060000305	Isoniazid Tab 100 MG			
09000060000310	Isoniazid Tab 300 MG			
09000060001210	Isoniazid Syrup 50 MG/5ML			
09000070000310	Pyrazinamide Tab 500 MG			
09000075000120	Rifabutin Cap 150 MG			
09000080000105	Rifampin Cap 150 MG			
09000080000110	Rifampin Cap 300 MG			
11000010002105	Amphotericin B For Inj 50 MG			
11000020000110	Flucytosine Cap 500 MG			

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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			
11000060000110	Nystatin Cap 500000 Unit			
11000060000305	Nystatin Tab 500000 Unit			
11000060002900	*Nystatin Oral Powder*			
11000080100310	Terbinafine HCl Tab 250 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			
11407015012005	Fluconazole in NaCl 0.9% Inj 100 MG/50ML			
11407015012010	Fluconazole in NaCl 0.9% Inj 200 MG/100ML			
11407015012020	Fluconazole in NaCl 0.9% Inj 400 MG/200ML			
11407015022010	Fluconazole in Dextrose Inj 200 MG/100ML			
11407035000120	Itraconazole Cap 100 MG			
11407080000320	Voriconazole Tab 50 MG			
11407080000340	Voriconazole Tab 200 MG			
11407080001920	Voriconazole For Susp 40 MG/ML			
11407080002120	Voriconazole For Inj 200 MG			
12104525100330	Fosamprenavir Calcium Tab 700 MG (Base Equiv)			
12105005100320	Abacavir Sulfate Tab 300 MG (Base Equiv)			

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12105005102020	Abacavir Sulfate Soln 20 MG/ML (Base Equiv)			
12105015006535	Didanosine Delayed Release Capsule 250 MG			
12105015006550	Didanosine Delayed Release Capsule 400 MG			
12106060000320	Lamivudine Tab 150 MG			
12106060000330	Lamivudine Tab 300 MG			
12106060002020	Lamivudine Oral Soln 10 MG/ML			
12108070000140	Stavudine Cap 40 MG			
12108085000330	Zidovudine Tab 300 MG			
12108085001210	Zidovudine Syrup 10 MG/ML			
12109050000320	Nevirapine Tab 200 MG			
12109050007520	Nevirapine Tab ER 24HR 400 MG			
12109902200340	Abacavir Sulfate-Lamivudine Tab 600-300 MG			
12109902500320	Lamivudine-Zidovudine Tab 150-300 MG			
12109903200320	Abacavir Sulfate-Lamivudine-Zidovudine Tab 300-150-300 MG			
12200010002020	Cidofovir IV Inj 75 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)			
12353070000120	Ribavirin Cap 200 MG			
12353070000320	Ribavirin Tab 200 MG			
12405010000110	Acyclovir Cap 200 MG			
12405010000320	Acyclovir Tab 400 MG			
12405010000330	Acyclovir Tab 800 MG			

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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)			
12504060200120	Oseltamivir Phosphate Cap 75 MG (Base Equiv)			
12504060201910	Oseltamivir Phosphate For Susp 6 MG/ML (Base Equiv)			
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)			
13000060100119	Quinine Sulfate Cap 324 MG			
13990002050310	Atovaquone-Proguanil HCl Tab 62.5-25 MG			
13990002050320	Atovaquone-Proguanil HCl Tab 250-100 MG			
15000007000310	Ivermectin Tab 3 MG			
15000010002900	Mebendazole Powder			
16000005002120	Aztreonam For Inj 1 GM			
16000005002130	Aztreonam For Inj 2 GM			
16000015002105	Colistimethate Sodium For Inj 150 MG			
16000035000107	Metronidazole Cap 375 MG			
16000035000305	Metronidazole Tab 250 MG			

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16000035000310	Metronidazole Tab 500 MG			
16000035112020	Metronidazole in NaCl 0.79% IV Soln 500 MG/100ML			
16000053000310	Tinidazole Tab 250 MG			
16000053000320	Tinidazole Tab 500 MG			
16000055000305	Trimethoprim Tab 100 MG			
16000060100110	Vancomycin HCl Cap 125 MG			
16000060100120	Vancomycin HCl Cap 250 MG			
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 5% Inj 500 MG/100ML			
16000060112030	Vancomycin HCl in Dextrose 5% Inj 750 MG/150ML			
16000060112040	Vancomycin HCl in Dextrose 5% Inj 1 GM/200ML			
16000060112050	Vancomycin HCl in Dextrose 5% Inj 1 GM/250ML			
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			
16000060152032	Vancomycin HCl in Sodium Chloride 0.9% IV Soln 750 MG/250ML			
16000060152040	Vancomycin HCl in Sodium Chloride 0.9% IV Soln 1 GM/200ML			
16000060152054	Vancomycin HCl in Sodium Chloride 0.9% IV Soln 1.25 GM/250ML			
16000060152058	Vancomycin HCl in Sodium Chloride 0.9% IV Soln 1.5 GM/250ML			
16100010102105	Polymyxin B Sulfate For Inj 500000 Unit			
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			

**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)
16159902402120	Imipenem-Cilastatin Intravenous For Soln 500 MG			
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			
16220020302036	Clindamycin Phosphate IV Soln 300 MG/2ML			
16220020302037	Clindamycin Phosphate IV Soln 600 MG/4ML			
16220020302038	Clindamycin Phosphate IV Soln 900 MG/6ML			
16220020312030	Clindamycin Phosphate in D5W IV Soln 600 MG/50ML			
16220020322010	Clindamycin Phosphate in NaCl 0.9% IV Soln 300 MG/50ML			
16230040000330	Linezolid Tab 600 MG			
16230040001920	Linezolid For Susp 100 MG/5ML			
16230040002040	Linezolid IV Soln 600 MG/300ML (2 MG/ML)			
16230040102040	Linezolid in Sodium Chloride IV Soln 600 MG/300ML-0.9%			
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			
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			
17100090001900	Yellow Fever Vaccine For Inj Suspension			

**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)
18990002101810	Diphtheria-Tetanus Tox Adsorbed (DT) IM Inj 25-5 Unit/0.5ML			
18990002201805	Tetanus-Diphtheria Toxoids (Td) Inj 2-2 LF/0.5ML			
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)			
21100020002030	Cisplatin Inj 200 MG/200ML (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			
21101020000105	Cyclophosphamide Cap 25 MG			
21101020000110	Cyclophosphamide Cap 50 MG			
21101020000310	Cyclophosphamide Tab 50 MG			
21101020002120	Cyclophosphamide For Inj 500 MG			
21101020002125	Cyclophosphamide For Inj 1 GM			
21101040000305	Melphalan Tab 2 MG			
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			
21200010102105	Bleomycin Sulfate For Inj 15 Unit			
21200010102115	Bleomycin Sulfate For Inj 30 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)
21200040102010	Doxorubicin HCl Inj 2 MG/ML			
21200040402210	Doxorubicin HCl Liposomal Inj (For IV Infusion) 2 MG/ML			
21200042102030	Epirubicin HCl IV Soln 50 MG/25ML (2 MG/ML)			
21200050002105	Mitomycin For IV Soln 5 MG			
21200050002110	Mitomycin For IV Soln 20 MG			
21200050002120	Mitomycin For IV Soln 40 MG			
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			
21300015002120	Decitabine For Inj 50 MG			
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)			
21300030002035	Fluorouracil Inj 5 GM/100ML (50 MG/ML)			
21300034102040	Gemcitabine HCl Inj 1 GM/26.3ML (38 MG/ML) (Base Equiv)			
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			
21300050100310	Methotrexate Sodium Tab 2.5 MG (Base Equiv)			
21300050102062	Methotrexate Sodium Inj 50 MG/2ML (25 MG/ML)			
21300050102063	Methotrexate Sodium Inj PF 50 MG/2ML (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)
21300050102065	Methotrexate Sodium Inj PF 100 MG/4ML (25 MG/ML)			
21300050102067	Methotrexate Sodium Inj PF 200 MG/8ML (25 MG/ML)			
21300050102068	Methotrexate Sodium Inj PF 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			
21402420000320	Bicalutamide Tab 50 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)			
21402810000310	Anastrozole Tab 1 MG			
21402835000320	Exemestane Tab 25 MG			
21402860000320	Letrozole Tab 2.5 MG			
21404007202020	Hydroxyprogesterone Caproate IM in Oil 1.25 GM/5ML			
21404020100305	Megestrol Acetate Tab 20 MG			
21404020100310	Megestrol Acetate Tab 40 MG			
21404020101810	Megestrol Acetate Susp 40 MG/ML			
21405010106407	Leuprolide Acetate Inj Kit 5 MG/ML			
21500005001310	Docetaxel For Inj Conc 20 MG/ML			
21500005001315	Docetaxel For Inj Conc 80 MG/4ML (20 MG/ML)			
21500005002070	Docetaxel (Non-Alcohol Formula) IV Soln 20 MG/ML			
21500010000120	Etoposide Cap 50 MG			
21500010002025	Etoposide Inj 100 MG/5ML (20 MG/ML)			
21500012001325	Paclitaxel IV Conc 30 MG/5ML (6 MG/ML)			
21500012001335	Paclitaxel IV Conc 100 MG/16.7ML (6 MG/ML)			
21500012001340	Paclitaxel IV Conc 150 MG/25ML (6 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)
21500012001350	Paclitaxel IV Conc 300 MG/50ML (6 MG/ML)			
21500020102005	Vincristine Sulfate IV Soln 1 MG/ML			
21500030102020	Vinblastine Sulfate Inj 1 MG/ML			
21500050802025	Vinorelbine Tartrate Inj 50 MG/5ML (10 MG/ML) (Base Equiv)			
21534035100320	Imatinib Mesylate Tab 100 MG (Base Equivalent)			
21534035100340	Imatinib Mesylate Tab 400 MG (Base Equivalent)			
21550040102025	Irinotecan HCl Inj 40 MG/2ML (20 MG/ML)			
21550040102030	Irinotecan HCl Inj 100 MG/5ML (20 MG/ML)			
21700020002105	Dacarbazine For Inj 100 MG			
21700020002110	Dacarbazine For Inj 200 MG			
21700030000105	Hydroxyurea Cap 500 MG			
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			
21758050002010	Mesna Inj 100 MG/ML			
22100012006720	Budesonide Delayed Release Particles Cap 3 MG			
22100015100310	Cortisone Acetate Tab 25 MG			
22100020000315	Dexamethasone Tab 0.5 MG			
22100020000320	Dexamethasone Tab 0.75 MG			
22100020000325	Dexamethasone Tab 1 MG			
22100020000330	Dexamethasone Tab 1.5 MG			

**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)
22100020000335	Dexamethasone Tab 2 MG			
22100020000340	Dexamethasone Tab 4 MG			
22100020000345	Dexamethasone Tab 6 MG			
22100020001005	Dexamethasone Elixir 0.5 MG/5ML			
22100020002005	Dexamethasone Soln 0.5 MG/5ML			
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			
22100030000310	Methylprednisolone Tab 4 MG			
22100030000315	Methylprednisolone Tab 8 MG			
22100030000320	Methylprednisolone Tab 16 MG			
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 Sod Succ For Inj 40 MG (Base Equiv)			
22100030202110	Methylprednisolone Sod Succ For Inj 125 MG (Base Equiv)			
22100030202120	Methylprednisolone Sod Succ For Inj 1000 MG (Base Equiv)			
22100040001205	Prednisolone Syrup 15 MG/5ML (USP Solution Equivalent)			
22100040202020	Prednisolone Sod Phosphate Oral Soln 15 MG/5ML (Base Equiv)			
22100040202025	Prednisolone Sodium Phosphate Oral Soln 25 MG/5ML (Base Eq)			

**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)
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			
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)			
22100050222900	Triamcinolone Diacetate Micronized Powder			
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%)			

**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)
23100030004030	Testosterone TD Gel 50 MG/5GM (1%)			
23100030004040	Testosterone TD Gel 12.5 MG/ACT (1%)			
23100030004070	Testosterone TD Gel 10MG/ACT (2%)			
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			
23200040000305	Oxandrolone Tab 2.5 MG			
23200040000320	Oxandrolone Tab 10 MG			
24000035000303	Estradiol Tab 0.5 MG			
24000035000305	Estradiol Tab 1 MG			
24000035000310	Estradiol Tab 2 MG			
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			
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			
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			

**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)
24000060002900	Ethinyl Estradiol Powder			
24991002300305	Esterified Estrogens & Methyltestosterone Tab 0.625-1.25 MG			
24991002300310	Esterified Estrogens & Methyltestosterone Tab 1.25-2.5 MG			
24993002120305	Estradiol & Norethindrone Acetate Tab 0.5-0.1 MG			
24993002120310	Estradiol & Norethindrone Acetate Tab 1-0.5 MG			
24993002250305	Norethindrone Acetate-Ethinyl Estradiol Tab 0.5 MG-2.5 MCG			
24993002250310	Norethindrone Acetate-Ethinyl Estradiol Tab 1 MG-5 MCG			
25100010000305	Norethindrone Tab 0.35 MG			
25150035101820	Medroxyprogesterone Acetate IM Susp 150 MG/ML			
2515003510E620	Medroxyprogesterone Acetate IM Susp Prefilled Syr 150 MG/ML			
25400040000320	Levonorgestrel Tab 0.75 MG			
25400040000340	Levonorgestrel Tab 1.5 MG			
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			
25990002900310	Norgestrel & Ethinyl Estradiol Tab 0.3 MG-30 MCG			
25990002950310	Norgestimate & Ethinyl Estradiol Tab 0.25 MG-35 MCG			
25990003200320	Drospirenone-Ethinyl Estrad-Levomefolate Tab 3-0.02-0.451 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)
25990003600520	Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.4 MG-35 MCG			
25990003600540	Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.8 MG-25 MCG			
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)			
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			
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			
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			

**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)
26000040103730	*Progesterone Micronized TD Cream 10% (Cmpd Kit)*			
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 ER 24HR 2.5 MG			
27200030007510	Glipizide Tab ER 24HR 5 MG			
27200030007520	Glipizide Tab ER 24HR 10 MG			
27200040000305	Glyburide Tab 1.25 MG			
27200040000310	Glyburide Tab 2.5 MG			
27200040000315	Glyburide Tab 5 MG			
27200040100310	Glyburide Micronized Tab 1.5 MG			
27200040100320	Glyburide Micronized Tab 3 MG			
27200040100340	Glyburide Micronized Tab 6 MG			
27200060000310	Tolbutamide Tab 500 MG			
27250050000320	Metformin HCl Tab 500 MG			
27250050000340	Metformin HCl Tab 850 MG			
27250050000350	Metformin HCl Tab 1000 MG			
27250050007520	Metformin HCl Tab ER 24HR 500 MG			
27250050007530	Metformin HCl Tab ER 24HR 750 MG			
27250050007560	Metformin HCl Tab ER 24HR Osmotic 500 MG			
27250050007570	Metformin HCl Tab ER 24HR Osmotic 1000 MG			
27250050007580	Metformin HCl Tab ER 24HR Modified Release 500 MG			
27250050007590	Metformin HCl Tab ER 24HR Modified Release 1000 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)
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			
27500010000310	Acarbose Tab 25 MG			
27500010000320	Acarbose Tab 50 MG			
27500010000340	Acarbose Tab 100 MG			
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)			
27607050100320	Pioglitazone HCl Tab 15 MG (Base Equiv)			
27607050100330	Pioglitazone HCl Tab 30 MG (Base Equiv)			
27607050100340	Pioglitazone HCl Tab 45 MG (Base Equiv)			
27992502100320	Alogliptin-Metformin HCl Tab 12.5-500 MG			
27992502100330	Alogliptin-Metformin HCl Tab 12.5-1000 MG			
27994002100320	Alogliptin-Pioglitazone Tab 12.5-15 MG			
27994002100325	Alogliptin-Pioglitazone Tab 12.5-30 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			
27997002350320	Glipizide-Metformin HCl Tab 2.5-250 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)
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			
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			
28100010102107	Levothyroxine Sodium For IV Inj 200 MCG			
28100010102112	Levothyroxine Sodium For IV Inj 500 MCG			
28100020100305	Liothyronine Sodium Tab 5 MCG			
28100020100310	Liothyronine Sodium Tab 25 MCG			
28100020100315	Liothyronine Sodium Tab 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)
28100050000305	Thyroid Tab 15 MG (1/4 Grain)			
28100050000310	Thyroid Tab 30 MG (1/2 Grain)			
28100050000315	Thyroid Tab 60 MG (1 Grain)			
28100050000320	Thyroid Tab 90 MG (1 1/2 Grain)			
28100050000325	Thyroid Tab 120 MG (2 Grain)			
28300010000305	Methimazole Tab 5 MG			
28300010000310	Methimazole Tab 10 MG			
28300020000310	Propylthiouracil Tab 50 MG			
29000020100305	Methylergonovine Maleate Tab 0.2 MG			
29000020102005	Methylergonovine Maleate Inj 0.2 MG/ML			
29000030002005	Oxytocin Inj 10 Unit/ML			
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			
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)			
30042060102006	Pamidronate Disodium IV Soln 3 MG/ML			
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			
30042065100330	Risedronate Sodium Tab 35 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)
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			
30042090002020	Zoledronic Acid IV Soln 5 MG/100ML			
30043020002080	Calcitonin (Salmon) Nasal Soln 200 Unit/ACT			
30053060100320	Raloxifene HCl Tab 60 MG			
30062020002140	Chorionic Gonadotropin For IM Inj 10000 Unit			
30066030100305	Clomiphene Citrate Tab 50 MG			
30090040102020	Ganirelix Acetate Inj 250 MCG/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)			
30170070102020	Octreotide Acetate Inj 500 MCG/ML (0.5 MG/ML)			
30170070102030	Octreotide Acetate Inj 1000 MCG/ML (1 MG/ML)			
30201010100310	Desmopressin Acetate Tab 0.1 MG			
30201010100320	Desmopressin Acetate Tab 0.2 MG			
30201010102030	Desmopressin Acetate Inj 4 MCG/ML			
30201010112010	Desmopressin Acetate Nasal Soln 0.01% (Refrigerated)			
30201010122010	Desmopressin Acetate Nasal Spray Soln 0.01% (Refrigerated)			
30201010132010	Desmopressin Acetate Nasal Spray Soln 0.01%			
30402020000320	Cabergoline Tab 0.5 MG			
30903045100330	Levocarnitine Tab 330 MG			
30903045102010	Levocarnitine Oral Soln 1 GM/10ML (10%)			
30903045102060	Levocarnitine Inj 200 MG/ML			
30905030000105	Calcitriol Cap 0.25 MCG			
30905030000110	Calcitriol Cap 0.5 MCG			
30905030002050	Calcitriol Oral Soln 1 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)
30905040000105	Doxercalciferol Cap 0.5 MCG			
30905040000110	Doxercalciferol Cap 1 MCG			
30905040000120	Doxercalciferol Cap 2.5 MCG			
30905070000110	Paricalcitol Cap 1 MCG			
30905070000120	Paricalcitol Cap 2 MCG			
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 Lactate in Dextrose 5% IV Soln 20 MG/100ML			
31100030112060	Milrinone Lactate in Dextrose 5% IV Soln 40 MG/200ML			
31200010000305	Digoxin Tab 125 MCG (0.125 MG)			
31200010000310	Digoxin Tab 250 MCG (0.25 MG)			
31200010002040	Digoxin Oral Soln 0.05 MG/ML			
32100020000305	Isosorbide Dinitrate Tab 5 MG			
32100020000310	Isosorbide Dinitrate Tab 10 MG			
32100020000315	Isosorbide Dinitrate Tab 20 MG			
32100020000320	Isosorbide Dinitrate Tab 30 MG			
32100020000405	Isosorbide Dinitrate Tab ER 40 MG			
32100025000310	Isosorbide Mononitrate Tab 10 MG			
32100025000320	Isosorbide Mononitrate Tab 20 MG			
32100025007520	Isosorbide Mononitrate Tab ER 24HR 30 MG			
32100025007530	Isosorbide Mononitrate Tab ER 24HR 60 MG			
32100025007540	Isosorbide Mononitrate Tab ER 24HR 120 MG			
32100030000205	Nitroglycerin Cap ER 2.5 MG			
32100030000215	Nitroglycerin Cap ER 6.5 MG			
32100030000710	Nitroglycerin SL Tab 0.3 MG			
32100030000715	Nitroglycerin SL Tab 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)
32100030000720	Nitroglycerin SL Tab 0.6 MG			
32100030002060	Nitroglycerin TL Soln 0.4 MG/SPRAY (400 MCG/SPRAY)			
32100030003460	Nitroglycerin Lingual Aerosol 400 MCG/SPRAY			
32100030008510	Nitroglycerin TD Patch 24HR 0.1 MG/HR			
32100030008520	Nitroglycerin TD Patch 24HR 0.2 MG/HR			
32100030008540	Nitroglycerin TD Patch 24HR 0.4 MG/HR			
32100030008550	Nitroglycerin TD Patch 24HR 0.6 MG/HR			
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			
33100040102060	Propranolol HCl Oral Soln 40 MG/5ML			
33100040107025	Propranolol HCl Cap ER 24HR 60 MG			
33100040107030	Propranolol HCl Cap ER 24HR 80 MG			
33100040107035	Propranolol HCl Cap ER 24HR 120 MG			
33100040107040	Propranolol HCl Cap ER 24HR 160 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			

**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)
33100045102030	Sotalol HCl Inj 150 MG/10ML (15 MG/ML)			
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			
33200020002900	Atenolol Powder			
33200021100310	Betaxolol HCl Tab 10 MG			
33200021100320	Betaxolol HCl Tab 20 MG			
33200022100310	Bisoprolol Fumarate Tab 5 MG			
33200022100320	Bisoprolol Fumarate Tab 10 MG			
33200030057510	Metoprolol Succinate Tab ER 24HR 25 MG (Tartrate Equiv)			
33200030057520	Metoprolol Succinate Tab ER 24HR 50 MG (Tartrate Equiv)			
33200030057530	Metoprolol Succinate Tab ER 24HR 100 MG (Tartrate Equiv)			
33200030057540	Metoprolol Succinate Tab ER 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 IV Soln 5 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)
33200030102900	Metoprolol Tartrate Powder			
3320003010E220	Metoprolol Tartrate IV Soln Cart Inj 5 MG/5ML (1 MG/ML)			
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 ER 24HR 10 MG			
33300007207020	Carvedilol Phosphate Cap ER 24HR 20 MG			
33300007207030	Carvedilol Phosphate Cap ER 24HR 40 MG			
33300007207050	Carvedilol Phosphate Cap ER 24HR 80 MG			
33300010100305	Labetalol HCl Tab 100 MG			
33300010100310	Labetalol HCl Tab 200 MG			
33300010100315	Labetalol HCl Tab 300 MG			
33300010102005	Labetalol HCl IV Soln 5 MG/ML			
34000003100320	Amlodipine Besylate Tab 2.5 MG			
34000003100330	Amlodipine Besylate Tab 5 MG			
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 ER 12HR 60 MG			
34000010106915	Diltiazem HCl Cap ER 12HR 90 MG			
34000010106920	Diltiazem HCl Cap ER 12HR 120 MG			
34000010107020	Diltiazem HCl Cap ER 24HR 120 MG			
34000010107030	Diltiazem HCl Cap ER 24HR 180 MG			
34000010107040	Diltiazem HCl Cap ER 24HR 240 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)
34000010117020	Diltiazem HCl Extended Release Beads Cap ER 24HR 120 MG			
34000010117030	Diltiazem HCl Extended Release Beads Cap ER 24HR 180 MG			
34000010117040	Diltiazem HCl Extended Release Beads Cap ER 24HR 240 MG			
34000010117050	Diltiazem HCl Extended Release Beads Cap ER 24HR 300 MG			
34000010117060	Diltiazem HCl Extended Release Beads Cap ER 24HR 360 MG			
34000010117070	Diltiazem HCl Extended Release Beads Cap ER 24HR 420 MG			
34000010127020	Diltiazem HCl Coated Beads Cap ER 24HR 120 MG			
34000010127030	Diltiazem HCl Coated Beads Cap ER 24HR 180 MG			
34000010127040	Diltiazem HCl Coated Beads Cap ER 24HR 240 MG			
34000010127050	Diltiazem HCl Coated Beads Cap ER 24HR 300 MG			
34000010127060	Diltiazem HCl Coated Beads Cap ER 24HR 360 MG			
34000010127530	Diltiazem HCl Coated Beads Tab ER 24HR 180 MG			
34000010127540	Diltiazem HCl Coated Beads Tab ER 24HR 240 MG			
34000010127550	Diltiazem HCl Coated Beads Tab ER 24HR 300 MG			
34000010127560	Diltiazem HCl Coated Beads Tab ER 24HR 360 MG			
34000010127570	Diltiazem HCl Coated Beads Tab ER 24HR 420 MG			
34000013007505	Felodipine Tab ER 24HR 2.5 MG			
34000013007510	Felodipine Tab ER 24HR 5 MG			
34000013007520	Felodipine Tab ER 24HR 10 MG			
34000015000110	Isradipine Cap 2.5 MG			
34000015000120	Isradipine Cap 5 MG			
34000018100120	Nicardipine HCl Cap 20 MG			
34000018100125	Nicardipine HCl Cap 30 MG			
34000020000105	Nifedipine Cap 10 MG			
34000020000110	Nifedipine Cap 20 MG			
34000020002900	Nifedipine Powder			
34000020007530	Nifedipine Tab ER 24HR 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)
34000020007540	Nifedipine Tab ER 24HR 60 MG			
34000020007550	Nifedipine Tab ER 24HR 90 MG			
34000020007570	Nifedipine Tab ER 24HR Osmotic Release 30 MG			
34000020007575	Nifedipine Tab ER 24HR Osmotic Release 60 MG			
34000020007580	Nifedipine Tab ER 24HR Osmotic Release 90 MG			
34000022000120	Nimodipine Cap 30 MG			
34000024007508	Nisoldipine Tab ER 24HR 8.5 MG			
34000024007517	Nisoldipine Tab ER 24HR 17 MG			
34000024007520	Nisoldipine Tab ER 24HR 20 MG			
34000024007526	Nisoldipine Tab ER 24HR 25.5 MG			
34000024007530	Nisoldipine Tab ER 24HR 30 MG			
34000024007535	Nisoldipine Tab ER 24HR 34 MG			
34000024007540	Nisoldipine Tab ER 24HR 40 MG			
34000030100303	Verapamil HCl Tab 40 MG			
34000030100305	Verapamil HCl Tab 80 MG			
34000030100310	Verapamil HCl Tab 120 MG			
34000030100410	Verapamil HCl Tab ER 120 MG			
34000030100415	Verapamil HCl Tab ER 180 MG			
34000030100420	Verapamil HCl Tab ER 240 MG			
34000030102005	Verapamil HCl IV Soln 2.5 MG/ML			
34000030107015	Verapamil HCl Cap ER 24HR 100 MG			
34000030107020	Verapamil HCl Cap ER 24HR 120 MG			
34000030107025	Verapamil HCl Cap ER 24HR 180 MG			
34000030107030	Verapamil HCl Cap ER 24HR 200 MG			
34000030107035	Verapamil HCl Cap ER 24HR 240 MG			
34000030107040	Verapamil HCl Cap ER 24HR 300 MG			
34000030107045	Verapamil HCl Cap ER 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)
35100010100105	Disopyramide Phosphate Cap 100 MG			
35100010100110	Disopyramide Phosphate Cap 150 MG			
35100030100403	Quinidine Gluconate Tab ER 324 MG			
35100030300310	Quinidine Sulfate Tab 200 MG			
35100030300315	Quinidine Sulfate Tab 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			
35300050000320	Propafenone HCl Tab 150 MG			
35300050000325	Propafenone HCl Tab 225 MG			
35300050000330	Propafenone HCl Tab 300 MG			
35300050006920	Propafenone HCl Cap ER 12HR 225 MG			
35300050006930	Propafenone HCl Cap ER 12HR 325 MG			
35300050006940	Propafenone HCl Cap ER 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)			
36100005100310	Benazepril HCl Tab 5 MG			
36100005100320	Benazepril HCl Tab 10 MG			

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

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

**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)
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			
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			

**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)
36150080000330	Valsartan Tab 160 MG			
36150080000340	Valsartan Tab 320 MG			
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			
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			
36201030102005	Methyldopate HCl Inj 250 MG/5ML			
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			

**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)
36400010100305	Hydralazine HCl Tab 10 MG			
36400010100310	Hydralazine HCl Tab 25 MG			
36400010100315	Hydralazine HCl Tab 50 MG			
36400010100320	Hydralazine HCl Tab 100 MG			
36400010102005	Hydralazine HCl Inj 20 MG/ML			
36400020000305	Minoxidil Tab 2.5 MG			
36400020000310	Minoxidil Tab 10 MG			
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			
36991502700420	Trandolapril-Verapamil HCl Tab ER 1-240 MG			
36991502700432	Trandolapril-Verapamil HCl Tab ER 2-180 MG			
36991502700436	Trandolapril-Verapamil HCl Tab ER 2-240 MG			
36991502700452	Trandolapril-Verapamil HCl Tab ER 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			

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)
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			
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 ER 24HR 25-12.5 MG			
36992002207530	Metoprolol & Hydrochlorothiazide Tab ER 24HR 50-12.5 MG			
36992002207540	Metoprolol & Hydrochlorothiazide Tab ER 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			
36993002050310	Amlodipine Besylate-Olmesartan Medoxomil Tab 5-20 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)
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			
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			
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			

**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)
36994002700350	Valsartan-Hydrochlorothiazide Tab 160-25 MG			
36994002700360	Valsartan-Hydrochlorothiazide Tab 320-12.5 MG			
36994002700370	Valsartan-Hydrochlorothiazide Tab 320-25 MG			
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			
37100010000305	Acetazolamide Tab 125 MG			
37100010000310	Acetazolamide Tab 250 MG			
37100010006920	Acetazolamide Cap ER 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			
37200030000310	Furosemide Tab 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)
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			
37500020002900	Spironolactone Powder			
37600020000305	Chlorothiazide Tab 250 MG			
37600020000310	Chlorothiazide Tab 500 MG			
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			
37600055000310	Methyclothiazide Tab 5 MG			
37600060000305	Metolazone Tab 2.5 MG			
37600060000310	Metolazone 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)
37600060000315	Metolazone Tab 10 MG			
37990002100310	Amiloride & Hydrochlorothiazide Tab 5-50 MG			
37990002200310	Spironolactone & Hydrochlorothiazide Tab 25-25 MG			
37990002300105	Triamterene & Hydrochlorothiazide Cap 37.5-25 MG			
37990002300110	Triamterene & Hydrochlorothiazide Cap 50-25 MG			
37990002300315	Triamterene & Hydrochlorothiazide Tab 37.5-25 MG			
37990002300330	Triamterene & Hydrochlorothiazide Tab 75-50 MG			
38000010112010	Dobutamine Inj 1 MG/ML in D5W			
38000010112040	Dobutamine Inj 4 MG/ML in D5W			
38000020102010	Dopamine HCl Inj 40 MG/ML			
38000020112020	Dopamine Inj 1.6 MG/ML in D5W			
38000020112030	Dopamine Inj 3.2 MG/ML in D5W			
38000032002042	Epinephrine PF Inj 1 MG/ML			
38000032002050	Epinephrine Inj 30 MG/30ML			
3800003200E522	Epinephrine PF Soln Prefilled Syringe 1 MG/10ML (0.1 MG/ML)			
38000083100320	Midodrine HCl Tab 2.5 MG			
38000083100330	Midodrine HCl Tab 5 MG			
38000083100340	Midodrine HCl Tab 10 MG			
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			
39100010103005	Cholestyramine Light Powder Packets 4 GM			
39100020100320	Colestipol HCl Tab 1 GM			
39100020102705	Colestipol HCl Granules 5 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)
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			
39200025100104	Fenofibrate Micronized Cap 43 MG			
39200025100107	Fenofibrate Micronized Cap 67 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			
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 ER 24 HR 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)
39400050000305	Lovastatin Tab 10 MG			
39400050000310	Lovastatin Tab 20 MG			
39400050000320	Lovastatin Tab 40 MG			
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			
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			
39450050000450	Niacin Tab ER 500 MG (Antihyperlipidemic)			
39450050000460	Niacin Tab ER 750 MG (Antihyperlipidemic)			
39450050000470	Niacin Tab ER 1000 MG (Antihyperlipidemic)			
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			
40100030100305	Isoxsuprine HCl Tab 10 MG			
40100060102005	Papaverine HCl Inj 30 MG/ML			
40143060100320	Sildenafil Citrate 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)
40992502150320	Amlodipine Besylate-Atorvastatin Calcium Tab 5-10 MG			
40992502150325	Amlodipine Besylate-Atorvastatin Calcium Tab 5-20 MG			
40992502150335	Amlodipine Besylate-Atorvastatin Calcium Tab 5-80 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			
41200010150320	Carbinoxamine Maleate Tab 4 MG			
41200010152030	Carbinoxamine Maleate Soln 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			
41200030102900	Diphenhydramine HCl Powder			
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			
41500020101210	Cyproheptadine HCl Syrup 2 MG/5ML			
41550020100320	Cetirizine HCl Tab 10 MG			
41550020102010	Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML)			
41550021000320	Desloratadine Tab 5 MG			
41550021007210	Desloratadine Tab Orally Disintegrating 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)
41550021007220	Desloratadine Tab Orally Disintegrating 5 MG			
41550024100320	Fexofenadine HCl Tab 60 MG			
41550027100320	Levocetirizine Dihydrochloride Tab 5 MG			
41550027102020	Levocetirizine Dihydrochloride Soln 2.5 MG/5ML (0.5 MG/ML)			
41550030000320	Loratadine Tab 10 MG			
42200015001810	Budesonide Nasal Susp 32 MCG/ACT			
42200030002005	Flunisolide Nasal Soln 25 MCG/ACT (0.025%)			
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			
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%			
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%			
43300010002900	Acetylcysteine Powder			
43400010002520	Sodium Chloride Soln Nebu 0.9%			
43400010002530	Sodium Chloride Soln Nebu 3%			
43400010002535	Sodium Chloride Soln Nebu 7%			
43400010002540	Sodium Chloride Soln Nebu 10%			

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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)
43993002701210	Promethazine & Phenylephrine Syrup 6.25-5 MG/5ML			
43995202320920	Chlorpheniramine w/ Codeine Liquid 2-10 MG/5ML			
43995202341210	Promethazine w/ Codeine Syrup 6.25-10 MG/5ML			
4399520236G110	Hydrocod Polst-Chlorphen Polst ER Susp 10-8 MG/5ML			
43995303101210	Promethazine-Phenylephrine-Codeine Syrup 6.25-5-10 MG/5ML			
43995303110935	Phenylephrine-Bromphen w/ Codeine Liquid 10-4-10 MG/5ML			
43995303141220	Phenylephrine-Chlorphen w/ Codeine Syrup 5-2-10 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			
43997002280947	Guaifenesin-Codeine Liquid 225-7.5 MG/5ML			
43997002282017	Guaifenesin-Codeine Soln 100-6.3 MG/5ML			
43997002282020	Guaifenesin-Codeine Soln 100-10 MG/5ML			
43997002520923	Dextromethorphan-Guaifenesin Liquid 20-200 MG/5ML			
43997303302010	Pseudoephedrine w/ COD-GG Soln 30-10-100 MG/5ML			
44100030102020	Ipratropium Bromide Inhal Soln 0.02%			
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)			
44201010102900	Albuterol Sulfate Powder			
44201010107410	Albuterol Sulfate Tab ER 12HR 4 MG			
44201010107420	Albuterol Sulfate Tab ER 12HR 8 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)
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)			
44201050200305	Metaproterenol Sulfate Tab 10 MG			
44201050201205	Metaproterenol Sulfate Syrup 10 MG/5ML			
44201060200305	Terbutaline Sulfate Tab 2.5 MG			
44201060200310	Terbutaline Sulfate Tab 5 MG			
44201060202005	Terbutaline Sulfate Inj 1 MG/ML			
44209902012015	Ipratropium-Albuterol Nebu Soln 0.5-2.5(3) MG/3ML			
44209902708010	Fluticasone-Salmeterol Aer Powder BA 55-14 MCG/ACT			
44209902708015	Fluticasone-Salmeterol Aer Powder BA 113-14 MCG/ACT			
44209902708025	Fluticasone-Salmeterol Aer Powder BA 232-14 MCG/ACT			
44300040002010	Theophylline Soln 80 MG/15ML			
44300040007420	Theophylline Tab ER 12HR 100 MG			
44300040007430	Theophylline Tab ER 12HR 200 MG			
44300040007440	Theophylline Tab ER 12HR 300 MG			
44300040007455	Theophylline Tab ER 12HR 450 MG			
44300040007540	Theophylline Tab ER 24HR 400 MG			
44300040007560	Theophylline Tab ER 24HR 600 MG			
44400015001830	Budesonide Inhalation Susp 0.25 MG/2ML			
44400015001840	Budesonide Inhalation Susp 0.5 MG/2ML			
44400015001850	Budesonide Inhalation Susp 1 MG/2ML			
44504085007420	Zileuton Tab ER 12HR 600 MG			
44505050100330	Montelukast Sodium Tab 10 MG (Base Equiv)			
44505050100516	Montelukast Sodium Chew Tab 4 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)
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			
46200010000610	Bisacodyl Tab Delayed Release 5 MG			
46500010300110	Docusate Sodium Cap 100 MG			
46600020002010	Lactulose Solution 10 GM/15ML			
46600033002910	Polyethylene Glycol 3350 Oral Powder			
46600033003020	Polyethylene Glycol 3350 Oral Packet			
46992004302120	PEG 3350-KCl-Sod Bicarb-NaCl For Soln 420 GM			
46992005206420	Bisacodyl Tab & PEG 3350-KCl-Sod Bicarb-NaCl For Soln Kit			
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			
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)			
49101010102020	Atropine Sulfate Inj 0.4 MG/ML			
49101010102030	Atropine Sulfate Inj 1 MG/ML			
49101010102070	Atropine Sulfate Inj 8 MG/20ML (0.4 MG/ML)			
4910101010E510	Atropine Sulfate Soln Prefill Syr 1 MG/10ML (0.1 MG/ML)			
49101010112900	Atropine Sulfate Monohydrate Powder			
49101030100310	Hyoscyamine Sulfate Tab 0.125 MG			
49101030100710	Hyoscyamine Sulfate Tab SL 0.125 MG			
49101030101055	Hyoscyamine Sulfate Elixir 0.125 MG/5ML			
49101030102050	Hyoscyamine Sulfate Soln 0.125 MG/ML			

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)
49101030107220	Hyoscyamine Sulfate Tab Disint 0.125 MG			
49101030107420	Hyoscyamine Sulfate Tab ER 12HR 0.375 MG			
49101040102900	Scopolamine HBr Powder			
49102030000310	Glycopyrrolate Tab 1 MG			
49102030000315	Glycopyrrolate Tab 2 MG			
49102030002010	Glycopyrrolate Inj 0.2 MG/ML			
49102030002012	Glycopyrrolate Inj 0.4 MG/2ML (0.2 MG/ML)			
49102030002013	Glycopyrrolate Inj 1 MG/5ML (0.2 MG/ML)			
49102030002014	Glycopyrrolate Inj 4 MG/20ML (0.2 MG/ML)			
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			
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			

**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)
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)			
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			
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)			
49270025306525	Esomeprazole Strontium Cap Delayed Release 24.65 MG			
49270025306550	Esomeprazole Strontium Cap Delayed Release 49.3 MG			
49270040006510	Lansoprazole Cap Delayed Release 15 MG			
49270040006520	Lansoprazole Cap Delayed Release 30 MG			
49270060006510	Omeprazole Cap Delayed Release 10 MG			
49270060006520	Omeprazole Cap Delayed Release 20 MG			
49270060006530	Omeprazole Cap Delayed Release 40 MG			
49270070100610	Pantoprazole Sodium EC Tab 20 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)
49270070100620	Pantoprazole Sodium EC Tab 40 MG (Base Equiv)			
49270070102120	Pantoprazole Sodium For IV Soln 40 MG (Base Equiv)			
49270076100620	Rabeprazole Sodium EC Tab 20 MG			
49300010000305	Sucralfate Tab 1 GM			
49300010001820	Sucralfate Susp 1 GM/10ML			
49993003206320	Amoxicillin Cap-Clarithro Tab-Lansopraz 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			
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			
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)			
50250065052070	Ondansetron HCl Oral Soln 4 MG/5ML			
50250065202003	Ondansetron HCl and Sodium Chloride 0.9% Inj 8 MG/50ML			
50280020000110	Aprepitant Capsule 40 MG			
50280020000120	Aprepitant Capsule 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)
50280020000130	Aprepitant Capsule 125 MG			
50280020006320	Aprepitant Capsule Therapy Pack 80 & 125 MG			
50300030000110	Dronabinol Cap 2.5 MG			
50300030000115	Dronabinol Cap 5 MG			
50300030000120	Dronabinol Cap 10 MG			
51200024006715	Pancrelipase (Lip-Prot-Amyl) DR Cap 5000-17000-27000 Unit			
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 (Base Eq)			
52300020107220	Metoclopramide HCl Orally Disintegrating Tab 10 MG (Base Eq)			
52400020002010	Lactulose (Encephalopathy) Solution 10 GM/15ML			
52500020100120	Balsalazide Disodium Cap 750 MG			
52500030000650	Mesalamine Tab Delayed Release 800 MG			
52500030000670	Mesalamine Tab Delayed Release 1.2 GM			
52500030005105	Mesalamine Enema 4 GM			
52500030206420	*Mesalamine Rectal Enema 4 GM & Cleanser Wipe Kit**			
52500060000310	Sulfasalazine Tab 500 MG			
52500060000610	Sulfasalazine Tab Delayed Release 500 MG			
52554015100310	Alosetron HCl Tab 0.5 MG (Base Equiv)			
52554015100320	Alosetron HCl Tab 1 MG (Base Equiv)			
52800020100120	Calcium Acetate (Phosphate Binder) Cap 667 MG (169 MG Ca)			

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)
52800020100320	Calcium Acetate (Phosphate Binder) Tab 667 MG			
52800045200540	Lanthanum Carbonate Chew Tab 500 MG (Elemental)			
52800045200550	Lanthanum Carbonate Chew Tab 750 MG (Elemental)			
52800045200560	Lanthanum Carbonate Chew Tab 1000 MG (Elemental)			
52800070050340	Sevelamer Carbonate Tab 800 MG			
52800070053020	Sevelamer Carbonate Packet 0.8 GM			
52800070053040	Sevelamer Carbonate Packet 2.4 GM			
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			
53000050102900	Nitrofurantoin Macrocrystal Powder			
53000050150120	Nitrofurantoin Monohydrate Macrocrystalline Cap 100 MG			
53992004200140	*Methenamine-Hyoscamine-Meth Blue-Sod Phos Cap 120 MG***			
53992004200325	*Methenamine-Hyoscamine-Meth Blue-Sod Phos Tab 81.6 MG***			
53992005150325	Methenamine-Hyosc-Meth Blue-Benz Acid-Phenyl Sal Tab 81.6MG			
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 ER 24HR 7.5 MG (Base Equiv)			
54100010207530	Darifenacin Hydrobromide Tab ER 24HR 15 MG (Base Equiv)			
54100045200330	Oxybutynin Chloride Tab 5 MG			
54100045201220	Oxybutynin Chloride Syrup 5 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)
54100045207520	Oxybutynin Chloride Tab ER 24HR 5 MG			
54100045207530	Oxybutynin Chloride Tab ER 24HR 10 MG			
54100045207540	Oxybutynin Chloride Tab ER 24HR 15 MG			
54100060200320	Tolterodine Tartrate Tab 1 MG			
54100060200330	Tolterodine Tartrate Tab 2 MG			
54100060207020	Tolterodine Tartrate Cap ER 24HR 2 MG			
54100060207030	Tolterodine Tartrate Cap ER 24HR 4 MG			
54100065200320	Tropium Chloride Tab 20 MG			
54100065207020	Tropium Chloride Cap ER 24HR 60 MG			
54300010100310	Bethanechol Chloride Tab 5 MG			
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%			
55100035004020	Metronidazole Vaginal Gel 0.75%			
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			
55350020000310	Estradiol Vaginal Tab 10 MCG			
56202010103800	Sodium Citrate Crystals			
56202010200420	Potassium Citrate Tab ER 5 MEQ (540 MG)			
56202010200440	Potassium Citrate Tab ER 10 MEQ (1080 MG)			
56202010200460	Potassium Citrate Tab ER 15 MEQ (1620 MG)			
56202010202900	Potassium Citrate Powder			
56202020002010	Sodium Citrate & Citric Acid Soln 500-334 MG/5ML			

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

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
56202022002025	Potassium Citrate & Citric Acid Soln 1100-334 MG/5ML			
56202022003010	Potassium Citrate & Citric Acid Powder Pack 3300-1002 MG			
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			
56300010102900	Phenazopyridine HCl Powder			
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 ER 24HR 10 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			
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 ER 24HR 0.5 MG			
57100010007510	Alprazolam Tab ER 24HR 1 MG			
57100010007520	Alprazolam Tab ER 24HR 2 MG			
57100010007530	Alprazolam Tab ER 24HR 3 MG			
57100020100105	Chlordiazepoxide HCl Cap 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)
57100020100110	Chlordiazepoxide HCl Cap 10 MG			
57100020100115	Chlordiazepoxide HCl Cap 25 MG			
57100030100305	Clorazepate Dipotassium Tab 3.75 MG			
57100030100310	Clorazepate Dipotassium Tab 7.5 MG			
57100030100320	Clorazepate Dipotassium Tab 15 MG			
57100040000305	Diazepam Tab 2 MG			
57100040000310	Diazepam Tab 5 MG			
57100040000315	Diazepam Tab 10 MG			
57100040001310	Diazepam Conc 5 MG/ML			
57100040002001	Diazepam Oral Soln 1 MG/ML			
57100040002010	Diazepam Inj 5 MG/ML			
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			
57100060002010	Lorazepam Inj 4 MG/ML			
57100070000105	Oxazepam Cap 10 MG			
57100070000110	Oxazepam Cap 15 MG			
57100070000115	Oxazepam Cap 30 MG			
57200005100310	Buspirone HCl Tab 5 MG			
57200005100315	Buspirone HCl Tab 7.5 MG			
57200005100320	Buspirone HCl Tab 10 MG			
57200005100330	Buspirone HCl Tab 15 MG			
57200005100340	Buspirone HCl Tab 30 MG			
57200040100305	Hydroxyzine HCl Tab 10 MG			
57200040100310	Hydroxyzine HCl Tab 25 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)
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			
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			
58100020100305	Phenelzine Sulfate Tab 15 MG			
58100030100305	Tranlycypromine Sulfate Tab 10 MG			
58120050100305	Nefazodone HCl Tab 50 MG			
58120050100310	Nefazodone HCl Tab 100 MG			
58120050100320	Nefazodone HCl Tab 150 MG			
58120050100330	Nefazodone HCl Tab 200 MG			
58120050100340	Nefazodone HCl Tab 250 MG			
58120080100305	Trazodone HCl Tab 50 MG			
58120080100310	Trazodone HCl Tab 100 MG			
58120080100315	Trazodone HCl Tab 150 MG			
58120080100325	Trazodone HCl Tab 300 MG			
58160020100310	Citalopram Hydrobromide Tab 10 MG (Base Equiv)			

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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)
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 ER 24HR 100 MG			
58160045107030	Fluvoxamine Maleate Cap ER 24HR 150 MG			
58160060000310	Paroxetine HCl Tab 10 MG			
58160060000320	Paroxetine HCl Tab 20 MG			
58160060000330	Paroxetine HCl Tab 30 MG			
58160060000340	Paroxetine HCl Tab 40 MG			
58160060007520	Paroxetine HCl Tab ER 24HR 12.5 MG			
58160060007530	Paroxetine HCl Tab ER 24HR 25 MG			
58160060007540	Paroxetine HCl Tab ER 24HR 37.5 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)
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 ER 24HR 50 MG			
58180020007540	Desvenlafaxine Tab ER 24HR 100 MG			
58180020207510	Desvenlafaxine Succinate Tab ER 24HR 25 MG (Base Equiv)			
58180020207520	Desvenlafaxine Succinate Tab ER 24HR 50 MG (Base Equiv)			
58180020207540	Desvenlafaxine Succinate Tab ER 24HR 100 MG (Base Equiv)			
58180025106720	Duloxetine HCl Enteric Coated Pellets Cap 20 MG (Base Eq)			
58180025106730	Duloxetine HCl Enteric Coated Pellets Cap 30 MG (Base Eq)			
58180025106740	Duloxetine HCl Enteric Coated Pellets Cap 40 MG (Base Eq)			
58180025106750	Duloxetine HCl Enteric Coated Pellets Cap 60 MG (Base Eq)			
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 ER 24HR 37.5 MG (Base Equivalent)			
58180090107030	Venlafaxine HCl Cap ER 24HR 75 MG (Base Equivalent)			
58180090107050	Venlafaxine HCl Cap ER 24HR 150 MG (Base Equivalent)			
58180090107510	Venlafaxine HCl Tab ER 24HR 37.5 MG (Base Equivalent)			
58180090107520	Venlafaxine HCl Tab ER 24HR 75 MG (Base Equivalent)			
58180090107530	Venlafaxine HCl Tab ER 24HR 150 MG (Base Equivalent)			
58180090107540	Venlafaxine HCl Tab ER 24HR 225 MG (Base Equivalent)			
58200010100305	Amitriptyline HCl Tab 10 MG			
58200010100310	Amitriptyline 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)
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			
58200020000320	Amoxapine Tab 150 MG			
58200025100120	Clomipramine HCl Cap 25 MG			
58200025100130	Clomipramine HCl Cap 50 MG			
58200025100140	Clomipramine HCl Cap 75 MG			
58200030100305	Desipramine HCl Tab 10 MG			
58200030100310	Desipramine HCl Tab 25 MG			
58200030100315	Desipramine HCl Tab 50 MG			
58200030100320	Desipramine HCl Tab 75 MG			
58200030100325	Desipramine HCl Tab 100 MG			
58200030100330	Desipramine HCl Tab 150 MG			
58200040100105	Doxepin HCl Cap 10 MG			
58200040100110	Doxepin HCl Cap 25 MG			
58200040100115	Doxepin HCl Cap 50 MG			
58200040100120	Doxepin HCl Cap 75 MG			
58200040100125	Doxepin HCl Cap 100 MG			
58200040100130	Doxepin HCl Cap 150 MG			
58200040101305	Doxepin HCl Conc 10 MG/ML			
58200050100305	Imipramine HCl Tab 10 MG			
58200050100310	Imipramine HCl Tab 25 MG			
58200050100315	Imipramine HCl Tab 50 MG			
58200050200105	Imipramine Pamoate Cap 75 MG			

**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)
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			
58200080100115	Trimipramine Maleate Cap 100 MG			
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 ER 12HR 100 MG			
58300040107430	Bupropion HCl Tab ER 12HR 150 MG			
58300040107440	Bupropion HCl Tab ER 12HR 200 MG			
58300040107520	Bupropion HCl Tab ER 24HR 150 MG			
58300040107530	Bupropion HCl Tab ER 24HR 300 MG			
59070050007505	Paliperidone Tab ER 24HR 1.5 MG			
59070050007510	Paliperidone Tab ER 24HR 3 MG			
59070050007520	Paliperidone Tab ER 24HR 6 MG			
59070050007530	Paliperidone Tab ER 24HR 9 MG			
59070070000303	Risperidone Tab 0.25 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)
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			
59100010100305	Haloperidol Tab 0.5 MG			
59100010100310	Haloperidol Tab 1 MG			
59100010100315	Haloperidol Tab 2 MG			
59100010100320	Haloperidol Tab 5 MG			
59100010100325	Haloperidol Tab 10 MG			
59100010100330	Haloperidol Tab 20 MG			
59100010201305	Haloperidol Lactate Oral Conc 2 MG/ML			
59100010202005	Haloperidol Lactate Inj 5 MG/ML			
59100010302010	Haloperidol Decanoate IM Soln 50 MG/ML			
59100010302020	Haloperidol Decanoate IM Soln 100 MG/ML			
59152020000320	Clozapine Tab 25 MG			
59152020000325	Clozapine Tab 50 MG			
59152020000330	Clozapine Tab 100 MG			
59152020000340	Clozapine Tab 200 MG			
59152020007210	Clozapine Orally Disintegrating Tab 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)
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 ER 24HR 50 MG			
59153070107515	Quetiapine Fumarate Tab ER 24HR 150 MG			
59153070107520	Quetiapine Fumarate Tab ER 24HR 200 MG			
59153070107530	Quetiapine Fumarate Tab ER 24HR 300 MG			
59153070107540	Quetiapine Fumarate Tab ER 24HR 400 MG			
59154020200105	Loxapine Succinate Cap 5 MG			
59154020200110	Loxapine Succinate Cap 10 MG			
59154020200115	Loxapine Succinate Cap 25 MG			
59154020200120	Loxapine Succinate Cap 50 MG			
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			

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)
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			
59200015102015	Chlorpromazine HCl Inj 50 MG/2ML			
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			
59200025101005	Fluphenazine HCl Elixir 2.5 MG/5ML			
59200025102005	Fluphenazine HCl Inj 2.5 MG/ML			
59200025302005	Fluphenazine Decanoate Inj 25 MG/ML			
59200045000305	Perphenazine Tab 2 MG			
59200045000310	Perphenazine Tab 4 MG			
59200045000315	Perphenazine Tab 8 MG			
59200045000320	Perphenazine Tab 16 MG			
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			

**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)
59200080100320	Thioridazine HCl Tab 50 MG			
59200080100325	Thioridazine HCl Tab 100 MG			
59200085100305	Trifluoperazine HCl Tab 1 MG (Base Equivalent)			
59200085100310	Trifluoperazine HCl Tab 2 MG (Base Equivalent)			
59200085100315	Trifluoperazine HCl Tab 5 MG (Base Equivalent)			
59200085100320	Trifluoperazine HCl Tab 10 MG (Base Equivalent)			
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			
59250015002020	Aripiprazole Oral Solution 1 MG/ML			
59250015007220	Aripiprazole Orally Disintegrating Tab 10 MG			
59250015007230	Aripiprazole Orally Disintegrating Tab 15 MG			
59300020100105	Thiothixene Cap 1 MG			
59300020100110	Thiothixene Cap 2 MG			
59300020100115	Thiothixene Cap 5 MG			
59300020100120	Thiothixene Cap 10 MG			
59400085100120	Ziprasidone HCl Cap 20 MG			
59400085100130	Ziprasidone HCl Cap 40 MG			
59400085100140	Ziprasidone HCl Cap 60 MG			
59400085100150	Ziprasidone HCl Cap 80 MG			
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			

**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)
59500010100305	Lithium Carbonate Tab 300 MG			
59500010100405	Lithium Carbonate Tab ER 300 MG			
59500010100410	Lithium Carbonate Tab ER 450 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			
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)			
60201025102002	Midazolam HCl Inj 2 MG/2ML (Base Equivalent)			
60201025102005	Midazolam HCl Inj 5 MG/ML (Base Equivalent)			
60201025102010	Midazolam HCl Inj 10 MG/2ML (Base Equivalent)			
60201025102025	Midazolam HCl Inj 25 MG/5ML (Base Equivalent)			
60201025102050	Midazolam HCl Inj 50 MG/10ML (Base Equivalent)			
60201028000310	Quazepam Tab 15 MG			
60201030000103	Temazepam Cap 7.5 MG			
60201030000105	Temazepam Cap 15 MG			
60201030000108	Temazepam Cap 22.5 MG			
60201030000110	Temazepam Cap 30 MG			

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

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
60201040000305	Triazolam Tab 0.125 MG			
60201040000310	Triazolam Tab 0.25 MG			
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 ER 6.25 MG			
60204080100420	Zolpidem Tartrate Tab ER 12.5 MG			
60204080100708	Zolpidem Tartrate SL Tab 1.75 MG			
60204080100715	Zolpidem Tartrate SL Tab 3.5 MG			
61100020100305	Dextroamphetamine Sulfate Tab 5 MG			
61100020100310	Dextroamphetamine Sulfate Tab 10 MG			
61100020102020	Dextroamphetamine Sulfate Oral Solution 5 MG/5ML			
61100020107005	Dextroamphetamine Sulfate Cap ER 24HR 5 MG			
61100020107010	Dextroamphetamine Sulfate Cap ER 24HR 10 MG			
61100020107015	Dextroamphetamine Sulfate Cap ER 24HR 15 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			

**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)
61109902107005	Amphetamine-Dextroamphetamine Cap ER 24HR 5 MG			
61109902107010	Amphetamine-Dextroamphetamine Cap ER 24HR 10 MG			
61109902107015	Amphetamine-Dextroamphetamine Cap ER 24HR 15 MG			
61109902107020	Amphetamine-Dextroamphetamine Cap ER 24HR 20 MG			
61109902107025	Amphetamine-Dextroamphetamine Cap ER 24HR 25 MG			
61109902107030	Amphetamine-Dextroamphetamine Cap ER 24HR 30 MG			
61200020100305	Diethylpropion HCl Tab 25 MG			
61200020107510	Diethylpropion HCl Tab ER 24HR 75 MG			
61200050100305	Phendimetrazine Tartrate Tab 35 MG			
61200050107010	Phendimetrazine Tartrate Cap ER 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			
61300010002900	Caffeine Powder			
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 ER 12HR 0.1 MG			
61353030107520	Guanfacine HCl Tab ER 24HR 1 MG (Base Equiv)			
61353030107530	Guanfacine HCl Tab ER 24HR 2 MG (Base Equiv)			
61353030107540	Guanfacine HCl Tab ER 24HR 3 MG (Base Equiv)			
61353030107550	Guanfacine HCl Tab ER 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)			

**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)
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			
61400016100320	Dexmethylphenidate HCl Tab 2.5 MG			
61400016100330	Dexmethylphenidate HCl Tab 5 MG			
61400016100340	Dexmethylphenidate HCl Tab 10 MG			
61400016107020	Dexmethylphenidate HCl Cap ER 24 HR 5 MG			
61400016107030	Dexmethylphenidate HCl Cap ER 24 HR 10 MG			
61400016107035	Dexmethylphenidate HCl Cap ER 24 HR 15 MG			
61400016107040	Dexmethylphenidate HCl Cap ER 24 HR 20 MG			
61400016107045	Dexmethylphenidate HCl Cap ER 24 HR 25 MG			
61400016107050	Dexmethylphenidate HCl Cap ER 24 HR 30 MG			
61400016107055	Dexmethylphenidate HCl Cap ER 24 HR 35 MG			
61400016107060	Dexmethylphenidate HCl Cap ER 24 HR 40 MG			
61400020100210	Methylphenidate HCl Cap ER 10 MG (CD)			
61400020100220	Methylphenidate HCl Cap ER 20 MG (CD)			
61400020100230	Methylphenidate HCl Cap ER 30 MG (CD)			
61400020100240	Methylphenidate HCl Cap ER 40 MG (CD)			
61400020100250	Methylphenidate HCl Cap ER 50 MG (CD)			
61400020100260	Methylphenidate HCl Cap ER 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 ER 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)
61400020100405	Methylphenidate HCl Tab ER 20 MG			
61400020100460	Methylphenidate HCl Tab ER Osmotic Release (OSM) 18 MG			
61400020100465	Methylphenidate HCl Tab ER Osmotic Release (OSM) 27 MG			
61400020100470	Methylphenidate HCl Tab ER Osmotic Release (OSM) 36 MG			
61400020100480	Methylphenidate HCl Tab ER Osmotic Release (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			
61400020102020	Methylphenidate HCl Soln 5 MG/5ML			
61400020102030	Methylphenidate HCl Soln 10 MG/5ML			
61400020107020	Methylphenidate HCl Cap ER 24HR 20 MG (LA)			
61400020107030	Methylphenidate HCl Cap ER 24HR 30 MG (LA)			
61400020107040	Methylphenidate HCl Cap ER 24HR 40 MG (LA)			
61400020107048	Methylphenidate HCl Cap ER 24HR 60 MG (LA)			
61400020107518	Methylphenidate HCl Tab ER 24HR 18 MG			
61400020107527	Methylphenidate HCl Tab ER 24HR 27 MG			
61400020107536	Methylphenidate HCl Tab ER 24HR 36 MG			
61400020107554	Methylphenidate HCl Tab ER 24HR 54 MG			
61400024000310	Modafinil Tab 100 MG			
61400024000320	Modafinil Tab 200 MG			
62000010000310	Ergoloid Mesylates Tab 1 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			

**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)
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 ER 24HR 8 MG			
62051030107030	Galantamine Hydrobromide Cap ER 24HR 16 MG			
62051030107040	Galantamine Hydrobromide Cap ER 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			
62100002107430	Bupropion HCl (Smoking Deterrent) Tab ER 12HR 150 MG			
62100005008520	Nicotine TD Patch 24HR 7 MG/24HR			
62100005008530	Nicotine TD Patch 24HR 14 MG/24HR			
62100005008540	Nicotine TD Patch 24HR 21 MG/24HR			
62100010002810	Nicotine Polacrilex Gum 2 MG			
62100010002820	Nicotine Polacrilex Gum 4 MG			
62100010004710	Nicotine Polacrilex Lozenge 2 MG			
62100010004720	Nicotine Polacrilex Lozenge 4 MG			
62206040000110	Fluoxetine HCl (PMDD) Cap 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)
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)			
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			
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			
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			
64100010002900	Aspirin Powder			

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

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
64100050000310	Diflunisal Tab 500 MG			
64100075000305	Salsalate Tab 500 MG			
64100075000310	Salsalate Tab 750 MG			
64109902200910	Choline & Magnesium Salicylates Liq 500 MG/5ML			
64991002120308	Butalbital-Acetaminophen Tab 50-300 MG			
64991002120310	Butalbital-Acetaminophen Tab 50-325 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			
64991003300120	Butalbital-Aspirin-Caffeine Cap 50-325-40 MG			
64991003300320	Butalbital-Aspirin-Caffeine Tab 50-325-40 MG			
65100015002210	Alfentanil Inj 500 MCG/ML			
65100020102900	Codeine Phosphate Powder			
65100020200305	Codeine Sulfate Tab 15 MG			
65100020200310	Codeine Sulfate Tab 30 MG			
65100020200315	Codeine Sulfate Tab 60 MG			
65100020202020	Codeine Sulfate Oral Soln 30 MG/5ML			
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			
65100025102012	Fentanyl Citrate Preservative Free (PF) Inj 100 MCG/2ML			
65100025102042	Fentanyl Citrate Preservative Free (PF) Inj 2500 MCG/50ML			

**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)
65100025108450	Fentanyl Citrate Lozenge on a Handle 200 MCG			
65100025108455	Fentanyl Citrate Lozenge on a Handle 400 MCG			
65100025108460	Fentanyl Citrate Lozenge on a Handle 600 MCG			
65100025108465	Fentanyl Citrate Lozenge on a Handle 800 MCG			
65100025108485	Fentanyl Citrate Lozenge on a Handle 1600 MCG			
6510002510E215	Fentanyl Citrate PF Soln Cartridge 100 MCG/2ML			
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			
65100035102020	Hydromorphone HCl Inj 4 MG/ML			
65100035102027	Hydromorphone HCl Preservative Free (PF) Inj 10 MG/ML			
65100035102900	Hydromorphone HCl Powder			
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			
65100045100310	Meperidine HCl Tab 100 MG			
65100045102015	Meperidine HCl Inj 50 MG/ML			
65100045102030	Meperidine HCl Inj 100 MG/ML			
65100050100305	Methadone HCl Tab 5 MG			
65100050100310	Methadone HCl Tab 10 MG			

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

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
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 ER 15 MG			
65100055100432	Morphine Sulfate Tab ER 30 MG			
65100055100445	Morphine Sulfate Tab ER 60 MG			
65100055100460	Morphine Sulfate Tab ER 100 MG			
65100055100480	Morphine Sulfate Tab ER 200 MG			
65100055102005	Morphine Sulfate Inj 2 MG/ML			
65100055102015	Morphine Sulfate Inj 5 MG/ML			
65100055102030	Morphine Sulfate Inj 10 MG/ML			
65100055102040	Morphine Sulfate Inj 15 MG/ML			
65100055102049	Morphine Sulfate IV Soln 50 MG/ML			
65100055102054	Morphine Sulfate Inj PF 1 MG/ML			
65100055102057	Morphine Sulfate IV Soln PF 2 MG/ML			
65100055102058	Morphine Sulfate IV Soln PF 4 MG/ML			
65100055102059	Morphine Sulfate IV Soln PF 8 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)			
65100055105205	Morphine Sulfate Suppos 5 MG			
65100055105215	Morphine Sulfate Suppos 20 MG			
65100055105220	Morphine Sulfate Suppos 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)
65100055107010	Morphine Sulfate Cap ER 24HR 10 MG			
65100055107020	Morphine Sulfate Cap ER 24HR 20 MG			
65100055107030	Morphine Sulfate Cap ER 24HR 30 MG			
65100055107040	Morphine Sulfate Cap ER 24HR 50 MG			
65100055107045	Morphine Sulfate Cap ER 24HR 60 MG			
65100055107050	Morphine Sulfate Cap ER 24HR 80 MG			
65100055107060	Morphine Sulfate Cap ER 24HR 100 MG			
65100055207020	Morphine Sulfate Beads Cap ER 24HR 30 MG			
65100055207025	Morphine Sulfate Beads Cap ER 24HR 45 MG			
65100055207030	Morphine Sulfate Beads Cap ER 24HR 60 MG			
65100055207035	Morphine Sulfate Beads Cap ER 24HR 75 MG			
65100055207040	Morphine Sulfate Beads Cap ER 24HR 90 MG			
65100055207050	Morphine Sulfate Beads Cap ER 24HR 120 MG			
65100075100110	Oxycodone HCl Cap 5 MG			
65100075100310	Oxycodone HCl Tab 5 MG			
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			
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			

**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)
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 ER 12HR 5 MG			
65100080107407	Oxymorphone HCl Tab ER 12HR 7.5 MG			
65100080107410	Oxymorphone HCl Tab ER 12HR 10 MG			
65100080107415	Oxymorphone HCl Tab ER 12HR 15 MG			
65100080107420	Oxymorphone HCl Tab ER 12HR 20 MG			
65100080107430	Oxymorphone HCl Tab ER 12HR 30 MG			
65100080107440	Oxymorphone HCl Tab ER 12HR 40 MG			
65100095100320	Tramadol HCl Tab 50 MG			
65100095107070	Tramadol HCl Cap ER 24HR Biphasic Release 100 MG			
65100095107075	Tramadol HCl Cap ER 24HR Biphasic Release 150 MG			
65100095107080	Tramadol HCl Cap ER 24HR Biphasic Release 200 MG			
65100095107090	Tramadol HCl Cap ER 24HR Biphasic Release 300 MG			
65100095107520	Tramadol HCl Tab ER 24HR 100 MG			
65100095107530	Tramadol HCl Tab ER 24HR 200 MG			
65100095107540	Tramadol HCl Tab ER 24HR 300 MG			
65100095107560	Tramadol HCl Tab ER 24HR Biphasic Release 100 MG			
65100095107570	Tramadol HCl Tab ER 24HR Biphasic Release 200 MG			
65100095107580	Tramadol HCl Tab ER 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			
65200010100760	Buprenorphine HCl SL Tab 2 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)
65200010100780	Buprenorphine HCl SL Tab 8 MG (Base Equiv)			
65200010200720	Buprenorphine HCl-Naloxone HCl SL Tab 2-0.5 MG (Base Equiv)			
65200010200740	Buprenorphine HCl-Naloxone HCl SL Tab 8-2 MG (Base Equiv)			
65200020102050	Butorphanol Tartrate Nasal Soln 10 MG/ML			
65200030102010	Nalbuphine HCl Inj 20 MG/ML			
65200040300310	Pentazocine w/ Naloxone Tab 50-0.5 MG			
65990002200305	Oxycodone w/ Acetaminophen Tab 2.5-325 MG			
65990002200310	Oxycodone w/ Acetaminophen Tab 5-325 MG			
65990002200327	Oxycodone w/ Acetaminophen Tab 7.5-325 MG			
65990002200330	Oxycodone w/ Acetaminophen Tab 7.5-500 MG			
65990002200335	Oxycodone w/ Acetaminophen Tab 10-325 MG			
65990002200340	Oxycodone w/ Acetaminophen Tab 10-650 MG			
65990002202005	Oxycodone w/ Acetaminophen Soln 5-325 MG/5ML			
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			
65991303050320	Acetaminophen-Caffeine-Dihydrocodeine Tab 325-30-16 MG			
65991702100302	Hydrocodone-Acetaminophen Tab 2.5-325 MG			
65991702100305	Hydrocodone-Acetaminophen Tab 10-325 MG			
65991702100309	Hydrocodone-Acetaminophen Tab 5-300 MG			

**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)
65991702100310	Hydrocodone-Acetaminophen Tab 5-500 MG			
65991702100322	Hydrocodone-Acetaminophen Tab 7.5-300 MG			
65991702100325	Hydrocodone-Acetaminophen Tab 7.5-500 MG			
65991702100327	Hydrocodone-Acetaminophen Tab 10-500 MG			
65991702100346	Hydrocodone-Acetaminophen Tab 10-660 MG			
65991702100350	Hydrocodone-Acetaminophen Tab 7.5-750 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			
65991702102025	Hydrocodone-Acetaminophen Soln 10-325 MG/15ML			
65991702500310	Hydrocodone-Ibuprofen Tab 2.5-200 MG			
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			
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 ER 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 ER 24HR 400 MG			
66100008007530	Etodolac Tab ER 24HR 500 MG			

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

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
66100008007540	Etodolac Tab ER 24HR 600 MG			
66100010100105	Fenoprofen Calcium Cap 200 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			
66100030000105	Indomethacin Cap 25 MG			
66100030000110	Indomethacin Cap 50 MG			
66100030000205	Indomethacin Cap ER 75 MG			
66100035000105	Ketoprofen Cap 50 MG			
66100035000110	Ketoprofen Cap 75 MG			
66100035007030	Ketoprofen Cap ER 24HR 200 MG			
66100037100320	Ketorolac Tromethamine Tab 10 MG			
66100037102015	Ketorolac Tromethamine Inj 15 MG/ML			
66100037102030	Ketorolac Tromethamine Inj 30 MG/ML			
66100037102034	Ketorolac Tromethamine Inj 60 MG/2ML (30 MG/ML)			
66100037102071	Ketorolac Tromethamine IM Inj 60 MG/2ML (30 MG/ML)			
66100040100105	Meclofenamate Sodium Cap 50 MG			
66100040100110	Meclofenamate Sodium Cap 100 MG			
66100050000105	Mefenamic Acid Cap 250 MG			
66100052000320	Meloxicam Tab 7.5 MG			
66100052000330	Meloxicam Tab 15 MG			
66100052001820	Meloxicam Susp 7.5 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)
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			
66100060107520	Naproxen Sodium Tab ER 24HR 375 MG (Base Equiv)			
66100060107540	Naproxen Sodium Tab ER 24HR 500 MG (Base Equiv)			
66100065000320	Oxaprozin Tab 600 MG			
66100070000105	Piroxicam Cap 10 MG			
66100070000110	Piroxicam Cap 20 MG			
66100080000305	Sulindac Tab 150 MG			
66100080000310	Sulindac Tab 200 MG			
66100090100105	Tolmetin Sodium Cap 400 MG			
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			
66280050000310	Leflunomide Tab 10 MG			
66280050000320	Leflunomide 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)
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			
67406070102010	Sumatriptan Succinate Inj 6 MG/0.5ML			
6740607010D510	Sumatriptan Succinate Solution Auto-injector 4 MG/0.5ML			
6740607010D520	Sumatriptan Succinate Solution Auto-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			
67406080000320	Zolmitriptan Tab 2.5 MG			
67406080000330	Zolmitriptan Tab 5 MG			
67406080007220	Zolmitriptan Orally Disintegrating 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)
67406080007230	Zolmitriptan Orally Disintegrating Tab 5 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			
68000010000305	Allopurinol Tab 100 MG			
68000010000310	Allopurinol Tab 300 MG			
68000010102120	Allopurinol Sodium For Inj 500 MG			
68000020000120	Colchicine Cap 0.6 MG			
68000020000310	Colchicine Tab 0.6 MG			
68100010000310	Probenecid Tab 500 MG			
68990002100310	Colchicine w/ Probenecid Tab 0.5-500 MG			
69100010102007	Bupivacaine HCl Preservative Free (PF) Inj 0.25%			
69100010102010	Bupivacaine HCl Inj 0.5%			
69100010102012	Bupivacaine HCl Preservative Free (PF) Inj 0.5%			
69100010102018	Bupivacaine HCl Preservative Free (PF) Inj 0.75%			
69100040102005	Lidocaine HCl Local Inj 0.5%			
69100040102006	Lidocaine HCl Local Preservative Free (PF) Inj 0.5%			
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%			
69100040112025	Lidocaine 5% in 7.5% Dextrose Intraspinal Soln			
69100050102005	Mepivacaine HCl Inj 1%			
69200080102015	Tetracaine HCl Inj 1%			
69200080102900	Tetracaine HCl Powder			
69991002102015	Bupivacaine Inj 0.5% w/ Epinephrine 1:200000			

**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)
69991002402011	Lidocaine Inj 1% w/ Epinephrine-1:100000			
69991002402022	Lidocaine Inj 2% w/ Epinephrine-1:100000			
69991002406420	*Lidocaine 1% w/ Epinephrine-1:200000 PF Inj Kit***			
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			
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			
72170085003020	Vigabatrin Powd Pack 500 MG			
72200030000505	Phenytoin Chew Tab 50 MG			
72200030001810	Phenytoin Susp 125 MG/5ML			
72200030052005	Phenytoin Sodium Inj 50 MG/ML			
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			

**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)
72400010002005	Ethosuximide Soln 250 MG/5ML			
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 ER 24 HR 250 MG			
72500010107530	Divalproex Sodium Tab ER 24 HR 500 MG			
7250001010H120	Divalproex Sodium Cap Delayed Release Sprinkle 125 MG			
72500020102020	Valproate Sodium Inj 100 MG/ML			
72500020102060	Valproate Sodium Oral Soln 250 MG/5ML (Base Equiv)			
72500030000105	Valproic Acid Cap 250 MG			
72600020000305	Carbamazepine Tab 200 MG			
72600020000505	Carbamazepine Chew Tab 100 MG			
72600020001810	Carbamazepine Susp 100 MG/5ML			
72600020006910	Carbamazepine Cap ER 12HR 100 MG			
72600020006920	Carbamazepine Cap ER 12HR 200 MG			
72600020006930	Carbamazepine Cap ER 12HR 300 MG			
72600020007410	Carbamazepine Tab ER 12HR 100 MG			
72600020007420	Carbamazepine Tab ER 12HR 200 MG			
72600020007440	Carbamazepine Tab ER 12HR 400 MG			
72600030000110	Gabapentin Cap 100 MG			
72600030000130	Gabapentin Cap 300 MG			
72600030000140	Gabapentin Cap 400 MG			
72600030000330	Gabapentin Tab 600 MG			
72600030000340	Gabapentin Tab 800 MG			
72600030002020	Gabapentin Oral Soln 250 MG/5ML			
72600040000310	Lamotrigine Tab 25 MG			
72600040000330	Lamotrigine 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)
72600040000335	Lamotrigine Tab 150 MG			
72600040000340	Lamotrigine Tab 200 MG			
72600040000510	Lamotrigine Tab Chewable Dispersible 5 MG			
72600040000520	Lamotrigine Tab Chewable Dispersible 25 MG			
72600040006420	Lamotrigine Tab 25 MG (35) Starter Kit			
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 Disint 25 MG (21) & 50 MG (7) Titration Kit			
72600040006455	Lamotrigine Tab Disint 50 MG (42)- 100 MG(14) Titration Kit			
72600040006460	Lamotrigine Tab Disint 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 ER 24HR 25 MG			
72600040007520	Lamotrigine Tab ER 24HR 50 MG			
72600040007530	Lamotrigine Tab ER 24HR 100 MG			
72600040007540	Lamotrigine Tab ER 24HR 200 MG			
72600040007545	Lamotrigine Tab ER 24HR 250 MG			
72600040007550	Lamotrigine Tab ER 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 ER 24HR 500 MG			

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

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
72600043007530	Levetiracetam Tab ER 24HR 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)			
72600060000305	Primidone Tab 50 MG			
72600060000310	Primidone Tab 250 MG			
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			
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			
73100010100305	Benzotropine Mesylate Tab 0.5 MG			
73100010100310	Benzotropine Mesylate Tab 1 MG			
73100010100315	Benzotropine Mesylate Tab 2 MG			
73100010102005	Benzotropine Mesylate Inj 1 MG/ML			
73100070100310	Trihexyphenidyl HCl Tab 2 MG			
73100070100320	Trihexyphenidyl 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)
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)			
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 ER 24HR 0.375 MG			
73203060107530	Pramipexole Dihydrochloride Tab ER 24HR 0.75 MG			
73203060107540	Pramipexole Dihydrochloride Tab ER 24HR 1.5 MG			
73203060107545	Pramipexole Dihydrochloride Tab ER 24HR 2.25 MG			
73203060107550	Pramipexole Dihydrochloride Tab ER 24HR 3 MG			
73203060107555	Pramipexole Dihydrochloride Tab ER 24HR 3.75 MG			
73203060107560	Pramipexole Dihydrochloride Tab ER 24HR 4.5 MG			
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			

**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)
73203070100350	Ropinirole Hydrochloride Tab 5 MG			
73203070107520	Ropinirole Hydrochloride Tab ER 24HR 2 MG (Base Equivalent)			
73203070107530	Ropinirole Hydrochloride Tab ER 24HR 4 MG (Base Equivalent)			
73203070107535	Ropinirole Hydrochloride Tab ER 24HR 6 MG (Base Equivalent)			
73203070107540	Ropinirole Hydrochloride Tab ER 24HR 8 MG (Base Equivalent)			
73203070107550	Ropinirole Hydrochloride Tab ER 24HR 12 MG (Base Equivalent)			
73209902100310	Carbidopa & Levodopa Tab 10-100 MG			
73209902100320	Carbidopa & Levodopa Tab 25-100 MG			
73209902100330	Carbidopa & Levodopa Tab 25-250 MG			
73209902100410	Carbidopa & Levodopa Tab ER 25-100 MG			
73209902100420	Carbidopa & Levodopa Tab ER 50-200 MG			
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			
73403030000320	Carbidopa Tab 25 MG			
74503070000320	Riluzole Tab 50 MG			
75100010000305	Baclofen 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)
75100010000310	Baclofen Tab 20 MG			
75100010002900	Baclofen Powder			
75100020000304	Carisoprodol Tab 250 MG			
75100020000305	Carisoprodol Tab 350 MG			
75100040000305	Chlorzoxazone Tab 250 MG			
75100040000310	Chlorzoxazone Tab 500 MG			
75100050100303	Cyclobenzaprine HCl Tab 5 MG			
75100050100304	Cyclobenzaprine HCl Tab 7.5 MG			
75100050100305	Cyclobenzaprine HCl Tab 10 MG			
75100050103720	*Cyclobenzaprine HCl TD Cream 20 MG/GM (Compound Kit)**			
75100060000310	Metaxalone Tab 400 MG			
75100060000320	Metaxalone Tab 800 MG			
75100070000305	Methocarbamol Tab 500 MG			
75100070000310	Methocarbamol Tab 750 MG			
75100070002010	Methocarbamol Inj 1000 MG/10ML			
75100080102005	Orphenadrine Citrate Inj 30 MG/ML			
75100080107410	Orphenadrine Citrate Tab ER 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)			
75200010100105	Dantrolene Sodium Cap 25 MG			
75200010100110	Dantrolene Sodium Cap 50 MG			
75200010100115	Dantrolene Sodium Cap 100 MG			
75990002100310	Carisoprodol w/ Aspirin Tab 200-325 MG			
75990003100310	Carisoprodol w/ Aspirin & Codeine Tab 200-325-16 MG			

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

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
76000050100305	Pyridostigmine Bromide Tab 60 MG			
76000050100405	Pyridostigmine Bromide Tab ER 180 MG			
77101010102005	Thiamine HCl Inj 100 MG/ML			
77105010002005	Pyridoxine HCl Inj 100 MG/ML			
77108010002020	Ascorbic Acid Inj 500 MG/ML			
77202030000108	Ergocalciferol Cap 2500 Unit			
77202030000110	Ergocalciferol Cap 50000 Unit			
77202030000305	Ergocalciferol Tab 400 Unit			
77202032000105	Cholecalciferol Cap 400 Unit			
77202032000120	Cholecalciferol Cap 2000 Unit			
77202032000320	Cholecalciferol Tab 400 Unit			
77202032000520	Cholecalciferol Chew Tab 400 Unit			
77202032000915	Cholecalciferol Oral Liquid 400 Unit/ML			
77204030002005	Phytonadione Inj 1 MG/0.5ML (2 MG/ML)			
77204030002010	Phytonadione Inj 10 MG/ML			
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***			
78310000000100	*Multiple Vitamins w/ Minerals Cap**			
78310000000300	*Multiple Vitamins w/ Minerals Tab**			
78313010000320	*Multiple Vitamins w/ Minerals & FA Tab 1.25 MG***			
78320000000510	*Multiple Vit & Fluoride-Folic Acid Chew Tab 0.25-0.3 MG***			
78320000000520	*Multiple Vit & Fluoride-Folic Acid Chew Tab 0.5-0.3 MG***			
78320000000530	*Multiple Vit & Fluoride-Folic Acid Chew Tab 1-0.3 MG***			
78440500002010	*Pediatric Vitamins ACD w/ Fluoride Soln 0.25 MG/ML ***			
78440500002020	*Pediatric Vitamins ACD 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)
78440720001810	*Ped Vit ACD & L-Methylfol w/ FI Biphasic 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***			
78441000002005	*Pediatric Multiple Vitamins w/ Fluoride Soln 0.25 MG/ML***			
78441000002010	*Pediatric Multiple Vitamins w/ Fluoride Soln 0.5 MG/ML***			
78450000000910	*Pediatric Multiple Vitamins w/ FI-Fe Drops 0.25-6 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***			
78500000000100	*Speciality Vitamin Product Cap**			
78510018000520	*Prenat w/ B2-B6-B12-D3-Folic Acid Chew Tab 1.4 MG**			
78510025000320	*Prenatal w/ Calcium-Vit B6-FA-Ginger Tab 1.2 MG**			
78512010000330	*Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG***			
78512010000331	*Prenatal Vit w/ Iron Carbonyl-FA Tab 30-1 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***			
78512015000360	*Prenatal Vit w/ Fe Fumarate-FA Tab 60-1 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***			
78512018000117	*Prenatal Vit w/ Fe Fum-FA-Omega 3 Cap 28-1-215.8 MG***			
78512018006310	*Prenat w/ Fe Fum-FA Tab 27-1 MG & Omega 3 Cap 312 MG Pak*			
78512022000320	*Prenatal Vit w/ Fe Fum-Methylfolate-FA Tab 27-0.6-0.4 MG***			
78512050000540	*Prenatal w/o A Vit w/ Fe Fum-FA Tab Chew 40-1 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***			

**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)
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***			
78512079000230	*Prenat w/oA w/FeFum-Na Fered-FA-DHA Cap ER 30-1.4-200 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***			
78512091000135	*Prenatal w/Fe Fum-Fe Poly -FA-Omega 3 Cap 53.5-38-1 MG***			
78512092000130	*Prenatal w/Fe Cbnyl-Fe Asp Glyc-FA-DSS-Omega Cap 20-7-1 MG*			
78512095000130	*Prenat w/ Fe Cbn-Fe Bisglyc-FA-Fish Oil Cap 35-5-1.2 MG**			
78515022006320	*Prenat-Fe Bis-Fe Prot Succ-FA-Ca Tab & Omega 3 Cap 250 Pk**			
78516022000127	*Prenat w/Fe Fum-L Methylfolate-FA-DHA Cap 27-1.13-0.4 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**			
78516035000130	*Prenatal w/o A w/Fe Cbn-DSS-FA-DHA Cap 28-1-250 MG***			
78516035000133	*Prenatal w/o A w/Fe Cbn-DSS-FA-DHA Cap 29-1-265 MG***			
78516035000135	*Prenatal w/o Vit A w/ Fe Cbn-DSS-FA-DHA Cap 30-1-260 MG***			
78516037000138	*Prenatal w/o Vit A w/ Fe Fum-DSS-FA-DHA Cap 27-1.25-300 MG*			
78516037000170	*Prenatal w/o Vit A w/ Fe Fum-DSS-FA-DHA Cap 29-1.25-325 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*			
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*			
78516069006340	*Prenat w/o A w/Fe Chel-FA Tab 30-1.4 MG & DHA Cap 300MG PK*			
79050010002005	Sodium Acetate Inj 2 mEq/ML			
79050020002025	Sodium Bicarbonate Inj 8.4%			
79109907203125	Ca Carb-Folic Acid-Vit D-B6-B12-Boron-Mag Wafer 1342-1 MG			
79300020000310	Sodium Fluoride Tab 0.5 MG F (from 1.1 MG NaF)			
79300020000505	Sodium Fluoride Chew Tab 0.25 MG F (from 0.55 MG NaF)			

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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)
79300020000510	Sodium Fluoride Chew Tab 0.5 MG F (from 1.1 MG NaF)			
79300020000515	Sodium Fluoride Chew Tab 1 MG F (from 2.2 MG NaF)			
79300020002030	Sodium Fluoride Soln 0.125 MG/DROP F (0.275 MG/DROP NaF)			
79300020002050	Sodium Fluoride Soln 0.5 MG/ML F (from 1.1 MG/ML NaF)			
79350032002020	Iodine Solution Strong 5% (Lugol's)			
79400010402020	Magnesium Sulfate Inj 50%			
79600010052030	Potassium Phosphates Inj 45 mM/15ML (Phos) 66 mEq/15ML (K)			
79600020102030	Sodium Phosphates Inj 45 mM/15ML (Phos) 60 mEq/15ML (Na)			
79600030100320	Pot Phos Monobasic w/Sod Phos Di & Monobas Tab 155-852-130MG			
79700010002020	Potassium Acetate Inj 2 mEq/ML			
79700020000810	Potassium Bicarbonate Effer Tab 25 mEq			
79700030000205	Potassium Chloride Cap ER 8 mEq			
79700030000210	Potassium Chloride Cap ER 10 mEq			
79700030000420	Potassium Chloride Tab ER 8 mEq (600 MG)			
79700030000430	Potassium Chloride Tab ER 10 mEq			
79700030000445	Potassium Chloride Tab ER 20 mEq (1500 MG)			
79700030002005	Potassium Chloride Inj 2 mEq/ML			
79700030002050	Potassium Chloride Inj 10 mEq/100ML			
79700030002070	Potassium Chloride Inj 20 mEq/50ML			
79700030002075	Potassium Chloride Inj 40 mEq/100ML			
79700030002085	Potassium Chloride Oral Soln 10% (20 MEQ/15ML)			
79700030002095	Potassium Chloride Oral Soln 20% (40 MEQ/15ML)			
79700030003015	Potassium Chloride Powder Packet 20 mEq			
79700030100430	Potassium Chloride Microencapsulated Crys ER Tab 10 mEq			
79700030100440	Potassium Chloride Microencapsulated Crys ER Tab 20 mEq			
79709902100810	Pot Bicarbonate & Chloride Effer Tab 25 mEq			
79750010002010	Sodium Chloride Inj 0.45%			

**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)
79750010002020	Sodium Chloride Inj 0.9%			
79750010002021	Sodium Chloride IV Soln 0.9%			
79750010002030	Sodium Chloride Inj 3%			
79750010002045	Sodium Chloride Inj 4 mEq/ML (23.4%)			
79750010102024	Sodium Chloride Flush IV Soln 0.9%			
79800010000120	Zinc Sulfate Cap 220 MG (50 MG Elemental Zn)			
79800010002015	Zinc Sulfate Inj 5 MG/ML			
79900040102010	Selenious Acid Inj 40 MCG/ML			
79992000001300	*Parenteral Electrolyte Conc***			
79992001202010	Lactated Ringer's Solution			
79992002102015	KCl 20 MEQ/L (0.15%) in NaCl 0.45% Inj			
79992002102020	KCl 20 MEQ/L (0.15%) in NaCl 0.9% Inj			
79993002102020	Potassium Chloride 20 MEQ/L (0.15%) in Dextrose 5% Inj			
79993002202020	Dextrose 5% w/ Sodium Chloride 0.2%			
79993002202022	Dextrose 5% w/ Sodium Chloride 0.225%			
79993002202024	Dextrose 5% w/ Sodium Chloride 0.3%			
79993002202030	Dextrose 5% w/ Sodium Chloride 0.45%			
79993002202035	Dextrose 5% w/ Sodium Chloride 0.9%			
79993002302020	Dextrose 5% in Lactated Ringers			
79993003102025	KCl 20 MEQ/L (0.15%) in Dextrose 5% & NaCl 0.45% Inj			
79993003102050	KCl 40 MEQ/L (0.3%) in Dextrose 5% & NaCl 0.45% Inj			
80100010002045	Alcohol Absolute Inj 98%			
80100020002015	Dextrose Inj 5%			
80100020002020	Dextrose Inj 10%			
80100020002050	Dextrose Inj 50%			
80100020002060	Dextrose Inj 70%			
80200010001620	Fat Emulsion IV 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)
80302010102060	*Amino Acid Infusion 15%***			
80303002000140	Acetylcysteine Cap 600 MG			
80303012002900	Glutamine Powder (Bulk)			
80303014002900	Isoleucine Powder			
80303085002900	Valine Powder			
81250060000320	*L-Methylfolate Tab 7.5 MG**			
81250060000330	*L-Methylfolate Tab 15 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***			
81259903550330	*L-Methylfolate w/ Vit B6-Vit B12 Tab 3-35-2 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***			
81402010102900	Sodium Saccharin Powder			
82100010002015	Cyanocobalamin Inj 1000 MCG/ML			
82100020002010	Hydroxocobalamin Inj 1000 MCG/ML			
82200010000110	Folic Acid Cap 0.8 MG			
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			

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)
82300010000332	Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe)			
82300010002003	Ferrous Sulfate Soln 75 MG/ML (15 MG/ML Elemental Fe)			
82300085102020	Sod Ferric Gluc Cmplx in Sucrose IV Soln 12.5 MG/ML (Fe Eq)			
82991002300720	Cyanocobalamin-Methylcobalamin Tab SL 600-600 MCG			
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			
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***			
82992003400120	Iron Polysacch Complex-Vit B12-FA Cap 150-0.025-1 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			
82992005450120	*Fe Bisglycinate-Fe Polysacch-Vit C-Vit B12-FA Cap***			
82992006500320	Iron-Folic Acid-Vit C-Vit B6-Vit B12-Zinc Tab 150-1.25 MG			
82992008200330	*Iron-Docusate-B12-Folic Acid-C-E-Cu-Biotin Tab 150-1 MG***			
82992008500320	*Fe Carbonyl-FA-B Complex-A-C-D-E-Min Tab 75-1.25 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			
82995003400130	Polysaccharide Iron-FA-Vit B12 Cap 150 MG-1 MG-25 MCG			
82995004400320	Polysacch Fe Cmplx-Fe Heme Poly-FA-B12 Tab 22-6-1-0.025 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)
82995005300330	*Iron-Folic Acid-Vit B12-Vit C-Docusate Sod Tab 90-1 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			
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			
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			
83200030200317	Warfarin Sodium Tab 6 MG			

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

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
83200030200320	Warfarin Sodium Tab 7.5 MG			
83200030200325	Warfarin Sodium Tab 10 MG			
84100010000305	Aminocaproic Acid Tab 500 MG			
84100010001205	Aminocaproic Acid Syrup 25%			
84100010002005	Aminocaproic Acid Inj 250 MG/ML			
84100040000320	Tranexamic Acid Tab 650 MG			
84100040002025	Tranexamic Acid IV Soln 1000 MG/10ML (100 MG/ML)			
85100010402135	Antihemophilic Factor Recomb Pegylated For Inj 750 Unit			
85150030000310	Dipyridamole Tab 25 MG			
85150030000320	Dipyridamole Tab 50 MG			
85150030000330	Dipyridamole Tab 75 MG			
85155516000320	Cilostazol Tab 50 MG			
85155516000330	Cilostazol Tab 100 MG			
85156010100120	Anagrelide HCl Cap 0.5 MG			
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)			
85159902206920	Aspirin-Dipyridamole Cap ER 12HR 25-200 MG			
85200010000410	Pentoxifylline Tab ER 400 MG			
85400010002015	Albumin, Human Inj 25%			
86101005004205	Bacitracin Ophth Oint 500 Unit/GM			
86101023102010	Ciprofloxacin HCl Ophth Soln 0.3%			
86101025004210	Erythromycin Ophth Oint 5 MG/GM			
86101029002030	Gatifloxacin Ophth Soln 0.5%			
86101030002005	Gentamicin Sulfate Ophth Soln 0.3%			

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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)
86101030004205	Gentamicin Sulfate Ophth Oint 0.3%			
86101036002020	Levofloxacin Ophth Soln 0.5%			
86101038102020	Moxifloxacin HCl Ophth Soln 0.5% (Base Equiv)			
86101047002020	Ofloxacin Ophth Soln 0.3%			
86101070002005	Tobramycin Ophth Soln 0.3%			
86102010102010	Sulfacetamide Sodium Ophth Soln 10%			
86102010104205	Sulfacetamide Sodium Ophth Oint 10%			
86103020002005	Trifluridine Ophth Soln 1%			
86109902104200	Bacitracin-Polymyxin B Ophth Oint			
86109902602020	Polymyxin B-Trimethoprim Ophth Soln 10000 Unit/ML-0.1%			
86109903104220	Neomycin-Bacitrac Zn-Polymyx 5(3.5)MG-400Unt-10000Unt Op Oin			
86109903202000	Neomycin-Polymy-Gramicid Op Sol 1.75-10000-0.025MG-UNT-MG/ML			
86250010102005	Betaxolol HCl Ophth Soln 0.5%			
86250012102005	Carteolol HCl Ophth Soln 1%			
86250020102005	Levobunolol HCl Ophth Soln 0.5%			
86250030102005	Timolol Maleate Ophth Soln 0.25%			
86250030102010	Timolol Maleate 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%			
86259902202020	Dorzolamide HCl-Timolol Maleate Ophth Soln 22.3-6.8 MG/ML			
86300010102005	Dexamethasone Sodium Phosphate Ophth Soln 0.1%			
86300020001810	Fluorometholone Ophth Susp 0.1%			
86300050101815	Prednisolone Acetate Ophth Susp 1%			
86300050202015	Prednisolone Sodium Phosphate Ophth Soln 1%			
86309902722015	Sulfacetamide Sodium-Prednisolone Ophth Soln 10-0.23(0.25)%			
86309902801820	Tobramycin-Dexamethasone Ophth Susp 0.3-0.1%			

**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)
86309903321810	Neomycin-Polymyxin-Dexamethasone Ophth Susp 0.1%			
86309903324210	Neomycin-Polymyxin-Dexamethasone Ophth Oint 0.1%			
86309903341810	Neomycin-Polymyxin-HC Ophth Susp			
86309904104220	Bacitracin-Polymyxin-Neomycin-HC Ophth Oint 1%			
86330015002020	Bimatoprost Ophth Soln 0.03%			
86330050002020	Latanoprost Ophth Soln 0.005%			
86330070002020	Travoprost Ophth Soln 0.004%			
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%			
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%			
86602010102010	Apraclonidine HCl Ophth Soln 0.5% (Base Equivalent)			
86602020102007	Brimonidine Tartrate Ophth Soln 0.15%			
86602020102010	Brimonidine Tartrate Ophth Soln 0.2%			
86750020102005	Proparacaine HCl Ophth Soln 0.5%			
86750030102005	Tetracaine HCl Ophth Soln 0.5%			
86780035002020	Hypromellose Intraocular Soln 2%			

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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)
86802006102020	Azelastine HCl Opth Soln 0.05%			
86802010102005	Cromolyn Sodium Opth Soln 4%			
86802028102020	Epinastine HCl Opth Soln 0.05%			
86802065102020	Olopatadine HCl Opth Soln 0.1% (Base Equivalent)			
86802065102030	Olopatadine HCl Opth Soln 0.2% (Base Equivalent)			
86802340102020	Dorzolamide HCl Opth Soln 2%			
86803010002000	*Ophthalmic Irrigation Solution - Intraocular***			
86805005102010	Bromfenac Sodium Opth Soln 0.09% (Base Equivalent)			
86805005102060	Bromfenac Sodium Opth Soln 0.09% (Base Equiv) (Once-Daily)			
86805010102010	Diclofenac Sodium Opth Soln 0.1%			
86805020102010	Flurbiprofen Sodium Opth Soln 0.03%			
86805035102015	Ketorolac Tromethamine Opth Soln 0.4%			
86805035102020	Ketorolac Tromethamine Opth Soln 0.5%			
86806010202015	Fluorescein Sodium IV Soln 25%			
86806010222010	Fluorescein w/ Benoxinate Opth Soln 0.25-0.4%			
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			
87991003101807	Neomycin-Polymyxin-HC Otic Susp 3.5 MG/ML-10000 Unit/ML-1%			
87991003102010	Neomycin-Polymyxin-HC Otic Soln 1%			
87992002202010	Antipyrine-Benzocaine Otic Soln 54-14 MG/ML (5.4-1.4%)			
88100010001805	Nystatin Susp 100000 Unit/ML			
88100020004805	Clotrimazole Troche 10 MG			
88150020102012	Chlorhexidine Gluconate Soln 0.12%			

**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)
88250020104410	Triamcinolone Acetonide Dental Paste 0.1%			
88350010003240	Benzocaine Mouth/Throat Aerosol 20%			
88350065102045	Lidocaine HCl Laryngotracheal Soln 4%			
88350065102050	Lidocaine HCl Viscous Soln 2%			
88402020002020	Sodium Fluoride Rinse 0.2%			
88402020003721	Sodium Fluoride Cream 1.1%			
88402020004020	Sodium Fluoride Gel 1.1% (0.5% F)			
88402020004418	Sodium Fluoride Paste 1.1%			
88402030001320	Stannous Fluoride Conc 0.63%			
88402030004010	Stannous Fluoride Gel 0.4%			
88409902774420	Sodium Fluoride-Potassium Nitrate Paste 1.1-5%			
88501525100120	Cevimeline HCl Cap 30 MG			
88501560100310	Pilocarpine HCl Tab 5 MG			
88501560100320	Pilocarpine HCl Tab 7.5 MG			
89100010003705	Hydrocortisone Rectal Cream 1%			
89100010003720	Hydrocortisone Rectal Cream 2.5%			
89100010105230	Hydrocortisone Acetate Suppos 25 MG			
89100010105237	Hydrocortisone Acetate Suppos 30 MG			
89150010005110	Hydrocortisone Enema 100 MG/60ML			
89991002263720	Lidocaine-Hydrocortisone Acetate Rectal Cream 3-0.5%			
89991002266410	Lidocaine-Hydrocortisone Acetate Rectal Cream Kit 2-2%			
89991002266420	Lidocaine-Hydrocortisone Acetate Rectal Cream Kit 3-0.5%			
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%			
89991002316440	*HC-Pramoxine Emol Cream 2.5-1% & Pramoxine Wipe 1% Kit***			
90050003003710	Adapalene Cream 0.1%			

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

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
90050003004010	Adapalene Gel 0.1%			
90050003004030	Adapalene Gel 0.3%			
90050003004110	Adapalene Lotion 0.1%			
90050010000903	Benzoyl Peroxide Liq 2.5%			
90050010000907	Benzoyl Peroxide Liq 7%			
90050010003930	Benzoyl Peroxide Foam 5.3%			
90050010003948	Benzoyl Peroxide Foam 9.8%			
90050010004014	Benzoyl Peroxide Gel 8%			
90050010006375	Benzoyl Peroxide Cloth 6%			
90050013000110	Isotretinoin Cap 10 MG			
90050013000120	Isotretinoin Cap 20 MG			
90050013000130	Isotretinoin Cap 30 MG			
90050013000140	Isotretinoin Cap 40 MG			
90050015102900	Metronidazole Benzoate Powder			
90050030003703	Tretinoin Cream 0.025%			
90050030003705	Tretinoin Cream 0.05%			
90050030003710	Tretinoin Cream 0.1%			
90050030004005	Tretinoin Gel 0.01%			
90050030004010	Tretinoin Gel 0.025%			
90050030004015	Tretinoin Gel 0.05%			
90050030204015	Tretinoin Microsphere Gel 0.04%			
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%			

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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)
90051015004020	Dapsone Gel 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%			
90059902104010	Benzoyl Peroxide-Erythromycin Gel 5-3%			
90059902194020	Clindamycin Phosphate-Benzoyl Peroxide Gel 1-5%			
90059902594020	Clindamycin Phosph-Benzoyl Peroxide (Refrig) Gel 1.2 (1)-5%			
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%			
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%			
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%			
90059903204316	Sulfacetamide Sodium w/ Sulfur Cleansing Pad 10-4%			
90059903204320	Sulfacetamide Sodium w/ Sulfur Cleansing Cloth 10-5%			

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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)
90059903211618	Sulfacetamide Sodium-Sulfur in Urea Emulsion 10-4%			
90059903211620	Sulfacetamide Sodium-Sulfur in Urea Emulsion 10-5%			
90060025006520	Doxycycline (Rosacea) Cap Delayed Release 40 MG			
90060040003710	Metronidazole Cream 0.75%			
90060040004010	Metronidazole Gel 0.75%			
90060040004020	Metronidazole Gel 1%			
90060040004110	Metronidazole Lotion 0.75%			
90070015003720	*Baclofen Cream 1% (Compound Kit)**			
90100050102900	Gentamicin Sulfate Powder			
90100050103705	Gentamicin Sulfate Cream 0.1%			
90100050104205	Gentamicin Sulfate Oint 0.1%			
90100060102900	Neomycin Sulfate Powder			
90100065104210	Mupirocin Oint 2%			
90100065203710	Mupirocin Calcium Cream 2%			
90150030002020	Ciclopirox Solution 8%			
90150030004010	Ciclopirox Gel 0.77%			
90150030004510	Ciclopirox Shampoo 1%			
90150030101810	Ciclopirox Olamine Susp 0.77% (Base Equiv)			
90150030102900	Ciclopirox Olamine Powder			
90150030103705	Ciclopirox Olamine Cream 0.77% (Base Equiv)			
90150078003710	Naftifine HCl Cream 1%			
90150078003720	Naftifine HCl Cream 2%			
90150080002920	Nystatin Topical Powder 100000 Unit/GM			
90150080003710	Nystatin Cream 100000 Unit/GM			
90150080004215	Nystatin Oint 100000 Unit/GM			
90150085002900	Tolnaftate Powder (Compounding)			
90154020002005	Clotrimazole Soln 1%			

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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)
90154020002900	Clotrimazole Powder			
90154020003705	Clotrimazole Cream 1%			
90154035103705	Econazole Nitrate Cream 1%			
90154045003710	Ketoconazole Cream 2%			
90154045003920	Ketoconazole Foam 2%			
90154045004510	Ketoconazole Shampoo 2%			
90154050102900	Miconazole Nitrate Powder			
90154065003710	Oxiconazole Nitrate Cream 1%			
90159902053710	Clotrimazole w/ Betamethasone Cream 1-0.05%			
90159902054120	Clotrimazole w/ Betamethasone Lotion 1-0.05%			
90159902153710	Iodoquinol-HC Cream 1%			
90159902253700	Nystatin-Triamcinolone Cream 100000-0.1 Unit/GM-%			
90159902254200	Nystatin-Triamcinolone Oint 100000-0.1 Unit/GM-%			
90159903293710	Iodoquinol-Hydrocortisone in Aloe Vehicle Cream 1-1.9%			
90210030302025	Diclofenac Sodium Soln 1.5%			
90210030304020	Diclofenac Sodium Gel 1%			
90210045003760	*Ibuprofen Cream 10% (Compounding Kit)**			
90220015103710	Doxepin HCl Cream 5%			
90250025002020	Calcipotriene Soln 0.005% (50 MCG/ML)			
90250025003710	Calcipotriene Cream 0.005%			
90250025004210	Calcipotriene Oint 0.005%			
90250028004220	Calcitriol Oint 3 MCG/GM			
90250070003730	Tazarotene Cream 0.1%			
90250510000110	Acitretin Cap 10 MG			
90250510000115	Acitretin Cap 17.5 MG			
90250510000125	Acitretin Cap 25 MG			
90250560100110	Methoxsalen Rapid Cap 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)
90300050004120	Selenium Sulfide Lotion 2.5%			
90300060000920	Sulfacetamide Sodium Liquid 10%			
90300060004060	Sulfacetamide Sodium Cleansing Gel 10%			
90300060004540	Sulfacetamide Sodium Shampoo 10%			
90309900003700	*Antiseborrheic Products Misc - Cream***			
90309902540920	Sulfacetamide Sodium in Bakuchiol Vehicle Wash 10%			
90309903854520	Selenium Sulfide-Pyrithione Zinc in Urea Shampoo 2.25%			
90350010004205	Acyclovir Oint 5%			
90372030002020	Fluorouracil Soln 2%			
90372030002050	Fluorouracil Soln 5%			
90372030003705	Fluorouracil Cream 0.5%			
90372030003730	Fluorouracil Cream 5%			
90374035304020	Diclofenac Sodium (Actinic Keratoses) Gel 3%			
90450030003710	Silver Sulfadiazine Cream 1%			
90500040002003	Silver Nitrate Soln 0.5%			
90500040002050	Silver Nitrate Soln 50%			
90500040004210	Silver Nitrate Oint 10%			
90520010002020	Coal Tar Soln 20%			
90550005103710	Alclometasone Dipropionate Cream 0.05%			
90550005104210	Alclometasone Dipropionate Oint 0.05%			
90550010003705	Amcinonide Cream 0.1%			
90550010004105	Amcinonide Lotion 0.1%			
90550010004205	Amcinonide Oint 0.1%			
90550020002900	Betamethasone Dipropionate Powder			
90550020003705	Betamethasone Dipropionate Cream 0.05%			
90550020004105	Betamethasone Dipropionate Lotion 0.05%			
90550020004205	Betamethasone Dipropionate Oint 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)
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%			
90550020102900	Betamethasone Valerate Powder			
90550020103710	Betamethasone Valerate Cream 0.1% (Base Equivalent)			
90550020103920	Betamethasone Valerate Aerosol Foam 0.12%			
90550020104105	Betamethasone Valerate Lotion 0.1% (Base Equivalent)			
90550020104205	Betamethasone Valerate Oint 0.1% (Base Equivalent)			
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%			
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%			
90550035004105	Desonide Lotion 0.05%			
90550035004205	Desonide Oint 0.05%			
90550040003705	Desoximetasone Cream 0.05%			
90550040003710	Desoximetasone Cream 0.25%			
90550040004005	Desoximetasone Gel 0.05%			
90550040004203	Desoximetasone Oint 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)
90550040004205	Desoximetasone Oint 0.25%			
90550050103705	Diflorasone Diacetate Cream 0.05%			
90550050104205	Diflorasone Diacetate Oint 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%			
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%			
90550068103710	Fluticasone Propionate Cream 0.05%			
90550068104120	Fluticasone Propionate Lotion 0.05%			
90550068104210	Fluticasone Propionate Oint 0.005%			
90550073103710	Halobetasol Propionate Cream 0.05%			
90550073104210	Halobetasol Propionate Oint 0.05%			
90550075003720	Hydrocortisone Cream 1%			
90550075003725	Hydrocortisone Cream 2.5%			
90550075004118	Hydrocortisone Lotion 2%			
90550075004120	Hydrocortisone 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)
90550075004210	Hydrocortisone Oint 1%			
90550075004215	Hydrocortisone Oint 2.5%			
90550075203705	Hydrocortisone Valerate Cream 0.2%			
90550075204205	Hydrocortisone Valerate Oint 0.2%			
90550075302020	Hydrocortisone Butyrate Soln 0.1%			
90550075303705	Hydrocortisone Butyrate Cream 0.1%			
90550075304205	Hydrocortisone Butyrate Oint 0.1%			
90550075323705	Hydrocortisone Butyrate Hydrophilic Lipo Base Cream 0.1%			
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%			
90550085104210	Triamcinolone Acetonide Oint 0.1%			
90550085104215	Triamcinolone Acetonide Oint 0.5%			
90559802403725	Pramoxine-HC Cream 1-2.5%			
90559802403735	Pramoxine-HC Cream 2.5-2.5%			
90559902324225	Calcipotriene-Betamethasone Dipropionate Oint 0.005-0.064%			
90650015003730	Lactic Acid (Ammonium Lactate) Cream 12%			
90650015004125	Lactic Acid (Ammonium Lactate) Lotion 10%			

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

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
90650015004130	Lactic Acid (Ammonium Lactate) Lotion 12%			
90659902303710	Lactic Acid w/ Vitamin E Cream 10%-3500 Unit/30GM			
90660080001840	Urea Suspension 40%			
90660080001850	Urea Suspension 50%			
90660080003722	Urea Cream 37.5%			
90660080003724	Urea Cream 39%			
90660080003725	Urea Cream 40%			
90660080003729	Urea Cream 44%			
90660080003730	Urea Cream 45%			
90660080003732	Urea Cream 47%			
90660080003735	Urea Cream 50%			
90660080003935	Urea Foam 35%			
90660080003940	Urea Foam 40%			
90660080004040	Urea Gel 40%			
90660080004045	Urea Gel 45%			
90660080004140	Urea Lotion 40%			
90660080004145	Urea Lotion 45%			
90669902823935	Urea in Lactic Acid Vehicle Foam 35%			
90669903901650	Urea in Zinc Undecylenate-Lactic Acid Vehicle Emulsion 50%			
90669903909340	Urea in Zinc Undecylenate-Lactic Acid Vehicle Stick 50%			
90700010002900	Collagenase Powder			
90700050003400	Trypsin w/ Castor Oil & Peruvian Balsam Spray			
90700050004220	Trypsin w/ Castor Oil & Peruvian Balsam Oint			
90750015002020	Podofilox Soln 0.5%			
90750020002025	Podophyllum Resin Soln 25%			
90750030000948	Salicylic Acid Film Forming Liquid 27.5%			
90750030002010	Salicylic Acid Soln 26%			

**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)
90750030002017	Salicylic Acid ER Film-Forming Soln 28.5%			
90750030003712	Salicylic Acid Cream 6%			
90750030003720	Salicylic Acid Cream 10%			
90750030003940	Salicylic Acid Foam 6%			
90750030004005	Salicylic Acid Gel 6%			
90750030004140	Salicylic Acid Lotion 6%			
90750030004530	Salicylic Acid Shampoo 6%			
90750030406430	*Salicylic Acid Lotion 6% & Cleanser Liqd Kit**			
90759902104210	Salicylic Acid & Benzoic Acid Oint 3-6%			
90773040003720	Imiquimod Cream 5%			
90784075004210	Tacrolimus Oint 0.03%			
90784075004230	Tacrolimus Oint 0.1%			
90850030002010	Cocaine HCl Soln 4%			
90850060004210	Lidocaine Oint 5%			
90850060005920	Lidocaine Patch 4%			
90850060005930	Lidocaine Patch 5%			
90850060102015	Lidocaine HCl Soln 4%			
90850060103730	Lidocaine HCl Cream 3%			
90850060103740	*Lidocaine HCl Cream 5% (Compound Kit)**			
90850060104005	Lidocaine HCl Gel 2%			
90850060104015	Lidocaine HCl Gel 3%			
90850065104003	Pramoxine HCl Gel 1%			
90851005003200	Ethyl Chloride Aerosol Spray			
90859902685940	Capsaicin-Menthol Topical Patch 0.0375-5%			
90859902843730	Lidocaine-Tetracaine Cream 7-7%			
90859902885930	Lidocaine-Menthol Patch 4-1%			
90859902903710	Lidocaine-Prilocaine Cream 2.5-2.5%			

**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)
90859902906410	Lidocaine-Prilocaine Cream Kit 2.5-2.5%			
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**			
90944000004000	*Wound Dressings - Gel***			
90970010002010	Aluminum Chloride Soln 20%			
90970010002900	Aluminum Chloride Powder			
90970020002700	Boric Acid Granules			
90971501406320	Isopropyl Alcohol Wipes 70%			
90972000003700	*Skin Protectants Misc - Cream***			
92000005002010	Formaldehyde Solution 10%			
92000030000950	Phenol Liquid (Bulk)			
92100020002070	Benzalkonium Chloride Soln 50%			
92100030102060	Chlorhexidine Gluconate Soln 20%			
92200020002010	*Iodine Solution**			
93000007002020	Acetylcysteine Inj 200 MG/ML			
93000020102110	Deferoxamine Mesylate For Inj 500 MG			
93000020102130	Deferoxamine Mesylate For Inj 2 GM			
93000075002025	Sodium Thiosulfate Inj 25%			
93400020102010	Naloxone HCl Inj 0.4 MG/ML			
93400020102030	Naloxone HCl Inj 4 MG/10ML			
9340002010E210	Naloxone HCl Soln Cartridge 0.4 MG/ML			
9340002010E540	Naloxone HCl Soln Prefilled Syringe 2 MG/2ML			
93400030100305	Naltrexone 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)
94200037002105	Cosyntropin For Inj 0.25 MG			
94200041052110	Glucagon HCl Diagnostic For Inj 1 MG (Base Equiv)			
94402015302050	Diatrizoate Meglumine & Sodium Oral Soln 66-10%			
96101010002005	Acetic Acid Soln 5%			
96200021000900	Benzyl Benzoate Liquid			
96200050000900	Glycerin Liquid			
96202080001700	Sesame Oil			
96300078002900	Prasterone Powder			
96301064002900	Ketoconazole Powder			
96301074002900	Minoxidil Powder			
96400020002000	Coal Tar (Crude) Solution			
96424616802900	Acetylcarnitine HCl (Bulk) Powder			
96426634452900	Amlodipine Besylate (Bulk) Powder			
96426647002900	Amoxicillin-Potassium Clavulanate 4:1 (Bulk) Powder			
96427810002700	Ascorbic Acid (Bulk) Granules			
96428049502900	Atorvastatin Calcium (Bulk) Powder			
96428915038300	Azelaic Acid (Bulk) Flakes			
96444209302900	Bacitracin Micronized (Bulk) Powder			
96445850500900	Bisabolol, Alpha-L (Bulk) Liquid			
96448212002900	Budesonide (Bulk) Powder			
96464250602900	Captopril (Bulk) Powder			
96464252502900	Carbamide Peroxide (Bulk) Powder			
96465018572900	Ceftriaxone Sodium (Bulk) Powder			
96465637102900	Chlorhexidine Acetate (Bulk) Powder			
96465644360900	Cholecalciferol Liquid			
96465644362900	Cholecalciferol (Bulk) Powder			
96465647002900	Cholestyramine (Bulk) Powder			

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

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
96465650402900	Chorionic Gonadotropin (Bulk) Powder			
96466410002900	Clarithromycin (Bulk) Powder			
96466427302900	Clindamycin Phosphate (Bulk) Powder			
96467645100900	Crotamiton (Bulk) Liquid			
96468809082900	Cyclobenzaprine HCl (Bulk) Powder			
96485809402900	Diclofenac Sodium (Bulk) Powder			
96485824202900	Dihydrocodeine Bitartrate (Bulk) Powder			
96507861572900	Estriol Micronized (Bulk) Powder			
96508014550900	Ethyl Oleate (Bulk) Liquid			
96525052902900	Ferric Sulfate (Bulk) Powder			
96526465202900	Fluticasone Propionate (Bulk) Powder			
96544244002900	Gabapentin Powder			
96568812002900	Hydralazine HCl (Bulk) Powder			
96568814202900	Hydroxyurea (Bulk) Powder			
96568814802900	Hydroxyzine HCl (Bulk) Powder			
96586845572900	Inositol (Bulk) Powder			
96587846002900	Isotretinoin (Bulk) Powder			
96625003392900	Ketamine HCl (Bulk) Powder			
96625059302900	Ketorolac Tromethamine (Bulk) Powder			
96644209602900	Lactobacillus Acidophilus Powder			
96645036102900	Leucovorin Calcium Powder			
96645065702900	Levalbuterol HCl (Bulk) Powder			
96645066902900	Levocetirizine Dihydrochloride (Bulk) Powder			
96645860352900	Lithium Citrate Tetrahydrate (Bulk) Powder			
96664221092900	Magnesium Citrate (Bulk) Powder			
96665036002900	Meloxicam (Bulk) Powder			
96665091002900	Metronidazole Powder			

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

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
96667042002900	Monobenzone (Bulk) Powder			
96684239902900	Naltrexone (Bulk) Powder			
96688858002900	Nystatin (Bulk) Powder			
96708775302900	Oxymetazoline HCl (Bulk) Powder			
96725055600900	Permethrin (Bulk) Liquid			
96727643212900	Progesterone (Bulk) Powder			
96727643252900	Progesterone Micronized (Bulk) Powder			
96727875362900	Psyllium Husk (Bulk) Powder			
96728845202900	Pyrantel Pamoate (Bulk) Powder			
96765058002998	Resveratrol (Bulk) Powder 98%			
96765852302900	Rifaximin (Bulk) Powder			
96787047902900	Sodium Bicarbonate (Bulk) Powder			
96787048252900	Sodium Fluoride (Bulk) Powder			
96805050502900	Testosterone (Bulk) Powder			
96805614002900	Theanine (Bulk) Powder			
96805691102900	Thyroid (Porcine) (Bulk) Powder			
96807627032900	Triamcinolone (Bulk) Powder			
96807627483800	Triprolidine HCl Crystals			
97051030056310	Insulin Syringe (Disp) U-100 1/2 ML			
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"			

**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)
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"			
97051050146330	Insulin Pen Needle 29 G X 12 MM (1/2")			
97051050146331	Insulin Pen Needle 29 G X 12.7 MM			
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")			
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")			
97051050146376	Insulin Pen Needle 33 G X 4 MM (5/32")			
97100000006200	*Respiratory Therapy Supplies - Devices**			
97100550006200	*Spacer/Aerosol-Holding Chambers - Device***			
97303000004309	*Gauze Pads & Dressings - Pads 2" X 2"****			
97703040004300	*Alcohol Swabs***			
98330000000900	*Flavoring Agent - Liquid**			
98350010006300	Cocoa Butter			
98350035102900	Lactose Monohydrate Powder			
98351015002900	Cetyl Alcohol Powder			
98351035009600	Paraffin Wax			
98401010002000	Water For Injection			
98401010002050	Water For IV 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)
98401020102000	Water For Inject, Bacteriostatic Benzyl Alcohol			
98401040002010	Saline Injection Bacteriostatic			
98401040102010	Saline Injection w/ Benzyl Alcohol			
98402067000900	*Mouthwash Compounding Base - Liquid***			
98600012003700	*Cream Base**			
98600020104200	Lanolin Anhydrous			
98600033004000	*Gel Base - Gel**			
98600050302900	Polyethylene Glycol 1450 Powder			
98600050452700	Polyethylene Glycol 3350 (Bulk) Granules			
98600050452900	Polyethylene Glycol 3350 Powder			
98600050802700	Polyethylene Glycol 8000 Granules			
98600055003700	*Transdermal Base Cream**			
98600065004200	White Petrolatum Ointment			
99402020000110	Cyclosporine Cap 25 MG			
99402020000140	Cyclosporine Cap 100 MG			
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)			
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)
99404080000105	Tacrolimus Cap 0.5 MG			
99404080000110	Tacrolimus Cap 1 MG			
99404080000120	Tacrolimus Cap 5 MG			
99406010000305	Azathioprine Tab 50 MG			
99450010001840	Sodium Polystyrene Sulfonate Oral Susp 15 GM/60ML			
99450010001870	Sodium Polystyrene Sulfonate Rectal Susp 30 GM/120ML			
99450010002900	*Sodium Polystyrene Sulfonate Powder**			
99500010002005	Alprostadil Inj 500 MCG/ML			
99750005002000	Water For Irrigation, Sterile Irrigation Soln			