

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Abacavir Sulfate Soln 20 MG/ML (Base Equiv)	G			0.50000	7/1/2019	
Abacavir Sulfate Tab 300 MG (Base Equiv)	G			0.36867	6/1/2020	
Abacavir Sulfate-Lamivudine Tab 600-300 MG	G			2.42811	12/1/2019	
Abacavir Sulfate-Lamivudine-Zidovudine Tab 300-150-300 MG	B			26.06185	12/19/2012	
Abacavir Sulfate-Lamivudine-Zidovudine Tab 300-150-300 MG	G			19.67500	4/1/2017	
Abatacept Subcutaneous Soln Prefilled Syringe 125 MG/ML	B			1177.54311	5/19/2021	
Abiraterone Acetate Tab 250 MG	G			3.78058	10/1/2020	
Acamprosate Calcium Tab Delayed Release 333 MG	G			0.62244	5/13/2020	
Acarbose Tab 100 MG	G			0.13000	12/1/2018	
Acarbose Tab 25 MG	G			0.13994	9/1/2017	
Acarbose Tab 50 MG	G			0.12500	12/1/2018	
Acebutolol HCl Cap 200 MG	G			0.16500	12/1/2018	
Acebutolol HCl Cap 400 MG	G			0.26985	11/1/2010	
Acetaminophen Cap 500 MG	G			0.01031	7/1/2013	
Acetaminophen Chew Tab 80 MG	G			0.04210	4/1/2021	
Acetaminophen Liquid 160 MG/5ML	G			0.00800	12/1/2018	
Acetaminophen Liquid 167 MG/5ML	G			0.01930	1/1/2019	
Acetaminophen Soln 100 MG/ML	G			0.04507	7/1/2013	
Acetaminophen Soln 160 MG/5ML	G			0.00800	12/1/2018	
Acetaminophen Suppos 120 MG	G			0.18917	4/1/2017	
Acetaminophen Suppos 325 MG	G			0.36400	8/12/2009	
Acetaminophen Suppos 650 MG	G			0.21180	9/1/2018	
Acetaminophen Susp 160 MG/5ML	G			0.01036	9/18/2013	
Acetaminophen Susp 80 MG/0.8ML	G			0.04507	7/1/2013	
Acetaminophen Tab 325 MG	G			0.00686	9/1/2010	
Acetaminophen Tab 500 MG	G			0.01031	7/1/2013	
Acetaminophen Tab ER 650 MG	G			0.06260	9/1/2018	
Acetaminophen w/ Codeine Soln 120-12 MG/5ML	G			0.01793	10/1/2017	
Acetaminophen w/ Codeine Tab 300-15 MG	G			0.12230	4/1/2017	
Acetaminophen w/ Codeine Tab 300-30 MG	G			0.08450	4/1/2018	
Acetaminophen w/ Codeine Tab 300-60 MG	G			0.14952	1/1/2009	
Acetaminophen w/ Hydrocodone Tab 500-2.5 MG	G			0.11182	4/1/2009	
Acetaminophen w/ Hydrocodone Tab 500-5 MG	G			0.03216	8/4/2010	
Acetaminophen w/ Hydrocodone Tab 500-7.5 MG	G			0.14040	9/10/2012	
Acetaminophen w/ Hydrocodone Tab 650-10 MG	G			0.06682	12/1/2010	
Acetaminophen w/ Hydrocodone Tab 650-7.5 MG	G			0.05450	4/1/2012	
Acetaminophen w/ Hydrocodone Tab 660-10 MG	G			0.15500	12/1/2011	
Acetaminophen w/ Hydrocodone Tab 750-7.5 MG	G			0.04430	12/1/2010	
Acetaminophen-Caffeine-Butalbital Tab 500-40-50 MG	G			0.09165	1/1/2012	
Acetazolamide Cap ER 12HR 500 MG	G			0.49990	9/1/2020	
Acetazolamide Tab 125 MG	G		1.19990	0.72380	7/1/2021	
Acetazolamide Tab 250 MG	G			0.56210	1/1/2021	
Acetic Acid 2% in Aluminum Acetate Otic Soln	G			0.08830	6/1/2006	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Acetic Acid Irrigation Soln 0.25%	G			0.01525	8/1/2016	
Acetic Acid Otic Soln 2%	G			1.02067	4/1/2017	
Acetylcysteine Inhal Soln 10%	G			0.23443	1/1/2010	
Acetylcysteine Inhal Soln 20%	G			0.19900	3/1/2020	
Acitretin Cap 10 MG	G			6.66667	12/1/2017	
Acitretin Cap 17.5 MG	G			25.25000	3/1/2014	
Acitretin Cap 25 MG	G			6.57371	5/1/2021	
Acyclovir Cap 200 MG	G			0.07601	1/1/2009	
Acyclovir Cream 5%	G			90.38892	5/1/2021	
Acyclovir Oint 5%	G			0.89933	6/1/2020	
Acyclovir Susp 200 MG/5ML	G			0.30613	6/1/2021	
Acyclovir Tab 400 MG	G			0.05351	12/1/2018	
Acyclovir Tab 800 MG	G			0.09268	11/1/2018	
Adalimumab Inj Kit 40 MG/0.8ML (50 MG/ML)	B			1450.99494	11/14/2014	
Adalimumab Pen-injector Kit 40 MG/0.8ML	B			2903.52000	1/12/2021	
Adalimumab Prefilled Syringe Kit 10 MG/0.2ML	B			2576.69682	1/1/2019	
Adalimumab Prefilled Syringe Kit 20 MG/0.4ML	B			2576.69682	1/1/2019	
Adalimumab Prefilled Syringe Kit 40 MG/0.8ML	B			2576.70512	1/1/2019	
Adapalene Cream 0.1%	G			2.88667	12/1/2019	
Adapalene Gel 0.1%	G			1.58578	12/1/2019	
Adapalene Gel 0.3%	G			1.28511	4/1/2020	
Adapalene-Benzoyl Peroxide Gel 0.1-2.5%	G			1.08104	6/1/2020	
Adefovir Dipivoxil Tab 10 MG	B			49.28042	3/16/2019	
Adefovir Dipivoxil Tab 10 MG	G			20.52000	6/1/2019	
Ado-Trastuzumab Emtansine For IV Soln 100 MG	B			2845.96210	1/1/2017	
Ado-Trastuzumab Emtansine For IV Soln 160 MG	B			4553.54600	1/1/2017	
Aflibercept Intravitreal Inj 2 MG/0.05ML (40 MG/ML)	B			30710.00000	5/25/2016	
Agalsidase beta For IV Soln 35 MG	B			6045.72000	1/15/2019	
Agalsidase beta For IV Soln 5 MG	B			863.53200	1/15/2019	
Albendazole Tab 200 MG	G			28.82360	7/1/2021	
Albiglutide For Soln Pen-injector 30 MG	B			129.98007	4/1/2017	
Albiglutide For Soln Pen-injector 50 MG	B			129.98007	4/1/2017	
Albuterol Sulfate Inhal Aero 108 MCG/ACT (90MCG Base Equiv)	G			3.01840	6/1/2021	
Albuterol Sulfate Soln Nebu 0.083% (2.5 MG/3ML)	G			0.02817	10/1/2020	
Albuterol Sulfate Soln Nebu 0.5% (5 MG/ML)	G			0.15470	7/1/2013	
Albuterol Sulfate Soln Nebu 0.63 MG/3ML (Base Equiv)	G			0.11333	12/1/2019	
Albuterol Sulfate Soln Nebu 1.25 MG/3ML (Base Equiv)	G			0.15240	1/1/2020	
Albuterol Sulfate Syrup 2 MG/5ML	G			0.01017	11/1/2010	
Albuterol Sulfate Tab 2 MG	G			0.08177	1/1/2010	
Albuterol Sulfate Tab 4 MG	G			2.00000	12/2/2017	
Albuterol Sulfate Tab ER 12HR 4 MG	G			0.77520	4/1/2012	
Alclometasone Dipropionate Cream 0.05%	G			0.62717	4/1/2020	
Alclometasone Dipropionate Oint 0.05%	G			0.68185	4/1/2011	
Alemtuzumab IV Inj 12 MG/1.2ML (10 MG/ML)	B			17222.36859	1/2/2017	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Alendronate Sodium Oral Soln 70 MG/75ML	G			0.48500	4/1/2020	
Alendronate Sodium Tab 10 MG	G			0.13200	11/1/2017	
Alendronate Sodium Tab 35 MG	G			0.23750	6/1/2019	
Alendronate Sodium Tab 5 MG	G			0.14633	12/1/2018	
Alendronate Sodium Tab 70 MG	G			0.20500	1/1/2021	
Alfuzosin HCl Tab ER 24HR 10 MG	G			0.05870	6/1/2020	
Alglucosidase Alfa For IV Soln 50 MG	B			750.98400	11/1/2016	
Aliskiren Fumarate Tab 150 MG (Base Equivalent)	G			5.54267	4/1/2020	
Allopurinol Sodium For Inj 500 MG	B			3971.11176	11/1/2016	
Allopurinol Tab 100 MG	G			0.02531	1/1/2012	
Allopurinol Tab 300 MG	G			0.05230	8/1/2020	
Almotriptan Malate Tab 12.5 MG	G			15.88757	1/1/2019	
Alogliptin Benzoate Tab 12.5 MG (Base Equiv)	G			4.36367	3/1/2018	
Alogliptin Benzoate Tab 25 MG (Base Equiv)	G			4.96337	12/1/2018	
Alogliptin Benzoate Tab 6.25 MG (Base Equiv)	G			5.81767	3/1/2019	
Alogliptin-Metformin HCl Tab 12.5-1000 MG	G			2.21621	12/1/2019	
Alogliptin-Metformin HCl Tab 12.5-500 MG	G			1.73333	1/1/2020	
Alosetron HCl Tab 0.5 MG (Base Equiv)	G			11.33200	2/1/2019	
Alprazolam Orally Disintegrating Tab 0.5 MG	G			1.29110	7/1/2021	
Alprazolam Orally Disintegrating Tab 2 MG	G			4.19515	4/1/2012	
Alprazolam Tab 0.25 MG	G			0.02096	6/1/2021	
Alprazolam Tab 0.5 MG	G			0.01385	12/1/2018	
Alprazolam Tab 1 MG	G			0.01937	1/1/2012	
Alprazolam Tab 2 MG	G			0.04011	6/1/2021	
Alprazolam Tab ER 24HR 0.5 MG	G			0.18083	10/1/2017	
Alprazolam Tab ER 24HR 1 MG	G			0.16917	4/1/2021	
Alprazolam Tab ER 24HR 2 MG	G			0.40200	9/1/2018	
Alprazolam Tab ER 24HR 3 MG	G			0.35500	10/1/2017	
Alteplase For Inj 2 MG	B			152.44776	1/1/2018	
Alum & Mag Hydroxide-Simethicone Susp 200-200-20 MG/5ML	G			0.00594	4/1/2017	
Aluminum & Magnesium Hydroxides Susp 225-200 MG/5ML	G			0.00594	4/1/2017	
Aluminum Chloride Soln 20%	G			0.15656	4/1/2011	
Aluminum Hydroxide-Magnesium Carbonate Chew Tab 160-105 MG	G			0.00762	11/1/2017	
Aluminum Hydroxide-Magnesium Trisilicate Chew Tab 80-20 MG	G			0.03822	8/1/2011	
Amantadine HCl Cap 100 MG	G			0.18726	3/1/2021	
Amantadine HCl Syrup 50 MG/5ML	G			0.01886	12/1/2018	
Amantadine HCl Tab 100 MG	G			0.43980	8/1/2020	
Ambrisentan Tab 10 MG	B			322.30859	3/16/2019	
Ambrisentan Tab 10 MG	G			38.40133	7/1/2021	
Ambrisentan Tab 5 MG	B			322.30859	3/16/2019	
Ambrisentan Tab 5 MG	G			38.40000	7/1/2019	
Amiloride & Hydrochlorothiazide Tab 5-50 MG	G			0.28000	1/1/2020	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Amiloride HCl Tab 5 MG	G			0.13230	6/1/2020	
Aminocaproic Acid Tab 500 MG	G			1.80000	5/1/2014	
Amiodarone HCl Tab 100 MG	G			1.39967	1/1/2021	
Amiodarone HCl Tab 200 MG	G			0.09890	12/1/2018	
Amiodarone HCl Tab 400 MG	G			2.20300	1/1/2021	
Amitriptyline HCl Tab 10 MG	G			0.04040	6/1/2021	
Amitriptyline HCl Tab 100 MG	G			0.23970	12/1/2020	
Amitriptyline HCl Tab 150 MG	G			0.29900	12/1/2019	
Amitriptyline HCl Tab 25 MG	G			0.06200	10/1/2020	
Amitriptyline HCl Tab 50 MG	G			0.04370	7/1/2020	
Amitriptyline HCl Tab 75 MG	G			0.12500	5/1/2020	
Amlodipine Besylate Tab 10 MG (Base Equivalent)	G			0.01596	11/1/2020	
Amlodipine Besylate Tab 2.5 MG (Base Equivalent)	G		0.01378	0.01004	7/1/2021	
Amlodipine Besylate Tab 5 MG (Base Equivalent)	G			0.01208	11/1/2017	
Amlodipine Besylate-Atorvastatin Calcium Tab 10-10 MG	G			1.46667	12/1/2019	
Amlodipine Besylate-Atorvastatin Calcium Tab 10-20 MG	G			1.99467	12/1/2018	
Amlodipine Besylate-Atorvastatin Calcium Tab 10-40 MG	G			2.50000	10/1/2019	
Amlodipine Besylate-Atorvastatin Calcium Tab 10-80 MG	G			3.25000	10/1/2018	
Amlodipine Besylate-Atorvastatin Calcium Tab 2.5-10 MG	G			4.33100	8/1/2016	
Amlodipine Besylate-Atorvastatin Calcium Tab 2.5-20 MG	G			2.46833	4/1/2020	
Amlodipine Besylate-Atorvastatin Calcium Tab 2.5-40 MG	G			5.92660	8/1/2016	
Amlodipine Besylate-Atorvastatin Calcium Tab 5-10 MG	G			2.15000	2/1/2019	
Amlodipine Besylate-Atorvastatin Calcium Tab 5-20 MG	G			2.65000	2/1/2019	
Amlodipine Besylate-Atorvastatin Calcium Tab 5-40 MG	G			3.09133	3/1/2020	
Amlodipine Besylate-Atorvastatin Calcium Tab 5-80 MG	G			3.28900	6/1/2019	
Amlodipine Besylate-Benazepril HCl Cap 10-20 MG	G			0.10120	9/1/2017	
Amlodipine Besylate-Benazepril HCl Cap 10-40 MG	G			0.09950	8/1/2019	
Amlodipine Besylate-Benazepril HCl Cap 2.5-10 MG	G			0.08560	10/1/2017	
Amlodipine Besylate-Benazepril HCl Cap 5-10 MG	G			0.07450	9/1/2018	
Amlodipine Besylate-Benazepril HCl Cap 5-20 MG	G			0.10380	10/1/2017	
Amlodipine Besylate-Benazepril HCl Cap 5-40 MG	G			0.09980	5/1/2018	
Amlodipine Besylate-Olmesartan Medoxomil Tab 10-20 MG	G			0.31333	12/1/2019	
Amlodipine Besylate-Olmesartan Medoxomil Tab 10-40 MG	G			0.49867	6/1/2019	
Amlodipine Besylate-Olmesartan Medoxomil Tab 5-20 MG	G			0.44433	1/1/2018	
Amlodipine Besylate-Olmesartan Medoxomil Tab 5-40 MG	G			0.22000	6/1/2020	
Amlodipine Besylate-Valsartan Tab 10-160 MG	G			0.33200	4/1/2019	
Amlodipine Besylate-Valsartan Tab 10-320 MG	G			0.48133	4/1/2020	
Amlodipine Besylate-Valsartan Tab 5-160 MG	G			0.31133	9/1/2017	
Amlodipine Besylate-Valsartan Tab 5-320 MG	G			0.38367	4/1/2017	
Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-160-12.5 MG	G			1.40000	2/1/2019	
Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-160-25 MG	G			0.91533	6/1/2018	
Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-320-25 MG	G			0.94400	6/1/2019	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Amlodipine-Valsartan-Hydrochlorothiazide Tab 5-160-12.5 MG	G			1.40400	3/1/2016	
Amlodipine-Valsartan-Hydrochlorothiazide Tab 5-160-25 MG	G			1.40400	3/1/2016	
Amoxicillin & K Clavulanate Chew Tab 400-57 MG	G			1.16750	12/1/2011	
Amoxicillin & K Clavulanate For Susp 200-28.5 MG/5ML	G			0.03290	12/1/2017	
Amoxicillin & K Clavulanate For Susp 250-62.5 MG/5ML	G		0.30000	0.34507	5/5/2021	
Amoxicillin & K Clavulanate For Susp 400-57 MG/5ML	G			0.05520	8/1/2018	
Amoxicillin & K Clavulanate For Susp 600-42.9 MG/5ML	G			0.05276	12/1/2019	
Amoxicillin & K Clavulanate Tab 250-125 MG	G			2.88800	9/1/2020	
Amoxicillin & K Clavulanate Tab 500-125 MG	G		0.24850	0.24500	7/1/2021	
Amoxicillin & K Clavulanate Tab 875-125 MG	G			0.23428	2/1/2020	
Amoxicillin & K Clavulanate Tab ER 12HR 1000-62.5 MG	G			2.48970	4/1/2017	
Amoxicillin (Trihydrate) Cap 250 MG	G			0.04196	6/1/2021	
Amoxicillin (Trihydrate) Cap 500 MG	G			0.04700	6/1/2017	
Amoxicillin (Trihydrate) Chew Tab 250 MG	G			0.16521	1/1/2009	
Amoxicillin (Trihydrate) Chew Tab 400 MG	G			0.44300	1/28/2008	
Amoxicillin (Trihydrate) For Susp 125 MG/5ML	G			0.01427	1/1/2009	
Amoxicillin (Trihydrate) For Susp 200 MG/5ML	G			0.02535	1/1/2012	
Amoxicillin (Trihydrate) For Susp 250 MG/5ML	G			0.01607	11/1/2020	
Amoxicillin (Trihydrate) For Susp 400 MG/5ML	G			0.01869	11/1/2017	
Amoxicillin (Trihydrate) Tab 500 MG	G			0.12250	7/1/2019	
Amoxicillin (Trihydrate) Tab 875 MG	G			0.08590	1/1/2018	
Amoxicillin Cap-Clarithro Tab-Lansopraz Cap DR Therapy Pack	G			2.70536	8/1/2018	
Amphetamine Sulfate Tab 10 MG	G			5.01000	7/1/2019	
Amphetamine-Dextroamphetamine Cap ER 24HR 10 MG	G			1.36870	3/1/2020	
Amphetamine-Dextroamphetamine Cap ER 24HR 15 MG	G			1.38990	7/1/2019	
Amphetamine-Dextroamphetamine Cap ER 24HR 20 MG	G			0.90595	12/1/2020	
Amphetamine-Dextroamphetamine Cap ER 24HR 25 MG	G			1.59990	2/1/2020	
Amphetamine-Dextroamphetamine Cap ER 24HR 30 MG	G		1.19160	0.78282	7/1/2021	
Amphetamine-Dextroamphetamine Cap ER 24HR 5 MG	G			0.81560	12/1/2020	
Amphetamine-Dextroamphetamine Tab 10 MG	G			0.25098	3/1/2021	
Amphetamine-Dextroamphetamine Tab 12.5 MG	G			0.23110	10/1/2017	
Amphetamine-Dextroamphetamine Tab 15 MG	G			0.27863	3/1/2021	
Amphetamine-Dextroamphetamine Tab 20 MG	G			0.33192	6/1/2021	
Amphetamine-Dextroamphetamine Tab 30 MG	G			0.21010	4/1/2020	
Amphetamine-Dextroamphetamine Tab 5 MG	G			0.25450	12/1/2018	
Amphetamine-Dextroamphetamine Tab 7.5 MG	G			0.51550	3/1/2020	
Ampicillin & Sulbactam Sodium For Inj 3 (2-1) GM	G			6.39600	11/1/2011	
Ampicillin Cap 250 MG	G			0.06980	4/1/2017	
Ampicillin Cap 500 MG	G			0.12460	4/1/2017	
Anagrelide HCl Cap 0.5 MG	G			0.18265	6/1/2011	
Anagrelide HCl Cap 1 MG	G			0.76180	8/12/2009	
Anakinra Subcutaneous Soln Prefilled Syringe 100 MG/0.67ML	B			218.62943	1/1/2019	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Anastrozole Tab 1 MG	G			0.04100	9/1/2019	
Antihemophil Fact Rcmb (BDD-rFVIII,mor) For Inj Kit 250 Unit	B			1.03750	11/1/2016	
Antihemophil Fact Rcmb (BDD-rFVIII,mor) For Inj Kit 500 Unit	B			1.03750	11/1/2016	
Antihemophil Fact Rcmb (BDD-rFVIII,sim) For Inj Kit 250 Unit	B			1.21000	7/1/2018	
Antihemophil Fact Rcmb (BDD-rFVIII,sim) For Inj Kit 500 Unit	B			1.21000	7/1/2018	
Antihemophil Fact Rcmb(BDD-rFVIII PEG-aucl) For Inj 500 Unit	B			1.50000	7/1/2020	
Antihemophil Fact Rcmb(BDD-rFVIII PEG-aucl)For Inj 1000 Unit	B			1.50000	7/1/2020	
Antihemophil Fact Rcmb(BDD-rFVIII PEG-aucl)For Inj 2000 Unit	B			1.50000	7/1/2020	
Antihemophil Fact Rcmb(BDD-rFVIII PEG-aucl)For Inj 3000 Unit	B			1.50000	7/1/2019	
Antihemophil Fact Rcmb(BDD-rFVIII,mor) For Inj Kit 1000 Unit	B			1.03750	11/1/2016	
Antihemophil Fact Rcmb(BDD-rFVIII,mor) For Inj Kit 2000 Unit	B			1.03750	11/1/2016	
Antihemophil Fact Rcmb(BDD-rFVIII,mor) For Inj Kit 3000 Unit	B			1.03750	11/1/2016	
Antihemophil Fact Rcmb(BDD-rFVIII,sim) For Inj Kit 1000 Unit	B			1.21000	7/1/2018	
Antihemophil Fact Rcmb(BDD-rFVIII,sim) For Inj Kit 2000 Unit	B			1.21000	7/1/2018	
Antihemophil Fact Rcmb(BDD-rFVIII,sim) For Inj Kit 2500 Unit	B			1.21000	7/1/2018	
Antihemophil Fact Rcmb(BDD-rFVIII,sim) For Inj Kit 3000 Unit	B			1.21000	7/1/2018	
Antihemophil Fact Rcmb(BDD-rFVIII,sim) For Inj Kit 4000 Unit	B			1.21000	7/1/2018	
Antihemophilic Fact Rcmb (BDD-rFVIII,sim) For Inj 1000 Unit	B			1.21000	7/1/2018	
Antihemophilic Fact Rcmb (BDD-rFVIII,sim) For Inj 2000 Unit	B			1.21000	7/1/2018	
Antihemophilic Fact Rcmb (BDD-rFVIII,sim) For Inj 2500 Unit	B			1.21000	7/1/2018	
Antihemophilic Fact Rcmb (BDD-rFVIII,sim) For Inj 3000 Unit	B			1.21000	7/1/2018	
Antihemophilic Fact Rcmb (BDD-rFVIII,sim) For Inj 4000 Unit	B			1.21000	7/1/2018	
Antihemophilic Fact Rcmb Single Chain For Inj Kit 1000 Unit	B			1.19000	7/1/2018	
Antihemophilic Fact Rcmb Single Chain For Inj Kit 1500 Unit	B			1.19000	7/1/2018	
Antihemophilic Fact Rcmb Single Chain For Inj Kit 2000 Unit	B			1.19000	7/1/2018	
Antihemophilic Fact Rcmb Single Chain For Inj Kit 250 Unit	B			1.19000	7/1/2018	
Antihemophilic Fact Rcmb Single Chain For Inj Kit 2500 Unit	B			1.19000	7/1/2018	
Antihemophilic Fact Rcmb Single Chain For Inj Kit 3000 Unit	B			1.19000	7/1/2018	
Antihemophilic Fact Rcmb Single Chain For Inj Kit 500 Unit	B			1.19000	7/1/2018	
Antihemophilic Factor (Human) For Inj 1000 Unit	B			0.75000	7/1/2018	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Antihemophilic Factor (Human) For Inj 1000 Unit	B	KOATE-DVI INJ 1000UNIT (13533066550)		0.68720	3/16/2011	NDC-specific SMAC
Antihemophilic Factor (Human) For Inj 1000 Unit	B	KOATE-DVI INJ 1000UNIT (76125066750)		0.68720	10/2/2013	NDC-specific SMAC
Antihemophilic Factor (Human) For Inj 1700 Unit	B			0.75000	7/1/2018	
Antihemophilic Factor (Human) For Inj 220-400 Unit	B			0.76000	3/16/2011	
Antihemophilic Factor (Human) For Inj 250 Unit	B			0.76000	3/16/2011	
Antihemophilic Factor (Human) For Inj 250 Unit	B	KOATE-DVI INJ 250UNIT (13533066520)		0.68720	3/23/2011	NDC-specific SMAC
Antihemophilic Factor (Human) For Inj 250 Unit	B	KOATE-DVI INJ 250UNIT (76125025020)		0.68720	10/2/2013	NDC-specific SMAC
Antihemophilic Factor (Human) For Inj 401-800 Unit	B			0.76000	3/16/2011	
Antihemophilic Factor (Human) For Inj 500 Unit	B			0.76000	3/16/2011	
Antihemophilic Factor (Human) For Inj 500 Unit	B	KOATE-DVI INJ 500UNIT (13533066530)		0.68720	3/23/2011	NDC-specific SMAC
Antihemophilic Factor (Human) For Inj 500 Unit	B	KOATE-DVI INJ 500UNIT (76125050030)		0.68720	10/2/2013	NDC-specific SMAC
Antihemophilic Factor (Human) For Inj Kit 1000 Unit	B	MONOCLATE-P INJ 1000UNIT (00053763302)		0.60000	10/1/2013	NDC-specific SMAC
Antihemophilic Factor (Human) For Inj Kit 1000 Unit	B	MONOCLATE-P INJ 1000UNIT (00053765604)		0.60000	3/16/2011	NDC-specific SMAC
Antihemophilic Factor (Human) For Inj Kit 1500 Unit	B			0.60000	3/16/2011	
Antihemophilic Factor (Recomb Porc) rpFVIII For Inj 500 Unit	B			2.95000	7/1/2020	
Antihemophilic Factor (Recombinant) For Inj 1000 Unit	B			0.99000	11/1/2016	
Antihemophilic Factor (Recombinant) For Inj 250 Unit	B			0.99000	12/1/2016	
Antihemophilic Factor (Recombinant) For Inj 500 Unit	B			1.02000	7/1/2018	
Antihemophilic Factor Rcmb (BDD-rFVIII,sim) For Inj 250 Unit	B			1.21000	7/1/2018	
Antihemophilic Factor Rcmb (BDD-rFVIII,sim) For Inj 500 Unit	B			1.21000	7/1/2018	
Antihemophilic Factor Rcmb (BDD-rFVIII Fc) For Inj 1000 Unit	B			1.71000	11/1/2018	
Antihemophilic Factor Rcmb (BDD-rFVIII Fc) For Inj 1500 Unit	B			1.71000	11/1/2018	
Antihemophilic Factor Rcmb (BDD-rFVIII Fc) For Inj 2000 Unit	B			1.71000	11/1/2018	
Antihemophilic Factor Rcmb (BDD-rFVIII Fc) For Inj 250 Unit	B			1.71000	11/1/2018	
Antihemophilic Factor Rcmb (BDD-rFVIII Fc) For Inj 3000 Unit	B			1.71000	11/1/2018	
Antihemophilic Factor Rcmb (BDD-rFVIII Fc) For Inj 4000 Unit	B			1.71000	11/1/2018	
Antihemophilic Factor Rcmb (BDD-rFVIII Fc) For Inj 500 Unit	B			1.71000	11/1/2018	
Antihemophilic Factor Rcmb (BDD-rFVIII Fc) For Inj 5000 Unit	B			1.71000	7/6/2018	
Antihemophilic Factor Rcmb (BDD-rFVIII Fc) For Inj 6000 Unit	B			1.71000	11/1/2018	
Antihemophilic Factor Rcmb (BDD-rFVIII Fc) For Inj 750 Unit	B			1.71000	11/1/2018	
Antihemophilic Factor Recomb (rAHF-PFM) For Inj 1000 Unit	B			1.03000	3/16/2011	
Antihemophilic Factor Recomb (rAHF-PFM) For Inj 1500 Unit	B			1.03000	3/16/2011	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Antihemophilic Factor Recomb (rAHF-PFM) For Inj 2000 Unit	B			1.03000	3/16/2011	
Antihemophilic Factor Recomb (rAHF-PFM) For Inj 250 Unit	B			1.22000	4/22/2021	
Antihemophilic Factor Recomb (rAHF-PFM) For Inj 3000 Unit	B			1.03000	3/16/2011	
Antihemophilic Factor Recomb (rAHF-PFM) For Inj 4000 Unit	B			1.03000	7/1/2018	
Antihemophilic Factor Recomb (rAHF-PFM) For Inj 500 Unit	B			1.03000	3/16/2011	
Antihemophilic Factor Recomb (rFVIII) For Inj 1241-1800 Unit	B			1.02000	3/16/2011	
Antihemophilic Factor Recomb (rFVIII) For Inj 1801-2400 Unit	B	RECOMBINATE INJ (00944283501)		1.02000	3/16/2011	NDC-specific SMAC
Antihemophilic Factor Recomb (rFVIII) For Inj 1801-2400 Unit	B	RECOMBINATE INJ (00944283510)		1.02000	3/16/2011	NDC-specific SMAC
Antihemophilic Factor Recomb (rFVIII) For Inj 1801-2400 Unit	B	RECOMBINATE INJ (00944284510)		1.02000	10/1/2013	NDC-specific SMAC
Antihemophilic Factor Recomb (rFVIII) For Inj 220-400 Unit	B	RECOMBINATE INJ 220-400 (00944283110)		1.02000	3/16/2011	NDC-specific SMAC
Antihemophilic Factor Recomb (rFVIII) For Inj 220-400 Unit	B	RECOMBINATE INJ 220-400 (00944284110)		1.02000	10/1/2013	NDC-specific SMAC
Antihemophilic Factor Recomb (rFVIII) For Inj 401-800 Unit	B	RECOMBINATE INJ 401-800 (00944283210)		1.02000	3/16/2011	NDC-specific SMAC
Antihemophilic Factor Recomb (rFVIII) For Inj 401-800 Unit	B	RECOMBINATE INJ 401-800 (00944284210)		1.02000	10/1/2013	NDC-specific SMAC
Antihemophilic Factor Recomb (rFVIII) For Inj 801-1240 Unit	B	RECOMBINATE INJ 801-1240 (00944283310)		1.02000	3/16/2011	NDC-specific SMAC
Antihemophilic Factor Recomb (rFVIII) For Inj 801-1240 Unit	B	RECOMBINATE INJ 801-1240 (00944284310)		1.02000	10/1/2013	NDC-specific SMAC
Antihemophilic Factor Recomb (rFVIII) For Inj Kit 1000 Unit	B			0.97000	7/1/2018	
Antihemophilic Factor Recomb (rFVIII) For Inj Kit 1000 Unit	B	HELIXATE FS INJ 1000UNIT (00053813302)		0.95000	3/16/2011	NDC-specific SMAC
Antihemophilic Factor Recomb (rFVIII) For Inj Kit 1000 Unit	B	HELIXATE FS SOL 1000UNIT (00053813004)		0.95000	3/16/2011	NDC-specific SMAC
Antihemophilic Factor Recomb (rFVIII) For Inj Kit 1000 Unit	B	KOGENATE FS INJ 1000UNIT (00026378550)		0.99000	3/16/2011	NDC-specific SMAC
Antihemophilic Factor Recomb (rFVIII) For Inj Kit 1000 Unit	B	KOGENATE FS INJ 1000UNIT (00026379550)		0.99000	3/16/2011	NDC-specific SMAC
Antihemophilic Factor Recomb (rFVIII) For Inj Kit 2000 Unit	B			0.97000	11/1/2016	
Antihemophilic Factor Recomb (rFVIII) For Inj Kit 2000 Unit	B	HELIXATE FS INJ 2000UNIT (00053813005)		0.95000	3/16/2011	NDC-specific SMAC
Antihemophilic Factor Recomb (rFVIII) For Inj Kit 2000 Unit	B	HELIXATE FS INJ 2000UNIT (00053813402)		0.95000	3/16/2011	NDC-specific SMAC
Antihemophilic Factor Recomb (rFVIII) For Inj Kit 2000 Unit	B	KOGENATE FS INJ 2000UNIT (00026378660)		0.99000	3/16/2011	NDC-specific SMAC
Antihemophilic Factor Recomb (rFVIII) For Inj Kit 2000 Unit	B	KOGENATE FS INJ 2000UNIT (00026379660)		0.99000	3/16/2011	NDC-specific SMAC
Antihemophilic Factor Recomb (rFVIII) For Inj Kit 250 Unit	B			0.97000	11/1/2016	
Antihemophilic Factor Recomb (rFVIII) For Inj Kit 250 Unit	B	HELIXATE FS INJ 250UNIT (00053813102)		0.95000	3/16/2011	NDC-specific SMAC
Antihemophilic Factor Recomb (rFVIII) For Inj Kit 250 Unit	B	HELIXATE FS SOL 250UNIT (00053813001)		0.95000	3/16/2011	NDC-specific SMAC
Antihemophilic Factor Recomb (rFVIII) For Inj Kit 250 Unit	B	KOGENATE FS INJ 250UNIT (00026378220)		0.99000	3/16/2011	NDC-specific SMAC
Antihemophilic Factor Recomb (rFVIII) For Inj Kit 250 Unit	B	KOGENATE FS INJ 250UNIT (00026379220)		0.99000	3/16/2011	NDC-specific SMAC

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Antihemophilic Factor Recomb (rFVIII) For Inj Kit 3000 Unit	B			0.97000	7/1/2018	
Antihemophilic Factor Recomb (rFVIII) For Inj Kit 3000 Unit	B	HELIXATE FS INJ 3000UNIT (00053813502)		0.95000	3/16/2011	NDC-specific SMAC
Antihemophilic Factor Recomb (rFVIII) For Inj Kit 3000 Unit	B	KOGENATE FS INJ 3000UNIT (00026378770)		0.99000	3/16/2011	NDC-specific SMAC
Antihemophilic Factor Recomb (rFVIII) For Inj Kit 3000 Unit	B	KOGENATE FS INJ 3000UNIT (00026379770)		0.99000	3/16/2011	NDC-specific SMAC
Antihemophilic Factor Recomb (rFVIII) For Inj Kit 500 Unit	B			0.97000	7/1/2018	
Antihemophilic Factor Recomb (rFVIII) For Inj Kit 500 Unit	B	HELIXATE FS INJ 500UNIT (00053813202)		0.95000	3/16/2011	NDC-specific SMAC
Antihemophilic Factor Recomb (rFVIII) For Inj Kit 500 Unit	B	HELIXATE FS SOL 500UNIT (00053813002)		0.95000	3/16/2011	NDC-specific SMAC
Antihemophilic Factor Recomb (rFVIII) For Inj Kit 500 Unit	B	KOGENATE FS INJ 500UNIT (00026378330)		0.99000	3/16/2011	NDC-specific SMAC
Antihemophilic Factor Recomb (rFVIII) For Inj Kit 500 Unit	B	KOGENATE FS INJ 500UNIT (00026379330)		0.99000	3/16/2011	NDC-specific SMAC
Antihemophilic Factor Recomb Pegylated For Inj 1000 Unit	B			1.43000	7/1/2018	
Antihemophilic Factor Recomb Pegylated For Inj 1500 Unit	B			1.43000	7/1/2018	
Antihemophilic Factor Recomb Pegylated For Inj 2000 Unit	B			1.43000	7/1/2018	
Antihemophilic Factor Recomb Pegylated For Inj 250 Unit	B			1.43000	7/1/2018	
Antihemophilic Factor Recomb Pegylated For Inj 3000 Unit	B			1.43000	7/1/2018	
Antihemophilic Factor Recomb Pegylated For Inj 500 Unit	B			1.43000	7/1/2018	
Antihemophilic Factor Recomb Pegylated For Inj 750 Unit	B			1.43000	7/1/2018	
Antihemophilic Factor/VWF (Human) For Inj 1000 Unit	B			0.78000	7/1/2018	
Antihemophilic Factor/VWF (Human) For Inj 1000-1000 Unit Kit	B			0.75000	7/1/2020	
Antihemophilic Factor/VWF (Human) For Inj 1000-2400 Unit	B			0.80000	3/16/2011	
Antihemophilic Factor/VWF (Human) For Inj 1500 Unit	B			0.78000	7/1/2018	
Antihemophilic Factor/VWF (Human) For Inj 2000 Unit	B			0.79520	7/1/2019	
Antihemophilic Factor/VWF (Human) For Inj 250 Unit	B			0.78000	7/1/2018	
Antihemophilic Factor/VWF (Human) For Inj 250-600 Unit	B			0.80000	3/16/2011	
Antihemophilic Factor/VWF (Human) For Inj 450-450 Unit	B			1.10400	3/16/2011	
Antihemophilic Factor/VWF (Human) For Inj 500 Unit	B			0.78000	7/1/2018	
Antihemophilic Factor/VWF (Human) For Inj 500-1200 Unit	B			0.80000	3/16/2011	
Antihemophilic Factor/VWF (Human) For Inj 500-500 Unit Kit	B			0.75000	7/1/2020	
Antihemophilic Factor/VWF (Human) For Inj 900-900 Unit	B			1.10400	3/16/2011	
Antiinhibitor Coagulant Complex For Inj	B			1.43000	3/16/2011	
Apixaban Tab 2.5 MG	B			7.37320	1/1/2019	
Apixaban Tab 5 MG	B			7.88533	1/1/2021	
Apraclonidine HCl Ophth Soln 0.5% (Base Equivalent)	G			10.85900	4/1/2017	
Apremilast Tab Starter Therapy Pack 10 MG & 20 MG & 30 MG	B			61.53469	1/3/2019	
Aprepitant Capsule 40 MG	G			72.55000	2/1/2019	
Aripiprazole Oral Solution 1 MG/ML	G			1.91233	10/1/2020	
Aripiprazole Orally Disintegrating Tab 10 MG	G			22.99833	6/1/2020	
Aripiprazole Orally Disintegrating Tab 15 MG	B			36.09553	1/1/2015	
Aripiprazole Orally Disintegrating Tab 15 MG	G			14.85000	7/1/2019	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Aripiprazole Tab 10 MG	G			0.13171	6/1/2021	
Aripiprazole Tab 15 MG	G			0.15039	6/1/2021	
Aripiprazole Tab 2 MG	G			0.06467	5/1/2020	
Aripiprazole Tab 20 MG	G			0.20576	3/1/2021	
Aripiprazole Tab 30 MG	G			0.16745	9/1/2020	
Aripiprazole Tab 5 MG	G			0.12652	9/1/2020	
Armodafinil Tab 150 MG	G			1.03341	8/1/2018	
Armodafinil Tab 200 MG	G			1.07729	8/1/2018	
Armodafinil Tab 250 MG	G			1.05000	2/1/2019	
Armodafinil Tab 50 MG	G			0.46072	8/1/2018	
Artificial Tear Ophth Ointment***	G			1.86060	9/18/2013	
Asenapine Maleate SL Tab 10 MG (Base Equiv)	B			19.93344	2/28/2018	
Asenapine Maleate SL Tab 5 MG (Base Equiv)	B			19.93340	3/5/2018	
Asfotase Alfa Subcutaneous Inj 18 MG/0.45ML	B			2848.56000	2/1/2018	
Asfotase Alfa Subcutaneous Inj 28 MG/0.7ML	B			2848.56000	2/1/2018	
Asfotase Alfa Subcutaneous Inj 40 MG/ML	B			2848.56000	2/1/2018	
Asfotase Alfa Subcutaneous Inj 80 MG/0.8ML	B			7121.40000	2/1/2018	
Aspirin Chew Tab 81 MG	G			0.02527	1/5/2011	
Aspirin Tab 325 MG	G			0.00707	1/5/2011	
Aspirin Tab Delayed Release 325 MG	G			0.00975	1/5/2011	
Aspirin Tab Delayed Release 81 MG	G			0.00780	1/5/2011	
Aspirin-Caffeine-Butalbital Tab 325-40-50 MG	G			0.12306	2/1/2012	
Aspirin-Dipyridamole Cap ER 12HR 25-200 MG	G			1.91650	11/1/2020	
Atazanavir Sulfate Cap 150 MG (Base Equiv)	B			24.29009	1/1/2017	
Atazanavir Sulfate Cap 150 MG (Base Equiv)	G		6.80917	4.58329	7/1/2021	
Atazanavir Sulfate Cap 200 MG (Base Equiv)	B			24.29009	1/1/2017	
Atazanavir Sulfate Cap 200 MG (Base Equiv)	G		4.48000	2.49167	7/1/2021	
Atazanavir Sulfate Cap 300 MG (Base Equiv)	B			48.12064	1/1/2017	
Atazanavir Sulfate Cap 300 MG (Base Equiv)	G		7.50000	6.43533	7/1/2021	
Atazanavir Sulfate-Cobicistat Tab 300-150 MG (Base Equiv)	B			53.30150	1/1/2017	
Atenolol & Chlorthalidone Tab 100-25 MG	G			0.11700	2/1/2012	
Atenolol & Chlorthalidone Tab 50-25 MG	G			0.07629	1/1/2009	
Atenolol Tab 100 MG	G			0.02317	4/1/2017	
Atenolol Tab 25 MG	G			0.01620	4/1/2017	
Atenolol Tab 50 MG	G			0.01560	4/1/2017	
Atomoxetine HCl Cap 10 MG (Base Equiv)	G			1.32811	12/1/2020	
Atomoxetine HCl Cap 100 MG (Base Equiv)	G			1.88883	12/8/2020	
Atomoxetine HCl Cap 18 MG (Base Equiv)	G			0.82333	7/1/2020	
Atomoxetine HCl Cap 25 MG (Base Equiv)	G			1.41167	2/1/2020	
Atomoxetine HCl Cap 40 MG (Base Equiv)	G			1.22067	6/1/2021	
Atomoxetine HCl Cap 60 MG (Base Equiv)	G			1.09000	4/1/2020	
Atomoxetine HCl Cap 80 MG (Base Equiv)	G			1.66667	12/1/2019	
Atorvastatin Calcium Tab 10 MG (Base Equivalent)	G			0.02891	4/1/2021	
Atorvastatin Calcium Tab 20 MG (Base Equivalent)	G			0.04025	9/1/2020	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Atorvastatin Calcium Tab 40 MG (Base Equivalent)	G			0.05800	5/1/2020	
Atorvastatin Calcium Tab 80 MG (Base Equivalent)	G			0.08844	6/1/2017	
Atovaquone Susp 750 MG/5ML	G			1.42857	12/1/2019	
Atovaquone-Proguanil HCl Tab 250-100 MG	G			2.06000	1/1/2019	
Atovaquone-Proguanil HCl Tab 62.5-25 MG	G			1.26500	9/1/2017	
Atropine Sulfate Ophth Soln 1%	G			8.99400	3/1/2018	
Azathioprine Tab 50 MG	G			0.18135	12/1/2019	
Azelastine HCl Nasal Spray 0.1% (137 MCG/SPRAY)	G			0.25900	12/1/2020	
Azelastine HCl Nasal Spray 0.15% (205.5 MCG/SPRAY)	G		0.93000	0.69133	7/1/2021	
Azelastine HCl Ophth Soln 0.05%	G		1.33000	1.14405	7/1/2021	
Azithromycin For Susp 100 MG/5ML	G			0.42933	6/1/2020	
Azithromycin For Susp 200 MG/5ML	G			0.24733	10/1/2019	
Azithromycin Tab 250 MG	G			0.20000	1/1/2021	
Azithromycin Tab 500 MG	G			0.56111	7/1/2017	
Azithromycin Tab 600 MG	G			1.25500	10/1/2019	
B-Complex w/ C & Folic Acid Cap 1 MG***	G			0.09660	6/1/2018	
B-Complex w/ C & Folic Acid Tab 1 MG***	G			0.10190	2/1/2018	
Bacitracin Oint 500 Unit/GM	G			0.05810	3/1/2019	
Bacitracin Ophth Oint 500 Unit/GM	G			20.79714	3/1/2019	
Bacitracin Zinc Oint 500 Unit/GM	G			0.08300	9/18/2013	
Bacitracin-Polymyxin B Ophth Oint	G			1.36056	1/1/2009	
Bacitracin-Polymyxin-Neomycin-HC Ophth Oint 1%	G			2.44285	6/1/2010	
Baclofen Powder	G			2.37120	6/1/2010	
Baclofen Tab 10 MG	G			0.05757	2/1/2020	
Baclofen Tab 20 MG	G			0.07608	9/1/2020	
Baclofen Tab 5 MG	G			0.78207	5/1/2020	
Bacteriostatic Sodium Chloride Inj Soln 0.9%***	G			0.02190	1/1/2007	
Balsalazide Disodium Cap 750 MG	G			0.22313	5/1/2012	
Belimumab For IV Soln 120 MG	B			523.87608	7/1/2019	
Belimumab For IV Soln 400 MG	B			1746.20712	7/1/2019	
Belinostat For IV Inj 500 MG	B			1671.68640	1/9/2017	
Benazepril & Hydrochlorothiazide Tab 10-12.5 MG	G			0.13679	9/1/2011	
Benazepril & Hydrochlorothiazide Tab 20-12.5 MG	G			0.19990	9/1/2018	
Benazepril & Hydrochlorothiazide Tab 20-25 MG	G			0.15431	1/1/2012	
Benazepril & Hydrochlorothiazide Tab 5-6.25 MG	G			0.14950	11/1/2011	
Benazepril HCl Tab 10 MG	G			0.01900	12/1/2018	
Benazepril HCl Tab 20 MG	G			0.03900	4/1/2017	
Benazepril HCl Tab 40 MG	G			0.04368	11/1/2017	
Benazepril HCl Tab 5 MG	G			0.03583	12/1/2018	
Benzocaine-Antipyrine Otic Soln 1.4-5.4%	G			0.57091	8/1/2014	
Benzonatate Cap 100 MG	G			0.07017	6/1/2021	
Benzonatate Cap 200 MG	G			0.08920	9/1/2019	
Benzoyl Peroxide Gel 10%	G			0.06917	9/1/2010	
Benzoyl Peroxide Gel 5%	G			0.10400	9/1/2010	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Benzoyl Peroxide Liq 10%	G			0.04621	10/1/2017	
Benzoyl Peroxide Liq 5%	G			0.08801	8/12/2009	
Benzoyl Peroxide Pad 3%	G			2.59177	6/1/2010	
Benzoyl Peroxide Pad 6%	G			2.59177	6/1/2010	
Benzoyl Peroxide-Erythromycin Gel 5-3%	G			1.75300	3/1/2020	
Benzotropine Mesylate Tab 0.5 MG	G			0.04716	2/1/2011	
Benzotropine Mesylate Tab 1 MG	G			0.05720	7/1/2020	
Benzotropine Mesylate Tab 2 MG	G			0.08160	3/1/2019	
Betamethasone Dipropionate Augmented Cream 0.05%	G			0.15860	10/1/2019	
Betamethasone Dipropionate Augmented Gel 0.05%	G			1.19430	6/1/2006	
Betamethasone Dipropionate Augmented Lotion 0.05%	G			1.37417	1/1/2013	
Betamethasone Dipropionate Augmented Oint 0.05%	G			1.08849	3/1/2020	
Betamethasone Dipropionate Cream 0.05%	G			0.64593	6/1/2020	
Betamethasone Dipropionate Lotion 0.05%	G			0.07083	1/1/2009	
Betamethasone Dipropionate Oint 0.05%	G			0.93244	12/1/2019	
Betamethasone Valerate Aerosol Foam 0.12%	G			1.25000	11/1/2019	
Betamethasone Valerate Cream 0.1% (Base Equivalent)	G			0.16667	3/1/2020	
Betamethasone Valerate Lotion 0.1% (Base Equivalent)	G			0.06450	1/28/2008	
Betamethasone Valerate Oint 0.1% (Base Equivalent)	G			0.56667	3/1/2020	
Betaxolol HCl Ophth Soln 0.5%	G			10.19400	8/1/2020	
Bethanechol Chloride Tab 10 MG	G			0.13025	6/1/2012	
Bethanechol Chloride Tab 25 MG	G			0.14238	9/1/2011	
Bethanechol Chloride Tab 5 MG	G			0.12190	12/1/2019	
Bethanechol Chloride Tab 50 MG	G			0.25090	5/1/2011	
Bevacizumab IV Soln 100 MG/4ML (For Infusion)	B			184.72065	1/1/2017	
Bevacizumab IV Soln 400 MG/16ML (For Infusion)	B			184.72065	1/1/2017	
Bicalutamide Tab 50 MG	G			0.10180	9/1/2018	
Bimatoprost Ophth Soln 0.03%	G			31.18000	4/1/2020	
Bisacodyl Suppos 10 MG	G			0.06890	4/1/2021	
Bisacodyl Tab Delayed Release 5 MG	G			0.00660	7/1/2013	
Bismuth Subsalicylate Chew Tab 262 MG	G			0.06830	1/1/2019	
Bismuth Subsalicylate Susp 525 MG/15ML	G			0.00831	4/1/2018	
Bisoprolol & Hydrochlorothiazide Tab 10-6.25 MG	G			0.06619	9/1/2011	
Bisoprolol & Hydrochlorothiazide Tab 2.5-6.25 MG	G			0.03462	3/1/2018	
Bisoprolol & Hydrochlorothiazide Tab 5-6.25 MG	G			0.03900	9/1/2017	
Bisoprolol Fumarate Tab 10 MG	G			0.09470	9/1/2017	
Bisoprolol Fumarate Tab 5 MG	G			0.17367	10/1/2017	
Blinatumomab For IV Infusion 35 MCG	B			3450.49260	1/13/2017	
Bortezomib For Inj 3.5 MG	B			1596.58800	11/1/2016	
Bosentan Tab 125 MG	B			193.08456	1/11/2019	
Bosentan Tab 62.5 MG	B			193.08456	1/11/2019	
Bosentan Tab 62.5 MG	G			19.38000	7/1/2019	
Brimonidine Tartrate Ophth Soln 0.15%	G			11.94240	4/4/2011	
Brimonidine Tartrate Ophth Soln 0.2%	G			0.42067	7/1/2020	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Bromocriptine Mesylate Tab 2.5 MG (Base Equivalent)	G			1.06633	12/1/2019	
Brompheniramine & Phenylephrine Elixir 1-2.5 MG/5ML	G			0.01064	8/1/2011	
Brompheniramine & Pseudoephedrine Elixir 1-15 MG/5ML	G			0.01212	5/1/2021	
Budesonide Cap SR 24HR 3 MG	G			9.04200	5/1/2015	
Budesonide Delayed Release Particles Cap 3 MG	G			0.48290	5/1/2020	
Budesonide Inhalation Susp 0.25 MG/2ML	G			0.51467	12/1/2019	
Budesonide Inhalation Susp 0.5 MG/2ML	G		0.40717	0.58185	5/11/2021	
Budesonide Inhalation Susp 1 MG/2ML	G			4.11367	7/1/2020	
Budesonide Tab ER 24HR 9 MG	G			32.00000	11/1/2019	
Budesonide-Formoterol Fumarate Dihyd Aerosol 160-4.5 MCG/ACT	G			23.52843	7/1/2020	
Budesonide-Formoterol Fumarate Dihyd Aerosol 80-4.5 MCG/ACT	G			19.36009	5/1/2021	
Bumetanide Tab 0.5 MG	G			0.12488	12/1/2011	
Bumetanide Tab 1 MG	G			0.24294	6/1/2021	
Bumetanide Tab 2 MG	G			0.16025	8/1/2011	
Bupivacaine HCl Preservative Free (PF) Inj 0.25%	G			0.05460	7/1/2013	
Bupivacaine HCl Preservative Free (PF) Inj 0.5%	G			0.06370	7/1/2013	
Buprenorphine HCl SL Tab 2 MG (Base Equiv)	G			0.43600	10/1/2017	
Buprenorphine HCl SL Tab 8 MG (Base Equiv)	G			0.65800	10/1/2019	
Buprenorphine HCl-Naloxone HCl SL Film 12-3 MG (Base Equiv)	G			9.73533	10/1/2020	
Buprenorphine HCl-Naloxone HCl SL Film 2-0.5 MG (Base Equiv)	G			2.25667	1/1/2021	
Buprenorphine HCl-Naloxone HCl SL Film 4-1 MG (Base Equiv)	G			4.95140	1/1/2021	
Buprenorphine HCl-Naloxone HCl SL Film 8-2 MG (Base Equiv)	G			3.23167	1/1/2021	
Buprenorphine HCl-Naloxone HCl SL Tab 2-0.5 MG (Base Equiv)	G			1.19133	12/1/2019	
Buprenorphine HCl-Naloxone HCl SL Tab 8-2 MG (Base Equiv)	G			1.12933	12/1/2020	
Buprenorphine TD Patch Weekly 10 MCG/HR	G			73.91985	2/1/2019	
Buprenorphine TD Patch Weekly 20 MCG/HR	G			120.72875	11/1/2019	
Buprenorphine TD Patch Weekly 5 MCG/HR	G			41.86250	6/1/2020	
Bupropion HCl (Smoking Deterrent) Tab ER 12HR 150 MG	G			0.20967	8/1/2017	
Bupropion HCl Tab 100 MG	G			0.09950	7/1/2019	
Bupropion HCl Tab 75 MG	G			0.05590	9/1/2019	
Bupropion HCl Tab ER 12HR 100 MG	G			0.07644	3/1/2018	
Bupropion HCl Tab ER 12HR 150 MG	G			0.05698	7/1/2020	
Bupropion HCl Tab ER 12HR 200 MG	G			0.08490	3/1/2019	
Bupropion HCl Tab ER 24HR 150 MG	G			0.13534	12/1/2020	
Bupropion HCl Tab ER 24HR 300 MG	G			0.17616	12/1/2020	
Bupropion HCl Tab ER 24HR 450 MG	G			5.15767	4/1/2020	
Buspirone HCl Tab 10 MG	G			0.03497	5/1/2021	
Buspirone HCl Tab 15 MG	G			0.04652	12/1/2020	
Buspirone HCl Tab 30 MG	G			0.16084	5/1/2021	
Buspirone HCl Tab 5 MG	G			0.01998	1/1/2021	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Buspirone HCl Tab 7.5 MG	G			0.25600	11/1/2020	
Butalbital-Acetaminophen Tab 50-300 MG	G			1.60000	6/1/2020	
Butalbital-Acetaminophen Tab 50-325 MG	G			0.42265	8/1/2013	
Butalbital-Acetaminophen-Caff w/ COD Cap 50-300-40-30 MG	G			5.61541	1/1/2021	
Butalbital-Acetaminophen-Caff w/ COD Cap 50-325-40-30 MG	G			0.68119	12/1/2020	
Butalbital-Acetaminophen-Caffeine Cap 50-300-40 MG	G		1.49112	0.68049	7/1/2021	
Butalbital-Acetaminophen-Caffeine Cap 50-325-40 MG	G			2.24026	5/1/2021	
Butalbital-Acetaminophen-Caffeine Tab 50-325-40 MG	G			0.15773	6/1/2020	
Butalbital-Aspirin-Caff w/ Codeine Cap 50-325-40-30 MG	G			0.60700	5/1/2012	
Butalbital-Aspirin-Caffeine Cap 50-325-40 MG	G			0.88420	2/1/2020	
Butorphanol Tartrate Nasal Soln 10 MG/ML	G			7.03500	8/1/2011	
C1 Esterase Inhibitor (Human) For IV Inj 500 Unit	B			2747.75650	2/22/2017	
C1 Esterase Inhibitor (Human) For IV Inj Kit 500 Unit	B			2803.74000	11/1/2016	
C1 Esterase Inhibitor (Recombinant) For IV Inj 2100 Unit	B			5685.47676	11/1/2016	
Cabergoline Tab 0.5 MG	G			2.63750	2/23/2021	
Caffeine Citrate Oral Soln 60 MG/3ML (10 MG/ML Base Equiv)	G			3.27967	7/1/2021	
Calcipotriene Cream 0.005%	G			0.88683	2/1/2020	
Calcipotriene Oint 0.005%	G		2.71383	2.29000	7/1/2021	
Calcipotriene Soln 0.005% (50 MCG/ML)	G			0.94983	6/1/2020	
Calcipotriene-Betamethasone Dipropionate Oint 0.005-0.064%	G			7.40200	2/1/2020	
Calcitonin (Salmon) Nasal Soln 200 Unit/ACT	G			6.76757	2/1/2021	
Calcitriol Cap 0.25 MCG	G			0.13009	9/1/2019	
Calcitriol Cap 0.5 MCG	G			0.20400	12/1/2018	
Calcitriol Oral Soln 1 MCG/ML	G		4.59200	3.93933	7/1/2021	
Calcium Acetate (Phosphate Binder) Cap 667 MG (169 MG Ca)	G			0.15467	9/1/2020	
Calcium Carbonate (Antacid) Chew Tab 1000 MG	G			0.02801	1/1/2021	
Calcium Carbonate (Antacid) Chew Tab 500 MG	G			0.01465	7/1/2013	
Calcium Carbonate (Antacid) Chew Tab 750 MG	G			0.02159	2/1/2021	
Calcium Carbonate (Antacid) Susp 1250 MG/5ML	G			0.01675	1/1/2021	
Calcium Carbonate Susp 1250 MG/5ML (500 MG/5ML Elemental Ca)	G			0.01800	1/5/2011	
Calcium Carbonate Tab 1250 MG (500 MG Elemental Ca)	G			0.00695	4/1/2017	
Calcium Carbonate Tab 1500 MG (600 MG Elemental Ca)	G			0.04528	3/1/2011	
Calcium Carbonate Tab 600 MG	G			0.04528	3/1/2011	
Calcium Carbonate-Vitamin D Tab 600 MG-200 Unit	G			0.02274	1/5/2011	
Calcium Carbonate-Vitamin D Tab 600 MG-400 Unit	G			0.04095	1/5/2011	
Calcium Citrate-Vitamin D Tab 315 MG-200 Unit (Elemental Ca)	G			0.06998	3/1/2011	
Calcium Citrate-Vitamin D Tab 315 MG-250 Unit (Elemental Ca)	G			0.06998	3/1/2011	
Calcium Polycarbophil Tab 625 MG	G			0.05888	4/1/2021	
Candesartan Cilexetil Tab 16 MG	G			1.03333	2/1/2019	
Candesartan Cilexetil Tab 32 MG	G			0.04133	6/1/2020	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Candesartan Cilexetil Tab 4 MG	G			1.20000	3/1/2020	
Candesartan Cilexetil Tab 8 MG	G			1.10000	9/1/2019	
Candesartan Cilexetil-Hydrochlorothiazide Tab 16-12.5 MG	G			1.36980	12/1/2018	
Candesartan Cilexetil-Hydrochlorothiazide Tab 32-12.5 MG	G			2.02290	9/1/2013	
Candesartan Cilexetil-Hydrochlorothiazide Tab 32-25 MG	G			3.03985	9/1/2013	
Capecitabine Tab 150 MG	G			0.34945	5/1/2021	
Capecitabine Tab 500 MG	B			45.00516	1/1/2017	
Capecitabine Tab 500 MG	G			0.58220	6/1/2021	
Capsaicin Cream 0.075%	G			0.07042	1/1/2012	
Captopril & Hydrochlorothiazide Tab 25-15 MG	G			0.06265	9/1/2011	
Captopril & Hydrochlorothiazide Tab 50-15 MG	G			0.14030	9/1/2011	
Captopril & Hydrochlorothiazide Tab 50-25 MG	G			0.17880	6/1/2006	
Captopril Tab 100 MG	G			0.07163	1/1/2012	
Captopril Tab 12.5 MG	G			0.01872	1/1/2009	
Captopril Tab 25 MG	G			0.02117	1/1/2009	
Captopril Tab 50 MG	G			0.77990	12/1/2019	
Carbamazepine Cap ER 12HR 100 MG	G			1.25017	4/1/2020	
Carbamazepine Cap ER 12HR 200 MG	G			0.69821	1/30/2019	
Carbamazepine Cap ER 12HR 300 MG	G			0.33583	12/1/2018	
Carbamazepine Chew Tab 100 MG	G			0.21800	12/1/2018	
Carbamazepine Susp 100 MG/5ML	G			0.09749	11/1/2019	
Carbamazepine Tab 200 MG	G			0.16879	3/1/2019	
Carbamazepine Tab ER 12HR 100 MG	G			0.39510	3/1/2020	
Carbamazepine Tab ER 12HR 200 MG	G			1.07098	6/1/2021	
Carbamazepine Tab ER 12HR 400 MG	G			2.01922	3/1/2021	
Carbamide Peroxide 6.5% Otic Soln	G			0.06800	9/1/2017	
Carbidopa & Levodopa Orally Disintegrating Tab 25-100 MG	G			0.67500	12/1/2018	
Carbidopa & Levodopa Tab 10-100 MG	G			0.06610	6/1/2020	
Carbidopa & Levodopa Tab 25-100 MG	G			0.06590	8/1/2020	
Carbidopa & Levodopa Tab 25-250 MG	G			0.09850	6/1/2020	
Carbidopa & Levodopa Tab ER 25-100 MG	G			0.11510	12/1/2018	
Carbidopa & Levodopa Tab ER 50-200 MG	G			0.18000	12/1/2018	
Carbidopa Tab 25 MG	G		1.38640	0.93340	7/1/2021	
Carbidopa-Levodopa-Entacapone Tabs 12.5-50-200 MG	G			0.94000	7/1/2019	
Carbidopa-Levodopa-Entacapone Tabs 25-100-200 MG	G			0.83370	10/1/2017	
Carbidopa-Levodopa-Entacapone Tabs 37.5-150-200 MG	G			0.62336	3/1/2020	
Carbidopa-Levodopa-Entacapone Tabs 50-200-200 MG	G			0.83370	10/1/2017	
Carisoprodol Tab 350 MG	G			0.04670	12/1/2018	
Carteolol HCl Ophth Soln 1%	G			1.65667	12/1/2011	
Carvedilol Phosphate Cap ER 24HR 10 MG	G			5.42073	2/1/2021	
Carvedilol Phosphate Cap ER 24HR 20 MG	G		5.63500	4.65700	7/1/2021	
Carvedilol Phosphate Cap ER 24HR 40 MG	G			4.72533	4/1/2020	
Carvedilol Tab 12.5 MG	G			0.01990	8/1/2017	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Carvedilol Tab 25 MG	G			0.02294	5/1/2021	
Carvedilol Tab 3.125 MG	G			0.01936	12/1/2020	
Carvedilol Tab 6.25 MG	G			0.01832	11/1/2017	
Caspofungin Acetate For IV Soln 50 MG	B			344.46250	12/19/2012	
Cefaclor Cap 250 MG	G			0.44133	1/1/2009	
Cefaclor Cap 500 MG	G			0.72872	1/1/2009	
Cefadroxil Cap 500 MG	G			0.12410	3/1/2019	
Cefadroxil For Susp 250 MG/5ML	G			0.20630	12/1/2019	
Cefadroxil For Susp 500 MG/5ML	G			0.24250	12/1/2018	
Cefazolin Sodium For Inj 1 GM	G			0.80850	3/1/2012	
Cefazolin Sodium For Inj 10 GM	G			10.17250	6/1/2020	
Cefdinir Cap 300 MG	G			0.33556	12/1/2018	
Cefdinir For Susp 125 MG/5ML	G			0.10693	6/1/2018	
Cefdinir For Susp 250 MG/5ML	G			0.08000	1/1/2020	
Cefepime HCl For Inj 1 GM	G			3.99900	4/1/2020	
Cefepime HCl For Inj 2 GM	G			9.99900	4/1/2020	
Cefixime Cap 400 MG	G			9.94480	2/1/2021	
Cefpodoxime Proxetil Tab 100 MG	G			1.77000	9/1/2019	
Cefpodoxime Proxetil Tab 200 MG	G			2.20000	6/1/2020	
Cefprozil For Susp 125 MG/5ML	G			0.14400	3/1/2019	
Cefprozil For Susp 250 MG/5ML	G			0.21875	12/1/2018	
Cefprozil Tab 250 MG	G			0.71478	4/1/2017	
Cefprozil Tab 500 MG	G			1.07200	3/1/2020	
Ceftazidime For Inj 1 GM	G			4.95300	6/1/2010	
Ceftazidime For Inj 2 GM	G			11.54400	6/1/2010	
Ceftazidime For Inj 6 GM	G			24.36200	6/1/2010	
Ceftazidime For IV Soln 1 GM	G			8.51500	11/1/2010	
Ceftriaxone Sodium For Inj 1 GM	G			0.92998	9/1/2019	
Ceftriaxone Sodium For Inj 10 GM	G			14.68750	1/1/2019	
Ceftriaxone Sodium For Inj 2 GM	G			0.21605	6/1/2020	
Ceftriaxone Sodium For Inj 250 MG	G			0.08900	6/1/2018	
Ceftriaxone Sodium For Inj 500 MG	G			0.85100	9/1/2017	
Cefuroxime Axetil Tab 250 MG	G			0.26250	6/1/2020	
Cefuroxime Axetil Tab 500 MG	G			0.38067	7/1/2020	
Celecoxib Cap 100 MG	G			0.11230	12/1/2020	
Celecoxib Cap 200 MG	G			0.12861	6/1/2020	
Celecoxib Cap 400 MG	G			0.81000	2/1/2019	
Celecoxib Cap 50 MG	G			0.09000	7/1/2019	
Centruroides (Scorpion) Imm F(ab')2 (Equine) For IV Infusion	B			4275.29680	1/1/2017	
Cephalexin Cap 250 MG	G			0.06050	3/1/2018	
Cephalexin Cap 500 MG	G			0.07754	2/1/2018	
Cephalexin Cap 750 MG	G			5.49950	6/1/2020	
Cephalexin For Susp 125 MG/5ML	G			0.09450	12/1/2017	
Cephalexin For Susp 250 MG/5ML	G		0.04245	0.04500	5/13/2021	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Certolizumab Pegol For Inj Kit 2 X 200 MG	B			4310.12028	1/1/2019	
Certolizumab Pegol Inj Kit 2 X 200 MG/ML	B			4310.12028	1/1/2019	
Certolizumab Pegol Inj Kit 6 X 200 MG/ML	B			4310.12028	1/1/2019	
Cetirizine HCl Chew Tab 10 MG	G			0.57308	10/1/2009	
Cetirizine HCl Chew Tab 5 MG	G			4.37680	9/21/2015	
Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML)	G			0.02024	12/1/2020	
Cetirizine HCl Syrup 1 MG/ML (5 MG/5ML)	G			0.02705	7/1/2013	
Cetirizine HCl Tab 10 MG	G			0.02200	1/1/2020	
Cetirizine HCl Tab 5 MG	G			0.02870	12/1/2019	
Cetirizine-Pseudoephedrine Tab ER 12HR 5-120 MG	G			0.60558	1/5/2011	
Cevimeline HCl Cap 30 MG	G			0.62670	12/1/2019	
Chlordiazepoxide HCl Cap 10 MG	G			0.05942	1/1/2010	
Chlordiazepoxide HCl Cap 25 MG	G			0.06297	3/1/2018	
Chlordiazepoxide HCl Cap 5 MG	G			0.09830	1/1/2009	
Chlordiazepoxide HCl-Clidinium Bromide Cap 5-2.5 MG	G			0.95000	11/1/2019	
Chlordiazepoxide-Amitriptyline Tab 10-25 MG	G			0.85530	1/1/2007	
Chlordiazepoxide-Amitriptyline Tab 5-12.5 MG	G			1.13777	8/1/2016	
Chlorhexidine Gluconate Liquid 4%	G			0.04591	8/1/2018	
Chlorhexidine Gluconate Soln 0.12%	G			0.00571	6/1/2021	
Chloroquine Phosphate Tab 250 MG	G			3.43840	2/24/2017	
Chloroquine Phosphate Tab 500 MG	G			2.27318	9/1/2011	
Chlorothiazide Tab 250 MG	G			0.10250	12/1/2011	
Chlorothiazide Tab 500 MG	G			0.15275	1/1/2010	
Chlorpheniramine & Phenylephrine Syrup 4-12.5 MG/5ML	G			0.03133	1/5/2011	
Chlorpheniramine Maleate Tab 4 MG	G			0.10188	8/1/2016	
Chlorpromazine HCl Inj 25 MG/ML	G			16.31592	12/19/2012	
Chlorpromazine HCl Tab 10 MG	G		1.72000	1.55000	7/1/2021	
Chlorpromazine HCl Tab 100 MG	G			3.69556	3/1/2021	
Chlorpromazine HCl Tab 200 MG	G			2.29700	10/1/2013	
Chlorpromazine HCl Tab 25 MG	G			1.85000	3/1/2020	
Chlorpromazine HCl Tab 50 MG	G		2.71200	2.09020	7/1/2021	
Chlorpropamide Tab 250 MG	G			0.21460	6/1/2006	
Chlorthalidone Tab 25 MG	G			0.14890	12/1/2020	
Chlorthalidone Tab 50 MG	G			0.23240	9/1/2020	
Chlorzoxazone Tab 500 MG	G			0.20229	4/1/2017	
Cholestyramine Light Powder 4 GM/DOSE	G			0.20065	1/1/2021	
Cholestyramine Light Powder Packets 4 GM	G			1.07000	7/23/2019	
Cholestyramine Powder 4 GM/DOSE	G			0.14794	11/1/2019	
Cholestyramine Powder Packets 4 GM	G			0.39996	10/1/2018	
Choline & Magnesium Salicylates Tab 500 MG	G			0.10075	6/1/2010	
Choline & Magnesium Salicylates Tab 750 MG	G			0.10725	9/1/2010	
Choline Fenofibrate Cap DR 135 MG (Fenofibric Acid Equiv)	G			0.84544	3/1/2019	
Choline Fenofibrate Cap DR 45 MG (Fenofibric Acid Equiv)	G			0.41211	10/1/2017	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Ciclopirox Gel 0.77%	G			0.89877	12/1/2019	
Ciclopirox Olamine Cream 0.77% (Base Equiv)	G			0.10611	2/1/2020	
Ciclopirox Olamine Susp 0.77% (Base Equiv)	G			0.40000	12/1/2019	
Ciclopirox Shampoo 1%	G			0.24717	12/1/2019	
Ciclopirox Solution 8%	G			1.24242	6/1/2020	
Cilostazol Tab 100 MG	G			0.05433	3/1/2019	
Cilostazol Tab 50 MG	G			0.07320	3/1/2020	
Cimetidine HCl Soln 300 MG/5ML	G			0.03677	9/1/2011	
Cimetidine Tab 200 MG	G			0.06613	8/1/2011	
Cimetidine Tab 300 MG	G			0.06335	1/1/2009	
Cimetidine Tab 400 MG	G			0.44521	7/20/2015	
Cimetidine Tab 800 MG	G			0.75810	2/15/2018	
Cinacalcet HCl Tab 30 MG (Base Equiv)	G			5.76200	12/1/2020	
Cinacalcet HCl Tab 60 MG (Base Equiv)	B			53.56488	1/12/2017	
Cinacalcet HCl Tab 60 MG (Base Equiv)	G			2.92839	12/1/2020	
Cinacalcet HCl Tab 90 MG (Base Equiv)	G			4.99967	12/1/2020	
Ciprofloxacin 200 MG/100ML in D5W	G			2.18208	4/1/2020	
Ciprofloxacin 400 MG/200ML in D5W	G			0.01428	1/1/2012	
Ciprofloxacin For Oral Susp 500 MG/5ML (10%) (10 GM/100ML)	G			1.40410	4/1/2017	
Ciprofloxacin HCl Opth Soln 0.3% (Base Equivalent)	G			0.48800	8/1/2017	
Ciprofloxacin HCl Tab 250 MG (Base Equiv)	G			0.08058	1/1/2009	
Ciprofloxacin HCl Tab 500 MG (Base Equiv)	G			0.07880	8/1/2020	
Ciprofloxacin HCl Tab 750 MG (Base Equiv)	G			0.18041	1/1/2009	
Ciprofloxacin-Dexamethasone Otic Susp 0.3-0.1%	G			16.45200	5/1/2021	
Citalopram Hydrobromide Oral Soln 10 MG/5ML	G			0.06029	6/1/2018	
Citalopram Hydrobromide Tab 10 MG (Base Equiv)	G			0.01764	1/1/2018	
Citalopram Hydrobromide Tab 20 MG (Base Equiv)	G			0.01614	8/1/2020	
Citalopram Hydrobromide Tab 40 MG (Base Equiv)	G			0.02900	12/1/2018	
Clarithromycin For Susp 125 MG/5ML	G			0.46093	9/17/2012	
Clarithromycin For Susp 250 MG/5ML	G			0.72340	10/1/2015	
Clarithromycin Tab 250 MG	G		0.59815	0.53000	7/1/2021	
Clarithromycin Tab 500 MG	G			0.40642	6/1/2020	
Clarithromycin Tab ER 24HR 500 MG	G			1.24967	6/1/2018	
Clemastine Fumarate Tab 2.68 MG	G			0.22980	1/1/2007	
Clindamycin HCl Cap 150 MG	G			0.07960	9/1/2017	
Clindamycin HCl Cap 300 MG	G			0.20164	6/1/2020	
Clindamycin HCl Cap 75 MG	G			0.45743	1/1/2019	
Clindamycin Palmitate HCl For Soln 75 MG/5ML (Base Equiv)	G			0.18400	6/1/2020	
Clindamycin Phosph-Benzoyl Peroxide (Refrig) Gel 1.2 (1)-5%	G		1.05800	0.86756	7/1/2021	
Clindamycin Phosphate Gel 1%	G			0.86517	1/1/2020	
Clindamycin Phosphate in D5W IV Soln 300 MG/50ML	G			0.08780	7/1/2019	
Clindamycin Phosphate Inj 300 MG/2ML	G			0.33458	3/1/2012	
Clindamycin Phosphate Inj 600 MG/4ML	G			0.33458	3/1/2012	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Clindamycin Phosphate Inj 9 GM/60ML	G			0.33458	3/1/2012	
Clindamycin Phosphate Inj 900 MG/6ML	G			0.33458	3/1/2012	
Clindamycin Phosphate Lotion 1%	G			0.75017	1/1/2020	
Clindamycin Phosphate Soln 1%	G			0.27662	6/1/2021	
Clindamycin Phosphate Swab 1%	G			0.29097	12/1/2019	
Clindamycin Phosphate Vaginal Cream 2%	G			1.62938	9/1/2020	
Clindamycin Phosphate-Benzoyl Peroxide Gel 1-5%	G			1.52390	4/1/2020	
Clobazam Suspension 2.5 MG/ML	G			0.81825	10/1/2019	
Clobazam Tab 10 MG	G			0.36140	6/1/2019	
Clobazam Tab 20 MG	G			0.80000	1/1/2020	
Clobetasol Propionate Cream 0.05%	G			0.56325	7/1/2020	
Clobetasol Propionate Emollient Base Cream 0.05%	G			0.66483	4/1/2020	
Clobetasol Propionate Emulsion Foam 0.05%	G			1.58360	7/1/2019	
Clobetasol Propionate Foam 0.05%	G			0.99990	7/1/2020	
Clobetasol Propionate Gel 0.05%	G			0.29125	3/1/2012	
Clobetasol Propionate Oint 0.05%	G			0.20242	7/1/2020	
Clobetasol Propionate Shampoo 0.05%	G		1.27582	0.73288	7/1/2021	
Clobetasol Propionate Soln 0.05%	G			0.45980	10/1/2019	
Clomiphene Citrate Tab 50 MG	G			0.51333	4/1/2017	
Clomipramine HCl Cap 25 MG	G			2.00045	3/1/2020	
Clomipramine HCl Cap 50 MG	G			0.95420	3/1/2020	
Clomipramine HCl Cap 75 MG	G			0.22269	1/1/2009	
Clonazepam Orally Disintegrating Tab 0.125 MG	G			0.54167	6/1/2018	
Clonazepam Orally Disintegrating Tab 0.25 MG	G			0.48917	9/1/2017	
Clonazepam Orally Disintegrating Tab 0.5 MG	G			0.51100	12/1/2019	
Clonazepam Orally Disintegrating Tab 1 MG	G			0.58810	4/1/2018	
Clonazepam Orally Disintegrating Tab 2 MG	G			1.35500	3/1/2011	
Clonazepam Tab 0.5 MG	G			0.01355	6/1/2021	
Clonazepam Tab 1 MG	G			0.01974	4/1/2017	
Clonazepam Tab 2 MG	G			0.02645	12/1/2018	
Clonidine HCl Tab 0.1 MG	G			0.01652	6/1/2017	
Clonidine HCl Tab 0.2 MG	G			0.03122	2/1/2021	
Clonidine HCl Tab 0.3 MG	G		0.03373	0.02750	7/1/2021	
Clonidine HCl Tab ER 12HR 0.1 MG	G			0.69150	6/1/2020	
Clonidine HCl TD Patch Weekly 0.1 MG/24HR	G			11.20500	6/1/2018	
Clonidine HCl TD Patch Weekly 0.2 MG/24HR	G			18.91000	4/1/2017	
Clonidine HCl TD Patch Weekly 0.3 MG/24HR	G			18.75000	6/1/2018	
Clonidine TD Patch Weekly 0.1 MG/24HR	G			4.04250	3/1/2020	
Clonidine TD Patch Weekly 0.2 MG/24HR	G			11.08000	3/1/2020	
Clonidine TD Patch Weekly 0.3 MG/24HR	G			14.67625	4/1/2021	
Clodogrel Bisulfate Tab 75 MG (Base Equiv)	G			0.04340	8/1/2020	
Clorazepate Dipotassium Tab 15 MG	G			0.15605	9/1/2011	
Clorazepate Dipotassium Tab 3.75 MG	G			0.64250	4/1/2017	
Clorazepate Dipotassium Tab 7.5 MG	G			0.65438	10/1/2017	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Clotrimazole Cream 1%	G			0.07533	7/1/2020	
Clotrimazole Soln 1%	G			1.32386	4/1/2021	
Clotrimazole Troche 10 MG	G			0.29457	12/1/2017	
Clotrimazole Vaginal Cream 1%	G			0.06089	9/1/2017	
Clotrimazole Vaginal Cream 2%	G			0.29000	7/1/2019	
Clotrimazole w/ Betamethasone Cream 1-0.05%	G			0.19625	6/1/2020	
Clotrimazole w/ Betamethasone Lotion 1-0.05%	G			2.03000	11/21/2011	
Clozapine Orally Disintegrating Tab 100 MG	G			4.90430	4/1/2021	
Clozapine Tab 100 MG	G		0.25570	0.34534	5/15/2021	
Clozapine Tab 200 MG	G			0.87220	6/1/2020	
Clozapine Tab 25 MG	G			0.17340	8/1/2020	
Clozapine Tab 50 MG	G			0.25500	9/1/2020	
Coagulation Factor IX (Recomb) (rFIXFc) For Inj 1000 Unit	B			2.20000	7/1/2018	
Coagulation Factor IX (Recomb) (rFIXFc) For Inj 2000 Unit	B			2.20000	7/1/2018	
Coagulation Factor IX (Recomb) (rFIXFc) For Inj 250 Unit	B			2.20000	7/1/2018	
Coagulation Factor IX (Recomb) (rFIXFc) For Inj 3000 Unit	B			2.20000	7/1/2018	
Coagulation Factor IX (Recomb) (rFIXFc) For Inj 4000 Unit	B			2.20000	7/1/2020	
Coagulation Factor IX (Recomb) (rFIXFc) For Inj 500 Unit	B			2.20000	7/1/2018	
Coagulation Factor IX (Recomb) (rIX-FP) For Inj 1000 Unit	B			3.84000	7/1/2018	
Coagulation Factor IX (Recomb) (rIX-FP) For Inj 2000 Unit	B			3.84000	7/1/2018	
Coagulation Factor IX (Recomb) (rIX-FP) For Inj 250 Unit	B			3.84000	7/1/2018	
Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit	B			3.84000	7/1/2020	
Coagulation Factor IX (Recomb) (rIX-FP) For Inj 500 Unit	B			3.84000	7/1/2018	
Coagulation Factor IX (Recombinant) For Inj 1000 Unit	B			1.20100	12/1/2016	
Coagulation Factor IX (Recombinant) For Inj 1500 Unit	B			1.20000	7/1/2018	
Coagulation Factor IX (Recombinant) For Inj 2000 Unit	B			1.10000	12/1/2016	
Coagulation Factor IX (Recombinant) For Inj 250 Unit	B			1.10000	12/1/2016	
Coagulation Factor IX (Recombinant) For Inj 3000 Unit	B			1.10000	12/1/2016	
Coagulation Factor IX (Recombinant) For Inj 500 Unit	B			1.10000	12/1/2016	
Coagulation Factor IX (Recombinant) For Inj Kit 1000 Unit	B			1.09000	7/1/2018	
Coagulation Factor IX (Recombinant) For Inj Kit 2000 Unit	B			1.09000	7/1/2018	
Coagulation Factor IX (Recombinant) For Inj Kit 250 Unit	B			1.09000	7/1/2018	
Coagulation Factor IX (Recombinant) For Inj Kit 3000 Unit	B			1.09000	7/1/2018	
Coagulation Factor IX (Recombinant) For Inj Kit 500 Unit	B			1.09000	7/1/2018	
Coagulation Factor IX For Inj 1000 Unit	B			0.74000	7/1/2019	
Coagulation Factor IX For Inj 1000 Unit	B	ALPHANINE SD INJ 1000UNIT (68516360202)		0.74000	3/16/2011	NDC-specific SMAC
Coagulation Factor IX For Inj 1000 Unit	B	MONONINE INJ 1000UNIT (00053766804)		0.83000	3/16/2011	NDC-specific SMAC
Coagulation Factor IX For Inj 1500 Unit	B			0.74000	3/16/2011	
Coagulation Factor IX For Inj 500 Unit	B			0.77000	7/1/2020	
Coagulation Factor IX For Inj 500 Unit	B	ALPHANINE SD INJ 500UNIT (68516360004)		0.74000	3/23/2011	NDC-specific SMAC
Coagulation Factor IX For Inj 500 Unit	B	ALPHANINE SD INJ 500UNIT (68516360102)		0.74000	3/23/2011	NDC-specific SMAC
Coagulation Factor IX Recomb Glycopegylated For Inj 1000 Unt	B			1.30000	7/1/2018	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Coagulation Factor IX Recomb Glycopegylated For Inj 2000 Unt	B			1.30000	7/1/2018	
Coagulation Factor IX Recomb Glycopegylated For Inj 500 Unt	B			1.30000	7/1/2018	
Coagulation Factor VIIa (Recomb) For Inj 1 MG (1000 MCG)	B			1.55000	11/1/2016	
Coagulation Factor VIIa (Recomb) For Inj 1.2 MG (1200 MCG)	B			1.17560	3/16/2011	
Coagulation Factor VIIa (Recomb) For Inj 2 MG (2000 MCG)	B			1.55000	11/1/2016	
Coagulation Factor VIIa (Recomb) For Inj 2.4 MG (2400 MCG)	B			1.17560	3/16/2011	
Coagulation Factor VIIa (Recomb) For Inj 4.8 MG (4800 MCG)	B			1.17560	3/16/2011	
Coagulation Factor VIIa (Recomb) For Inj 5 MG (5000 MCG)	B			1.55000	11/1/2016	
Coagulation Factor VIIa (Recomb) For Inj 8 MG (8000 MCG)	B			1.55000	11/1/2016	
Coagulation Factor X (Human) For Inj 250 Unit	B			6.52000	11/1/2016	
Coagulation Factor X (Human) For Inj 500 Unit	B			6.52000	11/1/2016	
Coagulation Factor XIII A-Subunit For Inj 2000-3125 Unit	B			10.24000	7/1/2020	
Codeine Sulfate Tab 30 MG	G			0.31600	12/1/2017	
Codeine Sulfate Tab 60 MG	G			1.23920	6/1/2020	
Colchicine Cap 0.6 MG	G			3.83870	8/1/2019	
Colchicine Tab 0.6 MG	G			1.27815	5/1/2021	
Colchicine w/ Probenecid Tab 0.5-500 MG	G			0.59370	12/1/2017	
Colesevelam HCl Tab 625 MG	G			0.55000	4/1/2020	
Colestipol HCl Granule Packets 5 GM	G			2.86933	7/1/2020	
Colestipol HCl Tab 1 GM	G			0.48550	11/1/2017	
Colistimethate Sodium For Inj 150 MG	G			14.87200	1/1/2012	
Corticotropin Inj Gel 80 Unit/ML	B			7747.28640	1/4/2018	
Cromolyn Sodium Nasal Aerosol Soln 5.2 MG/ACT (4%)	G			0.26931	11/1/2017	
Cromolyn Sodium Ophth Soln 4%	G			0.48600	12/1/2019	
Cromolyn Sodium Oral Conc 100 MG/5ML	G			0.35000	2/1/2019	
Cyanocobalamin Inj 1000 MCG/ML	G			2.70000	12/1/2020	
Cyclobenzaprine HCl Cap ER 24HR 15 MG	G			6.83333	6/1/2020	
Cyclobenzaprine HCl Tab 10 MG	G			0.01476	12/1/2018	
Cyclobenzaprine HCl Tab 5 MG	G			0.01860	5/1/2021	
Cyclobenzaprine HCl Tab 7.5 MG	G			1.32000	7/1/2019	
Cyclopentolate HCl Ophth Soln 1%	G			0.16289	1/1/2009	
Cyclophosphamide Cap 25 MG	G			5.41412	4/1/2021	
Cyclophosphamide Cap 50 MG	G			6.21490	1/1/2021	
Cyclosporine Cap 100 MG	G			5.73072	1/1/2019	
Cyclosporine Cap 25 MG	G			1.72833	4/1/2017	
Cyclosporine IV Soln 50 MG/ML	G			7.13420	4/1/2020	
Cyclosporine Modified Cap 100 MG	G			1.70933	10/1/2019	
Cyclosporine Modified Cap 25 MG	G			0.27984	4/1/2017	
Cyclosporine Modified Cap 50 MG	G			0.83000	4/1/2020	
Cyclosporine Modified Oral Soln 100 MG/ML	G			1.76740	3/1/2019	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Cyproheptadine HCl Syrup 2 MG/5ML	G			0.05256	9/1/2020	
Cyproheptadine HCl Tab 4 MG	G			0.08990	12/1/2020	
Dabrafenib Mesylate Cap 50 MG (Base Equivalent)	B			67.15563	1/15/2019	
Dabrafenib Mesylate Cap 75 MG (Base Equivalent)	B			86.54684	1/15/2019	
Dalfampridine Tab ER 12HR 10 MG	B			44.68504	7/1/2018	
Dalfampridine Tab ER 12HR 10 MG	G			0.94304	2/1/2021	
Dantrolene Sodium Cap 100 MG	G			0.82590	4/1/2020	
Dantrolene Sodium Cap 25 MG	G			0.35000	12/1/2018	
Dantrolene Sodium Cap 50 MG	G			0.63070	3/1/2020	
Dapsone Tab 100 MG	G			0.54067	9/1/2020	
Dapsone Tab 25 MG	G			0.54950	9/1/2019	
Daptomycin For IV Soln 500 MG	G			105.00000	6/1/2020	
Darbepoetin Alfa Soln Inj 100 MCG/ML	B			770.90400	7/1/2019	
Darbepoetin Alfa Soln Inj 200 MCG/ML	B			1541.80800	7/1/2019	
Darbepoetin Alfa Soln Inj 25 MCG/ML	B			192.72600	7/1/2019	
Darbepoetin Alfa Soln Inj 40 MCG/ML	B			308.36160	7/1/2019	
Darbepoetin Alfa Soln Inj 60 MCG/ML	B			462.54240	7/1/2019	
Darbepoetin Alfa Soln Prefilled Syringe 100 MCG/0.5ML	B			1541.80800	7/1/2019	
Darbepoetin Alfa Soln Prefilled Syringe 150 MCG/0.3ML	B			3854.52000	7/1/2019	
Darbepoetin Alfa Soln Prefilled Syringe 200 MCG/0.4ML	B			3854.52000	7/1/2019	
Darbepoetin Alfa Soln Prefilled Syringe 25 MCG/0.42ML	B			458.87142	7/1/2019	
Darbepoetin Alfa Soln Prefilled Syringe 300 MCG/0.6ML	B			3854.52000	7/1/2019	
Darbepoetin Alfa Soln Prefilled Syringe 40 MCG/0.4ML	B			770.90400	7/1/2019	
Darbepoetin Alfa Soln Prefilled Syringe 500 MCG/ML	B			3854.52000	7/1/2019	
Darbepoetin Alfa Soln Prefilled Syringe 60 MCG/0.3ML	B			1541.80800	7/1/2019	
Darifenacin Hydrobromide Tab ER 24HR 15 MG (Base Equiv)	G			2.07645	12/1/2020	
Darifenacin Hydrobromide Tab ER 24HR 7.5 MG (Base Equiv)	G			2.41867	3/1/2020	
Darunavir Ethanolate Tab 400 MG (Base Equiv)	B			19.35629	1/7/2014	
Dasatinib Tab 70 MG	B			252.11865	1/1/2019	
Deferasirox Tab 180 MG	G			3.30300	7/1/2021	
Deferasirox Tab 360 MG	G			1.87833	7/1/2021	
Deferasirox Tab 90 MG	G			3.80000	7/1/2021	
Deferasirox Tab For Oral Susp 125 MG	G			1.67000	7/1/2021	
Deferasirox Tab For Oral Susp 250 MG	G			3.33000	7/1/2021	
Deferasirox Tab For Oral Susp 500 MG	G			6.67000	7/1/2021	
Deferoxamine Mesylate For Inj 2 GM	G			31.00000	7/1/2021	
Deferoxamine Mesylate For Inj 500 MG	G			10.14000	7/1/2021	
Degarelix Acetate For Inj 120 MG (Base Equiv)	B			759.04164	12/1/2016	
Degarelix Acetate For Inj 80 MG (Base Equiv)	B			486.49620	12/1/2016	
Demeclocycline HCl Tab 150 MG	G			1.30000	12/1/2018	
Demeclocycline HCl Tab 300 MG	G			2.81802	5/1/2011	
Denosumab Inj 120 MG/1.7ML	B			1338.00296	1/17/2019	
Desipramine HCl Tab 10 MG	G			0.57533	12/1/2019	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Desipramine HCl Tab 100 MG	G			1.78620	4/1/2020	
Desipramine HCl Tab 150 MG	G			2.86792	5/1/2021	
Desipramine HCl Tab 25 MG	G			0.42950	2/1/2020	
Desipramine HCl Tab 50 MG	G			1.31850	11/1/2017	
Desloratadine Tab 5 MG	G			0.25470	11/1/2019	
Desmopressin Acetate Inj 4 MCG/ML	G			0.00000	2/25/2011	
Desmopressin Acetate Nasal Spray Soln 0.01%	G			12.56615	6/1/2010	
Desmopressin Acetate Nasal Spray Soln 0.01% (Refrigerated)	G			19.11800	7/1/2018	
Desmopressin Acetate Tab 0.1 MG	G			0.23400	3/1/2021	
Desmopressin Acetate Tab 0.2 MG	G			0.19550	2/1/2021	
Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 MG (21/5)	G			0.10298	6/1/2020	
Desogest-Ethin Est Tab 0.1-0.025/0.125-0.025/0.15-0.025MG-MG	G			0.52119	4/1/2017	
Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	G			0.10127	4/1/2020	
Desonide Cream 0.05%	G			0.66500	12/1/2019	
Desonide Lotion 0.05%	G			1.66100	3/15/2013	
Desonide Oint 0.05%	G			1.26333	12/1/2019	
Desoximetasone Cream 0.05%	G			2.57933	12/1/2019	
Desoximetasone Cream 0.25%	G			0.57933	4/1/2020	
Desoximetasone Oint 0.25%	G			0.29867	12/1/2019	
Desvenlafaxine Succinate Tab ER 24HR 100 MG (Base Equiv)	G			0.50550	12/1/2019	
Desvenlafaxine Succinate Tab ER 24HR 25 MG (Base Equiv)	G			0.75800	2/1/2019	
Desvenlafaxine Succinate Tab ER 24HR 50 MG (Base Equiv)	G			0.53967	9/1/2020	
Desvenlafaxine Tab ER 24HR 100 MG	G			2.90773	8/1/2018	
Desvenlafaxine Tab ER 24HR 50 MG	G			3.43500	8/1/2018	
Dexamethasone Elixir 0.5 MG/5ML	G			0.06692	10/1/2017	
Dexamethasone Sodium Phosphate Inj 10 MG/ML	G			0.53367	5/1/2011	
Dexamethasone Sodium Phosphate Inj 120 MG/30ML	G			0.92000	7/1/2019	
Dexamethasone Sodium Phosphate Inj 20 MG/5ML	G			0.14000	2/1/2019	
Dexamethasone Sodium Phosphate Inj 4 MG/ML	G			0.33583	1/1/2010	
Dexamethasone Sodium Phosphate Ophth Soln 0.1%	G			2.41406	9/1/2011	
Dexamethasone Soln 0.5 MG/5ML	G			0.02880	4/1/2020	
Dexamethasone Tab 0.5 MG	G			0.05180	4/1/2017	
Dexamethasone Tab 0.75 MG	G			0.14679	8/1/2018	
Dexamethasone Tab 1 MG	G			0.22560	6/1/2017	
Dexamethasone Tab 1.5 MG	G			0.05523	11/1/2017	
Dexamethasone Tab 2 MG	G			0.43030	3/1/2018	
Dexamethasone Tab 4 MG	G			0.61787	11/10/2020	
Dexamethasone Tab 6 MG	G			0.44500	6/1/2014	
Dexmethylphenidate HCl Cap ER 24 HR 10 MG	G			3.94250	3/1/2019	
Dexmethylphenidate HCl Cap ER 24 HR 15 MG	G			2.38530	12/1/2019	
Dexmethylphenidate HCl Cap ER 24 HR 20 MG	G			1.65420	4/1/2020	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Dexmethylphenidate HCl Cap ER 24 HR 25 MG	G			2.20000	7/1/2018	
Dexmethylphenidate HCl Cap ER 24 HR 30 MG	G			2.56200	4/1/2020	
Dexmethylphenidate HCl Cap ER 24 HR 40 MG	G			1.94380	3/1/2020	
Dexmethylphenidate HCl Cap ER 24 HR 5 MG	G			1.65352	4/1/2021	
Dexmethylphenidate HCl Tab 10 MG	G			0.39590	9/1/2020	
Dexmethylphenidate HCl Tab 2.5 MG	G			0.19260	10/1/2017	
Dexmethylphenidate HCl Tab 5 MG	G			0.26025	2/1/2020	
Dextroamphetamine Sulfate Cap ER 24HR 10 MG	G			0.46820	4/1/2020	
Dextroamphetamine Sulfate Cap ER 24HR 15 MG	G			1.00806	10/1/2017	
Dextroamphetamine Sulfate Cap ER 24HR 5 MG	G			0.92943	5/1/2021	
Dextroamphetamine Sulfate Oral Solution 5 MG/5ML	G			1.27828	10/1/2020	
Dextroamphetamine Sulfate Tab 10 MG	G			0.35912	5/3/2012	
Dextroamphetamine Sulfate Tab 5 MG	G			0.17564	1/1/2009	
Dextromethorphan-Guaifenesin Liquid 10-100 MG/5ML	G			0.00819	10/1/2013	
Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML	G			0.00819	10/1/2013	
Dextromethorphan-Guaifenesin Tab 20-400 MG	G			0.07778	9/1/2010	
Dextrose 5% w/ Sodium Chloride 0.45%	G			0.00159	4/1/2021	
Dextrose Inj 5%	G			0.00449	7/1/2013	
Diazepam Conc 5 MG/ML	G		1.06033	0.85240	7/1/2021	
Diazepam Inj 5 MG/ML	G			0.80210	1/1/2019	
Diazepam Oral Soln 1 MG/ML	G			0.10254	2/1/2014	
Diazepam Rectal Gel Delivery System 10 MG	G			234.39000	12/1/2020	
Diazepam Rectal Gel Delivery System 2.5 MG	G			261.23750	10/1/2012	
Diazepam Rectal Gel Delivery System 20 MG	G		255.02700	231.78000	7/1/2021	
Diazepam Tab 10 MG	G			0.01492	1/1/2021	
Diazepam Tab 2 MG	G			0.02062	8/1/2018	
Diazepam Tab 5 MG	G			0.01895	8/1/2018	
Diclofenac Potassium Tab 50 MG	G			0.25630	12/1/2018	
Diclofenac Sodium (Actinic Keratoses) Gel 3%	G			0.24000	8/1/2018	
Diclofenac Sodium Gel 1%	G			0.13660	2/22/2021	
Diclofenac Sodium Ophth Soln 0.1%	G			0.88800	10/1/2017	
Diclofenac Sodium Soln 1.5%	G			0.12780	4/1/2020	
Diclofenac Sodium Tab Delayed Release 25 MG	G			0.83621	8/1/2019	
Diclofenac Sodium Tab Delayed Release 50 MG	G			0.07270	12/1/2020	
Diclofenac Sodium Tab Delayed Release 75 MG	G			0.08230	2/1/2020	
Diclofenac Sodium Tab ER 24HR 100 MG	G			0.19545	12/1/2017	
Diclofenac w/ Misoprostol Tab Delayed Release 50-0.2 MG	G			1.66411	4/1/2017	
Diclofenac w/ Misoprostol Tab Delayed Release 75-0.2 MG	G			1.59850	6/1/2020	
Dicloxacillin Sodium Cap 250 MG	G			0.27170	9/1/2011	
Dicloxacillin Sodium Cap 500 MG	G			0.63840	9/1/2019	
Dicyclomine HCl Cap 10 MG	G			0.11376	12/1/2020	
Dicyclomine HCl Oral Soln 10 MG/5ML	G			0.19479	8/1/2016	
Dicyclomine HCl Tab 20 MG	G			0.06082	4/1/2017	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Didanosine Delayed Release Capsule 250 MG	G			4.63500	7/1/2021	
Didanosine Delayed Release Capsule 400 MG	G			6.23000	7/1/2021	
Diflorasone Diacetate Cream 0.05%	G			2.49000	1/9/2012	
Diflorasone Diacetate Oint 0.05%	G			0.47961	1/1/2009	
Diflunisal Tab 500 MG	G			1.02450	1/1/2015	
Digoxin Oral Soln 0.05 MG/ML	G			0.58888	4/1/2014	
Digoxin Tab 125 MCG (0.125 MG)	G			0.21936	4/1/2020	
Digoxin Tab 250 MCG (0.25 MG)	G			0.18810	1/1/2020	
Diltiazem HCl Cap ER 12HR 120 MG	G			0.75000	8/1/2018	
Diltiazem HCl Cap ER 12HR 60 MG	G			0.89950	6/1/2014	
Diltiazem HCl Cap ER 12HR 90 MG	G			2.33360	8/1/2018	
Diltiazem HCl Cap ER 24HR 120 MG	G			0.33860	11/1/2010	
Diltiazem HCl Cap ER 24HR 180 MG	G			0.31490	4/1/2017	
Diltiazem HCl Cap ER 24HR 240 MG	G			0.40190	3/1/2019	
Diltiazem HCl Coated Beads Cap ER 24HR 120 MG	G			0.14611	8/1/2019	
Diltiazem HCl Coated Beads Cap ER 24HR 180 MG	G			0.12444	5/1/2020	
Diltiazem HCl Coated Beads Cap ER 24HR 240 MG	G			0.23078	3/1/2019	
Diltiazem HCl Coated Beads Cap ER 24HR 300 MG	G			0.28339	12/1/2018	
Diltiazem HCl Coated Beads Cap ER 24HR 360 MG	G			2.24000	11/1/2018	
Diltiazem HCl Coated Beads Tab ER 24HR 180 MG	G			1.63000	6/1/2019	
Diltiazem HCl Coated Beads Tab ER 24HR 240 MG	G			1.94733	4/1/2020	
Diltiazem HCl Coated Beads Tab ER 24HR 360 MG	G			2.40333	12/1/2018	
Diltiazem HCl Coated Beads Tab ER 24HR 420 MG	G			3.21667	6/1/2020	
Diltiazem HCl Extended Release Beads Cap ER 24HR 120 MG	G			0.15856	6/1/2017	
Diltiazem HCl Extended Release Beads Cap ER 24HR 180 MG	G			0.19022	6/1/2017	
Diltiazem HCl Extended Release Beads Cap ER 24HR 240 MG	G			0.41667	12/1/2017	
Diltiazem HCl Extended Release Beads Cap ER 24HR 300 MG	G			0.33644	6/1/2020	
Diltiazem HCl Extended Release Beads Cap ER 24HR 360 MG	G			0.35344	12/1/2019	
Diltiazem HCl Extended Release Beads Cap ER 24HR 420 MG	G			1.32689	11/1/2017	
Diltiazem HCl Tab 120 MG	G			0.13231	9/1/2011	
Diltiazem HCl Tab 30 MG	G			0.04223	1/1/2009	
Diltiazem HCl Tab 60 MG	G			0.06487	3/1/2011	
Diltiazem HCl Tab 90 MG	G			0.10980	6/1/2006	
Dimethyl Fumarate Capsule Delayed Release 120 MG	B			129.60806	1/1/2019	
Dimethyl Fumarate Capsule Delayed Release 120 MG	G			5.35714	7/1/2021	
Dimethyl Fumarate Capsule Delayed Release 240 MG	B			129.60367	1/1/2019	
Dimethyl Fumarate Capsule Delayed Release 240 MG	G			3.75000	7/1/2021	
Diphenhydramine HCl Cap 25 MG	G			0.01777	12/1/2011	
Diphenhydramine HCl Cap 50 MG	G			0.01495	1/1/2010	
Diphenhydramine HCl Inj 50 MG/ML	G			0.59000	9/1/2018	
Diphenhydramine HCl Liquid 12.5 MG/5ML	G			0.00585	10/1/2013	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Diphenhydramine HCl Tab 25 MG	G			0.01690	1/1/2019	
Diphenoxylate w/ Atropine Tab 2.5-0.025 MG	G			0.21900	12/1/2019	
Dipyridamole Tab 25 MG	G			0.10356	6/1/2012	
Dipyridamole Tab 50 MG	G			0.20706	6/1/2012	
Dipyridamole Tab 75 MG	G		1.89746	0.85560	7/1/2021	
Disopyramide Phosphate Cap 100 MG	G			0.34820	9/1/2011	
Disulfiram Tab 250 MG	G			0.67080	9/1/2017	
Disulfiram Tab 500 MG	G			3.27600	6/1/2021	
Divalproex Sodium Cap Delayed Release Sprinkle 125 MG	G			0.23220	7/1/2020	
Divalproex Sodium Tab Delayed Release 125 MG	G			0.03952	12/1/2018	
Divalproex Sodium Tab Delayed Release 250 MG	G			0.05535	12/1/2020	
Divalproex Sodium Tab Delayed Release 500 MG	G			0.07662	1/1/2020	
Divalproex Sodium Tab ER 24 HR 250 MG	G			0.09345	3/1/2020	
Divalproex Sodium Tab ER 24 HR 500 MG	G			0.14998	5/1/2020	
Dobutamine HCl Inj 12.5 MG/ML	G			0.25235	6/1/2020	
Docusate Calcium Cap 240 MG	G			0.05785	1/5/2011	
Docusate Sodium Cap 100 MG	G			0.01733	1/5/2011	
Docusate Sodium Cap 250 MG	G			0.03539	1/5/2011	
Docusate Sodium Liquid 150 MG/15ML	G			0.00755	8/1/2018	
Docusate Sodium Syrup 60 MG/15ML	G			0.00755	1/5/2011	
Docusate Sodium Tab 100 MG	G			0.00754	11/1/2017	
Dofetilide Cap 250 MCG (0.25 MG)	G		1.57150	1.26650	7/1/2021	
Dofetilide Cap 500 MCG (0.5 MG)	G			1.71667	6/1/2020	
Dolutegravir Sodium Tab 50 MG (Base Equiv)	B			0.00000	11/11/2019	
Donepezil Hydrochloride Orally Disintegrating Tab 10 MG	G			0.28000	9/1/2019	
Donepezil Hydrochloride Orally Disintegrating Tab 5 MG	G			0.22000	4/1/2020	
Donepezil Hydrochloride Tab 10 MG	G			0.02733	8/1/2020	
Donepezil Hydrochloride Tab 23 MG	G			0.24733	3/1/2020	
Donepezil Hydrochloride Tab 5 MG	G			0.03500	11/1/2019	
Dornase Alfa Inhal Soln 1 MG/ML	B			45.78413	1/1/2018	
Dorzolamide HCl Ophth Soln 2%	G			0.58700	10/1/2018	
Dorzolamide HCl-Timolol Maleate Ophth Sol 22.3-6.8 MG/ML PF	G			1.38250	3/1/2020	
Dorzolamide HCl-Timolol Maleate Ophth Soln 22.3-6.8 MG/ML	G			0.65700	7/1/2017	
Doxazosin Mesylate Tab 1 MG	G			0.04370	9/1/2020	
Doxazosin Mesylate Tab 2 MG	G			0.05640	2/1/2020	
Doxazosin Mesylate Tab 4 MG	G			0.05202	9/1/2020	
Doxazosin Mesylate Tab 8 MG	G		0.07928	0.05768	7/1/2021	
Doxepin HCl Cap 10 MG	G			0.13390	1/1/2021	
Doxepin HCl Cap 100 MG	G			0.34710	11/1/2020	
Doxepin HCl Cap 150 MG	G			0.52000	12/1/2019	
Doxepin HCl Cap 25 MG	G			0.24400	7/1/2020	
Doxepin HCl Cap 50 MG	G			0.29678	9/1/2019	
Doxepin HCl Cap 75 MG	G			0.75990	8/1/2020	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Doxepin HCl Conc 10 MG/ML	G			0.05363	6/1/2010	
Doxercalciferol Cap 0.5 MCG	G			5.75840	4/1/2020	
Doxercalciferol Cap 2.5 MCG	G			13.34020	4/1/2020	
Doxycycline (Rosacea) Cap Delayed Release 40 MG	G			15.02867	6/1/2020	
Doxycycline Hyclate Cap 100 MG	G			0.10060	8/1/2020	
Doxycycline Hyclate Cap 50 MG	G			0.16100	3/1/2019	
Doxycycline Hyclate Tab 100 MG	G			0.09980	5/1/2020	
Doxycycline Hyclate Tab 20 MG	G			0.18620	10/1/2020	
Doxycycline Hyclate Tab Delayed Release 100 MG	G			5.52950	7/1/2019	
Doxycycline Monohydrate Cap 100 MG	G			0.14700	2/1/2020	
Doxycycline Monohydrate Cap 50 MG	G			0.12490	11/1/2019	
Doxycycline Monohydrate For Susp 25 MG/5ML	G			0.27133	4/1/2017	
Doxycycline Monohydrate Tab 100 MG	G			0.22315	5/1/2021	
Doxycycline Monohydrate Tab 50 MG	G			0.32590	10/1/2017	
Dronabinol Cap 10 MG	G			3.32307	4/1/2021	
Dronabinol Cap 2.5 MG	G			1.49667	12/1/2019	
Dronabinol Cap 5 MG	G			2.52733	6/1/2021	
Drospirenone-Ethinyl Estrad-Levomefolate Tab 3-0.02-0.451 MG	G			2.97274	6/1/2018	
Drospirenone-Ethinyl Estradiol Tab 3-0.02 MG	G			0.31872	3/1/2021	
Drospirenone-Ethinyl Estradiol Tab 3-0.03 MG	G			0.24209	8/1/2020	
Dulaglutide Soln Pen-injector 0.75 MG/0.5ML	B			379.18120	6/10/2019	
Dulaglutide Soln Pen-injector 1.5 MG/0.5ML	B			388.22000	1/1/2021	
Duloxetine HCl Enteric Coated Pellets Cap 20 MG (Base Eq)	B			6.60960	6/28/2013	
Duloxetine HCl Enteric Coated Pellets Cap 20 MG (Base Eq)	G			0.12000	6/1/2020	
Duloxetine HCl Enteric Coated Pellets Cap 30 MG (Base Eq)	B			7.41540	6/28/2013	
Duloxetine HCl Enteric Coated Pellets Cap 30 MG (Base Eq)	G			0.07333	2/1/2021	
Duloxetine HCl Enteric Coated Pellets Cap 40 MG (Base Eq)	G			2.37000	4/1/2020	
Duloxetine HCl Enteric Coated Pellets Cap 60 MG (Base Eq)	B			7.41540	6/28/2013	
Duloxetine HCl Enteric Coated Pellets Cap 60 MG (Base Eq)	G			0.09066	7/1/2020	
Dutasteride Cap 0.5 MG	G			0.11478	8/1/2020	
Dutasteride-Tamsulosin HCl Cap 0.5-0.4 MG	G			2.18600	9/1/2019	
Econazole Nitrate Cream 1%	G			0.24988	6/1/2020	
Efavirenz Tab 600 MG	B			32.55648	1/1/2017	
Efavirenz Tab 600 MG	G			12.37000	6/1/2019	
Efavirenz-Emtricitabine-Tenofovir DF Tab 600-200-300 MG	B			0.00000	6/17/2020	
Eletriptan Hydrobromide Tab 20 MG (Base Equivalent)	G			3.50000	4/1/2021	
Eletriptan Hydrobromide Tab 40 MG (Base Equivalent)	G			3.67667	10/1/2019	
Eltrombopag Olamine Tab 12.5 MG (Base Equiv)	B			163.55881	1/15/2019	
Eltrombopag Olamine Tab 25 MG (Base Equiv)	B			163.55881	1/15/2019	
Eltrombopag Olamine Tab 50 MG (Base Equiv)	B			295.98929	1/15/2019	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Eltrombopag Olamine Tab 75 MG (Base Equiv)	B			443.98393	1/15/2019	
Elvitegrav-Cobic-Emtricitab-Tenofov AF Tab 150-150-200-10 MG	B			99.79441	3/4/2019	
Elvitegrav-Cobic-Emtricitab-TenofovDF Tab 150-150-200-300 MG	B			95.96593	11/1/2016	
Elvitegravir Tab 150 MG	B			39.98774	12/1/2016	
Elvitegravir Tab 85 MG	B			39.98774	12/1/2016	
Emtricitabine Caps 200 MG	B			17.81246	11/1/2016	
Emtricitabine-Rilpivirine-Tenofovir DF Tab 200-25-300 MG	B			83.25697	12/1/2016	
Emtricitabine-Tenofovir Disoproxil Fumarate Tab 200-300 MG	B			63.29248	4/26/2016	
Enalapril Maleate & Hydrochlorothiazide Tab 10-25 MG	G			0.07806	4/1/2012	
Enalapril Maleate & Hydrochlorothiazide Tab 5-12.5 MG	G			0.07613	8/1/2011	
Enalapril Maleate Tab 10 MG	G			0.02388	2/1/2012	
Enalapril Maleate Tab 2.5 MG	G			0.05650	8/1/2019	
Enalapril Maleate Tab 20 MG	G			0.07320	2/1/2020	
Enalapril Maleate Tab 5 MG	G			0.07035	12/1/2018	
Enfuvirtide For Inj 90 MG	B			59.52027	1/1/2017	
Enoxaparin Sodium Inj 100 MG/ML	G			7.75700	4/1/2020	
Enoxaparin Sodium Inj 120 MG/0.8ML	G			14.56875	3/1/2020	
Enoxaparin Sodium Inj 150 MG/ML	G			11.45550	12/1/2019	
Enoxaparin Sodium Inj 30 MG/0.3ML	G			8.07222	3/1/2020	
Enoxaparin Sodium Inj 300 MG/3ML	G			11.85000	2/1/2019	
Enoxaparin Sodium Inj 40 MG/0.4ML	G			9.63250	12/1/2020	
Enoxaparin Sodium Inj 60 MG/0.6ML	G			8.08667	3/1/2020	
Enoxaparin Sodium Inj 80 MG/0.8ML	B			0.00000	8/30/2013	
Enoxaparin Sodium Inj 80 MG/0.8ML	G			8.66188	12/1/2020	
Entacapone Tab 200 MG	G			0.33480	12/1/2019	
Entecavir Tab 0.5 MG	G			0.69967	12/1/2019	
Entecavir Tab 1 MG	G			4.33000	12/1/2017	
Epinastine HCl Ophth Soln 0.05%	G			5.35600	4/1/2017	
Epinephrine HCl Inj 1 MG/ML	G			1.99933	4/1/2017	
Epinephrine Solution Auto-injector 0.15 MG/0.15ML (1:1000)	G			153.52250	8/1/2018	
Epinephrine Solution Auto-injector 0.15 MG/0.3ML (1:2000)	G			144.93000	11/1/2020	
Epinephrine Solution Auto-injector 0.3 MG/0.3ML (1:1000)	G			143.50000	7/30/2019	
Eplerenone Tab 25 MG	G		0.36544	0.45933	6/5/2021	
Eplerenone Tab 50 MG	G			0.98300	9/1/2019	
Epoetin Alfa Inj 10000 Unit/ML	B			266.18100	1/10/2019	
Ergocalciferol Cap 1.25 MG (50000 Unit)	G			0.08700	5/1/2021	
Ertapenem Sodium For Inj 1 GM (Base Equivalent)	G			80.55000	6/1/2019	
Erythromycin Ethylsuccinate For Susp 200 MG/5ML	G			2.56450	6/1/2021	
Erythromycin Ethylsuccinate Tab 400 MG	G			7.71200	8/27/2015	
Erythromycin Gel 2%	G			1.36558	12/1/2019	
Erythromycin Ophth Oint 5 MG/GM	G			1.63247	3/1/2019	
Erythromycin Pads 2%	G			1.12000	6/1/2014	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Erythromycin Soln 2%	G			0.32978	12/1/2019	
Erythromycin Tab 250 MG	G			7.40820	9/1/2020	
Erythromycin Tab 500 MG	G			12.26652	7/1/2021	
Erythromycin Tab Delayed Release 250 MG	G		6.31170	5.19191	7/1/2021	
Erythromycin-Sulfisoxazole For Susp 200-600 MG/5ML	G			0.06090	1/1/2007	
Escitalopram Oxalate Soln 5 MG/5ML (Base Equiv)	G			0.34617	5/19/2017	
Escitalopram Oxalate Tab 10 MG (Base Equiv)	G			0.03585	2/1/2021	
Escitalopram Oxalate Tab 20 MG (Base Equiv)	G			0.03570	11/1/2019	
Escitalopram Oxalate Tab 5 MG (Base Equiv)	G		0.03320	0.02250	7/1/2021	
Esomeprazole Magnesium Cap Delayed Release 20 MG (Base Eq)	G			0.18285	9/1/2020	
Esomeprazole Magnesium Cap Delayed Release 40 MG (Base Eq)	G			0.15306	5/1/2020	
Estazolam Tab 2 MG	G			0.31754	9/1/2011	
Esterified Estrogens & Methyltestosterone Tab 0.625-1.25 MG	G			1.89500	2/1/2019	
Estradiol & Norethindrone Acetate Tab 0.5-0.1 MG	G			2.05607	10/1/2019	
Estradiol & Norethindrone Acetate Tab 1-0.5 MG	G			1.90804	4/1/2012	
Estradiol Tab 0.5 MG	G			0.03175	2/1/2012	
Estradiol Tab 1 MG	G			0.04835	12/1/2020	
Estradiol Tab 2 MG	G			0.11000	11/1/2017	
Estradiol TD Patch Twice Weekly 0.025 MG/24HR	G			7.60625	5/1/2021	
Estradiol TD Patch Twice Weekly 0.0375 MG/24HR	G			6.68000	4/1/2020	
Estradiol TD Patch Twice Weekly 0.05 MG/24HR	G			6.18000	12/1/2018	
Estradiol TD Patch Twice Weekly 0.075 MG/24HR	G			5.61875	9/1/2019	
Estradiol TD Patch Twice Weekly 0.1 MG/24HR	G			5.94125	5/1/2021	
Estradiol TD Patch Weekly 0.025 MG/24HR	G			7.62282	4/1/2011	
Estradiol TD Patch Weekly 0.0375 MG/24HR (37.5 MCG/24HR)	G			7.85424	9/1/2011	
Estradiol TD Patch Weekly 0.05 MG/24HR	G			10.02125	5/1/2021	
Estradiol TD Patch Weekly 0.075 MG/24HR	G			7.90231	1/1/2019	
Estradiol TD Patch Weekly 0.1 MG/24HR	G			12.01216	1/1/2019	
Estradiol Vaginal Cream 0.1 MG/GM	G			0.46024	2/1/2021	
Estradiol Vaginal Tab 10 MCG	G			7.73889	8/1/2020	
Estradiol Valerate IM in Oil 20 MG/ML	G			17.44200	7/1/2020	
Estropipate Tab 0.75 MG	G			0.09130	11/1/2011	
Estropipate Tab 1.5 MG	G			0.53200	1/9/2015	
Eszopiclone Tab 1 MG	G			0.29167	12/1/2018	
Eszopiclone Tab 2 MG	G			0.17820	12/1/2018	
Eszopiclone Tab 3 MG	G			0.15470	10/1/2020	
Etanercept Subcutaneous Soln Prefilled Syringe 25 MG/0.5ML	B			1454.80436	1/22/2021	
Etanercept Subcutaneous Solution Auto-injector 50 MG/ML	B			1454.80436	1/22/2021	
Ethambutol HCl Tab 100 MG	G			0.16990	2/1/2019	
Ethambutol HCl Tab 400 MG	G			0.36260	10/1/2017	
Ethosuximide Cap 250 MG	G			0.45000	1/1/2020	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Ethosuximide Soln 250 MG/5ML	G			0.15389	7/1/2020	
Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-35 MCG	G			0.52290	3/5/2018	
Etodolac Cap 200 MG	G			0.84280	4/1/2017	
Etodolac Cap 300 MG	G			0.59680	5/18/2021	
Etodolac Tab 400 MG	G			0.31340	6/1/2021	
Etodolac Tab 500 MG	G			0.26330	12/1/2019	
Etodolac Tab ER 24HR 400 MG	G			0.62488	3/1/2012	
Etodolac Tab ER 24HR 500 MG	G			0.16333	12/1/2019	
Etodolac Tab ER 24HR 600 MG	G			1.41067	11/1/2012	
Etonogestrel-Ethinyl Estradiol VA Ring 0.120-0.015 MG/24HR	G			92.72505	5/1/2021	
Etravirine Tab 100 MG	B			9.76177	1/14/2017	
Everolimus Tab 10 MG	B			558.71011	1/15/2019	
Everolimus Tab 2.5 MG	B			534.15480	1/15/2019	
Everolimus Tab 5 MG	B			558.73608	1/15/2019	
Everolimus Tab 7.5 MG	B			558.71616	1/15/2019	
Everolimus Tab for Oral Susp 2 MG	B			435.59230	1/3/2017	
Everolimus Tab for Oral Susp 3 MG	B			439.95217	1/3/2017	
Everolimus Tab for Oral Susp 5 MG	B			457.90181	1/3/2017	
Exemestane Tab 25 MG	G			1.29833	12/1/2019	
Ezetimibe Tab 10 MG	G			0.05500	1/1/2020	
Ezetimibe-Simvastatin Tab 10-20 MG	G			0.48000	3/1/2020	
Ezetimibe-Simvastatin Tab 10-40 MG	G			0.71933	6/1/2020	
Ezetimibe-Simvastatin Tab 10-80 MG	G			2.63000	12/1/2019	
Factor IX Complex For Inj 1000 Unit	B			0.62220	3/16/2011	
Factor IX Complex For Inj 1500 Unit	B			0.62220	3/16/2011	
Factor IX Complex For Inj 500 Unit	B			0.62220	3/16/2011	
Factor XIII Concentrate (Human) For Inj Kit 1000-1600 Unit	B			6.76000	7/1/2020	
Famciclovir Tab 125 MG	G			0.35833	12/1/2018	
Famciclovir Tab 250 MG	G			0.39967	7/1/2020	
Famciclovir Tab 500 MG	G			0.49467	12/1/2019	
Famotidine For Susp 40 MG/5ML	G		2.37980	1.50000	7/1/2021	
Famotidine Tab 10 MG	G			0.07732	8/1/2011	
Famotidine Tab 20 MG	G			0.02788	12/1/2018	
Famotidine Tab 40 MG	G			0.05320	12/1/2018	
Fe Fumarate w/ B12-Vit C-FA-IFC Cap 110-0.015-75-0.5-240 MG	G			0.17000	4/1/2017	
Febuxostat Tab 40 MG	G			1.70478	12/1/2020	
Febuxostat Tab 80 MG	G		3.60000	1.16900	7/1/2021	
Felbamate Susp 600 MG/5ML	G			1.10721	6/1/2020	
Felbamate Tab 400 MG	G			0.86430	9/1/2019	
Felbamate Tab 600 MG	G			1.75880	3/1/2020	
Felodipine Tab ER 24HR 10 MG	G			0.09000	6/1/2018	
Felodipine Tab ER 24HR 2.5 MG	G			0.14760	10/1/2017	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Felodipine Tab ER 24HR 5 MG	G			0.07260	12/1/2017	
Fenofibrate Micronized Cap 134 MG	G			0.14630	5/1/2020	
Fenofibrate Micronized Cap 200 MG	G			0.43290	10/1/2020	
Fenofibrate Micronized Cap 67 MG	G			0.11000	12/1/2019	
Fenofibrate Tab 145 MG	G			0.15267	10/1/2020	
Fenofibrate Tab 160 MG	G			0.17144	5/1/2021	
Fenofibrate Tab 48 MG	G			0.06544	10/1/2020	
Fenofibrate Tab 54 MG	G			0.13503	12/1/2020	
Fenofibric Acid Tab 105 MG	G			2.03967	9/1/2017	
Fenoprofen Calcium Tab 600 MG	G			0.28040	6/1/2006	
Fentanyl Citrate Inj 0.05 MG/ML	G			0.10725	7/1/2013	
Fentanyl Citrate Lozenge on a Handle 1200 MCG	G			21.62250	4/1/2012	
Fentanyl Citrate Lozenge on a Handle 1600 MCG	G			24.83833	4/1/2012	
Fentanyl Citrate Lozenge on a Handle 400 MCG	G			12.47833	4/1/2012	
Fentanyl TD Patch 72HR 100 MCG/HR	G			4.24600	4/1/2020	
Fentanyl TD Patch 72HR 12 MCG/HR	G			5.80240	6/1/2021	
Fentanyl TD Patch 72HR 25 MCG/HR	G			1.96240	6/1/2020	
Fentanyl TD Patch 72HR 37.5 MCG/HR	G			39.39600	4/1/2020	
Fentanyl TD Patch 72HR 50 MCG/HR	G			2.49800	2/1/2020	
Fentanyl TD Patch 72HR 75 MCG/HR	G			4.63650	12/1/2019	
Ferrous Fumarate Tab 325 MG (106 MG Elemental Fe)	G			0.01810	7/1/2013	
Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe)	G			0.01586	9/1/2010	
Fexofenadine HCl Susp 30 MG/5ML (6 MG/ML)	G			0.05000	9/1/2017	
Fexofenadine HCl Tab 180 MG	G			0.15500	9/1/2019	
Fexofenadine HCl Tab 30 MG	G			0.32213	8/1/2011	
Fexofenadine HCl Tab 60 MG	G			0.24340	9/1/2019	
Fibrinogen Conc (Human) Inj Approximately 1 GM (900-1300 MG)	B			1.16200	1/1/2016	
Filgrastim Inj 480 MCG/1.6ML (300 MCG/ML)	B			312.07792	10/19/2017	
Finasteride Tab 1 MG	G			0.12000	7/1/2019	
Finasteride Tab 5 MG	G			0.05095	2/1/2021	
Flavoxate HCl Tab 100 MG	G			0.53110	10/1/2017	
Flecainide Acetate Tab 100 MG	G			0.17270	9/1/2020	
Flecainide Acetate Tab 150 MG	G			0.19130	9/1/2018	
Flecainide Acetate Tab 50 MG	G			0.06080	10/1/2020	
Fluconazole For Susp 10 MG/ML	G			0.28899	11/19/2020	
Fluconazole For Susp 40 MG/ML	G			0.48486	5/1/2017	
Fluconazole in NaCl 0.9% Inj 200 MG/100ML	G			0.01660	9/1/2017	
Fluconazole Tab 100 MG	G			0.25161	2/1/2021	
Fluconazole Tab 150 MG	G			0.62917	7/1/2020	
Fluconazole Tab 200 MG	G			0.48000	7/1/2020	
Fluconazole Tab 50 MG	G			0.11834	4/1/2012	
Fludrocortisone Acetate Tab 0.1 MG	G			0.30660	11/1/2017	
Flunisolide Nasal Soln 25 MCG/ACT (0.025%)	G			1.91480	3/1/2020	
Fluocinolone Acetonide (Otic) Oil 0.01%	G			1.46265	4/1/2021	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Fluocinolone Acetonide Cream 0.01%	G			1.44233	6/1/2021	
Fluocinolone Acetonide Cream 0.025%	G			1.29967	3/1/2020	
Fluocinolone Acetonide Intravitreal Implant 0.19 MG	B			7304.00000	5/25/2016	
Fluocinolone Acetonide Oil 0.01%	G			0.31850	10/1/2013	
Fluocinolone Acetonide Oil 0.01% (Body Oil)	G			0.34017	12/1/2020	
Fluocinolone Acetonide Oil 0.01% (Scalp Oil)	G			0.32964	10/1/2019	
Fluocinolone Acetonide Oint 0.025%	G			1.37158	11/1/2020	
Fluocinolone Acetonide Soln 0.01%	G			0.55169	7/1/2021	
Fluocinonide Cream 0.05%	G			0.55533	3/1/2020	
Fluocinonide Emulsified Base Cream 0.05%	G			0.12827	7/1/2011	
Fluocinonide Gel 0.05%	G			1.04867	2/1/2020	
Fluocinonide Oint 0.05%	G			0.47396	6/1/2021	
Fluocinonide Soln 0.05%	G			0.62225	12/1/2019	
Fluorometholone Ophth Susp 0.1%	G			12.13800	10/1/2016	
Fluorouracil Cream 5%	G			1.36683	7/1/2020	
Fluorouracil IV Soln 5 GM/100ML (50 MG/ML)	G			0.11050	4/1/2020	
Fluorouracil IV Soln 500 MG/10ML (50 MG/ML)	G			0.35750	8/1/2011	
Fluorouracil Soln 5%	G			5.24000	3/1/2020	
Fluoxetine HCl (PMDD) Cap 10 MG	G			0.02448	12/1/2018	
Fluoxetine HCl (PMDD) Cap 20 MG	G			0.02281	8/1/2017	
Fluoxetine HCl (PMDD) Tab 10 MG	G			0.16925	3/1/2020	
Fluoxetine HCl (PMDD) Tab 20 MG	G			0.45517	9/1/2020	
Fluoxetine HCl Cap 10 MG	G			0.02456	8/1/2018	
Fluoxetine HCl Cap 20 MG	G			0.02281	8/1/2017	
Fluoxetine HCl Cap 40 MG	G			0.05020	11/1/2020	
Fluoxetine HCl Cap Delayed Release 90 MG	G			27.52250	4/1/2020	
Fluoxetine HCl Solution 20 MG/5ML	G			0.46677	9/1/2020	
Fluoxetine HCl Tab 10 MG	G			0.16925	3/1/2020	
Fluoxetine HCl Tab 20 MG	G			0.35980	3/1/2021	
Fluoxetine HCl Tab 60 MG	G			3.47433	12/1/2019	
Fluphenazine Decanoate Inj 25 MG/ML	G			12.18500	3/1/2020	
Fluphenazine HCl Tab 1 MG	G			0.06475	5/1/2012	
Fluphenazine HCl Tab 10 MG	G			4.97705	9/1/2017	
Fluphenazine HCl Tab 2.5 MG	G			0.07540	1/1/2012	
Fluphenazine HCl Tab 5 MG	G			0.10208	5/1/2012	
Flurazepam HCl Cap 15 MG	G			0.07691	1/1/2009	
Flurazepam HCl Cap 30 MG	G			0.09216	1/1/2009	
Flurbiprofen Sodium Ophth Soln 0.03%	G			1.30800	10/1/2017	
Flurbiprofen Tab 100 MG	G			0.10853	9/1/2011	
Flurbiprofen Tab 50 MG	G			0.19500	6/1/2010	
Flutamide Cap 125 MG	G			0.49094	4/1/2017	
Fluticasone Propionate Cream 0.05%	G			0.13383	7/1/2020	
Fluticasone Propionate Nasal Susp 50 MCG/ACT	G			0.21532	2/1/2021	
Fluticasone Propionate Oint 0.005%	G			0.23600	12/1/2019	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Fluticasone-Salmeterol Aer Powder BA 100-50 MCG/DOSE	G			1.77925	7/1/2020	
Fluticasone-Salmeterol Aer Powder BA 113-14 MCG/ACT	G			94.11333	4/1/2020	
Fluticasone-Salmeterol Aer Powder BA 232-14 MCG/ACT	G			87.34167	6/1/2020	
Fluticasone-Salmeterol Aer Powder BA 250-50 MCG/DOSE	G			1.94025	5/1/2021	
Fluticasone-Salmeterol Aer Powder BA 500-50 MCG/DOSE	G			2.91650	5/1/2021	
Fluticasone-Salmeterol Aer Powder BA 55-14 MCG/ACT	G			77.40000	6/1/2020	
Fluvastatin Sodium Cap 20 MG (Base Equivalent)	G			2.73167	6/1/2018	
Fluvastatin Sodium Cap 40 MG (Base Equivalent)	G			2.99907	2/1/2014	
Fluvastatin Sodium Tab ER 24 HR 80 MG (Base Equivalent)	G		3.70167	4.78366	5/3/2021	
Fluvoxamine Maleate Cap ER 24HR 100 MG	G			4.08433	3/1/2020	
Fluvoxamine Maleate Cap ER 24HR 150 MG	G			5.93383	4/1/2018	
Fluvoxamine Maleate Tab 100 MG	G			0.19054	4/1/2017	
Fluvoxamine Maleate Tab 25 MG	G			0.16767	9/1/2017	
Fluvoxamine Maleate Tab 50 MG	G			0.11695	10/1/2017	
Folic Acid Inj 5 MG/ML	G			5.46900	5/1/2018	
Folic Acid Tab 1 MG	G			0.00273	1/1/2010	
Folic Acid-Pyridoxine-Cyanocobalamin Tab 2.5-25-2 MG	G			0.51722	4/1/2020	
Folic Acid-Vitamin B6-Vitamin B12 Tab 2.2-25-1 MG	G			0.27560	4/1/2020	
Folic Acid-Vitamin B6-Vitamin B12 Tab 2.5-25-1 MG	G			0.47900	4/1/2020	
Fondaparinux Sodium Subcutaneous Inj 10 MG/0.8ML	G			65.23250	4/1/2017	
Fondaparinux Sodium Subcutaneous Inj 2.5 MG/0.5ML	G			28.20200	3/1/2020	
Fondaparinux Sodium Subcutaneous Inj 5 MG/0.4ML	G			257.34000	9/1/2011	
Fondaparinux Sodium Subcutaneous Inj 7.5 MG/0.6ML	G		72.48567	64.06952	7/1/2021	
Fosamprenavir Calcium Tab 700 MG (Base Equiv)	B			19.23220	1/30/2017	
Fosamprenavir Calcium Tab 700 MG (Base Equiv)	G			16.23000	2/1/2019	
Fosinopril Sodium & Hydrochlorothiazide Tab 10-12.5 MG	G			1.03094	1/1/2009	
Fosinopril Sodium & Hydrochlorothiazide Tab 20-12.5 MG	G			0.69143	4/1/2017	
Fosinopril Sodium Tab 10 MG	G			0.10244	6/1/2018	
Fosinopril Sodium Tab 20 MG	G			0.09833	3/1/2019	
Fosinopril Sodium Tab 40 MG	G			0.14937	9/1/2011	
Frovatriptan Succinate Tab 2.5 MG (Base Equivalent)	G			18.88778	7/1/2020	
Furosemide Inj 10 MG/ML	G			0.06890	7/1/2013	
Furosemide Oral Soln 10 MG/ML	G			0.07503	7/1/2013	
Furosemide Tab 20 MG	G			0.01761	1/1/2009	
Furosemide Tab 40 MG	G			0.01718	4/1/2021	
Furosemide Tab 80 MG	G			0.03412	4/1/2011	
Gabapentin Cap 100 MG	G			0.02238	4/1/2021	
Gabapentin Cap 300 MG	G			0.03827	5/1/2021	
Gabapentin Cap 400 MG	G			0.04564	1/1/2018	
Gabapentin Oral Soln 250 MG/5ML	G			0.08585	5/1/2017	
Gabapentin Tab 600 MG	G			0.06198	5/1/2020	
Gabapentin Tab 800 MG	G			0.07500	10/1/2020	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Galantamine Hydrobromide Cap ER 24HR 16 MG	G			1.18400	10/1/2019	
Galantamine Hydrobromide Cap ER 24HR 24 MG	G			0.83300	3/1/2018	
Galantamine Hydrobromide Cap ER 24HR 8 MG	G			0.43700	9/1/2019	
Galantamine Hydrobromide Tab 12 MG	G			0.15067	9/1/2019	
Galantamine Hydrobromide Tab 4 MG	G			0.76000	12/1/2019	
Galantamine Hydrobromide Tab 8 MG	G			0.70461	3/1/2018	
Gatifloxacin Ophth Soln 0.5%	G			22.89000	8/1/2018	
Gemcitabine HCl For Inj 1 GM	G			41.37000	1/1/2019	
Gemcitabine HCl For Inj 200 MG	G			7.74000	1/1/2019	
Gemfibrozil Tab 600 MG	G			0.06021	1/1/2018	
Gentamicin in Saline Inj 0.8 MG/ML	G			0.03509	8/1/2011	
Gentamicin Sulfate Cream 0.1%	G			1.20900	5/12/2021	
Gentamicin Sulfate Inj 40 MG/ML	G			0.50340	3/1/2018	
Gentamicin Sulfate Oint 0.1%	G			1.66333	12/1/2019	
Gentamicin Sulfate Ophth Oint 0.3%	G			2.95143	8/1/2017	
Gentamicin Sulfate Ophth Soln 0.3%	G			0.62300	7/1/2019	
Glatiramer Acetate Inj Kit 20 MG/ML	B			202.86860	1/1/2015	
Glatiramer Acetate Soln Prefilled Syringe 20 MG/ML	B			236.18480	1/1/2017	
Glatiramer Acetate Soln Prefilled Syringe 20 MG/ML	G			59.52000	5/1/2020	
Glatiramer Acetate Soln Prefilled Syringe 40 MG/ML	B			484.05600	1/1/2017	
Glimepiride Tab 1 MG	G			0.02790	4/1/2021	
Glimepiride Tab 2 MG	G			0.03750	4/1/2012	
Glimepiride Tab 4 MG	G			0.03453	12/1/2020	
Glipizide Tab 10 MG	G			0.02528	8/1/2017	
Glipizide Tab 5 MG	G			0.01935	11/1/2017	
Glipizide Tab ER 24HR 10 MG	G			0.11496	9/1/2020	
Glipizide Tab ER 24HR 2.5 MG	G			0.11667	1/1/2020	
Glipizide Tab ER 24HR 5 MG	G			0.07990	11/1/2019	
Glipizide-Metformin HCl Tab 2.5-250 MG	G			0.40200	8/1/2018	
Glipizide-Metformin HCl Tab 2.5-500 MG	G			0.25000	8/1/2018	
Glipizide-Metformin HCl Tab 5-500 MG	G			0.21777	12/1/2018	
Glyburide Micronized Tab 1.5 MG	G			0.03659	9/1/2011	
Glyburide Micronized Tab 3 MG	G			0.02963	8/1/2011	
Glyburide Micronized Tab 6 MG	G			0.05788	4/1/2012	
Glyburide Tab 1.25 MG	G			0.06222	1/1/2009	
Glyburide Tab 2.5 MG	G			0.03220	10/1/2017	
Glyburide Tab 5 MG	G		0.04420	0.03258	7/1/2021	
Glyburide-Metformin Tab 1.25-250 MG	G			0.02988	6/1/2012	
Glyburide-Metformin Tab 2.5-500 MG	G			0.04746	11/1/2020	
Glyburide-Metformin Tab 5-500 MG	G			0.03338	12/1/2018	
Glycopyrrolate Inj 0.2 MG/ML	G			0.22100	1/1/2010	
Glycopyrrolate Inj 0.4 MG/2ML (0.2 MG/ML)	G			0.22100	1/1/2010	
Glycopyrrolate Inj 1 MG/5ML (0.2 MG/ML)	G			0.22100	1/1/2010	
Glycopyrrolate Inj 4 MG/20ML (0.2 MG/ML)	G			0.22100	1/1/2010	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Glycopyrrolate Tab 1 MG	G			0.10820	3/1/2020	
Glycopyrrolate Tab 2 MG	G			0.15350	9/1/2020	
Golimumab Subcutaneous Soln Auto-injector 100 MG/ML	B			5508.27840	1/10/2019	
Golimumab Subcutaneous Soln Auto-injector 50 MG/0.5ML	B			9579.56784	1/10/2019	
Golimumab Subcutaneous Soln Prefilled Syringe 100 MG/ML	B			5508.27840	1/10/2019	
Golimumab Subcutaneous Soln Prefilled Syringe 50 MG/0.5ML	B			9579.56784	1/10/2019	
Granisetron HCl Inj 1 MG/ML	G			15.47000	2/1/2013	
Granisetron HCl Inj 4 MG/4ML (1 MG/ML)	G			6.87000	2/1/2013	
Granisetron HCl Tab 1 MG	G			1.76350	5/1/2021	
Griseofulvin Microsize Susp 125 MG/5ML	G			0.13333	12/1/2019	
Griseofulvin Microsize Tab 500 MG	G			5.99933	3/1/2018	
Griseofulvin Ultramicrosize Tab 250 MG	G			3.04733	3/1/2018	
Guaifenesin Liquid 100 MG/5ML	G			0.00585	7/1/2013	
Guaifenesin Syrup 100 MG/5ML	G			0.00585	7/1/2013	
Guaifenesin Tab 200 MG	G			0.03360	4/1/2021	
Guaifenesin Tab 400 MG	G			0.06478	7/1/2011	
Guaifenesin-Codeine Soln 100-10 MG/5ML	G			0.02594	9/1/2017	
Guanfacine HCl Tab 1 MG	G			0.35893	3/1/2021	
Guanfacine HCl Tab 2 MG	G			0.71990	3/1/2021	
Guanfacine HCl Tab ER 24HR 1 MG (Base Equiv)	G			0.24447	12/1/2020	
Guanfacine HCl Tab ER 24HR 2 MG (Base Equiv)	G			0.24000	12/1/2019	
Guanfacine HCl Tab ER 24HR 3 MG (Base Equiv)	G			0.21004	2/1/2021	
Guanfacine HCl Tab ER 24HR 4 MG (Base Equiv)	G			0.24803	2/1/2021	
Halobetasol Propionate Cream 0.05%	G			0.41600	1/1/2010	
Halobetasol Propionate Oint 0.05%	G			1.65860	4/1/2020	
Haloperidol Decanoate IM Soln 100 MG/ML	G			29.94700	2/1/2021	
Haloperidol Decanoate IM Soln 50 MG/ML	G			16.53800	7/1/2018	
Haloperidol Lactate Inj 5 MG/ML	G			0.63660	10/1/2018	
Haloperidol Lactate Oral Conc 2 MG/ML	G			0.18407	12/1/2019	
Haloperidol Tab 0.5 MG	G			0.05993	1/1/2010	
Haloperidol Tab 1 MG	G			0.33000	2/21/2020	
Haloperidol Tab 10 MG	G			0.31960	10/1/2017	
Haloperidol Tab 2 MG	G			0.19690	12/1/2017	
Haloperidol Tab 20 MG	G			0.72120	6/1/2020	
Haloperidol Tab 5 MG	G			0.13670	3/1/2019	
Heparin Sodium (Porcine) Inj 1000 Unit/ML	G			2.52800	4/1/2020	
Heparin Sodium (Porcine) Inj 10000 Unit/ML	G			1.98000	2/1/2019	
Heparin Sodium (Porcine) Inj 5000 Unit/ML	G			0.00000	8/8/2008	
Heparin Sodium (Porcine) Lock Flush IV Soln 100 Unit/ML	G			0.43180	9/1/2011	
Histrelin Acetate (CPP) Implant Kit 50 MG	B			17720.78220	4/1/2014	
Histrelin Acetate Implant Kit 50 MG	B			3484.60560	4/3/2017	
Hydralazine HCl Tab 10 MG	G			0.03607	11/1/2020	
Hydralazine HCl Tab 100 MG	G			0.06205	12/1/2020	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Hydralazine HCl Tab 25 MG	G			0.02603	1/1/2018	
Hydralazine HCl Tab 50 MG	G			0.03105	1/1/2018	
Hydrochlorothiazide Cap 12.5 MG	G			0.02628	11/1/2017	
Hydrochlorothiazide Tab 12.5 MG	G			0.02749	11/1/2018	
Hydrochlorothiazide Tab 25 MG	G			0.00662	12/1/2018	
Hydrochlorothiazide Tab 50 MG	G			0.01144	9/1/2017	
Hydrocod Polst-Chlorphen Polst ER Susp 10-8 MG/5ML	G			0.38670	9/1/2020	
Hydrocodone w/ Homatropine Syrup 5-1.5 MG/5ML	G			0.09146	12/1/2018	
Hydrocodone-Acetaminophen Soln 7.5-325 MG/15ML	G			0.04658	1/1/2018	
Hydrocodone-Acetaminophen Soln 7.5-500 MG/15ML	G			0.02637	7/1/2013	
Hydrocodone-Acetaminophen Tab 10-300 MG	G			1.25850	8/2/2018	
Hydrocodone-Acetaminophen Tab 10-325 MG	G		0.09900	0.07770	7/1/2021	
Hydrocodone-Acetaminophen Tab 10-500 MG	G			0.16000	3/5/2014	
Hydrocodone-Acetaminophen Tab 5-300 MG	G			0.32970	6/1/2020	
Hydrocodone-Acetaminophen Tab 5-325 MG	G			0.07820	3/1/2019	
Hydrocodone-Acetaminophen Tab 7.5-325 MG	G			0.07087	9/1/2019	
Hydrocodone-Ibuprofen Tab 10-200 MG	G			2.53771	4/1/2017	
Hydrocodone-Ibuprofen Tab 7.5-200 MG	G			0.15400	6/1/2020	
Hydrocortisone Acetate Cream 1%	G			0.07497	7/1/2013	
Hydrocortisone Acetate Lotion 2%	G			1.10782	9/1/2010	
Hydrocortisone Acetate Powder	G			0.94640	6/1/2010	
Hydrocortisone Acetate Suppos 25 MG	G			2.03875	12/1/2018	
Hydrocortisone Acetate Suppos 30 MG	G			2.27500	6/1/2010	
Hydrocortisone Acetate w/ Pramoxine Perianal Cream 2.5-1%	G			4.53433	4/1/2020	
Hydrocortisone Butyrate Cream 0.1%	G			2.28389	8/1/2018	
Hydrocortisone Cream 1%	G			0.04533	6/1/2020	
Hydrocortisone Cream 2.5%	G			0.08494	12/1/2019	
Hydrocortisone Enema 100 MG/60ML	G			0.08839	5/1/2012	
Hydrocortisone Lotion 2.5%	G			0.16732	6/1/2019	
Hydrocortisone Micronized Powder	G			0.93600	6/1/2010	
Hydrocortisone Oint 1%	G			0.04185	6/1/2014	
Hydrocortisone Oint 2.5%	G			0.09312	1/1/2020	
Hydrocortisone Perianal Cream 1%	G			0.58536	7/1/2021	
Hydrocortisone Perianal Cream 2.5%	G			0.27637	12/1/2020	
Hydrocortisone Powder	G			0.93600	6/1/2010	
Hydrocortisone Sodium Succinate For Inj 100 MG	G			2.52200	5/1/2011	
Hydrocortisone Tab 10 MG	G			0.21970	10/1/2017	
Hydrocortisone Tab 20 MG	G			0.13980	12/1/2019	
Hydrocortisone Tab 5 MG	G			0.15020	12/1/2018	
Hydrocortisone Valerate Cream 0.2%	G			0.83444	9/1/2020	
Hydrocortisone Valerate Oint 0.2%	G			3.09378	12/1/2019	
Hydrocortisone w/ Acetic Acid Otic Soln 1-2%	G			5.41600	11/1/2017	
Hydrocortisone-Aloe Vera Cream 1%	G			0.04533	6/1/2020	
Hydromorphone HCl Liqd 1 MG/ML	G			0.38326	10/1/2020	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Hydromorphone HCl Preservative Free (PF) Inj 10 MG/ML	G			1.72380	7/1/2013	
Hydromorphone HCl Tab 2 MG	G			0.05790	6/1/2020	
Hydromorphone HCl Tab 4 MG	G			0.06260	10/1/2019	
Hydromorphone HCl Tab 8 MG	G			0.20310	10/1/2020	
Hydromorphone HCl Tab ER 24HR Deter 12 MG	G			11.50610	4/1/2020	
Hydromorphone HCl Tab ER 24HR Deter 8 MG	G			6.49000	1/1/2019	
Hydroxychloroquine Sulfate Tab 200 MG	G			0.16201	12/1/2019	
Hydroxyprogesterone Caproate Soln Auto-Injector 275 MG/1.1ML	B			0.00000	11/19/2020	
Hydroxyurea Cap 500 MG	G			0.18352	3/1/2018	
Hydroxyzine HCl IM Soln 50 MG/ML	G			0.86610	1/28/2008	
Hydroxyzine HCl Syrup 10 MG/5ML	G			0.03692	3/1/2018	
Hydroxyzine HCl Tab 10 MG	G			0.02288	5/1/2021	
Hydroxyzine HCl Tab 25 MG	G			0.04750	6/1/2017	
Hydroxyzine HCl Tab 50 MG	G			0.03598	7/1/2020	
Hydroxyzine Pamoate Cap 100 MG	G			0.30388	2/1/2012	
Hydroxyzine Pamoate Cap 25 MG	G			0.05416	2/1/2021	
Hydroxyzine Pamoate Cap 50 MG	G			0.05250	4/1/2018	
Hyoscyamine Sulfate Elixir 0.125 MG/5ML	G			0.08078	1/1/2021	
Hyoscyamine Sulfate SL Tab 0.125 MG	G			0.07000	8/1/2017	
Hyoscyamine Sulfate Soln 0.125 MG/ML	G			1.16667	6/1/2014	
Hyoscyamine Sulfate Tab 0.125 MG	G			0.10343	3/1/2020	
Hyoscyamine Sulfate Tab Disint 0.125 MG	G			0.12900	6/1/2019	
Hyoscyamine Sulfate Tab ER 12HR 0.375 MG	G			0.24290	6/1/2019	
Ibandronate Sodium Tab 150 MG (Base Equivalent)	G		4.34278	3.72000	7/1/2021	
Ibuprofen Cap 200 MG	G			0.07817	8/1/2011	
Ibuprofen Chew Tab 100 MG	G			0.13200	4/1/2021	
Ibuprofen Susp 100 MG/5ML	G			0.02592	9/1/2017	
Ibuprofen Tab 100 MG	G			0.18440	3/1/2009	
Ibuprofen Tab 200 MG	G			0.01567	1/1/2010	
Ibuprofen Tab 400 MG	G			0.02996	1/1/2009	
Ibuprofen Tab 600 MG	G			0.03420	8/1/2017	
Ibuprofen Tab 800 MG	G			0.03474	8/1/2017	
Iloperidone Tab 12 MG	B			47.05947	1/20/2021	
Iloperidone Tab 8 MG	B			29.09400	4/30/2021	
Imatinib Mesylate Tab 100 MG (Base Equivalent)	G			3.07000	12/1/2020	
Imatinib Mesylate Tab 400 MG (Base Equivalent)	B			336.06478	7/7/2015	
Imatinib Mesylate Tab 400 MG (Base Equivalent)	G			8.90026	9/1/2020	
Imipramine HCl Tab 10 MG	G			0.05505	9/1/2018	
Imipramine HCl Tab 25 MG	G			0.06370	12/1/2017	
Imipramine HCl Tab 50 MG	G			0.10530	6/1/2020	
Imiquimod Cream 5%	G			1.08750	2/1/2020	
Immune Globulin (Human) IV or Subcutaneous Soln 1 GM/10ML	B			7.68000	7/1/2018	
Immune Globulin (Human) IV or Subcutaneous Soln 10 GM/100ML	B			7.68000	7/1/2018	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Immune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25ML	B			7.68000	7/1/2018	
Immune Globulin (Human) IV or Subcutaneous Soln 20 GM/200ML	B			7.68000	7/1/2018	
Immune Globulin (Human) IV or Subcutaneous Soln 30 GM/300ML	B			7.68000	7/1/2018	
Immune Globulin (Human) IV or Subcutaneous Soln 40 GM/400ML	B			7.68000	7/1/2018	
Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML	B			7.68000	7/1/2018	
Immune Globulin (Human) IV Soln 40 GM/400ML	B			8.31000	7/1/2018	
Immune Globulin (Human) Subcutaneous Inj 1 GM/5ML	B			19.66000	7/1/2018	
Immune Globulin (Human) Subcutaneous Inj 10 GM/50ML	B			19.66000	7/1/2018	
Immune Globulin (Human) Subcutaneous Inj 2 GM/10ML	B			19.66000	7/1/2018	
Immune Globulin (Human) Subcutaneous Inj 4 GM/20ML	B			19.66000	7/1/2018	
Immune Globulin (Human) Subcutaneous Inj 8 GM/40ML	B			19.66000	7/1/2018	
Indapamide Tab 1.25 MG	G			0.03313	11/1/2011	
Indapamide Tab 2.5 MG	G			0.05400	1/1/2009	
Indomethacin Cap 25 MG	G			0.02910	12/1/2018	
Indomethacin Cap 50 MG	G			0.07690	1/1/2020	
Indomethacin Cap ER 75 MG	G			0.06667	6/1/2020	
Infliximab For IV Inj 100 MG	B			1163.14540	2/9/2017	
Interferon Alfa-2B Inj 6000000 Unit/ML	B			186.63991	1/5/2018	
Interferon Beta-1a IM Prefilled Syringe Kit 30 MCG/0.5ML	B			6898.04700	1/1/2019	
Interferon Beta-1a Inj 22 MCG/0.5ML (12MU/ML) (44 MCG/ML)	B			956.11296	9/4/2015	
Interferon Beta-1a Inj 44 MCG/0.5ML (24MU/ML) (88 MCG/ML)	B			956.11296	9/4/2015	
Iodoquinol-HC Cream 1-1%	G			0.76673	9/1/2010	
Ipratropium Bromide Inhal Soln 0.02%	G			0.05067	4/1/2018	
Ipratropium Bromide Nasal Soln 0.03% (21 MCG/SPRAY)	G			0.23084	5/1/2012	
Ipratropium Bromide Nasal Soln 0.06% (42 MCG/SPRAY)	G			0.54166	2/1/2012	
Ipratropium-Albuterol Nebu Soln 0.5-2.5(3) MG/3ML	G			0.04356	4/1/2018	
Irbesartan Tab 150 MG	G			0.11244	11/1/2017	
Irbesartan Tab 300 MG	G			0.04367	7/1/2020	
Irbesartan Tab 75 MG	G			0.08700	10/1/2017	
Irbesartan-Hydrochlorothiazide Tab 150-12.5 MG	G			0.15667	9/1/2018	
Irbesartan-Hydrochlorothiazide Tab 300-12.5 MG	G			0.17176	12/1/2018	
Irinotecan HCl Inj 100 MG/5ML (20 MG/ML)	G			2.63400	4/1/2020	
Iron Polysacch Complex-Vit B12-FA Cap 150-0.025-1 MG	G			0.11120	3/1/2019	
Isoniazid Syrup 50 MG/5ML	G			0.60960	6/1/2020	
Isoniazid Tab 100 MG	G			0.09000	7/1/2019	
Isoniazid Tab 300 MG	G			0.06552	1/1/2012	
Isosorbide Dinitrate Tab 10 MG	G			0.35323	9/1/2018	
Isosorbide Dinitrate Tab 20 MG	G			0.18870	10/1/2018	
Isosorbide Dinitrate Tab 30 MG	G			0.26098	12/1/2018	
Isosorbide Dinitrate Tab 5 MG	G			0.03080	6/1/2006	
Isosorbide Dinitrate Tab CR 40 MG	G			0.61485	7/1/2013	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Isosorbide Mononitrate Tab 10 MG	G			0.07890	9/1/2018	
Isosorbide Mononitrate Tab 20 MG	G			0.09070	2/1/2018	
Isosorbide Mononitrate Tab ER 24HR 120 MG	G			0.24000	12/1/2017	
Isosorbide Mononitrate Tab ER 24HR 30 MG	G			0.06873	2/1/2020	
Isosorbide Mononitrate Tab ER 24HR 60 MG	G			0.06790	4/1/2020	
Isotretinoin Cap 10 MG	G			2.38573	12/1/2020	
Isotretinoin Cap 20 MG	G			1.92767	9/1/2018	
Isotretinoin Cap 30 MG	G			3.79000	2/1/2019	
Isotretinoin Cap 40 MG	G			2.12667	9/1/2020	
Isradipine Cap 5 MG	G			1.31500	4/1/2020	
Itraconazole Cap 100 MG	G			1.09133	12/1/2019	
Itraconazole Oral Soln 10 MG/ML	G			1.62500	1/1/2021	
Ivermectin Tab 3 MG	G			3.45050	12/1/2019	
Ketoconazole Cream 2%	G			0.36634	8/1/2020	
Ketoconazole Shampoo 2%	G			0.05374	12/1/2017	
Ketoconazole Tab 200 MG	G			0.24710	9/1/2010	
Ketoprofen Cap 50 MG	G			0.08738	8/1/2011	
Ketoprofen Cap 75 MG	G			0.09862	4/1/2012	
Ketoprofen Cap ER 24HR 200 MG	G			1.71630	6/1/2006	
Ketorolac Tromethamine IM Inj 30 MG/ML	G			0.89000	9/4/2013	
Ketorolac Tromethamine IM Inj 60 MG/2ML (30 MG/ML)	G			0.89000	9/4/2013	
Ketorolac Tromethamine Inj 30 MG/ML	G			0.91000	1/1/2010	
Ketorolac Tromethamine Inj 60 MG/2ML (30 MG/ML)	G			0.89000	9/4/2013	
Ketorolac Tromethamine Ophth Soln 0.4%	G		9.12800	8.45800	7/1/2021	
Ketorolac Tromethamine Ophth Soln 0.5%	G			1.04333	3/1/2018	
Ketorolac Tromethamine Tab 10 MG	G			0.58960	6/1/2020	
Ketotifen Fumarate Ophth Soln 0.025% (Base Equiv)	G			1.22400	12/1/2019	
L-Methylfolate Tab 15 MG**	G			2.11250	9/1/2010	
L-Methylfolate Tab 7.5 MG**	G			2.11250	9/1/2010	
Labetalol HCl Tab 100 MG	G			0.08120	6/1/2021	
Labetalol HCl Tab 200 MG	G			0.12920	8/1/2019	
Labetalol HCl Tab 300 MG	G			0.17681	2/1/2012	
Lactated Ringer's Solution	G			0.00287	9/1/2015	
Lactic Acid (Ammonium Lactate) Cream 12%	G			0.04447	1/1/2010	
Lactic Acid (Ammonium Lactate) Lotion 12%	G			0.05832	4/1/2021	
Lactulose (Encephalopathy) Solution 10 GM/15ML	G			0.01277	4/1/2021	
Lactulose Solution 10 GM/15ML	G			0.01411	5/1/2021	
Lamivudine Oral Soln 10 MG/ML	G			0.27563	12/1/2017	
Lamivudine Tab 100 MG (HBV)	G			2.90283	6/1/2019	
Lamivudine Tab 150 MG	B			5.94363	3/25/2015	
Lamivudine Tab 150 MG	G			0.65500	12/1/2019	
Lamivudine Tab 300 MG	G			1.31000	12/1/2019	
Lamivudine-Zidovudine Tab 150-300 MG	G			0.33467	6/1/2020	
Lamotrigine Orally Disintegrating Tab 100 MG	G			5.60000	6/1/2020	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Lamotrigine Orally Disintegrating Tab 25 MG	G			5.38000	2/1/2019	
Lamotrigine Orally Disintegrating Tab 50 MG	G			3.33933	8/1/2018	
Lamotrigine Tab 100 MG	G			0.03760	5/1/2017	
Lamotrigine Tab 150 MG	G			0.05278	9/1/2020	
Lamotrigine Tab 200 MG	G			0.06233	6/1/2017	
Lamotrigine Tab 25 MG	G			0.02085	9/1/2020	
Lamotrigine Tab Chewable Dispersible 25 MG	G			0.08860	6/1/2018	
Lamotrigine Tab Chewable Dispersible 5 MG	G			0.41420	11/19/2019	
Lamotrigine Tab ER 24HR 100 MG	G			1.92633	12/1/2018	
Lamotrigine Tab ER 24HR 200 MG	G			1.62533	8/1/2020	
Lamotrigine Tab ER 24HR 25 MG	G			1.55000	11/1/2018	
Lamotrigine Tab ER 24HR 250 MG	G			6.25000	4/1/2021	
Lamotrigine Tab ER 24HR 300 MG	G			4.74401	3/2/2021	
Lamotrigine Tab ER 24HR 50 MG	G			1.60000	8/3/2020	
Lansoprazole Cap Delayed Release 15 MG	G			0.13167	6/1/2019	
Lansoprazole Cap Delayed Release 30 MG	G			0.08956	6/1/2020	
Lansoprazole Tab Delayed Release Orally Disintegrating 15 MG	G			9.03000	3/1/2020	
Lansoprazole Tab Delayed Release Orally Disintegrating 30 MG	G			8.88000	5/1/2020	
Latanoprost Ophth Soln 0.005%	G			1.56080	3/1/2021	
Leflunomide Tab 10 MG	G			0.66670	6/1/2019	
Leflunomide Tab 20 MG	G		1.03800	0.84332	7/1/2021	
Lenalidomide Cap 10 MG	B			716.94052	1/3/2019	
Letrozole Tab 2.5 MG	G			0.09933	5/1/2017	
Leucovorin Calcium Tab 25 MG	G			4.84400	4/1/2018	
Leucovorin Calcium Tab 5 MG	G			0.60030	9/1/2018	
Leuprolide Acetate (3 Month) For Inj Kit 11.25 MG	B			4284.62096	1/1/2021	
Leuprolide Acetate (3 Month) For Inj Kit 22.5 MG	B			4630.18488	1/1/2019	
Leuprolide Acetate (3 Month) For Inj Pediatric Kit 30 MG	B			9346.59340	11/11/2019	
Leuprolide Acetate (4 Month) For Inj Kit 30 MG	B			6173.58648	1/1/2019	
Leuprolide Acetate For Inj Kit 3.75 MG	B			1295.16852	1/1/2019	
Leuprolide Acetate For Inj Kit 7.5 MG	B			1543.40160	1/1/2019	
Leuprolide Acetate For Inj Pediatric Kit 11.25 MG	B			2434.70540	4/3/2017	
Leuprolide Acetate For Inj Pediatric Kit 15 MG	B			2681.57230	4/3/2017	
Leuprolide Acetate For Inj Pediatric Kit 7.5 MG	B			1341.06420	4/3/2017	
Levalbuterol HCl Soln Nebu 0.31 MG/3ML (Base Equiv)	G			0.52707	4/1/2017	
Levalbuterol HCl Soln Nebu 0.63 MG/3ML (Base Equiv)	G			0.25156	12/1/2019	
Levalbuterol HCl Soln Nebu 1.25 MG/3ML (Base Equiv)	G			0.29673	9/1/2018	
Levalbuterol Tartrate Inhal Aerosol 45 MCG/ACT (Base Equiv)	G			3.54667	3/1/2018	
Levetiracetam Oral Soln 100 MG/ML	G			0.03142	12/1/2019	
Levetiracetam Tab 1000 MG	G			0.13695	12/1/2017	
Levetiracetam Tab 250 MG	G			0.05475	8/1/2018	
Levetiracetam Tab 500 MG	G			0.07467	6/1/2017	
Levetiracetam Tab 750 MG	G			0.15065	12/1/2020	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Levetiracetam Tab ER 24HR 500 MG	G			0.16667	8/1/2020	
Levetiracetam Tab ER 24HR 750 MG	G			0.21650	6/1/2020	
Levobunolol HCl Ophth Soln 0.25%	G			1.10500	1/1/2010	
Levobunolol HCl Ophth Soln 0.5%	G			0.44115	1/1/2009	
Levocarnitine Oral Soln 1 GM/10ML (10%)	G			0.19661	12/1/2019	
Levocarnitine Tab 330 MG	G			0.53088	10/1/2015	
Levocetirizine Dihydrochloride Soln 2.5 MG/5ML (0.5 MG/ML)	G			0.43460	8/1/2013	
Levocetirizine Dihydrochloride Tab 5 MG	G			0.06111	5/1/2019	
Levofloxacin in D5W IV Soln 500 MG/100ML	G			0.52730	9/1/2017	
Levofloxacin Oral Soln 25 MG/ML	G			0.86325	3/1/2018	
Levofloxacin Tab 250 MG	G			0.12800	9/1/2019	
Levofloxacin Tab 500 MG	G			0.10800	4/1/2021	
Levofloxacin Tab 750 MG	G			0.22400	5/1/2019	
Levonorg-Eth Est Tab 0.1-0.02MG(84) & Eth Est Tab 0.01MG(7)	G			0.41879	2/1/2019	
Levonorg-Eth Est Tab 0.15-0.03MG(84) & Eth Est Tab 0.01MG(7)	G			0.09335	6/1/2020	
Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 MG	G			0.19200	3/1/2021	
Levonorgestrel & Ethinyl Estradiol Tab 0.1 MG-20 MCG	G			0.09595	8/1/2020	
Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	G			0.12476	5/1/2017	
Levonorgestrel Tab 0.75 MG	G			15.22415	8/1/2011	
Levonorgestrel Tab 1.5 MG	G			8.50000	1/1/2020	
Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG	G			0.34466	4/1/2017	
Levonorgestrel-Ethinyl Estradiol (Continuous) Tab 90-20 MCG	G		1.36393	1.07571	7/1/2021	
Levothyroxine Sodium Tab 100 MCG	G			0.19055	4/1/2021	
Levothyroxine Sodium Tab 112 MCG	G			0.18832	3/1/2021	
Levothyroxine Sodium Tab 125 MCG	G			0.22957	2/1/2021	
Levothyroxine Sodium Tab 137 MCG	G			0.29570	2/1/2021	
Levothyroxine Sodium Tab 150 MCG	G			0.24822	2/1/2020	
Levothyroxine Sodium Tab 175 MCG	G			0.32570	2/1/2021	
Levothyroxine Sodium Tab 200 MCG	G			0.33506	2/1/2021	
Levothyroxine Sodium Tab 25 MCG	G			0.16793	4/1/2021	
Levothyroxine Sodium Tab 300 MCG	G			0.25325	8/1/2011	
Levothyroxine Sodium Tab 50 MCG	G			0.14857	2/1/2021	
Levothyroxine Sodium Tab 75 MCG	G			0.22038	5/1/2020	
Levothyroxine Sodium Tab 88 MCG	G			0.23539	5/1/2020	
Lidocaine HCl Cream 3%	G			0.51777	12/1/2019	
Lidocaine HCl Gel 2%	G			0.32560	7/1/2013	
Lidocaine HCl IV Inj 20 MG/ML	G			0.48020	9/1/2017	
Lidocaine HCl Local Inj 1%	G			0.02262	6/1/2010	
Lidocaine HCl Local Preservative Free (PF) Inj 1%	G			0.55120	7/1/2020	
Lidocaine HCl Local Preservative Free (PF) Inj 2%	G			0.02574	4/1/2019	
Lidocaine HCl Soln 4%	G			0.80000	1/25/2019	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Lidocaine HCl Urethral/Mucosal Gel 2%	G			2.41933	10/1/2020	
Lidocaine HCl Urethral/Mucosal Gel Prefilled Syringe 2%	G			0.61279	4/1/2021	
Lidocaine HCl Viscous Soln 2%	G			0.02457	4/1/2011	
Lidocaine Inj 1% w/ Epinephrine-1:100000	G			0.06687	4/1/2020	
Lidocaine Oint 5%	G			0.20580	8/1/2020	
Lidocaine Patch 5%	G			1.96922	9/1/2020	
Lidocaine-Hydrocortisone Acetate Perianal Cream 3-0.5%	G			0.84656	2/1/2021	
Lidocaine-Hydrocortisone Acetate Rectal Cream Kit 3-0.5%	G			7.69340	9/1/2010	
Lidocaine-Prilocaine Cream 2.5-2.5%	G			0.17500	6/1/2020	
Linezolid For Susp 100 MG/5ML	B			8.86447	1/1/2018	
Linezolid Tab 600 MG	G			1.00000	3/1/2020	
Liothyronine Sodium Tab 25 MCG	G			0.42480	8/1/2017	
Liothyronine Sodium Tab 5 MCG	G			0.32833	2/1/2020	
Liothyronine Sodium Tab 50 MCG	G			0.41850	4/1/2017	
Lisinopril & Hydrochlorothiazide Tab 10-12.5 MG	G			0.02241	12/1/2018	
Lisinopril & Hydrochlorothiazide Tab 20-12.5 MG	G			0.02786	4/1/2018	
Lisinopril & Hydrochlorothiazide Tab 20-25 MG	G			0.02920	11/1/2017	
Lisinopril Tab 10 MG	G			0.01144	12/1/2018	
Lisinopril Tab 2.5 MG	G			0.01030	11/1/2017	
Lisinopril Tab 20 MG	G			0.01652	8/1/2017	
Lisinopril Tab 30 MG	G			0.03080	5/1/2017	
Lisinopril Tab 40 MG	G			0.02822	5/1/2017	
Lisinopril Tab 5 MG	G			0.01385	3/1/2019	
Lithium Carbonate Cap 150 MG	G			0.04550	4/1/2021	
Lithium Carbonate Cap 300 MG	G			0.03598	3/1/2011	
Lithium Carbonate Cap 600 MG	G			0.09925	4/1/2017	
Lithium Carbonate Tab 300 MG	G			0.09870	7/1/2020	
Lithium Carbonate Tab ER 300 MG	G			0.09717	12/1/2020	
Lithium Carbonate Tab ER 450 MG	G			0.08030	9/1/2020	
Lithium Oral Solution 8 mEq/5ML	G			0.14356	4/1/2018	
Loperamide HCl Cap 2 MG	G			0.20872	12/1/2018	
Loperamide HCl Liq 1 MG/5ML (0.2 MG/ML)	G			0.04563	8/1/2016	
Loperamide HCl Tab 2 MG	G			0.10000	11/1/2018	
Lopinavir-Ritonavir Tab 200-50 MG	B			8.02679	12/26/2016	
Loratadine & Pseudoephedrine Tab ER 12HR 5-120 MG	G			0.58500	8/12/2009	
Loratadine & Pseudoephedrine Tab ER 24HR 10-240 MG	G			0.30533	6/1/2020	
Loratadine Rapidly-Disintegrating Tab 10 MG	G			0.22273	1/1/2010	
Loratadine Syrup 5 MG/5ML	G			0.03325	12/1/2018	
Loratadine Tab 10 MG	G			0.03157	11/1/2017	
Lorazepam Conc 2 MG/ML	G			0.26900	12/1/2019	
Lorazepam Inj 2 MG/ML	G			0.46840	12/1/2019	
Lorazepam Tab 0.5 MG	G			0.02030	11/1/2017	
Lorazepam Tab 1 MG	G			0.02225	4/1/2017	
Lorazepam Tab 2 MG	G			0.04207	4/1/2017	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Losartan Potassium & Hydrochlorothiazide Tab 100-12.5 MG	G			0.07356	6/1/2017	
Losartan Potassium & Hydrochlorothiazide Tab 100-25 MG	G			0.06689	12/1/2018	
Losartan Potassium & Hydrochlorothiazide Tab 50-12.5 MG	G			0.04424	11/1/2018	
Losartan Potassium Tab 100 MG	G			0.04114	11/1/2017	
Losartan Potassium Tab 25 MG	G			0.02820	12/1/2018	
Losartan Potassium Tab 50 MG	G			0.03429	8/1/2018	
Lovastatin Tab 10 MG	G			0.04786	9/1/2020	
Lovastatin Tab 20 MG	G			0.03900	11/1/2017	
Lovastatin Tab 40 MG	G			0.01901	12/1/2018	
Loxapine Succinate Cap 10 MG	G			0.25298	4/1/2017	
Loxapine Succinate Cap 25 MG	G			0.56280	9/1/2017	
Loxapine Succinate Cap 5 MG	G			0.35005	8/30/2019	
Loxapine Succinate Cap 50 MG	G			0.62000	9/1/2019	
Lubiprostone Cap 24 MCG	G			3.96850	6/1/2021	
Lurasidone HCl Tab 40 MG	B			43.53367	5/11/2021	
Lurasidone HCl Tab 80 MG	B			0.00000	12/8/2020	
Macitentan Tab 10 MG	B			320.48292	1/11/2019	
Magnesium Hydroxide Susp 400 MG/5ML	G			0.00363	1/5/2011	
Magnesium Oxide Tab 400 MG	G			0.02200	4/1/2017	
Magnesium Oxide Tab 400 MG (241.3 MG Elemental Mg)	G			0.02200	4/1/2017	
Magnesium Sulfate Inj 50%	G			8.44100	4/1/2020	
Malathion Lotion 0.5%	G			2.68358	4/1/2019	
Mecasermin Inj 40 MG/4ML (10 MG/ML)	B			1111.53600	1/1/2019	
Meclizine HCl Chew Tab 25 MG	G			0.03190	4/1/2017	
Meclizine HCl Tab 12.5 MG	G			0.02915	10/1/2009	
Meclizine HCl Tab 25 MG	G			0.04200	12/1/2019	
Medroxyprogesterone Acetate IM Susp 150 MG/ML	G			29.36000	7/1/2020	
Medroxyprogesterone Acetate IM Susp Prefilled Syr 150 MG/ML	G			34.68085	5/1/2021	
Medroxyprogesterone Acetate Tab 10 MG	G			0.11950	12/1/2018	
Medroxyprogesterone Acetate Tab 2.5 MG	G			0.05125	8/1/2011	
Medroxyprogesterone Acetate Tab 5 MG	G			0.08900	8/1/2011	
Mefenamic Acid Cap 250 MG	G			1.51853	2/1/2021	
Mefloquine HCl Tab 250 MG	G			3.32640	10/1/2017	
Megestrol Acetate Susp 40 MG/ML	G			0.05000	4/1/2017	
Megestrol Acetate Susp 625 MG/5ML	G			2.09993	4/1/2020	
Megestrol Acetate Tab 20 MG	G			0.12563	3/1/2012	
Megestrol Acetate Tab 40 MG	G			0.10500	9/1/2019	
Meloxicam Tab 15 MG	G			0.01542	12/1/2018	
Meloxicam Tab 7.5 MG	G			0.01530	12/1/2018	
Memantine HCl Cap ER 24HR 14 MG	G			1.59156	12/1/2019	
Memantine HCl Cap ER 24HR 21 MG	G			2.41733	6/1/2020	
Memantine HCl Cap ER 24HR 28 MG	G			0.97767	7/1/2020	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Memantine HCl Cap ER 24HR 7 MG	G			1.63966	12/1/2019	
Memantine HCl Oral Solution 2 MG/ML	G			1.16022	9/1/2017	
Memantine HCl Tab 10 MG	B			5.62823	4/1/2015	
Memantine HCl Tab 10 MG	G			0.04825	12/1/2020	
Memantine HCl Tab 28 x 5 MG & 21 x 10 MG Titration Pack	G			0.27204	4/1/2020	
Memantine HCl Tab 5 MG	B			5.62823	4/1/2015	
Memantine HCl Tab 5 MG	G			0.08023	12/1/2020	
Meperidine HCl Tab 100 MG	G			1.45210	1/4/2016	
Meperidine HCl Tab 50 MG	G			0.20308	12/1/2011	
Mercaptopurine Tab 50 MG	G			0.76000	7/1/2019	
Meropenem IV For Soln 1 GM	G			9.44800	9/1/2018	
Meropenem IV For Soln 500 MG	G			5.90000	1/1/2019	
Mesalamine Cap DR 400 MG	G		1.81439	1.70044	7/1/2021	
Mesalamine Cap ER 24HR 0.375 GM	G			2.63158	4/1/2020	
Mesalamine Enema 4 GM	G			0.11845	5/1/2012	
Mesalamine Tab Delayed Release 1.2 GM	G			2.22400	1/1/2020	
Mesalamine Tab Delayed Release 800 MG	G			4.25000	12/1/2019	
Mesna Inj 100 MG/ML	G			2.60000	5/1/2011	
Metaxalone Tab 400 MG	G			3.68121	1/1/2021	
Metaxalone Tab 800 MG	G			0.45990	6/1/2020	
Metformin HCl Tab 1000 MG	G			0.01938	4/1/2021	
Metformin HCl Tab 500 MG	G			0.01331	12/1/2018	
Metformin HCl Tab 850 MG	G			0.02127	1/1/2018	
Metformin HCl Tab ER 24HR 500 MG	G			0.02038	5/1/2020	
Metformin HCl Tab ER 24HR 750 MG	G			0.04510	5/1/2020	
Metformin HCl Tab ER 24HR Modified Release 1000 MG	G			8.83979	9/1/2020	
Metformin HCl Tab ER 24HR Modified Release 500 MG	G			5.19144	10/1/2020	
Metformin HCl Tab ER 24HR Osmotic 1000 MG	G		2.47866	1.86733	7/1/2021	
Metformin HCl Tab ER 24HR Osmotic 500 MG	G			2.31900	3/1/2020	
Methadone HCl Conc 10 MG/ML	G			0.84500	11/1/2020	
Methadone HCl Tab 10 MG	G			0.08790	12/1/2018	
Methadone HCl Tab 5 MG	G			0.10660	2/1/2020	
Methazolamide Tab 25 MG	G			2.55000	4/1/2020	
Methazolamide Tab 50 MG	G			0.19032	1/1/2009	
Methenamine Hippurate Tab 1 GM	G			0.59990	4/1/2020	
Methenamine Hippurate Tab 1 GM	G			0.83487	1/1/2021	
Methimazole Tab 10 MG	G			0.08775	10/1/2017	
Methimazole Tab 5 MG	G			0.04205	12/1/2020	
Methocarbamol Tab 500 MG	G			0.05726	6/1/2021	
Methocarbamol Tab 750 MG	G			0.05730	1/1/2018	
Methotrexate Sodium Inj 25 MG/ML	G			1.37800	1/1/2010	
Methotrexate Sodium Inj 250 MG/10ML (25 MG/ML)	G			1.37800	4/13/2016	
Methotrexate Sodium Inj 50 MG/2ML (25 MG/ML)	G			1.37800	4/13/2016	
Methotrexate Sodium Inj PF 100 MG/4ML (25 MG/ML)	G			0.91800	4/1/2017	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Methotrexate Sodium Inj PF 1000 MG/40ML (25 MG/ML)	G			0.86700	3/1/2019	
Methotrexate Sodium Inj PF 200 MG/8ML (25 MG/ML)	G			0.91800	4/1/2017	
Methotrexate Sodium Inj PF 25 MG/ML	G			0.91800	4/1/2017	
Methotrexate Sodium Inj PF 250 MG/10ML (25 MG/ML)	G			0.81415	4/1/2017	
Methotrexate Sodium Inj PF 50 MG/2ML (25 MG/ML)	G			0.86700	3/1/2019	
Methotrexate Sodium Tab 2.5 MG (Antirheumatic)	G			0.31000	11/1/2020	
Methotrexate Sodium Tab 2.5 MG (Base Equiv)	G			0.21642	5/1/2021	
Methotrexate Soln PF Auto-Injector 10 MG/0.4ML	B			366.89112	8/17/2016	
Methotrexate Soln PF Auto-Injector 15 MG/0.4ML	B			366.89112	8/17/2016	
Methotrexate Soln PF Auto-Injector 20 MG/0.4ML	B			366.89112	8/17/2016	
Methotrexate Soln PF Auto-Injector 25 MG/0.4ML	B			366.89112	8/17/2016	
Methscopolamine Bromide Tab 2.5 MG	G			0.31450	9/1/2018	
Methylcellulose Powder Laxative	G			0.01682	2/1/2014	
Methyldopa & Hydrochlorothiazide Tab 250-15 MG	G			0.21320	6/1/2010	
Methyldopa & Hydrochlorothiazide Tab 250-25 MG	G			0.21307	6/1/2010	
Methyldopa Tab 250 MG	G			0.06990	3/1/2018	
Methyldopa Tab 500 MG	G			0.14670	6/1/2017	
Methylergonovine Maleate Tab 0.2 MG	G			27.26667	6/1/2020	
Methylphenidate HCl Cap ER 20 MG (CD)	G			1.71080	4/1/2020	
Methylphenidate HCl Cap ER 24HR 10 MG (LA)	G			2.87252	5/1/2021	
Methylphenidate HCl Cap ER 24HR 20 MG (LA)	G			3.01000	2/1/2019	
Methylphenidate HCl Cap ER 24HR 30 MG (LA)	G		2.75570	1.94670	7/1/2021	
Methylphenidate HCl Cap ER 24HR 40 MG (LA)	G			3.09805	4/1/2020	
Methylphenidate HCl Cap ER 24HR 60 MG (LA)	G			7.50433	4/1/2020	
Methylphenidate HCl Cap ER 30 MG (CD)	G			2.29730	4/1/2020	
Methylphenidate HCl Cap ER 40 MG (CD)	G			3.42960	4/1/2017	
Methylphenidate HCl Cap ER 60 MG (CD)	G			3.84210	2/1/2019	
Methylphenidate HCl Chew Tab 10 MG	G			2.99990	5/1/2021	
Methylphenidate HCl Chew Tab 2.5 MG	G			1.85000	1/1/2021	
Methylphenidate HCl Chew Tab 5 MG	G			3.17000	2/1/2020	
Methylphenidate HCl Soln 10 MG/5ML	G			0.20000	2/1/2019	
Methylphenidate HCl Soln 5 MG/5ML	G			0.14000	2/1/2019	
Methylphenidate HCl Tab 10 MG	G			0.15585	8/1/2020	
Methylphenidate HCl Tab 20 MG	G			0.23000	6/1/2021	
Methylphenidate HCl Tab 5 MG	G			0.12928	9/1/2020	
Methylphenidate HCl Tab ER 10 MG	G			1.14450	3/1/2021	
Methylphenidate HCl Tab ER 20 MG	G		1.41000	0.81042	7/1/2021	
Methylphenidate HCl Tab ER 24HR 18 MG	G			1.90787	6/1/2021	
Methylphenidate HCl Tab ER 24HR 27 MG	G		2.79950	1.51297	7/1/2021	
Methylphenidate HCl Tab ER 24HR 36 MG	G			1.97932	3/1/2021	
Methylphenidate HCl Tab ER 24HR 54 MG	G			4.40970	12/1/2019	
Methylphenidate HCl Tab ER Osmotic Release (OSM) 18 MG	G			1.90787	6/1/2021	
Methylphenidate HCl Tab ER Osmotic Release (OSM) 27 MG	G		2.79950	1.51297	7/1/2021	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Methylphenidate HCl Tab ER Osmotic Release (OSM) 36 MG	G			1.97932	3/1/2021	
Methylphenidate HCl Tab ER Osmotic Release (OSM) 54 MG	G			4.40970	12/1/2019	
Methylprednisolone Acetate Inj Susp 40 MG/ML	G			6.24000	4/1/2017	
Methylprednisolone Acetate Inj Susp 80 MG/ML	G			5.93600	1/1/2019	
Methylprednisolone Tab 32 MG	G			2.81312	1/1/2021	
Methylprednisolone Tab 4 MG	G			0.21647	6/1/2019	
Methylprednisolone Tab 4 MG Dose Pack	G			0.73589	10/1/2015	
Methylprednisolone Tab 8 MG	G			1.09220	12/1/2019	
Methylprednisolone Tab Therapy Pack 4 MG (21)	G			0.11048	1/1/2021	
Metoclopramide HCl Soln 5 MG/5ML (10 MG/10ML) (Base Equiv)	G			0.03070	9/1/2020	
Metoclopramide HCl Tab 10 MG (Base Equivalent)	G			0.02797	12/1/2018	
Metoclopramide HCl Tab 5 MG (Base Equivalent)	G			0.02200	10/1/2017	
Metolazone Tab 10 MG	G			0.66462	9/1/2011	
Metolazone Tab 2.5 MG	G			0.12540	6/1/2020	
Metolazone Tab 5 MG	G			0.68220	2/1/2020	
Metoprolol & Hydrochlorothiazide Tab 50-25 MG	G			0.67570	3/1/2018	
Metoprolol Succinate Tab ER 24HR 100 MG (Tartrate Equiv)	G			0.15124	4/1/2021	
Metoprolol Succinate Tab ER 24HR 200 MG (Tartrate Equiv)	G			0.18770	1/1/2021	
Metoprolol Succinate Tab ER 24HR 25 MG (Tartrate Equiv)	G			0.06050	8/1/2020	
Metoprolol Succinate Tab ER 24HR 50 MG (Tartrate Equiv)	G		0.09250	0.08920	7/1/2021	
Metoprolol Tartrate Tab 100 MG	G			0.02334	10/1/2020	
Metoprolol Tartrate Tab 25 MG	G			0.01590	12/1/2020	
Metoprolol Tartrate Tab 37.5 MG	G			0.11670	4/1/2020	
Metoprolol Tartrate Tab 50 MG	G			0.01697	10/1/2020	
Metronidazole Cap 375 MG	G			3.91000	2/1/2019	
Metronidazole Cream 0.75%	G			0.88756	6/1/2020	
Metronidazole Gel 0.75%	G			0.70963	6/1/2021	
Metronidazole Gel 1%	G			1.56383	4/1/2020	
Metronidazole in NaCl 0.79% IV Soln 500 MG/100ML	G			0.01545	1/1/2012	
Metronidazole Lotion 0.75%	G			2.03153	3/1/2021	
Metronidazole Tab 250 MG	G			0.07480	9/1/2019	
Metronidazole Tab 500 MG	G			0.11483	12/1/2018	
Metronidazole Vaginal Gel 0.75%	G			0.75276	12/1/2020	
Mexiletine HCl Cap 150 MG	G			0.24270	1/1/2009	
Mexiletine HCl Cap 200 MG	G			0.69240	9/1/2017	
Miconazole Nitrate Cream 2%	G			0.05542	7/1/2013	
Miconazole Nitrate Vaginal Cream 2%	G			0.11948	4/1/2021	
Miconazole Nitrate Vaginal Supp 200 MG & 2% Cream 9 GM Kit	G			7.69000	2/1/2019	
Miconazole Nitrate Vaginal Suppos 100 MG	G			0.54786	9/1/2010	
Midazolam HCl Inj 10 MG/10ML (Base Equivalent)	G			0.20280	7/1/2013	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Midazolam HCl Inj 10 MG/2ML (Base Equivalent)	G			0.44200	7/1/2013	
Midazolam HCl Inj 2 MG/2ML (Base Equivalent)	G			0.20280	7/1/2013	
Midazolam HCl Inj 25 MG/5ML (Base Equivalent)	G			0.44200	7/1/2013	
Midazolam HCl Inj 5 MG/5ML (Base Equivalent)	G			0.20280	7/1/2013	
Midazolam HCl Inj 5 MG/ML (Base Equivalent)	G			0.44200	7/1/2013	
Midazolam HCl Inj 50 MG/10ML (Base Equivalent)	G			0.44200	7/1/2013	
Midazolam HCl Syrup 2 MG/ML (Base Equivalent)	G			0.32771	4/1/2021	
Midodrine HCl Tab 10 MG	G			0.49213	12/1/2020	
Midodrine HCl Tab 2.5 MG	G			0.16000	9/1/2018	
Midodrine HCl Tab 5 MG	G			0.23470	1/1/2021	
Milrinone in Dextrose 5% IV Soln 20MG/100 ML	G			0.21614	7/1/2013	
Milrinone Lactate in Dextrose 5% IV Soln 40 MG/200ML	G			0.21614	7/1/2013	
Milrinone Lactate IV Soln 10 MG/10ML (Base Equivalent)	G			0.27241	6/1/2020	
Milrinone Lactate IV Soln 20 MG/20ML (Base Equivalent)	G			0.27241	6/1/2020	
Milrinone Lactate IV Soln 50 MG/50ML (Base Equivalent)	G			0.27241	6/1/2020	
Minocycline HCl Cap 100 MG	G			0.31729	8/1/2020	
Minocycline HCl Cap 50 MG	G			0.15200	4/1/2021	
Minocycline HCl Cap 75 MG	G			0.28083	4/1/2017	
Minocycline HCl Tab 100 MG	G			1.80620	6/1/2018	
Minocycline HCl Tab 50 MG	G			0.79000	11/1/2018	
Minocycline HCl Tab ER 24HR 135 MG	G			10.48000	1/1/2012	
Minocycline HCl Tab ER 24HR 45 MG	G			10.48000	1/1/2019	
Minocycline HCl Tab ER 24HR 90 MG	G			5.25856	1/1/2019	
Minoxidil Tab 10 MG	G			0.12250	12/1/2018	
Minoxidil Tab 2.5 MG	G			0.01538	9/1/2017	
Mipomersen Sodium Soln Prefilled Syringe 200 MG/ML	B			6922.90758	10/14/2016	
Mirtazapine Orally Disintegrating Tab 15 MG	G			0.55617	12/1/2019	
Mirtazapine Orally Disintegrating Tab 30 MG	G			0.53400	10/1/2017	
Mirtazapine Orally Disintegrating Tab 45 MG	G			0.72941	5/1/2019	
Mirtazapine Tab 15 MG	G			0.05000	8/1/2020	
Mirtazapine Tab 30 MG	G			0.06333	6/1/2017	
Mirtazapine Tab 45 MG	G			0.07467	6/1/2020	
Mirtazapine Tab 7.5 MG	G			0.19917	8/1/2012	
Misoprostol Tab 100 MCG	G			0.39396	11/1/2011	
Misoprostol Tab 200 MCG	G			0.47200	4/1/2011	
Modafinil Tab 100 MG	G			0.49100	10/1/2017	
Modafinil Tab 200 MG	G			0.35717	12/1/2019	
Moexipril HCl Tab 15 MG	G			0.31400	10/1/2017	
Moexipril HCl Tab 7.5 MG	G			0.26780	3/1/2018	
Moexipril-Hydrochlorothiazide Tab 15-12.5 MG	G			0.59644	9/1/2011	
Moexipril-Hydrochlorothiazide Tab 15-25 MG	G			0.53738	8/1/2011	
Mometasone Furoate Cream 0.1%	G			0.27933	4/1/2020	
Mometasone Furoate Nasal Susp 50 MCG/ACT	G			2.29942	9/1/2020	
Mometasone Furoate Oint 0.1%	G			0.18244	4/1/2020	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Mometasone Furoate Solution 0.1% (Lotion)	G			0.22323	5/1/2012	
Montelukast Sodium Chew Tab 4 MG (Base Equiv)	G			0.08729	6/1/2021	
Montelukast Sodium Chew Tab 5 MG (Base Equiv)	G			0.06795	7/1/2020	
Montelukast Sodium Oral Granules Packet 4 MG (Base Equiv)	G		1.78811	1.35967	7/1/2021	
Montelukast Sodium Tab 10 MG (Base Equiv)	G			0.05171	5/1/2021	
Morphine Sulfate Beads Cap ER 24HR 60 MG	G			8.43250	4/1/2017	
Morphine Sulfate Beads Cap ER 24HR 75 MG	G			10.96260	4/1/2017	
Morphine Sulfate Cap ER 24HR 10 MG	G			2.16080	2/1/2021	
Morphine Sulfate Cap ER 24HR 20 MG	G			1.25730	10/1/2017	
Morphine Sulfate Cap ER 24HR 30 MG	G			1.18850	12/1/2019	
Morphine Sulfate Cap ER 24HR 50 MG	G			2.79941	1/1/2019	
Morphine Sulfate Cap ER 24HR 60 MG	G			4.67950	7/1/2020	
Morphine Sulfate Cap ER 24HR 80 MG	G			8.81970	10/1/2020	
Morphine Sulfate Inj 10 MG/ML	G			0.79875	4/1/2012	
Morphine Sulfate Oral Soln 10 MG/5ML	G			0.04596	12/1/2020	
Morphine Sulfate Oral Soln 100 MG/5ML (20 MG/ML)	G			0.23267	10/1/2016	
Morphine Sulfate Tab 15 MG	G			0.16520	1/12/2016	
Morphine Sulfate Tab 30 MG	G			0.15355	8/1/2013	
Morphine Sulfate Tab ER 100 MG	G			0.82356	7/1/2013	
Morphine Sulfate Tab ER 15 MG	G			0.17740	11/1/2020	
Morphine Sulfate Tab ER 200 MG	G			1.31927	3/1/2013	
Morphine Sulfate Tab ER 30 MG	G			0.23720	5/1/2020	
Morphine Sulfate Tab ER 60 MG	G			0.54275	12/1/2018	
Moxifloxacin HCl Ophth Soln 0.5% (Base Equiv)	G			3.94167	12/1/2019	
Moxifloxacin HCl Tab 400 MG (Base Equiv)	G			1.33333	12/1/2019	
Multiple Vitamin Tab**	G			0.02838	9/1/2010	
Multiple Vitamins w/ Minerals Liquid**	G			0.01355	7/1/2013	
Mupirocin Calcium Cream 2%	G			6.15926	5/1/2021	
Mupirocin Oint 2%	G			0.14313	4/1/2021	
Mycophenolate Mofetil Cap 250 MG	G			0.12520	2/1/2018	
Mycophenolate Mofetil For Oral Susp 200 MG/ML	G			5.29131	6/27/2020	
Mycophenolate Mofetil Tab 500 MG	G			0.16100	7/1/2019	
Mycophenolate Sodium Tab DR 180 MG (Mycophenolic Acid Equiv)	G			0.82950	12/1/2020	
Mycophenolate Sodium Tab DR 360 MG (Mycophenolic Acid Equiv)	G			2.01000	6/1/2019	
Nabumetone Tab 500 MG	G			0.12800	6/1/2020	
Nabumetone Tab 750 MG	G			0.16374	6/1/2021	
Nadolol Tab 20 MG	G			0.29000	12/1/2019	
Nadolol Tab 40 MG	G			0.44895	7/1/2020	
Nadolol Tab 80 MG	G			0.29675	5/1/2012	
Naloxone HCl Inj 0.4 MG/ML	G			11.11000	11/1/2019	
Naloxone HCl Inj 4 MG/10ML	G			11.11000	11/1/2019	
Naloxone HCl Solution Auto-injector 0.4 MG/0.4ML	B			715.87500	4/29/2015	
Naltrexone HCl Tab 50 MG	G			0.49822	3/1/2021	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Naproxen Sodium Tab 220 MG	G			0.04840	3/1/2020	
Naproxen Sodium Tab 275 MG	G			0.09529	1/1/2013	
Naproxen Sodium Tab 550 MG	G			0.32180	6/1/2020	
Naproxen Sodium Tab ER 24HR 500 MG (Base Equiv)	G			7.39547	6/1/2021	
Naproxen Susp 125 MG/5ML	G			0.91184	10/1/2020	
Naproxen Tab 250 MG	G			0.03406	8/1/2011	
Naproxen Tab 375 MG	G			0.04990	4/1/2017	
Naproxen Tab 500 MG	G			0.04180	11/1/2017	
Naproxen Tab EC 500 MG	G			0.13590	12/1/2019	
Naratriptan HCl Tab 1 MG (Base Equiv)	G			2.42489	12/1/2020	
Naratriptan HCl Tab 2.5 MG (Base Equiv)	G			1.04219	6/1/2021	
Natalizumab for IV Inj Conc 300 MG/15ML	B			439.57929	7/1/2019	
Nateglinide Tab 120 MG	G			0.14756	3/1/2020	
Nateglinide Tab 60 MG	G			0.26967	6/1/2020	
Nefazodone HCl Tab 100 MG	G			0.52000	1/1/2010	
Nefazodone HCl Tab 150 MG	G			0.54600	1/1/2010	
Nefazodone HCl Tab 200 MG	G			0.57200	1/1/2010	
Nefazodone HCl Tab 250 MG	G			0.49717	6/1/2020	
Nefazodone HCl Tab 50 MG	G			0.31800	10/1/2012	
Nelfinavir Mesylate Tab 250 MG	B			3.73400	1/30/2017	
Neomycin Sulfate Tab 500 MG	G			0.48150	3/1/2021	
Neomycin-Bacitrac Zn-Polymyx 5(3.5)MG-400Unt-10000Unt Op Oin	G			0.83490	1/1/2007	
Neomycin-Bacitracin-Polymyxin Oint***	G			0.07143	6/1/2014	
Neomycin-Polymy-Gramicid Op Sol 1.75-10000-0.025MG-UNT-MG/ML	G			1.75625	3/1/2012	
Neomycin-Polymyxin B GU Irrigation Soln	G			8.06000	11/1/2010	
Neomycin-Polymyxin-Dexamethasone Ophth Oint 0.1%	G			0.72000	1/1/2009	
Neomycin-Polymyxin-Dexamethasone Ophth Susp 0.1%	G			2.43657	7/1/2019	
Neomycin-Polymyxin-HC Ophth Susp	G			16.39621	2/1/2021	
Neomycin-Polymyxin-HC Otic Soln 1%	G			3.77700	11/1/2020	
Neomycin-Polymyxin-HC Otic Susp 3.5 MG/ML-10000 Unit/ML-1%	G			2.99000	1/1/2020	
Nevirapine Tab 200 MG	G			0.11000	10/1/2017	
Nevirapine Tab ER 24HR 400 MG	G			0.44233	12/1/2019	
Niacin Tab ER 1000 MG (Antihyperlipidemic)	G			0.62311	10/1/2017	
Niacin Tab ER 500 MG (Antihyperlipidemic)	G			0.08178	12/1/2019	
Nicotine Polacrilex Gum 2 MG	G			0.17264	12/1/2018	
Nicotine Polacrilex Gum 4 MG	G			0.14927	2/1/2018	
Nicotine Polacrilex Lozenge 2 MG	G			0.36667	1/1/2021	
Nicotine Polacrilex Lozenge 4 MG	G			0.29250	9/1/2019	
Nicotine TD Patch 24HR 14 MG/24HR	G			1.16303	3/1/2020	
Nicotine TD Patch 24HR 21 MG/24HR	G			1.30714	3/1/2019	
Nicotine TD Patch 24HR 7 MG/24HR	G			1.29714	12/1/2019	
Nifedipine Cap 10 MG	G			0.39940	3/1/2021	
Nifedipine Cap 20 MG	G			1.17968	9/1/2020	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Nifedipine Tab ER 24HR 30 MG	G			0.08250	4/1/2021	
Nifedipine Tab ER 24HR 60 MG	G			0.16950	6/1/2019	
Nifedipine Tab ER 24HR 90 MG	G			0.17703	12/1/2020	
Nifedipine Tab ER 24HR Osmotic Release 30 MG	G			0.10000	1/1/2020	
Nifedipine Tab ER 24HR Osmotic Release 60 MG	G			0.15000	8/1/2020	
Nifedipine Tab ER 24HR Osmotic Release 90 MG	G			0.15262	12/1/2018	
Nisoldipine Tab ER 24HR 17 MG	G			5.60720	6/1/2018	
Nisoldipine Tab ER 24HR 25.5 MG	G			6.55000	7/1/2011	
Nisoldipine Tab ER 24HR 34 MG	G			6.55000	7/1/2011	
Nisoldipine Tab ER 24HR 8.5 MG	G			3.89950	12/1/2018	
Nitrofurantoin Macrocrystalline Cap 100 MG	G			0.67076	6/1/2021	
Nitrofurantoin Macrocrystalline Cap 100 MG	G			0.53464	6/1/2021	
Nitrofurantoin Macrocrystalline Cap 25 MG	G		3.49140	2.86640	7/1/2021	
Nitrofurantoin Macrocrystalline Cap 25 MG	G			3.49140	4/1/2020	
Nitrofurantoin Macrocrystalline Cap 50 MG	G			0.29340	10/1/2019	
Nitrofurantoin Macrocrystalline Cap 50 MG	G			0.39126	1/1/2021	
Nitrofurantoin Monohydrate Macrocrystalline Cap 100 MG	G			0.45824	11/1/2020	
Nitrofurantoin Monohydrate Macrocrystalline Cap 100 MG	G			0.46800	6/1/2020	
Nitrofurantoin Susp 25 MG/5ML	G			7.66813	12/21/2018	
Nitroglycerin Cap ER 6.5 MG	G			0.35200	3/14/2016	
Nitroglycerin SL Tab 0.3 MG	G			0.17660	10/1/2020	
Nitroglycerin SL Tab 0.4 MG	G			0.16750	6/1/2020	
Nitroglycerin TD Patch 24HR 0.1 MG/HR	G			0.52033	9/1/2019	
Nitroglycerin TD Patch 24HR 0.2 MG/HR	G			0.36667	1/1/2018	
Nitroglycerin TD Patch 24HR 0.4 MG/HR	G			0.36667	6/1/2018	
Nitroglycerin TD Patch 24HR 0.6 MG/HR	G			0.49433	3/1/2020	
Nitroglycerin TL Soln 0.4 MG/SPRAY (400 MCG/SPRAY)	G			16.00667	1/1/2019	
Nizatidine Cap 150 MG	G			0.18833	9/1/2017	
Nizatidine Oral Soln 15 MG/ML	G			1.03499	2/1/2020	
Norelgestromin-Ethinyl Estradiol TD PTWK 150-35 MCG/24HR	G			40.71667	6/1/2021	
Norethindrone & Ethinyl Estradiol Tab 0.4 MG-35 MCG	G			0.24429	3/1/2020	
Norethindrone & Ethinyl Estradiol Tab 0.5 MG-35 MCG	G			0.64667	6/1/2018	
Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG	G			0.16298	6/1/2020	
Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.4 MG-35 MCG	G			1.46607	7/1/2021	
Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.8 MG-25 MCG	G			1.80607	10/1/2017	
Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-20/1-30/1-35 MG-MCG	G			0.98993	3/1/2020	
Norethindrone Ace & Ethinyl Estradiol Tab 1 MG-20 MCG	G			0.13889	6/1/2020	
Norethindrone Ace & Ethinyl Estradiol Tab 1.5 MG-30 MCG	G			0.42460	6/1/2020	
Norethindrone Ace & Ethinyl Estradiol-FE Tab 1 MG-20 MCG	G			0.19802	3/1/2019	
Norethindrone Ace & Ethinyl Estradiol-FE Tab 1.5 MG-30 MCG	G			0.15557	6/1/2020	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Norethindrone Ace-Ethinyl Estradiol-FE Tab 1 MG-20 MCG (24)	G			0.59250	6/1/2021	
Norethindrone Acetate Tab 5 MG	G		0.87190	0.77957	7/1/2021	
Norethindrone Acetate-Ethinyl Estradiol Tab 1 MG-5 MCG	G			1.33988	8/1/2019	
Norethindrone Tab 0.35 MG	G			0.07500	12/1/2019	
Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG	G			0.47906	5/7/2021	
Norethindrone-Eth Estradiol Tab 0.5-35/1-35/0.5-35 MG-MCG	G			0.77929	4/1/2017	
Norgestimate & Ethinyl Estradiol Tab 0.25 MG-35 MCG	G			0.18299	9/1/2019	
Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 MG-MCG	G			0.15456	7/1/2020	
Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG	G			0.09250	12/1/2019	
Norgestrel & Ethinyl Estradiol Tab 0.3 MG-30 MCG	G			0.26161	12/1/2018	
Nortriptyline HCl Cap 10 MG	G			0.06356	10/1/2017	
Nortriptyline HCl Cap 25 MG	G			0.05334	12/1/2019	
Nortriptyline HCl Cap 50 MG	G			0.07767	3/1/2020	
Nortriptyline HCl Cap 75 MG	G			0.12989	10/1/2017	
Nortriptyline HCl Soln 10 MG/5ML	G			0.31010	6/20/2016	
Nutritional Supplement Liquid**	G			0.03000	2/1/2013	
Nystatin Cream 100000 Unit/GM	G			0.16033	2/1/2020	
Nystatin Oint 100000 Unit/GM	G			0.25966	6/1/2021	
Nystatin Susp 100000 Unit/ML	G			0.05010	9/1/2020	
Nystatin Tab 500000 Unit	G			0.34870	9/1/2018	
Nystatin Topical Powder	G			0.79455	12/1/2016	
Nystatin Topical Powder 100000 Unit/GM	G			0.21152	6/1/2021	
Nystatin-Triamcinolone Cream 100000-0.1 Unit/GM-%	G			0.38408	3/1/2020	
Nystatin-Triamcinolone Oint 100000-0.1 Unit/GM-%	G			0.09750	1/6/2016	
Ocriplasmin Intravitreal Inj 0.5 MG/0.2ML (2.5 MG/ML)	B			16392.50000	5/25/2016	
Octreotide Acetate For IM Inj Kit 30 MG	B			6360.59544	1/15/2019	
Octreotide Acetate Inj 1000 MCG/ML (1 MG/ML)	B			271.26226	1/5/2016	
Octreotide Acetate Inj 1000 MCG/ML (1 MG/ML)	G			41.25000	10/1/2018	
Octreotide Acetate Inj 200 MCG/ML (0.2 MG/ML)	B			55.12860	1/5/2016	
Octreotide Acetate Inj 200 MCG/ML (0.2 MG/ML)	G			12.40000	11/21/2011	
Octreotide Acetate Inj 50 MCG/ML (0.05 MG/ML)	B			13.78381	1/5/2016	
Octreotide Acetate Inj 50 MCG/ML (0.05 MG/ML)	G			5.72000	9/1/2010	
Octreotide Acetate Inj 500 MCG/ML (0.5 MG/ML)	B			128.96042	1/5/2016	
Octreotide Acetate Inj 500 MCG/ML (0.5 MG/ML)	G			21.45000	9/1/2010	
Ofloxacin Ophth Soln 0.3%	G			1.48200	2/1/2021	
Ofloxacin Otic Soln 0.3%	G			2.16133	6/1/2020	
Ofloxacin Tab 200 MG	G			2.47300	9/1/2010	
Ofloxacin Tab 300 MG	G			2.72700	9/1/2010	
Ofloxacin Tab 400 MG	G			2.98400	12/1/2010	
Olanzapine For IM Inj 10 MG	G			25.65000	10/1/2018	
Olanzapine Orally Disintegrating Tab 10 MG	G			0.34400	6/1/2018	
Olanzapine Orally Disintegrating Tab 15 MG	G			0.55533	6/1/2020	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Olanzapine Orally Disintegrating Tab 20 MG	G		0.41667	0.60990	5/24/2021	
Olanzapine Orally Disintegrating Tab 5 MG	G			0.35000	3/1/2021	
Olanzapine Tab 10 MG	G			0.10867	5/1/2020	
Olanzapine Tab 15 MG	G			0.11167	5/1/2020	
Olanzapine Tab 2.5 MG	G			0.07267	3/1/2018	
Olanzapine Tab 20 MG	G			0.10000	2/1/2020	
Olanzapine Tab 5 MG	G			0.06533	5/1/2020	
Olanzapine Tab 7.5 MG	G			0.09567	8/1/2020	
Olanzapine-Fluoxetine HCl Cap 6-25 MG	G			7.95278	1/1/2019	
Olanzapine-Fluoxetine HCl Cap 6-50 MG	G			9.54467	4/1/2017	
Olmesartan Medoxomil Tab 20 MG	G			0.02211	1/1/2018	
Olmesartan Medoxomil Tab 40 MG	G			0.16989	6/1/2021	
Olmesartan Medoxomil Tab 5 MG	G			0.04767	10/1/2017	
Olmesartan Medoxomil-Hydrochlorothiazide Tab 20-12.5 MG	G			0.10567	3/1/2018	
Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-12.5 MG	G			0.21033	2/1/2018	
Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-25 MG	G			0.17600	3/1/2019	
Olmesartan-Amlodipine-Hydrochlorothiazide Tab 20-5-12.5 MG	G			1.37855	5/1/2021	
Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-10-12.5 MG	G			1.82389	12/1/2019	
Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-10-25 MG	G			0.99833	5/1/2020	
Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-5-12.5 MG	G			1.89000	6/1/2019	
Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-5-25 MG	G			1.71000	12/1/2018	
Olopatadine HCl Nasal Soln 0.6%	G			1.77579	12/1/2020	
Olopatadine HCl Ophth Soln 0.1% (Base Equivalent)	G			1.80956	4/1/2021	
Olopatadine HCl Ophth Soln 0.2% (Base Equivalent)	G			3.20000	1/1/2020	
Omega-3-acid Ethyl Esters Cap 1 GM	G			0.18196	6/1/2021	
Omeprazole Cap Delayed Release 10 MG	G			0.06667	2/1/2020	
Omeprazole Cap Delayed Release 20 MG	G			0.02840	10/1/2020	
Omeprazole Cap Delayed Release 40 MG	G			0.04444	5/1/2021	
Omeprazole Delayed Release Tab 20 MG	G			0.19321	3/1/2020	
Omeprazole-Sodium Bicarbonate Cap 20-1100 MG	G			5.38045	8/4/2010	
Omeprazole-Sodium Bicarbonate Cap 40-1100 MG	G			1.28050	12/1/2019	
Omeprazole-Sodium Bicarbonate Powd Pack for Susp 40-1680 MG	G			14.33167	6/1/2020	
Ondansetron HCl Inj 4 MG/2ML (2 MG/ML)	G			0.14720	4/1/2020	
Ondansetron HCl Inj 40 MG/20ML (2 MG/ML)	G			0.10075	1/1/2012	
Ondansetron HCl Oral Soln 4 MG/5ML	G			0.18500	10/1/2020	
Ondansetron HCl Tab 24 MG	G			7.02000	1/1/2010	
Ondansetron HCl Tab 4 MG	G		0.05643	0.05333	7/1/2021	
Ondansetron HCl Tab 8 MG	G			0.08367	10/1/2017	
Ondansetron Orally Disintegrating Tab 4 MG	G			0.10633	6/1/2021	
Ondansetron Orally Disintegrating Tab 8 MG	G			0.21367	6/1/2021	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Opium Tincture 1% (10 MG/ML) (Morphine Equiv)	G			2.38890	3/1/2018	
Oral Electrolyte Solution***	G			0.00560	1/5/2011	
Oral Vehicles***	B			0.00381	11/1/2013	
Orphenadrine Citrate Tab ER 12HR 100 MG	G			0.14850	12/1/2018	
Orphenadrine w/ Aspirin & Caffeine Tab 50-770-60 MG	G			1.08430	6/1/2006	
Oseltamivir Phosphate Cap 30 MG (Base Equiv)	G			3.05000	5/1/2021	
Oseltamivir Phosphate Cap 45 MG (Base Equiv)	G			3.11900	11/1/2020	
Oseltamivir Phosphate Cap 75 MG (Base Equiv)	G		1.84057	1.55000	7/1/2021	
Oseltamivir Phosphate For Susp 6 MG/ML (Base Equiv)	G			0.63350	6/1/2020	
Oxacillin Sodium For Inj 2 GM (Base Equivalent)	G			10.16600	4/1/2020	
Oxaliplatin For IV Inj 100 MG	G			200.00000	1/1/2019	
Oxaliplatin For IV Inj 50 MG	G			100.00000	1/1/2019	
Oxaliplatin IV Soln 100 MG/20ML	G			3.42000	1/1/2019	
Oxaliplatin IV Soln 50 MG/10ML	G			3.42000	1/1/2019	
Oxaprozin Tab 600 MG	G			0.76500	4/1/2020	
Oxazepam Cap 10 MG	G			0.21366	3/1/2011	
Oxazepam Cap 15 MG	G		0.97855	0.71170	7/1/2021	
Oxazepam Cap 30 MG	G			1.06925	1/1/2010	
Oxcarbazepine Susp 300 MG/5ML (60 MG/ML)	G			0.27425	3/1/2020	
Oxcarbazepine Tab 150 MG	G			0.08640	10/1/2019	
Oxcarbazepine Tab 300 MG	G			0.11990	7/1/2020	
Oxcarbazepine Tab 600 MG	G			0.27790	6/1/2017	
Oxiconazole Nitrate Cream 1%	G			3.34917	12/1/2019	
Oxybutynin Chloride Syrup 5 MG/5ML	G			0.02410	3/1/2011	
Oxybutynin Chloride Tab 5 MG	G			0.06620	10/1/2019	
Oxybutynin Chloride Tab ER 24HR 10 MG	G			0.19402	3/1/2020	
Oxybutynin Chloride Tab ER 24HR 15 MG	G			0.15440	8/1/2020	
Oxybutynin Chloride Tab ER 24HR 5 MG	G			0.17300	11/1/2020	
Oxycodone HCl Cap 5 MG	G			0.13100	1/5/2011	
Oxycodone HCl Conc 100 MG/5ML (20 MG/ML)	G			1.30667	6/1/2018	
Oxycodone HCl Soln 5 MG/5ML	G			0.09998	12/1/2019	
Oxycodone HCl Tab 10 MG	G		0.11311	0.11250	7/1/2021	
Oxycodone HCl Tab 15 MG	G			0.11260	3/1/2018	
Oxycodone HCl Tab 20 MG	G			0.19825	9/1/2017	
Oxycodone HCl Tab 30 MG	G			0.19490	4/1/2020	
Oxycodone HCl Tab 5 MG	G			0.06998	1/1/2021	
Oxycodone HCl Tab ER 12HR Deter 10 MG	G			2.15990	2/1/2020	
Oxycodone HCl Tab ER 12HR Deter 15 MG	G			3.48120	2/1/2020	
Oxycodone HCl Tab ER 12HR Deter 20 MG	G			4.24990	1/1/2021	
Oxycodone HCl Tab ER 12HR Deter 30 MG	G			5.83520	12/1/2019	
Oxycodone HCl Tab ER 12HR Deter 40 MG	G			6.29880	9/1/2018	
Oxycodone HCl Tab ER 12HR Deter 60 MG	G			10.99990	4/1/2020	
Oxycodone HCl Tab ER 12HR Deter 80 MG	G			9.46390	9/1/2018	
Oxycodone w/ Acetaminophen Cap 5-500 MG	G			0.09063	8/1/2011	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Oxycodone w/ Acetaminophen Tab 10-325 MG	G			0.22690	10/1/2018	
Oxycodone w/ Acetaminophen Tab 10-650 MG	G			0.37149	7/1/2013	
Oxycodone w/ Acetaminophen Tab 5-325 MG	G			0.08599	2/1/2020	
Oxycodone w/ Acetaminophen Tab 7.5-325 MG	G			0.16020	12/1/2019	
Oxycodone w/ Acetaminophen Tab 7.5-500 MG	G			0.39555	3/1/2011	
Oxycodone-Aspirin Tab 4.8355-325 MG	G			0.52840	4/1/2014	
Oxymorphone HCl Tab 10 MG	G			1.86200	6/1/2018	
Oxymorphone HCl Tab 5 MG	G			0.34550	2/1/2019	
Oxymorphone HCl Tab ER 12HR 10 MG	G			2.45323	1/1/2015	
Oxymorphone HCl Tab ER 12HR 15 MG	G			3.46650	7/1/2017	
Oxymorphone HCl Tab ER 12HR 20 MG	G			4.79157	4/1/2017	
Oxymorphone HCl Tab ER 12HR 30 MG	G			6.61165	4/1/2017	
Oxymorphone HCl Tab ER 12HR 7.5 MG	G			2.29390	9/1/2011	
Paclitaxel IV Conc 100 MG/16.7ML (6 MG/ML)	G			1.69423	4/1/2013	
Paclitaxel IV Conc 150 MG/25ML (6 MG/ML)	G			1.69423	4/1/2013	
Paclitaxel IV Conc 30 MG/5ML (6 MG/ML)	G			1.69423	4/1/2013	
Paclitaxel IV Conc 300 MG/50ML (6 MG/ML)	G			1.69423	4/1/2013	
Paliperidone Palmitate ER Susp Pref Syr 117 MG/0.75ML	B			1895.92981	1/15/2021	
Paliperidone Tab ER 24HR 1.5 MG	B			36.77530	1/11/2018	
Paliperidone Tab ER 24HR 1.5 MG	G			9.18267	3/1/2020	
Paliperidone Tab ER 24HR 3 MG	B			37.21188	4/18/2016	
Paliperidone Tab ER 24HR 3 MG	G			5.21015	3/1/2021	
Paliperidone Tab ER 24HR 6 MG	G			4.37967	1/1/2021	
Paliperidone Tab ER 24HR 9 MG	B			51.87520	4/4/2017	
Paliperidone Tab ER 24HR 9 MG	G			7.68075	3/1/2021	
Palivizumab IM Soln 100 MG/ML	B			2817.90312	7/1/2017	
Palivizumab IM Soln 50 MG/0.5ML	B			2984.61360	7/1/2017	
Pantoprazole Sodium EC Tab 20 MG (Base Equiv)	G			0.04411	2/1/2018	
Pantoprazole Sodium EC Tab 40 MG (Base Equiv)	G			0.04722	6/1/2017	
Paricalcitol Cap 1 MCG	G			0.94067	9/1/2018	
Paricalcitol Cap 2 MCG	G			2.00000	1/1/2019	
Paroxetine HCl Tab 10 MG	G			0.04078	12/1/2018	
Paroxetine HCl Tab 20 MG	G			0.05230	11/1/2020	
Paroxetine HCl Tab 30 MG	G			0.08967	10/1/2017	
Paroxetine HCl Tab 40 MG	G			0.05838	12/1/2020	
Paroxetine HCl Tab ER 24HR 12.5 MG	G		1.31183	1.16723	7/1/2021	
Paroxetine HCl Tab ER 24HR 25 MG	G			1.27800	4/1/2020	
Paroxetine HCl Tab ER 24HR 37.5 MG	G			0.83200	12/1/2019	
Paroxetine Mesylate Cap 7.5 MG (Base Equiv)	G			3.75967	9/1/2020	
Pediatric Multiple Vitamins w/ FI-Fe Drops 0.25-10 MG/ML**	G			0.11440	1/5/2011	
Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.25 MG***	G			0.04778	4/1/2017	
Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.5 MG***	G			0.05000	1/1/2020	
Pediatric Multiple Vitamins w/ Fluoride Chew Tab 1 MG***	G			0.05065	1/1/2018	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Pediatric Multiple Vitamins w/ Fluoride Soln 0.25 MG/ML***	G			0.16855	12/1/2018	
Pediatric Multiple Vitamins w/ Fluoride Soln 0.5 MG/ML***	G			0.10270	1/5/2011	
Pediatric Multiple Vitamins w/ Iron Chew Tab 15 MG**	G			0.04251	1/5/2011	
Pediatric Multiple Vitamins w/ Iron Drops 10 MG/ML**	G			0.08632	1/5/2011	
Pediatric Vitamins ACD Fluoride & Fe Drops 0.25-10 MG/ML***	G			0.12480	6/1/2010	
Pediatric Vitamins ACD w/ Fluoride Soln 0.25 MG/ML***	G			0.10820	6/1/2018	
PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 236 GM	G			0.00353	1/1/2012	
PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 240 GM	G			0.00000	10/1/2013	
PEG 3350-KCl-Sod Bicarb-NaCl For Soln 420 GM	G			0.00314	8/1/2018	
Pegfilgrastim Soln Prefilled Syringe 6 MG/0.6ML	B			10343.55960	1/1/2018	
Pegfilgrastim Soln Prefilled Syringe Kit 6 MG/0.6ML	B			10343.55960	1/1/2018	
Peginterferon alfa-2a Inj Kit 180 MCG/0.5ML	B			2617.58350	12/19/2012	
Peginterferon alfa-2b For Inj Kit 150 MCG/0.5ML	B			867.21720	8/1/2014	
Peginterferon Beta-1a Soln Pen-inj 63 & 94 MCG/0.5ML Pack	B			6898.04700	1/1/2019	
Peginterferon Beta-1a Soln Pen-injector 125 MCG/0.5ML	B			6898.04700	1/1/2019	
Peginterferon Beta-1a Soln Pref Syr 63 & 94 MCG/0.5ML Pack	B			6898.04700	1/1/2019	
Peginterferon Beta-1a Soln Prefilled Syringe 125 MCG/0.5ML	B			6898.04700	1/1/2019	
Penicillin G Potassium For Inj 5000000 Unit	G			8.65150	11/1/2010	
Penicillin V Potassium For Soln 125 MG/5ML	G			0.05180	10/1/2020	
Penicillin V Potassium For Soln 250 MG/5ML	G			0.02409	1/1/2009	
Penicillin V Potassium Tab 250 MG	G			0.06505	12/1/2018	
Penicillin V Potassium Tab 500 MG	G			0.05740	2/1/2020	
Pentazocine w/ Naloxone Tab 50-0.5 MG	G			1.07057	1/1/2009	
Pentosan Polysulfate Sodium Caps 100 MG	B			9.17495	1/10/2019	
Pentoxifylline Tab ER 400 MG	G			0.10604	1/1/2009	
Permethrin Cream 5%	G			0.29678	3/1/2020	
Permethrin Creme Rinse 1%	G			0.18206	2/1/2014	
Permethrin Lotion 1%	G			0.10978	1/1/2019	
Perphenazine Tab 16 MG	G			0.76040	2/1/2019	
Perphenazine Tab 2 MG	G			0.21581	1/1/2009	
Perphenazine Tab 4 MG	G			0.34360	3/1/2019	
Perphenazine Tab 8 MG	G			0.47070	3/1/2020	
Perphenazine-Amitriptyline Tab 2-25 MG	G			0.57972	9/1/2012	
Perphenazine-Amitriptyline Tab 4-50 MG	G			2.47290	5/1/2018	
Phenazopyridine HCl Tab 100 MG	G			0.39729	4/1/2014	
Phenazopyridine HCl Tab 200 MG	G			0.12480	4/1/2011	
Phenelzine Sulfate Tab 15 MG	G			0.55133	4/1/2018	
Phenobarbital Elixir 20 MG/5ML	G			0.10937	4/1/2020	
Phenobarbital Tab 100 MG	G			0.34036	10/1/2020	
Phenobarbital Tab 15 MG	G			0.09000	4/1/2019	
Phenobarbital Tab 16.2 MG	G			0.17470	8/1/2013	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Phenobarbital Tab 30 MG	G			0.16160	12/1/2019	
Phenobarbital Tab 32.4 MG	G			0.21000	8/16/2013	
Phenobarbital Tab 60 MG	G			0.21998	7/1/2020	
Phenobarbital Tab 64.8 MG	G			0.48560	12/1/2018	
Phenobarbital Tab 97.2 MG	G			0.45461	2/5/2014	
Phenol Liquid 1.4%	G			0.01127	4/1/2017	
Phentermine HCl Cap 15 MG	G			0.16000	10/1/2017	
Phentermine HCl Cap 30 MG	G			0.03575	1/1/2010	
Phentermine HCl Tab 37.5 MG	G			0.06320	5/1/2017	
Phenylephrine-Brompheniramine-DM Elixir 2.5-1-5 MG/5ML	G			0.01466	12/1/2018	
Phenylephrine-Brompheniramine-DM Liquid 2.5-1-5 MG/5ML	G			0.01466	12/1/2018	
Phenylephrine-Chlorphen-DM Syrup 12.5-4-15 MG/5ML	G			0.03188	1/5/2011	
Phenytoin Chew Tab 50 MG	G			0.19360	9/1/2018	
Phenytoin Sodium Extended Cap 100 MG	G			0.16530	11/1/2019	
Phenytoin Sodium Extended Cap 200 MG	G			0.75848	9/1/2020	
Phenytoin Sodium Extended Cap 300 MG	G			1.06375	1/1/2013	
Phenytoin Susp 125 MG/5ML	G			0.06937	4/1/2017	
Phytonadione Tab 5 MG	G			43.18867	9/1/2020	
Pilocarpine HCl Ophth Soln 1%	G			4.15866	10/1/2020	
Pilocarpine HCl Ophth Soln 2%	G			3.68000	1/1/2019	
Pilocarpine HCl Tab 5 MG	G			0.28990	12/1/2019	
Pimecrolimus Cream 1%	G		7.54960	5.40644	7/1/2021	
Pimozide Tab 1 MG	B			1.59202	1/1/2014	
Pimozide Tab 1 MG	G			1.27510	9/1/2017	
Pindolol Tab 10 MG	G			0.13190	6/1/2006	
Pindolol Tab 5 MG	G			0.10960	6/1/2006	
Pioglitazone HCl Tab 15 MG (Base Equiv)	G		0.05857	0.05734	7/1/2021	
Pioglitazone HCl Tab 30 MG (Base Equiv)	G			0.07133	12/1/2018	
Pioglitazone HCl Tab 45 MG (Base Equiv)	G			0.03389	12/1/2018	
Pioglitazone HCl-Metformin HCl Tab 15-500 MG	G			0.77000	4/1/2020	
Pioglitazone HCl-Metformin HCl Tab 15-850 MG	G			0.61100	3/1/2020	
Piperacillin Sod-Tazobactam Na For Inj 3.375 GM (3-0.375 GM)	G			3.25000	6/1/2020	
Piperacillin Sod-Tazobactam Sod For Inj 4.5 GM (4-0.5 GM)	G			4.35700	6/1/2020	
Piroxicam Cap 10 MG	G			0.44020	4/1/2020	
Piroxicam Cap 20 MG	G			0.23350	12/1/2018	
Plerixafor Subcutaneous Inj 24 MG/1.2ML (20 MG/ML)	B			6666.70940	1/4/2019	
Podofilox Soln 0.5%	G			8.57143	1/1/2020	
Polyethylene Glycol 3350 Oral Packet 17 GM	G			1.48370	3/6/2020	
Polyethylene Glycol 3350 Oral Powder 17 GM/SCOOP	G			0.01769	12/1/2018	
Polyethylene Glycol-Propylene Glycol Ophth Soln 0.4-0.3%	G			0.22800	4/1/2017	
Polymyxin B-Trimethoprim Ophth Soln 10000 Unit/ML-0.1%	G			0.38800	5/1/2017	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Polysaccharide Iron Complex Cap 150 MG (Iron Equivalent)	G			0.09690	12/1/2018	
Polyvinyl Alcohol Ophth Soln 1.4%	G			0.09600	10/1/2017	
Pomalidomide Cap 1 MG	B			688.93718	4/4/2017	
Pomalidomide Cap 2 MG	B			688.93718	4/4/2017	
Pomalidomide Cap 3 MG	B			688.93718	4/4/2017	
Pomalidomide Cap 4 MG	B			688.93718	4/4/2017	
Posaconazole Tab Delayed Release 100 MG	G			34.52886	4/1/2021	
Pot Bicarbonate & Chloride Effer Tab 25 mEq	G			1.14000	9/1/2017	
Pot Phos Monobasic w/Sod Phos Di & Monobas Tab 155-852-130MG	G			0.16750	4/1/2020	
Potassium Bicarbonate Effer Tab 25 mEq	G			0.18933	4/1/2017	
Potassium Chloride Cap ER 10 mEq	G			0.09794	10/1/2017	
Potassium Chloride Cap ER 8 mEq	G			0.15000	9/1/2019	
Potassium Chloride Inj 2 mEq/ML	G			0.03240	7/1/2013	
Potassium Chloride Microencapsulated Crys ER Tab 10 mEq	G			0.16745	9/1/2019	
Potassium Chloride Microencapsulated Crys ER Tab 20 mEq	G			0.16676	2/1/2021	
Potassium Chloride Oral Liq 10%	G			0.27854	8/20/2015	
Potassium Chloride Oral Liq 20%	G			0.00871	3/1/2011	
Potassium Chloride Oral Soln 10% (20 MEQ/15ML)	G			0.17428	3/1/2020	
Potassium Chloride Oral Soln 20% (40 MEQ/15ML)	G			0.78222	9/1/2020	
Potassium Chloride Powder Packet 20 mEq	G			2.66633	6/1/2021	
Potassium Chloride Tab ER 10 mEq	G			0.11950	6/1/2021	
Potassium Chloride Tab ER 20 mEq (1500 MG)	G		0.25374	0.27170	5/28/2021	
Potassium Chloride Tab ER 8 mEq (600 MG)	G			0.08420	1/28/2008	
Potassium Citrate & Citric Acid Soln 1100-334 MG/5ML	G			0.05328	5/1/2021	
Potassium Citrate Tab ER 10 MEQ (1080 MG)	G			0.40707	12/1/2020	
Potassium Citrate Tab ER 15 MEQ (1620 MG)	G			0.40120	3/1/2019	
Potassium Citrate Tab ER 5 MEQ (540 MG)	G			0.37687	4/1/2011	
Pramipexole Dihydrochloride Tab 0.125 MG	G		0.03978	0.03356	7/1/2021	
Pramipexole Dihydrochloride Tab 0.25 MG	G			0.03074	12/1/2018	
Pramipexole Dihydrochloride Tab 0.5 MG	G			0.02844	6/1/2021	
Pramipexole Dihydrochloride Tab 0.75 MG	G			0.10406	9/1/2019	
Pramipexole Dihydrochloride Tab 1 MG	G			0.03333	6/1/2020	
Pramipexole Dihydrochloride Tab 1.5 MG	G			0.05506	4/1/2017	
Pramipexole Dihydrochloride Tab ER 24HR 0.75 MG	G			10.61706	4/1/2017	
Prasugrel HCl Tab 10 MG (Base Equiv)	G			0.27733	6/1/2020	
Prasugrel HCl Tab 5 MG (Base Equiv)	G			0.63000	5/1/2018	
Pravastatin Sodium Tab 10 MG	G			0.04363	4/1/2020	
Pravastatin Sodium Tab 20 MG	G			0.05534	12/1/2020	
Pravastatin Sodium Tab 40 MG	G			0.05711	12/1/2020	
Pravastatin Sodium Tab 80 MG	G			0.11322	1/1/2018	
Prazosin HCl Cap 1 MG	G			0.18267	6/1/2021	
Prazosin HCl Cap 2 MG	G			0.27003	3/1/2020	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Prazosin HCl Cap 5 MG	G			0.36400	5/1/2020	
Prednisolone Acetate Ophth Susp 1%	G		3.80000	4.89200	6/16/2021	
Prednisolone Sod Phosph Oral Soln 6.7 MG/5ML (5 MG/5ML Base)	G			0.56176	8/1/2018	
Prednisolone Sod Phosphate Oral Soln 15 MG/5ML (Base Equiv)	G			0.05667	9/1/2017	
Prednisolone Sodium Phosphate Ophth Soln 1%	G			1.13700	9/1/2011	
Prednisolone Syrup 15 MG/5ML (USP Solution Equivalent)	G			0.03578	1/1/2009	
Prednisone Oral Soln 5 MG/5ML	G			0.18413	4/1/2017	
Prednisone Tab 1 MG	G			0.08450	11/1/2020	
Prednisone Tab 10 MG	G			0.02545	12/1/2010	
Prednisone Tab 2.5 MG	G			0.03438	8/1/2011	
Prednisone Tab 20 MG	G			0.07974	10/1/2018	
Prednisone Tab 5 MG	G			0.03999	10/1/2019	
Prednisone Tab 50 MG	G			0.22660	4/1/2017	
Prednisone Tab Therapy Pack 10 MG (21)	G			0.69395	8/1/2018	
Pregabalin Cap 100 MG	G			0.08206	4/1/2021	
Pregabalin Cap 150 MG	B			7.40180	2/9/2018	
Pregabalin Cap 150 MG	G			0.07579	1/1/2021	
Pregabalin Cap 200 MG	B			7.40183	3/5/2018	
Pregabalin Cap 200 MG	G			0.12939	12/1/2020	
Pregabalin Cap 225 MG	G			0.22595	3/1/2020	
Pregabalin Cap 25 MG	G			0.11111	12/1/2019	
Pregabalin Cap 300 MG	G			0.17767	4/1/2020	
Pregabalin Cap 50 MG	G			0.10200	1/1/2021	
Pregabalin Cap 75 MG	B			7.40183	1/26/2018	
Pregabalin Cap 75 MG	G			0.06000	4/1/2021	
Pregabalin Soln 20 MG/ML	G			0.14000	9/1/2019	
Prenat MV & Min w/ L-Methylfolate-FA Chew Tab 0.6-0.4 MG***	B			0.17500	7/1/2013	
Prenat Vit-Fe Poly Cmplx-Fe Heme Poly-FA Tab 22-6-1 MG***	B			0.17500	7/1/2013	
Prenat Vit-Fe Poly Cmplx-Fe Heme Poly-FA Tab 28-6-1 MG***	B			0.17500	7/1/2013	
Prenat w/ B2-B6-B12-D3-Methylfol-FA Chew Tab 0.6-0.4 MG**	B			0.17500	7/1/2013	
Prenat w/ Fe Cbn-Fe Bisglyc-FA-Fish Oil Cap 35-5-1.2 MG**	B			0.17500	7/1/2013	
Prenat w/ Fe Fum-FA Tab 28-0.8 MG & Omega 3 Cap 440 MG Pak*	B			0.17500	7/1/2013	
Prenat w/ Fe Poly Cmplx-Fe Asp-Fe Gly-FA Tab & DHA Cap Pak*	B			0.17500	7/1/2013	
Prenat w/ Iron Cbn-Fe Asp Glyc-FA-Omega Cap 30-10-1-200 MG*	B			0.17500	7/1/2013	
Prenat w/Fe Fum-FA Tab 28-0.8 MG &Omega 3 Cap DR 656 MG Pk*	B			0.17500	7/1/2013	
Prenat w/Fe Fum-L Methylfolate-FA-DHA Cap 27-1.13-0.4 MG***	B			0.17500	7/1/2013	
Prenat w/Fe Poly-Na Fered-FA Tab 24-1 & Omega Cap 272 MG***	B			0.17500	7/1/2013	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Prenat w/Fe Poly-Na Fered-FA Tab 25-1 & Omega Cap 400 MG***	B			0.17500	7/1/2013	
Prenat w/Fe Poly-Na Fered-FA Tab 25-1 & Omega Cap DR 400MG*	B			0.17500	7/1/2013	
Prenat w/Fe Poly-Na Fered-FA Tab 25-1 & Omega Cap DR 430MG*	B			0.17500	7/1/2013	
Prenat w/Fe Poly-Na Fered-FA Tab 26-1 & Omega Cap 278 MG***	B			0.17500	7/1/2013	
Prenat w/Fe Poly-Na Fered-FA Tab 27-1 & Omega Cap DR 300MG*	B			0.17500	7/1/2013	
Prenat w/Fe Poly-Na Fered-FA Tab 27-1 & Omega Cap DR 374MG*	B			0.17500	7/1/2013	
Prenat w/Fe Poly-Na Fered-FA Tab 27-1 & Omega Cap DR 380MG*	B			0.17500	7/1/2013	
Prenat w/Fe Poly-Na Fered-FA Tab 27-1 & Omega Cap DR 430MG*	B			0.17500	7/1/2013	
Prenat w/FeCbn-FA-DSS Tab 29-1 MG & Omega 3 Cap 387 MG Pak*	B			0.17500	7/1/2013	
Prenat w/o A FeFum-FA Tab 27-1 MG & Fish Oil Chew Cap Pak**	B			0.17500	7/1/2013	
Prenat w/o A w/ Fe Asp Gly-FA-DSS-Omega Ther Pak 30-1 MG***	B			0.17500	7/1/2013	
Prenat w/o A w/ Fe Bisgly-FA-DHA Tab & DHA Cap 300 MG Pak*	B			0.17500	7/1/2013	
Prenat w/o A w/ Fe Bisglyc-FA Tab 32-1 MG & Omega Cap Pack*	B			0.17500	7/1/2013	
Prenat w/o A w/ Fe Cbnyl-FA Tab 20-1 MG & Vit B6 Tab Pak*	B			0.17500	7/1/2013	
Prenat w/o A w/ Fe Chelate-L Methylfol-FA Tab & DHA Cap Pk*	B			0.17500	7/1/2013	
Prenat w/o A w/ Fe Fumarate-Methylfolate-FA-Omega 3 Cap***	B			0.17500	7/1/2013	
Prenat w/o A w/FeAsp-Methylf-FA-Omeg Cap 29-0.6-0.4-340 MG*	B			0.17500	3/20/2014	
Prenat w/o A w/FeCbn-FeAspGlyc-FA-Omega Cap 35-5-1-200 MG**	B			0.17500	7/1/2013	
Prenat w/o A w/FeCbn-FeGI-DSS-FA Tab & DHA Cap 250 MG Pack*	B			0.17500	7/1/2013	
Prenat w/o A w/FeCbn-FeGI-DSS-FA Tab & DHA Cap 300 MG Pack*	B			0.17500	7/1/2013	
Prenat w/o A w/FeCbn-FeGI-DSS-FA Tab 90 &DHA Cap 300MG Pak*	B			0.17500	7/1/2013	
Prenat w/o A w/FeCbn-FeGlu-FA Tab 20-1 MG & Vit B6 Tab Pak*	B			0.17500	7/1/2013	
Prenat w/o A w/FeCbn-Methylf-FA-DHA Cap 29-0.6-0.4-350 MG**	B			0.17500	7/1/2013	
Prenat w/o A w/FeFum-Methfol-FA-DHA Cap 27-0.6-0.4-300 MG**	B			0.17500	7/1/2013	
Prenat w/o A w/FeFum-Methfol-FA-DHA Cap 28-0.6-0.4-300 MG**	B			0.17500	7/1/2013	
Prenat w/o A w/FeFum-Methfol-FA-DHA Cap 30-0.6-0.4-200 MG**	B			0.17500	7/1/2013	
Prenat w/o A w/FeFum-Methylfol-FA-Omegas Cap 27-1.53 MG***	B			0.17500	7/1/2013	
Prenat w/o A w/FeFum-Methylfol-Omegas Cap 27-1.13 MG***	B			0.17500	7/1/2013	
Prenat w/o Vit A w/ Fe Fum-DSS-FA-DHA Cap 29-1.25-337.5 MG*	B			0.17500	7/1/2013	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Prenat-Fe Bis-Fe Prot Succ-FA-Ca Tab & Omega 3 Cap 250 Pk**	B			0.17500	7/1/2013	
Prenat-Fe Bis-Fe Prot Succ-FA-Ca Tab & Omega 3 Cap 400 Pk**	B			0.17500	7/1/2013	
Prenat-Fe Bis-Fe Prot Succ-FA-Ca Tab & Omega 3 Cap 430 Pk**	B			0.17500	7/1/2013	
Prenat-Fe Bis-Fe Prot Succ-FA-Ca Tab & Omega Cap DR 400 Pk*	B			0.17500	7/1/2013	
Prenat-Fe Bis-Fe Prot Succ-FA-Ca Tab & Omega Cap DR 430 Pk*	B			0.17500	7/1/2013	
Prenat-Fe Poly Cmplx-Fe Heme Poly-FA Tab & Omega 3 Cap Pck*	B			0.17500	7/1/2013	
Prenat-Fe Poly Cmplx-Fe Heme Poly-FA-DHA Cap 22-6-1-200 MG*	B			0.17500	7/1/2013	
Prenat-FePoly-NaFered-FA Tab 13-13-1 & Omega Cap DR 374 MG*	B			0.17500	7/1/2013	
Prenatal Multivitamins & Minerals w/ Iron & FA Cap 1 MG***	B			0.17500	7/1/2013	
Prenatal Multivitamins & Minerals w/Iron & FA Tab 0.1 MG***	B			0.17500	7/1/2013	
Prenatal Multivitamins & Minerals w/Iron & FA Tab 0.8 MG***	B			0.17500	7/1/2013	
Prenatal MV & Min w/Fe Carbonyl-FA-DHA Tab 15-0.5-50 MG***	B			0.17500	7/1/2013	
Prenatal MV & Min w/Fe Carbonyl-FA-DHA Tab 7-0.4-100 MG***	B			0.17500	7/1/2013	
Prenatal MV & Min w/Fe Fum-FA-DHA Cap 27-0.8-250 MG***	B			0.17500	7/1/2013	
Prenatal MV & Min w/Fe Fum-FA-DHA Cap 30-0.975-200 MG***	B			0.17500	7/1/2013	
Prenatal MV w/ Fe Polysac Cmplx-FA-DHA Cap 27-1-200 MG***	B			0.17500	7/1/2013	
Prenatal MV w/ Fe Polysac Cmplx-FA-DHA Cap 29-1-200 MG***	B			0.17500	7/1/2013	
Prenatal MV w/Fe Carbonyl-DSS-FA-DHA Tab 15-25-0.5-50 MG***	B			0.17500	7/1/2013	
Prenatal MV w/Fe Fum-FA Tab 28-1 MG & DHA Cap 250 MG Pack *	B			0.17500	7/1/2013	
Prenatal MV w/Fe Fum-FA Tab 65-1 MG & DHA Cap 250 MG Pack *	B			0.17500	7/1/2013	
Prenatal MV w/Fe Poly-FA Chw 29-1 MG & DHA Cap 250 MG Pak *	B			0.17500	7/1/2013	
Prenatal Vit & Min w/ FA-Fish Oil Chew Tab 0.4-113.5 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/ DSS-Fe Fumarate-FA Tab 29-1 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/ DSS-Fe Fumarate-FA Tab CR 90-1 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 29-1 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab DR 29-1 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/ Fe Bisglycinate Chelate-FA Tab 27-1 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/ Fe Bisglycinate Chelate-FA Tab 29-1 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/ Fe Cbn-Fe Asp Glyc-FA Tab 30-20-1 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/ Fe Cbn-Fe Asp Glyc-FA-Omega 3 Cap 27-1MG***	B			0.17500	7/1/2013	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Prenatal Vit w/ Fe Fum-FA-Omega 3 Cap 27-0.8-228 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/ Fe Fum-FA-Omega 3 Cap 28-1-200 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/ Fe Fum-FA-Omega 3 Cap 28-1-215.8 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/ Fe Fum-FA-Omega 3 Cap 28-1.25-200 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/ Fe Fum-Fe Bisglycin-FA Chew Tab 28-1 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/ Fe Fum-Fe Bisglycinate-FA Tab 25-1 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/ Fe Fum-Methylfolate-FA Tab 26-0.6-0.4 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/ Fe Fum-Methylfolate-FA Tab 27-0.6-0.4 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/ Fe Fumarate-FA Cap 13.5-0.4 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/ Fe Fumarate-FA Chew Tab 29-1 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/ Fe Fumarate-FA Tab 14-0.4 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/ Fe Fumarate-FA Tab 15-1 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/ Fe Fumarate-FA Tab 17-1 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/ Fe Fumarate-FA Tab 25-0.8 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/ Fe Fumarate-FA Tab 27-0.8 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***	B			0.17500	10/1/2013	
Prenatal Vit w/ Fe Fumarate-FA Tab 28-0.8 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/ Fe Fumarate-FA Tab 28-1 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/ Fe Fumarate-FA Tab 29-1 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/ Fe Fumarate-FA Tab 6.75-0.2 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/ Fe Fumarate-FA Tab 60-1 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/ Fe Fumarate-FA Tab 65-1 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/ Fe Fumarate-FA Tab 75-1 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/ Fe Gluconate-FA Tab 30-0.4 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/ Fe Gluconate-FA Tab 30-0.8 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/ Fe Gly Cys-FA-Omega 3 Fatty Acids Cap***	B			0.17500	9/1/2018	
Prenatal Vit w/ Fe Polysac Cmplx-FA Chew Tab 29-1 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG***	B	VOL-TAB RX TAB (13811051690)		0.51210	6/25/2014	NDC-specific SMAC
Prenatal Vit w/ Iron Carbonyl-FA Tab 50-1.25 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/ Iron Carbonyl-Fe Gluc-FA Tab 27-1 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/ Sel-Fe Fumarate-FA Tab 27-1 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/ Sel-Fe Fumarate-FA Tab 9-0.5 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/o Vit A w/ Fe Bisglyc-FA Tab 30-0.975 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/o Vit A w/ Fe Bisglycinate-FA Tab 32-1 MG***	B			0.17500	7/1/2013	
Prenatal Vit w/Poly Fe-FA-Fish Oil Tab DR 13.5-0.5-700 MG**	B			0.17500	7/1/2013	
Prenatal w/ Calcium Carbonate-B6-B12-FA Tab 1 MG***	B			0.17500	7/1/2013	
Prenatal w/ Calcium-Vit B6-FA-Ginger Tab 1.2 MG**	B			0.17500	7/1/2013	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Prenatal w/ Calcium-Vit B6-FA-Ginger Tab 1.22 MG**	B			0.17500	7/1/2013	
Prenatal w/ Sod Feredetate-FA Tab 30-1 & Omega 3 Cap DR***	B			0.17500	7/1/2013	
Prenatal w/Fe Cbnyl-Fe Asp Glyc-FA-DSS-Omega Cap 20-7-1 MG*	B			0.17500	7/1/2013	
Prenatal w/Fe Fum-FA Tab 27-0.8 MG & DHA Cap 200 MG Pack *	B			0.17500	7/1/2013	
Prenatal w/Fe Fum-FA Tab 27-1 MG & Vit-DHA Cap 300 MG Pak *	B			0.17500	7/1/2013	
Prenatal w/Fe Fum-FA Tab 28-0.8 MG & DHA Cap 200 MG Pack*	B			0.17500	7/1/2013	
Prenatal w/Fe Fum-FA Tab 28-0.975 MG & DHA Cap 200 MG Pack*	B			0.17500	7/1/2013	
Prenatal w/Fe Fum-FA Tab DR 27-1 MG & DHA Cap 250 MG Pack *	B			0.17500	7/1/2013	
Prenatal w/Fe Fum-Fe Poly -FA-Omega 3 Cap 53.5-38-1 MG***	B			0.17500	7/1/2013	
Prenatal w/Fe Fum-Iron Polysacch Cmplx -FA-Omega 3 Cap***	B			0.17500	7/1/2013	
Prenatal w/Fe Fumarate-FA-DSS-Fish Oil Cap 27-1-500 MG***	B			0.17500	7/1/2013	
Prenatal w/Fe Fumarate-FA-DSS-Fish Oil Cap 27-1-710 MG***	B			0.17500	7/1/2013	
Prenatal w/o A Vit w/ Fe Carbonyl-FA Tab 29-1 MG***	B			0.17500	7/1/2013	
Prenatal w/o A Vit w/ Fe Cbn-Fe Fum-FA Tab 60-1 MG***	B			0.17500	7/1/2013	
Prenatal w/o A Vit w/ Fe Fum-FA Tab Chew 28-1 MG***	B			0.17500	7/1/2013	
Prenatal w/o A Vit w/ Fe Fum-FA Tab Chew 29-1 MG***	B			0.17500	7/1/2013	
Prenatal w/o A Vit w/ Fe Fum-FA Tab Chew 40-1 MG***	B			0.17500	7/1/2013	
Prenatal w/o A Vit w/ Fe Fumarate-FA Cap 106.5-1 MG***	B			0.17500	7/1/2013	
Prenatal w/o A Vit w/ Fe Fumarate-FA Tab 30-1 MG***	B			0.17500	7/1/2013	
Prenatal w/o A Vit w/ Fe Fumarate-FA Tab 9-0.267 MG***	B			0.17500	7/1/2013	
Prenatal w/o A Vit w/ Fe Fumarate-FA Tab DR 30-1 MG***	B			0.17500	7/1/2013	
Prenatal w/o A w/ Fe Carbonyl-Fe Gluc-DSS-FA Tab 27-1MG***	B			0.17500	7/1/2013	
Prenatal w/o A w/Fe Cbn-DSS-FA-DHA Cap 27-1-250 MG***	B			0.17500	7/1/2013	
Prenatal w/o A w/Fe Cbn-DSS-FA-DHA Cap 28-1-250 MG***	B			0.17500	7/1/2013	
Prenatal w/o A w/Fe Cbn-DSS-FA-DHA Cap 29-1-265 MG***	B			0.17500	7/1/2013	
Prenatal w/o A w/Fe Fum-Fe Poly-FA Cap 130-92.4-1 MG***	B			0.17500	7/1/2013	
Prenatal w/o A w/Fe Fum-Fe Poly-FA Cap 162.115.2-1 MG***	B			0.17500	7/1/2013	
Prenatal w/o A w/FeCbn-Fe Asp Glyc-FA-Fish Cap 40-10-1 MG*	B			0.17500	7/1/2013	
Prenatal w/o A w/FeCbn-Fe Asp Glyc-FA-Fish Cap 50-1-476 MG*	B			0.17500	7/1/2013	
Prenatal w/o Vit A w/ Fe Cbn-DSS-FA-DHA Cap 30-1-260 MG***	B			0.17500	7/1/2013	
Prenatal w/o Vit A w/ Fe Fum-Doc-FA-DHA Cap 29-1.25-350 MG*	B			0.17500	7/1/2013	
Prenatal w/o Vit A w/ Fe Fum-DSS-FA-DHA Cap 26-1.2-300 MG**	B			0.17500	7/1/2013	
Prenatal w/o Vit A w/ Fe Fum-DSS-FA-DHA Cap 27-1.25-300 MG*	B			0.17500	7/1/2013	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Prenatal w/o Vit A w/ Fe Fum-DSS-FA-DHA Cap 29-1.25-325 MG*	B			0.17500	7/1/2013	
Prenatal w/o Vit A w/ Fe Fum-DSS-FA-DHA Cap 30-1.2-265 MG**	B			0.17500	7/1/2013	
Prenatal w/o Vit A w/ Fe Fum-FA-Omega 3 Cap 27-1-250 MG***	B			0.17500	7/1/2013	
Prenatal w/o Vit A w/ Fe Fum-FA-Omega 3 Cap 28-1-250 MG***	B			0.17500	7/1/2013	
Prenatal w/o Vit A w/ Fe Polysac Cmplx-FA Cap 155-1 MG***	B			0.17500	7/1/2013	
Prenatal w/o Vit A w/ Fe Polysac Cmplx-FA Cap 60-1 MG***	B			0.17500	7/1/2013	
Prenatal w/o Vit A w/Fe Fum-DSS-FA-DHA Cap 30-1.24-265 MG**	B			0.17500	7/1/2013	
Prenatal without A w/ Fe Asparto Gly-Doc-FA Tab 30-1MG***	B			0.17500	7/1/2013	
Prenatal without A w/ Fe Carbonyl-Docusate-FA Tab 90-1MG***	B			0.17500	7/1/2013	
Primidone Tab 250 MG	G			0.13772	4/1/2017	
Primidone Tab 50 MG	G			0.06000	9/1/2017	
Probenecid Tab 500 MG	G			0.37921	9/1/2011	
Prochlorperazine Maleate Tab 10 MG (Base Equivalent)	G			0.05200	1/1/2012	
Prochlorperazine Maleate Tab 5 MG (Base Equivalent)	G			0.04463	6/1/2012	
Prochlorperazine Suppos 25 MG	G			2.49000	8/1/2012	
Progesterone Cap 100 MG	G			0.20810	7/1/2021	
Progesterone Cap 200 MG	G			0.51400	6/1/2021	
Progesterone IM in Oil 50 MG/ML	G			1.55900	4/1/2018	
Progesterone Micronized Cap 100 MG	G			0.19990	8/1/2020	
Progesterone Micronized Cap 200 MG	G			0.48000	11/1/2018	
Progesterone Micronized Powder	G			0.37440	9/1/2011	
Progesterone Powder	G			0.37440	9/1/2011	
Promethazine & Phenylephrine Syrup 6.25-5 MG/5ML	G			0.01547	3/1/2011	
Promethazine HCl (Bulk) Crystals	G			0.40664	6/1/2010	
Promethazine HCl (Bulk) Powder	G			0.40664	6/1/2010	
Promethazine HCl Inj 25 MG/ML	G			1.09200	9/1/2011	
Promethazine HCl Inj 50 MG/ML	G			1.94342	7/1/2013	
Promethazine HCl Suppos 12.5 MG	G		4.82000	3.66597	7/1/2021	
Promethazine HCl Suppos 25 MG	G			3.57167	4/1/2020	
Promethazine HCl Syrup 6.25 MG/5ML	G			0.01218	4/1/2017	
Promethazine HCl Tab 12.5 MG	G			0.04160	1/1/2018	
Promethazine HCl Tab 25 MG	G			0.03140	8/1/2017	
Promethazine HCl Tab 50 MG	G			0.17998	7/1/2014	
Promethazine w/ Codeine Syrup 6.25-10 MG/5ML	G			0.01448	12/1/2018	
Promethazine-DM Syrup 6.25-15 MG/5ML	G			0.01002	4/1/2017	
Promethazine-Phenylephrine-Codeine Syrup 6.25-5-10 MG/5ML	G			0.21814	10/1/2017	
Propafenone HCl Cap ER 12HR 225 MG	G			1.88000	6/1/2020	
Propafenone HCl Cap ER 12HR 325 MG	G			3.86000	7/1/2019	
Propafenone HCl Cap ER 12HR 425 MG	G			2.29000	6/1/2019	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Propafenone HCl Tab 150 MG	G			0.11450	9/1/2017	
Propafenone HCl Tab 225 MG	G			0.18555	4/1/2017	
Propafenone HCl Tab 300 MG	G			1.00328	9/1/2011	
Proparacaine HCl Ophth Soln 0.5%	G			0.42900	1/1/2010	
Propoxyphene HCl Cap 65 MG	G			0.18951	1/1/2009	
Propoxyphene-N w/ APAP Tab 100-650 MG	G			0.05426	1/5/2011	
Propranolol & Hydrochlorothiazide Tab 40-25 MG	G			0.08040	6/1/2006	
Propranolol & Hydrochlorothiazide Tab 80-25 MG	G			0.11800	6/1/2006	
Propranolol HCl Cap ER 24HR 120 MG	G			0.33920	8/1/2019	
Propranolol HCl Cap ER 24HR 160 MG	G			0.35770	12/1/2018	
Propranolol HCl Cap ER 24HR 60 MG	G			0.24880	11/1/2019	
Propranolol HCl Cap ER 24HR 80 MG	G			0.34940	10/1/2020	
Propranolol HCl Oral Soln 20 MG/5ML	G			0.07904	2/1/2020	
Propranolol HCl Oral Soln 40 MG/5ML	G			0.17850	8/1/2016	
Propranolol HCl Tab 10 MG	G			0.04726	4/1/2021	
Propranolol HCl Tab 20 MG	G			0.08990	10/1/2019	
Propranolol HCl Tab 40 MG	G			0.14075	10/1/2020	
Propranolol HCl Tab 60 MG	G			0.52080	10/1/2019	
Propranolol HCl Tab 80 MG	G		0.05975	0.16090	5/22/2021	
Propylthiouracil Tab 50 MG	G			0.17870	3/1/2020	
Protriptyline HCl Tab 10 MG	G			1.43650	4/1/2020	
Protriptyline HCl Tab 5 MG	G			1.43575	4/1/2021	
Pseudoephed-Bromphen-DM Elixir 15-1-5 MG/5ML	G			0.01201	8/1/2011	
Pseudoephed-Bromphen-DM Syrup 30-2-10 MG/5ML	G			0.05776	12/1/2018	
Pseudoephedrine HCl Liq 15 MG/5ML	G			0.02380	1/1/2019	
Pseudoephedrine HCl Tab 30 MG	G			0.02604	3/1/2020	
Pseudoephedrine HCl Tab 60 MG	G			0.03220	4/1/2017	
Pseudoephedrine HCl Tab ER 12HR 120 MG	G			0.28600	4/1/2017	
Pseudoephedrine-Ibuprofen Susp 15-100 MG/5ML	G			0.04730	3/1/2009	
Pseudoephedrine-Ibuprofen Tab 30-200 MG	G			0.13975	1/1/2010	
Psyllium Cap 0.52 GM	G			0.04125	1/1/2019	
Psyllium Powder 28.3%	G			0.03530	9/18/2013	
Psyllium Powder 30.9%	G			0.03530	9/18/2013	
Psyllium Powder 33%	G			0.03530	9/18/2013	
Psyllium Powder 48.57%	G			0.03530	9/18/2013	
Psyllium Powder 58.6%	G			0.03530	9/18/2013	
Psyllium Powder 95%	G			0.03530	9/18/2013	
Pyrazinamide Tab 500 MG	G			1.89500	2/1/2019	
Pyrethrins-Piperonyl Butoxide Shampoo 0.3-3%	G			0.04323	9/1/2011	
Pyrethrins-Piperonyl Butoxide Shampoo 0.33-4%	G			0.03455	3/1/2021	
Pyridostigmine Bromide Tab 60 MG	G			0.24830	2/1/2020	
Pyridostigmine Bromide Tab ER 180 MG	G			5.49133	4/1/2020	
Pyridoxine HCl Powder	G			0.24781	5/1/2011	
Quetiapine Fumarate Tab 100 MG	G			0.02715	12/1/2018	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Quetiapine Fumarate Tab 200 MG	G			0.07230	12/1/2018	
Quetiapine Fumarate Tab 25 MG	G			0.02259	4/1/2018	
Quetiapine Fumarate Tab 300 MG	G			0.11859	12/1/2019	
Quetiapine Fumarate Tab 400 MG	G			0.11879	10/1/2019	
Quetiapine Fumarate Tab 50 MG	G			0.03800	11/1/2020	
Quetiapine Fumarate Tab ER 24HR 150 MG	B			13.92674	1/1/2015	
Quetiapine Fumarate Tab ER 24HR 150 MG	G			0.10817	4/1/2020	
Quetiapine Fumarate Tab ER 24HR 200 MG	B			16.55460	1/1/2016	
Quetiapine Fumarate Tab ER 24HR 200 MG	G			0.25400	12/1/2019	
Quetiapine Fumarate Tab ER 24HR 300 MG	B			21.70531	9/27/2016	
Quetiapine Fumarate Tab ER 24HR 300 MG	G			0.19600	7/1/2019	
Quetiapine Fumarate Tab ER 24HR 400 MG	B			23.61946	1/1/2015	
Quetiapine Fumarate Tab ER 24HR 400 MG	G			0.36295	7/1/2019	
Quetiapine Fumarate Tab ER 24HR 50 MG	B			7.75617	1/1/2015	
Quetiapine Fumarate Tab ER 24HR 50 MG	G			0.13350	12/1/2019	
Quinapril HCl Tab 10 MG	G			0.14389	12/1/2017	
Quinapril HCl Tab 20 MG	G			0.07100	12/1/2019	
Quinapril HCl Tab 40 MG	G			0.07200	9/1/2018	
Quinapril HCl Tab 5 MG	G			0.08710	1/1/2012	
Quinapril-Hydrochlorothiazide Tab 10-12.5 MG	G			1.19239	1/1/2010	
Quinapril-Hydrochlorothiazide Tab 20-12.5 MG	G			0.36578	12/1/2018	
Quinapril-Hydrochlorothiazide Tab 20-25 MG	G			0.23233	4/1/2017	
Quinidine Sulfate Tab 200 MG	G			0.18140	1/28/2008	
Quinine Sulfate Cap 324 MG	G			1.83367	10/1/2017	
Rabeprazole Sodium EC Tab 20 MG	G			0.19089	4/1/2020	
Rabies Immune Globulin (Human) Inj 1500 Unt/10ML(150 Unt/ML)	B			178.53300	7/1/2018	
Rabies Immune Globulin (Human) Inj 300 Unit/2ML (150 Unt/ML)	B			178.53300	7/1/2018	
Raloxifene HCl Tab 60 MG	G			0.27733	8/1/2020	
Raltegravir Potassium Tab 400 MG (Base Equiv)	B			23.06736	1/6/2017	
Ramelteon Tab 8 MG	G			1.92700	6/1/2021	
Ramipril Cap 1.25 MG	G			0.10250	11/1/2011	
Ramipril Cap 10 MG	G			0.03852	11/1/2017	
Ramipril Cap 2.5 MG	G			0.04500	1/1/2018	
Ramipril Cap 5 MG	G			0.03974	6/1/2020	
Ranibizumab Intravitreal Inj 0.3 MG/0.05ML (6 MG/ML)	B			23306.40000	5/15/2017	
Ranibizumab Intravitreal Inj 0.5 MG/0.05ML (10 MG/ML)	B			38844.00000	5/15/2017	
Ranitidine HCl Cap 150 MG	G			0.34117	8/1/2019	
Ranitidine HCl Cap 300 MG	G			0.81033	12/1/2018	
Ranitidine HCl Syrup 15 MG/ML (75 MG/5ML)	G			0.01654	12/1/2018	
Ranitidine HCl Tab 150 MG	G			0.03095	1/1/2009	
Ranitidine HCl Tab 300 MG	G			0.04160	1/1/2012	
Ranitidine HCl Tab 75 MG	G			0.05750	12/1/2017	
Ranolazine Tab ER 12HR 1000 MG	G			0.62883	3/1/2021	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Ranolazine Tab ER 12HR 500 MG	G			0.34675	12/1/2020	
Rasagiline Mesylate Tab 1 MG (Base Equiv)	G			4.40000	12/1/2019	
Repaglinide Tab 0.5 MG	G			0.08777	12/1/2018	
Repaglinide Tab 1 MG	G			0.11823	6/1/2020	
Repaglinide Tab 2 MG	G			0.10198	9/1/2018	
Rho D Immune Globulin (Human) IM Inj 300 MCG	B			96.09740	1/1/2014	
Rho D Immune Globulin (Human) Inj 1500 Unit/1.3ML	B			257.30638	7/1/2018	
Rho D Immune Globulin (Human) Inj 15000 Unit/13ML	B			258.90510	7/1/2018	
Rho D Immune Globulin (Human) Inj 2500 Unit/2.2ML	B			254.97978	7/1/2018	
Rho D Immune Globulin (Human) Inj 5000 Unit/4.4ML	B			254.98354	7/1/2018	
Rho D Immune Globulin IM Soln Pref Syr 1500 Unit (300MCG)	B			75.96392	6/1/2018	
Rho D Immune Globulin IM Soln Pref Syr 250 Unit (50 MCG)	B			28.83420	6/1/2016	
Rho D Immune Globulin Sol Pref Syr 1500 Unt/2ML (300MCG/2ML)	B			72.60840	4/29/2015	
Ribavirin Cap 200 MG	G			0.58585	10/1/2013	
Ribavirin Tab 200 MG	G			0.61390	7/1/2013	
Rifabutin Cap 150 MG	G			13.43170	4/1/2020	
Rifampin Cap 150 MG	G			0.75014	4/1/2012	
Rifampin Cap 300 MG	G			0.50500	6/1/2018	
Rifaximin Tab 550 MG	B			0.00000	6/10/2020	
Riluzole Tab 50 MG	G			0.28500	5/1/2020	
Risedronate Sodium Tab 150 MG	G			29.14556	12/1/2019	
Risedronate Sodium Tab 30 MG	G			29.56000	8/1/2016	
Risedronate Sodium Tab 35 MG	G			4.77875	12/1/2019	
Risedronate Sodium Tab 5 MG	G			4.65000	8/1/2016	
Risedronate Sodium Tab Delayed Release 35 MG	G			26.71750	4/1/2020	
Risperidone Orally Disintegrating Tab 0.5 MG	G			0.50733	5/1/2018	
Risperidone Orally Disintegrating Tab 1 MG	G			0.48786	3/1/2018	
Risperidone Orally Disintegrating Tab 2 MG	G			0.87357	4/1/2017	
Risperidone Orally Disintegrating Tab 3 MG	G			1.15500	12/1/2019	
Risperidone Orally Disintegrating Tab 4 MG	G			3.20000	11/1/2018	
Risperidone Soln 1 MG/ML	G			0.07167	4/1/2018	
Risperidone Tab 0.25 MG	G			0.02047	4/1/2020	
Risperidone Tab 0.5 MG	G			0.02083	2/1/2020	
Risperidone Tab 1 MG	G			0.03897	10/1/2017	
Risperidone Tab 2 MG	G			0.02817	3/1/2021	
Risperidone Tab 3 MG	G			0.03396	3/1/2021	
Risperidone Tab 4 MG	G			0.06578	6/1/2020	
Ritonavir Oral Soln 80 MG/ML	B			6.12085	12/19/2012	
Ritonavir Tab 100 MG	G			0.57250	6/1/2020	
Rivastigmine Tartrate Cap 1.5 MG (Base Equivalent)	G			0.15325	12/1/2018	
Rivastigmine Tartrate Cap 3 MG (Base Equivalent)	G			0.11583	6/1/2019	
Rivastigmine Tartrate Cap 4.5 MG (Base Equivalent)	G			0.11583	6/1/2019	
Rivastigmine Tartrate Cap 6 MG (Base Equivalent)	G			0.10250	9/1/2019	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Rivastigmine TD Patch 24HR 13.3 MG/24HR	G			2.78575	3/1/2020	
Rivastigmine TD Patch 24HR 4.6 MG/24HR	G			1.79500	3/1/2020	
Rivastigmine TD Patch 24HR 9.5 MG/24HR	G			2.99456	3/1/2020	
Rizatriptan Benzoate Oral Disintegrating Tab 10 MG (Base Eq)	G			0.59194	9/1/2019	
Rizatriptan Benzoate Oral Disintegrating Tab 5 MG (Base Eq)	G			0.55500	9/1/2019	
Rizatriptan Benzoate Tab 10 MG (Base Equivalent)	G			0.37778	8/1/2019	
Rizatriptan Benzoate Tab 5 MG (Base Equivalent)	G			0.43333	5/1/2020	
Ropinirole Hydrochloride Tab 0.25 MG	G			0.04933	3/1/2021	
Ropinirole Hydrochloride Tab 0.5 MG	G			0.04000	1/1/2020	
Ropinirole Hydrochloride Tab 1 MG	G			0.03665	10/1/2020	
Ropinirole Hydrochloride Tab 2 MG	G			0.04249	11/1/2018	
Ropinirole Hydrochloride Tab 3 MG	G			0.06620	6/1/2020	
Ropinirole Hydrochloride Tab 4 MG	G			0.06920	2/1/2018	
Ropinirole Hydrochloride Tab 5 MG	G			0.09939	8/1/2018	
Ropinirole Hydrochloride Tab ER 24HR 12 MG (Base Equivalent)	G			4.25900	9/1/2018	
Ropinirole Hydrochloride Tab ER 24HR 2 MG (Base Equivalent)	G			0.60000	2/1/2019	
Ropinirole Hydrochloride Tab ER 24HR 4 MG (Base Equivalent)	G			1.18656	9/1/2017	
Rosuvastatin Calcium Tab 10 MG	G			0.04500	11/1/2020	
Rosuvastatin Calcium Tab 20 MG	G			0.06000	1/1/2019	
Rosuvastatin Calcium Tab 40 MG	G			0.10500	11/1/2020	
Rosuvastatin Calcium Tab 5 MG	G			0.05389	5/1/2020	
Sacrosidase Soln 8500 Unit/ML	B			25.79174	12/19/2012	
Saline Injection w/ Benzyl Alcohol	G			0.02190	1/1/2007	
Saline Nasal Spray 0.65%	G			0.14407	8/1/2013	
Salsalate Tab 500 MG	G			0.31785	4/1/2011	
Salsalate Tab 750 MG	G			0.60680	6/1/2018	
Scopolamine TD Patch 72HR 1 MG/3DAYS	G			9.83800	3/1/2020	
Secukinumab Subcutaneous Auto-inj 150 MG/ML (300 MG Dose)	B	COSENTYX PEN INJ 300DOSE (00078063941)		2579.09718	1/15/2019	NDC-specific SMAC
Secukinumab Subcutaneous Pref Syr 150 MG/ML (300 MG Dose)	B	COSENTYX INJ 300DOSE (00078063998)		2579.09718	1/15/2019	NDC-specific SMAC
Secukinumab Subcutaneous Soln Auto-injector 150 MG/ML	B			1703.16000	4/29/2015	
Secukinumab Subcutaneous Soln Auto-injector 150 MG/ML	B	COSENTYX PEN INJ 150MG/ML (00078063968)		5158.19436	1/15/2019	NDC-specific SMAC
Secukinumab Subcutaneous Soln Prefilled Syringe 150 MG/ML	B			1703.16000	4/29/2015	
Secukinumab Subcutaneous Soln Prefilled Syringe 150 MG/ML	B	COSENTYX INJ 150MG/ML (00078063997)		5158.19436	1/15/2019	NDC-specific SMAC
Selegiline HCl Cap 5 MG	G			0.34440	1/1/2009	
Selegiline HCl Tab 5 MG	G			0.12300	1/28/2008	
Selenium Sulfide Lotion 2.5%	G			0.04323	3/1/2011	
Selenium Sulfide Shampoo 2.25%	G			0.19033	4/1/2021	
Selenium Sulfide-Pyrrithione Zinc in Urea Shampoo 2.25%	G			0.60556	8/1/2016	
Selexipag Tab 1000 MCG	B			290.47344	1/11/2019	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Selexipag Tab 1200 MCG	B			290.47344	1/11/2019	
Selexipag Tab 1400 MCG	B			290.47344	1/11/2019	
Selexipag Tab 1600 MCG	B			290.47344	1/11/2019	
Selexipag Tab 200 MCG	B			186.77988	1/11/2019	
Selexipag Tab 400 MCG	B			290.47344	1/11/2019	
Selexipag Tab 600 MCG	B			290.47344	1/11/2019	
Selexipag Tab 800 MCG	B			290.47344	1/11/2019	
Selexipag Tab Therapy Pack 200 MCG (140) & 800 MCG (60)	B			130.74492	1/11/2019	
Senna Tab 187 MG	G			0.01115	1/5/2011	
Sennosides Syrup 8.8 MG/5ML	G			0.03144	10/1/2017	
Sennosides Tab 8.6 MG	G			0.01115	1/5/2011	
Sennosides-Docusate Sodium Tab 8.6-50 MG	G			0.01893	1/5/2011	
Sertraline HCl Oral Concentrate for Solution 20 MG/ML	G			0.60536	5/1/2016	
Sertraline HCl Tab 100 MG	G			0.04402	6/1/2017	
Sertraline HCl Tab 25 MG	G			0.03522	6/1/2017	
Sertraline HCl Tab 50 MG	G			0.07165	11/1/2020	
Sevelamer Carbonate Packet 0.8 GM	G			4.28722	3/1/2020	
Sevelamer Carbonate Tab 800 MG	G			0.26393	6/1/2020	
Sevelamer HCl Tab 800 MG	G			3.77928	3/1/2020	
Sildenafil Citrate Tab 20 MG	B			47.50444	1/1/2018	
Sildenafil Citrate Tab 20 MG	G			0.06656	1/1/2021	
Sildenafil Citrate Tab 20 MG	G			0.58000	6/1/2020	
Silver Sulfadiazine Cream 1%	G			0.07140	1/1/2020	
Simeprevir Sodium Cap 150 MG (Base Equivalent)	B			786.84000	3/1/2014	
Simethicone Cap 180 MG	G			0.03333	4/1/2018	
Simethicone Chew Tab 125 MG	G			0.03558	11/1/2017	
Simethicone Chew Tab 80 MG	G			0.02327	4/1/2021	
Simethicone Susp 40 MG/0.6ML	G			0.05634	12/1/2018	
Simvastatin Tab 10 MG	G			0.02311	11/1/2017	
Simvastatin Tab 20 MG	G			0.01816	6/1/2017	
Simvastatin Tab 40 MG	G			0.03399	8/1/2018	
Simvastatin Tab 5 MG	G			0.02333	3/1/2019	
Simvastatin Tab 80 MG	G			0.04911	4/1/2017	
Sirolimus Tab 0.5 MG	G			3.99000	5/1/2021	
Sirolimus Tab 1 MG	G			7.28433	5/1/2021	
Sodium Bicarbonate IV Soln 8.4%	G			0.22510	10/11/2016	
Sodium Bicarbonate Tab 325 MG	G			0.06543	8/1/2016	
Sodium Bicarbonate Tab 650 MG	G			0.01677	10/1/2017	
Sodium Chloride Hypertonic Ophth Oint 5%	G			1.85007	5/1/2021	
Sodium Chloride Hypertonic Ophth Soln 5%	G			0.23533	3/1/2018	
Sodium Chloride Inj 0.9%	G			0.02514	7/1/2013	
Sodium Chloride Irrigation Soln 0.9%	G			0.00345	3/25/2019	
Sodium Chloride IV Soln 0.9%	G			0.00546	3/1/2021	
Sodium Chloride Preservative Free (PF) Inj 0.9%	G			0.06960	4/1/2020	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Sodium Chloride Soln Nebu 0.9%	G			0.00000	4/1/2017	
Sodium Citrate & Citric Acid Soln 500-334 MG/5ML	G			0.01645	2/1/2011	
Sodium Fluoride Chew Tab 0.25 MG F (from 0.55 MG NaF)	G			0.02792	11/1/2017	
Sodium Fluoride Chew Tab 0.5 MG F (from 1.1 MG NaF)	G			0.04146	7/4/2012	
Sodium Fluoride Chew Tab 1 MG F (from 2.2 MG NaF)	G			0.03210	4/1/2021	
Sodium Fluoride Cream 1.1%	G			0.06373	4/1/2017	
Sodium Fluoride Gel 1.1% (0.5% F)	G			0.07786	2/1/2020	
Sodium Fluoride Rinse 0.2%	G			0.02587	9/1/2017	
Sodium Fluoride Soln 0.5 MG/ML F (from 1.1 MG/ML NaF)	G			0.13153	4/1/2017	
Sodium Phenylbutyrate Oral Powder 3 GM/Teaspoonful	B			49.40160	4/1/2017	
Sodium Phosphates - Enema***	G			0.00500	8/1/2018	
Sodium Polystyrene Sulfonate Oral Susp 15 GM/60ML	G			0.04536	12/1/2018	
Sodium Polystyrene Sulfonate Powder**	G			0.08976	3/1/2019	
Sofosbuvir Tab 400 MG	B			996.00000	3/1/2014	
Solifenacin Succinate Tab 10 MG	G			0.15733	7/1/2020	
Solifenacin Succinate Tab 5 MG	G			0.21444	3/1/2020	
Somatropin (Non-Refrigerated) For Inj 5 MG	B			617.90844	1/11/2019	
Somatropin (Non-Refrigerated) For Inj 8.8 MG	B			988.65948	1/11/2019	
Somatropin (Non-Refrigerated) For Subcutaneous Inj 5 MG	B			432.33372	1/11/2019	
Somatropin For Inj 0.4 MG	B			55.34772	1/15/2019	
Somatropin For Inj 1 MG	B			138.36859	1/15/2019	
Somatropin For Inj 12 MG (13.8 MG Overfill)	B			1523.35212	1/15/2019	
Somatropin For Inj 12 MG (36 Unit)	B			1525.07520	2/19/2019	
Somatropin For Inj 24 MG	B			3050.15040	2/19/2019	
Somatropin For Inj 6 MG (18 Unit)	B			762.53760	2/19/2019	
Somatropin For Subcutaneous Inj 5 MG	B			634.72092	1/15/2019	
Somatropin Inj 10 MG/1.5ML	B			830.30544	5/1/2019	
Somatropin Inj 10 MG/2ML	B			626.16030	12/15/2017	
Somatropin Inj 15 MG/1.5ML	B			1242.31080	1/8/2019	
Somatropin Inj 20 MG/2ML	B			1252.31064	12/15/2017	
Somatropin Inj 30 MG/3ML	B			1242.31080	1/8/2019	
Somatropin Inj 5 MG/1.5ML	B			415.15272	5/1/2019	
Sorafenib Tosylate Tab 200 MG (Base Equivalent)	B			159.61896	6/1/2019	
Sotalol HCl (AFIB/AFL) Tab 120 MG	G			0.07900	2/1/2020	
Sotalol HCl (AFIB/AFL) Tab 160 MG	G			0.18620	6/1/2018	
Sotalol HCl (AFIB/AFL) Tab 80 MG	G			0.04110	4/1/2017	
Sotalol HCl Tab 120 MG	G			0.07900	2/1/2020	
Sotalol HCl Tab 160 MG	G			0.18620	6/1/2018	
Sotalol HCl Tab 240 MG	G			0.33276	9/1/2011	
Sotalol HCl Tab 80 MG	G			0.04110	4/1/2017	
Spironolactone & Hydrochlorothiazide Tab 25-25 MG	G			0.72300	10/1/2017	
Spironolactone Powder	G			2.34000	6/1/2010	
Spironolactone Tab 100 MG	G			0.16880	1/1/2018	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Spironolactone Tab 25 MG	G		0.04580	0.04436	7/1/2021	
Spironolactone Tab 50 MG	G			0.08910	12/1/2020	
Stavudine Cap 15 MG	G			1.95477	4/1/2009	
Stavudine Cap 20 MG	B			1.24811	8/1/2013	
Stavudine Cap 20 MG	G			1.21300	3/1/2016	
Stavudine Cap 30 MG	G			0.86000	3/1/2016	
Stavudine Cap 40 MG	G			0.91833	12/1/2017	
Sucralfate Susp 1 GM/10ML	G			0.27210	10/1/2020	
Sucralfate Tab 1 GM	G			0.15950	6/1/2020	
Sulfacetamide Sodium Cleansing Gel 10%	G			1.07918	4/1/2020	
Sulfacetamide Sodium Liquid 10%	G			0.21172	6/1/2021	
Sulfacetamide Sodium Lotion 10% (Acne)	G			0.73686	12/1/2019	
Sulfacetamide Sodium Opth Soln 10%	G		2.24733	1.92933	7/1/2021	
Sulfacetamide Sodium w/ Sulfur Cream 10-5%	G			3.12786	4/1/2020	
Sulfacetamide Sodium w/ Sulfur Emulsion 10-5%	G			0.05344	8/1/2019	
Sulfacetamide Sodium-Prednisolone Opth Soln 10-0.23 (0.25)%	G			2.72000	3/1/2020	
Sulfamethoxazole-Trimethoprim Susp 200-40 MG/5ML	G			0.11342	9/1/2017	
Sulfamethoxazole-Trimethoprim Tab 400-80 MG	G			0.04490	9/1/2019	
Sulfamethoxazole-Trimethoprim Tab 800-160 MG	G			0.04090	1/1/2018	
Sulfasalazine Tab 500 MG	G			0.07159	2/1/2012	
Sulfasalazine Tab Delayed Release 500 MG	G			0.12670	9/1/2017	
Sulindac Tab 150 MG	G			0.12100	4/1/2021	
Sulindac Tab 200 MG	G			0.13438	9/1/2018	
Sumatriptan Nasal Spray 20 MG/ACT	G			40.67415	1/1/2019	
Sumatriptan Nasal Spray 5 MG/ACT	G			39.22564	5/1/2021	
Sumatriptan Succinate Inj 6 MG/0.5ML	G			32.60000	9/1/2020	
Sumatriptan Succinate Solution Auto-injector 4 MG/0.5ML	G			153.80000	2/1/2019	
Sumatriptan Succinate Solution Auto-injector 6 MG/0.5ML	G		69.87308	68.86085	7/1/2021	
Sumatriptan Succinate Solution Cartridge 4 MG/0.5ML	G			147.25000	2/1/2021	
Sumatriptan Succinate Solution Cartridge 6 MG/0.5ML	G			110.77440	5/1/2021	
Sumatriptan Succinate Tab 100 MG	G			0.36778	3/1/2018	
Sumatriptan Succinate Tab 25 MG	G			0.34111	9/1/2020	
Sumatriptan Succinate Tab 50 MG	G			0.33111	2/1/2021	
Tacrolimus Cap 0.5 MG	G			0.61320	11/1/2020	
Tacrolimus Cap 1 MG	G			0.73320	5/29/2020	
Tacrolimus Cap 5 MG	G			0.39610	9/1/2018	
Tacrolimus Oint 0.1%	G			2.64950	4/1/2020	
Tadalafil Tab 10 MG	G			0.42000	1/1/2021	
Tadalafil Tab 2.5 MG	G			0.22733	2/1/2020	
Tadalafil Tab 20 MG	G			0.42967	9/1/2019	
Tadalafil Tab 20 MG (PAH)	G			0.46283	3/1/2020	
Tadalafil Tab 5 MG	G			0.19767	10/1/2020	
Tamoxifen Citrate Tab 10 MG (Base Equivalent)	G			0.15000	12/1/2017	
Tamoxifen Citrate Tab 20 MG (Base Equivalent)	G			0.24500	5/1/2020	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Tamsulosin HCl Cap 0.4 MG	G		0.05541	0.04014	7/1/2021	
Tazarotene Cream 0.1%	G			4.29567	2/1/2021	
Tbo-Filgrastim Soln Prefilled Syringe 300 MCG/0.5ML	B			596.80320	1/1/2017	
Tbo-Filgrastim Soln Prefilled Syringe 480 MCG/0.8ML	B			593.98950	1/1/2017	
Teduglutide (rDNA) For Inj Kit 5 MG	B			1372.44816	7/18/2017	
Teduglutide (rDNA) For Inj Kit 5 MG	B	GATTEX KIT 5MG (68875010201)		39114.79248	4/15/2019	NDC-specific SMAC
Teduglutide (rDNA) For Inj Kit 5 MG	B	GATTEX KIT 5MG (68875010301)		1499.71704	4/15/2019	NDC-specific SMAC
Telaprevir Tab 375 MG	B			130.73508	1/20/2014	
Telmisartan Tab 20 MG	G			0.22067	2/1/2020	
Telmisartan Tab 40 MG	G			0.12822	12/1/2018	
Telmisartan Tab 80 MG	G			0.24140	3/1/2021	
Telmisartan-Hydrochlorothiazide Tab 40-12.5 MG	G			0.73467	6/1/2018	
Telmisartan-Hydrochlorothiazide Tab 80-12.5 MG	G			1.17000	3/1/2019	
Telmisartan-Hydrochlorothiazide Tab 80-25 MG	G			0.56667	12/1/2019	
Temazepam Cap 15 MG	G			0.05614	4/1/2017	
Temazepam Cap 22.5 MG	G			2.88000	2/1/2019	
Temazepam Cap 30 MG	G			0.08710	12/1/2010	
Temazepam Cap 7.5 MG	G			1.49517	2/22/2021	
Temozolomide Cap 100 MG	B			453.77760	1/5/2018	
Temozolomide Cap 100 MG	G			19.52800	5/1/2021	
Temozolomide Cap 140 MG	B			635.28864	1/5/2018	
Temozolomide Cap 140 MG	G			32.50000	3/1/2020	
Temozolomide Cap 180 MG	G			42.50000	3/1/2020	
Temozolomide Cap 20 MG	G			23.25000	10/1/2015	
Temozolomide Cap 250 MG	G			69.13100	3/1/2020	
Temozolomide Cap 5 MG	G			1.35000	3/1/2020	
Tenofovir Disoproxil Fumarate Tab 300 MG	G			0.24167	6/1/2020	
Terazosin HCl Cap 1 MG (Base Equivalent)	G			0.05380	4/1/2017	
Terazosin HCl Cap 10 MG (Base Equivalent)	G			0.04130	9/1/2017	
Terazosin HCl Cap 2 MG (Base Equivalent)	G			0.05740	4/1/2017	
Terazosin HCl Cap 5 MG (Base Equivalent)	G			0.05040	1/1/2018	
Terbinafine HCl Cream 1%	G			0.31783	3/1/2020	
Terbinafine HCl Tab 250 MG	G			0.08000	1/1/2020	
Terbutaline Sulfate Tab 2.5 MG	G			0.31374	1/1/2019	
Terbutaline Sulfate Tab 5 MG	G			0.42438	12/1/2011	
Terconazole Vaginal Cream 0.4%	G			0.50889	6/1/2020	
Terconazole Vaginal Cream 0.8%	G			1.13550	5/1/2021	
Terconazole Vaginal Suppos 80 MG	G			10.55670	1/1/2019	
Testosterone Cypionate IM in Oil 100 MG/ML	G			5.38200	6/1/2010	
Testosterone Cypionate IM in Oil 200 MG/ML	G			17.15769	7/1/2014	
Testosterone Cypionate IM Inj in Oil 200 MG/ML	G			10.51200	12/1/2018	
Testosterone Enanthate IM in Oil 200 MG/ML	G			12.05063	8/1/2013	
Testosterone Powder	G			0.19136	6/1/2010	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Testosterone Propionate Powder	G			1.55480	6/1/2010	
Testosterone TD Gel 20.25 MG/ACT (1.62%)	G			1.00534	8/1/2020	
Testosterone TD Gel 25 MG/2.5GM (1%)	G			2.53307	2/1/2021	
Testosterone TD Gel 50 MG/5GM (1%)	G			0.84172	10/1/2020	
Testosterone TD Soln 30 MG/ACT	G			2.84744	4/1/2018	
Tetrabenazine Tab 12.5 MG	B			125.38297	1/7/2019	
Tetrabenazine Tab 12.5 MG	G			7.84804	7/1/2021	
Tetrabenazine Tab 25 MG	B			250.76595	1/7/2019	
Tetracycline HCl Cap 250 MG	G			1.20000	5/1/2021	
Tetracycline HCl Cap 500 MG	G		2.19010	1.53190	7/1/2021	
Theophylline Tab ER 12HR 300 MG	G			2.73700	6/1/2021	
Theophylline Tab ER 24HR 400 MG	G			0.41220	10/1/2017	
Theophylline Tab ER 24HR 600 MG	G			1.12840	3/1/2020	
Theophylline Tab SR 12HR 100 MG	G			0.42510	2/9/2015	
Theophylline Tab SR 12HR 200 MG	G			0.17477	1/1/2009	
Thioridazine HCl Tab 10 MG	G			0.09707	11/1/2011	
Thioridazine HCl Tab 100 MG	G			0.71790	6/6/2018	
Thioridazine HCl Tab 25 MG	G			0.11875	5/1/2012	
Thioridazine HCl Tab 50 MG	G			0.17937	8/1/2011	
Thiothixene Cap 10 MG	G			1.84450	9/1/2017	
Thiothixene Cap 2 MG	G			0.10752	1/1/2009	
Thiothixene Cap 5 MG	G			1.16400	9/23/2015	
Thyroid Tab 120 MG (2 Grain)	G			0.98614	7/1/2021	
Thyroid Tab 15 MG (1/4 Grain)	G			0.40570	12/1/2018	
Thyroid Tab 30 MG (1/2 Grain)	G			0.38500	4/1/2019	
Thyroid Tab 60 MG (1 Grain)	G			0.33280	9/1/2017	
Thyroid Tab 90 MG (1 1/2 Grain)	G			0.71227	11/1/2017	
Tiagabine HCl Tab 2 MG	G			5.78000	2/1/2013	
Tiagabine HCl Tab 4 MG	G			5.05112	8/1/2018	
Ticlopidine HCl Tab 250 MG	G			0.16835	1/1/2010	
Timolol Maleate Ophth Gel Forming Soln 0.5%	G			24.45155	1/7/2020	
Timolol Maleate Ophth Soln 0.25%	G			0.32416	12/1/2011	
Timolol Maleate Ophth Soln 0.5%	G			0.33162	1/1/2009	
Tinidazole Tab 500 MG	G			2.20000	11/1/2018	
Tizanidine HCl Cap 2 MG (Base Equivalent)	G			0.29733	3/1/2020	
Tizanidine HCl Cap 4 MG (Base Equivalent)	G			0.40807	3/1/2020	
Tizanidine HCl Cap 6 MG (Base Equivalent)	G			0.39993	12/1/2020	
Tizanidine HCl Tab 2 MG (Base Equivalent)	G			0.02233	12/1/2018	
Tizanidine HCl Tab 4 MG (Base Equivalent)	G			0.03761	6/1/2020	
Tobramycin Nebu Soln 300 MG/5ML	B			26.10184	4/2/2014	
Tobramycin Nebu Soln 300 MG/5ML	G			5.48000	10/1/2018	
Tobramycin Ophth Soln 0.3%	G			0.81000	11/1/2017	
Tobramycin Sulfate For Inj 1.2 GM	G			101.01000	8/4/2010	
Tobramycin Sulfate Inj 1.2 GM/30ML (40 MG/ML) (Base Equiv)	G			0.67297	8/4/2010	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Tobramycin Sulfate Inj 2 GM/50ML (40 MG/ML) (Base Equiv)	G			0.67297	8/4/2010	
Tobramycin Sulfate Inj 40 MG/ML	G			2.40800	4/1/2017	
Tobramycin Sulfate Inj 80 MG/2ML (40 MG/ML) (Base Equiv)	G			0.67297	8/4/2010	
Tobramycin-Dexamethasone Ophth Susp 0.3-0.1%	G			14.46467	6/1/2021	
Tocilizumab Subcutaneous Soln Prefilled Syringe 162 MG/0.9ML	B			1122.44774	7/1/2019	
Tolazamide Tab 250 MG	G			0.18640	2/1/2014	
Tolazamide Tab 500 MG	G			0.72640	2/1/2014	
Tolmetin Sodium Cap 400 MG	G			0.99645	1/1/2010	
Tolnaftate Aerosol 1%	G			0.15765	9/18/2013	
Tolnaftate Aerosol Pow 1%	G			0.15765	9/18/2013	
Tolnaftate Cream 1%	G			0.05287	8/12/2009	
Tolnaftate Powder 1%	G			0.15765	9/18/2013	
Tolterodine Tartrate Cap ER 24HR 2 MG	G			1.12933	8/1/2020	
Tolterodine Tartrate Cap ER 24HR 4 MG	G			0.90000	6/1/2020	
Tolterodine Tartrate Tab 1 MG	G			0.43100	12/1/2019	
Tolterodine Tartrate Tab 2 MG	G			0.33142	12/1/2020	
Topiramate Cap ER 24HR Sprinkle 100 MG	G			10.06000	4/1/2017	
Topiramate Cap ER 24HR Sprinkle 150 MG	G			20.79947	7/1/2021	
Topiramate Cap ER 24HR Sprinkle 25 MG	G			5.17067	4/1/2017	
Topiramate Cap ER 24HR Sprinkle 50 MG	G			7.40912	5/1/2021	
Topiramate Sprinkle Cap 15 MG	G			0.19343	4/1/2017	
Topiramate Sprinkle Cap 25 MG	G			0.26867	4/1/2017	
Topiramate Tab 100 MG	G			0.03583	3/1/2019	
Topiramate Tab 200 MG	G			0.08528	12/1/2018	
Topiramate Tab 25 MG	G		0.02689	0.02180	7/1/2021	
Topiramate Tab 50 MG	G			0.02333	6/1/2020	
Torsemide Tab 10 MG	G			0.04670	12/1/2019	
Torsemide Tab 100 MG	G			0.12655	12/1/2018	
Torsemide Tab 20 MG	G			0.06643	12/1/2018	
Torsemide Tab 5 MG	G			0.04710	9/1/2020	
Tramadol HCl Tab 50 MG	G			0.01692	11/1/2020	
Tramadol HCl Tab ER 24HR 100 MG	G			1.23467	10/1/2020	
Tramadol HCl Tab ER 24HR 200 MG	G			1.30933	10/1/2017	
Tramadol HCl Tab ER 24HR 300 MG	G			2.64123	12/1/2020	
Tramadol HCl Tab ER 24HR Biphasic Release 100 MG	G			1.87000	2/1/2019	
Tramadol HCl Tab ER 24HR Biphasic Release 300 MG	G			3.59200	5/25/2016	
Tramadol-Acetaminophen Tab 37.5-325 MG	G			0.08010	10/1/2017	
Trametinib Dimethyl Sulfoxide Tab 0.5 MG (Base Equivalent)	B			110.43416	1/15/2019	
Trametinib Dimethyl Sulfoxide Tab 2 MG (Base Equivalent)	B			375.86418	1/15/2019	
Trandolapril Tab 1 MG	G			0.21365	12/1/2010	
Trandolapril Tab 2 MG	G			0.21365	12/1/2010	
Trandolapril Tab 4 MG	G			0.18810	3/1/2020	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Tranexamic Acid Tab 650 MG	G			1.07000	6/1/2019	
Tranylcypromine Sulfate Tab 10 MG	G			1.07898	1/1/2012	
Travoprost Ophth Soln 0.004% (Benzalkonium Free) (BAK Free)	G		41.40000	39.69800	7/1/2021	
Trazodone HCl Tab 100 MG	G			0.04192	1/1/2021	
Trazodone HCl Tab 150 MG	G			0.08990	4/1/2020	
Trazodone HCl Tab 300 MG	G			1.52750	3/1/2021	
Trazodone HCl Tab 50 MG	G			0.03652	3/1/2021	
Tretinoin Cap 10 MG	G			10.73980	6/1/2019	
Tretinoin Cream 0.025%	G			1.96037	12/1/2019	
Tretinoin Cream 0.05%	G			2.28000	7/1/2019	
Tretinoin Cream 0.1%	G		3.24750	3.12978	7/1/2021	
Tretinoin Gel 0.01%	G		3.42440	3.20000	7/1/2021	
Tretinoin Gel 0.025%	G			1.00804	7/1/2013	
Tretinoin Gel 0.05%	G			3.72280	1/1/2021	
Tretinoin Microsphere Gel 0.04%	G		6.53365	7.32156	5/5/2021	
Tretinoin Microsphere Gel 0.1%	G			8.25483	1/1/2021	
Triamcinolone Acetonide Aerosol Soln 0.147 MG/GM	G			2.64159	4/1/2020	
Triamcinolone Acetonide Cream 0.025%	G			0.09000	8/1/2019	
Triamcinolone Acetonide Cream 0.1%	G			0.05614	6/1/2020	
Triamcinolone Acetonide Cream 0.5%	G			0.24200	8/1/2020	
Triamcinolone Acetonide Dental Paste 0.1%	G			5.19600	4/1/2020	
Triamcinolone Acetonide Lotion 0.025%	G			0.41583	6/1/2020	
Triamcinolone Acetonide Lotion 0.1%	G			0.34417	8/1/2020	
Triamcinolone Acetonide Nasal Inhal 55 MCG/ACT	G			4.68079	5/1/2013	
Triamcinolone Acetonide Oint 0.025%	G			0.03250	1/1/2010	
Triamcinolone Acetonide Oint 0.1%	G			0.08175	3/1/2020	
Triamcinolone Acetonide Oint 0.5%	G			0.19933	8/1/2020	
Triamterene & Hydrochlorothiazide Cap 37.5-25 MG	G			0.04697	1/1/2018	
Triamterene & Hydrochlorothiazide Cap 50-25 MG	G			0.41268	1/1/2009	
Triamterene & Hydrochlorothiazide Tab 37.5-25 MG	G			0.04515	2/1/2012	
Triamterene & Hydrochlorothiazide Tab 75-50 MG	G			0.04310	1/28/2008	
Triazolam Tab 0.125 MG	G			0.20610	1/28/2008	
Triazolam Tab 0.25 MG	G			0.12500	8/1/2012	
Trientine HCl Cap 250 MG	B			197.03934	7/18/2014	
Trifluoperazine HCl Tab 10 MG (Base Equivalent)	G			1.32850	5/1/2016	
Trifluoperazine HCl Tab 2 MG (Base Equivalent)	G			0.26338	12/1/2010	
Trifluoperazine HCl Tab 5 MG (Base Equivalent)	G			0.43737	2/1/2012	
Trifluridine Ophth Soln 1%	G			16.35250	6/1/2012	
Trihexyphenidyl HCl Elixir 0.4 MG/ML	G			0.03584	12/1/2018	
Trihexyphenidyl HCl Tab 2 MG	G			0.04546	9/1/2017	
Trihexyphenidyl HCl Tab 5 MG	G			0.06878	2/1/2018	
Trimethobenzamide HCl Cap 300 MG	G			1.28590	7/1/2019	
Trimethoprim Tab 100 MG	G			0.16520	10/1/2017	
Tropicamide Ophth Soln 1%	G			0.40633	5/1/2021	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Trospium Chloride Cap ER 24HR 60 MG	G			3.76787	5/1/2021	
Trospium Chloride Tab 20 MG	G			0.25217	6/1/2019	
Urea Cream 40%	G			0.32853	6/1/2020	
Urea Gel 40%	G			3.42333	6/1/2010	
Urea Lotion 40%	G			0.07778	1/1/2019	
Ursodiol (Bulk) Powder	G			1.52880	9/1/2010	
Ursodiol Cap 300 MG	G			0.50586	12/1/2020	
Ursodiol Tab 250 MG	G			0.56460	9/1/2018	
Ursodiol Tab 500 MG	G			0.86985	3/1/2020	
Ustekinumab Inj 45 MG/0.5ML	B			21916.60152	1/10/2019	
Ustekinumab Soln Prefilled Syringe 45 MG/0.5ML	B			21916.60152	1/10/2019	
Ustekinumab Soln Prefilled Syringe 90 MG/ML	B			22251.86000	10/1/2020	
Valacyclovir HCl Tab 1 GM	G			0.37833	2/1/2018	
Valacyclovir HCl Tab 500 MG	G			0.18200	8/1/2019	
Valganciclovir HCl For Soln 50 MG/ML (Base Equiv)	B			11.42674	1/1/2017	
Valganciclovir HCl For Soln 50 MG/ML (Base Equiv)	G			9.00000	2/1/2019	
Valganciclovir HCl Tab 450 MG (Base Equivalent)	G		3.73250	2.95113	7/1/2021	
Valproate Sodium Oral Soln 250 MG/5ML (Base Equiv)	G			0.01063	9/1/2017	
Valproate Sodium Syrup 250 MG/5ML	G			0.02042	7/1/2013	
Valproic Acid Cap 250 MG	G			0.12720	9/1/2017	
Valsartan Tab 160 MG	G			0.10856	11/1/2017	
Valsartan Tab 320 MG	G			0.10489	9/1/2017	
Valsartan Tab 40 MG	G			0.05556	12/1/2017	
Valsartan Tab 80 MG	G			0.06100	6/1/2017	
Valsartan-Hydrochlorothiazide Tab 160-12.5 MG	G			0.11778	4/1/2018	
Valsartan-Hydrochlorothiazide Tab 160-25 MG	G			0.14689	4/1/2018	
Valsartan-Hydrochlorothiazide Tab 320-12.5 MG	G			0.20556	9/1/2018	
Valsartan-Hydrochlorothiazide Tab 320-25 MG	G			0.20818	3/1/2018	
Valsartan-Hydrochlorothiazide Tab 80-12.5 MG	G			0.12685	8/1/2018	
Vancomycin HCl Cap 125 MG	G			4.67097	2/26/2018	
Vancomycin HCl Cap 125 MG (Base Equivalent)	G			2.02523	5/1/2021	
Vancomycin HCl Cap 250 MG (Base Equivalent)	G			2.46900	4/1/2021	
Vancomycin HCl For Inj 1000 MG	G			12.00000	9/1/2017	
Vancomycin HCl For IV Soln 1 GM (Base Equivalent)	G			2.93100	4/1/2020	
Vancomycin HCl For IV Soln 10 GM (Base Equivalent)	G			40.99000	2/1/2019	
Vancomycin HCl For IV Soln 5 GM (Base Equivalent)	G			21.43000	2/1/2019	
Vancomycin HCl For IV Soln 500 MG (Base Equivalent)	G			2.11680	2/1/2019	
Vancomycin HCl For IV Soln 750 MG (Base Equivalent)	G			7.13200	4/1/2020	
Vemurafenib Tab 240 MG	B			45.03084	9/8/2015	
Venlafaxine HCl Cap ER 24HR 150 MG (Base Equivalent)	G			0.11973	11/1/2018	
Venlafaxine HCl Cap ER 24HR 37.5 MG (Base Equivalent)	G			0.09678	4/1/2021	
Venlafaxine HCl Cap ER 24HR 75 MG (Base Equivalent)	G			0.09733	5/1/2020	
Venlafaxine HCl Tab 100 MG (Base Equivalent)	G			0.05010	7/1/2020	
Venlafaxine HCl Tab 25 MG (Base Equivalent)	G			0.11520	12/1/2018	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Venlafaxine HCl Tab 37.5 MG (Base Equivalent)	G			0.07010	8/1/2020	
Venlafaxine HCl Tab 50 MG (Base Equivalent)	G			0.08789	11/1/2020	
Venlafaxine HCl Tab 75 MG (Base Equivalent)	G			0.04630	6/1/2020	
Venlafaxine HCl Tab ER 24HR 150 MG (Base Equivalent)	G			2.20528	6/1/2014	
Venlafaxine HCl Tab ER 24HR 225 MG (Base Equivalent)	G			5.09967	11/1/2020	
Venlafaxine HCl Tab ER 24HR 37.5 MG (Base Equivalent)	G			4.94600	4/1/2020	
Venlafaxine HCl Tab ER 24HR 75 MG (Base Equivalent)	G			3.00392	1/1/2013	
Verapamil HCl Cap ER 24HR 100 MG	G			0.95140	3/1/2019	
Verapamil HCl Cap ER 24HR 120 MG	G			0.80340	3/1/2021	
Verapamil HCl Cap ER 24HR 180 MG	G			0.31925	3/1/2012	
Verapamil HCl Cap ER 24HR 200 MG	G			1.04240	10/1/2017	
Verapamil HCl Cap ER 24HR 240 MG	G			0.49987	11/1/2011	
Verapamil HCl Cap ER 24HR 300 MG	G			1.54090	10/1/2017	
Verapamil HCl Cap ER 24HR 360 MG	G			3.33117	4/1/2017	
Verapamil HCl Tab 120 MG	G			0.05950	4/1/2017	
Verapamil HCl Tab 40 MG	G			0.09890	7/1/2020	
Verapamil HCl Tab 80 MG	G			0.04430	11/1/2020	
Verapamil HCl Tab ER 120 MG	G			0.11030	9/1/2018	
Verapamil HCl Tab ER 180 MG	G			0.10355	10/1/2017	
Verapamil HCl Tab ER 240 MG	G			0.08205	12/1/2018	
Vigabatrin Powd Pack 500 MG	B			145.53293	1/7/2019	
Vigabatrin Tab 500 MG	B			145.53283	1/7/2019	
Vincristine Sulfate Liposome IV Susp 5 MG/31ML (0.16 MG/ML)	B			12693.25640	4/1/2017	
Von Willebrand Factor (Recombinant) For Inj 1300 Unit	B			1.45000	7/1/2020	
Von Willebrand Factor (Recombinant) For Inj 650 Unit	B			1.45000	7/1/2020	
Voriconazole Tab 200 MG	G			3.37688	1/1/2021	
Voriconazole Tab 50 MG	G			0.89967	9/1/2017	
Warfarin Sodium Tab 1 MG	G			0.02470	12/1/2018	
Warfarin Sodium Tab 10 MG	G			0.04875	4/1/2012	
Warfarin Sodium Tab 2 MG	G			0.07090	6/1/2020	
Warfarin Sodium Tab 2.5 MG	G			0.05970	9/1/2017	
Warfarin Sodium Tab 3 MG	G			0.07315	9/1/2020	
Warfarin Sodium Tab 4 MG	G			0.05420	1/1/2021	
Warfarin Sodium Tab 5 MG	G			0.06310	2/1/2020	
Warfarin Sodium Tab 6 MG	G			0.07290	9/1/2019	
Warfarin Sodium Tab 7.5 MG	G			0.08633	5/1/2012	
Water For Injection	G			0.03734	3/1/2020	
Water For Irrigation, Sterile Irrigation Soln	G			0.00304	12/1/2018	
Water For IV Injection	G			0.00203	3/1/2018	
White Petrolatum-Mineral Oil Ophth Ointment***	G			1.86060	9/18/2013	
Zafirlukast Tab 10 MG	G			1.04000	2/1/2014	
Zafirlukast Tab 20 MG	G			0.82500	5/1/2020	
Zaleplon Cap 10 MG	G			0.13820	10/1/2017	
Zaleplon Cap 5 MG	G			0.17120	9/1/2018	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List**

As of 07/02/2021

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Zidovudine Cap 100 MG	G			0.12230	10/1/2017	
Zidovudine Syrup 10 MG/ML	G			0.09521	12/1/2017	
Zidovudine Tab 300 MG	G			0.14500	10/1/2018	
Ziprasidone HCl Cap 20 MG	G			0.30384	3/1/2021	
Ziprasidone HCl Cap 40 MG	G			0.14542	12/1/2018	
Ziprasidone HCl Cap 60 MG	G			0.24917	6/1/2019	
Ziprasidone HCl Cap 80 MG	G			0.25617	6/1/2020	
Zoledronic Acid Inj Conc For IV Infusion 4 MG/5ML	G			1.41600	4/1/2020	
Zolmitriptan Orally Disintegrating Tab 2.5 MG	G			3.25000	2/1/2019	
Zolmitriptan Orally Disintegrating Tab 5 MG	G			3.66000	11/1/2018	
Zolmitriptan Tab 2.5 MG	G			0.96357	1/1/2019	
Zolmitriptan Tab 5 MG	G		2.40500	1.55444	7/1/2021	
Zolpidem Tartrate Tab 10 MG	G			0.02236	11/1/2020	
Zolpidem Tartrate Tab 5 MG	G			0.02670	11/1/2017	
Zolpidem Tartrate Tab ER 12.5 MG	G			0.38520	6/1/2018	
Zolpidem Tartrate Tab ER 6.25 MG	G			0.52347	7/1/2018	
Zonisamide Cap 100 MG	G			0.09670	4/1/2018	
Zonisamide Cap 25 MG	G			0.05455	11/1/2018	
Zonisamide Cap 50 MG	G			0.11650	1/1/2021	