Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

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			1.98300	6/1/2022	
Abiraterone Acetate Tab 250 MG	G			2.03634	8/1/2021	
Acamprosate Calcium Tab Delayed Release 333 MG	G			0.39501	8/1/2025	
Acarbose Tab 100 MG	G			0.13000	12/1/2018	
Acarbose Tab 25 MG	G			0.11720	10/1/2023	
Acarbose Tab 50 MG	G			0.11166	10/1/2023	
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 160 MG	G			0.10010	11/1/2025	
Acetaminophen Chew Tab 80 MG	G			0.04180	10/1/2021	
Acetaminophen Liquid 160 MG/5ML	G			0.00800	12/1/2018	
Acetaminophen Liquid 167 MG/5ML	G			0.01930	1/1/2019	
Acetaminophen Soln 160 MG/5ML	G			0.00800	12/1/2018	
Acetaminophen Suppos 120 MG	G			0.18917	4/1/2017	
Acetaminophen Suppos 650 MG	G			0.21180	9/1/2018	
Acetaminophen Susp 160 MG/5ML	G			0.01568	2/1/2022	
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			0.05936	10/1/2021	
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	
Acetazolamide Cap ER 12HR 500 MG	G			0.19408	3/1/2026	
Acetazolamide Tab 125 MG	G			0.11042	10/1/2023	
Acetazolamide Tab 250 MG	G			0.14623	10/1/2023	
Acetic Acid Irrigation Soln 0.25%	G			0.00842	4/1/2026	
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			5.03987	9/1/2021	
Acitretin Cap 17.5 MG	G			25.25000	3/1/2014	
Acitretin Cap 25 MG	G			5.41254	5/1/2023	
ACTEMRA (Tocilizumab Subcutaneous Soln Prefilled Syringe 162 MG/0.9ML)	B			1122.44774	7/1/2019	
ACTHAR (Corticotropin Inj Gel 80 Unit/ML)	B			7747.28640	1/4/2018	
Acyclovir Cap 200 MG	G			0.06546	10/1/2023	
Acyclovir Cream 5%	G			11.37833	10/1/2025	
Acyclovir Oint 5%	G			0.55692	9/1/2025	
Acyclovir Susp 200 MG/5ML	G			0.06589	3/1/2026	
Acyclovir Tab 400 MG	G			0.05351	12/1/2018	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Acyclovir Tab 800 MG	G			0.09268	11/1/2018	
Adapalene Cream 0.1%	G			2.30543	10/1/2025	
Adapalene Gel 0.1%	G			1.58578	12/1/2019	
Adapalene Gel 0.3%	G			0.53585	9/1/2025	
Adapalene-Benzoyl Peroxide Gel 0.1-2.5%	G			0.40723	11/1/2025	
Adapalene-Benzoyl Peroxide Gel 0.3-2.5%	G			0.64717	11/1/2025	
Adefovir Dipivoxil Tab 10 MG	G			20.52000	6/1/2019	
ADVATE (Antihemophilic Factor Recomb (rAHF-PFM) For Inj 1000 Unit)	B			1.03000	3/16/2011	
ADVATE (Antihemophilic Factor Recomb (rAHF-PFM) For Inj 1500 Unit)	B			1.03000	3/16/2011	
ADVATE (Antihemophilic Factor Recomb (rAHF-PFM) For Inj 2000 Unit)	B			1.03000	3/16/2011	
ADVATE (Antihemophilic Factor Recomb (rAHF-PFM) For Inj 250 Unit)	B			1.31000	1/1/2023	
ADVATE (Antihemophilic Factor Recomb (rAHF-PFM) For Inj 3000 Unit)	B			1.03000	3/16/2011	
ADVATE (Antihemophilic Factor Recomb (rAHF-PFM) For Inj 4000 Unit)	B			1.03000	7/1/2018	
ADVATE (Antihemophilic Factor Recomb (rAHF-PFM) For Inj 500 Unit)	B			1.34460	1/1/2024	
ADYNOVATE (Antihemophilic Factor Recomb Pegylated For Inj 1000 Unit)	B			1.43000	7/1/2018	
ADYNOVATE (Antihemophilic Factor Recomb Pegylated For Inj 1500 Unit)	B			1.43000	7/1/2018	
ADYNOVATE (Antihemophilic Factor Recomb Pegylated For Inj 2000 Unit)	B			1.43000	7/1/2018	
ADYNOVATE (Antihemophilic Factor Recomb Pegylated For Inj 250 Unit)	B			1.43000	7/1/2018	
ADYNOVATE (Antihemophilic Factor Recomb Pegylated For Inj 3000 Unit)	B			1.43000	7/1/2018	
ADYNOVATE (Antihemophilic Factor Recomb Pegylated For Inj 500 Unit)	B			1.43000	7/1/2018	
ADYNOVATE (Antihemophilic Factor Recomb Pegylated For Inj 750 Unit)	B			1.43000	7/1/2018	
AFINITOR (Everolimus Tab 10 MG)	B			558.71011	1/15/2019	
AFINITOR (Everolimus Tab 2.5 MG)	B			534.15480	1/15/2019	
AFINITOR (Everolimus Tab 5 MG)	B			558.73608	1/15/2019	
AFINITOR (Everolimus Tab 7.5 MG)	B			558.71616	1/15/2019	
AFINITOR DISPERZ (Everolimus Tab for Oral Susp 2 MG)	B			435.59230	1/3/2017	
AFINITOR DISPERZ (Everolimus Tab for Oral Susp 3 MG)	B			439.95217	1/3/2017	
AFINITOR DISPERZ (Everolimus Tab for Oral Susp 5 MG)	B			457.90181	1/3/2017	
AFSTYLA (Antihemophilic Fact Rcmb Single Chain For Inj Kit 1000 Unit)	B			1.19000	7/1/2018	
AFSTYLA (Antihemophilic Fact Rcmb Single Chain For Inj Kit 1500 Unit)	B			1.19000	7/1/2018	
AFSTYLA (Antihemophilic Fact Rcmb Single Chain For Inj Kit 2000 Unit)	B			1.19000	7/1/2018	
AFSTYLA (Antihemophilic Fact Rcmb Single Chain For Inj Kit 250 Unit)	B			1.19000	7/1/2018	
AFSTYLA (Antihemophilic Fact Rcmb Single Chain For Inj Kit 2500 Unit)	B			1.19000	7/1/2018	
AFSTYLA (Antihemophilic Fact Rcmb Single Chain For Inj Kit 3000 Unit)	B			1.19000	7/1/2018	
AFSTYLA (Antihemophilic Fact Rcmb Single Chain For Inj Kit 500 Unit)	B			1.19000	7/1/2018	
Albendazole Tab 200 MG	G			5.75623	10/1/2025	
Albuterol Sulfate Inhal Aero 108 MCG/ACT (90MCG Base Equiv)	G			2.42342	12/1/2022	
Albuterol Sulfate Soln Nebu 0.083% (2.5 MG/3ML)	G			0.05333	10/1/2025	
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			0.18781	5/2/2024	
Albuterol Sulfate Soln Nebu 1.25 MG/3ML (Base Equiv)	G			0.18781	5/2/2024	
Albuterol Sulfate Syrup 2 MG/5ML	G			0.01017	11/1/2010	
Albuterol Sulfate Tab 2 MG	G			0.08177	1/1/2010	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Albuterol Sulfate Tab 4 MG	G			0.51642	10/1/2023	
Alclometasone Dipropionate Cream 0.05%	G			0.62717	4/1/2020	
Alclometasone Dipropionate Oint 0.05%	G			0.68185	4/1/2011	
Alendronate Sodium Oral Soln 70 MG/75ML	G			0.48500	4/1/2020	
Alendronate Sodium Tab 10 MG	G			0.11085	10/1/2025	
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	
Aliskiren Fumarate Tab 150 MG (Base Equivalent)	G			5.54267	4/1/2020	
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	
ALOPRIM (Allopurinol Sodium For Inj 500 MG)	B			3971.11176	11/1/2016	
Alosetron HCl Tab 0.5 MG (Base Equiv)	G			2.46472	11/1/2023	
ALPHANATE (Antihemophilic Factor/VWF (Human) For Inj 1000 Unit)	B			0.78000	7/1/2018	
ALPHANATE (Antihemophilic Factor/VWF (Human) For Inj 1500 Unit)	B			0.78000	7/1/2018	
ALPHANATE (Antihemophilic Factor/VWF (Human) For Inj 2000 Unit)	B			0.79520	7/1/2019	
ALPHANATE (Antihemophilic Factor/VWF (Human) For Inj 250 Unit)	B			0.78000	7/1/2018	
ALPHANATE (Antihemophilic Factor/VWF (Human) For Inj 500 Unit)	B			0.78000	7/1/2018	
ALPHANINE SD (Coagulation Factor IX For Inj 1000 Unit)	B			0.74000	7/1/2019	
ALPHANINE SD (Coagulation Factor IX For Inj 1500 Unit)	B			0.74000	3/16/2011	
ALPHANINE SD (Coagulation Factor IX For Inj 500 Unit)	B			0.77000	7/1/2020	
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			0.01900	10/1/2023	
Alprazolam Tab 0.5 MG	G			0.01385	12/1/2018	
Alprazolam Tab 1 MG	G			0.01773	11/1/2021	
Alprazolam Tab 2 MG	G			0.03348	3/1/2026	
Alprazolam Tab ER 24HR 0.5 MG	G			0.14884	3/1/2026	
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			0.25192	10/1/2023	
ALPROLIX (Coagulation Factor IX (Recomb) (rFIXFc) For Inj 1000 Unit)	B			3.51000	2/4/2025	
ALPROLIX (Coagulation Factor IX (Recomb) (rFIXFc) For Inj 2000 Unit)	B			3.51000	2/4/2025	
ALPROLIX (Coagulation Factor IX (Recomb) (rFIXFc) For Inj 250 Unit)	B			2.20000	7/1/2018	
ALPROLIX (Coagulation Factor IX (Recomb) (rFIXFc) For Inj 3000 Unit)	B			3.63600	1/1/2026	
ALPROLIX (Coagulation Factor IX (Recomb) (rFIXFc) For Inj 4000 Unit)	B			2.20000	7/1/2020	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
ALPROLIX (Coagulation Factor IX (Recomb) (rFIXFc) For Inj 500 Unit)	B			2.20000	7/1/2018	
Alum & Mag Hydroxide-Simethicone Susp 200-200-20 MG/5ML	G			0.00594	4/1/2017	
Alum & Mag Hydroxide-Simethicone Susp 200-200-20 MG/5ML	G			0.00594	4/1/2017	
Aluminum Hydroxide-Magnesium Carbonate Chew Tab 160-105 MG	G			0.00762	11/1/2017	
Amantadine HCl Cap 100 MG	G			0.14289	10/1/2022	
Amantadine HCl Soln 50 MG/5ML	G			0.01839	8/1/2022	
Amantadine HCl Tab 100 MG	G			0.33613	11/1/2025	
Ambrisentan Tab 10 MG	G			38.40133	7/1/2021	
Ambrisentan Tab 5 MG	G			38.40000	7/1/2019	
Amiloride & Hydrochlorothiazide Tab 5-50 MG	G			0.28000	1/1/2020	
Amiloride HCl Tab 5 MG	G			0.13230	6/1/2020	
Aminocaproic Acid Oral Soln 0.25 GM/ML	G			0.95450	8/1/2025	
Aminocaproic Acid Tab 500 MG	G			1.80000	5/1/2014	
Amiodarone HCl Tab 100 MG	G			0.97003	9/1/2022	
Amiodarone HCl Tab 200 MG	G			0.09890	12/1/2018	
Amiodarone HCl Tab 400 MG	G			0.91036	10/1/2023	
Amitriptyline HCl Tab 10 MG	G			0.02462	3/1/2026	
Amitriptyline HCl Tab 100 MG	G			0.14080	7/1/2023	
Amitriptyline HCl Tab 150 MG	G			0.19104	10/1/2023	
Amitriptyline HCl Tab 25 MG	G			0.03890	3/1/2026	
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			0.01287	10/1/2023	
Amlodipine Besylate Tab 2.5 MG (Base Equivalent)	G			0.00725	7/1/2025	
Amlodipine Besylate Tab 5 MG (Base Equivalent)	G			0.00899	10/1/2023	
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			1.56933	12/1/2022	
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			0.09650	10/1/2023	
Amlodipine Besylate-Benazepril HCl Cap 5-40 MG	G			0.09628	7/1/2026	
Amlodipine Besylate-Olmesartan Medoxomil Tab 10-20 MG	G			0.20763	7/1/2026	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Amlodipine Besylate-Olmesartan Medoxomil Tab 10-40 MG	G			0.32377	12/1/2022	
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			0.56449	6/1/2022	
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			7.43633	10/3/2025	
Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-320-25 MG	G			0.94400	6/1/2019	
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			0.31842	8/1/2026	
Amoxicillin & K Clavulanate For Susp 400-57 MG/5ML	G			0.05376	2/1/2024	
Amoxicillin & K Clavulanate For Susp 600-42.9 MG/5ML	G			0.05276	12/1/2019	
Amoxicillin & K Clavulanate Tab 250-125 MG	G			2.13800	1/1/2022	
Amoxicillin & K Clavulanate Tab 500-125 MG	G			0.21250	1/1/2022	
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) 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			0.01427	3/1/2022	
Amoxicillin (Trihydrate) For Susp 400 MG/5ML	G			0.01869	11/1/2017	
Amoxicillin (Trihydrate) Tab 500 MG	G			0.09067	12/1/2025	
Amoxicillin (Trihydrate) Tab 875 MG	G			0.08590	1/1/2018	
Amphetamine Sulfate Tab 10 MG	G			0.67830	7/1/2022	
Amphetamine-Dextroamphetamine Cap ER 24HR 10 MG	G			0.43428	7/1/2025	
Amphetamine-Dextroamphetamine Cap ER 24HR 15 MG	G			0.46624	6/1/2025	
Amphetamine-Dextroamphetamine Cap ER 24HR 20 MG	G			0.52200	6/1/2025	
Amphetamine-Dextroamphetamine Cap ER 24HR 25 MG	G			0.42250	7/1/2025	
Amphetamine-Dextroamphetamine Cap ER 24HR 30 MG	G			0.52230	6/1/2025	
Amphetamine-Dextroamphetamine Cap ER 24HR 5 MG	G			0.46989	6/1/2025	
Amphetamine-Dextroamphetamine Tab 10 MG	G			0.23770	3/9/2022	
Amphetamine-Dextroamphetamine Tab 12.5 MG	G			0.23110	10/1/2017	
Amphetamine-Dextroamphetamine Tab 15 MG	G			0.21167	8/1/2025	
Amphetamine-Dextroamphetamine Tab 20 MG	G			0.23780	7/1/2025	
Amphetamine-Dextroamphetamine Tab 30 MG	G			0.23328	6/1/2025	
Amphetamine-Dextroamphetamine Tab 5 MG	G			0.19617	1/1/2024	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Amphetamine-Dextroamphetamine Tab 7.5 MG	G			0.22717	6/1/2025	
Ampicillin & Sulbactam Sodium For Inj 3 (2-1) GM	G			6.39600	11/1/2011	
Ampicillin Cap 500 MG	G			0.12460	4/1/2017	
AMPYRA (Dalfampridine Tab ER 12HR 10 MG)	B			44.68504	7/1/2018	
Anagrelide HCl Cap 0.5 MG	G			0.18265	6/1/2011	
Anagrelide HCl Cap 1 MG	G			0.76180	8/12/2009	
ANASCORP (Centruroides (Scorpion) Imm F(ab')2 (Equine) For IV Infusion)	B			4275.29680	1/1/2017	
Anastrozole Tab 1 MG	G			0.04100	9/1/2019	
Apraclonidine HCl Ophth Soln 0.5% (Base Equivalent)	G			10.85900	4/1/2017	
Aprepitant Capsule 40 MG	G			41.82856	7/1/2022	
ARANESP ALBUMIN FREE (Darbepoetin Alfa Soln Inj 100 MCG/ML)	B			770.90400	7/1/2019	
ARANESP ALBUMIN FREE (Darbepoetin Alfa Soln Inj 200 MCG/ML)	B			1541.80800	7/1/2019	
ARANESP ALBUMIN FREE (Darbepoetin Alfa Soln Inj 25 MCG/ML)	B			192.72600	7/1/2019	
ARANESP ALBUMIN FREE (Darbepoetin Alfa Soln Inj 40 MCG/ML)	B			308.36160	7/1/2019	
ARANESP ALBUMIN FREE (Darbepoetin Alfa Soln Inj 60 MCG/ML)	B			462.54240	7/1/2019	
ARANESP ALBUMIN FREE (Darbepoetin Alfa Soln Prefilled Syringe 100 MCG/0.5ML)	B			1541.80800	7/1/2019	
ARANESP ALBUMIN FREE (Darbepoetin Alfa Soln Prefilled Syringe 150 MCG/0.3ML)	B			3854.52000	7/1/2019	
ARANESP ALBUMIN FREE (Darbepoetin Alfa Soln Prefilled Syringe 200 MCG/0.4ML)	B			3854.52000	7/1/2019	
ARANESP ALBUMIN FREE (Darbepoetin Alfa Soln Prefilled Syringe 25 MCG/0.42ML)	B			458.87142	7/1/2019	
ARANESP ALBUMIN FREE (Darbepoetin Alfa Soln Prefilled Syringe 300 MCG/0.6ML)	B			3854.52000	7/1/2019	
ARANESP ALBUMIN FREE (Darbepoetin Alfa Soln Prefilled Syringe 40 MCG/0.4ML)	B			770.90400	7/1/2019	
ARANESP ALBUMIN FREE (Darbepoetin Alfa Soln Prefilled Syringe 500 MCG/ML)	B			3854.52000	7/1/2019	
ARANESP ALBUMIN FREE (Darbepoetin Alfa Soln Prefilled Syringe 60 MCG/0.3ML)	B			1541.80800	7/1/2019	
Arformoterol Tartrate Soln Nebu 15 MCG/2ML (Base Equiv)	G			0.85833	7/1/2026	
Aripiprazole Oral Solution 1 MG/ML	G			1.15040	8/1/2021	
Aripiprazole Orally Disintegrating Tab 10 MG	G			22.99833	6/1/2020	
Aripiprazole Orally Disintegrating Tab 15 MG	G			14.85000	7/1/2019	
Aripiprazole Tab 10 MG	G			0.11080	10/1/2022	
Aripiprazole Tab 15 MG	G			0.10060	2/1/2023	
Aripiprazole Tab 2 MG	G			0.06467	5/1/2020	
Aripiprazole Tab 20 MG	G			0.13041	12/1/2022	
Aripiprazole Tab 30 MG	G			0.16633	1/1/2023	
Aripiprazole Tab 5 MG	G			0.10079	7/1/2023	
Armodafinil Tab 150 MG	G			0.66090	11/1/2025	
Armodafinil Tab 200 MG	G			1.07729	8/1/2018	
Armodafinil Tab 250 MG	G			0.83467	10/1/2025	
Armodafinil Tab 50 MG	G			0.46072	8/1/2018	
Asenapine Maleate SL Tab 10 MG (Base Equiv)	G			2.26061	10/1/2025	
Asenapine Maleate SL Tab 2.5 MG (Base Equiv)	G			3.12394	2/1/2026	
Asenapine Maleate SL Tab 5 MG (Base Equiv)	G			2.10738	10/1/2025	
Aspirin Chew Tab 81 MG	G			0.01500	12/1/2021	
Aspirin Suppos 300 MG	G			0.15823	9/1/2021	
Aspirin Tab 325 MG	G			0.00707	1/5/2011	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Aspirin Tab Delayed Release 325 MG	G			0.00975	1/5/2011	
Aspirin Tab Delayed Release 81 MG	G			0.00749	12/1/2021	
Aspirin-Dipyridamole Cap ER 12HR 25-200 MG	G			0.83721	1/1/2022	
ATABEX EC (Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab DR 29-1 MG***)	B			0.17500	7/1/2013	
ATABEX OB (Prenatal Vit w/ Fe Bisglycinate Chelate-FA Tab 29-1 MG***)	B			0.17500	7/1/2013	
Atazanavir Sulfate Cap 150 MG (Base Equiv)	G			4.58329	7/1/2021	
Atazanavir Sulfate Cap 200 MG (Base Equiv)	G			2.49167	7/1/2021	
Atazanavir Sulfate Cap 300 MG (Base Equiv)	G			6.43533	7/1/2021	
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			0.36648	12/1/2025	
Atomoxetine HCl Cap 100 MG (Base Equiv)	G			0.79200	10/1/2023	
Atomoxetine HCl Cap 18 MG (Base Equiv)	G			0.37203	1/1/2026	
Atomoxetine HCl Cap 25 MG (Base Equiv)	G			0.30912	1/1/2026	
Atomoxetine HCl Cap 40 MG (Base Equiv)	G			0.53372	9/1/2025	
Atomoxetine HCl Cap 60 MG (Base Equiv)	G			0.54433	9/1/2025	
Atomoxetine HCl Cap 80 MG (Base Equiv)	G			0.50322	9/1/2025	
Atorvastatin Calcium Tab 10 MG (Base Equivalent)	G			0.01945	12/1/2025	
Atorvastatin Calcium Tab 20 MG (Base Equivalent)	G			0.02900	2/1/2023	
Atorvastatin Calcium Tab 40 MG (Base Equivalent)	G			0.03050	12/1/2025	
Atorvastatin Calcium Tab 80 MG (Base Equivalent)	G			0.07073	3/1/2026	
Atovaquone Susp 750 MG/5ML	G			1.29928	5/1/2022	
Atovaquone-Proguanil HCl Tab 250-100 MG	G			1.63769	8/1/2025	
Atovaquone-Proguanil HCl Tab 62.5-25 MG	G			1.26500	9/1/2017	
Atropine Sulfate Ophth Soln 1%	G			8.83200	10/1/2023	
AVASTIN (Bevacizumab IV Soln 100 MG/4ML (For Infusion))	B			184.72065	1/1/2017	
AVASTIN (Bevacizumab IV Soln 400 MG/16ML (For Infusion))	B			184.72065	1/1/2017	
AVONEX (Interferon Beta-1a IM Prefilled Syringe Kit 30 MCG/0.5ML)	B			6898.04700	1/1/2019	
Azathioprine Tab 50 MG	G			0.12146	6/1/2026	
Azelastine HCl Nasal Spray 0.1% (137 MCG/SPRAY)	G			0.24164	11/1/2025	
Azelastine HCl Nasal Spray 0.15% (205.5 MCG/SPRAY)	G			0.69133	7/1/2021	
Azelastine HCl Ophth Soln 0.05%	G			0.89222	3/1/2022	
Azelastine HCl-Fluticasone Prop Nasal Spray 137-50 MCG/ACT	G			2.76957	1/1/2024	
Azithromycin For Susp 100 MG/5ML	G			0.31155	7/1/2026	
Azithromycin For Susp 200 MG/5ML	G			0.21120	6/1/2026	
Azithromycin Powd Pack for Susp 1 GM	G			18.50389	8/1/2023	
Azithromycin Tab 250 MG	G			0.20000	1/1/2021	
Azithromycin Tab 500 MG	G			0.41111	9/1/2021	
Azithromycin Tab 600 MG	G			1.25500	10/1/2019	
Bacitracin Oint 500 Unit/GM	G			0.05810	3/1/2019	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Bacitracin Ophth Oint 500 Unit/GM	G			20.79714	3/1/2019	
Bacitracin Zinc Oint 500 Unit/GM	G			0.06963	10/1/2023	
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 Oral Soln 10 MG/5ML	G			2.29329	7/1/2026	
Baclofen Oral Soln 5 MG/5ML	G			1.11445	7/1/2026	
Baclofen Powder	G			2.37120	6/1/2010	
Baclofen Susp 25 MG/5ML	G			3.83402	11/1/2025	
Baclofen Tab 10 MG	G			0.03100	12/1/2025	
Baclofen Tab 20 MG	G			0.05370	5/13/2026	
Baclofen Tab 5 MG	G			0.06467	7/1/2026	
Bacteriostatic Sodium Chloride Inj Soln 0.9%***	G			0.02190	1/1/2007	
Balsalazide Disodium Cap 750 MG	G			0.22313	5/1/2012	
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	
BELEODAQ (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	
BENEFIX (Coagulation Factor IX (Recombinant) For Inj Kit 1000 Unit)	B			1.09000	7/1/2018	
BENEFIX (Coagulation Factor IX (Recombinant) For Inj Kit 2000 Unit)	B			1.09000	7/1/2018	
BENEFIX (Coagulation Factor IX (Recombinant) For Inj Kit 250 Unit)	B			1.09000	7/1/2018	
BENEFIX (Coagulation Factor IX (Recombinant) For Inj Kit 3000 Unit)	B			1.09000	7/1/2018	
BENEFIX (Coagulation Factor IX (Recombinant) For Inj Kit 500 Unit)	B			1.09000	7/1/2018	
BENLYSTA (Belimumab For IV Soln 120 MG)	B			523.87608	7/1/2019	
BENLYSTA (Belimumab For IV Soln 400 MG)	B			1746.20712	7/1/2019	
Benzonatate Cap 100 MG	G			0.06472	7/1/2026	
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	
Benzoyl Peroxide Liq 10%	G			0.04621	10/1/2017	
Benzoyl Peroxide Liq 5%	G			0.08801	8/12/2009	
Benzoyl Peroxide-Erythromycin Gel 5-3%	G			1.29699	4/1/2026	
Benztropine Mesylate Tab 0.5 MG	G			0.04716	2/1/2011	
Benztropine Mesylate Tab 1 MG	G			0.05451	7/1/2026	
Benztropine Mesylate Tab 2 MG	G			0.08160	3/1/2019	
BERINERT (C1 Esterase Inhibitor (Human) For IV Inj Kit 500 Unit)	B			2803.74000	11/1/2016	
Betamethasone Dipropionate Augmented Cream 0.05%	G			0.15860	10/1/2019	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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			0.97167	9/1/2022	
Betamethasone Dipropionate Cream 0.05%	G			0.39533	12/1/2022	
Betamethasone Dipropionate Lotion 0.05%	G			0.07083	1/1/2009	
Betamethasone Dipropionate Oint 0.05%	G			0.50104	3/1/2026	
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			0.35667	9/1/2022	
Betaxolol HCl Ophth Soln 0.5%	G			8.13900	11/1/2023	
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	
Bicalutamide Tab 50 MG	G			0.10180	9/1/2018	
Bimatoprost Ophth Soln 0.03%	G			20.84156	11/1/2023	
Bisacodyl Suppos 10 MG	G			0.06890	4/1/2021	
Bisacodyl Tab Delayed Release 5 MG	G			0.00596	12/1/2025	
Bismuth Subsalicylate Chew Tab 262 MG	G			0.06830	1/1/2019	
Bismuth Subsalicylate Susp 262 MG/15ML	G			0.01253	11/1/2025	
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			0.16100	10/1/2025	
BLINCYTO (Blinatumomab For IV Infusion 35 MCG)	B			3450.49260	1/13/2017	
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			0.36583	3/1/2022	
Bromocriptine Mesylate Cap 5 MG (Base Equivalent)	G			4.05900	3/1/2023	
Bromocriptine Mesylate Tab 2.5 MG (Base Equivalent)	G			1.01407	5/1/2026	
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	
Brompheniramine & Pseudoephedrine Elixir 1-15 MG/5ML	G			0.01212	5/1/2021	
Budesonide Delayed Release Particles Cap 3 MG	G			0.48290	5/1/2020	
Budesonide Inhalation Susp 0.25 MG/2ML	G			0.91667	6/23/2025	
Budesonide Inhalation Susp 0.5 MG/2ML	G			0.85062	6/1/2025	
Budesonide Inhalation Susp 1 MG/2ML	G			3.11669	2/1/2024	
Budesonide Tab ER 24HR 9 MG	G			15.16633	10/1/2025	
Budesonide-Formoterol Fumarate Dihyd Aerosol 160-4.5 MCG/ACT	G			20.91754	12/1/2025	
Budesonide-Formoterol Fumarate Dihyd Aerosol 80-4.5 MCG/ACT	G			19.36009	5/1/2021	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Bumetanide Tab 0.5 MG	G			0.12488	12/1/2011	
Bumetanide Tab 1 MG	G			0.21370	1/1/2022	
Bumetanide Tab 2 MG	G			0.23765	9/1/2025	
BUPHENYL (Sodium Phenylbutyrate Oral Powder 3 GM/Teaspoonful)	B			49.40160	4/1/2017	
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			0.30733	12/1/2021	
Buprenorphine HCl SL Tab 8 MG (Base Equiv)	G			0.54722	7/1/2026	
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			3.25000	6/9/2022	
Buprenorphine HCl-Naloxone HCl SL Tab 2-0.5 MG (Base Equiv)	G			0.47901	10/1/2023	
Buprenorphine HCl-Naloxone HCl SL Tab 8-2 MG (Base Equiv)	G			0.85817	1/1/2024	
Buprenorphine TD Patch Weekly 10 MCG/HR	G			39.16922	11/1/2023	
Buprenorphine TD Patch Weekly 20 MCG/HR	G			80.41767	1/1/2022	
Buprenorphine TD Patch Weekly 5 MCG/HR	G			31.50146	2/1/2024	
Bupropion HCl (Smoking Deterrent) Tab ER 12HR 150 MG	G			0.20359	3/1/2026	
Bupropion HCl Tab 100 MG	G			0.08825	5/1/2026	
Bupropion HCl Tab 75 MG	G			0.05460	3/1/2022	
Bupropion HCl Tab ER 12HR 100 MG	G			0.04371	12/1/2025	
Bupropion HCl Tab ER 12HR 150 MG	G			0.04730	7/1/2025	
Bupropion HCl Tab ER 12HR 200 MG	G			0.08069	1/1/2026	
Bupropion HCl Tab ER 24HR 150 MG	G			0.07000	10/1/2025	
Bupropion HCl Tab ER 24HR 300 MG	G			0.09000	12/1/2025	
Bupropion HCl Tab ER 24HR 450 MG	G			5.79167	8/1/2025	
Buspirone HCl Tab 10 MG	G			0.02690	1/1/2023	
Buspirone HCl Tab 15 MG	G			0.03773	7/1/2026	
Buspirone HCl Tab 30 MG	G			0.12000	10/1/2022	
Buspirone HCl Tab 5 MG	G			0.01538	3/1/2023	
Buspirone HCl Tab 7.5 MG	G			0.18000	2/1/2022	
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			0.61702	8/1/2025	
Butalbital-Acetaminophen-Caffeine Cap 50-300-40 MG	G			0.32015	2/1/2026	
Butalbital-Acetaminophen-Caffeine Cap 50-325-40 MG	G			1.78418	2/1/2026	
Butalbital-Acetaminophen-Caffeine Tab 50-325-40 MG	G			0.13788	2/1/2023	
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			0.86000	10/1/2025	
Butenafine HCl Cream 1%	G			0.31633	12/1/2022	
Butorphanol Tartrate Nasal Soln 10 MG/ML	G			7.03500	8/1/2011	
Cabergoline Tab 0.5 MG	G			1.96875	12/1/2022	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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			2.29000	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			2.46777	10/1/2023	
Calcitonin (Salmon) Nasal Soln 200 Unit/ACT	G			10.81081	6/1/2026	
Calcitriol Cap 0.25 MCG	G			0.12018	5/1/2026	
Calcitriol Cap 0.5 MCG	G			0.18670	1/1/2026	
Calcitriol Oral Soln 1 MCG/ML	G			3.93933	7/1/2021	
Calcium Acetate (Phosphate Binder) Cap 667 MG (169 MG Ca)	G			0.15467	9/1/2020	
Calcium Acetate (Phosphate Binder) Tab 667 MG	G			0.35748	10/1/2025	
Calcium Carbonate (Antacid) Chew Tab 1000 MG	G			0.02801	1/1/2021	
Calcium Carbonate (Antacid) Chew Tab 500 MG	G			0.01259	11/1/2021	
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 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-5 MCG (200 Unit)	G			0.02274	1/5/2011	
Calcium Cit-Vit D Tab 315 MG-6.25 MCG(250 Unit) (Elem Ca)	G			0.06998	3/1/2011	
Calcium Cit-Vitamin D Tab 315 MG-5 MCG(200 Unit) (Elem Ca)	G			0.06998	3/1/2011	
Calcium Polycarbophil Tab 625 MG	G			0.05267	6/1/2025	
CANCIDAS (Caspofungin Acetate For IV Soln 50 MG)	B			344.46250	12/19/2012	
Candesartan Cilexetil Tab 16 MG	G			0.61200	11/1/2022	
Candesartan Cilexetil Tab 32 MG	G			0.04133	6/1/2020	
Candesartan Cilexetil Tab 4 MG	G			0.78000	5/1/2022	
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			1.73289	11/1/2021	
Candesartan Cilexetil-Hydrochlorothiazide Tab 32-25 MG	G			1.50969	11/1/2023	
Capecitabine Tab 150 MG	G			0.34945	5/1/2021	
Capecitabine Tab 500 MG	G			0.49958	10/1/2021	
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			0.83700	7/1/2026	
Carbamazepine Cap ER 12HR 200 MG	G			0.69821	1/30/2019	
Carbamazepine Cap ER 12HR 300 MG	G			0.33583	12/1/2018	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Carbamazepine Chew Tab 100 MG	G			0.21800	12/1/2018	
Carbamazepine Susp 100 MG/5ML	G			0.09593	7/1/2026	
Carbamazepine Tab 200 MG	G			0.10388	7/1/2026	
Carbamazepine Tab ER 12HR 100 MG	G			0.23340	12/1/2023	
Carbamazepine Tab ER 12HR 200 MG	G			0.35000	10/1/2025	
Carbamazepine Tab ER 12HR 400 MG	G			0.52325	9/1/2023	
Carbamide Peroxide 6.5% Otic Soln	G			0.06800	9/1/2017	
Carbidopa & Levodopa Orally Disintegrating Tab 25-100 MG	G			0.65962	5/1/2026	
Carbidopa & Levodopa Tab 10-100 MG	G			0.06610	6/1/2020	
Carbidopa & Levodopa Tab 25-100 MG	G			0.05700	12/1/2025	
Carbidopa & Levodopa Tab 25-250 MG	G			0.09582	1/1/2026	
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			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 250 MG	G			0.52804	2/1/2024	
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			4.26055	1/1/2022	
Carvedilol Phosphate Cap ER 24HR 20 MG	G			4.41047	1/1/2024	
Carvedilol Phosphate Cap ER 24HR 40 MG	G			4.72533	4/1/2020	
Carvedilol Phosphate Cap ER 24HR 80 MG	G			4.99833	1/1/2022	
Carvedilol Tab 12.5 MG	G		0.01990	0.01900	9/1/2026	
Carvedilol Tab 25 MG	G			0.02294	5/1/2021	
Carvedilol Tab 3.125 MG	G			0.01830	11/1/2021	
Carvedilol Tab 6.25 MG	G		0.01832	0.01792	9/1/2026	
CATHFLO ACTIVASE (Alteplase For Inj 2 MG)	B			152.44776	1/1/2018	
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			6.05100	7/1/2022	
Cefdinir Cap 300 MG	G			0.33000	12/1/2025	
Cefdinir For Susp 125 MG/5ML	G			0.10890	3/1/2026	
Cefdinir For Susp 250 MG/5ML	G			0.12337	12/1/2025	
Cefepime HCl For Inj 1 GM	G			3.38740	4/1/2022	
Cefixime Cap 400 MG	G			9.38673	2/1/2026	
Cefixime For Susp 100 MG/5ML	G			2.14580	2/1/2026	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Cefixime For Susp 200 MG/5ML	G			3.48906	5/1/2023	
Cefpodoxime Proxetil For Susp 100 MG/5ML	G			0.95157	10/1/2025	
Cefpodoxime Proxetil Tab 100 MG	G			1.13264	11/1/2025	
Cefpodoxime Proxetil Tab 200 MG	G			1.60231	9/1/2025	
Cefprozil For Susp 125 MG/5ML	G			0.14400	3/1/2019	
Cefprozil For Susp 250 MG/5ML	G			0.15593	2/1/2026	
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 6 GM	G			24.36200	6/1/2010	
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			0.21093	11/1/2025	
Cefuroxime Axetil Tab 500 MG	G			0.35497	1/1/2026	
Celecoxib Cap 100 MG	G			0.05609	6/1/2026	
Celecoxib Cap 200 MG	G			0.07431	12/1/2025	
Celecoxib Cap 400 MG	G		0.81000	0.19513	9/1/2026	
Celecoxib Cap 50 MG	G			0.07351	5/1/2026	
CENTRUM SPECIALIST PRENAT (Prenatal w/Fe Fum-FA Tab 27-0.8 MG & DHA Cap 200 MG Pack *)	B			0.17500	7/1/2013	
Cephalexin Cap 250 MG	G			0.06050	3/1/2018	
Cephalexin Cap 500 MG	G		0.07754	0.06900	9/1/2026	
Cephalexin Cap 750 MG	G			5.31450	1/1/2026	
Cephalexin For Susp 125 MG/5ML	G			0.09450	12/1/2017	
Cephalexin For Susp 250 MG/5ML	G			0.05584	3/1/2026	
Cephalexin Tab 500 MG	G			1.27000	12/1/2025	
Cetirizine HCl Chew Tab 10 MG	G			1.11738	5/1/2026	
Cetirizine HCl Chew Tab 5 MG	G			1.66166	8/1/2025	
Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML)	G			0.02024	12/1/2020	
Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML)	G			0.02024	12/1/2020	
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			0.56964	8/1/2025	
Cevimeline HCl Cap 30 MG	G			0.62670	8/1/2025	
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	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Chlorhexidine Gluconate Soln 0.12%	G			0.00338	7/1/2026	
Chloroquine Phosphate Tab 250 MG	G			3.43840	2/24/2017	
Chloroquine Phosphate Tab 500 MG	G			2.27318	9/1/2011	
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		0.88212	0.21872	9/1/2026	
Chlorpromazine HCl Tab 100 MG	G			0.60039	8/1/2026	
Chlorpromazine HCl Tab 200 MG	G			1.97712	9/1/2023	
Chlorpromazine HCl Tab 25 MG	G			0.49452	9/1/2023	
Chlorpromazine HCl Tab 50 MG	G			0.47467	9/1/2023	
Chlorthalidone Tab 25 MG	G			0.08020	6/1/2026	
Chlorthalidone Tab 50 MG	G			0.12550	6/1/2023	
Chlorzoxazone Tab 500 MG	G			0.20229	4/1/2017	
Cholestyramine Light Powder 4 GM/DOSE	G			0.13127	7/1/2026	
Cholestyramine Light Powder Packets 4 GM	G			0.85183	8/1/2025	
Cholestyramine Powder 4 GM/DOSE	G			0.08552	8/1/2025	
Cholestyramine Powder Packets 4 GM	G			0.69607	1/1/2024	
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	
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			0.24000	9/1/2025	
Ciclopirox Solution 8%	G			1.20985	1/1/2026	
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			0.30433	1/1/2026	
Cimetidine Tab 800 MG	G			0.74363	1/1/2026	
CIMZIA (Certolizumab Pegol For Inj Kit 2 X 200 MG)	B			4310.12028	1/1/2019	
Cinacalcet HCl Tab 30 MG (Base Equiv)	G			0.36179	7/1/2022	
Cinacalcet HCl Tab 60 MG (Base Equiv)	G			0.73878	7/1/2022	
Cinacalcet HCl Tab 90 MG (Base Equiv)	G			0.82420	7/1/2022	
CINRYZE (C1 Esterase Inhibitor (Human) For IV Inj 500 Unit)	B			2747.75650	2/22/2017	
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 Ophth Soln 0.3% (Base Equivalent)	G			0.38994	6/1/2026	
Ciprofloxacin HCl Tab 250 MG (Base Equiv)	G			0.07347	6/1/2026	
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	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Ciprofloxacin-Dexamethasone Otic Susp 0.3-0.1%	G			10.02053	9/1/2025	
Citalopram Hydrobromide Oral Soln 10 MG/5ML	G			0.18188	10/15/2025	
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			0.02700	12/1/2021	
CITRANATAL 90 DHA (Prenat w/o A w/FeCbn-FeGl-DSS-FA Tab 90 &DHA Cap 300MG Pak*)	B			0.17500	7/1/2013	
CITRANATAL ASSURE (Prenat w/o A w/FeCbn-FeGl-DSS-FA Tab & DHA Cap 300 MG Pack*)	B			0.17500	7/1/2013	
CITRANATAL B-CALM (Prenat w/o A w/FeCbn-FeGlu-FA Tab 20-1 MG & Vit B6 Tab Pak*)	B			0.17500	7/1/2013	
CITRANATAL DHA (Prenat w/o A w/FeCbn-FeGl-DSS-FA Tab & DHA Cap 250 MG Pack*)	B			0.17500	7/1/2013	
Clarithromycin For Susp 125 MG/5ML	G			0.46093	9/17/2012	
Clarithromycin For Susp 250 MG/5ML	G			1.03330	1/23/2023	
Clarithromycin Tab 250 MG	G			0.34333	10/1/2025	
Clarithromycin Tab 500 MG	G			0.36436	8/1/2025	
Clarithromycin Tab ER 24HR 500 MG	G			1.24967	6/1/2018	
CLASSIC PRENATAL (Prenatal Vit w/ Fe Fumarate-FA Tab 28-0.8 MG***)	B			0.17500	7/1/2013	
Clemastine Fumarate Tab 2.68 MG	G			0.22980	1/1/2007	
Clindamycin HCl Cap 150 MG	G			0.07896	6/1/2026	
Clindamycin HCl Cap 300 MG	G			0.18110	8/1/2021	
Clindamycin HCl Cap 75 MG	G			0.45743	1/1/2019	
Clindamycin Palmitate HCl For Soln 75 MG/5ML (Base Equiv)	G			0.14800	11/1/2025	
Clindamycin Phosphate Gel 1% (Once-Daily)	G			7.38009	11/1/2025	
Clindamycin Phosphate Gel 1% (Twice-Daily)	G			0.14788	7/1/2026	
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	
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			0.27929	9/1/2025	
Clindamycin Phosphate Soln 1%	G			0.18434	2/1/2026	
Clindamycin Phosphate Swab 1%	G			0.28460	1/1/2026	
Clindamycin Phosphate Vaginal Cream 2%	G			1.28250	12/1/2022	
Clindamycin Phosphate-Benzoyl Peroxide Gel 1.2-2.5%	G			0.78292	11/1/2025	
Clindamycin Phosphate-Benzoyl Peroxide Gel 1-5%	G			0.62555	9/1/2025	
Clindamycin Phosph-Benzoyl Peroxide (Refrig) Gel 1.2 (1)-5%	G			0.46837	8/1/2025	
Clobazam Suspension 2.5 MG/ML	G			0.18741	10/1/2025	
Clobazam Tab 10 MG	G			0.24492	10/1/2025	
Clobazam Tab 20 MG	G			0.45000	8/1/2026	
Clobetasol Propionate Cream 0.05%	G			0.13061	6/1/2026	
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	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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			0.18999	1/1/2026	
Clobetasol Propionate Soln 0.05%	G			0.16528	3/1/2026	
Clomiphene Citrate Tab 50 MG	G			0.51333	4/1/2017	
Clomipramine HCl Cap 25 MG	G			0.31033	9/1/2023	
Clomipramine HCl Cap 50 MG	G			0.24138	9/1/2025	
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			0.45400	9/1/2025	
Clonazepam Orally Disintegrating Tab 0.5 MG	G			0.43520	8/1/2025	
Clonazepam Orally Disintegrating Tab 1 MG	G			0.51389	4/1/2026	
Clonazepam Orally Disintegrating Tab 2 MG	G			0.88475	1/1/2026	
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			0.02624	7/1/2026	
Clonidine HCl Tab ER 12HR 0.1 MG	G			0.21819	11/1/2025	
Clonidine TD Patch Weekly 0.1 MG/24HR	G			4.04250	3/1/2020	
Clonidine TD Patch Weekly 0.2 MG/24HR	G			9.27125	6/1/2023	
Clonidine TD Patch Weekly 0.3 MG/24HR	G			13.34863	10/22/2023	
Clopidogrel 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			0.63200	1/1/2026	
Clorazepate Dipotassium Tab 7.5 MG	G			0.65438	10/1/2017	
Clotrimazole Cream 1%	G			0.07200	7/1/2025	
Clotrimazole Soln 1%	G			1.07259	9/1/2022	
Clotrimazole Troche 10 MG	G			0.25714	11/1/2025	
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			0.13393	3/1/2022	
Clotrimazole w/ Betamethasone Lotion 1-0.05%	G			1.63657	8/1/2025	
Clozapine Orally Disintegrating Tab 100 MG	G			4.90430	4/1/2021	
Clozapine Tab 100 MG	G			0.54841	10/1/2025	
Clozapine Tab 200 MG	G			0.87220	9/1/2025	
Clozapine Tab 25 MG	G			0.17340	8/1/2020	
Clozapine Tab 50 MG	G			0.25500	9/1/2020	
C-NATE DHA (Prenatal Vit w/ Fe Fum-FA-Omega 3 Cap 28-1-200 MG***)	B			0.17500	7/1/2013	
COAGADEX (Coagulation Factor X (Human) For Inj 250 Unit)	B			6.52000	11/1/2016	
COAGADEX (Coagulation Factor X (Human) For Inj 500 Unit)	B			6.52000	11/1/2016	
Codeine Sulfate Tab 30 MG	G			0.31600	12/1/2017	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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			0.19250	7/1/2026	
Colchicine w/ Probenecid Tab 0.5-500 MG	G			0.67760	9/1/2025	
Colesevelam HCl Tab 625 MG	G			0.29037	9/1/2022	
Colestipol HCl Granule Packets 5 GM	G			2.86933	7/1/2020	
Colestipol HCl Tab 1 GM	G			0.56995	12/1/2023	
COMPLERA (Emtricitabine-Rilpivirine-Tenofovir DF Tab 200-25-300 MG)	B			83.25697	12/1/2016	
COMPLETENATE (Prenatal Vit w/ Fe Fumarate-FA Chew Tab 29-1 MG***)	B			0.17500	7/1/2013	
CO-NATAL FA (Prenatal Vit w/ Fe Fumarate-FA Tab 29-1 MG***)	B			0.17500	7/1/2013	
CONCEPT DHA (Prenatal w/Fe Fum-Fe Poly -FA-Omega 3 Cap 53.5-38-1 MG***)	B			0.17500	7/1/2013	
CONCEPT OB (Prenatal w/o A w/Fe Fum-Fe Poly-FA Cap 130-92.4-1 MG***)	B			0.17500	7/1/2013	
COPAXONE (Glatiramer Acetate Soln Prefilled Syringe 20 MG/ML)	B			236.18480	1/1/2017	
COPAXONE (Glatiramer Acetate Soln Prefilled Syringe 40 MG/ML)	B			484.05600	1/1/2017	
CORIFACT (Factor XIII Concentrate (Human) For Inj Kit 1000-1600 Unit)	B			6.76000	7/1/2020	
CORTROPHIN (Corticotropin Inj Gel 80 Unit/ML)	B			7747.28640	1/4/2018	
COSENTYX (Secukinumab Subcutaneous Pref Syr 150 MG/ML (300 MG Dose))	B	COSENTYX INJ 300DOSE		2579.09718	1/15/2019	NDC-specific SMAC
COSENTYX (Secukinumab Subcutaneous Soln Prefilled Syringe 150 MG/ML)	B	COSENTYX INJ 150MG/ML		5158.19436	1/15/2019	NDC-specific SMAC
COSENTYX SENSOREADY PEN (Secukinumab Subcutaneous Auto-inj 150 MG/ML (300 MG Dose))	B	COSENTYX PEN INJ 300DOSE		2579.09718	1/15/2019	NDC-specific SMAC
COSENTYX SENSOREADY PEN (Secukinumab Subcutaneous Soln Auto-injector 150 MG/ML)	B	COSENTYX PEN INJ 150MG/ML		5158.19436	1/15/2019	NDC-specific SMAC
Cromolyn Sodium Nasal Aerosol Soln 5.2 MG/ACT (4%)	G			0.26931	11/1/2017	
Cromolyn Sodium Ophth Soln 4%	G			0.39500	6/1/2026	
Cromolyn Sodium Oral Conc 100 MG/5ML	G			0.35000	2/1/2019	
CUVITRU (Immune Globulin (Human) Subcutaneous Inj 1 GM/5ML)	B			19.66000	7/1/2018	
CUVITRU (Immune Globulin (Human) Subcutaneous Inj 10 GM/50ML)	B			19.66000	7/1/2018	
CUVITRU (Immune Globulin (Human) Subcutaneous Inj 2 GM/10ML)	B			19.66000	7/1/2018	
CUVITRU (Immune Globulin (Human) Subcutaneous Inj 4 GM/20ML)	B			19.66000	7/1/2018	
CUVITRU (Immune Globulin (Human) Subcutaneous Inj 8 GM/40ML)	B			19.66000	7/1/2018	
CVS PRENATAL (Prenatal Vit w/ Fe Fumarate-FA Tab 27-0.8 MG***)	B			0.17500	7/1/2013	
CVS PRENATAL GUMMY/DHA/FO (Prenatal Vit & Min w/ FA-Fish Oil Chew Tab 0.4-113.5 MG***)	B			0.17500	7/1/2013	
CVS PRENATAL MULTI+DHA (Prenatal MV & Min w/Fe Fum-FA-DHA Cap 27-0.8-250 MG***)	B			0.17500	7/1/2013	
CVS PRENATAL MULTIVITAMIN (Prenatal MV & Min w/Fe Fum-FA-DHA Cap 27-0.8-250 MG***)	B			0.17500	7/1/2013	
CVS WOMENS PRENATAL+DHA (Prenatal w/Fe Fum-FA Tab 28-0.975 MG & DHA Cap 200 MG Pack*)	B			0.17500	7/1/2013	
Cyanocobalamin Inj 1000 MCG/ML	G			2.06248	12/1/2022	
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			0.35575	9/1/2023	
Cyclopentolate HCl Ophth Soln 1%	G			0.16289	1/1/2009	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Cyclophosphamide Cap 25 MG	G			5.41412	4/1/2021	
Cyclophosphamide Cap 50 MG	G			5.01850	5/1/2023	
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			1.34990	6/1/2022	
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	
CYMBALTA (Duloxetine HCl Enteric Coated Pellets Cap 20 MG (Base Eq))	B			6.60960	6/28/2013	
CYMBALTA (Duloxetine HCl Enteric Coated Pellets Cap 30 MG (Base Eq))	B			7.41540	6/28/2013	
CYMBALTA (Duloxetine HCl Enteric Coated Pellets Cap 60 MG (Base Eq))	B			7.41540	6/28/2013	
Cyproheptadine HCl Syrup 2 MG/5ML	G			0.03556	7/1/2026	
Cyproheptadine HCl Tab 4 MG	G			0.05500	12/1/2025	
Dalfampridine Tab ER 12HR 10 MG	G			0.80204	8/1/2021	
Dantrolene Sodium Cap 100 MG	G			0.80839	1/1/2026	
Dantrolene Sodium Cap 25 MG	G			0.31680	5/1/2026	
Dantrolene Sodium Cap 50 MG	G			0.63070	3/1/2020	
Dapsone Gel 5%	G			2.07250	7/1/2023	
Dapsone Gel 7.5%	G			2.47525	2/1/2024	
Dapsone Tab 100 MG	G			0.54067	9/1/2020	
Dapsone Tab 25 MG	G			0.55154	12/1/2023	
Daptomycin For IV Soln 500 MG	G			18.59000	12/1/2022	
Darifenacin Hydrobromide Tab ER 24HR 15 MG (Base Equiv)	G			1.21558	6/1/2022	
Darifenacin Hydrobromide Tab ER 24HR 7.5 MG (Base Equiv)	G			1.61710	12/1/2022	
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			0.44167	7/1/2022	
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	
Demeclocycline HCl Tab 150 MG	G			1.30000	12/1/2018	
Demeclocycline HCl Tab 300 MG	G			2.81802	5/1/2011	
Desipramine HCl Tab 10 MG	G			0.57533	12/1/2019	
Desipramine HCl Tab 100 MG	G			1.78620	4/1/2020	
Desipramine HCl Tab 150 MG	G			0.65487	11/1/2023	
Desipramine HCl Tab 25 MG	G			0.15000	7/1/2025	
Desipramine HCl Tab 50 MG	G			0.49810	12/1/2021	
Desloratadine Tab 5 MG	G			0.22290	6/1/2026	
Desmopressin Acetate Nasal Spray Soln 0.01%	G			7.57300	2/1/2024	
Desmopressin Acetate Nasal Spray Soln 0.01% (Refrigerated)	G			19.11800	7/1/2018	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Desmopressin Acetate Tab 0.1 MG	G			0.27340	8/1/2025	
Desmopressin Acetate Tab 0.2 MG	G			0.48000	7/19/2023	
Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 MG(21/5)	G			0.10298	6/1/2020	
Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	G			0.10452	7/1/2022	
Desonide Cream 0.05%	G			0.33909	9/1/2022	
Desonide Lotion 0.05%	G			1.66100	3/15/2013	
Desonide Oint 0.05%	G			0.43580	8/1/2025	
Desoximetasone Cream 0.05%	G			2.57933	12/1/2019	
Desoximetasone Cream 0.25%	G			0.41928	9/1/2022	
Desoximetasone Oint 0.25%	G			0.29867	12/1/2019	
Desvenlafaxine Succinate Tab ER 24HR 100 MG (Base Equiv)	G			0.32962	2/1/2026	
Desvenlafaxine Succinate Tab ER 24HR 25 MG (Base Equiv)	G			0.39800	7/1/2025	
Desvenlafaxine Succinate Tab ER 24HR 50 MG (Base Equiv)	G			0.33078	1/1/2024	
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			6.48800	9/1/2025	
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			0.22230	12/1/2021	
Dexamethasone Tab 1.5 MG	G			0.05523	11/1/2017	
Dexamethasone Tab 2 MG	G			0.31980	12/1/2023	
Dexamethasone Tab 4 MG	G			0.45000	2/1/2022	
Dexamethasone Tab 6 MG	G			0.44500	6/1/2014	
Dexlansoprazole Cap Delayed Release 30 MG	G			6.87667	1/1/2024	
Dexlansoprazole Cap Delayed Release 60 MG	G			5.60614	12/1/2023	
Dexmethylphenidate HCl Cap ER 24 HR 10 MG	G			1.23750	6/1/2025	
Dexmethylphenidate HCl Cap ER 24 HR 15 MG	G			0.74120	6/1/2025	
Dexmethylphenidate HCl Cap ER 24 HR 20 MG	G			1.65420	2/1/2024	
Dexmethylphenidate HCl Cap ER 24 HR 25 MG	G			2.20000	7/1/2018	
Dexmethylphenidate HCl Cap ER 24 HR 30 MG	G			1.34978	6/1/2025	
Dexmethylphenidate HCl Cap ER 24 HR 35 MG	G			1.31344	12/1/2023	
Dexmethylphenidate HCl Cap ER 24 HR 40 MG	G			1.73000	2/24/2026	
Dexmethylphenidate HCl Cap ER 24 HR 5 MG	G			0.76910	10/1/2023	
Dexmethylphenidate HCl Tab 10 MG	G			0.39590	9/1/2020	
Dexmethylphenidate HCl Tab 2.5 MG	G			0.14250	2/1/2024	
Dexmethylphenidate HCl Tab 5 MG	G			0.17990	11/1/2021	
Dextroamphetamine Sulfate Cap ER 24HR 10 MG	G			0.46820	4/1/2020	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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			1.08593	8/1/2025	
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			0.06816	7/1/2025	
Dextromethorphan-Phenylephrine-APAP Powd Pack 20-10-650 MG	G			0.53267	9/1/2022	
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			0.76071	1/1/2026	
Diazepam Inj 5 MG/ML	G			0.80210	1/1/2019	
Diazepam Oral Soln 1 MG/ML	G			0.09315	1/1/2026	
Diazepam Rectal Gel Delivery System 10 MG	G			234.39000	2/1/2024	
Diazepam Rectal Gel Delivery System 2.5 MG	G			220.37333	5/1/2022	
Diazepam Rectal Gel Delivery System 20 MG	G			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	
Diazoxide Susp 50 MG/ML	G			7.34950	7/1/2026	
Diclofenac Potassium Tab 50 MG	G			0.11683	10/1/2025	
Diclofenac Sodium (Actinic Keratoses) Gel 3%	G			0.37480	10/27/2021	
Diclofenac Sodium Gel 1% (1.16% Diethylamine Equiv)	G			0.06127	8/1/2023	
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			0.69377	9/1/2025	
Diclofenac Sodium Tab Delayed Release 50 MG	G			0.05783	3/1/2022	
Diclofenac Sodium Tab Delayed Release 75 MG	G			0.08000	8/1/2021	
Diclofenac Sodium Tab ER 24HR 100 MG	G			0.42900	12/19/2023	
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			0.81992	12/1/2023	
Dicloxacillin Sodium Cap 250 MG	G			0.27170	9/1/2011	
Dicloxacillin Sodium Cap 500 MG	G			0.60959	9/1/2025	
Dicyclomine HCl Cap 10 MG	G			0.09575	1/1/2022	
Dicyclomine HCl Oral Soln 10 MG/5ML	G			0.19479	8/1/2016	
Dicyclomine HCl Tab 20 MG	G			0.05764	3/1/2026	
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			0.14530	7/1/2026	
Digoxin Tab 250 MCG (0.25 MG)	G			0.17780	1/1/2022	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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			0.09336	3/1/2022	
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			0.21203	6/1/2023	
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			0.32858	1/1/2026	
Diltiazem HCl Extended Release Beads Cap ER 24HR 120 MG	G			0.15496	6/1/2026	
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			0.27254	6/1/2026	
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			0.04000	6/1/2026	
Diltiazem HCl Tab 60 MG	G			0.06487	3/1/2011	
Diltiazem HCl Tab 90 MG	G			0.10980	6/1/2006	
Diltiazem HCl Tab ER 24HR 180 MG	G			1.45902	10/1/2025	
Diltiazem HCl Tab ER 24HR 360 MG	G			2.49768	10/1/2025	
Dimethyl Fumarate Capsule Delayed Release 120 MG	G			4.44900	7/1/2022	
Dimethyl Fumarate Capsule Delayed Release 240 MG	G			2.74180	7/1/2022	
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	
Diphenhydramine HCl Tab 25 MG	G			0.01690	1/1/2019	
Diphenoxylate w/ Atropine Tab 2.5-0.025 MG	G			0.19770	9/1/2021	
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			2.03416	7/14/2021	
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			0.21864	10/1/2025	
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	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Docusate Calcium Cap 240 MG	G			0.05785	1/5/2011	
Docusate Sodium Cap 100 MG	G			0.01443	8/1/2021	
Docusate Sodium Cap 250 MG	G			0.03539	1/5/2011	
Docusate Sodium Enema 283 MG/5ML	G			0.37293	8/1/2025	
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			0.96438	2/1/2023	
Dofetilide Cap 500 MCG (0.5 MG)	G			1.71667	6/1/2020	
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	
Dorzolamide HCl Ophth Soln 2%	G			0.58700	10/1/2018	
Dorzolamide HCl-Timolol Maleate Ophth Soln 2-0.5%	G			0.65700	7/1/2017	
Dorzolamide HCl-Timolol Maleate PF Ophth Soln 2-0.5%	G			1.38250	3/1/2020	
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			0.05768	7/1/2021	
Doxepin HCl (Sleep) Tab 3 MG (Base Equiv)	G			6.93028	3/1/2023	
Doxepin HCl Cap 10 MG	G			0.12730	1/1/2023	
Doxepin HCl Cap 100 MG	G			0.24578	7/1/2026	
Doxepin HCl Cap 150 MG	G			0.43181	12/1/2023	
Doxepin HCl Cap 25 MG	G			0.21910	1/1/2022	
Doxepin HCl Cap 50 MG	G			0.13353	3/1/2026	
Doxepin HCl Cap 75 MG	G			0.47309	6/1/2022	
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			0.07200	6/1/2023	
Doxycycline Hyclate Cap 50 MG	G			0.13620	4/1/2026	
Doxycycline Hyclate Tab 100 MG	G			0.09980	5/1/2020	
Doxycycline Hyclate Tab 20 MG	G			0.08137	4/1/2026	
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			0.10414	10/1/2022	
Doxycycline Monohydrate For Susp 25 MG/5ML	G			0.20130	5/1/2026	
Doxycycline Monohydrate Tab 100 MG	G			0.22315	5/1/2021	
Doxycycline Monohydrate Tab 50 MG	G			0.32590	10/1/2017	
Doxylamine-Pyridoxine Tab Delayed Release 10-10 MG	G			1.07750	3/1/2026	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Dronabinol Cap 10 MG	G			4.16667	11/7/2023	
Dronabinol Cap 2.5 MG	G			1.86250	4/1/2026	
Dronabinol Cap 5 MG	G			1.55266	7/1/2023	
Drospirenone-Ethinyl Estradiol Tab 3-0.02 MG	G			0.19785	1/1/2024	
Drospirenone-Ethinyl Estradiol Tab 3-0.03 MG	G			0.24209	8/1/2020	
Drospirenone-Ethinyl Estrad-Levomefolate Tab 3-0.02-0.451 MG	G			2.97274	6/1/2018	
DUET DHA 400 (Prenat w/Fe Poly-Na Fered-FA Tab 25-1 & Omega Cap 400 MG***)	B			0.17500	7/1/2013	
Duloxetine HCl Enteric Coated Pellets Cap 20 MG (Base Eq)	G			0.07427	10/1/2022	
Duloxetine HCl Enteric Coated Pellets Cap 30 MG (Base Eq)	G			0.06500	7/1/2025	
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)	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			0.20873	2/1/2022	
Efavirenz Tab 600 MG	G			5.43893	10/1/2022	
Eletriptan Hydrobromide Tab 20 MG (Base Equivalent)	G			1.93535	2/1/2026	
Eletriptan Hydrobromide Tab 40 MG (Base Equivalent)	G			8.40000	11/20/2023	
ELIQUIS (Apixaban Tab 2.5 MG)	B			8.85983	8/15/2023	
ELIQUIS (Apixaban Tab 5 MG)	B			9.70010	1/6/2025	
ELITE-OB (Prenatal Vit w/ Iron Carbonyl-FA Tab 50-1.25 MG***)	B			0.17500	7/1/2013	
ELMIRON (Pentosan Polysulfate Sodium Caps 100 MG)	B			10.69720	6/5/2023	
ELOCTATE (Antihemophilic Factor Rcmb (BDD-rFVIIIFc) For Inj 1000 Unit)	B			1.71000	11/1/2018	
ELOCTATE (Antihemophilic Factor Rcmb (BDD-rFVIIIFc) For Inj 1500 Unit)	B			1.71000	11/1/2018	
ELOCTATE (Antihemophilic Factor Rcmb (BDD-rFVIIIFc) For Inj 2000 Unit)	B			1.71000	11/1/2018	
ELOCTATE (Antihemophilic Factor Rcmb (BDD-rFVIIIFc) For Inj 250 Unit)	B			1.71000	11/1/2018	
ELOCTATE (Antihemophilic Factor Rcmb (BDD-rFVIIIFc) For Inj 3000 Unit)	B			1.71000	11/1/2018	
ELOCTATE (Antihemophilic Factor Rcmb (BDD-rFVIIIFc) For Inj 4000 Unit)	B			1.71000	11/1/2018	
ELOCTATE (Antihemophilic Factor Rcmb (BDD-rFVIIIFc) For Inj 500 Unit)	B			1.71000	11/1/2018	
ELOCTATE (Antihemophilic Factor Rcmb (BDD-rFVIIIFc) For Inj 5000 Unit)	B			1.71000	7/6/2018	
ELOCTATE (Antihemophilic Factor Rcmb (BDD-rFVIIIFc) For Inj 6000 Unit)	B			1.71000	11/1/2018	
ELOCTATE (Antihemophilic Factor Rcmb (BDD-rFVIIIFc) For Inj 750 Unit)	B			1.71000	11/1/2018	
Emtricitabine-Tenofovir Disoproxil Fumarate Tab 200-300 MG	G			0.75832	8/1/2021	
EMTRIVA (Emtricitabine Caps 200 MG)	B			17.81246	11/1/2016	
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 Oral Soln 1 MG/ML	G			0.89777	2/1/2026	
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			0.10681	6/1/2023	
ENBRACE HR (Prenatal Vit w/ Fe Gly Cys-FA-Omega 3 Fatty Acids Cap***)	B			0.17500	9/1/2018	
ENBREL (Etanercept Subcutaneous Soln Prefilled Syringe 25 MG/0.5ML)	B			1454.80436	1/22/2021	
ENBREL SURECLICK (Etanercept Subcutaneous Solution Auto-injector 50 MG/ML)	B			2083.55250	4/3/2026	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
ENFAMIL EXPECTA (Prenatal w/Fe Fum-FA Tab 28-0.8 MG & DHA Cap 200 MG Pack*)	B			0.17500	7/1/2013	
Enoxaparin Sodium Inj 300 MG/3ML	G			10.89833	8/1/2022	
Enoxaparin Sodium Inj Soln Pref Syr 100 MG/ML	G			7.11400	6/1/2022	
Enoxaparin Sodium Inj Soln Pref Syr 120 MG/0.8ML	G			11.50625	5/5/2026	
Enoxaparin Sodium Inj Soln Pref Syr 150 MG/ML	G			10.38583	12/1/2023	
Enoxaparin Sodium Inj Soln Pref Syr 30 MG/0.3ML	G			8.60083	9/1/2023	
Enoxaparin Sodium Inj Soln Pref Syr 40 MG/0.4ML	G			8.49357	3/1/2023	
Enoxaparin Sodium Inj Soln Pref Syr 60 MG/0.6ML	G			8.59667	12/1/2023	
Enoxaparin Sodium Inj Soln Pref Syr 80 MG/0.8ML	G			7.28200	3/1/2023	
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			1.61346	9/1/2021	
Epinastine HCl Ophth Soln 0.05%	G			5.35600	4/1/2017	
Epinephrine Solution Auto-injector 0.15 MG/0.15ML (1:1000)	G			112.80330	11/1/2023	
Epinephrine Solution Auto-injector 0.15 MG/0.3ML (1:2000)	G			141.81291	2/1/2024	
Epinephrine Solution Auto-injector 0.3 MG/0.3ML (1:1000)	G			139.90000	9/1/2023	
EPIVIR (Lamivudine Tab 150 MG)	B			5.94363	3/25/2015	
Eplerenone Tab 25 MG	G			0.36544	10/1/2021	
Eplerenone Tab 50 MG	G			0.46126	11/1/2025	
EPOGEN (Epoetin Alfa Inj 10000 Unit/ML)	B			165.13680	8/1/2021	
EPOGEN (Epoetin Alfa Inj 2000 Unit/ML)	B			33.02570	8/1/2021	
EPOGEN (Epoetin Alfa Inj 20000 Unit/ML)	B			330.27360	8/1/2021	
EPOGEN (Epoetin Alfa Inj 3000 Unit/ML)	B			49.54270	8/1/2021	
EPOGEN (Epoetin Alfa Inj 4000 Unit/ML)	B			66.05140	8/1/2021	
EQL PRENATAL FORMULA (Prenatal Vit w/ Fe Fumarate-FA Tab 28-0.8 MG***)	B			0.17500	7/1/2013	
Ergocalciferol Cap 1.25 MG (50000 Unit)	G			0.08289	7/1/2026	
Ertapenem Sodium For Inj 1 GM (Base Equivalent)	G			27.34065	2/1/2024	
Erythromycin Ethylsuccinate For Susp 200 MG/5ML	G			1.28734	6/1/2026	
Erythromycin Ethylsuccinate Tab 400 MG	G			7.71200	8/27/2015	
Erythromycin Gel 2%	G			0.59662	4/1/2026	
Erythromycin Ophth Oint 5 MG/GM	G			1.41246	10/1/2022	
Erythromycin Soln 2%	G			0.32188	7/1/2026	
Erythromycin Tab 250 MG	G			4.51475	10/1/2023	
Erythromycin Tab 500 MG	G			7.33253	12/1/2023	
Erythromycin Tab Delayed Release 250 MG	G			2.68388	10/1/2023	
Erythromycin Tab Delayed Release 333 MG	G			6.02967	7/1/2022	
ERZOFRI (Paliperidone Palmitate ER Susp Pref Syr 117 MG/0.75ML)	B			2319.75383	1/2/2026	
Escitalopram Oxalate Soln 5 MG/5ML (Base Equiv)	G			0.14707	2/1/2026	
Escitalopram Oxalate Tab 10 MG (Base Equiv)	G			0.03585	2/1/2021	
Escitalopram Oxalate Tab 20 MG (Base Equiv)	G		0.03570	0.02660	9/1/2026	
Escitalopram Oxalate Tab 5 MG (Base Equiv)	G			0.02250	7/1/2021	
Esomeprazole Magnesium Cap Delayed Release 20 MG (Base Eq)	G			0.16433	3/1/2022	
Esomeprazole Magnesium Cap Delayed Release 40 MG (Base Eq)	G			0.12056	1/1/2024	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Esomeprazole Magnesium For Delayed Release Susp Packet 10 MG	G			5.88402	6/1/2026	
Esomeprazole Magnesium For Delayed Release Susp Packet 20 MG	G			6.93333	12/1/2023	
Esomeprazole Magnesium For Delayed Release Susp Packet 40 MG	G			5.78067	5/1/2023	
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			0.45064	3/1/2026	
Estradiol & Norethindrone Acetate Tab 1-0.5 MG	G			0.53882	9/1/2025	
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			0.08890	2/1/2023	
Estradiol TD Gel 0.5 MG/0.5GM (0.1%)	G			1.37367	7/1/2026	
Estradiol TD Patch Twice Weekly 0.025 MG/24HR	G			5.55080	10/1/2025	
Estradiol TD Patch Twice Weekly 0.0375 MG/24HR	G			5.36123	10/1/2023	
Estradiol TD Patch Twice Weekly 0.05 MG/24HR	G			5.13063	9/1/2023	
Estradiol TD Patch Twice Weekly 0.075 MG/24HR	G			5.29125	3/1/2026	
Estradiol TD Patch Twice Weekly 0.1 MG/24HR	G			5.37500	9/1/2023	
Estradiol TD Patch Weekly 0.025 MG/24HR	G			7.62250	6/1/2026	
Estradiol TD Patch Weekly 0.0375 MG/24HR (37.5 MCG/24HR)	G			7.83717	6/1/2026	
Estradiol TD Patch Weekly 0.05 MG/24HR	G			8.49833	10/1/2023	
Estradiol TD Patch Weekly 0.075 MG/24HR	G			7.90231	1/1/2019	
Estradiol TD Patch Weekly 0.1 MG/24HR	G			8.63364	11/1/2025	
Estradiol Vaginal Cream 0.01%	G			0.41977	11/1/2025	
Estradiol Vaginal Tab 10 MCG	G			6.84662	10/1/2025	
Estradiol Valerate IM in Oil 20 MG/ML	G			17.44200	7/1/2020	
Eszopiclone Tab 1 MG	G			0.01600	7/1/2025	
Eszopiclone Tab 2 MG	G			0.17820	12/1/2018	
Eszopiclone Tab 3 MG	G			0.15470	10/1/2020	
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			0.20917	11/1/2025	
Ethosuximide Soln 250 MG/5ML	G			0.08737	11/1/2025	
Ethynodiol Diacetate & Ethinyl Estradiol Tab 1 MG-35 MCG	G			0.29150	2/1/2026	
Ethynodiol Diacetate & Ethinyl Estradiol Tab 1 MG-50 MCG	G			0.58781	2/1/2026	
Etodolac Cap 200 MG	G			0.27830	2/1/2026	
Etodolac Cap 300 MG	G			0.32382	2/1/2026	
Etodolac Tab 400 MG	G			0.21996	2/1/2026	
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 0.12-0.015 MG/24HR	G			47.92571	11/1/2025	
Etoposide Cap 50 MG	G			75.32900	9/1/2021	
Everolimus Tab 0.5 MG	G			9.55733	8/1/2022	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Everolimus Tab 0.75 MG	G			16.38831	12/1/2021	
EVOTAZ (Atazanavir Sulfate-Cobicistat Tab 300-150 MG (Base Equiv))	B			53.30150	1/1/2017	
Exemestane Tab 25 MG	G			0.59942	10/1/2025	
EYLEA (Aflibercept Intravitreal Inj 2 MG/0.05ML (40 MG/ML))	B			30710.00000	5/25/2016	
Ezetimibe Tab 10 MG	G			0.04800	12/1/2025	
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			0.40630	11/1/2023	
FABRAZYME (Agalsidase beta For IV Soln 35 MG)	B			6045.72000	1/15/2019	
FABRAZYME (Agalsidase beta For IV Soln 5 MG)	B			863.53200	1/15/2019	
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	0.45917	9/1/2026	
Famotidine For Susp 40 MG/5ML	G			0.50240	12/1/2023	
Famotidine Tab 10 MG	G			0.07346	12/1/2025	
Famotidine Tab 20 MG	G			0.02788	12/1/2018	
Famotidine Tab 40 MG	G			0.05320	12/1/2018	
FANAPT (Iloperidone Tab 12 MG)	B			56.10184	7/16/2022	
FANAPT (Iloperidone Tab 8 MG)	B			34.61786	9/17/2022	
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			0.45272	7/1/2022	
Febuxostat Tab 80 MG	G			0.64472	7/1/2022	
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			1.38216	11/1/2022	
Felodipine Tab ER 24HR 10 MG	G			0.08780	6/1/2026	
Felodipine Tab ER 24HR 2.5 MG	G			0.14760	10/1/2017	
Felodipine Tab ER 24HR 5 MG	G			0.07260	12/1/2017	
Fenofibrate Micronized Cap 134 MG	G			0.08664	6/1/2026	
Fenofibrate Micronized Cap 200 MG	G			0.26960	4/1/2022	
Fenofibrate Micronized Cap 67 MG	G			0.11000	12/1/2019	
Fenofibrate Tab 145 MG	G			0.10267	11/1/2023	
Fenofibrate Tab 160 MG	G			0.11996	8/1/2023	
Fenofibrate Tab 48 MG	G			0.05046	6/1/2026	
Fenofibrate Tab 54 MG	G			0.07767	1/1/2024	
Fenofibric Acid Tab 105 MG	G			2.03967	9/1/2017	
Fenoprofen Calcium Tab 600 MG	G			0.28040	6/1/2006	
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			8.63243	10/1/2025	
Fentanyl TD Patch 72HR 25 MCG/HR	G			1.96240	6/1/2020	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Fentanyl TD Patch 72HR 37.5 MCG/HR	G			41.59880	5/18/2023	
Fentanyl TD Patch 72HR 50 MCG/HR	G			7.20400	8/1/2025	
Fentanyl TD Patch 72HR 75 MCG/HR	G			4.68500	5/1/2022	
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			0.13690	8/1/2025	
Fexofenadine HCl Tab 60 MG	G			0.24340	9/1/2019	
FIBRYGA (Fibrinogen Conc (Human) Inj Approximately 1 GM (900-1300 MG))	B			1.16200	1/1/2016	
Finasteride Tab 1 MG	G			0.12000	7/1/2019	
Finasteride Tab 5 MG	G			0.04670	2/1/2023	
FIRMAGON (Degarelix Acetate For Inj 80 MG (Base Equiv))	B			486.49620	12/1/2016	
FLAVOR PLUS (Oral Vehicles***)	B			0.00381	11/1/2013	
Flavoxate HCl Tab 100 MG	G			0.53110	10/1/2017	
Flecainide Acetate Tab 100 MG	G			0.16464	10/1/2022	
Flecainide Acetate Tab 150 MG	G			0.18720	7/1/2026	
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			0.36164	2/1/2026	
Fluconazole in NaCl 0.9% Inj 200 MG/100ML	G			0.01660	9/1/2017	
Fluconazole Tab 100 MG	G			0.19584	2/1/2026	
Fluconazole Tab 150 MG	G			0.50149	2/1/2026	
Fluconazole Tab 200 MG	G			0.31879	2/1/2026	
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	2/22/2023	
Fluocinolone Acetonide Cream 0.01%	G			1.33387	4/1/2026	
Fluocinolone Acetonide Cream 0.025%	G			1.29967	3/1/2020	
Fluocinolone Acetonide Oil 0.01% (Body Oil)	G			0.14958	2/1/2026	
Fluocinolone Acetonide Oil 0.01% (Scalp Oil)	G			0.32964	10/1/2019	
Fluocinolone Acetonide Oint 0.025%	G			0.93333	12/1/2023	
Fluocinolone Acetonide Soln 0.01%	G			0.33333	2/1/2022	
Fluocinonide Cream 0.05%	G			0.35550	9/1/2022	
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			0.31533	6/1/2026	
Fluocinonide Soln 0.05%	G			0.22649	9/1/2023	
Fluorometholone Ophth Susp 0.1%	G			12.13800	10/1/2016	
Fluorouracil Cream 5%	G			0.65331	11/1/2025	
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) Tab 10 MG	G			0.11513	3/1/2022	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Fluoxetine HCl (PMDD) Tab 20 MG	G			0.12694	1/1/2024	
Fluoxetine HCl Cap 10 MG	G			0.01700	8/1/2025	
Fluoxetine HCl Cap 20 MG	G			0.01800	11/1/2025	
Fluoxetine HCl Cap 40 MG	G			0.04932	3/1/2023	
Fluoxetine HCl Cap Delayed Release 90 MG	G			25.64000	2/1/2024	
Fluoxetine HCl Solution 20 MG/5ML	G			0.33759	9/1/2021	
Fluoxetine HCl Tab 10 MG	G			0.11513	3/1/2022	
Fluoxetine HCl Tab 20 MG	G			0.12694	1/1/2024	
Fluoxetine HCl Tab 60 MG	G			0.99890	11/1/2021	
Fluphenazine Decanoate Inj 25 MG/ML	G			11.66533	1/1/2026	
Fluphenazine HCl Tab 1 MG	G			0.06475	5/1/2012	
Fluphenazine HCl Tab 10 MG	G			1.08020	10/1/2023	
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 HFA Inhal Aer 110 MCG/ACT	G			13.36813	4/1/2026	
Fluticasone Propionate HFA Inhal Aero 44 MCG/ACT	G			11.68978	2/1/2024	
Fluticasone Propionate Nasal Susp 50 MCG/ACT	G			0.21532	2/1/2021	
Fluticasone Propionate Oint 0.005%	G			0.23600	12/1/2019	
Fluticasone-Salmeterol Aer Powder BA 100-50 MCG/ACT	G			1.20350	10/1/2025	
Fluticasone-Salmeterol Aer Powder BA 113-14 MCG/ACT	G			81.57524	12/1/2021	
Fluticasone-Salmeterol Aer Powder BA 232-14 MCG/ACT	G			77.41000	12/1/2021	
Fluticasone-Salmeterol Aer Powder BA 250-50 MCG/ACT	G			1.27885	8/1/2025	
Fluticasone-Salmeterol Aer Powder BA 500-50 MCG/ACT	G			1.64000	4/1/2026	
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			2.64700	9/1/2023	
Fluvoxamine Maleate Cap ER 24HR 100 MG	G			5.44144	2/25/2026	
Fluvoxamine Maleate Cap ER 24HR 150 MG	G			4.61480	3/1/2026	
Fluvoxamine Maleate Tab 100 MG	G			0.16238	6/1/2026	
Fluvoxamine Maleate Tab 25 MG	G			0.15390	3/1/2026	
Fluvoxamine Maleate Tab 50 MG	G			0.11500	6/1/2026	
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	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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			24.52000	9/1/2023	
Fondaparinux Sodium Subcutaneous Inj 5 MG/0.4ML	G			257.34000	9/1/2011	
Fondaparinux Sodium Subcutaneous Inj 7.5 MG/0.6ML	G			64.06952	7/1/2021	
Fosamprenavir Calcium Tab 700 MG (Base Equiv)	G			16.23000	2/1/2019	
Fosfomycin Tromethamine Powd Pack 3 GM (Base Equivalent)	G			42.37800	2/1/2024	
Fosinopril Sodium & Hydrochlorothiazide Tab 10-12.5 MG	G			0.84552	12/1/2022	
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			3.29889	10/1/2025	
FT PRENATAL/FOLIC ACID (Prenatal Vit w/ Fe Fumarate-FA Tab 28-0.8 MG***)	B			0.17500	7/1/2013	
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			0.01363	6/1/2026	
Furosemide Tab 40 MG	G			0.01718	4/1/2021	
Furosemide Tab 80 MG	G			0.03412	4/1/2011	
FUZEON (Enfuvirtide For Inj 90 MG)	B			59.52027	1/1/2017	
Gabapentin Cap 100 MG	G			0.02034	4/1/2023	
Gabapentin Cap 300 MG	G			0.03152	2/1/2026	
Gabapentin Cap 400 MG	G			0.04564	1/1/2018	
Gabapentin Oral Soln 250 MG/5ML	G			0.09707	3/1/2023	
Gabapentin Tab 600 MG	G			0.05868	12/1/2025	
Gabapentin Tab 800 MG	G			0.07600	12/1/2025	
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			0.44900	4/1/2023	
Galantamine Hydrobromide Tab 8 MG	G			0.70461	3/1/2018	
GAMMAGARD LIQUID (Immune Globulin (Human) IV or Subcutaneous Soln 1 GM/10ML)	B			11.46650	8/6/2024	
GAMMAGARD LIQUID (Immune Globulin (Human) IV or Subcutaneous Soln 10 GM/100ML)	B			11.46650	8/6/2024	
GAMMAGARD LIQUID (Immune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25ML)	B			7.68000	7/1/2018	
GAMMAGARD LIQUID (Immune Globulin (Human) IV or Subcutaneous Soln 20 GM/200ML)	B			7.68000	7/1/2018	
GAMMAGARD LIQUID (Immune Globulin (Human) IV or Subcutaneous Soln 30 GM/300ML)	B			7.68000	7/1/2018	
GAMMAGARD LIQUID (Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML)	B			8.29520	1/7/2026	
GAMMAGARD LIQUID ERC (Immune Globulin (Human) IV or Subcutaneous Soln 10 GM/100ML)	B			11.46650	8/6/2024	
GAMMAGARD LIQUID ERC (Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML)	B			8.29520	1/7/2026	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
GAMMAKED (Immune Globulin (Human) IV or Subcutaneous Soln 1 GM/10ML)	B			11.46650	8/6/2024	
GAMMAKED (Immune Globulin (Human) IV or Subcutaneous Soln 10 GM/100ML)	B			11.46650	8/6/2024	
GAMMAKED (Immune Globulin (Human) IV or Subcutaneous Soln 20 GM/200ML)	B			7.68000	7/1/2018	
GAMMAKED (Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML)	B			8.29520	1/7/2026	
GAMUNEX-C (Immune Globulin (Human) IV or Subcutaneous Soln 1 GM/10ML)	B			11.46650	8/6/2024	
GAMUNEX-C (Immune Globulin (Human) IV or Subcutaneous Soln 10 GM/100ML)	B			11.46650	8/6/2024	
GAMUNEX-C (Immune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25ML)	B			7.68000	7/1/2018	
GAMUNEX-C (Immune Globulin (Human) IV or Subcutaneous Soln 20 GM/200ML)	B			7.68000	7/1/2018	
GAMUNEX-C (Immune Globulin (Human) IV or Subcutaneous Soln 40 GM/400ML)	B			7.68000	7/1/2018	
GAMUNEX-C (Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML)	B			8.29520	1/7/2026	
Gatifloxacin Ophth Soln 0.5%	G			12.24211	4/1/2022	
GATTEX (Teduglutide (rDNA) For Inj Kit 5 MG)	B	GATTEX KIT 5MG		1499.71704	4/15/2019	NDC-specific SMAC
GATTEX (Teduglutide (rDNA) For Inj Kit 5 MG)	B	GATTEX KIT 5MG		39114.79248	4/15/2019	NDC-specific SMAC
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			0.87699	9/1/2022	
Gentamicin Sulfate Inj 40 MG/ML	G			0.50340	3/1/2018	
Gentamicin Sulfate Oint 0.1%	G			0.83815	11/1/2025	
Gentamicin Sulfate Ophth Soln 0.3%	G			0.48016	6/1/2022	
GENVOYA (Elvitegrav-Cobic-Emtricitab-Tenofov AF Tab 150-150-200-10 MG)	B			136.06909	7/15/2025	
Glatiramer Acetate Soln Prefilled Syringe 20 MG/ML	G			59.52000	5/1/2020	
Glatiramer Acetate Soln Prefilled Syringe 40 MG/ML	G			121.91297	7/1/2022	
Glimepiride Tab 1 MG	G			0.01800	11/1/2025	
Glimepiride Tab 2 MG	G			0.03554	8/1/2021	
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			0.08200	3/1/2022	
Glipizide Tab ER 24HR 5 MG	G			0.07400	1/1/2026	
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			0.03258	7/1/2021	
Glyburide-Metformin Tab 1.25-250 MG	G			0.02988	6/1/2012	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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	
Glycopyrrolate Oral Soln 1 MG/5ML	G			0.28218	6/1/2025	
Glycopyrrolate Tab 1 MG	G			0.08500	3/1/2022	
Glycopyrrolate Tab 2 MG	G			0.15350	9/1/2020	
GNP PRENATAL (Prenatal Vit w/ Fe Fumarate-FA Tab 28-0.8 MG***)	B			0.17500	7/1/2013	
GNP PRENATAL/FOLIC ACID (Prenatal Vit w/ Fe Fumarate-FA Tab 28-0.8 MG***)	B			0.17500	7/1/2013	
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		1.14120	1.14117	9/1/2026	
GRANIX (Tbo-Filgrastim Soln Prefilled Syringe 300 MCG/0.5ML)	B			596.80320	1/1/2017	
GRANIX (Tbo-Filgrastim Soln Prefilled Syringe 480 MCG/0.8ML)	B			593.98950	1/1/2017	
Griseofulvin Microsize Susp 125 MG/5ML	G			0.30952	11/12/2024	
Griseofulvin Microsize Tab 500 MG	G			5.70082	11/1/2022	
Griseofulvin Ultramicrosize Tab 250 MG	G			3.04733	3/1/2018	
Guaifenesin Liquid 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 Tab ER 12HR 600 MG	G			0.28211	9/1/2025	
Guaifenesin-Codeine Soln 100-10 MG/5ML	G			0.01594	6/1/2026	
Guaifenesin-Codeine Soln 100-10 MG/5ML	G			0.01594	6/1/2026	
Guanfacine HCl Tab 1 MG	G			0.16799	6/1/2025	
Guanfacine HCl Tab 2 MG	G			0.28600	6/1/2025	
Guanfacine HCl Tab ER 24HR 1 MG (Base Equiv)	G			0.13795	5/1/2026	
Guanfacine HCl Tab ER 24HR 2 MG (Base Equiv)	G			0.17292	2/1/2026	
Guanfacine HCl Tab ER 24HR 3 MG (Base Equiv)	G			0.19281	5/1/2022	
Guanfacine HCl Tab ER 24HR 4 MG (Base Equiv)	G			0.21390	12/1/2021	
Halobetasol Propionate Cream 0.05%	G			0.41600	1/1/2010	
Halobetasol Propionate Oint 0.05%	G			0.84987	12/1/2023	
Haloperidol Decanoate IM Soln 100 MG/ML	G			18.82977	1/1/2023	
Haloperidol Decanoate IM Soln 50 MG/ML	G			13.85666	5/1/2023	
Haloperidol Lactate Inj 5 MG/ML	G			0.63660	10/1/2018	
Haloperidol Lactate Oral Conc 2 MG/ML	G			0.16933	4/1/2026	
Haloperidol Tab 0.5 MG	G			0.05993	1/1/2010	
Haloperidol Tab 1 MG	G			0.13405	12/1/2025	
Haloperidol Tab 10 MG	G			0.10500	3/1/2026	
Haloperidol Tab 2 MG	G			0.15025	8/1/2026	
Haloperidol Tab 20 MG	G			0.72120	6/1/2020	
Haloperidol Tab 5 MG	G			0.13670	3/1/2019	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
HEMOFIL M (Antihemophilic Factor (Human) For Inj 1000 Unit)	B			0.75000	7/1/2018	
HEMOFIL M (Antihemophilic Factor (Human) For Inj 1700 Unit)	B			0.75000	7/1/2018	
HEMOFIL M (Antihemophilic Factor (Human) For Inj 250 Unit)	B			0.76000	3/16/2011	
HEMOFIL M (Antihemophilic Factor (Human) For Inj 500 Unit)	B			0.76000	3/16/2011	
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) Lock Flush IV Soln 100 Unit/ML	G			0.43180	9/1/2011	
HIZENTRA (Immune Globulin (Human) Subcutaneous Inj 1 GM/5ML)	B			19.66000	7/1/2018	
HIZENTRA (Immune Globulin (Human) Subcutaneous Inj 10 GM/50ML)	B			19.66000	7/1/2018	
HIZENTRA (Immune Globulin (Human) Subcutaneous Inj 2 GM/10ML)	B			19.66000	7/1/2018	
HIZENTRA (Immune Globulin (Human) Subcutaneous Inj 4 GM/20ML)	B			19.66000	7/1/2018	
HUMATE-P (Antihemophilic Factor/VWF (Human) For Inj 1000-2400 Unit)	B			0.80000	3/16/2011	
HUMATE-P (Antihemophilic Factor/VWF (Human) For Inj 250-600 Unit)	B			1.23750	6/6/2025	
HUMATE-P (Antihemophilic Factor/VWF (Human) For Inj 500-1200 Unit)	B			1.23750	6/6/2025	
HUMIRA (Adalimumab Prefilled Syringe Kit 40 MG/0.8ML)	B			2924.41000	12/13/2021	
Hydralazine HCl Tab 10 MG	G			0.03607	11/1/2020	
Hydralazine HCl Tab 100 MG	G			0.06205	12/1/2020	
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			0.02355	4/1/2026	
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-Acetaminophen Soln 7.5-325 MG/15ML	G			0.28731	1/29/2026	
Hydrocodone-Acetaminophen Tab 10-300 MG	G			1.25850	8/2/2018	
Hydrocodone-Acetaminophen Tab 10-325 MG	G			0.07770	7/1/2021	
Hydrocodone-Acetaminophen Tab 5-300 MG	G			0.22920	2/1/2022	
Hydrocodone-Acetaminophen Tab 5-325 MG	G			0.06230	5/1/2022	
Hydrocodone-Acetaminophen Tab 7.5-300 MG	G			0.39750	7/1/2023	
Hydrocodone-Acetaminophen Tab 7.5-325 MG	G			0.10000	6/13/2023	
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			0.05500	12/1/2021	
Hydrocortisone Acetate Suppos 25 MG	G			1.80417	9/1/2022	
Hydrocortisone Acetate Suppos 30 MG	G			2.27500	6/1/2010	
Hydrocortisone Acetate w/ Pramoxine Perianal Cream 2.5-1%	G			1.02800	11/1/2023	
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			0.07675	1/1/2022	
Hydrocortisone Enema 100 MG/60ML	G			0.08839	5/1/2012	
Hydrocortisone Lotion 2.5%	G			0.16732	6/1/2019	
Hydrocortisone Oint 1%	G			0.04185	6/1/2014	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Hydrocortisone Oint 2.5%	G			0.07709	2/1/2026	
Hydrocortisone Perianal Cream 1%	G			0.49861	4/1/2026	
Hydrocortisone Perianal Cream 2.5%	G			0.26059	6/1/2023	
Hydrocortisone Tab 10 MG	G			0.18980	11/1/2025	
Hydrocortisone Tab 20 MG	G			0.28618	2/1/2026	
Hydrocortisone Tab 5 MG	G			0.13760	10/1/2025	
Hydrocortisone Valerate Cream 0.2%	G			0.61146	6/1/2023	
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	
Hydromorphone HCl Liqd 1 MG/ML	G			0.38326	10/1/2020	
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	2/1/2026	
Hydroxychloroquine Sulfate Tab 200 MG	G			0.14263	2/1/2026	
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			0.15253	11/1/2025	
Hydroxyzine HCl Tab 10 MG	G			0.02288	5/1/2021	
Hydroxyzine HCl Tab 25 MG	G			0.03466	7/1/2023	
Hydroxyzine HCl Tab 50 MG	G			0.03598	7/1/2020	
Hydroxyzine Pamoate Cap 100 MG	G			0.29505	12/1/2023	
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			0.07087	5/1/2023	
Hyoscyamine Sulfate Tab Disint 0.125 MG	G			0.12900	6/1/2019	
Hyoscyamine Sulfate Tab ER 12HR 0.375 MG	G			0.22606	4/1/2026	
HYPERRHO (Rho D Immune Globulin IM Soln Pref Syr 1500 Unit (300MCG))	B			75.96392	6/1/2018	
HYPERRHO MINI-DOSE (Rho D Immune Globulin IM Soln Pref Syr 250 Unit (50 MCG))	B			28.83420	6/1/2016	
Ibandronate Sodium Tab 150 MG (Base Equivalent)	G			2.28667	9/1/2022	
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			0.02442	7/1/2026	
Ibuprofen Tab 100 MG	G			0.18440	3/1/2009	
Ibuprofen Tab 200 MG	G			0.01150	11/1/2021	
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	
Icosapent Ethyl Cap 1 GM	G			1.14495	7/1/2023	
IDELVION (Coagulation Factor IX (Recomb) (rIX-FP) For Inj 1000 Unit)	B			3.84000	7/1/2018	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
IDELVION (Coagulation Factor IX (Recomb) (rIX-FP) For Inj 2000 Unit)	B			3.84000	7/1/2018	
IDELVION (Coagulation Factor IX (Recomb) (rIX-FP) For Inj 250 Unit)	B			3.84000	7/1/2018	
IDELVION (Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit)	B			3.84000	7/1/2020	
IDELVION (Coagulation Factor IX (Recomb) (rIX-FP) For Inj 500 Unit)	B			3.84000	7/1/2018	
ILUVIEN (Fluocinolone Acetonide Intravitreal Implant 0.19 MG)	B			7304.00000	5/25/2016	
Imatinib Mesylate Tab 100 MG (Base Equivalent)	G			2.05000	12/1/2021	
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	
Imipramine Pamoate Cap 100 MG	G			4.72727	12/1/2023	
Imipramine Pamoate Cap 75 MG	G			3.03269	12/1/2023	
Imiquimod Cream 5%	G			0.99292	8/1/2025	
IMOGAM RABIES-HT (Rabies Immune Globulin (Human) Inj 300 Unit/2ML (150 Unt/ML))	B			178.53300	7/1/2018	
INATAL GT (Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***)	B			0.17500	7/1/2013	
INCRELEX (Mecasermin Inj 40 MG/4ML (10 MG/ML))	B			1111.53600	1/1/2019	
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	0.02900	9/1/2026	
Indomethacin Cap 50 MG	G			0.07690	1/1/2020	
Indomethacin Cap ER 75 MG	G			0.06667	6/1/2020	
Insulin Aspart Inj Soln 100 Unit/ML	G			7.23400	11/1/2025	
Insulin Glargine-yfgn Soln Pen-Injector 100 Unit/ML	G			5.98000	9/1/2026	
INTELENCE (Etravirine Tab 100 MG)	B			9.76177	1/14/2017	
INVEGA (Paliperidone Tab ER 24HR 1.5 MG)	B			36.77530	1/11/2018	
INVEGA (Paliperidone Tab ER 24HR 3 MG)	B			37.21188	4/18/2016	
INVEGA (Paliperidone Tab ER 24HR 9 MG)	B			51.87520	4/4/2017	
INVEGA SUSTENNA (Paliperidone Palmitate ER Susp Pref Syr 117 MG/0.75ML)	B			2319.75383	1/2/2026	
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			0.61171	1/16/2024	
Ipratropium Bromide Nasal Soln 0.06% (42 MCG/SPRAY)	G			0.51326	5/1/2026	
Ipratropium-Albuterol Nebu Soln 0.5-2.5(3) MG/3ML	G			0.10000	10/17/2025	
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			0.06899	5/1/2026	
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	
ISENTRESS (Raltegravir Potassium Tab 400 MG (Base Equiv))	B			30.96600	4/6/2023	
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			3.25000	1/15/2026	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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 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			0.17841	7/1/2023	
Isosorbide Mononitrate Tab ER 24HR 30 MG	G			0.05500	7/1/2025	
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			3.17898	8/1/2022	
Isotretinoin Cap 40 MG	G			2.22816	12/1/2022	
Isradipine Cap 5 MG	G			1.31500	4/1/2020	
Itraconazole Cap 100 MG	G			0.84033	11/1/2022	
Itraconazole Oral Soln 10 MG/ML	G			1.17113	5/1/2026	
Ivabradine HCl Tab 5 MG (Base Equiv)	G		2.08166	0.75000	9/1/2026	
Ivermectin Cream 1%	G			4.12782	7/1/2026	
Ivermectin Tab 3 MG	G			3.45050	12/1/2019	
IXINITY (Coagulation Factor IX (Recombinant) For Inj 1000 Unit)	B			1.20100	12/1/2016	
IXINITY (Coagulation Factor IX (Recombinant) For Inj 1500 Unit)	B			1.20000	7/1/2018	
IXINITY (Coagulation Factor IX (Recombinant) For Inj 2000 Unit)	B			1.10000	12/1/2016	
IXINITY (Coagulation Factor IX (Recombinant) For Inj 250 Unit)	B			1.10000	12/1/2016	
IXINITY (Coagulation Factor IX (Recombinant) For Inj 3000 Unit)	B			1.10000	12/1/2016	
IXINITY (Coagulation Factor IX (Recombinant) For Inj 500 Unit)	B			1.10000	12/1/2016	
JENLIVA PRENATAL/POSTNATA (Prenatal Multivitamins & Minerals w/ Iron & FA Cap 1 MG***)	B			0.17500	7/1/2013	
JIVI (Antihemophil Fact Rcmb(BDD-rFVIII PEG-aucl) For Inj 500 Unit)	B			1.50000	7/1/2020	
JIVI (Antihemophil Fact Rcmb(BDD-rFVIII PEG-aucl)For Inj 1000 Unit)	B			1.50000	7/1/2020	
JIVI (Antihemophil Fact Rcmb(BDD-rFVIII PEG-aucl)For Inj 2000 Unit)	B			1.50000	7/1/2020	
JIVI (Antihemophil Fact Rcmb(BDD-rFVIII PEG-aucl)For Inj 3000 Unit)	B			1.50000	7/1/2019	
KADCYLA (Ado-Trastuzumab Emtansine For IV Soln 100 MG)	B			2845.96210	1/1/2017	
KADCYLA (Ado-Trastuzumab Emtansine For IV Soln 160 MG)	B			4553.54600	1/1/2017	
KALETRA (Lopinavir-Ritonavir Tab 200-50 MG)	B			8.02679	12/26/2016	
KEDRAB (Rabies Immune Globulin (Human) Inj 1500 Unt/10ML(150 Unt/ML))	B			178.53300	7/1/2018	
KEDRAB (Rabies Immune Globulin (Human) Inj 300 Unit/2ML (150 Unt/ML))	B			178.53300	7/1/2018	
Ketoconazole Cream 2%	G			0.21795	4/1/2026	
Ketoconazole Shampoo 2%	G		0.05374	0.05370	9/1/2026	
Ketoconazole Tab 200 MG	G			0.24710	9/1/2010	
Ketoprofen Cap 50 MG	G			0.08738	8/1/2011	
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			0.80650	11/1/2021	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Ketorolac Tromethamine Inj 30 MG/ML	G			0.91000	1/1/2010	
Ketorolac Tromethamine Ophth Soln 0.4%	G			8.18573	8/1/2022	
Ketorolac Tromethamine Ophth Soln 0.5%	G			0.83400	1/1/2023	
Ketorolac Tromethamine Tab 10 MG	G			0.26499	7/1/2025	
KINERET (Anakinra Subcutaneous Soln Prefilled Syringe 100 MG/0.67ML)	B			268.08740	9/5/2023	
KITABIS PAK (Tobramycin Nebu Soln 300 MG/5ML)	B			26.10184	4/2/2014	
KOATE (Antihemophilic Factor (Human) For Inj 1000 Unit)	B			0.75000	7/1/2018	
KOATE (Antihemophilic Factor (Human) For Inj 250 Unit)	B			0.76000	3/16/2011	
KOATE (Antihemophilic Factor (Human) For Inj 500 Unit)	B			0.76000	3/16/2011	
KOATE-DVI (Antihemophilic Factor (Human) For Inj 1000 Unit)	B			0.75000	7/1/2018	
KOATE-DVI (Antihemophilic Factor (Human) For Inj 500 Unit)	B			0.76000	3/16/2011	
KOGENATE FS (Antihemophilic Factor Recomb (rFVIII) For Inj Kit 1000 Unit)	B			0.97000	7/1/2018	
KOGENATE FS (Antihemophilic Factor Recomb (rFVIII) For Inj Kit 2000 Unit)	B			0.97000	11/1/2016	
KOGENATE FS (Antihemophilic Factor Recomb (rFVIII) For Inj Kit 250 Unit)	B			0.97000	11/1/2016	
KOGENATE FS (Antihemophilic Factor Recomb (rFVIII) For Inj Kit 3000 Unit)	B			0.97000	7/1/2018	
KOGENATE FS (Antihemophilic Factor Recomb (rFVIII) For Inj Kit 500 Unit)	B			0.97000	7/1/2018	
KOVALTRY (Antihemophilic Factor Recomb (rAHF-PFM) For Inj 1000 Unit)	B			1.03000	3/16/2011	
KOVALTRY (Antihemophilic Factor Recomb (rAHF-PFM) For Inj 2000 Unit)	B			1.03000	3/16/2011	
KOVALTRY (Antihemophilic Factor Recomb (rAHF-PFM) For Inj 250 Unit)	B			1.31000	1/1/2023	
KOVALTRY (Antihemophilic Factor Recomb (rAHF-PFM) For Inj 3000 Unit)	B			1.03000	3/16/2011	
KOVALTRY (Antihemophilic Factor Recomb (rAHF-PFM) For Inj 500 Unit)	B			1.34460	1/1/2024	
KP PRENATAL MULTIVITAMINS (Prenatal Vit w/ Fe Fumarate-FA Tab 28-0.8 MG***)	B			0.17500	7/1/2013	
KPN PRENATAL (Prenatal Multivitamins & Minerals w/Iron & FA Tab 0.1 MG***)	B			0.17500	7/1/2013	
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	
Lacosamide Oral Solution 10 MG/ML	G			0.10317	7/1/2025	
Lacosamide Tab 100 MG	G			0.16329	6/1/2026	
Lacosamide Tab 150 MG	G			0.19033	8/1/2025	
Lacosamide Tab 200 MG	G			0.27660	1/1/2026	
Lacosamide Tab 50 MG	G			0.09687	6/1/2026	
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			0.01265	3/1/2023	
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	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			1.67593	4/1/2026	
Lamotrigine Orally Disintegrating Tab 200 MG	G			4.72687	2/1/2024	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

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			1.77333	11/1/2025	
Lamotrigine Orally Disintegrating Tab 50 MG	G			3.33933	8/1/2018	
Lamotrigine Tab 100 MG	G			0.03409	8/1/2023	
Lamotrigine Tab 150 MG	G			0.04633	2/1/2023	
Lamotrigine Tab 200 MG	G			0.06233	6/1/2017	
Lamotrigine Tab 25 MG	G			0.02085	9/1/2020	
Lamotrigine Tab 25 MG (42) & 100 MG (7) Starter Kit	G			13.21145	7/1/2022	
Lamotrigine Tab Chewable Dispersible 25 MG	G			0.08550	10/1/2021	
Lamotrigine Tab Chewable Dispersible 5 MG	G			0.11960	8/1/2025	
Lamotrigine Tab ER 24HR 100 MG	G			0.61197	2/1/2026	
Lamotrigine Tab ER 24HR 200 MG	G			0.68990	10/1/2025	
Lamotrigine Tab ER 24HR 25 MG	G			0.40886	8/1/2025	
Lamotrigine Tab ER 24HR 250 MG	G			1.29418	4/1/2026	
Lamotrigine Tab ER 24HR 300 MG	G			1.26000	10/1/2025	
Lamotrigine Tab ER 24HR 50 MG	G			0.51541	4/1/2026	
Lansoprazole Cap Delayed Release 15 MG	G			0.10000	9/1/2025	
Lansoprazole Cap Delayed Release 30 MG	G			0.07256	2/1/2023	
Lansoprazole Tab Delayed Release Orally Disintegrating 15 MG	G			4.77520	7/1/2022	
Lansoprazole Tab Delayed Release Orally Disintegrating 30 MG	G			2.90850	9/1/2023	
Latanoprost Ophth Soln 0.005%	G			1.12862	10/1/2025	
LATUDA (Lurasidone HCl Tab 40 MG)	B			45.17521	6/3/2022	
Leflunomide Tab 10 MG	G			0.29117	4/1/2026	
Leflunomide Tab 20 MG	G			0.24418	4/1/2026	
LEMTRADA (Alemtuzumab IV Inj 12 MG/1.2ML (10 MG/ML))	B			17222.36859	1/2/2017	
LETAIRIS (Ambrisentan Tab 10 MG)	B			322.30859	3/16/2019	
LETAIRIS (Ambrisentan Tab 5 MG)	B			322.30859	3/16/2019	
Letrozole Tab 2.5 MG	G			0.08575	5/1/2023	
Leucovorin Calcium Tab 10 MG	G			2.15660	3/1/2026	
Leucovorin Calcium Tab 15 MG	G			1.89732	2/1/2026	
Leucovorin Calcium Tab 25 MG	G			2.47700	9/1/2025	
Leucovorin Calcium Tab 5 MG	G			0.36090	4/1/2026	
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			0.22569	4/1/2026	
Levalbuterol HCl Soln Nebu 1.25 MG/3ML (Base Equiv)	G			0.24099	5/1/2026	
Levalbuterol Tartrate Inhal Aerosol 45 MCG/ACT (Base Equiv)	G			3.30667	8/1/2025	
Levetiracetam Oral Soln 100 MG/ML	G			0.02429	2/1/2024	
Levetiracetam Tab 1000 MG	G			0.12245	5/1/2026	
Levetiracetam Tab 250 MG	G			0.05475	8/1/2018	
Levetiracetam Tab 500 MG	G			0.07000	7/1/2025	
Levetiracetam Tab 750 MG	G			0.10000	6/1/2025	
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 0.5%	G			0.44115	1/1/2009	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Levocarnitine Oral Soln 1 GM/10ML (10%)	G			0.13908	2/1/2026	
Levocarnitine Tab 330 MG	G			0.53088	10/1/2015	
Levocetirizine Dihydrochloride Soln 2.5 MG/5ML (0.5 MG/ML)	G			0.29000	8/1/2025	
Levocetirizine Dihydrochloride Tab 5 MG	G			0.04615	3/1/2022	
Levofloxacin in D5W IV Soln 500 MG/100ML	G			0.52730	9/1/2017	
Levofloxacin Oral Soln 25 MG/ML	G			0.82871	5/1/2026	
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	
Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 MG	G			0.14579	4/1/2026	
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 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			0.75218	7/1/2025	
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			0.10132	9/11/2025	
Levothyroxine Sodium Tab 100 MCG	G			0.05350	6/1/2025	
Levothyroxine Sodium Tab 112 MCG	G			0.07100	6/1/2025	
Levothyroxine Sodium Tab 125 MCG	G			0.07540	8/1/2026	
Levothyroxine Sodium Tab 137 MCG	G			0.09340	10/1/2022	
Levothyroxine Sodium Tab 150 MCG	G			0.05993	12/1/2023	
Levothyroxine Sodium Tab 175 MCG	G		0.08343	0.07931	9/1/2026	
Levothyroxine Sodium Tab 200 MCG	G			0.06519	4/1/2026	
Levothyroxine Sodium Tab 25 MCG	G			0.05904	6/1/2023	
Levothyroxine Sodium Tab 300 MCG	G			0.10833	7/1/2026	
Levothyroxine Sodium Tab 50 MCG	G			0.06583	9/1/2023	
Levothyroxine Sodium Tab 75 MCG	G			0.06550	1/1/2024	
Levothyroxine Sodium Tab 88 MCG	G			0.06100	6/1/2025	
LEXIVA (Fosamprenavir Calcium Tab 700 MG (Base Equiv))	B			19.23220	1/30/2017	
Lidocaine Cream 4%	G			0.51250	9/1/2026	
Lidocaine HCl Cream 3%	G			0.51777	12/1/2019	
Lidocaine HCl Gel 2%	G			0.32560	7/1/2013	
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			0.25000	7/1/2026	
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			0.02400	8/1/2026	
Lidocaine Inj 1% w/ Epinephrine-1:100000	G			0.06687	4/1/2020	
Lidocaine Oint 5%	G			0.15632	5/1/2026	
Lidocaine Patch 5%	G			1.95520	10/1/2025	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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			0.34389	10/1/2025	
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			0.20927	4/1/2026	
Liothyronine Sodium Tab 50 MCG	G			0.41850	4/1/2017	
Lisdexamfetamine Dimesylate Cap 10 MG	G			3.67290	11/1/2023	
Lisdexamfetamine Dimesylate Cap 20 MG	G			3.67290	11/1/2023	
Lisdexamfetamine Dimesylate Cap 30 MG	G			3.67290	11/1/2023	
Lisdexamfetamine Dimesylate Cap 40 MG	G			3.67290	11/1/2023	
Lisdexamfetamine Dimesylate Cap 50 MG	G			3.67290	7/1/2026	
Lisdexamfetamine Dimesylate Cap 60 MG	G			3.67290	11/1/2023	
Lisdexamfetamine Dimesylate Cap 70 MG	G			3.67290	11/1/2023	
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			0.01125	7/1/2026	
Lisinopril Tab 2.5 MG	G			0.01036	8/1/2026	
Lisinopril Tab 20 MG	G			0.01566	7/1/2026	
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			0.00877	7/1/2026	
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			0.26060	2/24/2026	
Lithium Oral Solution 8 mEq/5ML	G			0.14356	4/1/2018	
L-Methylfolate Tab 15 MG**	G			2.11250	9/1/2010	
L-Methylfolate Tab 7.5 MG**	G			2.11250	9/1/2010	
Loperamide HCl Cap 2 MG	G		0.10106	0.08083	9/1/2026	
Loperamide HCl Soln 1 MG/7.5ML	G			0.02481	12/1/2021	
Loperamide HCl Tab 2 MG	G			0.10000	11/1/2018	
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 Oral Soln 5 MG/5ML	G			0.03806	8/1/2023	
Loratadine Rapidly-Disintegrating Tab 10 MG	G			0.22273	1/1/2010	
Loratadine Tab 10 MG	G			0.02270	3/1/2026	
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			0.02000	8/1/2026	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Lorazepam Tab 1 MG	G			0.02220	8/1/2026	
Lorazepam Tab 2 MG	G			0.04135	12/1/2021	
Losartan Potassium & Hydrochlorothiazide Tab 100-12.5 MG	G			0.06097	5/1/2026	
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			0.03628	5/1/2026	
Losartan Potassium Tab 25 MG	G			0.01995	8/1/2026	
Losartan Potassium Tab 50 MG	G			0.02956	8/1/2026	
Loteprednol Etabonate Ophth Susp 0.5%	G			22.61000	9/1/2025	
Lovastatin Tab 10 MG	G			0.04786	9/1/2020	
Lovastatin Tab 20 MG	G			0.03870	9/1/2021	
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			2.09486	12/1/2023	
LUMIZYME (Alglucosidase Alfa For IV Soln 50 MG)	B			750.98400	11/1/2016	
LUPRON DEPOT (1-MONTH) (Leuprolide Acetate For Inj Kit 3.75 MG)	B			1295.16852	1/1/2019	
LUPRON DEPOT (1-MONTH) (Leuprolide Acetate For Inj Kit 7.5 MG)	B			2066.25000	2/24/2025	
LUPRON DEPOT (3-MONTH) (Leuprolide Acetate (3 Month) For Inj Kit 11.25 MG)	B			5093.15000	1/30/2025	
LUPRON DEPOT (3-MONTH) (Leuprolide Acetate (3 Month) For Inj Kit 22.5 MG)	B			4630.18488	1/1/2019	
LUPRON DEPOT (4-MONTH) (Leuprolide Acetate (4 Month) For Inj Kit 30 MG)	B			6173.58648	1/1/2019	
LUPRON DEPOT-PED (1-MONTH (Leuprolide Acetate For Inj Pediatric Kit 11.25 MG)	B			2434.70540	4/3/2017	
LUPRON DEPOT-PED (1-MONTH (Leuprolide Acetate For Inj Pediatric Kit 15 MG)	B			2681.57230	4/3/2017	
LUPRON DEPOT-PED (1-MONTH (Leuprolide Acetate For Inj Pediatric Kit 7.5 MG)	B			1341.06420	4/3/2017	
LUPRON DEPOT-PED (3-MONTH (Leuprolide Acetate (3 Month) For Inj Pediatric Kit 30 MG)	B			9346.59340	11/11/2019	
Lurasidone HCl Tab 120 MG	G			0.54300	1/1/2024	
Lurasidone HCl Tab 20 MG	G			0.14339	8/1/2026	
Lurasidone HCl Tab 40 MG	G			0.24697	7/1/2023	
Lurasidone HCl Tab 60 MG	G			0.62933	4/1/2023	
Lurasidone HCl Tab 80 MG	G			0.46733	7/1/2023	
LYRICA (Pregabalin Cap 150 MG)	B			7.40180	2/9/2018	
LYRICA (Pregabalin Cap 200 MG)	B			7.40183	3/5/2018	
LYRICA (Pregabalin Cap 75 MG)	B			7.40183	1/26/2018	
Magnesium Citrate Soln	G			0.00641	5/1/2026	
Magnesium Hydroxide Susp 400 MG/5ML	G			0.00363	1/5/2011	
Magnesium Oxide Tab 400 MG	G			0.02100	8/1/2026	
Magnesium Oxide Tab 400 MG (240 MG Elemental Mg)	G			0.03195	6/1/2022	
Magnesium Sulfate Inj 50%	G			0.17064	7/1/2022	
Malathion Lotion 0.5%	G			2.88119	6/20/2022	
MASONATAL (Prenatal Vit w/ Fe Fumarate-FA Tab 28-0.8 MG***)	B			0.17500	7/1/2013	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
MATRONEX (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)	B			0.17500	10/1/2013	
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		24.37000	21.76134	9/1/2026	
Medroxyprogesterone Acetate IM Susp Prefilled Syr 150 MG/ML	G		28.97039	27.29167	9/1/2026	
Medroxyprogesterone Acetate Tab 10 MG	G			0.11810	8/1/2025	
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			1.31771	6/1/2022	
Megestrol Acetate Tab 20 MG	G			0.12563	3/1/2012	
Megestrol Acetate Tab 40 MG	G			0.10500	9/1/2019	
MEKINIST (Trametinib Dimethyl Sulfoxide Tab 0.5 MG (Base Equivalent))	B			110.43416	1/15/2019	
MEKINIST (Trametinib Dimethyl Sulfoxide Tab 2 MG (Base Equivalent))	B			375.86418	1/15/2019	
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			0.71220	9/1/2022	
Memantine HCl Cap ER 24HR 21 MG	G			0.53216	5/1/2023	
Memantine HCl Cap ER 24HR 28 MG	G			0.51606	7/1/2023	
Memantine HCl Cap ER 24HR 7 MG	G			0.68486	9/1/2023	
Memantine HCl Oral Solution 2 MG/ML	G			1.16022	9/1/2017	
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	G			0.05275	3/1/2022	
Meperidine HCl Tab 50 MG	G			0.20308	12/1/2011	
Mercaptopurine Tab 50 MG	G			1.09568	11/11/2025	
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			2.03000	11/5/2024	
Mesalamine Cap ER 24HR 0.375 GM	G			1.16968	10/1/2022	
Mesalamine Enema 4 GM	G			0.11845	5/1/2012	
Mesalamine Suppos 1000 MG	G			1.85096	8/1/2023	
Mesalamine Tab Delayed Release 1.2 GM	G			2.14258	9/1/2022	
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			0.40000	12/1/2023	
Metformin HCl Tab 1000 MG	G			0.01938	4/1/2021	
Metformin HCl Tab 500 MG	G			0.01170	8/1/2023	
Metformin HCl Tab 850 MG	G			0.02127	1/1/2018	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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			2.14661	12/1/2022	
Metformin HCl Tab ER 24HR Modified Release 500 MG	G			1.37000	1/1/2022	
Metformin HCl Tab ER 24HR Osmotic 1000 MG	G			0.84150	7/1/2022	
Metformin HCl Tab ER 24HR Osmotic 500 MG	G			2.15000	6/1/2022	
Methadone HCl Conc 10 MG/ML	G			0.84500	11/1/2020	
Methadone HCl Tab 10 MG	G			0.08050	11/1/2021	
Methadone HCl Tab 5 MG	G			0.09500	8/1/2026	
Methamphetamine HCl Tab 5 MG	G			5.86582	3/1/2026	
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			0.44610	5/1/2023	
Methenamine Mandelate Tab 1 GM	G			0.96515	9/1/2022	
Methimazole Tab 10 MG	G			0.08450	8/1/2021	
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			0.03739	4/1/2023	
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 1000 MG/40ML (25 MG/ML)	G			0.86700	3/1/2019	
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 (Base Equiv)	G			0.14575	8/1/2026	
Methscopolamine Bromide Tab 2.5 MG	G			0.31450	9/1/2018	
Methylcellulose Powder Laxative	G			0.01324	12/1/2025	
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			21.56875	8/1/2022	
Methylphenidate HCl Cap ER 10 MG (CD)	G			1.40480	6/1/2022	
Methylphenidate HCl Cap ER 20 MG (CD)	G			1.23630	2/1/2024	
Methylphenidate HCl Cap ER 24HR 10 MG (LA)	G			2.87252	5/1/2021	
Methylphenidate HCl Cap ER 24HR 20 MG (LA)	G			1.54600	10/1/2023	
Methylphenidate HCl Cap ER 24HR 30 MG (LA)	G			1.94670	7/1/2021	
Methylphenidate HCl Cap ER 24HR 40 MG (LA)	G			2.07250	10/1/2023	
Methylphenidate HCl Cap ER 24HR 60 MG (LA)	G			7.50433	4/1/2020	
Methylphenidate HCl Cap ER 30 MG (CD)	G			1.25340	9/1/2023	
Methylphenidate HCl Cap ER 40 MG (CD)	G			1.87890	11/1/2021	
Methylphenidate HCl Cap ER 50 MG (CD)	G			0.96844	2/1/2024	
Methylphenidate HCl Cap ER 60 MG (CD)	G			2.21480	10/1/2023	
Methylphenidate HCl Chew Tab 10 MG	G			2.99990	5/1/2021	
Methylphenidate HCl Chew Tab 2.5 MG	G			1.49180	10/1/2023	
Methylphenidate HCl Chew Tab 5 MG	G			2.15911	5/1/2023	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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			0.11087	8/1/2021	
Methylphenidate HCl Tab 20 MG	G			0.13068	11/1/2022	
Methylphenidate HCl Tab 5 MG	G			0.09410	3/1/2023	
Methylphenidate HCl Tab ER 10 MG	G			0.55440	6/1/2026	
Methylphenidate HCl Tab ER 20 MG	G			0.81042	7/1/2021	
Methylphenidate HCl Tab ER 24HR 18 MG	G			0.72280	12/1/2023	
Methylphenidate HCl Tab ER 24HR 27 MG	G			0.74740	6/1/2026	
Methylphenidate HCl Tab ER 24HR 36 MG	G			0.77870	6/1/2025	
Methylphenidate HCl Tab ER 24HR 54 MG	G			0.82202	9/1/2022	
Methylphenidate HCl Tab ER Diffusion 27 MG	G			0.74740	6/1/2026	
Methylphenidate HCl Tab ER Diffusion 36 MG	G			0.77870	6/1/2026	
Methylphenidate HCl Tab ER Osmotic Release (OSM) 18 MG	G			0.72280	12/1/2023	
Methylphenidate HCl Tab ER Osmotic Release (OSM) 27 MG	G			0.74740	6/1/2026	
Methylphenidate HCl Tab ER Osmotic Release (OSM) 36 MG	G			0.77870	6/1/2026	
Methylphenidate HCl Tab ER Osmotic Release (OSM) 54 MG	G			0.82590	6/1/2022	
Methylphenidate HCl Tab ER Osmotic Release (OSM) 72 MG	G			13.87229	2/1/2024	
Methylphenidate TD Patch 10 MG/9HR	G			9.22433	6/1/2026	
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 16 MG	G			1.75672	7/1/2022	
Methylprednisolone Tab 32 MG	G			2.81312	1/1/2021	
Methylprednisolone Tab 4 MG	G			0.21647	6/1/2019	
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			0.02700	8/1/2026	
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			0.30000	1/1/2026	
Metoprolol & Hydrochlorothiazide Tab 100-25 MG	G			1.45910	3/1/2023	
Metoprolol & Hydrochlorothiazide Tab 50-25 MG	G			0.67570	3/1/2018	
Metoprolol Succinate Tab ER 24HR 100 MG (Tartrate Equiv)	G			0.08312	1/1/2024	
Metoprolol Succinate Tab ER 24HR 200 MG (Tartrate Equiv)	G			0.12193	9/1/2021	
Metoprolol Succinate Tab ER 24HR 25 MG (Tartrate Equiv)	G			0.04500	11/1/2025	
Metoprolol Succinate Tab ER 24HR 50 MG (Tartrate Equiv)	G			0.06243	1/1/2026	
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			0.01440	4/1/2023	
Metoprolol Tartrate Tab 75 MG	G			0.11913	8/1/2023	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Metronidazole Cap 375 MG	G			3.91000	2/1/2019	
Metronidazole Cream 0.75%	G		0.71244	0.63078	9/1/2026	
Metronidazole Gel 0.75%	G			0.28138	4/1/2026	
Metronidazole Gel 1%	G			0.60645	9/1/2022	
Metronidazole Lotion 0.75%	G			1.37271	9/1/2022	
Metronidazole Tab 250 MG	G			0.07480	9/1/2019	
Metronidazole Tab 500 MG	G			0.09851	5/1/2026	
Metronidazole Vaginal Gel 0.75%	G			0.15308	3/1/2026	
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	
MICRHOGAM ULTRA-FILTERED (Rho D Immune Globulin IM Soln Pref Syr 250 Unit (50 MCG))	B			28.83420	6/1/2016	
Midazolam HCl Inj 10 MG/10ML (Base Equivalent)	G			0.20280	7/1/2013	
Midazolam HCl Inj 10 MG/2ML (Base Equivalent)	G			0.43550	11/1/2021	
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			0.15300	11/1/2025	
Midodrine HCl Tab 2.5 MG	G			0.16000	9/1/2018	
Midodrine HCl Tab 5 MG	G			0.10950	7/1/2026	
Minocycline HCl Cap 100 MG	G			0.22560	10/1/2021	
Minocycline HCl Cap 50 MG	G			0.13650	5/1/2026	
Minocycline HCl Cap 75 MG	G			0.28083	4/1/2017	
Minocycline HCl Tab 100 MG	G			1.72432	9/1/2021	
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			3.54167	8/1/2025	
Minocycline HCl Tab ER 24HR 90 MG	G			3.54167	11/1/2023	
Minoxidil Tab 10 MG	G			0.12250	12/1/2018	
Minoxidil Tab 2.5 MG	G			0.01538	9/1/2017	
Mirtazapine Orally Disintegrating Tab 15 MG	G			0.47049	9/1/2022	
Mirtazapine Orally Disintegrating Tab 30 MG	G			0.45333	6/1/2023	
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	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Mirtazapine Tab 7.5 MG	G		0.54537	0.51666	9/1/2026	
Misoprostol Tab 100 MCG	G			0.36067	11/1/2021	
Misoprostol Tab 200 MCG	G			0.47200	4/1/2011	
M-NATAL PLUS (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)	B			0.17500	10/1/2013	
Modafinil Tab 100 MG	G			0.25933	4/1/2022	
Modafinil Tab 200 MG	G			0.43231	11/1/2023	
Moexipril HCl Tab 15 MG	G			0.31400	10/1/2017	
Moexipril HCl Tab 7.5 MG	G			0.26780	3/1/2018	
Mometasone Furoate Cream 0.1%	G			0.19237	3/1/2022	
Mometasone Furoate Nasal Susp 50 MCG/ACT	G			1.65579	9/1/2023	
Mometasone Furoate Oint 0.1%	G			0.16822	2/1/2023	
Mometasone Furoate Solution 0.1% (Lotion)	G			0.21162	5/1/2026	
Montelukast Sodium Chew Tab 4 MG (Base Equiv)	G			0.07095	9/1/2021	
Montelukast Sodium Chew Tab 5 MG (Base Equiv)	G			0.05484	7/1/2023	
Montelukast Sodium Oral Granules Packet 4 MG (Base Equiv)	G			0.76206	8/2/2023	
Montelukast Sodium Tab 10 MG (Base Equiv)	G			0.04999	8/1/2023	
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			2.39370	5/1/2023	
Morphine Sulfate Cap ER 24HR 30 MG	G			1.18850	12/1/2019	
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 Cap SR 24HR 50 MG	G			2.79941	1/1/2019	
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			0.28112	9/15/2023	
Morphine Sulfate Tab 30 MG	G			0.15355	8/1/2013	
Morphine Sulfate Tab ER 100 MG	G			0.70590	12/1/2021	
Morphine Sulfate Tab ER 15 MG	G			0.15000	5/1/2026	
Morphine Sulfate Tab ER 200 MG	G			1.31927	3/1/2013	
Morphine Sulfate Tab ER 30 MG	G			0.26360	7/1/2023	
Morphine Sulfate Tab ER 60 MG	G			0.54275	12/1/2018	
Moxifloxacin HCl Ophth Soln 0.5% (Base Eq) (2 Times Daily)	G			35.82706	2/1/2024	
Moxifloxacin HCl Ophth Soln 0.5% (Base Equiv)	G			3.66967	4/1/2022	
Moxifloxacin HCl Tab 400 MG (Base Equiv)	G			1.17500	5/1/2022	
MOZOBIL (Plerixafor Subcutaneous Inj 24 MG/1.2ML (20 MG/ML))	B			6666.70940	1/4/2019	
MULTI PRENATAL (Prenatal Vit w/ Fe Fumarate-FA Tab 27-0.8 MG***)	B			0.17500	7/1/2013	
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			2.17100	8/1/2023	
Mupirocin Oint 2%	G			0.12864	1/1/2023	
Mycophenolate Mofetil Cap 250 MG	G			0.12520	2/1/2018	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Mycophenolate Mofetil For Oral Susp 200 MG/ML	G			2.91339	8/1/2023	
Mycophenolate Mofetil Tab 500 MG	G			0.16100	7/1/2019	
Mycophenolate Sodium Tab DR 180 MG (Mycophenolic Acid Equiv)	G			0.16698	7/1/2023	
Mycophenolate Sodium Tab DR 360 MG (Mycophenolic Acid Equiv)	G			0.20519	3/1/2026	
Nabumetone Tab 500 MG	G			0.11500	6/1/2025	
Nabumetone Tab 750 MG	G			0.12250	7/1/2025	
Nadolol Tab 20 MG	G			0.17474	4/1/2022	
Nadolol Tab 40 MG	G			0.32630	9/1/2021	
Nadolol Tab 80 MG	G			0.29675	5/1/2012	
Naloxone HCl Inj 0.4 MG/ML	G			8.88200	11/1/2023	
Naloxone HCl Inj 4 MG/10ML	G			8.88200	11/1/2023	
Naloxone HCl Nasal Spray 4 MG/0.1ML	G			35.18381	5/1/2023	
Naloxone HCl Soln Prefilled Syringe 2 MG/2ML	G			15.67500	6/1/2022	
Naltrexone HCl Tab 50 MG	G			0.89778	6/21/2024	
NAMENDA (Memantine HCl Tab 10 MG)	B			5.62823	4/1/2015	
NAMENDA (Memantine HCl Tab 5 MG)	B			5.62823	4/1/2015	
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			0.20472	12/1/2025	
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			0.03364	12/1/2023	
Naproxen Tab 375 MG	G			0.04990	4/1/2017	
Naproxen Tab 500 MG	G			0.04180	11/1/2017	
Naproxen Tab EC 375 MG	G			0.21000	8/1/2023	
Naproxen Tab EC 500 MG	G			3.00340	8/29/2023	
Naratriptan HCl Tab 1 MG (Base Equiv)	G			1.47000	11/1/2025	
Naratriptan HCl Tab 2.5 MG (Base Equiv)	G			0.85778	5/1/2022	
NATACHEW (Prenatal Vit w/ Fe Fum-Fe Bisglycin-FA Chew Tab 28-1 MG***)	B			0.17500	7/1/2013	
NATALCHEW (Prenatal Vit w/ Fe Fumarate-FA Chew Tab 29-1 MG***)	B			0.17500	7/1/2013	
NATALVIT (Prenatal Vit w/ Fe Fumarate-FA Tab 75-1 MG***)	B			0.17500	7/1/2013	
Nateglinide Tab 120 MG	G			0.25245	12/1/2023	
Nateglinide Tab 60 MG	G			0.26967	6/1/2020	
Nebivolol HCl Tab 10 MG (Base Equivalent)	G			0.19492	12/1/2023	
Nebivolol HCl Tab 2.5 MG (Base Equivalent)	G			0.18320	8/1/2023	
Nebivolol HCl Tab 20 MG (Base Equivalent)	G			0.18939	6/1/2023	
Nebivolol HCl Tab 5 MG (Base Equivalent)	G			0.24395	8/1/2023	
NEEVO DHA (Prenat w/o A w/FeFum-Methylfol-Omegas Cap 27-1.13 MG***)	B			0.17500	7/1/2013	
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	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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			1.96969	11/1/2023	
Neomycin-Polymyxin-HC Ophth Susp	G			16.39621	2/1/2021	
Neomycin-Polymyxin-HC Otic Soln 1%	G			4.79900	8/7/2023	
Neomycin-Polymyxin-HC Otic Susp 3.5 MG/ML-10000 Unit/ML-1%	G			3.88359	12/1/2025	
NEONATAL COMPLETE (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)	B			0.17500	10/1/2013	
NEONATAL COMPLETE (Prenatal Vit w/ Fe Fumarate-FA Tab 29-1 MG***)	B			0.17500	7/1/2013	
NEONATAL PLUS (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)	B			0.17500	10/1/2013	
NEONATAL PRENATAL VITAMIN (Prenatal Vit w/ Fe Fumarate-FA Tab 27-0.8 MG***)	B			0.17500	7/1/2013	
NEONATAL VITAMIN (Prenatal Vit w/ Fe Fumarate-FA Tab 27-0.8 MG***)	B			0.17500	7/1/2013	
NESTABS (Prenatal Vit w/o Vit A w/ Fe Bisglycinate-FA Tab 32-1 MG***)	B			0.17500	7/1/2013	
NESTABS DHA (Prenat w/o A w/ Fe Bisglyc-FA Tab 32-1 MG & Omega Cap Pack*)	B			0.17500	7/1/2013	
NEULASTA (Pegfilgrastim Soln Prefilled Syringe 6 MG/0.6ML)	B			10482.71700	10/27/2025	
NEUPOGEN (Filgrastim Inj 480 MCG/1.6ML (300 MCG/ML))	B			312.07792	10/19/2017	
Nevirapine Tab 200 MG	G			0.11000	10/1/2017	
Nevirapine Tab ER 24HR 400 MG	G			0.44233	12/1/2019	
NEXAVAR (Sorafenib Tosylate Tab 200 MG (Base Equivalent))	B			159.61896	6/1/2019	
Niacin Tab ER 1000 MG (Antihyperlipidemic)	G			0.46567	10/1/2022	
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			0.26340	2/1/2026	
Nifedipine Cap 20 MG	G			0.95160	10/1/2023	
Nifedipine Tab ER 24HR 30 MG	G			0.06756	8/1/2026	
Nifedipine Tab ER 24HR 60 MG	G			0.16950	6/1/2019	
Nifedipine Tab ER 24HR 90 MG	G			0.10551	5/1/2026	
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	
Nimodipine Cap 30 MG	G			1.12554	11/1/2025	
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			5.37000	10/1/2022	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Nisoldipine Tab ER 24HR 8.5 MG	G			3.89950	12/1/2018	
Nitrofurantoin Macrocrystalline Cap 100 MG	G			0.21411	12/1/2025	
Nitrofurantoin Macrocrystalline Cap 25 MG	G			1.66280	3/1/2023	
Nitrofurantoin Macrocrystalline Cap 50 MG	G			0.17047	6/1/2025	
Nitrofurantoin Monohydrate Macrocrystalline Cap 100 MG	G			0.23382	8/1/2026	
Nitroglycerin SL Tab 0.3 MG	G			0.12840	1/1/2023	
Nitroglycerin SL Tab 0.4 MG	G			0.14416	7/1/2025	
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	
NIVA-PLUS (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)	B			0.17500	10/1/2013	
Nizatidine Cap 150 MG	G			0.18833	9/1/2017	
Norelgestromin-Ethinyl Estradiol TD PTWK 150-35 MCG/24HR	G			37.55000	9/1/2022	
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			0.57917	1/1/2023	
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			0.32840	10/1/2023	
Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.8 MG-25 MCG	G			1.80607	10/1/2017	
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			0.16466	1/1/2023	
Norethindrone Ace & Ethinyl Estradiol-FE Tab 1.5 MG-30 MCG	G			0.12948	8/1/2023	
Norethindrone Ace-Eth Estradiol-FE Chew Tab 1 MG-20 MCG (24)	G			0.25167	11/1/2022	
Norethindrone Ace-Ethinyl Estradiol-FE Tab 1 MG-20 MCG (24)	G			0.34423	7/1/2023	
Norethindrone Acetate Tab 5 MG	G			0.29900	6/1/2022	
Norethindrone Acetate-Ethinyl Estradiol Tab 1 MG-5 MCG	G			1.33988	8/1/2019	
Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-20/1-30/1-35 MG-MCG	G			0.98993	3/1/2020	
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			0.25000	7/1/2025	
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			0.09930	8/1/2023	
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			0.04689	3/1/2022	
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			0.25993	5/1/2026	
NORVASC (Amlodipine Besylate Tab 2.5 MG (Base Equivalent))	B	NORVASC TAB 2.5MG		0.00725	7/1/2025	NDC-specific SMAC

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
NOVOSEVEN RT (Coagulation Factor VIIa (Recomb) For Inj 1 MG (1000 MCG))	B			1.55000	11/1/2016	
NOVOSEVEN RT (Coagulation Factor VIIa (Recomb) For Inj 2 MG (2000 MCG))	B			1.55000	11/1/2016	
NOVOSEVEN RT (Coagulation Factor VIIa (Recomb) For Inj 5 MG (5000 MCG))	B			1.55000	11/1/2016	
NOVOSEVEN RT (Coagulation Factor VIIa (Recomb) For Inj 8 MG (8000 MCG))	B			1.55000	11/1/2016	
NUWIQ (Antihemophil Fact Rcmb (BDD-rFVIII,sim) For Inj Kit 250 Unit)	B			1.21000	7/1/2018	
NUWIQ (Antihemophil Fact Rcmb (BDD-rFVIII,sim) For Inj Kit 500 Unit)	B			1.21000	7/1/2018	
NUWIQ (Antihemophil Fact Rcmb(BDD-rFVIII,sim) For Inj Kit 1000 Unit)	B			1.21000	7/1/2018	
NUWIQ (Antihemophil Fact Rcmb(BDD-rFVIII,sim) For Inj Kit 2000 Unit)	B			1.21000	7/1/2018	
NUWIQ (Antihemophil Fact Rcmb(BDD-rFVIII,sim) For Inj Kit 2500 Unit)	B			1.21000	7/1/2018	
NUWIQ (Antihemophil Fact Rcmb(BDD-rFVIII,sim) For Inj Kit 3000 Unit)	B			1.21000	7/1/2018	
NUWIQ (Antihemophil Fact Rcmb(BDD-rFVIII,sim) For Inj Kit 4000 Unit)	B			1.21000	7/1/2018	
NUWIQ (Antihemophilic Fact Rcmb (BDD-rFVIII,sim) For Inj 1000 Unit)	B			1.21000	7/1/2018	
NUWIQ (Antihemophilic Fact Rcmb (BDD-rFVIII,sim) For Inj 2000 Unit)	B			1.21000	7/1/2018	
NUWIQ (Antihemophilic Fact Rcmb (BDD-rFVIII,sim) For Inj 2500 Unit)	B			1.21000	7/1/2018	
NUWIQ (Antihemophilic Fact Rcmb (BDD-rFVIII,sim) For Inj 3000 Unit)	B			1.21000	7/1/2018	
NUWIQ (Antihemophilic Fact Rcmb (BDD-rFVIII,sim) For Inj 4000 Unit)	B			1.21000	7/1/2018	
NUWIQ (Antihemophilic Factor Rcmb (BDD-rFVIII,sim) For Inj 250 Unit)	B			1.21000	7/1/2018	
NUWIQ (Antihemophilic Factor Rcmb (BDD-rFVIII,sim) For Inj 500 Unit)	B			1.21000	7/1/2018	
Nystatin Cream 100000 Unit/GM	G			0.10844	3/1/2022	
Nystatin Oint 100000 Unit/GM	G			0.18673	2/1/2023	
Nystatin Susp 100000 Unit/ML	G			0.03764	3/1/2022	
Nystatin Tab 500000 Unit	G			0.34870	9/1/2018	
Nystatin Topical Powder 100000 Unit/GM	G			0.19800	1/1/2023	
Nystatin-Triamcinolone Cream 100000-0.1 Unit/GM-%	G			0.24666	3/1/2022	
Nystatin-Triamcinolone Oint 100000-0.1 Unit/GM-%	G			0.09750	1/6/2016	
OB COMPLETE (Prenatal Vit w/ Iron Carbonyl-FA Tab 50-1.25 MG***)	B			0.17500	7/1/2013	
OB COMPLETE ONE (Prenatal w/o A w/FeCbn-Fe Asp Glyc-FA-Fish Cap 50-1-476 MG*)	B			0.17500	7/1/2013	
OB COMPLETE PETITE (Prenat w/o A w/FeCbn-FeAspGlyc-FA-Omega Cap 35-5-1-200 MG**)	B			0.17500	7/1/2013	
OB COMPLETE PREMIER (Prenatal Vit w/ Fe Cbn-Fe Asp Glyc-FA Tab 30-20-1 MG***)	B			0.17500	7/1/2013	
OB COMPLETE/DHA (Prenat w/ Iron Cbn-Fe Asp Glyc-FA-Omega Cap 30-10-1-200 MG*)	B			0.17500	7/1/2013	
OBIZUR (Antihemophilic Factor (Recomb Porc) rpFVIII For Inj 500 Unit)	B			2.95000	7/1/2020	
OBSTETRIX EC (Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 29-1 MG***)	B			0.17500	7/1/2013	
OBTREX (Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 29-1 MG***)	B			0.17500	7/1/2013	
Octreotide Acetate Inj 1000 MCG/ML (1 MG/ML)	G			34.03343	11/1/2023	
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)	G			5.72000	9/1/2010	
Octreotide Acetate Inj 500 MCG/ML (0.5 MG/ML)	G			21.45000	9/1/2010	
Ofloxacin Ophth Soln 0.3%	G			1.43400	3/1/2022	
Ofloxacin Otic Soln 0.3%	G			1.57713	6/1/2023	
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	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Olanzapine Orally Disintegrating Tab 10 MG	G			0.34400	6/1/2018	
Olanzapine Orally Disintegrating Tab 15 MG	G			1.18793	2/28/2023	
Olanzapine Orally Disintegrating Tab 20 MG	G			0.60990	5/24/2021	
Olanzapine Orally Disintegrating Tab 5 MG	G			0.19000	11/1/2021	
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			0.08743	12/1/2021	
Olanzapine-Fluoxetine HCl Cap 3-25 MG	G			4.74767	8/1/2023	
Olanzapine-Fluoxetine HCl Cap 6-25 MG	G			5.19928	1/1/2023	
Olanzapine-Fluoxetine HCl Cap 6-50 MG	G			7.01000	8/1/2022	
Olmesartan Medoxomil Tab 20 MG	G			0.02211	1/1/2018	
Olmesartan Medoxomil Tab 40 MG	G			0.08178	6/1/2026	
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			0.90245	6/1/2022	
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			0.15000	2/1/2022	
Omeprazole Cap Delayed Release 10 MG	G			0.05200	11/1/2023	
Omeprazole Cap Delayed Release 20 MG	G			0.02379	11/1/2023	
Omeprazole Cap Delayed Release 40 MG	G			0.04184	8/1/2026	
Omeprazole Delayed Release Tab 20 MG	G			0.19321	3/1/2020	
Omeprazole-Sodium Bicarbonate Cap 20-1100 MG	G			1.70000	12/1/2021	
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			0.05333	7/1/2021	
Ondansetron HCl Tab 8 MG	G			0.08233	12/1/2021	
Ondansetron Orally Disintegrating Tab 4 MG	G			0.14295	1/1/2026	
Ondansetron Orally Disintegrating Tab 8 MG	G			0.15066	8/1/2026	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
ONE VITE WOMENS PRENATAL (Prenatal Vit w/ Fe Fumarate-FA Tab 27-0.8 MG***)	B			0.17500	7/1/2013	
ONE VITE WOMENS PRENATAL (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)	B			0.17500	10/1/2013	
ONE-A-DAY WOMENS PRENATAL (Prenat w/ Fe Fum-FA Tab 28-0.8 MG & Omega 3 Cap 440MG Pak*)	B			0.17500	7/1/2013	
Opium Tincture 1% (10 MG/ML) (Morphine Equiv)	G			3.30709	11/12/2021	
OPSUMIT (Macitentan Tab 10 MG)	B			320.48292	1/11/2019	
Oral Electrolyte Solution***	G			0.00560	1/5/2011	
ORAPENN SD ANHYDROUS SWEE (Oral Vehicles***)	B			0.00381	11/1/2013	
ORAPENN SD ANHYDROUS UNSW (Oral Vehicles***)	B			0.00381	11/1/2013	
ORA-PLUS (Oral Vehicles***)	B			0.00381	11/1/2013	
ORENCIA (Abatacept Subcutaneous Soln Prefilled Syringe 125 MG/ML)	B			1177.54311	5/19/2021	
Orphenadrine Citrate Tab ER 12HR 100 MG	G			0.14850	12/1/2018	
Oseltamivir Phosphate Cap 30 MG (Base Equiv)	G			0.78053	2/1/2026	
Oseltamivir Phosphate Cap 45 MG (Base Equiv)	G			3.11900	11/1/2020	
Oseltamivir Phosphate Cap 75 MG (Base Equiv)	G			1.24600	6/1/2022	
Oseltamivir Phosphate For Susp 6 MG/ML (Base Equiv)	G			0.20078	6/1/2025	
OTEZLA (Apremilast Tab Starter Therapy Pack 10 MG & 20 MG & 30 MG)	B			61.53469	1/3/2019	
OTREXUP (Methotrexate Soln PF Auto-Injector 10 MG/0.4ML)	B			366.89112	8/17/2016	
OTREXUP (Methotrexate Soln PF Auto-Injector 15 MG/0.4ML)	B			366.89112	8/17/2016	
OTREXUP (Methotrexate Soln PF Auto-Injector 20 MG/0.4ML)	B			366.89112	8/17/2016	
OTREXUP (Methotrexate Soln PF Auto-Injector 25 MG/0.4ML)	B			366.89112	8/17/2016	
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			0.71170	7/1/2021	
Oxazepam Cap 30 MG	G			1.06925	1/1/2010	
Oxcarbazepine Susp 300 MG/5ML (60 MG/ML)	G			0.20837	6/1/2025	
Oxcarbazepine Tab 150 MG	G			0.07290	12/1/2021	
Oxcarbazepine Tab 300 MG	G			0.11990	7/1/2020	
Oxcarbazepine Tab 600 MG	G			0.29089	1/1/2026	
Oxcarbazepine Tab ER 24HR 300 MG	G			7.60758	4/1/2026	
Oxiconazole Nitrate Cream 1%	G			3.34917	12/1/2019	
Oxybutynin Chloride Solution 5 MG/5ML	G			0.03173	3/1/2023	
Oxybutynin Chloride Tab 2.5 MG	G			2.00317	3/1/2026	
Oxybutynin Chloride Tab 5 MG	G			0.04091	2/1/2026	
Oxybutynin Chloride Tab ER 24HR 10 MG	G			0.09574	1/1/2024	
Oxybutynin Chloride Tab ER 24HR 15 MG	G			0.11220	5/1/2023	
Oxybutynin Chloride Tab ER 24HR 5 MG	G			0.08576	4/1/2023	
Oxycodone HCl Cap 5 MG	G			0.45380	6/2/2023	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Oxycodone HCl Conc 100 MG/5ML (20 MG/ML)	G			1.30667	6/1/2018	
Oxycodone HCl Soln 5 MG/5ML	G			0.07970	6/1/2025	
Oxycodone HCl Tab 10 MG	G			0.10620	11/1/2023	
Oxycodone HCl Tab 15 MG	G			0.22474	1/2/2026	
Oxycodone HCl Tab 20 MG	G			0.18695	5/1/2023	
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 20 MG	G			4.24990	1/1/2021	
Oxycodone HCl Tab ER 12HR Deter 40 MG	G			5.67023	2/1/2023	
Oxycodone HCl Tab ER 12HR Deter 80 MG	G			9.46390	9/1/2018	
Oxycodone w/ Acetaminophen Tab 10-325 MG	G			0.13560	11/1/2023	
Oxycodone w/ Acetaminophen Tab 5-325 MG	G			0.07030	1/1/2022	
Oxycodone w/ Acetaminophen Tab 7.5-325 MG	G			0.13742	12/1/2025	
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 40 MG	G			14.14545	9/1/2022	
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 Tab ER 24HR 1.5 MG	G			1.56953	8/1/2023	
Paliperidone Tab ER 24HR 3 MG	G			1.50296	10/1/2023	
Paliperidone Tab ER 24HR 6 MG	G			1.04678	4/1/2026	
Paliperidone Tab ER 24HR 9 MG	G			2.71737	7/1/2023	
Pantoprazole Sodium EC Tab 20 MG (Base Equiv)	G			0.04411	2/1/2018	
Pantoprazole Sodium EC Tab 40 MG (Base Equiv)	G			0.03369	5/1/2026	
Paricalcitol Cap 1 MCG	G			0.94067	9/1/2018	
Paricalcitol Cap 2 MCG	G			2.00000	1/1/2019	
Paroxetine HCl Oral Susp 10 MG/5ML (Base Equiv)	G			1.22326	8/1/2023	
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			0.07636	3/1/2022	
Paroxetine HCl Tab 40 MG	G			0.05838	12/1/2020	
Paroxetine HCl Tab ER 24HR 12.5 MG	G			1.16723	7/1/2021	
Paroxetine HCl Tab ER 24HR 25 MG	G			0.72367	6/1/2022	
Paroxetine HCl Tab ER 24HR 37.5 MG	G			0.52566	12/1/2025	
Paroxetine Mesylate Cap 7.5 MG (Base Equiv)	G			3.75967	9/1/2020	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Pediatric Multiple Vitamins w/ Fl-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	
Pediatric Multiple Vitamins w/ Iron Chew Tab 15 MG**	G			0.04251	1/5/2011	
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			0.00411	11/1/2023	
PEG 3350-KCl-Sod Bicarb-NaCl For Soln 420 GM	G			0.00314	8/1/2018	
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	0.05593	9/1/2026	
Penicillin V Potassium Tab 500 MG	G			0.05740	2/1/2020	
Pentazocine w/ Naloxone HCl Tab 50-0.5 MG	G			1.07057	1/1/2009	
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	
Perphenazine Tab 16 MG	G			0.63256	7/1/2022	
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			0.21990	12/1/2023	
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			0.13560	5/1/2026	
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			0.06540	10/1/2021	
Phenobarbital Tab 100 MG	G			0.34036	10/1/2020	
Phenobarbital Tab 15 MG	G			0.06458	11/1/2025	
Phenobarbital Tab 16.2 MG	G			0.17470	8/1/2013	
Phenobarbital Tab 30 MG	G			0.16160	12/1/2019	
Phenobarbital Tab 32.4 MG	G			0.14700	12/1/2023	
Phenobarbital Tab 60 MG	G			0.21998	7/1/2020	
Phenobarbital Tab 64.8 MG	G			0.20890	2/1/2024	
Phenobarbital Tab 97.2 MG	G			0.18500	9/1/2023	
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 Liquid 2.5-1-5 MG/5ML	G			0.01466	12/1/2018	
Phenylephrine-Promethazine w/ Codeine Syrup 5-6.25-10 MG/5ML	G			0.21814	10/1/2017	
Phenytoin Chew Tab 50 MG	G			0.28324	5/13/2022	
Phenytoin Sodium Extended Cap 100 MG	G			0.11900	5/1/2026	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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			24.63668	2/1/2024	
Pilocarpine HCl Ophth Soln 1%	G			3.03837	6/1/2022	
Pilocarpine HCl Ophth Soln 2%	G			3.68000	1/1/2019	
Pilocarpine HCl Tab 5 MG	G			0.18468	5/1/2026	
Pilocarpine HCl Tab 7.5 MG	G			0.58523	3/1/2023	
Pimecrolimus Cream 1%	G			3.38649	8/1/2023	
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			0.05734	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-Glimepiride Tab 30-2 MG	G			6.57850	8/1/2022	
Pioglitazone HCl-Glimepiride Tab 30-4 MG	G			10.75527	1/1/2024	
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			0.10131	1/1/2026	
Piroxicam Cap 20 MG	G			0.23350	12/1/2018	
PLEGRIDY (Peginterferon Beta-1a Soln Prefilled Syringe 125 MCG/0.5ML)	B			6898.04700	1/1/2019	
PLEGRIDY STARTER PACK (Peginterferon Beta-1a Soln Pref Syr 63 & 94 MCG/0.5ML Pack)	B			6898.04700	1/1/2019	
PNV 27-CA/FE/FA (Prenatal Vit w/ Fe Fumarate-FA Tab 60-1 MG***)	B			0.17500	7/1/2013	
PNV PRENATAL PLUS MULTIVI (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)	B			0.17500	10/1/2013	
PNV-DHA (Prenat w/o A w/FeFum-Methfol-FA-DHA Cap 27-0.6-0.4-300 MG**)	B			0.17500	7/1/2013	
PNV-DHA+DOCUSATE (Prenatal w/o Vit A w/ Fe Fum-DSS-FA-DHA Cap 27-1.25-300 MG*)	B			0.17500	7/1/2013	
PNV-OMEGA (Prenat w/o A w/ Fe Fumarate-Methylfolate-FA-Omega 3 Cap***)	B			0.17500	7/1/2013	
PNV-SELECT (Prenatal Vit w/ Fe Fum-Methylfolate-FA Tab 27-0.6-0.4 MG***)	B			0.17500	7/1/2013	
Podofilox Soln 0.5%	G			8.57143	1/1/2020	
Polyethylene Glycol 3350 Oral Packet 17 GM	G			0.89286	4/1/2026	
Polyethylene Glycol 3350 Oral Powder 17 GM/SCOOP	G			0.02021	7/10/2025	
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			0.38700	8/1/2026	
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	
POMALYST (Pomalidomide Cap 1 MG)	B			688.93718	4/4/2017	
POMALYST (Pomalidomide Cap 2 MG)	B			688.93718	4/4/2017	
POMALYST (Pomalidomide Cap 3 MG)	B			688.93718	4/4/2017	
POMALYST (Pomalidomide Cap 4 MG)	B			688.93718	4/4/2017	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Posaconazole Tab Delayed Release 100 MG	G			7.24539	11/1/2023	
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			0.08140	8/1/2026	
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			0.15620	4/1/2023	
Potassium Chloride Microencapsulated Crys ER Tab 20 mEq	G			0.16676	2/1/2021	
Potassium Chloride Oral Soln 10% (20 MEQ/15ML)	G			0.05980	1/1/2024	
Potassium Chloride Oral Soln 20% (40 MEQ/15ML)	G			0.78222	9/1/2020	
Potassium Chloride Powder Packet 20 mEq	G			0.70426	8/1/2026	
Potassium Chloride Tab ER 10 mEq	G			0.08193	6/1/2025	
Potassium Chloride Tab ER 20 mEq (1500 MG)	G			0.19600	6/1/2023	
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			0.15784	4/1/2026	
Potassium Citrate Tab ER 15 MEQ (1620 MG)	G			0.28250	1/1/2024	
Potassium Citrate Tab ER 5 MEQ (540 MG)	G			0.23400	12/1/2023	
Pramipexole Dihydrochloride Tab 0.125 MG	G			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			0.05479	9/1/2021	
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			8.12700	6/1/2022	
Pramox-PE-Glycerin-Petrolatum Perianal Cream 1-0.25-14.4-15%	G			0.07947	9/1/2022	
Prasugrel HCl Tab 10 MG (Base Equiv)	G			0.24539	3/1/2022	
Prasugrel HCl Tab 5 MG (Base Equiv)	G			0.63000	5/1/2018	
Pravastatin Sodium Tab 10 MG	G			0.03285	2/1/2023	
Pravastatin Sodium Tab 20 MG	G		0.05223	0.04655	9/1/2026	
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			0.12706	2/1/2024	
Prazosin HCl Cap 2 MG	G			0.15170	12/1/2023	
Prazosin HCl Cap 5 MG	G			0.36400	5/1/2020	
Prednisolone Acetate Ophth Susp 1%	G			4.53400	2/1/2023	
Prednisolone Sod Phosphate Oral Soln 15 MG/5ML (Base Equiv)	G			0.05600	8/1/2026	
Prednisolone Sod Phosphate Oral Soln 5 MG/5ML (Base Equiv)	G			0.44281	9/1/2025	
Prednisolone Sodium Phosphate Ophth Soln 1%	G			1.13700	9/1/2011	
Prednisolone Soln 15 MG/5ML	G			0.13975	3/1/2023	
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	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Prednisone Tab 2.5 MG	G			0.03438	8/1/2011	
Prednisone Tab 20 MG	G			0.07530	11/1/2025	
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	
Prednisone Tab Therapy Pack 10 MG (48)	G			0.62189	1/1/2022	
Pregabalin Cap 100 MG	G			0.06233	6/1/2023	
Pregabalin Cap 150 MG	G			0.04989	8/1/2026	
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			0.05000	2/1/2022	
Pregabalin Cap 300 MG	G			0.07731	4/1/2023	
Pregabalin Cap 50 MG	G			0.05611	4/1/2023	
Pregabalin Cap 75 MG	G			0.06000	4/1/2021	
Pregabalin Soln 20 MG/ML	G			0.13742	3/1/2026	
PRENAISSANCE (Prenatal w/o Vit A w/ Fe Fum-DSS-FA-DHA Cap 29-1.25-325 MG*)	B			0.17500	7/1/2013	
PRENAISSANCE PLUS (Prenatal w/o A w/Fe Cbn-DSS-FA-DHA Cap 28-1-250 MG***)	B			0.17500	7/1/2013	
PRENATABS FA (Prenatal Vit w/ Fe Fumarate-FA Tab 29-1 MG***)	B			0.17500	7/1/2013	
PRENATABS RX (Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG***)	B			0.17500	7/1/2013	
PRENATAL (Prenatal Multivitamins & Minerals w/Iron & FA Tab 0.8 MG***)	B			0.17500	7/1/2013	
PRENATAL (Prenatal Vit w/ Fe Fumarate-FA Tab 27-0.8 MG***)	B			0.17500	7/1/2013	
PRENATAL (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)	B			0.17500	10/1/2013	
PRENATAL (Prenatal Vit w/ Fe Fumarate-FA Tab 28-0.8 MG***)	B			0.17500	7/1/2013	
PRENATAL (Prenatal Vit w/ Fe Fumarate-FA Tab 6.75-0.2 MG***)	B			0.17500	7/1/2013	
PRENATAL 19 (Prenatal Vit w/ DSS-Fe Fumarate-FA Tab 29-1 MG***)	B			0.17500	7/1/2013	
PRENATAL 19 (Prenatal Vit w/ Fe Fumarate-FA Chew Tab 29-1 MG***)	B			0.17500	7/1/2013	
PRENATAL AND IRON (Prenatal Multivitamins & Minerals w/Iron & FA Tab 0.8 MG***)	B			0.17500	7/1/2013	
PRENATAL COMPLETE (Prenatal Vit w/ Fe Fumarate-FA Tab 14-0.4 MG***)	B			0.17500	7/1/2013	
PRENATAL FORMULA A-FREE (Prenatal w/o A Vit w/ Fe Fumarate-FA Tab 9-0.267 MG***)	B			0.17500	7/1/2013	
PRENATAL FORTE (Prenatal Multivitamins & Minerals w/Iron & FA Tab 0.8 MG***)	B			0.17500	7/1/2013	
PRENATAL MULTI + DHA (Prenatal MV & Min w/Fe Fum-FA-DHA Cap 27-0.8-250 MG***)	B			0.17500	7/1/2013	
PRENATAL MULTI +DHA (Prenatal Vit w/ Fe Fum-FA-Omega 3 Cap 27-0.8-228 MG***)	B			0.17500	7/1/2013	
PRENATAL MULTIVITAMIN (Prenatal Vit w/ Fe Fumarate-FA Tab 28-0.8 MG***)	B			0.17500	7/1/2013	
PRENATAL MULTIVITAMIN + D (Prenatal w/Fe Fum-FA Tab 28-0.8 MG & DHA Cap 200 MG Pack*)	B			0.17500	7/1/2013	
PRENATAL MULTIVITAMIN PLU (Prenatal Multivitamins & Minerals w/Iron & FA Tab 0.8 MG***)	B			0.17500	7/1/2013	
PRENATAL MULTIVITAMIN PLU (Prenatal MV & Min w/Fe Fum-FA-DHA Cap 27-0.8-250 MG***)	B			0.17500	7/1/2013	
PRENATAL MULTIVITAMIN PLU (Prenatal w/Fe Fum-FA Tab 28-0.975 MG & DHA Cap 200 MG Pack*)	B			0.17500	7/1/2013	
PRENATAL ONE DAILY (Prenatal Vit w/ Fe Fumarate-FA Tab 27-0.8 MG***)	B			0.17500	7/1/2013	
PRENATAL PLUS (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)	B			0.17500	10/1/2013	
PRENATAL PLUS VITAMIN AND (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)	B			0.17500	10/1/2013	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
PRENATAL VITAMIN & MINERA (Prenatal Vit w/ Fe Fumarate-FA Tab 28-0.8 MG***)	B			0.17500	7/1/2013	
PRENATAL VITAMIN/IRON (Prenatal Vit w/ Fe Fumarate-FA Tab 28-0.8 MG***)	B			0.17500	7/1/2013	
PRENATAL VITAMINS PLUS LO (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)	B			0.17500	10/1/2013	
PRENATAL+DHA (Prenatal w/Fe Fum-FA Tab 28-0.975 MG & DHA Cap 200 MG Pack*)	B			0.17500	7/1/2013	
PRENATAL-U (Prenatal w/o A Vit w/ Fe Fumarate-FA Cap 106.5-1 MG***)	B			0.17500	7/1/2013	
PRENATE (Prenat MV & Min w/ L-Methylfolate-FA Chew Tab 0.6-0.4 MG***)	B			0.17500	7/1/2013	
PRENATRIX (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)	B			0.17500	10/1/2013	
PRENATRYL (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)	B			0.17500	10/1/2013	
PRENATVITE RX (Prenatal Multivitamins & Minerals w/Iron & FA Tab 0.8 MG***)	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	
PRIVIGEN (Immune Globulin (Human) IV Soln 40 GM/400ML)	B			8.31000	7/1/2018	
Probenecid Tab 500 MG	G			0.37921	9/1/2011	
Prochlorperazine Maleate Tab 10 MG (Base Equivalent)	G		0.40412	0.16407	9/1/2026	
Prochlorperazine Maleate Tab 5 MG (Base Equivalent)	G			0.04463	6/1/2012	
Prochlorperazine Suppos 25 MG	G			2.49000	8/1/2012	
PROCRIT (Epoetin Alfa Inj 10000 Unit/ML)	B			165.13680	8/1/2021	
PROCRIT (Epoetin Alfa Inj 2000 Unit/ML)	B			33.02570	8/1/2021	
PROCRIT (Epoetin Alfa Inj 20000 Unit/ML)	B			330.27360	8/1/2021	
PROCRIT (Epoetin Alfa Inj 3000 Unit/ML)	B			49.54270	8/1/2021	
PROCRIT (Epoetin Alfa Inj 4000 Unit/ML)	B			66.05140	8/1/2021	
PROCRIT (Epoetin Alfa Inj 40000 Unit/ML)	B			1064.72400	8/1/2021	
PROFILNINE (Factor IX Complex For Inj 1000 Unit)	B			0.62220	3/16/2011	
PROFILNINE (Factor IX Complex For Inj 1500 Unit)	B			0.62220	3/16/2011	
PROFILNINE (Factor IX Complex For Inj 500 Unit)	B			0.62220	3/16/2011	
Progesterone Cap 100 MG	G			0.14020	6/1/2023	
Progesterone Cap 200 MG	G			0.35000	8/1/2025	
Progesterone IM in Oil 50 MG/ML	G			1.34654	8/1/2025	
PROMACTA (Eltrombopag Olamine Tab 12.5 MG (Base Equiv))	B			163.55881	1/15/2019	
PROMACTA (Eltrombopag Olamine Tab 25 MG (Base Equiv))	B			163.55881	1/15/2019	
PROMACTA (Eltrombopag Olamine Tab 50 MG (Base Equiv))	B			295.98929	1/15/2019	
PROMACTA (Eltrombopag Olamine Tab 75 MG (Base Equiv))	B			443.98393	1/15/2019	
Promethazine & Phenylephrine Syrup 6.25-5 MG/5ML	G			0.01547	3/1/2011	
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 Oral Soln 6.25 MG/5ML	G			0.03821	4/1/2026	
Promethazine HCl Suppos 12.5 MG	G			3.25170	8/1/2023	
Promethazine HCl Suppos 25 MG	G			2.40417	2/1/2024	
Promethazine HCl Tab 12.5 MG	G			0.04160	1/1/2018	
Promethazine HCl Tab 25 MG	G			0.03100	8/1/2026	
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	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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	
Propafenone HCl Cap ER 12HR 225 MG	G			1.88000	6/1/2020	
Propafenone HCl Cap ER 12HR 325 MG	G			1.69967	12/1/2021	
Propafenone HCl Cap ER 12HR 425 MG	G			2.29000	6/1/2019	
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	
Propranolol HCl Cap ER 24HR 120 MG	G			0.17950	1/1/2026	
Propranolol HCl Cap ER 24HR 160 MG	G			0.29940	11/1/2023	
Propranolol HCl Cap ER 24HR 60 MG	G			0.13940	1/1/2024	
Propranolol HCl Cap ER 24HR 80 MG	G			0.17950	8/1/2026	
Propranolol HCl Oral Soln 20 MG/5ML	G			0.07904	2/1/2020	
Propranolol HCl Oral Soln 40 MG/5ML	G			0.11015	6/1/2025	
Propranolol HCl Tab 10 MG	G			0.04559	11/1/2023	
Propranolol HCl Tab 20 MG	G			0.06150	11/1/2023	
Propranolol HCl Tab 40 MG	G			0.09938	8/4/2023	
Propranolol HCl Tab 60 MG	G			0.25040	6/1/2022	
Propranolol HCl Tab 80 MG	G			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 Syrup 30-2-10 MG/5ML	G			0.04217	12/1/2025	
Pseudoephedrine HCl Tab 30 MG	G			0.02110	11/1/2025	
Pseudoephedrine HCl Tab 60 MG	G			0.03220	4/1/2017	
Pseudoephedrine HCl Tab ER 12HR 120 MG	G			0.21000	9/1/2025	
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 58.6%	G			0.03530	9/18/2013	
Psyllium Powder 95%	G			0.03530	9/18/2013	
PULMOZYME (Dornase Alfa Inhal Soln 2.5 MG/2.5ML)	B			53.57200	3/2/2026	
PX PRENATAL MULTIVITAMINS (Prenatal Vit w/ Fe Fumarate-FA Tab 28-0.8 MG***)	B			0.17500	7/1/2013	
Pyrazinamide Tab 500 MG	G			1.89500	2/1/2019	
Pyrethrins-Piperonyl Butoxide Shampoo 0.33-4%	G			0.03455	3/1/2021	
Pyridostigmine Bromide Tab 60 MG	G			0.18080	8/1/2026	
Pyridostigmine Bromide Tab ER 180 MG	G			4.09133	11/1/2023	
Pyridoxine HCl Powder	G			0.24781	5/1/2011	
QC PRENATAL (Prenatal Vit w/ Fe Fumarate-FA Tab 28-0.8 MG***)	B			0.17500	7/1/2013	
Quetiapine Fumarate Tab 100 MG	G			0.02715	12/1/2018	
Quetiapine Fumarate Tab 200 MG	G			0.07230	12/1/2018	
Quetiapine Fumarate Tab 25 MG	G			0.02249	8/1/2026	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Quetiapine Fumarate Tab 300 MG	G			0.10610	3/1/2022	
Quetiapine Fumarate Tab 400 MG	G			0.11763	8/1/2026	
Quetiapine Fumarate Tab 50 MG	G			0.03800	11/1/2020	
Quetiapine Fumarate Tab ER 24HR 150 MG	G			0.10817	4/1/2020	
Quetiapine Fumarate Tab ER 24HR 200 MG	G			0.15746	7/1/2026	
Quetiapine Fumarate Tab ER 24HR 300 MG	G			0.16666	9/1/2025	
Quetiapine Fumarate Tab ER 24HR 400 MG	G			0.20000	9/1/2025	
Quetiapine Fumarate Tab ER 24HR 50 MG	G			0.06908	8/1/2026	
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	
RA PRENATAL (Prenatal Vit w/ Fe Fumarate-FA Tab 28-0.8 MG***)	B			0.17500	7/1/2013	
RA PRENATAL FORMULA/FOLIC (Prenatal Vit w/ Fe Fumarate-FA Tab 28-0.8 MG***)	B			0.17500	7/1/2013	
Rabeprazole Sodium EC Tab 20 MG	G			0.19089	4/1/2020	
Raloxifene HCl Tab 60 MG	G			0.23433	1/1/2022	
Ramelteon Tab 8 MG	G			1.17703	9/1/2022	
Ramipril Cap 1.25 MG	G			0.08994	12/1/2023	
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	
Ranitidine HCl Tab 150 MG	G			0.03095	1/1/2009	
Ranitidine HCl Tab 300 MG	G			0.04160	1/1/2012	
Ranolazine Tab ER 12HR 1000 MG	G			0.24806	1/1/2026	
Ranolazine Tab ER 12HR 500 MG	G			0.15529	1/1/2026	
Rasagiline Mesylate Tab 1 MG (Base Equiv)	G			1.78983	3/1/2023	
RASUVO (Methotrexate Soln PF Auto-Injector 20 MG/0.4ML)	B			366.89112	8/17/2016	
REBINYN (Coagulation Factor IX Recomb Glycopegylated For Inj 1000 Unt)	B			1.30000	7/1/2018	
REBINYN (Coagulation Factor IX Recomb Glycopegylated For Inj 2000 Unt)	B			1.30000	7/1/2018	
REBINYN (Coagulation Factor IX Recomb Glycopegylated For Inj 500 Unt)	B			1.30000	7/1/2018	
RECOMBINATE (Antihemophilic Factor Recomb (rFVIII) For Inj 1241-1800 Unit)	B			1.02000	3/16/2011	
RECOMBINATE (Antihemophilic Factor Recomb (rFVIII) For Inj 1801-2400 Unit)	B	RECOMBINATE INJ		1.02000	10/1/2013	NDC-specific SMAC
RECOMBINATE (Antihemophilic Factor Recomb (rFVIII) For Inj 220-400 Unit)	B	RECOMBINATE INJ 220-400		1.02000	10/1/2013	NDC-specific SMAC
RECOMBINATE (Antihemophilic Factor Recomb (rFVIII) For Inj 401-800 Unit)	B	RECOMBINATE INJ 401-800		1.02000	10/1/2013	NDC-specific SMAC
RECOMBINATE (Antihemophilic Factor Recomb (rFVIII) For Inj 801-1240 Unit)	B	RECOMBINATE INJ 801-1240		1.02000	10/1/2013	NDC-specific SMAC
RELEVIA (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)	B			0.17500	10/1/2013	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
RELNATE DHA (Prenatal Vit w/ Fe Fum-FA-Omega 3 Cap 28-1-200 MG***)	B			0.17500	7/1/2013	
REMICADE (Infliximab For IV Inj 100 MG)	B			1163.14540	2/9/2017	
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	
REPATHA (Evolocumab Subcutaneous Soln Prefilled Syringe 140 MG/ML)	B			243.61688	8/1/2022	
REPATHA SURECLICK (Evolocumab Subcutaneous Soln Auto-Injector 140 MG/ML)	B			240.31770	10/29/2024	
REVATIO (Sildenafil Citrate Tab 20 MG)	B			47.50444	1/1/2018	
REVLIMID (Lenalidomide Cap 10 MG)	B			716.94052	1/3/2019	
REYATAZ (Atazanavir Sulfate Cap 200 MG (Base Equiv))	B			24.29009	1/1/2017	
REYATAZ (Atazanavir Sulfate Cap 300 MG (Base Equiv))	B			48.12064	1/1/2017	
RHOGAM ULTRA-FILTERED PLU (Rho D Immune Globulin IM Soln Pref Syr 1500 Unit (300MCG))	B			75.96392	6/1/2018	
RHOPHYLAC (Rho D Immune Globulin Sol Pref Syr 1500 Unt/2ML (300MCG/2ML))	B			72.60840	4/29/2015	
RIASTAP (Fibrinogen Conc (Human) Inj Approximately 1 GM (900-1300 MG))	B			1.16200	1/1/2016	
Ribavirin Cap 200 MG	G			0.58585	10/1/2013	
Ribavirin Tab 200 MG	G			0.57662	11/1/2021	
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			0.41917	10/1/2021	
RIGHT STEP PRENATAL (Prenatal Vit w/ Fe Fumarate-FA Tab 27-0.8 MG***)	B			0.17500	7/1/2013	
Riluzole Tab 50 MG	G			0.28500	5/1/2020	
Risedronate Sodium Tab 150 MG	G			11.97694	11/1/2023	
Risedronate Sodium Tab 30 MG	G			29.56000	8/1/2016	
Risedronate Sodium Tab 35 MG	G			1.40500	7/1/2023	
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 0.25 MG	G			2.97987	2/1/2023	
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			2.15000	8/1/2025	
Risperidone Soln 1 MG/ML	G			0.36570	12/18/2023	
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			0.03611	7/1/2023	
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 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	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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	
Rivastigmine TD Patch 24HR 13.3 MG/24HR	G			1.75920	7/1/2023	
Rivastigmine TD Patch 24HR 4.6 MG/24HR	G			1.79500	3/1/2020	
Rivastigmine TD Patch 24HR 9.5 MG/24HR	G			2.09089	9/1/2022	
RIXUBIS (Coagulation Factor IX (Recombinant) For Inj 1000 Unit)	B			1.20100	12/1/2016	
RIXUBIS (Coagulation Factor IX (Recombinant) For Inj 2000 Unit)	B			1.10000	12/1/2016	
RIXUBIS (Coagulation Factor IX (Recombinant) For Inj 250 Unit)	B			1.10000	12/1/2016	
RIXUBIS (Coagulation Factor IX (Recombinant) For Inj 3000 Unit)	B			1.10000	12/1/2016	
RIXUBIS (Coagulation Factor IX (Recombinant) For Inj 500 Unit)	B			1.10000	12/1/2016	
Rizatriptan Benzoate Oral Disintegrating Tab 10 MG (Base Eq)	G			0.40444	1/1/2023	
Rizatriptan Benzoate Oral Disintegrating Tab 5 MG (Base Eq)	G			0.45034	7/1/2023	
Rizatriptan Benzoate Tab 10 MG (Base Equivalent)	G			0.34695	5/1/2026	
Rizatriptan Benzoate Tab 5 MG (Base Equivalent)	G			0.43333	5/1/2020	
Roflumilast Tab 500 MCG	G			0.29444	9/1/2025	
Ropinirole Hydrochloride Tab 0.25 MG	G			0.04812	9/1/2021	
Ropinirole Hydrochloride Tab 0.5 MG	G			0.03706	4/1/2023	
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			0.45889	9/1/2022	
Ropinirole Hydrochloride Tab ER 24HR 4 MG (Base Equivalent)	G			1.18656	9/1/2017	
Ropinirole Hydrochloride Tab ER 24HR 6 MG (Base Equivalent)	G			1.06633	9/1/2021	
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			0.06435	11/1/2025	
Rosuvastatin Calcium Tab 5 MG	G			0.04533	8/1/2021	
RUCONEST (C1 Esterase Inhibitor (Recombinant) For IV Inj 2100 Unit)	B			5685.47676	11/1/2016	
Rufinamide Susp 40 MG/ML	G			1.58352	8/1/2022	
Rufinamide Tab 200 MG	G			2.79106	8/1/2022	
Rufinamide Tab 400 MG	G			4.94490	8/1/2022	
SABRIL (Vigabatrin Powd Pack 500 MG)	B			145.53293	1/7/2019	
SABRIL (Vigabatrin Tab 500 MG)	B			145.53283	1/7/2019	
Sacubitril-Valsartan Tab 97-103 MG	G			1.20000	7/1/2026	
SAIZEN (Somatropin (Non-Refrigerated) For Inj 5 MG)	B			617.90844	1/11/2019	
SAIZEN (Somatropin (Non-Refrigerated) For Inj 8.8 MG)	B			988.65948	1/11/2019	
Saline Nasal Spray 0.65%	G			0.14407	8/1/2013	
Salsalate Tab 500 MG	G			0.16072	7/1/2023	
Salsalate Tab 750 MG	G			0.60680	6/1/2018	
SANDOSTATIN (Octreotide Acetate Inj 50 MCG/ML (0.05 MG/ML))	B			13.78381	1/5/2016	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
SANDOSTATIN (Octreotide Acetate Inj 500 MCG/ML (0.5 MG/ML))	B			128.96042	1/5/2016	
SANDOSTATIN LAR DEPOT (Octreotide Acetate For IM Inj Kit 30 MG)	B			6360.59544	1/15/2019	
SAPHRIS (Asenapine Maleate SL Tab 10 MG (Base Equiv))	B			19.93344	2/28/2018	
SAPHRIS (Asenapine Maleate SL Tab 5 MG (Base Equiv))	B			19.93340	3/5/2018	
Sapropterin Dihydrochloride Powder Packet 500 MG	G			99.09360	2/1/2024	
Scopolamine TD Patch 72HR 1 MG/3DAYS	G			6.84344	12/1/2023	
SELECT-OB (Prenatal Vit w/ Fe Polysac Cmplx-FA Chew Tab 29-1 MG***)	B			0.17500	7/1/2013	
SELECT-OB+DHA (Prenatal MV w/Fe Poly-FA Chw 29-1 MG & DHA Cap 250 MG Pak *)	B			0.17500	7/1/2013	
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			0.04300	8/1/2026	
Selenium Sulfide Shampoo 2.25%	G			0.19033	4/1/2021	
SE-NATAL 19 (Prenatal Vit w/ DSS-Fe Fumarate-FA Tab 29-1 MG***)	B			0.17500	7/1/2013	
SE-NATAL 19 (Prenatal Vit w/ Fe Fumarate-FA Chew Tab 29-1 MG***)	B			0.17500	7/1/2013	
Sennosides Syrup 8.8 MG/5ML	G			0.02996	9/1/2025	
Sennosides Syrup 8.8 MG/5ML	G			0.02996	9/1/2025	
Sennosides Tab 8.6 MG	G			0.01000	11/1/2025	
Sennosides-Docusate Sodium Tab 8.6-50 MG	G			0.01893	1/5/2011	
SENSIPAR (Cinacalcet HCl Tab 60 MG (Base Equiv))	B			53.56488	1/12/2017	
SEROQUEL XR (Quetiapine Fumarate Tab ER 24HR 150 MG)	B			13.92674	1/1/2015	
SEROQUEL XR (Quetiapine Fumarate Tab ER 24HR 200 MG)	B			16.55460	1/1/2016	
SEROQUEL XR (Quetiapine Fumarate Tab ER 24HR 300 MG)	B			21.70531	9/27/2016	
SEROQUEL XR (Quetiapine Fumarate Tab ER 24HR 400 MG)	B			23.61946	1/1/2015	
SEROQUEL XR (Quetiapine Fumarate Tab ER 24HR 50 MG)	B			7.75617	1/1/2015	
SEROSTIM (Somatropin (Non-Refrigerated) For Subcutaneous Inj 5 MG)	B			432.33372	1/11/2019	
Sertraline HCl Oral Concentrate for Solution 20 MG/ML	G			0.79300	1/16/2023	
Sertraline HCl Tab 100 MG	G			0.03547	4/1/2023	
Sertraline HCl Tab 25 MG	G			0.02868	7/1/2023	
Sertraline HCl Tab 50 MG	G			0.02364	8/1/2023	
Sevelamer Carbonate Packet 0.8 GM	G			4.28722	3/1/2020	
Sevelamer Carbonate Packet 2.4 GM	G			2.64130	8/1/2023	
Sevelamer Carbonate Tab 800 MG	G			0.22360	7/1/2022	
Sevelamer HCl Tab 800 MG	G			2.16089	5/1/2023	
Sildenafil Citrate For Suspension 10 MG/ML	G			0.06025	7/1/2025	
Sildenafil Citrate Tab 20 MG	G			0.06656	1/1/2021	
Silodosin Cap 8 MG	G			0.58000	6/1/2020	
Silver Sulfadiazine Cream 1%	G			0.10780	12/1/2025	
Simethicone Cap 125 MG	G			0.04500	10/1/2025	
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	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
SIMILAC PRENATAL EARLY SH (Prenatal w/Fe Fum-FA Tab 27-0.8 MG & DHA Cap 200 MG Pack *)	B			0.17500	7/1/2013	
SIMPONI (Golimumab Subcutaneous Soln Auto-injector 100 MG/ML)	B			5508.27840	1/10/2019	
SIMPONI (Golimumab Subcutaneous Soln Auto-injector 50 MG/0.5ML)	B			9579.56784	1/10/2019	
SIMPONI (Golimumab Subcutaneous Soln Prefilled Syringe 100 MG/ML)	B			5508.27840	1/10/2019	
SIMPONI (Golimumab Subcutaneous Soln Prefilled Syringe 50 MG/0.5ML)	B			9579.56784	1/10/2019	
Simvastatin Tab 10 MG	G			0.02161	12/1/2021	
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			1.45320	5/1/2026	
Sirolimus Tab 1 MG	G			1.23355	1/1/2026	
Sirolimus Tab 2 MG	G			13.50950	8/1/2022	
SM ONE DAILY PRENATAL (Prenat w/ Fe Fum-FA Tab 28-0.8 MG & Omega 3 Cap 440MG Pak*)	B			0.17500	7/1/2013	
SM PRENATAL VITAMINS (Prenatal Vit w/ Fe Fumarate-FA Tab 28-0.8 MG***)	B			0.17500	7/1/2013	
Sodium Bicarbonate IV Soln 8.4%	G			0.22510	10/11/2016	
Sodium Bicarbonate Tab 325 MG	G			0.01285	10/1/2025	
Sodium Bicarbonate Tab 650 MG	G			0.01069	12/1/2025	
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			0.00525	8/1/2026	
Sodium Chloride Preservative Free (PF) Inj 0.9%	G			0.06960	4/1/2020	
Sodium Citrate & Citric Acid Soln 500-334 MG/5ML	G			0.01621	6/1/2026	
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			0.03740	10/1/2021	
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 Paste 1.1%	G			0.11185	7/1/2022	
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			0.10320	2/1/2026	
Sodium Fluoride-Potassium Nitrate Gel 1.1-5%	G			0.09765	6/1/2022	
Sodium Phosphate Monobasic-Sodium Phos Dibasic Enema***	G			0.00691	9/1/2026	
Sodium Polystyrene Sulfonate Powder**	G			0.08976	3/1/2019	
Solifenacin Succinate Tab 10 MG	G		0.15733	0.14444	9/1/2026	
Solifenacin Succinate Tab 5 MG	G			0.17658	12/1/2021	
Sotalol HCl (AFIB/AFL) Tab 120 MG	G			0.07073	5/1/2023	
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			0.07073	5/1/2023	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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	
SOVALDI (Sofosbuvir Tab 400 MG)	B			996.00000	3/1/2014	
Spinosad Susp 0.9%	G			2.13491	6/1/2026	
Spironolactone & Hydrochlorothiazide Tab 25-25 MG	G			0.52198	1/1/2024	
Spironolactone Powder	G			2.34000	6/1/2010	
Spironolactone Tab 100 MG	G			0.14450	8/1/2026	
Spironolactone Tab 25 MG	G			0.03810	5/1/2023	
Spironolactone Tab 50 MG	G			0.08910	12/1/2020	
STELARA (Ustekinumab Inj 45 MG/0.5ML)	B			21916.60152	1/10/2019	
STELARA (Ustekinumab Soln Prefilled Syringe 45 MG/0.5ML)	B			21916.60152	1/10/2019	
STELARA (Ustekinumab Soln Prefilled Syringe 90 MG/ML)	B			22251.86000	10/1/2020	
STRENSIQ (Asfotase Alfa Subcutaneous Inj 18 MG/0.45ML)	B			2848.56000	2/1/2018	
STRENSIQ (Asfotase Alfa Subcutaneous Inj 28 MG/0.7ML)	B			2848.56000	2/1/2018	
STRENSIQ (Asfotase Alfa Subcutaneous Inj 40 MG/ML)	B			2848.56000	2/1/2018	
STRENSIQ (Asfotase Alfa Subcutaneous Inj 80 MG/0.8ML)	B			7121.40000	2/1/2018	
STRIBILD (Elvitegrav-Cobic-Emtricitab-TenofovDF Tab 150-150-200-300 MG)	B			95.96593	11/1/2016	
SUCRAID (Sacrosidase Soln 8500 Unit/ML)	B			25.79174	12/19/2012	
Sucralfate Susp 1 GM/10ML	G			0.10917	3/1/2026	
Sucralfate Tab 1 GM	G			0.15242	5/1/2026	
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 Ophth Soln 10%	G			1.92933	7/1/2021	
Sulfacetamide Sodium w/ Sulfur Cleanser 10-5%	G			0.13728	6/1/2022	
Sulfacetamide Sodium w/ Sulfur Cream 10-5%	G			3.12786	4/1/2020	
Sulfacetamide Sodium-Prednisolone Ophth Soln 10-0.23(0.25)%	G			2.72000	3/1/2020	
Sulfamethoxazole-Trimethoprim Susp 200-40 MG/5ML	G			0.04983	4/1/2026	
Sulfamethoxazole-Trimethoprim Tab 400-80 MG	G			0.04490	9/1/2019	
Sulfamethoxazole-Trimethoprim Tab 800-160 MG	G			0.04000	8/1/2026	
Sulfasalazine Tab 500 MG	G			0.18467	8/18/2022	
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			16.25667	5/1/2023	
Sumatriptan Nasal Spray 5 MG/ACT	G			26.68788	8/1/2023	
Sumatriptan Succinate Inj 6 MG/0.5ML	G			13.01000	11/1/2023	
Sumatriptan Succinate Solution Auto-injector 4 MG/0.5ML	G			112.69915	11/1/2023	
Sumatriptan Succinate Solution Auto-injector 6 MG/0.5ML	G			57.76441	11/1/2022	
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			0.31879	8/1/2026	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Sumatriptan Succinate Tab 25 MG	G			0.27111	2/1/2023	
Sumatriptan Succinate Tab 50 MG	G			0.30392	8/1/2026	
SUPPRELIN LA (Histrelin Acetate (CPP) Implant Kit 50 MG)	B			17720.78220	4/1/2014	
SUSTIVA (Efavirenz Tab 600 MG)	B			32.55648	1/1/2017	
SYNAGIS (Palivizumab IM Soln 100 MG/ML)	B			3205.53000	10/31/2022	
SYNAGIS (Palivizumab IM Soln 50 MG/0.5ML)	B			3394.33000	10/31/2022	
SYPRINE (Trientine HCl Cap 250 MG)	B			197.03934	7/18/2014	
SYRSPEND SF (Oral Vehicles***)	B			0.00381	11/1/2013	
Tacrolimus Cap 0.5 MG	G			0.15224	11/1/2022	
Tacrolimus Cap 1 MG	G			0.17898	12/1/2023	
Tacrolimus Cap 5 MG	G			0.39610	9/1/2018	
Tacrolimus Oint 0.03%	G			0.91333	9/1/2025	
Tacrolimus Oint 0.1%	G			1.31033	1/1/2024	
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			0.23642	6/1/2022	
Tadalafil Tab 20 MG (PAH)	G			0.46283	3/1/2020	
Tadalafil Tab 5 MG	G			0.19767	10/1/2020	
TAFINLAR (Dabrafenib Mesylate Cap 50 MG (Base Equivalent))	B			67.15563	1/15/2019	
TAFINLAR (Dabrafenib Mesylate Cap 75 MG (Base Equivalent))	B			86.54684	1/15/2019	
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	
Tamsulosin HCl Cap 0.4 MG	G			0.04014	7/1/2021	
Tazarotene Cream 0.1%	G			2.19546	11/1/2023	
TECFIDERA (Dimethyl Fumarate Capsule Delayed Release 120 MG)	B			129.60806	1/1/2019	
TECFIDERA (Dimethyl Fumarate Capsule Delayed Release 240 MG)	B			144.03750	4/1/2023	
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			2.16666	11/1/2025	
Temazepam Cap 30 MG	G			0.07112	12/1/2023	
Temazepam Cap 7.5 MG	G			0.74133	10/1/2023	
Temozolomide Cap 100 MG	G			8.14450	6/1/2022	
Temozolomide Cap 140 MG	G			11.93613	8/1/2022	
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	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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			0.26666	3/1/2026	
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			0.97509	5/1/2026	
Terconazole Vaginal Suppos 80 MG	G			12.70933	7/1/2023	
Testosterone Cypionate IM Inj in Oil 200 MG/ML	G			10.33967	2/1/2024	
Testosterone TD Gel 20.25 MG/ACT (1.62%)	G			0.52000	10/1/2023	
Testosterone TD Gel 25 MG/2.5GM (1%)	G			1.57769	11/1/2025	
Testosterone TD Gel 40.5 MG/2.5GM (1.62%)	G			2.23400	9/1/2021	
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	G			1.83349	11/1/2022	
Tetracycline HCl Cap 250 MG	G			1.20000	5/1/2021	
Tetracycline HCl Cap 500 MG	G			0.60350	11/1/2025	
Theophylline Tab ER 12HR 100 MG	G			0.42510	2/9/2015	
Theophylline Tab ER 12HR 200 MG	G			0.17477	1/1/2009	
Theophylline Tab ER 12HR 300 MG	G			1.77492	8/1/2023	
Theophylline Tab ER 12HR 450 MG	G			3.92240	7/1/2022	
Theophylline Tab ER 24HR 400 MG	G			0.41220	10/1/2017	
Theophylline Tab ER 24HR 600 MG	G			1.12840	3/1/2020	
THERANATAL COMPLETE (Prenatal w/Fe Fum-FA Tab 27-1 MG & Vit-DHA Cap 300 MG Pak *)	B			0.17500	7/1/2013	
THERANATAL CORE NUTRITION (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)	B			0.17500	10/1/2013	
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	
THRIVITE RX (Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG***)	B			0.17500	7/1/2013	
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			0.67220	1/15/2026	
Thyroid Tab 90 MG (1 1/2 Grain)	G			1.06177	1/15/2026	
Tiagabine HCl Tab 2 MG	G			1.97467	9/1/2025	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Tiagabine HCl Tab 4 MG	G			3.59993	6/1/2022	
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			0.32867	5/1/2026	
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			0.26287	8/1/2021	
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	
TOBI (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	0.80100	9/1/2026	
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	
Tobramycin Sulfate Inj 2 GM/50ML (40 MG/ML) (Base Equiv)	G			0.67297	8/4/2010	
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			5.68573	9/1/2025	
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			0.44683	9/1/2023	
Tolterodine Tartrate Cap ER 24HR 4 MG	G			0.37328	9/1/2023	
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 100 MG	G			12.82711	8/1/2026	
Topiramate Cap ER 24HR 200 MG	G			28.13100	8/1/2026	
Topiramate Cap ER 24HR 25 MG	G			7.96800	8/1/2026	
Topiramate Cap ER 24HR 50 MG	G			10.95184	12/1/2023	
Topiramate Cap ER 24HR Sprinkle 100 MG	G			10.65000	6/19/2023	
Topiramate Cap ER 24HR Sprinkle 150 MG	G			13.54066	8/1/2023	
Topiramate Cap ER 24HR Sprinkle 25 MG	G			5.17067	4/1/2017	
Topiramate Cap ER 24HR Sprinkle 50 MG	G			4.42267	4/1/2026	
Topiramate Sprinkle Cap 15 MG	G			0.19343	4/1/2017	
Topiramate Sprinkle Cap 25 MG	G			0.44017	8/19/2022	
Topiramate Tab 100 MG	G			0.03100	8/1/2026	
Topiramate Tab 200 MG	G			0.07918	3/1/2022	
Topiramate Tab 25 MG	G			0.02180	7/1/2021	
Topiramate Tab 50 MG	G			0.02333	6/1/2020	
Torsemide Tab 10 MG	G		0.04670	0.04500	9/1/2026	
Torsemide Tab 100 MG	G			0.12655	12/1/2018	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Torsemide Tab 20 MG	G			0.06504	8/1/2026	
Torsemide Tab 5 MG	G			0.04710	9/1/2020	
TRACLEER (Bosentan Tab 125 MG)	B			193.08456	1/11/2019	
TRACLEER (Bosentan Tab 62.5 MG)	B			193.08456	1/11/2019	
Tramadol HCl Tab 50 MG	G			0.01633	8/1/2021	
Tramadol HCl Tab ER 24HR 100 MG	G		1.07000	0.81290	9/1/2026	
Tramadol HCl Tab ER 24HR 200 MG	G			1.30933	10/1/2017	
Tramadol HCl Tab ER 24HR 300 MG	G			1.70954	11/1/2022	
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	
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	
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			20.27761	6/1/2023	
Trazodone HCl Tab 100 MG	G			0.04192	1/1/2021	
Trazodone HCl Tab 150 MG	G		0.08670	0.07614	9/1/2026	
Trazodone HCl Tab 300 MG	G			1.35000	10/1/2023	
Trazodone HCl Tab 50 MG	G		0.03120	0.03054	9/1/2026	
Tretinoin Cap 10 MG	G			10.73980	6/1/2019	
Tretinoin Cream 0.025%	G			0.60000	7/1/2026	
Tretinoin Cream 0.05%	G		1.50636	1.36074	9/1/2026	
Tretinoin Cream 0.1%	G			1.89179	9/1/2022	
Tretinoin Gel 0.01%	G		3.18981	2.45561	9/1/2026	
Tretinoin Gel 0.025%	G			1.00804	7/1/2013	
Tretinoin Gel 0.05%	G			3.35243	5/1/2026	
Tretinoin Microsphere Gel 0.04%	G			6.14978	8/1/2023	
Tretinoin Microsphere Gel 0.1%	G			7.32052	8/1/2025	
TRETTEN (Coagulation Factor XIII A-Subunit For Inj 2500 Unit)	B			10.24000	7/1/2020	
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			0.04204	12/1/2025	
Triamcinolone Acetonide Cream 0.5%	G			0.16989	2/1/2023	
Triamcinolone Acetonide Dental Paste 0.1%	G		3.69400	2.77800	9/1/2026	
Triamcinolone Acetonide Lotion 0.025%	G		0.41583	0.35200	9/1/2026	
Triamcinolone Acetonide Lotion 0.1%	G			0.34417	8/1/2020	
Triamcinolone Acetonide Oint 0.025%	G			0.03250	1/1/2010	
Triamcinolone Acetonide Oint 0.05%	G			1.01692	6/1/2022	
Triamcinolone Acetonide Oint 0.1%	G			0.05506	12/1/2025	
Triamcinolone Acetonide Oint 0.5%	G			0.19933	8/1/2020	
Triamterene & Hydrochlorothiazide Cap 37.5-25 MG	G			0.04697	1/1/2018	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Triamterene & Hydrochlorothiazide Tab 37.5-25 MG	G		0.04515	0.03890	9/1/2026	
Triamterene & Hydrochlorothiazide Tab 75-50 MG	G			0.04310	1/28/2008	
Triamterene Cap 50 MG	G			5.83737	7/1/2022	
Triazolam Tab 0.125 MG	G		0.20610	0.20500	9/1/2026	
Triazolam Tab 0.25 MG	G		0.12500	0.12000	9/1/2026	
TRICARE (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)	B			0.17500	10/1/2013	
Trifluoperazine HCl Tab 10 MG (Base Equivalent)	G		1.32850	1.27292	9/1/2026	
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 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	
TRINATAL RX 1 (Prenatal Vit w/ Fe Fumarate-FA Tab 60-1 MG***)	B			0.17500	7/1/2013	
TRINATE (Prenatal Vit w/ Fe Fumarate-FA Tab 28-1 MG***)	B			0.17500	7/1/2013	
TRIZIVIR (Abacavir Sulfate-Lamivudine-Zidovudine Tab 300-150-300 MG)	B			26.06185	12/19/2012	
Tropicamide Ophth Soln 1%	G			0.40633	5/1/2021	
Trospium Chloride Cap ER 24HR 60 MG	G			2.29204	7/1/2022	
Trospium Chloride Tab 20 MG	G			0.25217	6/1/2019	
TRUVADA (Emtricitabine-Tenofovir Disoproxil Fumarate Tab 200-300 MG)	B			63.29248	4/26/2016	
TYLENOL EXTRA STRENGTH (Acetaminophen Tab 500 MG)	B			0.01031	7/1/2013	
TYSABRI (Natalizumab for IV Inj Conc 300 MG/15ML)	B			439.57929	7/1/2019	
UPTRAVI (Selexipag Tab 1000 MCG)	B			290.47344	1/11/2019	
UPTRAVI (Selexipag Tab 1200 MCG)	B			290.47344	1/11/2019	
UPTRAVI (Selexipag Tab 1400 MCG)	B			290.47344	1/11/2019	
UPTRAVI (Selexipag Tab 1600 MCG)	B			290.47344	1/11/2019	
UPTRAVI (Selexipag Tab 200 MCG)	B			186.77988	1/11/2019	
UPTRAVI (Selexipag Tab 400 MCG)	B			290.47344	1/11/2019	
UPTRAVI (Selexipag Tab 600 MCG)	B			290.47344	1/11/2019	
UPTRAVI (Selexipag Tab 800 MCG)	B			290.47344	1/11/2019	
UPTRAVI TITRATION PACK (Selexipag Tab Therapy Pack 200 MCG (140) & 800 MCG (60))	B			130.74492	1/11/2019	
Urea Cream 40%	G			0.32853	6/1/2020	
Urea Lotion 40%	G			0.07778	1/1/2019	
Ursodiol (Bulk) Powder	G			1.52880	9/1/2010	
Ursodiol Cap 300 MG	G			0.35875	11/1/2025	
Ursodiol Tab 250 MG	G			0.56460	9/1/2018	
Ursodiol Tab 500 MG	G			0.54779	1/1/2026	
Valacyclovir HCl Tab 1 GM	G		0.37833	0.36540	9/1/2026	
Valacyclovir HCl Tab 500 MG	G			0.18200	8/1/2019	
VALCYTE (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	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Valganciclovir HCl Tab 450 MG (Base Equivalent)	G			2.93250	1/1/2022	
Valproate Sodium Oral Soln 250 MG/5ML (Base Equiv)	G		0.01063	0.01027	9/1/2026	
Valproic Acid Cap 250 MG	G		0.12720	0.12700	9/1/2026	
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 (Base Equivalent)	G			1.11850	9/1/2023	
Vancomycin HCl Cap 250 MG (Base Equivalent)	G			2.36700	10/1/2023	
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	
Varenicline Tartrate Tab 1 MG (Base Equiv)	G			5.57911	1/1/2022	
Varenicline Tartrate Tab 11 x 0.5 MG & 42 x 1 MG Start Pack	G			0.51302	11/1/2025	
VELCADE (Bortezomib For Inj 3.5 MG)	B			1596.58800	11/1/2016	
Venlafaxine HCl Cap ER 24HR 150 MG (Base Equivalent)	G			0.10167	5/1/2026	
Venlafaxine HCl Cap ER 24HR 37.5 MG (Base Equivalent)	G			0.07778	7/1/2025	
Venlafaxine HCl Cap ER 24HR 75 MG (Base Equivalent)	G			0.07889	5/1/2026	
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	
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			0.93421	7/1/2023	
Venlafaxine HCl Tab ER 24HR 225 MG (Base Equivalent)	G			2.52758	1/1/2023	
Venlafaxine HCl Tab ER 24HR 37.5 MG (Base Equivalent)	G			2.55183	2/1/2023	
Venlafaxine HCl Tab ER 24HR 75 MG (Base Equivalent)	G			0.49178	12/1/2023	
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	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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	
Vilazodone HCl Tab 10 MG	G			0.73810	6/1/2026	
Vilazodone HCl Tab 20 MG	G			0.73801	7/1/2026	
Vilazodone HCl Tab 40 MG	G			0.97894	11/1/2025	
VINATE CARE (Prenatal w/o A Vit w/ Fe Fum-FA Tab Chew 40-1 MG***)	B			0.17500	7/1/2013	
VINATE DHA RF (Prenat w/o A w/FeFum-Methylfol-Omegas Cap 27-1.13 MG***)	B			0.17500	7/1/2013	
VINATE II (Prenatal Vit w/ Fe Bisglycinate Chelate-FA Tab 29-1 MG***)	B			0.17500	7/1/2013	
VINATE ONE (Prenatal Vit w/ Fe Fumarate-FA Tab 60-1 MG***)	B			0.17500	7/1/2013	
VIRACEPT (Nelfinavir Mesylate Tab 250 MG)	B			3.73400	1/30/2017	
VIRT-NATE DHA (Prenatal Vit w/ Fe Fum-FA-Omega 3 Cap 28-1-200 MG***)	B			0.17500	7/1/2013	
VIRT-PN DHA (Prenat w/o A w/FeFum-Methfol-FA-DHA Cap 27-0.6-0.4-300 MG**)	B			0.17500	7/1/2013	
VITAFOL-OB (Prenatal Vit w/ Fe Fumarate-FA Tab 65-1 MG***)	B			0.17500	7/1/2013	
VITAFOL-OB+DHA (Prenatal MV w/Fe Fum-FA Tab 65-1 MG & DHA Cap 250 MG Pack *)	B			0.17500	7/1/2013	
VITAFOL-ONE (Prenatal MV w/ Fe Polysac Cmplx-FA-DHA Cap 29-1-200 MG***)	B			0.17500	7/1/2013	
VITAMEDMD ONE RX/QUATREFO (Prenat w/o A w/FeFum-Methfol-FA-DHA Cap 30-0.6-0.4-200 MG**)	B			0.17500	7/1/2013	
VITATHELY/GINGER (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)	B			0.17500	10/1/2013	
VIVA DHA (Prenatal Vit w/ Fe Fum-FA-Omega 3 Cap 28-1-200 MG***)	B			0.17500	7/1/2013	
VONVENDI (Von Willebrand Factor (Recombinant) For Inj 1300 Unit)	B			1.45000	7/1/2020	
VONVENDI (Von Willebrand Factor (Recombinant) For Inj 650 Unit)	B			1.45000	7/1/2020	
Voriconazole Tab 200 MG	G			1.59980	4/1/2026	
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			0.05800	1/1/2024	
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			0.05400	2/1/2023	
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	
WESCAP-C DHA (Prenatal w/Fe Fum-Fe Poly -FA-Omega 3 Cap 53.5-38-1 MG***)	B			0.17500	7/1/2013	
WESCAP-PN DHA (Prenat w/o A w/FeFum-Methfol-FA-DHA Cap 27-0.6-0.4-300 MG**)	B			0.17500	7/1/2013	
WESNATE DHA (Prenatal Vit w/ Fe Fum-FA-Omega 3 Cap 28-1-200 MG***)	B			0.17500	7/1/2013	
WESTAB PLUS (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)	B			0.17500	10/1/2013	
White Petrolatum-Mineral Oil Ophth Ointment***	G			1.86060	9/18/2013	
WILATE (Antihemophilic Factor/VWF (Human) For Inj 1000-1000 Unit Kit)	B			0.94000	8/3/2022	
WILATE (Antihemophilic Factor/VWF (Human) For Inj 500-500 Unit Kit)	B			0.75000	7/1/2020	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
WINRHO SDF (Rho D Immune Globulin (Human) Inj 1500 Unit/1.3ML)	B			257.30638	7/1/2018	
WINRHO SDF (Rho D Immune Globulin (Human) Inj 15000 Unit/13ML)	B			258.90510	7/1/2018	
WINRHO SDF (Rho D Immune Globulin (Human) Inj 2500 Unit/2.2ML)	B			254.97978	7/1/2018	
WINRHO SDF (Rho D Immune Globulin (Human) Inj 5000 Unit/4.4ML)	B			254.98354	7/1/2018	
XELODA (Capecitabine Tab 500 MG)	B			45.00516	1/1/2017	
XENAZINE (Tetrabenazine Tab 12.5 MG)	B			125.38297	1/7/2019	
XENAZINE (Tetrabenazine Tab 25 MG)	B			250.76595	1/7/2019	
XGEVA (Denosumab Inj 120 MG/1.7ML)	B			1338.00296	1/17/2019	
XYNTHA (Antihemophil Fact Rcmb (BDD-rFVIII,mor) For Inj Kit 250 Unit)	B			1.03750	11/1/2016	
XYNTHA (Antihemophil Fact Rcmb (BDD-rFVIII,mor) For Inj Kit 500 Unit)	B			1.03750	11/1/2016	
XYNTHA (Antihemophil Fact Rcmb(BDD-rFVIII,mor) For Inj Kit 1000 Unit)	B			1.03750	11/1/2016	
XYNTHA (Antihemophil Fact Rcmb(BDD-rFVIII,mor) For Inj Kit 2000 Unit)	B			1.03750	11/1/2016	
XYNTHA SOLOFUSE (Antihemophil Fact Rcmb (BDD-rFVIII,mor) For Inj Kit 250 Unit)	B			1.03750	11/1/2016	
XYNTHA SOLOFUSE (Antihemophil Fact Rcmb (BDD-rFVIII,mor) For Inj Kit 500 Unit)	B			1.03750	11/1/2016	
XYNTHA SOLOFUSE (Antihemophil Fact Rcmb(BDD-rFVIII,mor) For Inj Kit 1000 Unit)	B			1.03750	11/1/2016	
XYNTHA SOLOFUSE (Antihemophil Fact Rcmb(BDD-rFVIII,mor) For Inj Kit 2000 Unit)	B			1.03750	11/1/2016	
XYNTHA SOLOFUSE (Antihemophil Fact Rcmb(BDD-rFVIII,mor) For Inj Kit 3000 Unit)	B			1.03750	11/1/2016	
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	
ZATEAN-PN DHA (Prenat w/o A w/FeFum-Methfol-FA-DHA Cap 27-0.6-0.4-300 MG**)	B			0.17500	7/1/2013	
ZELBORAF (Vemurafenib Tab 240 MG)	B			45.03084	9/8/2015	
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			0.19433	1/1/2026	
Ziprasidone HCl Cap 40 MG	G			0.14542	12/1/2018	
Ziprasidone HCl Cap 60 MG	G			0.24917	9/1/2025	
Ziprasidone HCl Cap 80 MG	G			0.21450	7/1/2022	
Zoledronic Acid Inj Conc For IV Infusion 4 MG/5ML	G			1.41600	4/1/2020	
Zolmitriptan Nasal Spray 5 MG/Spray Unit	G			52.06700	11/1/2023	
Zolmitriptan Orally Disintegrating Tab 2.5 MG	G			3.25000	2/1/2019	
Zolmitriptan Orally Disintegrating Tab 5 MG	G			2.41933	11/1/2022	
Zolmitriptan Tab 2.5 MG	G			0.96357	1/1/2019	
Zolmitriptan Tab 5 MG	G			1.26036	11/1/2025	
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		0.15024	0.14680	9/1/2026	
Zolpidem Tartrate Tab ER 6.25 MG	G			0.10709	5/1/2026	
ZOMACTON (Somatropin For Subcutaneous Inj 5 MG)	B			634.72092	1/15/2019	
Zonisamide Cap 100 MG	G		0.09670	0.09495	9/1/2026	
Zonisamide Cap 25 MG	G			0.05455	11/1/2018	

Confidential and Proprietary

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
As of 09/01/2026

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Zonisamide Cap 50 MG	G			0.11650	1/1/2021	
ZYVOX (Linezolid For Susp 100 MG/5ML)	B			8.86447	1/1/2018	

Confidential and Proprietary