

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

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	
Abacavir Sulfate-Lamivudine-Zidovudine Tab 300-150-300 MG	G			19.67500	4/1/2017	
Abiraterone Acetate Tab 250 MG	G			2.03634	8/1/2021	
Acamprosate Calcium Tab Delayed Release 333 MG	G			0.46444	10/1/2023	
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 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			0.21580	10/1/2023	
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			0.01525	8/1/2016	
Acetic Acid Otic Soln 2%	G			1.02067	4/1/2017	
Acetylcysteine Inhal Soln 10%	G			0.23443	1/1/2010	
Acetylcysteine Inhal Soln 20%	G			0.19900	3/1/2020	
Acitretin Cap 10 MG	G			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			32.93000	5/1/2023	
Acyclovir Oint 5%	G			0.71076	9/1/2023	
Acyclovir Susp 200 MG/5ML	G			0.13092	2/1/2023	
Acyclovir Tab 400 MG	G			0.05351	12/1/2018	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

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			2.48889	5/14/2024	
Adapalene Gel 0.1%	G			1.58578	12/1/2019	
Adapalene Gel 0.3%	G			0.79599	2/1/2023	
Adapalene-Benzoyl Peroxide Gel 0.1-2.5%	G			0.56545	10/1/2023	
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	
ADVIN COVID-19 ANTIGEN HO (COVID-19 At Home Antigen Test Kit)	B			13.00000	11/9/2022	
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			12.69038	8/1/2023	
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			0.05907	11/1/2023	
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	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

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	
Albuterol Sulfate Tab ER 12HR 4 MG	G			0.77520	4/1/2012	
Alclometasone Dipropionate Cream 0.05%	G			0.62717	4/1/2020	
Alclometasone Dipropionate Oint 0.05%	G			0.68185	4/1/2011	
Alendronate Sodium Oral Soln 70 MG/75ML	G			0.48500	4/1/2020	
Alendronate Sodium Tab 10 MG	G			0.13200	11/1/2017	
Alendronate Sodium Tab 35 MG	G			0.23750	6/1/2019	
Alendronate Sodium Tab 5 MG	G			0.14633	12/1/2018	
Alendronate Sodium Tab 70 MG	G			0.20500	1/1/2021	
Alfuzosin HCl Tab ER 24HR 10 MG	G			0.05870	6/1/2020	
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			0.04011	6/1/2021	
Alprazolam Tab ER 24HR 0.5 MG	G			0.18083	10/1/2017	
Alprazolam Tab ER 24HR 1 MG	G			0.16917	4/1/2021	
Alprazolam Tab ER 24HR 2 MG	G			0.40200	9/1/2018	
Alprazolam Tab ER 24HR 3 MG	G			0.25192	10/1/2023	
ALPROLIX (Coagulation Factor IX (Recomb) (rFIXFc) For Inj 1000 Unit)	B			2.20000	7/1/2018	
ALPROLIX (Coagulation Factor IX (Recomb) (rFIXFc) For Inj 2000 Unit)	B			2.20000	7/1/2018	
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			2.20000	7/1/2018	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

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 4000 Unit)	B			2.20000	7/1/2020	
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			0.37050	12/1/2023	
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 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			0.03073	7/1/2023	
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			0.04890	9/1/2022	
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			0.00921	4/1/2023	
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			0.09980	5/1/2018	
Amlodipine Besylate-Olmesartan Medoxomil Tab 10-20 MG	G			0.31333	12/1/2019	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

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			0.91533	6/1/2018	
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			0.32787	7/1/2023	
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			0.12250	7/1/2019	
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			0.54748	12/1/2021	
Amphetamine-Dextroamphetamine Cap ER 24HR 15 MG	G			0.75000	2/7/2023	
Amphetamine-Dextroamphetamine Cap ER 24HR 20 MG	G			0.70180	4/25/2023	
Amphetamine-Dextroamphetamine Cap ER 24HR 25 MG	G			0.50000	2/1/2022	
Amphetamine-Dextroamphetamine Cap ER 24HR 30 MG	G			0.70180	6/1/2023	
Amphetamine-Dextroamphetamine Cap ER 24HR 5 MG	G			0.81560	12/1/2020	
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			0.37280	9/28/2023	
Amphetamine-Dextroamphetamine Tab 20 MG	G			0.24558	5/1/2022	
Amphetamine-Dextroamphetamine Tab 30 MG	G			0.47541	5/15/2023	
Amphetamine-Dextroamphetamine Tab 5 MG	G			0.19617	1/1/2024	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

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			0.51550	3/1/2020	
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	
Aprepitant Capsule Therapy Pack 80 & 125 MG	G			144.50000	12/1/2022	
Aprepitant Capsule Therapy Pack 80 & 125 MG	G			144.50000	12/1/2022	
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			1.37500	8/1/2023	
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			1.03341	8/1/2018	
Armodafinil Tab 200 MG	G			1.07729	8/1/2018	
Armodafinil Tab 250 MG	G			1.05000	2/1/2019	
Armodafinil Tab 50 MG	G			0.46072	8/1/2018	
Asenapine Maleate SL Tab 5 MG (Base Equiv)	G			2.97048	9/1/2021	
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	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

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-Caffeine-Butalbital Tab 325-40-50 MG	G			0.12306	2/1/2012	
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			0.53773	10/1/2023	
Atomoxetine HCl Cap 100 MG (Base Equiv)	G			0.79200	10/1/2023	
Atomoxetine HCl Cap 18 MG (Base Equiv)	G			0.38867	12/1/2023	
Atomoxetine HCl Cap 25 MG (Base Equiv)	G			0.38867	1/1/2024	
Atomoxetine HCl Cap 40 MG (Base Equiv)	G			0.71401	10/1/2023	
Atomoxetine HCl Cap 60 MG (Base Equiv)	G			0.75017	9/1/2023	
Atomoxetine HCl Cap 80 MG (Base Equiv)	G			0.84658	9/1/2023	
Atorvastatin Calcium Tab 10 MG (Base Equivalent)	G			0.02731	4/1/2023	
Atorvastatin Calcium Tab 20 MG (Base Equivalent)	G			0.02900	2/1/2023	
Atorvastatin Calcium Tab 40 MG (Base Equivalent)	G			0.03647	2/1/2023	
Atorvastatin Calcium Tab 80 MG (Base Equivalent)	G			0.07825	3/1/2022	
Atovaquone Susp 750 MG/5ML	G			1.29928	5/1/2022	
Atovaquone-Proguanil HCl Tab 250-100 MG	G			2.06000	1/1/2019	
Atovaquone-Proguanil HCl Tab 62.5-25 MG	G			1.26500	9/1/2017	
Atropine Sulfate Ophth Soln 1%	G			8.83200	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			0.15100	3/1/2022	
Azelastine HCl Nasal Spray 0.1% (137 MCG/SPRAY)	G			0.25900	12/1/2020	
Azelastine HCl Nasal Spray 0.15% (205.5 MCG/SPRAY)	G			0.69133	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			0.33631	10/1/2023	
Azithromycin For Susp 200 MG/5ML	G			0.24733	10/1/2019	
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	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Bacitracin Oint 500 Unit/GM	G			0.05810	3/1/2019	
Bacitracin Ophth Oint 500 Unit/GM	G			20.79714	3/1/2019	
Bacitracin Zinc Oint 500 Unit/GM	G			0.06963	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 Powder	G			2.37120	6/1/2010	
Baclofen Tab 10 MG	G			0.04199	2/1/2024	
Baclofen Tab 20 MG	G			0.07608	9/1/2020	
Baclofen Tab 5 MG	G			0.17033	6/1/2023	
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	
BD VERITOR AT-HOME COVID- (COVID-19 At Home Antigen Test Kit)	B			13.00000	11/9/2022	
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			0.06814	5/1/2023	
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			1.35172	1/1/2022	
Benzotropine Mesylate Tab 0.5 MG	G			0.04716	2/1/2011	
Benzotropine Mesylate Tab 1 MG	G			0.05720	7/1/2020	
Benzotropine Mesylate Tab 2 MG	G			0.08160	3/1/2019	
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	
Betamethasone Dipropionate Augmented Gel 0.05%	G			1.19430	6/1/2006	



Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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			0.93244	12/1/2019	
Betamethasone Valerate Aerosol Foam 0.12%	G			1.25000	11/1/2019	
Betamethasone Valerate Cream 0.1% (Base Equivalent)	G			0.16667	3/1/2020	
Betamethasone Valerate Lotion 0.1% (Base Equivalent)	G			0.06450	1/28/2008	
Betamethasone Valerate Oint 0.1% (Base Equivalent)	G			0.35667	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	
BINAXNOW COVID-19 AG CARD (COVID-19 At Home Antigen Test Kit)	B			13.00000	11/9/2022	
Bisacodyl Suppos 10 MG	G			0.06890	4/1/2021	
Bisacodyl Tab Delayed Release 5 MG	G			0.00660	7/1/2013	
Bismuth Subsalicylate Chew Tab 262 MG	G			0.06830	1/1/2019	
Bismuth Subsalicylate Susp 525 MG/15ML	G			0.00831	4/1/2018	
Bisoprolol & Hydrochlorothiazide Tab 10-6.25 MG	G			0.06619	9/1/2011	
Bisoprolol & Hydrochlorothiazide Tab 2.5-6.25 MG	G			0.03462	3/1/2018	
Bisoprolol & Hydrochlorothiazide Tab 5-6.25 MG	G			0.03900	9/1/2017	
Bisoprolol Fumarate Tab 10 MG	G			0.09470	9/1/2017	
Bisoprolol Fumarate Tab 5 MG	G			0.17367	10/1/2017	
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			1.06633	12/1/2019	
Brompheniramine & Phenylephrine Elixir 1-2.5 MG/5ML	G			0.01064	8/1/2011	
Brompheniramine & Pseudoephedrine Elixir 1-15 MG/5ML	G			0.01212	5/1/2021	
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		0.51467	0.70183	11/11/2024	
Budesonide Inhalation Susp 0.5 MG/2ML	G			0.87600	6/16/2023	
Budesonide Inhalation Susp 1 MG/2ML	G			3.11669	2/1/2024	
Budesonide Tab ER 24HR 9 MG	G			25.73717	11/1/2022	
Budesonide-Formoterol Fumarate Dihyd Aerosol 160-4.5 MCG/ACT	G			21.53268	6/1/2022	
Budesonide-Formoterol Fumarate Dihyd Aerosol 80-4.5 MCG/ACT	G			19.36009	5/1/2021	
Bumetanide Tab 0.5 MG	G			0.12488	12/1/2011	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Bumetanide Tab 1 MG	G			0.21370	1/1/2022	
Bumetanide Tab 2 MG	G			0.35937	11/27/2023	
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			0.56667	1/1/2022	
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			0.20967	8/1/2017	
Bupropion HCl Tab 100 MG	G			0.09950	7/1/2019	
Bupropion HCl Tab 75 MG	G			0.05460	3/1/2022	
Bupropion HCl Tab ER 12HR 100 MG	G			0.05875	3/1/2022	
Bupropion HCl Tab ER 12HR 150 MG	G			0.05698	7/1/2020	
Bupropion HCl Tab ER 12HR 200 MG	G			0.08490	3/1/2019	
Bupropion HCl Tab ER 24HR 150 MG	G			0.08365	3/1/2023	
Bupropion HCl Tab ER 24HR 300 MG	G			0.12846	9/1/2023	
Bupropion HCl Tab ER 24HR 450 MG	G			6.64415	11/1/2022	
Buspirone HCl Tab 10 MG	G			0.02690	1/1/2023	
Buspirone HCl Tab 15 MG	G			0.03997	8/1/2023	
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			0.68119	12/1/2020	
Butalbital-Acetaminophen-Caffeine Cap 50-300-40 MG	G			0.42680	12/1/2023	
Butalbital-Acetaminophen-Caffeine Cap 50-325-40 MG	G			2.24026	5/1/2021	
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			0.88420	2/1/2020	
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	
Caffeine Citrate Oral Soln 60 MG/3ML (10 MG/ML Base Equiv)	G			3.27967	7/1/2021	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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			11.29641	8/7/2024	
Calcitriol Cap 0.25 MCG	G			0.13009	9/1/2019	
Calcitriol Cap 0.5 MCG	G			0.20400	12/1/2018	
Calcitriol Oral Soln 1 MCG/ML	G			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			0.82110	1/1/2022	
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			0.05888	4/1/2021	
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			0.88017	11/1/2021	
Carbamazepine Cap ER 12HR 200 MG	G			0.69821	1/30/2019	
Carbamazepine Cap ER 12HR 300 MG	G			0.33583	12/1/2018	
Carbamazepine Chew Tab 100 MG	G			0.21800	12/1/2018	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Carbamazepine Susp 100 MG/5ML	G			0.09749	11/1/2019	
Carbamazepine Tab 200 MG	G			0.10470	1/1/2024	
Carbamazepine Tab ER 12HR 100 MG	G			0.23340	12/1/2023	
Carbamazepine Tab ER 12HR 200 MG	G			0.65937	9/1/2022	
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			0.67500	12/1/2018	
Carbidopa & Levodopa Tab 10-100 MG	G			0.06610	6/1/2020	
Carbidopa & Levodopa Tab 25-100 MG	G			0.06590	8/1/2020	
Carbidopa & Levodopa Tab 25-250 MG	G			0.09850	6/1/2020	
Carbidopa & Levodopa Tab ER 25-100 MG	G			0.11510	12/1/2018	
Carbidopa & Levodopa Tab ER 50-200 MG	G			0.18000	12/1/2018	
Carbidopa Tab 25 MG	G			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	
CARESTART COVID-19 ANTIGE (COVID-19 At Home Antigen Test Kit)	B			13.00000	11/9/2022	
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	8/1/2017	
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	11/1/2017	
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			0.33556	12/1/2018	
Cefdinir For Susp 125 MG/5ML	G			0.12160	2/1/2024	
Cefdinir For Susp 250 MG/5ML	G			0.15354	2/1/2024	
Cefepime HCl For Inj 1 GM	G			3.38740	4/1/2022	
Cefixime Cap 400 MG	G			9.94480	2/1/2021	
Cefixime For Susp 200 MG/5ML	G			3.48906	5/1/2023	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Cefpodoxime Proxetil For Susp 100 MG/5ML	G			1.31160	8/1/2022	
Cefpodoxime Proxetil Tab 100 MG	G			1.53013	2/1/2023	
Cefpodoxime Proxetil Tab 200 MG	G			2.04263	6/1/2022	
Cefprozil For Susp 125 MG/5ML	G			0.14400	3/1/2019	
Cefprozil For Susp 250 MG/5ML	G			0.16729	2/1/2023	
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			0.25233	12/1/2022	
Cefuroxime Axetil Tab 500 MG	G			0.38067	7/1/2020	
Celecoxib Cap 100 MG	G			0.06451	12/1/2022	
Celecoxib Cap 200 MG	G			0.10335	5/1/2023	
Celecoxib Cap 400 MG	G			0.81000	2/1/2019	
Celecoxib Cap 50 MG	G			0.09000	7/1/2019	
CELLTRION DIATRUST COVID- (COVID-19 At Home Antigen Test Kit)	B			13.00000	11/9/2022	
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	2/1/2018	
Cephalexin Cap 750 MG	G			5.49950	6/1/2020	
Cephalexin For Susp 125 MG/5ML	G			0.09450	12/1/2017	
Cephalexin For Susp 250 MG/5ML	G			0.07237	6/1/2023	
Cephalexin Tab 500 MG	G			1.75930	9/1/2021	
Cetirizine HCl Chew Tab 10 MG	G			1.66167	7/8/2021	
Cetirizine HCl Chew Tab 5 MG	G			1.87935	9/1/2021	
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			0.60558	1/5/2011	
Cevimeline HCl Cap 30 MG	G			0.82490	7/18/2022	
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	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

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			0.00430	3/1/2023	
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	11/1/2022	
Chlorpromazine HCl Tab 100 MG	G			1.37361	9/1/2023	
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			0.09063	11/1/2023	
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			0.14534	2/1/2023	
Cholestyramine Light Powder Packets 4 GM	G			0.99983	12/1/2022	
Cholestyramine Powder 4 GM/DOSE	G			0.14794	11/1/2019	
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			0.24717	12/1/2019	
Ciclopirox Solution 8%	G			1.24242	6/1/2020	
Cilostazol Tab 100 MG	G			0.05433	3/1/2019	
Cilostazol Tab 50 MG	G			0.07320	3/1/2020	
Cimetidine HCl Soln 300 MG/5ML	G			0.03677	9/1/2011	
Cimetidine Tab 200 MG	G			0.06613	8/1/2011	
Cimetidine Tab 300 MG	G			0.06335	1/1/2009	
Cimetidine Tab 400 MG	G			0.44521	7/20/2015	
Cimetidine Tab 800 MG	G			0.75810	2/15/2018	
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			0.48800	8/1/2017	
Ciprofloxacin HCl Tab 250 MG (Base Equiv)	G			0.08058	1/1/2009	
Ciprofloxacin HCl Tab 500 MG (Base Equiv)	G			0.07880	8/1/2020	
Ciprofloxacin HCl Tab 750 MG (Base Equiv)	G			0.18041	1/1/2009	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

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			19.25300	6/1/2024	
Citalopram Hydrobromide Oral Soln 10 MG/5ML	G			0.06029	6/1/2018	
Citalopram Hydrobromide Tab 10 MG (Base Equiv)	G			0.01764	1/1/2018	
Citalopram Hydrobromide Tab 20 MG (Base Equiv)	G			0.01614	8/1/2020	
Citalopram Hydrobromide Tab 40 MG (Base Equiv)	G			0.02700	12/1/2021	
CITRANATAL 90 DHA (Prenat w/o A w/FeCbn-FeGI-DSS-FA Tab 90 &DHA Cap 300MG Pak*)	B			0.17500	7/1/2013	
CITRANATAL ASSURE (Prenat w/o A w/FeCbn-FeGI-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 BLOOM DHA (Prenat w/o A w/FeCbn-FeGI-DSS-FA Tab 90 &DHA Cap 300MG Pak*)	B			0.17500	7/1/2013	
CITRANATAL DHA (Prenat w/o A w/FeCbn-FeGI-DSS-FA Tab & DHA Cap 250 MG Pack*)	B			0.17500	7/1/2013	
CITRANATAL RX (Prenatal w/o A w/ Fe Carbonyl-Fe Gluc-DSS-FA Tab 27-1MG***)	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			0.42350	12/1/2023	
Clarithromycin Tab 500 MG	G			0.40642	6/1/2020	
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	
CLEARDETECT COVID-19 ANTI (COVID-19 At Home Antigen Test Kit)	B			13.00000	11/9/2022	
Clemastine Fumarate Tab 2.68 MG	G			0.22980	1/1/2007	
Clindamycin HCl Cap 150 MG	G			0.07960	9/1/2017	
Clindamycin HCl Cap 300 MG	G			0.18110	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			0.16512	8/1/2023	
Clindamycin Phosphate Gel 1%	G		0.29783	0.59566	10/21/2024	
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			0.34117	9/1/2023	
Clindamycin Phosphate Soln 1%	G			0.18667	1/1/2024	
Clindamycin Phosphate Swab 1%	G			0.29097	12/1/2019	
Clindamycin Phosphate Vaginal Cream 2%	G			1.28250	12/1/2022	
Clindamycin Phosphate-Benzoyl Peroxide Gel 1-5%	G			1.14039	8/22/2023	
Clindamycin Phosph-Benzoyl Peroxide (Refrig) Gel 1.2 (1)-5%	G			0.60622	12/1/2022	
CLINITEST RAPID COVID-19 (COVID-19 At Home Antigen Test Kit)	B			13.00000	11/9/2022	
Clobazam Suspension 2.5 MG/ML	G			0.25335	11/1/2023	
Clobazam Tab 10 MG	G			0.36500	10/28/2022	
Clobazam Tab 20 MG	G			0.67580	3/20/2023	
Clobetasol Propionate Cream 0.05%	G			0.15480	2/1/2023	
Clobetasol Propionate Emollient Base Cream 0.05%	G			0.66483	4/1/2020	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Clobetasol Propionate Emulsion Foam 0.05%	G			1.58360	7/1/2019	
Clobetasol Propionate Foam 0.05%	G			0.99990	7/1/2020	
Clobetasol Propionate Gel 0.05%	G			0.29125	3/1/2012	
Clobetasol Propionate Oint 0.05%	G			0.20242	7/1/2020	
Clobetasol Propionate Shampoo 0.05%	G			0.51620	10/1/2022	
Clobetasol Propionate Soln 0.05%	G			0.19210	1/1/2024	
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			0.36000	1/1/2023	
Clomipramine HCl Cap 75 MG	G			0.22269	1/1/2009	
Clonazepam Orally Disintegrating Tab 0.125 MG	G			0.54167	6/1/2018	
Clonazepam Orally Disintegrating Tab 0.25 MG	G			0.48917	9/1/2017	
Clonazepam Orally Disintegrating Tab 0.5 MG	G			0.51100	12/1/2019	
Clonazepam Orally Disintegrating Tab 1 MG	G			0.58810	4/1/2018	
Clonazepam Orally Disintegrating Tab 2 MG	G			1.35500	3/1/2011	
Clonazepam Tab 0.5 MG	G			0.01355	6/1/2021	
Clonazepam Tab 1 MG	G			0.01974	4/1/2017	
Clonazepam Tab 2 MG	G			0.02645	12/1/2018	
Clonidine HCl Tab 0.1 MG	G			0.01652	6/1/2017	
Clonidine HCl Tab 0.2 MG	G			0.03122	2/1/2021	
Clonidine HCl Tab 0.3 MG	G			0.02750	7/1/2021	
Clonidine HCl Tab ER 12HR 0.1 MG	G			0.23247	11/1/2023	
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			0.64250	4/1/2017	
Clorazepate Dipotassium Tab 7.5 MG	G			0.65438	10/1/2017	
Clotrimazole Cream 1%	G			0.07533	7/1/2020	
Clotrimazole Soln 1%	G			1.07259	9/1/2022	
Clotrimazole Troche 10 MG	G			0.29457	12/1/2017	
Clotrimazole Vaginal Cream 1%	G			0.06089	9/1/2017	
Clotrimazole Vaginal Cream 2%	G			0.29000	7/1/2019	
Clotrimazole w/ Betamethasone Cream 1-0.05%	G			0.13393	3/1/2022	
Clotrimazole w/ Betamethasone Lotion 1-0.05%	G			2.03000	11/21/2011	
Clozapine Orally Disintegrating Tab 100 MG	G			4.90430	4/1/2021	
Clozapine Tab 100 MG	G			0.59070	3/1/2023	
Clozapine Tab 200 MG	G			1.32037	9/21/2023	
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	



Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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	
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			0.28168	7/1/2023	
Colchicine w/ Probenecid Tab 0.5-500 MG	G			0.80650	6/21/2021	
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
COVID-19 At Home Antigen Test Kit	G			13.00000	11/9/2022	
Cromolyn Sodium Nasal Aerosol Soln 5.2 MG/ACT (4%)	G			0.26931	11/1/2017	
Cromolyn Sodium Opth Soln 4%	G			0.48600	12/1/2019	
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 COVID-19 AT HOME TEST (COVID-19 At Home Antigen Test Kit)	B			13.00000	11/9/2022	
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	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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	
Cyclophosphamide Cap 25 MG	G			5.41412	4/1/2021	
Cyclophosphamide Cap 50 MG	G			5.01850	5/1/2023	
Cyclosporine (Ophth) Emulsion 0.05%	G			2.02102	2/1/2024	
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			0.03937	11/1/2023	
Cyproheptadine HCl Tab 4 MG	G			0.07000	11/1/2023	
Dalfampridine Tab ER 12HR 10 MG	G			0.80204	8/1/2021	
Dantrolene Sodium Cap 100 MG	G			0.82590	4/1/2020	
Dantrolene Sodium Cap 25 MG	G			0.33648	5/1/2022	
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	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Desipramine HCl Tab 25 MG	G			0.42950	2/1/2020	
Desipramine HCl Tab 50 MG	G			0.49810	12/1/2021	
Desloratadine Tab 5 MG	G			0.25470	11/1/2019	
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	
Desmopressin Acetate Tab 0.1 MG	G			0.36007	12/17/2022	
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	
Desogest-Ethin Est Tab 0.1-0.025/0.125-0.025/0.15-0.025MG-MG	G			0.52119	4/1/2017	
Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	G			0.10452	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			0.97356	12/1/2021	
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			0.36912	1/1/2024	
Desvenlafaxine Succinate Tab ER 24HR 25 MG (Base Equiv)	G			0.53834	9/1/2022	
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			8.53200	9/5/2023	
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			1.46765	9/1/2021	
Dexmethylphenidate HCl Cap ER 24 HR 15 MG	G			1.25182	1/1/2022	
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			1.85051	6/1/2022	
Dexmethylphenidate HCl Cap ER 24 HR 35 MG	G			1.31344	12/1/2023	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Dexamethylphenidate HCl Cap ER 24 HR 40 MG	G			1.37616	10/1/2023	
Dexamethylphenidate HCl Cap ER 24 HR 5 MG	G			0.76910	10/1/2023	
Dexamethylphenidate HCl Tab 10 MG	G			0.39590	9/1/2020	
Dexamethylphenidate HCl Tab 2.5 MG	G			0.14250	2/1/2024	
Dexamethylphenidate HCl Tab 5 MG	G			0.17990	11/1/2021	
Dextroamphetamine Sulfate Cap ER 24HR 10 MG	G			0.46820	4/1/2020	
Dextroamphetamine Sulfate Cap ER 24HR 15 MG	G			1.00806	10/1/2017	
Dextroamphetamine Sulfate Cap ER 24HR 5 MG	G			0.92943	5/1/2021	
Dextroamphetamine Sulfate Oral Solution 5 MG/5ML	G			1.27828	10/1/2020	
Dextroamphetamine Sulfate Tab 10 MG	G			0.35912	5/3/2012	
Dextroamphetamine Sulfate Tab 5 MG	G			0.17564	1/1/2009	
Dextromethorphan-Guaifenesin Liquid 10-100 MG/5ML	G			0.00819	10/1/2013	
Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML	G			0.00819	10/1/2013	
Dextromethorphan-Guaifenesin Tab 20-400 MG	G			0.07778	9/1/2010	
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			0.85240	7/1/2021	
Diazepam Inj 5 MG/ML	G			0.80210	1/1/2019	
Diazepam Oral Soln 1 MG/ML	G			0.10254	2/1/2014	
Diazepam Rectal Gel Delivery System 10 MG	G			234.39000	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	
Diclofenac Potassium Tab 50 MG	G			0.25630	12/1/2018	
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			0.83621	8/1/2019	
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			0.63840	9/1/2019	
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			0.12900	11/26/2021	
Didanosine Delayed Release Capsule 250 MG	G			4.63500	7/1/2021	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Didanosine Delayed Release Capsule 400 MG	G			6.23000	7/1/2021	
Diflorasone Diacetate Cream 0.05%	G			2.49000	1/9/2012	
Diflorasone Diacetate Oint 0.05%	G			0.47961	1/1/2009	
Diflunisal Tab 500 MG	G			1.02450	1/1/2015	
Digoxin Oral Soln 0.05 MG/ML	G			0.58888	4/1/2014	
Digoxin Tab 125 MCG (0.125 MG)	G			0.16630	10/1/2022	
Digoxin Tab 250 MCG (0.25 MG)	G			0.17780	1/1/2022	
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			0.66115	5/1/2022	
Diltiazem HCl Extended Release Beads Cap ER 24HR 120 MG	G			0.15856	6/1/2017	
Diltiazem HCl Extended Release Beads Cap ER 24HR 180 MG	G			0.19022	6/1/2017	
Diltiazem HCl Extended Release Beads Cap ER 24HR 240 MG	G			0.41667	12/1/2017	
Diltiazem HCl Extended Release Beads Cap ER 24HR 300 MG	G			0.33644	6/1/2020	
Diltiazem HCl Extended Release Beads Cap ER 24HR 360 MG	G			0.35344	12/1/2019	
Diltiazem HCl Extended Release Beads Cap ER 24HR 420 MG	G			1.32689	11/1/2017	
Diltiazem HCl Tab 120 MG	G			0.13231	9/1/2011	
Diltiazem HCl Tab 30 MG	G			0.04223	1/1/2009	
Diltiazem HCl Tab 60 MG	G			0.06487	3/1/2011	
Diltiazem HCl Tab 90 MG	G			0.10980	6/1/2006	
Diltiazem HCl Tab ER 24HR 180 MG	G			1.63333	2/1/2024	
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	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Divalproex Sodium Cap Delayed Release Sprinkle 125 MG	G			0.23504	11/1/2023	
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	
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 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			0.27303	12/1/2022	
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			0.29678	9/1/2019	
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			0.16100	3/1/2019	
Doxycycline Hyclate Tab 100 MG	G			0.09980	5/1/2020	
Doxycycline Hyclate Tab 20 MG	G			0.14400	2/1/2022	
Doxycycline Hyclate Tab Delayed Release 100 MG	G			5.52950	7/1/2019	
Doxycycline Monohydrate Cap 100 MG	G			0.14700	2/1/2020	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Doxycycline Monohydrate Cap 50 MG	G			0.10414	10/1/2022	
Doxycycline Monohydrate For Susp 25 MG/5ML	G			0.21983	9/1/2021	
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			2.42740	6/1/2022	
Dronabinol Cap 10 MG	G			4.16667	11/7/2023	
Dronabinol Cap 2.5 MG	G			7.07560	7/15/2024	
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			0.07333	2/1/2021	
Duloxetine HCl Enteric Coated Pellets Cap 40 MG (Base Eq)	G			2.37000	4/1/2020	
Duloxetine HCl Enteric Coated Pellets Cap 60 MG (Base Eq)	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			3.50000	4/1/2021	
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			9.47078	1/1/2024	
ELITE-OB (Prenatal Vit w/ Iron Carbonyl-FA Tab 50-1.25 MG***)	B			0.17500	7/1/2013	
ELLUME COVID-19 HOME TEST (COVID-19 At Home Antigen Test Kit)	B			13.00000	11/9/2022	
ELMIRON (Pentosan Polysulfate Sodium Caps 100 MG)	B			10.69720	6/5/2023	
ELOCTATE (Antihemophilic Factor Rcmb (BDD-rFVIII Fc) For Inj 1000 Unit)	B			1.71000	11/1/2018	
ELOCTATE (Antihemophilic Factor Rcmb (BDD-rFVIII Fc) For Inj 1500 Unit)	B			1.71000	11/1/2018	
ELOCTATE (Antihemophilic Factor Rcmb (BDD-rFVIII Fc) For Inj 2000 Unit)	B			1.71000	11/1/2018	
ELOCTATE (Antihemophilic Factor Rcmb (BDD-rFVIII Fc) For Inj 250 Unit)	B			1.71000	11/1/2018	
ELOCTATE (Antihemophilic Factor Rcmb (BDD-rFVIII Fc) For Inj 3000 Unit)	B			1.71000	11/1/2018	
ELOCTATE (Antihemophilic Factor Rcmb (BDD-rFVIII Fc) For Inj 4000 Unit)	B			1.71000	11/1/2018	
ELOCTATE (Antihemophilic Factor Rcmb (BDD-rFVIII Fc) For Inj 500 Unit)	B			1.71000	11/1/2018	
ELOCTATE (Antihemophilic Factor Rcmb (BDD-rFVIII Fc) For Inj 5000 Unit)	B			1.71000	7/6/2018	
ELOCTATE (Antihemophilic Factor Rcmb (BDD-rFVIII Fc) For Inj 6000 Unit)	B			1.71000	11/1/2018	
ELOCTATE (Antihemophilic Factor Rcmb (BDD-rFVIII Fc) 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			2.38465	6/1/2022	
Enalapril Maleate Tab 10 MG	G			0.02388	2/1/2012	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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		1714.75200	1814.75200	11/8/2024	
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			10.97250	3/1/2023	
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 Opth 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			0.73750	12/1/2022	
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			0.08700	5/1/2021	
Ertapenem Sodium For Inj 1 GM (Base Equivalent)	G			27.34065	2/1/2024	
Erythromycin Ethylsuccinate For Susp 200 MG/5ML	G			1.59155	1/26/2023	
Erythromycin Ethylsuccinate Tab 400 MG	G			7.71200	8/27/2015	
Erythromycin Gel 2%	G			0.70716	7/1/2023	
Erythromycin Opth Oint 5 MG/GM	G			1.41246	10/1/2022	
Erythromycin Soln 2%	G			0.32978	12/1/2019	
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			2217.06590	1/24/2024	



Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Escitalopram Oxalate Soln 5 MG/5ML (Base Equiv)	G			0.24496	6/1/2022	
Escitalopram Oxalate Tab 10 MG (Base Equiv)	G			0.03585	2/1/2021	
Escitalopram Oxalate Tab 20 MG (Base Equiv)	G			0.03570	11/1/2019	
Escitalopram Oxalate Tab 5 MG (Base Equiv)	G			0.02250	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	
Esomeprazole Magnesium For Delayed Release Susp Packet 10 MG	G			6.06867	12/1/2023	
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			0.51236	9/1/2023	
Estradiol & Norethindrone Acetate Tab 1-0.5 MG	G			1.40036	10/1/2022	
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 Patch Twice Weekly 0.025 MG/24HR	G			6.32117	10/1/2023	
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			5.61875	9/1/2019	
Estradiol TD Patch Twice Weekly 0.1 MG/24HR	G			5.37500	9/1/2023	
Estradiol TD Patch Weekly 0.025 MG/24HR	G			7.62282	4/1/2011	
Estradiol TD Patch Weekly 0.0375 MG/24HR (37.5 MCG/24HR)	G			7.85424	9/1/2011	
Estradiol TD Patch Weekly 0.05 MG/24HR	G			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			9.11000	2/1/2024	
Estradiol Vaginal Cream 0.1 MG/GM	G			0.65174	6/5/2023	
Estradiol Vaginal Tab 10 MCG	G			7.99788	7/8/2023	
Estradiol Valerate IM in Oil 20 MG/ML	G			17.44200	7/1/2020	
Eszopiclone Tab 1 MG	G			0.29167	12/1/2018	
Eszopiclone Tab 2 MG	G			0.17820	12/1/2018	
Eszopiclone Tab 3 MG	G			0.15470	10/1/2020	
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			0.32000	9/1/2023	
Ethosuximide Soln 250 MG/5ML	G			0.15389	7/1/2020	
Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-35 MCG	G			0.38708	12/1/2021	
Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-50 MCG	G			0.65000	6/1/2022	
Etodolac Cap 200 MG	G			0.84280	4/1/2017	
Etodolac Cap 300 MG	G			0.44320	8/18/2023	
Etodolac Tab 400 MG	G			0.25070	10/1/2022	
Etodolac Tab 500 MG	G			0.26330	12/1/2019	
Etodolac Tab ER 24HR 400 MG	G			0.62488	3/1/2012	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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			68.50125	1/1/2024	
Etoposide Cap 50 MG	G			75.32900	9/1/2021	
Everolimus Tab 0.5 MG	G			9.55733	8/1/2022	
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			0.85293	4/1/2022	
EYLEA (Aflibercept Intravitreal Inj 2 MG/0.05ML (40 MG/ML))	B			30710.00000	5/25/2016	
Ezetimibe Tab 10 MG	G			0.05500	1/1/2020	
Ezetimibe-Simvastatin Tab 10-20 MG	G			0.48000	3/1/2020	
Ezetimibe-Simvastatin Tab 10-40 MG	G			0.71933	6/1/2020	
Ezetimibe-Simvastatin Tab 10-80 MG	G			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	12/1/2019	
Famotidine For Susp 40 MG/5ML	G			0.50240	12/1/2023	
Famotidine Tab 10 MG	G			0.07732	8/1/2011	
Famotidine Tab 20 MG	G			0.02788	12/1/2018	
Famotidine Tab 40 MG	G			0.05320	12/1/2018	
FANAPT (Iloperidone Tab 12 MG)	B			56.10184	7/16/2022	
FANAPT (Iloperidone Tab 8 MG)	B			34.61786	9/17/2022	
FASTEP COVID-19 ANTIGEN H (COVID-19 At Home Antigen Test Kit)	B			13.00000	11/9/2022	
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			0.09000	6/1/2018	
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			0.10900	9/1/2021	
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			0.06544	10/1/2020	
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	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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			11.25000	12/12/2023	
Fentanyl TD Patch 72HR 25 MCG/HR	G			1.96240	6/1/2020	
Fentanyl TD Patch 72HR 37.5 MCG/HR	G			41.59880	5/18/2023	
Fentanyl TD Patch 72HR 50 MCG/HR	G			8.55667	6/17/2023	
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			0.15500	9/1/2019	
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			0.19130	9/1/2018	
Flecainide Acetate Tab 50 MG	G			0.06080	10/1/2020	
FLOWFLEX COVID-19 ANTIGEN (COVID-19 At Home Antigen Test Kit)	B			13.00000	11/9/2022	
Fluconazole For Susp 10 MG/ML	G			0.28899	11/19/2020	
Fluconazole For Susp 40 MG/ML	G			0.45256	12/1/2022	
Fluconazole in NaCl 0.9% Inj 200 MG/100ML	G			0.01660	9/1/2017	
Fluconazole Tab 100 MG	G			0.25161	2/1/2021	
Fluconazole Tab 150 MG	G			0.52253	9/1/2022	
Fluconazole Tab 200 MG	G			0.37545	6/1/2022	
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			1.44233	6/1/2021	
Fluocinolone Acetonide Cream 0.025%	G			1.29967	3/1/2020	
Fluocinolone Acetonide Oil 0.01% (Body Oil)	G			0.34017	12/1/2020	
Fluocinolone Acetonide Oil 0.01% (Scalp Oil)	G			0.32964	10/1/2019	
Fluocinolone Acetonide Oint 0.025%	G			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			0.32067	12/1/2023	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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			1.36683	7/1/2020	
Fluorouracil IV Soln 5 GM/100ML (50 MG/ML)	G			0.11050	4/1/2020	
Fluorouracil IV Soln 500 MG/10ML (50 MG/ML)	G			0.35750	8/1/2011	
Fluorouracil Soln 5%	G			5.24000	3/1/2020	
Fluoxetine HCl (PMDD) Tab 10 MG	G			0.11513	3/1/2022	
Fluoxetine HCl (PMDD) Tab 20 MG	G			0.12694	1/1/2024	
Fluoxetine HCl Cap 10 MG	G			0.02456	8/1/2018	
Fluoxetine HCl Cap 20 MG	G			0.02281	8/1/2017	
Fluoxetine HCl Cap 40 MG	G			0.04932	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			12.18500	3/1/2020	
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			14.22941	1/1/2024	
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			1.42417	5/1/2022	
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			1.53194	12/1/2022	
Fluticasone-Salmeterol Aer Powder BA 500-50 MCG/ACT	G			2.56383	9/1/2022	
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			4.08433	3/1/2020	
Fluvoxamine Maleate Cap ER 24HR 150 MG	G			4.80633	9/1/2022	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Fluvoxamine Maleate Tab 100 MG	G			0.19054	4/1/2017	
Fluvoxamine Maleate Tab 25 MG	G			0.16767	9/1/2017	
Fluvoxamine Maleate Tab 50 MG	G			0.11695	10/1/2017	
Folic Acid Inj 5 MG/ML	G			5.46900	5/1/2018	
Folic Acid Tab 1 MG	G			0.00273	1/1/2010	
Folic Acid-Vitamin B6-Vitamin B12 Tab 2.2-25-1 MG	G			0.27560	4/1/2020	
Folic Acid-Vitamin B6-Vitamin B12 Tab 2.5-25-1 MG	G			0.47900	4/1/2020	
Fondaparinux Sodium Subcutaneous Inj 10 MG/0.8ML	G			65.23250	4/1/2017	
Fondaparinux Sodium Subcutaneous Inj 2.5 MG/0.5ML	G			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			11.86500	8/1/2023	
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			0.01761	1/1/2009	
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			0.03317	5/1/2022	
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			0.11460	7/22/2023	
Gabapentin Tab 800 MG	G			0.13371	7/3/2023	
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	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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			7.68000	7/1/2018	
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			7.68000	7/1/2018	
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			7.68000	7/1/2018	
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	
GENABIO COVID-19 RAPID SE (COVID-19 At Home Antigen Test Kit)	B			13.00000	11/9/2022	
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			1.23464	9/1/2022	
Gentamicin Sulfate Ophth Soln 0.3%	G			0.48016	6/1/2022	
GENVOYA (Elvitegrav-Cobic-Emtricitab-Tenofovir AF Tab 150-150-200-10 MG)	B			99.79441	3/4/2019	
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			0.02790	4/1/2021	
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			0.07990	11/1/2019	
Glipizide-Metformin HCl Tab 2.5-250 MG	G			0.40200	8/1/2018	
Glipizide-Metformin HCl Tab 2.5-500 MG	G			0.25000	8/1/2018	
Glipizide-Metformin HCl Tab 5-500 MG	G			0.21777	12/1/2018	
Glucagon (rDNA) For Inj Kit 1 MG	G			229.08000	12/1/2022	
Glyburide Micronized Tab 1.5 MG	G			0.03659	9/1/2011	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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	
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			0.49225	9/1/2023	
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	
GOODSENSE PRENATAL VITAMI (Prenatal Vit w/ Fe Fumarate-FA Tab 28-0.8 MG***)	B			0.17500	7/1/2013	
GOTOKNOW COVID-19 ANTIGEN (COVID-19 At Home Antigen Test Kit)	B			13.00000	11/9/2022	
Granisetron HCl Inj 1 MG/ML	G			15.47000	2/1/2013	
Granisetron HCl Inj 4 MG/4ML (1 MG/ML)	G			6.87000	2/1/2013	
Granisetron HCl Tab 1 MG	G			1.76350	5/1/2021	
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 Ultramicronsize 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-Codeine Soln 100-10 MG/5ML	G			0.02594	9/1/2017	
Guaifenesin-Codeine Soln 100-10 MG/5ML	G			0.02594	9/1/2017	
Guaifenesin-Codeine Soln 100-10 MG/5ML	G			0.02594	9/1/2017	
Guanfacine HCl Tab 1 MG	G			0.35893	3/1/2021	
Guanfacine HCl Tab 2 MG	G			0.71990	3/1/2021	
Guanfacine HCl Tab ER 24HR 1 MG (Base Equiv)	G			0.16158	12/1/2022	
Guanfacine HCl Tab ER 24HR 2 MG (Base Equiv)	G			0.20500	4/1/2022	
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	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Haloperidol Lactate Oral Conc 2 MG/ML	G			0.18407	12/1/2019	
Haloperidol Tab 0.5 MG	G			0.05993	1/1/2010	
Haloperidol Tab 1 MG	G			0.33000	2/21/2020	
Haloperidol Tab 10 MG	G			0.31960	10/1/2017	
Haloperidol Tab 2 MG	G			0.28963	9/1/2023	
Haloperidol Tab 20 MG	G			0.72120	6/1/2020	
Haloperidol Tab 5 MG	G			0.13670	3/1/2019	
HEMOPIL M (Antihemophilic Factor (Human) For Inj 1000 Unit)	B			0.75000	7/1/2018	
HEMOPIL M (Antihemophilic Factor (Human) For Inj 1700 Unit)	B			0.75000	7/1/2018	
HEMOPIL M (Antihemophilic Factor (Human) For Inj 250 Unit)	B			0.76000	3/16/2011	
HEMOPIL 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	
HEPSERA (Adefovir Dipivoxil Tab 10 MG)	B			49.28042	3/16/2019	
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			0.80000	3/16/2011	
HUMATE-P (Antihemophilic Factor/VWF (Human) For Inj 500-1200 Unit)	B			0.80000	3/16/2011	
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			0.02628	11/1/2017	
Hydrochlorothiazide Tab 12.5 MG	G			0.02749	11/1/2018	
Hydrochlorothiazide Tab 25 MG	G			0.00662	12/1/2018	
Hydrochlorothiazide Tab 50 MG	G			0.01144	9/1/2017	
Hydrocod Polst-Chlorphen Polst ER Susp 10-8 MG/5ML	G			0.38670	9/1/2020	
Hydrocodone-Acetaminophen Soln 7.5-325 MG/15ML	G			0.34924	6/19/2024	
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	



Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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	
Hydrocortisone Oint 2.5%	G			0.07935	3/1/2022	
Hydrocortisone Perianal Cream 1%	G			0.58536	7/1/2021	
Hydrocortisone Perianal Cream 2.5%	G			0.26059	6/1/2023	
Hydrocortisone Tab 10 MG	G			0.21970	10/1/2017	
Hydrocortisone Tab 20 MG	G			0.37816	6/1/2022	
Hydrocortisone Tab 5 MG	G			0.25427	8/14/2023	
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			0.29911	5/11/2023	
Hydroxychloroquine Sulfate Tab 200 MG	G			0.16201	12/1/2019	
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			0.98030	11/20/2023	
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			0.24290	6/1/2019	
HYPERRHO S/D (Rho D Immune Globulin IM Soln Pref Syr 1500 Unit (300MCG))	B			75.96392	6/1/2018	
HYPERRHO S/D 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	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Ibuprofen Chew Tab 100 MG	G			0.13200	4/1/2021	
Ibuprofen Susp 100 MG/5ML	G			0.02592	9/1/2017	
Ibuprofen Tab 100 MG	G			0.18440	3/1/2009	
Ibuprofen Tab 200 MG	G			0.01150	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	
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	
IHEALTH COVID-19 ANTIGEN (COVID-19 At Home Antigen Test Kit)	B			13.00000	11/9/2022	
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			1.07625	12/1/2021	
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	
INDICAID COVID-19 RAPID A (COVID-19 At Home Antigen Test Kit)	B			13.00000	11/9/2022	
Indomethacin Cap 25 MG	G			0.02910	12/1/2018	
Indomethacin Cap 50 MG	G			0.07690	1/1/2020	
Indomethacin Cap ER 75 MG	G			0.06667	6/1/2020	
Insulin Aspart Inj Soln 100 Unit/ML	G			13.86290	2/1/2024	
INTELENCE (Etravirine Tab 100 MG)	B			9.76177	1/14/2017	
INTELISWAB COVID-19 RAPID (COVID-19 At Home Antigen Test Kit)	B			13.00000	11/9/2022	
INTRON A (Interferon Alfa-2B Inj 6000000 U/ML)	B			186.63991	1/5/2018	
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			2217.06590	1/24/2024	
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			0.54166	2/1/2012	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Ipratropium-Albuterol Nebu Soln 0.5-2.5(3) MG/3ML	G			0.04356	4/1/2018	
Irbesartan Tab 150 MG	G			0.11244	11/1/2017	
Irbesartan Tab 300 MG	G			0.04367	7/1/2020	
Irbesartan Tab 75 MG	G			0.08700	10/1/2017	
Irbesartan-Hydrochlorothiazide Tab 150-12.5 MG	G			0.15667	9/1/2018	
Irbesartan-Hydrochlorothiazide Tab 300-12.5 MG	G			0.17176	12/1/2018	
Irinotecan HCl Inj 100 MG/5ML (20 MG/ML)	G			2.63400	4/1/2020	
Iron Polysacch Complex-Vit B12-FA Cap 150-0.025-1 MG	G			0.11120	3/1/2019	
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			0.06552	1/1/2012	
Isosorbide Dinitrate Tab 10 MG	G			0.35323	9/1/2018	
Isosorbide Dinitrate Tab 20 MG	G			0.18870	10/1/2018	
Isosorbide Dinitrate Tab 30 MG	G			0.26098	12/1/2018	
Isosorbide Dinitrate Tab 5 MG	G			0.03080	6/1/2006	
Isosorbide 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			0.06873	2/1/2020	
Isosorbide Mononitrate Tab ER 24HR 60 MG	G			0.06790	4/1/2020	
Isotretinoin Cap 10 MG	G			2.38573	12/1/2020	
Isotretinoin Cap 20 MG	G			1.92767	9/1/2018	
Isotretinoin Cap 30 MG	G			3.17898	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			1.62500	1/1/2021	
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	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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			0.24945	11/1/2023	
Ketoconazole Shampoo 2%	G			0.05374	12/1/2017	
Ketoconazole Tab 200 MG	G			0.24710	9/1/2010	
Ketoprofen Cap 50 MG	G			0.08738	8/1/2011	
Ketoprofen Cap 75 MG	G			0.09862	4/1/2012	
Ketoprofen Cap ER 24HR 200 MG	G			1.71630	6/1/2006	
Ketorolac Tromethamine IM Inj 30 MG/ML	G			0.89000	9/4/2013	
Ketorolac Tromethamine IM Inj 60 MG/2ML (30 MG/ML)	G			0.80650	11/1/2021	
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			0.54900	6/1/2023	
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			0.11307	3/1/2023	
Lacosamide Tab 100 MG	G			0.34039	9/1/2022	
Lacosamide Tab 150 MG	G			0.36220	7/1/2023	
Lacosamide Tab 200 MG	G			0.56025	9/1/2022	
Lacosamide Tab 50 MG	G			0.17877	7/1/2023	
Lactated Ringer's Solution	G			0.00287	9/1/2015	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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			2.12516	12/1/2023	
Lamotrigine Orally Disintegrating Tab 200 MG	G			4.72687	2/1/2024	
Lamotrigine Orally Disintegrating Tab 25 MG	G			4.75000	8/1/2022	
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			0.24000	9/1/2021	
Lamotrigine Tab ER 24HR 100 MG	G			0.82007	12/1/2023	
Lamotrigine Tab ER 24HR 200 MG	G			1.18612	11/1/2022	
Lamotrigine Tab ER 24HR 25 MG	G			1.55000	11/1/2018	
Lamotrigine Tab ER 24HR 250 MG	G			3.03931	5/1/2023	
Lamotrigine Tab ER 24HR 300 MG	G			2.10415	12/1/2023	
Lamotrigine Tab ER 24HR 50 MG	G			0.99967	10/1/2023	
Lansoprazole Cap Delayed Release 15 MG	G			0.13167	6/1/2019	
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			1.32000	1/1/2023	
LATUDA (Lurasidone HCl Tab 40 MG)	B			45.17521	6/3/2022	
Leflunomide Tab 10 MG	G			0.35667	11/1/2023	
Leflunomide Tab 20 MG	G			0.40598	1/25/2024	
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 25 MG	G			4.84400	4/1/2018	
Leucovorin Calcium Tab 5 MG	G			0.60030	9/1/2018	
Levalbuterol HCl Soln Nebu 0.31 MG/3ML (Base Equiv)	G			0.52707	4/1/2017	
Levalbuterol HCl Soln Nebu 0.63 MG/3ML (Base Equiv)	G			0.25156	12/1/2019	
Levalbuterol HCl Soln Nebu 1.25 MG/3ML (Base Equiv)	G			0.29673	9/1/2018	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Levalbuterol Tartrate Inhal Aerosol 45 MCG/ACT (Base Equiv)	G			3.54667	3/1/2018	
Levetiracetam Oral Soln 100 MG/ML	G			0.02429	2/1/2024	
Levetiracetam Tab 1000 MG	G			0.13695	12/1/2017	
Levetiracetam Tab 250 MG	G			0.05475	8/1/2018	
Levetiracetam Tab 500 MG	G			0.07467	6/1/2017	
Levetiracetam Tab 750 MG	G			0.13059	11/1/2022	
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 Opth Soln 0.5%	G			0.44115	1/1/2009	
Levocarnitine Oral Soln 1 GM/10ML (10%)	G			0.19661	12/1/2019	
Levocarnitine Tab 330 MG	G			0.53088	10/1/2015	
Levocetirizine Dihydrochloride Soln 2.5 MG/5ML (0.5 MG/ML)	G			0.32573	11/1/2021	
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			0.86325	3/1/2018	
Levofloxacin Tab 250 MG	G			0.12800	9/1/2019	
Levofloxacin Tab 500 MG	G			0.10800	4/1/2021	
Levofloxacin Tab 750 MG	G			0.22400	5/1/2019	
Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 MG	G			0.19200	3/1/2021	
Levonorgestrel & Ethinyl Estradiol Tab 0.1 MG-20 MCG	G			0.09595	8/1/2020	
Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	G			0.12476	5/1/2017	
Levonorgestrel Tab 1.5 MG	G			8.50000	1/1/2020	
Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG	G			0.34466	4/1/2017	
Levonorgestrel-Ethinyl Estradiol (Continuous) Tab 90-20 MCG	G			1.07571	7/1/2021	
Levonorg-Eth Est Tab 0.1-0.02MG(84) & Eth Est Tab 0.01MG(7)	G			0.41879	2/1/2019	
Levonorg-Eth Est Tab 0.15-0.03MG(84) & Eth Est Tab 0.01MG(7)	G			0.09335	6/1/2020	
Levothyroxine Sodium Tab 100 MCG	G			0.08435	7/1/2023	
Levothyroxine Sodium Tab 112 MCG	G			0.15684	11/1/2021	
Levothyroxine Sodium Tab 125 MCG	G			0.09964	7/1/2023	
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			0.13584	7/1/2023	
Levothyroxine Sodium Tab 200 MCG	G			0.12768	7/1/2023	
Levothyroxine Sodium Tab 25 MCG	G			0.05904	6/1/2023	
Levothyroxine Sodium Tab 300 MCG	G			0.19233	10/1/2022	
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			0.09056	6/1/2023	
LEXIVA (Fosamprenavir Calcium Tab 700 MG (Base Equiv))	B			19.23220	1/30/2017	
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	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Lidocaine HCl Local Preservative Free (PF) Inj 2%	G			0.02574	4/1/2019	
Lidocaine HCl Soln 4%	G			0.80000	1/25/2019	
Lidocaine HCl Urethral/Mucosal Gel 2%	G			2.41933	10/1/2020	
Lidocaine HCl Urethral/Mucosal Gel Prefilled Syringe 2%	G			0.61279	4/1/2021	
Lidocaine HCl Viscous Soln 2%	G			0.02457	4/1/2011	
Lidocaine Inj 1% w/ Epinephrine-1:100000	G			0.06687	4/1/2020	
Lidocaine Oint 5%	G			0.20580	8/1/2020	
Lidocaine Patch 5%	G			2.14100	8/18/2023	
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			0.48829	6/28/2023	
Lindane Shampoo 1%	G			1.67670	12/1/2021	
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			0.25242	4/1/2023	
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			7.64490	7/1/2024	
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			0.01144	12/1/2018	
Lisinopril Tab 2.5 MG	G			0.01030	11/1/2017	
Lisinopril Tab 20 MG	G			0.01652	8/1/2017	
Lisinopril Tab 30 MG	G			0.03080	5/1/2017	
Lisinopril Tab 40 MG	G			0.02822	5/1/2017	
Lisinopril Tab 5 MG	G			0.01357	10/1/2022	
Lithium Carbonate Cap 150 MG	G			0.04550	4/1/2021	
Lithium Carbonate Cap 300 MG	G			0.03598	3/1/2011	
Lithium Carbonate Cap 600 MG	G			0.09925	4/1/2017	
Lithium Carbonate Tab 300 MG	G			0.09870	7/1/2020	
Lithium Carbonate Tab ER 300 MG	G			0.09717	12/1/2020	
Lithium Carbonate Tab ER 450 MG	G			0.08030	9/1/2020	
Lithium Oral Solution 8 mEq/5ML	G			0.14356	4/1/2018	
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			0.20872	12/1/2018	
Loperamide HCl Liq 1 MG/5ML (0.2 MG/ML)	G			0.04563	8/1/2016	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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			0.03020	8/1/2021	
Lorazepam Conc 2 MG/ML	G			0.26900	12/1/2019	
Lorazepam Inj 2 MG/ML	G			0.46840	12/1/2019	
Lorazepam Tab 0.5 MG	G			0.02030	11/1/2017	
Lorazepam Tab 1 MG	G			0.02225	4/1/2017	
Lorazepam Tab 2 MG	G			0.04135	12/1/2021	
Losartan Potassium & Hydrochlorothiazide Tab 100-12.5 MG	G			0.07356	6/1/2017	
Losartan Potassium & Hydrochlorothiazide Tab 100-25 MG	G			0.06689	12/1/2018	
Losartan Potassium & Hydrochlorothiazide Tab 50-12.5 MG	G			0.04424	11/1/2018	
Losartan Potassium Tab 100 MG	G			0.04114	11/1/2017	
Losartan Potassium Tab 25 MG	G			0.02820	12/1/2018	
Losartan Potassium Tab 50 MG	G			0.03429	8/1/2018	
Loteprednol Etabonate Ophth Susp 0.5%	G			24.51800	11/1/2023	
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	
LUCENTIS (Ranibizumab Intravitreal Inj 0.3 MG/0.05ML (6 MG/ML))	B			23306.40000	5/15/2017	
LUCENTIS (Ranibizumab Intravitreal Inj 0.5 MG/0.05ML (10 MG/ML))	B			38844.00000	5/15/2017	
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			1972.55600	1/2/2024	
LUPRON DEPOT (3-MONTH) (Leuprolide Acetate (3 Month) For Inj Kit 11.25 MG)	B			5022.56430	1/2/2024	
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			0.19800	11/1/2023	
Lurasidone HCl Tab 40 MG	G			0.24697	7/1/2023	



Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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 Hydroxide Susp 400 MG/5ML	G			0.00363	1/5/2011	
Magnesium Oxide Tab 400 MG	G			0.02200	4/1/2017	
Magnesium Oxide Tab 400 MG (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	
MARQIBO (Vincristine Sulfate Liposome IV Susp 5 MG/31ML (0.16 MG/ML))	B			12693.25640	4/1/2017	
MASONATAL (Prenatal Vit w/ Fe Fumarate-FA Tab 28-0.8 MG***)	B			0.17500	7/1/2013	
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	9/1/2022	
Medroxyprogesterone Acetate IM Susp Prefilled Syr 150 MG/ML	G			33.86000	12/1/2022	
Medroxyprogesterone Acetate Tab 10 MG	G			0.11950	12/1/2018	
Medroxyprogesterone Acetate Tab 2.5 MG	G			0.05125	8/1/2011	
Medroxyprogesterone Acetate Tab 5 MG	G			0.08900	8/1/2011	
Mefenamic Acid Cap 250 MG	G			1.51853	2/1/2021	
Mefloquine HCl Tab 250 MG	G			3.32640	10/1/2017	
Megestrol Acetate Susp 40 MG/ML	G			0.05000	4/1/2017	
Megestrol Acetate Susp 625 MG/5ML	G			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			0.68744	6/1/2022	
Meropenem IV For Soln 1 GM	G			9.44800	9/1/2018	
Meropenem IV For Soln 500 MG	G			5.90000	1/1/2019	
Mesalamine Cap DR 400 MG	G		1.63467	2.03000	11/5/2024	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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	
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			0.10660	2/1/2020	
Methazolamide Tab 25 MG	G			2.55000	4/1/2020	
Methazolamide Tab 50 MG	G			0.19032	1/1/2009	
Methenamine Hippurate Tab 1 GM	G			0.44610	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			0.15313	12/1/2022	
Methscopolamine Bromide Tab 2.5 MG	G			0.31450	9/1/2018	
Methylcellulose Powder Laxative	G			0.01682	2/1/2014	
Methyldopa & Hydrochlorothiazide Tab 250-15 MG	G			0.21320	6/1/2010	
Methyldopa & Hydrochlorothiazide Tab 250-25 MG	G			0.21307	6/1/2010	
Methyldopa Tab 250 MG	G			0.06990	3/1/2018	
Methyldopa Tab 500 MG	G			0.14670	6/1/2017	
Methylergonovine Maleate Tab 0.2 MG	G			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	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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	
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			0.71980	10/1/2021	
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			1.34902	11/1/2021	
Methylphenidate HCl Tab ER 24HR 36 MG	G			0.85580	7/1/2022	
Methylphenidate HCl Tab ER 24HR 54 MG	G			0.82202	9/1/2022	
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			1.34902	11/1/2021	
Methylphenidate HCl Tab ER Osmotic Release (OSM) 36 MG	G			0.85580	7/1/2022	
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	
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			0.02797	12/1/2018	
Metoclopramide HCl Tab 5 MG (Base Equivalent)	G			0.02200	10/1/2017	
Metolazone Tab 10 MG	G			0.66462	9/1/2011	
Metolazone Tab 2.5 MG	G			0.12540	6/1/2020	
Metolazone Tab 5 MG	G			0.68220	2/1/2020	
Metoprolol & Hydrochlorothiazide Tab 100-25 MG	G			1.45910	3/1/2023	
Metoprolol & Hydrochlorothiazide Tab 50-25 MG	G			0.67570	3/1/2018	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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			0.05319	11/1/2023	
Metoprolol Succinate Tab ER 24HR 50 MG (Tartrate Equiv)	G			0.06846	1/1/2024	
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	
Metronidazole Cap 375 MG	G			3.91000	2/1/2019	
Metronidazole Cream 0.75%	G			0.71244	9/1/2022	
Metronidazole Gel 0.75%	G			0.34511	9/1/2022	
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			0.11483	12/1/2018	
Metronidazole Vaginal Gel 0.75%	G			0.44614	5/1/2022	
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			0.36890	7/1/2022	
Midodrine HCl Tab 2.5 MG	G			0.16000	9/1/2018	
Midodrine HCl Tab 5 MG	G			0.15039	12/1/2023	
Minocycline HCl Cap 100 MG	G			0.22560	10/1/2021	
Minocycline HCl Cap 50 MG	G			0.15200	4/1/2021	
Minocycline HCl Cap 75 MG	G			0.28083	4/1/2017	
Minocycline HCl Tab 100 MG	G			1.72432	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			7.38700	8/1/2022	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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	
Mirtazapine Tab 7.5 MG	G			0.54537	6/1/2023	
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			0.22323	5/1/2012	
MONONINE (Coagulation Factor IX For Inj 1000 Unit)	B			0.74000	7/1/2019	
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 50 MG	G			2.79941	1/1/2019	
Morphine Sulfate Cap ER 24HR 60 MG	G			4.67950	7/1/2020	
Morphine Sulfate Cap ER 24HR 80 MG	G			8.81970	10/1/2020	
Morphine Sulfate 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			0.15530	11/1/2021	
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	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Moxifloxacin HCl Opth Soln 0.5% (Base Eq) (2 Times Daily)	G			35.82706	2/1/2024	
Moxifloxacin HCl Opth 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	
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			0.43117	7/1/2023	
Nabumetone Tab 500 MG	G			0.12800	6/1/2020	
Nabumetone Tab 750 MG	G			0.16374	6/1/2021	
Nadolol Tab 20 MG	G			0.17474	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			0.32180	6/1/2020	
Naproxen Sodium Tab ER 24HR 500 MG (Base Equiv)	G			7.39547	6/1/2021	
Naproxen Susp 125 MG/5ML	G			0.91184	10/1/2020	
Naproxen Tab 250 MG	G			0.03364	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			2.29900	1/1/2022	
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	
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	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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	
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			5.70657	8/1/2023	
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			10343.55960	1/1/2018	
NEULASTA ONPRO KIT (Pegfilgrastim Soln Prefilled Syringe Kit 6 MG/0.6ML)	B			10343.55960	1/1/2018	
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			0.39940	3/1/2021	
Nifedipine Cap 20 MG	G			0.95160	10/1/2023	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Nifedipine Tab ER 24HR 30 MG	G			0.08250	4/1/2021	
Nifedipine Tab ER 24HR 60 MG	G			0.16950	6/1/2019	
Nifedipine Tab ER 24HR 90 MG	G			0.12950	11/1/2021	
Nifedipine Tab ER 24HR Osmotic Release 30 MG	G			0.10000	1/1/2020	
Nifedipine Tab ER 24HR Osmotic Release 60 MG	G			0.15000	8/1/2020	
Nifedipine Tab ER 24HR Osmotic Release 90 MG	G			0.15262	12/1/2018	
Nisoldipine Tab ER 24HR 17 MG	G			5.60720	6/1/2018	
Nisoldipine Tab ER 24HR 25.5 MG	G			6.55000	7/1/2011	
Nisoldipine Tab ER 24HR 34 MG	G			5.37000	10/1/2022	
Nisoldipine Tab ER 24HR 8.5 MG	G			3.89950	12/1/2018	
Nitrofurantoin Macrocrystalline Cap 100 MG	G			0.53464	6/1/2021	
Nitrofurantoin Macrocrystalline Cap 25 MG	G			1.66280	3/1/2023	
Nitrofurantoin Macrocrystalline Cap 50 MG	G			0.26361	6/1/2022	
Nitrofurantoin Monohydrate Macrocrystalline Cap 100 MG	G			0.40123	11/1/2022	
Nitroglycerin Cap ER 6.5 MG	G			0.35200	3/14/2016	
Nitroglycerin SL Tab 0.3 MG	G			0.12840	1/1/2023	
Nitroglycerin SL Tab 0.4 MG	G			0.16750	6/1/2020	
Nitroglycerin TD Patch 24HR 0.1 MG/HR	G			0.52033	9/1/2019	
Nitroglycerin TD Patch 24HR 0.2 MG/HR	G			0.36667	1/1/2018	
Nitroglycerin TD Patch 24HR 0.4 MG/HR	G			0.36667	6/1/2018	
Nitroglycerin TD Patch 24HR 0.6 MG/HR	G			0.49433	3/1/2020	
Nitroglycerin TL Soln 0.4 MG/SPRAY (400 MCG/SPRAY)	G			16.00667	1/1/2019	
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	
Nizatidine Oral Soln 15 MG/ML	G			1.03499	2/1/2020	
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			0.35738	4/1/2022	
Norethindrone-Eth Estradiol Tab 0.5-35/1-35/0.5-35 MG-MCG	G			0.77929	4/1/2017	



Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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			0.31010	6/20/2016	
NORVIR (Ritonavir Oral Soln 80 MG/ML)	B			6.12085	12/19/2012	
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	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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	
OHC COVID-19 ANTIGEN SELF (COVID-19 At Home Antigen Test Kit)	B			13.00000	11/9/2022	
Olanzapine For IM Inj 10 MG	G			25.65000	10/1/2018	
Olanzapine Orally Disintegrating Tab 10 MG	G			0.34400	6/1/2018	
Olanzapine Orally Disintegrating Tab 15 MG	G			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			0.08535	3/1/2022	
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			0.04444	5/1/2021	
Omeprazole Delayed Release Tab 20 MG	G			0.19321	3/1/2020	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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	
ON/GO COVID-19 ANTIGEN SE (COVID-19 At Home Antigen Test Kit)	B			13.00000	11/9/2022	
ON/GO ONE COVID-19 ANTIGE (COVID-19 At Home Antigen Test Kit)	B			13.00000	11/9/2022	
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			0.16057	4/1/2023	
Ondansetron Orally Disintegrating Tab 8 MG	G			0.16616	6/1/2023	
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 440 MG 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	
Orphenadrine w/ Aspirin & Caffeine Tab 50-770-60 MG	G			1.08430	6/1/2006	
Oseltamivir Phosphate Cap 30 MG (Base Equiv)	G			1.59093	6/1/2022	
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			0.45822	11/1/2022	
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	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Oxazepam Cap 30 MG	G			1.06925	1/1/2010	
Oxcarbazepine Susp 300 MG/5ML (60 MG/ML)	G			0.27886	8/1/2023	
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			0.34053	2/11/2022	
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 5 MG	G			0.06620	10/1/2019	
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	
Oxycodone HCl Conc 100 MG/5ML (20 MG/ML)	G			1.30667	6/1/2018	
Oxycodone HCl Soln 5 MG/5ML	G			0.09998	12/1/2019	
Oxycodone HCl Tab 10 MG	G			0.10620	11/1/2023	
Oxycodone HCl Tab 15 MG	G			0.11260	3/1/2018	
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 15 MG	G			3.48120	2/1/2020	
Oxycodone HCl Tab ER 12HR Deter 20 MG	G			4.24990	1/1/2021	
Oxycodone HCl Tab ER 12HR Deter 30 MG	G			5.83520	12/1/2019	
Oxycodone HCl Tab ER 12HR Deter 40 MG	G			5.67023	2/1/2023	
Oxycodone HCl Tab ER 12HR Deter 60 MG	G			10.99990	4/1/2020	
Oxycodone HCl Tab ER 12HR Deter 80 MG	G			9.46390	9/1/2018	
Oxycodone w/ Acetaminophen 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			0.09245	12/1/2021	
Oxycodone-Aspirin Tab 4.8355-325 MG	G			0.52840	4/1/2014	
Oxymorphone HCl Tab 10 MG	G			1.86200	6/1/2018	
Oxymorphone HCl Tab 5 MG	G			0.34550	2/1/2019	
Oxymorphone HCl Tab ER 12HR 10 MG	G			2.45323	1/1/2015	
Oxymorphone HCl Tab ER 12HR 15 MG	G			3.46650	7/1/2017	
Oxymorphone HCl Tab ER 12HR 20 MG	G			4.79157	4/1/2017	
Oxymorphone HCl Tab ER 12HR 30 MG	G			6.61165	4/1/2017	
Oxymorphone HCl Tab ER 12HR 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	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Paliperidone Tab ER 24HR 3 MG	G			1.50296	10/1/2023	
Paliperidone Tab ER 24HR 6 MG	G			1.95016	10/8/2023	
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			0.04446	5/1/2022	
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			0.83200	12/1/2019	
Paroxetine Mesylate Cap 7.5 MG (Base Equiv)	G			3.75967	9/1/2020	
Pediatric Multiple Vitamins w/ FI-Fe Drops 0.25-10 MG/ML**	G			0.11440	1/5/2011	
Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.25 MG***	G			0.04778	4/1/2017	
Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.5 MG***	G			0.05000	1/1/2020	
Pediatric Multiple Vitamins w/ Fluoride Chew Tab 1 MG***	G			0.05065	1/1/2018	
Pediatric Multiple Vitamins w/ Fluoride Soln 0.25 MG/ML***	G			0.15900	1/1/2022	
Pediatric Multiple Vitamins w/ Fluoride Soln 0.5 MG/ML***	G			0.10270	1/5/2011	
Pediatric Multiple Vitamins w/ Iron Chew Tab 15 MG**	G			0.04251	1/5/2011	
Pediatric 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	12/1/2018	
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	
PERRY PRENATAL (Prenatal Vit w/ Fe Fumarate-FA Cap 13.5-0.4 MG***)	B			0.17500	7/1/2013	
Phenazopyridine HCl Tab 100 MG	G			0.25000	12/1/2021	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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			0.09000	4/1/2019	
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			0.12534	9/1/2021	
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			0.28990	12/1/2019	
Pilocarpine HCl Tab 7.5 MG	G			0.58523	3/1/2023	
PILOT COVID-19 AT-HOME TE (COVID-19 At Home Antigen Test Kit)	B			13.00000	11/9/2022	
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			0.44020	4/1/2020	
Piroxicam Cap 20 MG	G			0.23350	12/1/2018	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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 PRENATAL PLUS MULTIVI (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)	B			0.17500	10/1/2013	
PNV TABS 29-1 (Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG***)	B			0.17500	7/1/2013	
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			1.48370	3/6/2020	
Polyethylene Glycol 3350 Oral Powder 17 GM/SCOOP	G			0.01845	11/1/2023	
Polyethylene Glycol-Propylene Glycol Ophth Soln 0.4-0.3%	G			0.22800	4/1/2017	
Polymyxin B-Trimethoprim Ophth Soln 10000 Unit/ML-0.1%	G			0.38800	5/1/2017	
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	
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			0.09794	10/1/2017	
Potassium Chloride Cap ER 8 mEq	G			0.15000	9/1/2019	
Potassium Chloride Inj 2 mEq/ML	G			0.03240	7/1/2013	
Potassium Chloride Microencapsulated Crys ER Tab 10 mEq	G			0.15620	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			0.99359	10/1/2023	
Potassium Chloride Tab ER 10 mEq	G			0.10684	10/1/2022	
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			0.25000	2/1/2022	
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	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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	11/1/2022	
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 Phosph Oral Soln 6.7 MG/5ML (5 MG/5ML Base)	G			0.56176	8/1/2018	
Prednisolone Sod Phosphate Oral Soln 15 MG/5ML (Base Equiv)	G			0.05667	9/1/2017	
Prednisolone Sodium Phosphate Ophth Soln 1%	G			1.13700	9/1/2011	
Prednisolone 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	
Prednisone Tab 2.5 MG	G			0.03438	8/1/2011	
Prednisone Tab 20 MG	G			0.07974	10/1/2018	
Prednisone Tab 5 MG	G			0.03999	10/1/2019	
Prednisone Tab 50 MG	G			0.22660	4/1/2017	
Prednisone Tab Therapy Pack 10 MG (21)	G			0.69395	8/1/2018	
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			0.06667	11/1/2023	
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			0.14000	9/1/2019	
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	



Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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 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 IRON (Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG***)	B			0.17500	7/1/2013	
PRENATAL PLUS VITAMIN AND (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)	B			0.17500	10/1/2013	
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	
PREPLUS (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)	B			0.17500	10/1/2013	
PRETAB (Prenatal Vit w/ Fe Fumarate-FA Tab 29-1 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	11/1/2023	
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	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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			0.36263	8/1/2021	
Progesterone IM in Oil 50 MG/ML	G			1.55900	4/1/2018	
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 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			0.03140	8/1/2017	
Promethazine HCl Tab 50 MG	G			0.17998	7/1/2014	
Promethazine w/ Codeine Syrup 6.25-10 MG/5ML	G			0.01448	12/1/2018	
Promethazine 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 Opth Soln 0.5%	G			0.42900	1/1/2010	
Propranolol & Hydrochlorothiazide Tab 40-25 MG	G			0.08040	6/1/2006	
Propranolol & Hydrochlorothiazide Tab 80-25 MG	G			0.11800	6/1/2006	
Propranolol HCl Cap ER 24HR 120 MG	G			0.33920	8/1/2019	
Propranolol HCl Cap ER 24HR 160 MG	G			0.29940	11/1/2023	
Propranolol HCl Cap ER 24HR 60 MG	G			0.13940	1/1/2024	
Propranolol HCl Cap ER 24HR 80 MG	G			0.19361	4/1/2023	
Propranolol HCl Oral Soln 20 MG/5ML	G			0.07904	2/1/2020	
Propranolol HCl Oral Soln 40 MG/5ML	G			0.17850	8/1/2016	
Propranolol HCl Tab 10 MG	G			0.04559	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	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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			0.05776	12/1/2018	
Pseudoephedrine HCl Liq 15 MG/5ML	G			0.02380	1/1/2019	
Pseudoephedrine HCl Tab 30 MG	G			0.02604	3/1/2020	
Pseudoephedrine HCl Tab 60 MG	G			0.03220	4/1/2017	
Pseudoephedrine HCl Tab ER 12HR 120 MG	G			0.28600	4/1/2017	
Pseudoephedrine-Ibuprofen 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 33%	G			0.03530	9/18/2013	
Psyllium Powder 48.57%	G			0.01629	12/1/2022	
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			45.78413	1/1/2018	
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			0.20000	2/1/2022	
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			0.02259	4/1/2018	
Quetiapine Fumarate Tab 300 MG	G			0.10610	3/1/2022	
Quetiapine Fumarate Tab 400 MG	G			0.11879	10/1/2019	
Quetiapine Fumarate Tab 50 MG	G			0.03800	11/1/2020	
Quetiapine Fumarate Tab ER 24HR 150 MG	G			0.10817	4/1/2020	
Quetiapine Fumarate Tab ER 24HR 200 MG	G			0.25400	12/1/2019	
Quetiapine Fumarate Tab ER 24HR 300 MG	G			0.19600	7/1/2019	
Quetiapine Fumarate Tab ER 24HR 400 MG	G			0.27873	4/1/2022	
Quetiapine Fumarate Tab ER 24HR 50 MG	G			0.11959	9/1/2021	
QUICKVUE AT-HOME COVID-19 (COVID-19 At Home Antigen Test Kit)	B			13.00000	11/9/2022	
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	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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	
Ranolazine Tab ER 12HR 1000 MG	G			0.31269	6/1/2022	
Ranolazine Tab ER 12HR 500 MG	G			0.23600	7/1/2022	
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
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		231.61172	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 150 MG (Base Equiv))	B			24.29009	1/1/2017	
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	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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			3.20000	11/1/2018	
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	
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			0.34874	8/1/2021	
Rizatriptan Benzoate Tab 5 MG (Base Equivalent)	G			0.43333	5/1/2020	
Roflumilast Tab 500 MCG	G			0.36534	1/1/2024	
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	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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			0.09250	11/1/2022	
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	
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	
SAIZENPREP RECONSTITUTION (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	
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			0.04323	3/1/2011	
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			0.03144	10/1/2017	
Sennosides Syrup 8.8 MG/5ML	G			0.03144	10/1/2017	
Sennosides Tab 8.6 MG	G			0.01115	1/5/2011	
Sennosides-Docusate Sodium Tab 8.6-50 MG	G			0.01893	1/5/2011	
SENSIPAR (Cinacalcet HCl Tab 60 MG (Base Equiv))	B			53.56488	1/12/2017	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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			0.72611	2/1/2024	
Sildenafil Citrate Tab 20 MG	G			0.06656	1/1/2021	
Sildenafil Cap 8 MG	G			0.58000	6/1/2020	
Silver Sulfadiazine Cream 1%	G			0.07140	1/1/2020	
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	
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			2.85707	10/1/2023	
Sirolimus Tab 1 MG	G			2.77120	8/1/2023	
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 440 MG 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			0.06543	8/1/2016	
Sodium Bicarbonate Tab 650 MG	G			0.01677	10/1/2017	
Sodium Chloride Hypertonic Ophth Oint 5%	G			1.85007	5/1/2021	
Sodium Chloride Hypertonic Ophth Soln 5%	G			0.23533	3/1/2018	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Sodium Chloride Irrigation Soln 0.9%	G			0.00345	3/25/2019	
Sodium Chloride IV Soln 0.9%	G			0.00546	3/1/2021	
Sodium Chloride Preservative Free (PF) Inj 0.9%	G			0.06960	4/1/2020	
Sodium Citrate & Citric Acid Soln 500-334 MG/5ML	G			0.01645	2/1/2011	
Sodium Fluoride Chew Tab 0.25 MG F (from 0.55 MG NaF)	G			0.02792	11/1/2017	
Sodium Fluoride Chew Tab 0.5 MG F (from 1.1 MG NaF)	G			0.03740	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			0.13153	4/1/2017	
Sodium Fluoride-Potassium Nitrate Gel 1.1-5%	G			0.09765	6/1/2022	
Sodium Phosphates - Enema***	G			0.00500	8/1/2018	
Sodium Polystyrene Sulfonate Powder**	G			0.08976	3/1/2019	
Solifenacin Succinate Tab 10 MG	G			0.15733	7/1/2020	
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	
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	
SPEEDY SWAB RAPID COVID-1 (COVID-19 At Home Antigen Test Kit)	B			13.00000	11/9/2022	
Spirolactone & Hydrochlorothiazide Tab 25-25 MG	G			0.52198	1/1/2024	
Spirolactone Powder	G			2.34000	6/1/2010	
Spirolactone Tab 100 MG	G			0.16880	1/1/2018	
Spirolactone Tab 25 MG	G			0.03810	5/1/2023	
Spirolactone Tab 50 MG	G			0.08910	12/1/2020	
Stavudine Cap 15 MG	G			1.95477	4/1/2009	
Stavudine Cap 20 MG	G			1.21300	3/1/2016	
Stavudine Cap 30 MG	G			0.86000	3/1/2016	
Stavudine Cap 40 MG	G			0.91833	12/1/2017	
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	



Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
SUCRAID (Sacrosidase Soln 8500 Unit/ML)	B			25.79174	12/19/2012	
Sucralfate Susp 1 GM/10ML	G			0.23828	3/1/2023	
Sucralfate Tab 1 GM	G			0.15950	6/1/2020	
Sulfacetamide Sodium Cleansing Gel 10%	G			1.07918	4/1/2020	
Sulfacetamide Sodium Liquid 10%	G			0.21172	6/1/2021	
Sulfacetamide Sodium Lotion 10% (Acne)	G			0.73686	12/1/2019	
Sulfacetamide Sodium 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			0.06774	4/1/2023	
Sulfamethoxazole-Trimethoprim Tab 400-80 MG	G			0.04490	9/1/2019	
Sulfamethoxazole-Trimethoprim Tab 800-160 MG	G			0.04090	1/1/2018	
Sulfasalazine Tab 500 MG	G			0.18467	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			0.36778	3/1/2018	
Sumatriptan Succinate Tab 25 MG	G			0.27111	2/1/2023	
Sumatriptan Succinate Tab 50 MG	G			0.33111	2/1/2021	
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			2.19313	3/1/2023	
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	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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	
TARON-PREX (Prenatal w/o Vit A w/ Fe Fum-DSS-FA-DHA Cap 30-1.2-265 MG**)	B			0.17500	7/1/2013	
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			2.88000	2/1/2019	
Temazepam Cap 30 MG	G			0.07112	12/1/2023	
Temazepam Cap 7.5 MG	G			0.74133	10/1/2023	
TEMODAR (Temozolomide Cap 100 MG)	B			453.77760	1/5/2018	
TEMODAR (Temozolomide Cap 140 MG)	B			635.28864	1/5/2018	
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	
Terazosin HCl Cap 1 MG (Base Equivalent)	G			0.05380	4/1/2017	
Terazosin HCl Cap 10 MG (Base Equivalent)	G			0.04130	9/1/2017	
Terazosin HCl Cap 2 MG (Base Equivalent)	G			0.05740	4/1/2017	
Terazosin HCl Cap 5 MG (Base Equivalent)	G			0.05040	1/1/2018	
Terbinafine HCl Cream 1%	G			0.31783	3/1/2020	
Terbinafine HCl Tab 250 MG	G			0.08000	1/1/2020	
Terbutaline Sulfate Tab 2.5 MG	G			0.31374	1/1/2019	
Terbutaline Sulfate Tab 5 MG	G			0.42438	12/1/2011	
Terconazole Vaginal Cream 0.4%	G			0.50889	6/1/2020	
Terconazole Vaginal Cream 0.8%	G			1.13550	5/1/2021	
Terconazole Vaginal Suppos 80 MG	G			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			2.53307	2/1/2021	
Testosterone TD Gel 40.5 MG/2.5GM (1.62%)	G			2.23400	9/1/2021	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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			1.53190	7/1/2021	
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			0.33280	9/1/2017	
Thyroid Tab 90 MG (1 1/2 Grain)	G			0.71227	11/1/2017	
Tiagabine HCl Tab 2 MG	G			5.78000	2/1/2013	
Tiagabine HCl Tab 4 MG	G			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			0.33162	1/1/2009	
Tinidazole Tab 500 MG	G			2.20000	11/1/2018	
Tizanidine HCl Cap 2 MG (Base Equivalent)	G			0.29733	3/1/2020	
Tizanidine HCl Cap 4 MG (Base Equivalent)	G			0.40807	3/1/2020	
Tizanidine HCl Cap 6 MG (Base Equivalent)	G			0.26287	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	11/1/2017	
Tobramycin Sulfate For Inj 1.2 GM	G			101.01000	8/4/2010	
Tobramycin Sulfate Inj 1.2 GM/30ML (40 MG/ML) (Base Equiv)	G			0.67297	8/4/2010	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Tobramycin Sulfate Inj 2 GM/50ML (40 MG/ML) (Base Equiv)	G			0.67297	8/4/2010	
Tobramycin Sulfate Inj 80 MG/2ML (40 MG/ML) (Base Equiv)	G			0.67297	8/4/2010	
Tobramycin-Dexamethasone Ophth Susp 0.3-0.1%	G			11.48047	6/1/2022	
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 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			5.80386	10/1/2023	
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			0.03583	3/1/2019	
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	12/1/2019	
Torsemide Tab 100 MG	G			0.12655	12/1/2018	
Torsemide Tab 20 MG	G			0.06643	12/1/2018	
Torsemide Tab 5 MG	G			0.04710	9/1/2020	
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	6/1/2023	
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	
Tranlycypromine 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	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Trazodone HCl Tab 150 MG	G			0.08670	6/1/2023	
Trazodone HCl Tab 300 MG	G			1.35000	10/1/2023	
Trazodone HCl Tab 50 MG	G			0.03120	8/1/2023	
Tretinoin Cap 10 MG	G			10.73980	6/1/2019	
Tretinoin Cream 0.025%	G			1.00661	1/1/2024	
Tretinoin Cream 0.05%	G			1.50636	9/1/2022	
Tretinoin Cream 0.1%	G			1.89179	9/1/2022	
Tretinoin Gel 0.01%	G			3.18981	2/1/2024	
Tretinoin Gel 0.025%	G			1.00804	7/1/2013	
Tretinoin Gel 0.05%	G			3.72280	1/1/2021	
Tretinoin Microsphere Gel 0.04%	G			6.14978	8/1/2023	
Tretinoin Microsphere Gel 0.1%	G			8.25483	1/1/2021	
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			0.05614	6/1/2020	
Triamcinolone Acetonide Cream 0.5%	G			0.16989	2/1/2023	
Triamcinolone Acetonide Dental Paste 0.1%	G			3.69400	8/1/2023	
Triamcinolone Acetonide Lotion 0.025%	G			0.41583	6/1/2020	
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			0.07299	2/1/2023	
Triamcinolone Acetonide Oint 0.5%	G			0.19933	8/1/2020	
Triamterene & Hydrochlorothiazide Cap 37.5-25 MG	G			0.04697	1/1/2018	
Triamterene & Hydrochlorothiazide Tab 37.5-25 MG	G			0.04515	2/1/2012	
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	1/28/2008	
Triazolam Tab 0.25 MG	G			0.12500	8/1/2012	
TRICARE (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)	B			0.17500	10/1/2013	
TRICARE PRENATAL DHA ONE (Prenatal w/Fe Fumarate-FA-DSS-Fish Oil Cap 27-1-500 MG***)	B			0.17500	7/1/2013	
Trifluoperazine HCl Tab 10 MG (Base Equivalent)	G			1.32850	5/1/2016	
Trifluoperazine HCl Tab 2 MG (Base Equivalent)	G			0.26338	12/1/2010	
Trifluoperazine HCl Tab 5 MG (Base Equivalent)	G			0.43737	2/1/2012	
Trifluridine Ophth Soln 1%	G			16.35250	6/1/2012	
Trihexyphenidyl HCl 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	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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	
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			0.48905	5/1/2023	
Ursodiol Tab 250 MG	G			0.56460	9/1/2018	
Ursodiol Tab 500 MG	G			0.67784	4/1/2022	
Valacyclovir HCl Tab 1 GM	G			0.37833	2/1/2018	
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	
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	9/1/2017	
Valproic Acid Cap 250 MG	G			0.12720	9/1/2017	
Valsartan Tab 160 MG	G			0.10856	11/1/2017	
Valsartan Tab 320 MG	G			0.10489	9/1/2017	
Valsartan Tab 40 MG	G			0.05556	12/1/2017	
Valsartan Tab 80 MG	G			0.06100	6/1/2017	
Valsartan-Hydrochlorothiazide Tab 160-12.5 MG	G			0.11778	4/1/2018	
Valsartan-Hydrochlorothiazide Tab 160-25 MG	G			0.14689	4/1/2018	
Valsartan-Hydrochlorothiazide Tab 320-12.5 MG	G			0.20556	9/1/2018	
Valsartan-Hydrochlorothiazide Tab 320-25 MG	G			0.20818	3/1/2018	
Valsartan-Hydrochlorothiazide Tab 80-12.5 MG	G			0.12685	8/1/2018	
Vancomycin HCl Cap 125 MG (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	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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	
VANTAS (Histrelin Acetate Implant Kit 50 MG)	B			3484.60560	4/3/2017	
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			5.33359	2/1/2024	
VELCADE (Bortezomib For Inj 3.5 MG)	B			1596.58800	11/1/2016	
Venlafaxine HCl Cap ER 24HR 150 MG (Base Equivalent)	G			0.11218	5/1/2022	
Venlafaxine HCl Cap ER 24HR 37.5 MG (Base Equivalent)	G			0.08777	6/1/2023	
Venlafaxine HCl Cap ER 24HR 75 MG (Base Equivalent)	G			0.08544	3/1/2022	
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	
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			0.83900	1/1/2024	
Vilazodone HCl Tab 20 MG	G			0.82634	3/1/2023	
Vilazodone HCl Tab 40 MG	G			1.42800	5/1/2023	
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-C DHA (Prenatal w/Fe Fum-Fe Poly -FA-Omega 3 Cap 53.5-38-1 MG***)	B			0.17500	7/1/2013	
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	
VIRT-PN PLUS (Prenat w/o A w/ Fe Fumarate-Methylfolate-FA-Omega 3 Cap***)	B			0.17500	7/1/2013	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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			1.79339	10/1/2023	
Voriconazole Tab 50 MG	G			0.89967	9/1/2017	
VP-PNV-DHA (Prenatal Vit w/ Fe Fum-FA-Omega 3 Cap 28-1-215.8 MG***)	B			0.17500	7/1/2013	
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	
WEGMANS COMPLETE PRENATAL (Prenatal w/Fe Fum-FA Tab 28-0.975 MG & DHA Cap 200 MG Pack*)	B			0.17500	7/1/2013	
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	
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	



Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
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	
ZATEAN-PN PLUS (Prenat w/o A w/ Fe Fumarate-Methylfolate-FA-Omega 3 Cap***)	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			0.21672	6/1/2023	
Ziprasidone HCl Cap 40 MG	G			0.14542	12/1/2018	
Ziprasidone HCl Cap 60 MG	G			0.45119	7/26/2023	
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			1.55444	7/1/2021	
Zolpidem Tartrate Tab 10 MG	G			0.02236	11/1/2020	
Zolpidem Tartrate Tab 5 MG	G			0.02670	11/1/2017	
Zolpidem Tartrate Tab ER 12.5 MG	G			0.15024	7/1/2022	
Zolpidem Tartrate Tab ER 6.25 MG	G			0.52347	7/1/2018	
ZOMACTON (Somatropin For Subcutaneous Inj 5 MG)	B			634.72092	1/15/2019	
Zonisamide Cap 100 MG	G			0.09670	4/1/2018	
Zonisamide Cap 25 MG	G			0.05455	11/1/2018	
Zonisamide Cap 50 MG	G			0.11650	1/1/2021	
ZYVOX (Linezolid For Susp 100 MG/5ML)	B			8.86447	1/1/2018	

Wyoming Medicaid  
Office of Pharmacy Services  
State Maximum Allowable Cost (SMAC) List  
As of 02/01/2025