

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Abacavir Sulfate Tab 300 MG (Base Equiv)	G			1.77000	12/01/2017	
Abacavir Sulfate-Lamivudine Tab 600-300 MG	G			6.09000	09/01/2017	
Abacavir Sulfate-Lamivudine-Zidovudine Tab 300-150-300 MG	B			26.06185	12/19/2012	
Abacavir Sulfate-Lamivudine-Zidovudine Tab 300-150-300 MG	G			19.67500	04/01/2017	
Abatacept Subcutaneous Soln Prefilled Syringe 125 MG/ML	B		953.31310	1028.62647	01/01/2018	
Acamprosate Calcium Tab Delayed Release 333 MG	B			1.26806	01/07/2014	
Acamprosate Calcium Tab Delayed Release 333 MG	G			0.56900	12/01/2017	
Acarbose Tab 100 MG	G		0.25000	0.18990	03/01/2018	
Acarbose Tab 25 MG	G			0.13994	09/01/2017	
Acarbose Tab 50 MG	G			0.15667	05/25/2016	
Acebutolol HCl Cap 200 MG	G			0.18512	01/01/2012	
Acebutolol HCl Cap 400 MG	G			0.26985	11/01/2010	
Acetaminophen Cap 500 MG	G			0.01031	07/01/2013	
Acetaminophen Chew Tab 80 MG	G			0.04450	09/01/2010	
Acetaminophen Liquid 160 MG/5ML	G			0.01036	07/01/2013	
Acetaminophen Soln 100 MG/ML	G			0.04507	07/01/2013	
Acetaminophen Soln 160 MG/5ML	G			0.01036	07/01/2013	
Acetaminophen Suppos 120 MG	G			0.18917	04/01/2017	
Acetaminophen Suppos 325 MG	G			0.36400	08/12/2009	
Acetaminophen Suppos 650 MG	G			0.26585	09/01/2010	
Acetaminophen Susp 160 MG/5ML	G			0.01036	09/18/2013	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Acetaminophen Susp 80 MG/0.8ML	G			0.04507	07/01/2013	
Acetaminophen Tab 325 MG	G			0.00686	09/01/2010	
Acetaminophen Tab 500 MG	G			0.01031	07/01/2013	
Acetaminophen Tab ER 650 MG	G			0.10973	08/01/2013	
Acetaminophen w/ Codeine Soln 120-12 MG/5ML	G			0.01793	10/01/2017	
Acetaminophen w/ Codeine Tab 300-15 MG	G			0.12230	04/01/2017	
Acetaminophen w/ Codeine Tab 300-30 MG	G			0.09940	08/01/2017	
Acetaminophen w/ Codeine Tab 300-60 MG	G			0.14952	01/01/2009	
Acetaminophen w/ Hydrocodone Tab 500-2.5 MG	G			0.11182	04/01/2009	
Acetaminophen w/ Hydrocodone Tab 500-5 MG	G			0.03216	08/04/2010	
Acetaminophen w/ Hydrocodone Tab 500-7.5 MG	G			0.14040	09/10/2012	
Acetaminophen w/ Hydrocodone Tab 650-10 MG	G			0.06682	12/01/2010	
Acetaminophen w/ Hydrocodone Tab 650-7.5 MG	G			0.05450	04/01/2012	
Acetaminophen w/ Hydrocodone Tab 660-10 MG	G			0.15500	12/01/2011	
Acetaminophen w/ Hydrocodone Tab 750-7.5 MG	G			0.04430	12/01/2010	
Acetaminophen-Caffeine-Butalbital Tab 500-40-50 MG	G			0.09165	01/01/2012	
Acetazolamide Cap ER 12HR 500 MG	G			0.94140	10/01/2017	
Acetazolamide Tab 125 MG	G			1.37675	10/01/2017	
Acetazolamide Tab 250 MG	G			1.43270	10/01/2017	
Acetic Acid Irrigation Soln 0.25%	G			0.01525	08/01/2016	
Acetic Acid Otic Soln 2%	G			1.02067	04/01/2017	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018**

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Acetylcysteine Inhal Soln 10%	G			0.23443	01/01/2010	
Acetylcysteine Inhal Soln 20%	G			0.26700	04/01/2017	
Acitretin Cap 10 MG	G			6.66667	12/01/2017	
Acitretin Cap 17.5 MG	G			25.25000	03/01/2014	
Acitretin Cap 25 MG	G			26.70000	03/01/2014	
Acyclovir Cap 200 MG	G			0.07601	01/01/2009	
Acyclovir Oint 5%	G			18.26500	08/27/2015	
Acyclovir Susp 200 MG/5ML	G			0.44685	07/01/2016	
Acyclovir Tab 400 MG	G			0.05732	12/01/2017	
Acyclovir Tab 800 MG	G			0.13520	01/01/2018	
Adalimumab Inj Kit 40 MG/0.8ML (50 MG/ML)	B			1450.99494	11/14/2014	
Adalimumab Pen-injector Kit 40 MG/0.8ML	B		2211.73696	2426.27094	01/01/2018	
Adalimumab Prefilled Syringe Kit 10 MG/0.2ML	B		2211.73420	2426.27094	01/01/2018	
Adalimumab Prefilled Syringe Kit 20 MG/0.4ML	B		2211.73420	2426.27094	01/01/2018	
Adalimumab Prefilled Syringe Kit 40 MG/0.8ML	B		2211.73696	2426.27090	01/30/2018	
Adapalene Cream 0.1%	G			4.71978	02/01/2015	
Adapalene Gel 0.1%	G			2.36600	01/01/2015	
Adefovir Dipivoxil Tab 10 MG	B		43.94628	46.97833	01/01/2018	
Ado-Trastuzumab Emtansine For IV Soln 100 MG	B			2845.96210	01/01/2017	
Ado-Trastuzumab Emtansine For IV Soln 160 MG	B			4553.54600	01/01/2017	
Afatinib Dimaleate Tab 20 MG (Base Equivalent)	B			270.73837	09/01/2017	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Afatinib Dimaleate Tab 30 MG (Base Equivalent)	B			270.73837	09/01/2017	
Afatinib Dimaleate Tab 40 MG (Base Equivalent)	B			270.73837	09/01/2017	
Aflibercept Intravitreal Inj 2 MG/0.05ML (40 MG/ML)	B			30710.00000	05/25/2016	
Agalsidase beta For IV Soln 35 MG	B			5753.15496	12/04/2017	
Agalsidase beta For IV Soln 5 MG	B			821.87928	12/04/2017	
Abiglutide For Soln Pen-injector 30 MG	B			129.98007	04/01/2017	
Abiglutide For Soln Pen-injector 50 MG	B			129.98007	04/01/2017	
Albuterol Sulfate Soln Nebu 0.083% (2.5 MG/3ML)	G			0.04063	04/01/2017	
Albuterol Sulfate Soln Nebu 0.5% (5 MG/ML)	G			0.15470	07/01/2013	
Albuterol Sulfate Soln Nebu 0.63 MG/3ML (Base Equiv)	G			0.20253	06/01/2017	
Albuterol Sulfate Soln Nebu 1.25 MG/3ML (Base Equiv)	G			0.21947	09/01/2017	
Albuterol Sulfate Syrup 2 MG/5ML	G			0.01017	11/01/2010	
Albuterol Sulfate Tab 2 MG	G			0.08177	01/01/2010	
Albuterol Sulfate Tab 4 MG	G			2.00000	12/02/2017	
Albuterol Sulfate Tab ER 12HR 4 MG	G			0.77520	04/01/2012	
Alclometasone Dipropionate Cream 0.05%	G			0.68185	11/01/2010	
Alclometasone Dipropionate Oint 0.05%	G			0.68185	04/01/2011	
Alemtuzumab IV Inj 12 MG/1.2ML (10 MG/ML)	B			17222.36859	01/02/2017	
Alendronate Sodium Tab 10 MG	G			0.13200	11/01/2017	
Alendronate Sodium Tab 35 MG	G			0.39875	01/01/2018	
Alendronate Sodium Tab 5 MG	G			0.19460	11/01/2010	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018**

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Alendronate Sodium Tab 70 MG	G			0.27875	11/01/2017	
Alfuzosin HCl Tab ER 24HR 10 MG	G			0.12730	01/01/2018	
Alglucosidase Alfa For IV Soln 50 MG	B			750.98400	11/01/2016	
Allopurinol Sodium For Inj 500 MG	B			3971.11176	11/01/2016	
Allopurinol Tab 100 MG	G			0.02531	01/01/2012	
Allopurinol Tab 300 MG	G			0.15479	12/01/2017	
Almotriptan Malate Tab 12.5 MG	G			25.31000	09/01/2017	
Alogliptin Benzoate Tab 12.5 MG (Base Equiv)	G		6.13267	4.36367	03/01/2018	
Alogliptin Benzoate Tab 25 MG (Base Equiv)	G			5.82800	04/01/2017	
Alogliptin Benzoate Tab 6.25 MG (Base Equiv)	G			6.13267	04/01/2017	
Alogliptin-Metformin HCl Tab 12.5-1000 MG	G			2.92483	04/01/2017	
Alogliptin-Metformin HCl Tab 12.5-500 MG	G			2.79217	04/01/2017	
Alprazolam Orally Disintegrating Tab 2 MG	G			4.19515	04/01/2012	
Alprazolam Tab 0.25 MG	G			0.02113	04/01/2017	
Alprazolam Tab 0.5 MG	G			0.01913	04/01/2017	
Alprazolam Tab 1 MG	G			0.01937	01/01/2012	
Alprazolam Tab 2 MG	G			0.05792	04/01/2017	
Alprazolam Tab ER 24HR 0.5 MG	G			0.18083	10/01/2017	
Alprazolam Tab ER 24HR 1 MG	G			0.21717	10/01/2017	
Alprazolam Tab ER 24HR 2 MG	G			0.57375	04/01/2012	
Alprazolam Tab ER 24HR 3 MG	G			0.35500	10/01/2017	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Alteplase For Inj 2 MG	B		146.58132	152.44776	01/01/2018	
Alum & Mag Hydroxide-Simethicone Susp 200-200-20 MG/5ML	G			0.00594	04/01/2017	
Aluminum & Magnesium Hydroxides Susp 225-200 MG/5ML	G			0.00594	04/01/2017	
Aluminum Chloride Soln 20%	G			0.15656	04/01/2011	
Aluminum Hydroxide-Magnesium Carbonate Chew Tab 160-105 MG	G			0.00762	11/01/2017	
Aluminum Hydroxide-Magnesium Trisilicate Chew Tab 80-20 MG	G			0.03822	08/01/2011	
Amantadine HCl Cap 100 MG	G			0.43730	01/01/2018	
Amantadine HCl Syrup 50 MG/5ML	G			0.02360	08/01/2016	
Ambrisentan Tab 10 MG	B			307.25305	07/01/2017	
Ambrisentan Tab 5 MG	B			307.25305	07/01/2017	
Amiloride & Hydrochlorothiazide Tab 5-50 MG	G			0.34126	04/01/2017	
Amiloride HCl Tab 5 MG	G			0.18960	10/01/2017	
Aminocaproic Acid Tab 500 MG	G			1.80000	05/01/2014	
Amiodarone HCl Tab 100 MG	G			2.38300	01/01/2018	
Amiodarone HCl Tab 200 MG	G			0.11416	08/01/2017	
Amitriptyline HCl Tab 10 MG	G			0.08140	06/01/2017	
Amitriptyline HCl Tab 100 MG	G			0.75735	11/01/2017	
Amitriptyline HCl Tab 150 MG	G			1.02820	06/01/2017	
Amitriptyline HCl Tab 25 MG	G			0.17140	10/01/2017	
Amitriptyline HCl Tab 50 MG	G			0.30203	06/01/2017	
Amitriptyline HCl Tab 75 MG	G			0.52470	06/01/2017	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Amlodipine Besylate Tab 10 MG	G			0.02001	04/01/2017	
Amlodipine Besylate Tab 2.5 MG	G			0.01964	04/01/2017	
Amlodipine Besylate Tab 5 MG	G			0.01208	11/01/2017	
Amlodipine Besylate-Atorvastatin Calcium Tab 10-10 MG	G			3.63378	08/01/2016	
Amlodipine Besylate-Atorvastatin Calcium Tab 10-20 MG	G			4.71000	08/01/2016	
Amlodipine Besylate-Atorvastatin Calcium Tab 10-40 MG	G			5.55500	09/01/2013	
Amlodipine Besylate-Atorvastatin Calcium Tab 10-80 MG	G			4.17000	08/01/2016	
Amlodipine Besylate-Atorvastatin Calcium Tab 2.5-10 MG	G			4.33100	08/01/2016	
Amlodipine Besylate-Atorvastatin Calcium Tab 2.5-20 MG	G			3.01200	10/01/2017	
Amlodipine Besylate-Atorvastatin Calcium Tab 2.5-40 MG	G			5.92660	08/01/2016	
Amlodipine Besylate-Atorvastatin Calcium Tab 5-10 MG	G			2.91367	04/01/2017	
Amlodipine Besylate-Atorvastatin Calcium Tab 5-20 MG	G			5.56013	09/01/2013	
Amlodipine Besylate-Atorvastatin Calcium Tab 5-40 MG	G			3.35767	10/01/2017	
Amlodipine Besylate-Atorvastatin Calcium Tab 5-80 MG	G			5.92660	08/01/2016	
Amlodipine Besylate-Benazepril HCl Cap 10-20 MG	G			0.10120	09/01/2017	
Amlodipine Besylate-Benazepril HCl Cap 10-40 MG	G			0.14950	12/01/2017	
Amlodipine Besylate-Benazepril HCl Cap 2.5-10 MG	G			0.08560	10/01/2017	
Amlodipine Besylate-Benazepril HCl Cap 5-10 MG	G			0.14570	09/01/2017	
Amlodipine Besylate-Benazepril HCl Cap 5-20 MG	G			0.10380	10/01/2017	
Amlodipine Besylate-Benazepril HCl Cap 5-40 MG	G			0.17283	12/01/2017	
Amlodipine Besylate-Olmesartan Medoxomil Tab 10-20 MG	G			0.52000	12/01/2017	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

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			0.59044	04/01/2017	
Amlodipine Besylate-Olmesartan Medoxomil Tab 5-20 MG	G			0.44433	01/01/2018	
Amlodipine Besylate-Olmesartan Medoxomil Tab 5-40 MG	G			0.85000	12/01/2017	
Amlodipine Besylate-Valsartan Tab 10-160 MG	G			0.50233	05/01/2017	
Amlodipine Besylate-Valsartan Tab 10-320 MG	G			1.02353	07/01/2015	
Amlodipine Besylate-Valsartan Tab 5-160 MG	G			0.31133	09/01/2017	
Amlodipine Besylate-Valsartan Tab 5-320 MG	G			0.38367	04/01/2017	
Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-160-12.5 MG	G			1.63800	03/01/2016	
Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-160-25 MG	G			1.63800	03/01/2016	
Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-320-25 MG	G			1.73183	12/01/2017	
Amlodipine-Valsartan-Hydrochlorothiazide Tab 5-160-12.5 MG	G			1.40400	03/01/2016	
Amlodipine-Valsartan-Hydrochlorothiazide Tab 5-160-25 MG	G			1.40400	03/01/2016	
Amoxicillin & K Clavulanate Chew Tab 400-57 MG	G			1.16750	12/01/2011	
Amoxicillin & K Clavulanate For Susp 200-28.5 MG/5ML	G			0.03290	12/01/2017	
Amoxicillin & K Clavulanate For Susp 250-62.5 MG/5ML	G			0.40980	05/01/2017	
Amoxicillin & K Clavulanate For Susp 400-57 MG/5ML	G			0.08987	04/01/2017	
Amoxicillin & K Clavulanate For Susp 600-42.9 MG/5ML	G		0.10045	0.07638	03/01/2018	
Amoxicillin & K Clavulanate Tab 500-125 MG	G			0.26356	12/01/2017	
Amoxicillin & K Clavulanate Tab 875-125 MG	G			0.30000	06/01/2017	
Amoxicillin & K Clavulanate Tab ER 12HR 1000-62.5 MG	G			2.48970	04/01/2017	
Amoxicillin (Trihydrate) Cap 250 MG	G			0.05790	01/01/2009	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Amoxicillin (Trihydrate) Cap 500 MG	G			0.04700	06/01/2017	
Amoxicillin (Trihydrate) Chew Tab 250 MG	G			0.16521	01/01/2009	
Amoxicillin (Trihydrate) Chew Tab 400 MG	G			0.44300	01/28/2008	
Amoxicillin (Trihydrate) For Susp 125 MG/5ML	G			0.01427	01/01/2009	
Amoxicillin (Trihydrate) For Susp 200 MG/5ML	G			0.02535	01/01/2012	
Amoxicillin (Trihydrate) For Susp 250 MG/5ML	G			0.01947	04/01/2017	
Amoxicillin (Trihydrate) For Susp 400 MG/5ML	G			0.01869	11/01/2017	
Amoxicillin (Trihydrate) Tab 500 MG	G			0.34190	10/01/2017	
Amoxicillin (Trihydrate) Tab 875 MG	G			0.08590	01/01/2018	
Amphetamine-Dextroamphetamine Cap ER 24HR 10 MG	G			2.77641	04/01/2017	
Amphetamine-Dextroamphetamine Cap ER 24HR 15 MG	G			2.64298	04/01/2017	
Amphetamine-Dextroamphetamine Cap ER 24HR 20 MG	G			2.77586	01/01/2017	
Amphetamine-Dextroamphetamine Cap ER 24HR 25 MG	G			2.63350	06/01/2017	
Amphetamine-Dextroamphetamine Cap ER 24HR 30 MG	G			2.66487	04/01/2017	
Amphetamine-Dextroamphetamine Cap ER 24HR 5 MG	G			1.92625	10/01/2017	
Amphetamine-Dextroamphetamine Tab 10 MG	G			0.37637	10/01/2017	
Amphetamine-Dextroamphetamine Tab 12.5 MG	G			0.23110	10/01/2017	
Amphetamine-Dextroamphetamine Tab 15 MG	G			0.43560	09/01/2017	
Amphetamine-Dextroamphetamine Tab 20 MG	G			0.46148	06/15/2017	
Amphetamine-Dextroamphetamine Tab 30 MG	G			0.41430	09/01/2017	
Amphetamine-Dextroamphetamine Tab 5 MG	G			0.49500	11/01/2017	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

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			0.55767	03/01/2017	
Ampicillin & Sulbactam Sodium For Inj 3 (2-1) GM	G			6.39600	11/01/2011	
Ampicillin Cap 250 MG	G			0.06980	04/01/2017	
Ampicillin Cap 500 MG	G			0.12460	04/01/2017	
Anagrelide HCl Cap 0.5 MG	G			0.18265	06/01/2011	
Anagrelide HCl Cap 1 MG	G			0.76180	08/12/2009	
Anakinra Subcutaneous Soln Prefilled Syringe 100 MG/0.67ML	B			207.81784	01/01/2018	
Anastrozole Tab 1 MG	G			0.09700	05/01/2017	
Antihemophilic Factor (Human) For Inj 1000 Unit	B	KOATE-DVI INJ 1000UNIT (13533066550)		0.68720	03/16/2011	NDC-specific SMAC
Antihemophilic Factor (Human) For Inj 1000 Unit	B	KOATE-DVI INJ 1000UNIT (76125066750)		0.68720	10/02/2013	NDC-specific SMAC
Antihemophilic Factor (Human) For Inj 220-400 Unit	B			0.76000	03/16/2011	
Antihemophilic Factor (Human) For Inj 250 Unit	B			0.76000	03/16/2011	
Antihemophilic Factor (Human) For Inj 250 Unit	B	KOATE-DVI INJ 250UNIT (13533066520)		0.68720	03/23/2011	NDC-specific SMAC
Antihemophilic Factor (Human) For Inj 250 Unit	B	KOATE-DVI INJ 250UNIT (76125025020)		0.68720	10/02/2013	NDC-specific SMAC
Antihemophilic Factor (Human) For Inj 401-800 Unit	B			0.76000	03/16/2011	
Antihemophilic Factor (Human) For Inj 500 Unit	B			0.76000	03/16/2011	
Antihemophilic Factor (Human) For Inj 500 Unit	B	KOATE-DVI INJ 500UNIT (13533066530)		0.68720	03/23/2011	NDC-specific SMAC
Antihemophilic Factor (Human) For Inj 500 Unit	B	KOATE-DVI INJ 500UNIT (76125050030)		0.68720	10/02/2013	NDC-specific SMAC
Antihemophilic Factor (Human) For Inj Kit 1000 Unit	B	MONOCLATE-P INJ 1000UNIT (00053763302)		0.60000	10/01/2013	NDC-specific SMAC
Antihemophilic Factor (Human) For Inj Kit 1000 Unit	B	MONOCLATE-P INJ 1000UNIT (00053765604)		0.60000	03/16/2011	NDC-specific SMAC
Antihemophilic Factor (Human) For Inj Kit 1500 Unit	B			0.60000	03/16/2011	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Antihemophilic Factor (Recomb) rFVIIIc For Inj 1000 Unit	B			1.97540	09/01/2014	
Antihemophilic Factor (Recomb) rFVIIIc For Inj 1500 Unit	B			1.97540	09/01/2014	
Antihemophilic Factor (Recomb) rFVIIIc For Inj 2000 Unit	B			1.97540	09/01/2014	
Antihemophilic Factor (Recomb) rFVIIIc For Inj 250 Unit	B			1.97540	09/01/2014	
Antihemophilic Factor (Recomb) rFVIIIc For Inj 3000 Unit	B			1.97540	09/01/2014	
Antihemophilic Factor (Recomb) rFVIIIc For Inj 500 Unit	B			1.97540	09/01/2014	
Antihemophilic Factor (Recomb) rFVIIIc For Inj 750 Unit	B			1.97540	09/01/2014	
Antihemophilic Factor (Recombinant) For Inj 1000 Unit	B			0.99000	11/01/2016	
Antihemophilic Factor (Recombinant) For Inj 1241-1800 Unit	B			1.02000	03/16/2011	
Antihemophilic Factor (Recombinant) For Inj 1801-2400 Unit	B	RECOMBINATE INJ (00944283501)		1.02000	03/16/2011	NDC-specific SMAC
Antihemophilic Factor (Recombinant) For Inj 1801-2400 Unit	B	RECOMBINATE INJ (00944283510)		1.02000	03/16/2011	NDC-specific SMAC
Antihemophilic Factor (Recombinant) For Inj 1801-2400 Unit	B	RECOMBINATE INJ (00944284510)		1.02000	10/01/2013	NDC-specific SMAC
Antihemophilic Factor (Recombinant) For Inj 2000 Unit	B			0.99000	11/01/2016	
Antihemophilic Factor (Recombinant) For Inj 220-400 Unit	B	RECOMBINATE INJ 220-400 (00944283110)		1.02000	03/16/2011	NDC-specific SMAC
Antihemophilic Factor (Recombinant) For Inj 220-400 Unit	B	RECOMBINATE INJ 220-400 (00944284110)		1.02000	10/01/2013	NDC-specific SMAC
Antihemophilic Factor (Recombinant) For Inj 250 Unit	B			0.99000	12/01/2016	
Antihemophilic Factor (Recombinant) For Inj 401-800 Unit	B	RECOMBINATE INJ 401-800 (00944283210)		1.02000	03/16/2011	NDC-specific SMAC
Antihemophilic Factor (Recombinant) For Inj 401-800 Unit	B	RECOMBINATE INJ 401-800 (00944284210)		1.02000	10/01/2013	NDC-specific SMAC
Antihemophilic Factor (Recombinant) For Inj 801-1240 Unit	B	RECOMBINATE INJ 801-1240 (00944283310)		1.02000	03/16/2011	NDC-specific SMAC
Antihemophilic Factor (Recombinant) For Inj 801-1240 Unit	B	RECOMBINATE INJ 801-1240 (00944284310)		1.02000	10/01/2013	NDC-specific SMAC
Antihemophilic Factor (Recombinant) For Inj Kit 1000 Unit	B	KOGENATE FS INJ 1000/BS (00026379550)		0.99000	03/16/2011	NDC-specific SMAC

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Antihemophilic Factor (Recombinant) For Inj Kit 1000 Unit	B	KOGENATE FS INJ 1000UNIT (00026378550)		0.99000	03/16/2011	NDC-specific SMAC
Antihemophilic Factor (Recombinant) For Inj Kit 1000 Unit	B	HELIXATE FS INJ 1000UNIT (00053813302)		0.95000	03/16/2011	NDC-specific SMAC
Antihemophilic Factor (Recombinant) For Inj Kit 1000 Unit	B	HELIXATE FS SOL 1000UNIT (00053813004)		0.95000	03/16/2011	NDC-specific SMAC
Antihemophilic Factor (Recombinant) For Inj Kit 2000 Unit	B	HELIXATE FS INJ 2000UNIT (00053813005)		0.95000	03/16/2011	NDC-specific SMAC
Antihemophilic Factor (Recombinant) For Inj Kit 2000 Unit	B	HELIXATE FS INJ 2000UNIT (00053813402)		0.95000	03/16/2011	NDC-specific SMAC
Antihemophilic Factor (Recombinant) For Inj Kit 2000 Unit	B	KOGENATE FS INJ 2000/BS (00026379660)		0.99000	03/16/2011	NDC-specific SMAC
Antihemophilic Factor (Recombinant) For Inj Kit 2000 Unit	B	KOGENATE FS INJ 2000UNIT (00026378660)		0.99000	03/16/2011	NDC-specific SMAC
Antihemophilic Factor (Recombinant) For Inj Kit 2000 Unit	B			0.97000	11/01/2016	
Antihemophilic Factor (Recombinant) For Inj Kit 250 Unit	B			0.97000	11/01/2016	
Antihemophilic Factor (Recombinant) For Inj Kit 250 Unit	B	KOGENATE FS INJ 250/BS (00026379220)		0.99000	03/16/2011	NDC-specific SMAC
Antihemophilic Factor (Recombinant) For Inj Kit 250 Unit	B	KOGENATE FS INJ 250UNIT (00026378220)		0.99000	03/16/2011	NDC-specific SMAC
Antihemophilic Factor (Recombinant) For Inj Kit 250 Unit	B	HELIXATE FS INJ 250UNIT (00053813102)		0.95000	03/16/2011	NDC-specific SMAC
Antihemophilic Factor (Recombinant) For Inj Kit 250 Unit	B	HELIXATE FS SOL 250UNIT (00053813001)		0.95000	03/16/2011	NDC-specific SMAC
Antihemophilic Factor (Recombinant) For Inj Kit 3000 Unit	B	HELIXATE FS INJ 3000UNIT (00053813502)		0.95000	03/16/2011	NDC-specific SMAC
Antihemophilic Factor (Recombinant) For Inj Kit 3000 Unit	B	KOGENATE FS INJ 3000/BS (00026379770)		0.99000	03/16/2011	NDC-specific SMAC
Antihemophilic Factor (Recombinant) For Inj Kit 3000 Unit	B	KOGENATE FS INJ 3000UNIT (00026378770)		0.99000	03/16/2011	NDC-specific SMAC
Antihemophilic Factor (Recombinant) For Inj Kit 500 Unit	B	KOGENATE FS INJ 500/BS (00026379330)		0.99000	03/16/2011	NDC-specific SMAC
Antihemophilic Factor (Recombinant) For Inj Kit 500 Unit	B	KOGENATE FS INJ 500UNIT (00026378330)		0.99000	03/16/2011	NDC-specific SMAC
Antihemophilic Factor (Recombinant) For Inj Kit 500 Unit	B	HELIXATE FS INJ 500UNIT (00053813202)		0.95000	03/16/2011	NDC-specific SMAC
Antihemophilic Factor (Recombinant) For Inj Kit 500 Unit	B	HELIXATE FS SOL 500UNIT (00053813002)		0.95000	03/16/2011	NDC-specific SMAC
Antihemophilic Factor rAHF-PFM For Inj 1000 Unit	B			1.03000	03/16/2011	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Antihemophilic Factor rAHF-PFM For Inj 1500 Unit	B			1.03000	03/16/2011	
Antihemophilic Factor rAHF-PFM For Inj 2000 Unit	B			1.03000	03/16/2011	
Antihemophilic Factor rAHF-PFM For Inj 250 Unit	B			1.03000	03/16/2011	
Antihemophilic Factor rAHF-PFM For Inj 3000 Unit	B			1.03000	03/16/2011	
Antihemophilic Factor rAHF-PFM For Inj 500 Unit	B			1.03000	03/16/2011	
Antihemophilic Factor Recombinant PAF For Inj Kit 1000 Unit	B			1.03750	11/01/2016	
Antihemophilic Factor Recombinant PAF For Inj Kit 2000 Unit	B			1.03750	11/01/2016	
Antihemophilic Factor Recombinant PAF For Inj Kit 250 Unit	B			1.03750	11/01/2016	
Antihemophilic Factor Recombinant PAF For Inj Kit 3000 Unit	B			1.03750	11/01/2016	
Antihemophilic Factor Recombinant PAF For Inj Kit 500 Unit	B			1.03750	11/01/2016	
Antihemophilic Factor/VWF (Human) For Inj 1000 Unit	B			0.79000	03/16/2011	
Antihemophilic Factor/VWF (Human) For Inj 1000-2400 Unit	B			0.80000	03/16/2011	
Antihemophilic Factor/VWF (Human) For Inj 1500 Unit	B			0.79000	03/16/2011	
Antihemophilic Factor/VWF (Human) For Inj 250 Unit	B			0.79000	03/16/2011	
Antihemophilic Factor/VWF (Human) For Inj 250-600 Unit	B			0.80000	03/16/2011	
Antihemophilic Factor/VWF (Human) For Inj 450-450 Unit	B			1.10400	03/16/2011	
Antihemophilic Factor/VWF (Human) For Inj 500 Unit	B			0.79000	03/16/2011	
Antihemophilic Factor/VWF (Human) For Inj 500-1200 Unit	B			0.80000	03/16/2011	
Antihemophilic Factor/VWF (Human) For Inj 900-900 Unit	B			1.10400	03/16/2011	
Antiinhibitor Coagulant Complex For Inj**	B			1.43000	03/16/2011	
Apixaban Tab 2.5 MG	B			6.44703	01/01/2017	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Apixaban Tab 5 MG	B			6.44660	01/01/2017	
Apraclonidine HCl Ophth Soln 0.5% (Base Equivalent)	G			10.85900	04/01/2017	
Apremilast Tab Starter Therapy Pack 10 MG & 20 MG & 30 MG	B			56.14162	10/05/2017	
Aripiprazole Oral Solution 1 MG/ML	B			6.67460	01/01/2015	
Aripiprazole Oral Solution 1 MG/ML	G			2.79000	02/01/2017	
Aripiprazole Orally Disintegrating Tab 15 MG	B			36.09553	01/01/2015	
Aripiprazole Tab 10 MG	B			30.32687	01/01/2015	
Aripiprazole Tab 10 MG	G			0.44733	06/01/2017	
Aripiprazole Tab 15 MG	B			30.32687	01/01/2015	
Aripiprazole Tab 15 MG	G			0.46816	12/01/2017	
Aripiprazole Tab 2 MG	B			30.32687	01/01/2015	
Aripiprazole Tab 2 MG	G		0.58000	0.55857	03/01/2018	
Aripiprazole Tab 20 MG	B			42.88590	01/01/2015	
Aripiprazole Tab 20 MG	G			0.63633	10/01/2017	
Aripiprazole Tab 30 MG	B			42.88590	01/01/2015	
Aripiprazole Tab 30 MG	G		0.89900	0.78867	03/01/2018	
Aripiprazole Tab 5 MG	B			30.32687	01/01/2015	
Aripiprazole Tab 5 MG	G		0.67217	0.49233	03/01/2018	
Armodafinil Tab 250 MG	G			1.31300	06/01/2017	
Artificial Tear Ophth Ointment****	G			1.86060	09/18/2013	
Asenapine Maleate SL Tab 10 MG (Base Equiv)	B			18.20412	12/27/2016	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018**

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Asenapine Maleate SL Tab 5 MG (Base Equiv)	B			18.64276	03/13/2017	
Asfotase Alfa Subcutaneous Inj 18 MG/0.45ML	B			2788.80000	11/01/2016	
Asfotase Alfa Subcutaneous Inj 28 MG/0.7ML	B			2788.80000	11/01/2016	
Asfotase Alfa Subcutaneous Inj 40 MG/ML	B			2788.80000	11/01/2016	
Asfotase Alfa Subcutaneous Inj 80 MG/0.8ML	B			5810.00000	05/25/2016	
Aspirin Chew Tab 81 MG	G			0.02527	01/05/2011	
Aspirin Tab 325 MG	G			0.00707	01/05/2011	
Aspirin Tab Delayed Release 325 MG	G			0.00975	01/05/2011	
Aspirin Tab Delayed Release 81 MG	G			0.00780	01/05/2011	
Aspirin-Dipyridamole Cap ER 12HR 25-200 MG	G			3.08317	04/01/2017	
Atazanavir Sulfate Cap 150 MG (Base Equiv)	B			24.29009	01/01/2017	
Atazanavir Sulfate Cap 200 MG (Base Equiv)	B			24.29009	01/01/2017	
Atazanavir Sulfate Cap 300 MG (Base Equiv)	B			48.12064	01/01/2017	
Atazanavir Sulfate-Cobicistat Tab 300-150 MG (Base Equiv)	B			53.30150	01/01/2017	
Atenolol & Chlorthalidone Tab 100-25 MG	G			0.11700	02/01/2012	
Atenolol & Chlorthalidone Tab 50-25 MG	G			0.07629	01/01/2009	
Atenolol Tab 100 MG	G			0.02317	04/01/2017	
Atenolol Tab 25 MG	G			0.01620	04/01/2017	
Atenolol Tab 50 MG	G			0.01560	04/01/2017	
Atomoxetine HCl Cap 10 MG (Base Equiv)	G			3.35000	07/01/2017	
Atomoxetine HCl Cap 100 MG (Base Equiv)	G			3.95000	07/01/2017	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Atomoxetine HCl Cap 18 MG (Base Equiv)	G			3.35000	07/01/2017	
Atomoxetine HCl Cap 25 MG (Base Equiv)	G			2.53667	11/01/2017	
Atomoxetine HCl Cap 40 MG (Base Equiv)	G		3.69467	3.43233	03/01/2018	
Atomoxetine HCl Cap 60 MG (Base Equiv)	G			3.65000	07/01/2017	
Atomoxetine HCl Cap 80 MG (Base Equiv)	G		3.69833	3.47850	03/01/2018	
Atorvastatin Calcium Tab 10 MG (Base Equivalent)	G			0.07573	08/01/2017	
Atorvastatin Calcium Tab 20 MG (Base Equivalent)	G			0.08920	07/01/2017	
Atorvastatin Calcium Tab 40 MG (Base Equivalent)	G			0.09643	05/01/2017	
Atorvastatin Calcium Tab 80 MG (Base Equivalent)	G			0.08844	06/01/2017	
Atovaquone Susp 750 MG/5ML	G			2.40754	04/01/2017	
Atovaquone-Proguanil HCl Tab 250-100 MG	G			2.63870	10/01/2017	
Atovaquone-Proguanil HCl Tab 62.5-25 MG	G			1.26500	09/01/2017	
Atropine Sulfate Ophth Soln 1%	G		9.15400	8.99400	03/01/2018	
Axitinib Tab 1 MG	B		75.69727	79.48212	01/01/2018	
Axitinib Tab 5 MG	B		227.09181	238.44638	01/01/2018	
Azathioprine Tab 50 MG	G			0.35000	10/31/2013	
Azelastine HCl Nasal Spray 0.1% (137 MCG/SPRAY)	G			0.45420	12/01/2017	
Azelastine HCl Nasal Spray 0.15% (205.5 MCG/SPRAY)	G			1.46267	04/01/2017	
Azelastine HCl Ophth Soln 0.05%	G		2.50500	2.10944	03/01/2018	
Azithromycin For Susp 100 MG/5ML	G			0.73267	10/01/2017	
Azithromycin For Susp 200 MG/5ML	G			0.49172	04/01/2017	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Azithromycin Tab 250 MG	G			0.27106	02/01/2018	
Azithromycin Tab 500 MG	G			0.56111	07/01/2017	
Azithromycin Tab 600 MG	G			1.57567	05/25/2016	
Aztreonam Lysine For Inhal Soln 75 MG (Base Equivalent)	B			101.30300	07/01/2017	
B-Complex w/ C & Folic Acid Cap 1 MG***	G			0.13195	04/01/2017	
B-Complex w/ C & Folic Acid Tab 1 MG***	G			0.10190	02/01/2018	
Bacitracin Oint 500 Unit/GM	G			0.08300	09/18/2013	
Bacitracin Ophth Oint 500 Unit/GM	G			26.18395	11/01/2017	
Bacitracin Zinc Oint 500 Unit/GM	G			0.08300	09/18/2013	
Bacitracin-Polymyxin B Ophth Oint	G			1.36056	01/01/2009	
Bacitracin-Polymyxin-Neomycin-HC Ophth Oint 1%	G			2.44285	06/01/2010	
Baclofen Powder	G			2.37120	06/01/2010	
Baclofen Tab 10 MG	G			0.08360	10/01/2017	
Baclofen Tab 20 MG	G			0.20000	08/01/2017	
Balsalazide Disodium Cap 750 MG	G			0.22313	05/01/2012	
Belimumab For IV Soln 120 MG	B			502.23300	10/01/2017	
Belimumab For IV Soln 400 MG	B			1674.04692	10/01/2017	
Belinostat For IV Inj 500 MG	B			1671.68640	01/09/2017	
Benazepril & Hydrochlorothiazide Tab 10-12.5 MG	G			0.13679	09/01/2011	
Benazepril & Hydrochlorothiazide Tab 20-12.5 MG	G			0.21990	09/01/2017	
Benazepril & Hydrochlorothiazide Tab 20-25 MG	G			0.15431	01/01/2012	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Benazepril & Hydrochlorothiazide Tab 5-6.25 MG	G			0.14950	11/01/2011	
Benazepril HCl Tab 10 MG	G			0.03800	11/01/2017	
Benazepril HCl Tab 20 MG	G			0.03900	04/01/2017	
Benazepril HCl Tab 40 MG	G			0.04368	11/01/2017	
Benazepril HCl Tab 5 MG	G		0.06313	0.04180	03/01/2018	
Benzocaine-Antipyrine Otic Soln 1.4-5.4%	G			0.57091	08/01/2014	
Benzonatate Cap 100 MG	G			0.16558	09/01/2017	
Benzonatate Cap 200 MG	G			0.17894	10/01/2016	
Benzoyl Peroxide Gel 10%	G			0.06917	09/01/2010	
Benzoyl Peroxide Gel 5%	G			0.10400	09/01/2010	
Benzoyl Peroxide Liq 10%	G			0.04621	10/01/2017	
Benzoyl Peroxide Liq 5%	G			0.08801	08/12/2009	
Benzoyl Peroxide Pad 3%	G			2.59177	06/01/2010	
Benzoyl Peroxide Pad 6%	G			2.59177	06/01/2010	
Benzoyl Peroxide-Erythromycin Gel 5-3%	G			6.55508	12/01/2016	
Benzotropine Mesylate Tab 0.5 MG	G			0.04716	02/01/2011	
Benzotropine Mesylate Tab 1 MG	G			0.09106	09/01/2017	
Benzotropine Mesylate Tab 2 MG	G			0.10637	09/01/2017	
Betamethasone Dipropionate Augmented Cream 0.05%	G			0.31737	09/01/2011	
Betamethasone Dipropionate Augmented Gel 0.05%	G			1.19430	06/01/2006	
Betamethasone Dipropionate Augmented Lotion 0.05%	G			1.37417	01/01/2013	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Betamethasone Dipropionate Augmented Oint 0.05%	G			2.57000	07/01/2014	
Betamethasone Dipropionate Cream 0.05%	G			1.16000	07/01/2011	
Betamethasone Dipropionate Lotion 0.05%	G			0.07083	01/01/2009	
Betamethasone Dipropionate Oint 0.05%	G			1.52400	10/14/2015	
Betamethasone Valerate Cream 0.1% (Base Equivalent)	G			0.71020	02/20/2014	
Betamethasone Valerate Lotion 0.1% (Base Equivalent)	G			0.06450	01/28/2008	
Betamethasone Valerate Oint 0.1% (Base Equivalent)	G			0.68540	07/13/2016	
Bethanechol Chloride Tab 10 MG	G			0.13025	06/01/2012	
Bethanechol Chloride Tab 25 MG	G			0.14238	09/01/2011	
Bethanechol Chloride Tab 5 MG	G			0.14400	10/01/2017	
Bethanechol Chloride Tab 50 MG	G			0.25090	05/01/2011	
Bevacizumab IV Soln 100 MG/4ML (For Infusion)	B			184.72065	01/01/2017	
Bevacizumab IV Soln 400 MG/16ML (For Infusion)	B			184.72065	01/01/2017	
Bicalutamide Tab 50 MG	G			0.21667	09/01/2017	
Bisacodyl Suppos 10 MG	G			0.08957	01/05/2011	
Bisacodyl Tab Delayed Release 5 MG	G			0.00660	07/01/2013	
Bisoprolol & Hydrochlorothiazide Tab 10-6.25 MG	G			0.06619	09/01/2011	
Bisoprolol & Hydrochlorothiazide Tab 2.5-6.25 MG	G		0.04920	0.03462	03/01/2018	
Bisoprolol & Hydrochlorothiazide Tab 5-6.25 MG	G			0.03900	09/01/2017	
Bisoprolol Fumarate Tab 10 MG	G			0.09470	09/01/2017	
Bisoprolol Fumarate Tab 5 MG	G			0.17367	10/01/2017	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Blinatumomab For IV Infusion 35 MCG	B			3450.49260	01/13/2017	
Bortezomib For Inj 3.5 MG	B			1596.58800	11/01/2016	
Bosentan Tab 125 MG	B			180.62460	11/13/2017	
Bosentan Tab 62.5 MG	B			180.62460	11/13/2017	
Bosutinib Tab 100 MG	B			109.09970	01/01/2017	
Bosutinib Tab 500 MG	B			436.39879	01/01/2017	
Brentuximab Vedotin For IV Soln 50 MG	B			6548.70000	12/29/2016	
Brimonidine Tartrate Ophth Soln 0.15%	G			11.94240	04/04/2011	
Brimonidine Tartrate Ophth Soln 0.2%	G			0.53640	09/01/2017	
Bromocriptine Mesylate Tab 2.5 MG (Base Equivalent)	G			0.74574	10/01/2012	
Brompheniramine & Phenylephrine Elixir 1-2.5 MG/5ML	G			0.01064	08/01/2011	
Budesonide Cap SR 24HR 3 MG	G			9.04200	05/01/2015	
Budesonide Delayed Release Particles Cap 3 MG	G			6.19000	09/01/2017	
Budesonide Inhalation Susp 0.25 MG/2ML	G			2.11547	04/01/2017	
Budesonide Inhalation Susp 0.5 MG/2ML	G		1.38670	1.22589	03/01/2018	
Bumetanide Tab 0.5 MG	G			0.12488	12/01/2011	
Bumetanide Tab 1 MG	G			0.47645	04/01/2017	
Bumetanide Tab 2 MG	G			0.16025	08/01/2011	
Bupivacaine HCl Preservative Free (PF) Inj 0.25%	G			0.05460	07/01/2013	
Bupivacaine HCl Preservative Free (PF) Inj 0.5%	G			0.06370	07/01/2013	
Buprenorphine HCl SL Tab 2 MG (Base Equiv)	G			0.43600	10/01/2017	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Buprenorphine HCl SL Tab 8 MG (Base Equiv)	G			1.07306	04/01/2017	
Buprenorphine HCl-Naloxone HCl SL Tab 2-0.5 MG (Base Equiv)	G			2.29567	09/01/2017	
Buprenorphine HCl-Naloxone HCl SL Tab 8-2 MG (Base Equiv)	G			1.56900	10/01/2017	
Bupropion HCl (Smoking Deterrent) Tab ER 12HR 150 MG	G			0.20967	08/01/2017	
Bupropion HCl Tab 100 MG	G			0.18600	10/01/2017	
Bupropion HCl Tab 75 MG	G			0.12725	10/01/2017	
Bupropion HCl Tab ER 12HR 100 MG	G		0.11550	0.07644	03/01/2018	
Bupropion HCl Tab ER 12HR 150 MG	G			0.10950	06/01/2017	
Bupropion HCl Tab ER 12HR 200 MG	G			0.18917	11/01/2017	
Bupropion HCl Tab ER 24HR 150 MG	G			0.30311	11/01/2017	
Bupropion HCl Tab ER 24HR 300 MG	G			0.43809	09/01/2017	
Burrow's Solution w/ Acetic Acid Otic Soln 2%	G			0.08830	06/01/2006	
Buspirone HCl Tab 10 MG	G			0.03980	08/01/2017	
Buspirone HCl Tab 15 MG	G			0.05634	06/01/2017	
Buspirone HCl Tab 30 MG	G			0.39675	01/01/2018	
Buspirone HCl Tab 5 MG	G			0.03640	04/01/2011	
Buspirone HCl Tab 7.5 MG	G			0.41440	10/01/2017	
Butalbital-Acetaminophen Tab 50-325 MG	G			0.42265	08/01/2013	
Butalbital-Acetaminophen-Caff w/ COD Cap 50-325-40-30 MG	G			1.02831	04/01/2017	
Butalbital-Acetaminophen-Caffeine Cap 50-300-40 MG	G			2.36850	04/01/2017	
Butalbital-Acetaminophen-Caffeine Tab 50-325-40 MG	G			0.39770	11/01/2017	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Butalbital-Aspirin-Caff w/ Codeine Cap 50-325-40-30 MG	G			0.60700	05/01/2012	
Butalbital-Aspirin-Caffeine Cap 50-325-40 MG	G			1.01660	04/01/2017	
Butalbital-Aspirin-Caffeine Tab 50-325-40 MG	G			0.12306	02/01/2012	
Butorphanol Tartrate Nasal Soln 10 MG/ML	G			7.03500	08/01/2011	
C1 Esterase Inhibitor (Human) For IV Inj 500 Unit	B			2747.75650	02/22/2017	
C1 Esterase Inhibitor (Human) For IV Inj Kit 500 Unit	B			2803.74000	11/01/2016	
C1 Esterase Inhibitor (Recombinant) For IV Inj 2100 Unit	B			5685.47676	11/01/2016	
Cabergoline Tab 0.5 MG	G			5.34750	12/01/2017	
Calcipotriene Cream 0.005%	G			4.79600	10/01/2012	
Calcipotriene Oint 0.005%	G			3.14200	12/01/2016	
Calcipotriene Soln 0.005% (50 MCG/ML)	G			2.82646	11/01/2015	
Calcitonin (Salmon) Nasal Soln 200 Unit/ACT	G			8.60132	04/01/2017	
Calcitriol Cap 0.25 MCG	G			0.20810	12/01/2017	
Calcitriol Cap 0.5 MCG	G			0.47838	09/01/2017	
Calcitriol Oral Soln 1 MCG/ML	G			5.25167	04/01/2017	
Calcium Acetate (Phosphate Binder) Cap 667 MG (169 MG Ca)	G			0.18790	12/01/2017	
Calcium Carbonate (Antacid) Chew Tab 500 MG	G			0.01465	07/01/2013	
Calcium Carbonate Susp 1250 MG/5ML (500 MG/5ML Elemental Ca)	G			0.01800	01/05/2011	
Calcium Carbonate Tab 1250 MG (500 MG Elemental Ca)	G			0.00695	04/01/2017	
Calcium Carbonate Tab 1500 MG (600 MG Elemental Ca)	G			0.04528	03/01/2011	
Calcium Carbonate Tab 600 MG	G			0.04528	03/01/2011	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Calcium Carbonate-Vitamin D Tab 600 MG-200 Unit	G			0.02274	01/05/2011	
Calcium Carbonate-Vitamin D Tab 600 MG-400 Unit	G			0.04095	01/05/2011	
Calcium Citrate-Vitamin D Tab 315 MG-200 Unit (Elemental Ca)	G			0.06998	03/01/2011	
Calcium Citrate-Vitamin D Tab 315 MG-250 Unit (Elemental Ca)	G			0.06998	03/01/2011	
Calcium Polycarboxylate Tab 625 MG	G			0.06573	01/05/2011	
Canakinumab For Inj 180 MG	B			13325.65830	05/25/2016	
Candesartan Cilexetil Tab 16 MG	G			1.89000	11/01/2014	
Candesartan Cilexetil Tab 32 MG	G			2.18655	01/01/2018	
Candesartan Cilexetil Tab 4 MG	G			2.08598	04/01/2017	
Candesartan Cilexetil Tab 8 MG	G			1.34111	04/01/2017	
Candesartan Cilexetil-Hydrochlorothiazide Tab 16-12.5 MG	G			2.02290	09/01/2013	
Candesartan Cilexetil-Hydrochlorothiazide Tab 32-12.5 MG	G			2.02290	09/01/2013	
Candesartan Cilexetil-Hydrochlorothiazide Tab 32-25 MG	G			3.03985	09/01/2013	
Capecitabine Tab 500 MG	B			45.00516	01/01/2017	
Capecitabine Tab 500 MG	G			5.07000	12/01/2017	
Capsaicin Cream 0.075%	G			0.07042	01/01/2012	
Captopril & Hydrochlorothiazide Tab 25-15 MG	G			0.06265	09/01/2011	
Captopril & Hydrochlorothiazide Tab 50-15 MG	G			0.14030	09/01/2011	
Captopril & Hydrochlorothiazide Tab 50-25 MG	G			0.17880	06/01/2006	
Captopril Tab 100 MG	G			0.07163	01/01/2012	
Captopril Tab 12.5 MG	G			0.01872	01/01/2009	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018**

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Captopril Tab 25 MG	G			0.02117	01/01/2009	
Captopril Tab 50 MG	G			1.34740	04/01/2017	
Carbamazepine Cap ER 12HR 100 MG	G			0.62433	01/01/2018	
Carbamazepine Cap ER 12HR 200 MG	G			0.35403	10/01/2016	
Carbamazepine Cap ER 12HR 300 MG	G			0.52067	02/01/2018	
Carbamazepine Chew Tab 100 MG	G			0.25520	12/01/2017	
Carbamazepine Susp 100 MG/5ML	G			0.11359	04/01/2017	
Carbamazepine Tab 200 MG	G			0.47971	04/01/2017	
Carbamazepine Tab ER 12HR 100 MG	G			0.75630	04/01/2017	
Carbamazepine Tab ER 12HR 200 MG	G			1.25120	09/01/2017	
Carbamazepine Tab ER 12HR 400 MG	G		2.39175	2.33430	03/01/2018	
Carbamide Peroxide 6.5% Otic Soln	G			0.06800	09/01/2017	
Carbidopa & Levodopa Orally Disintegrating Tab 25-100 MG	G			0.72230	07/01/2017	
Carbidopa & Levodopa Tab 10-100 MG	G			0.09610	10/01/2017	
Carbidopa & Levodopa Tab 25-100 MG	G			0.09711	04/01/2017	
Carbidopa & Levodopa Tab 25-250 MG	G			0.15257	04/01/2017	
Carbidopa & Levodopa Tab ER 25-100 MG	G			0.21217	03/01/2012	
Carbidopa & Levodopa Tab ER 50-200 MG	G			0.29771	05/01/2012	
Carbidopa-Levodopa-Entacapone Tabs 25-100-200 MG	G			0.83370	10/01/2017	
Carbidopa-Levodopa-Entacapone Tabs 37.5-150-200 MG	G			1.93249	04/01/2017	
Carbidopa-Levodopa-Entacapone Tabs 50-200-200 MG	G			0.83370	10/01/2017	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Carisoprodol Tab 350 MG	G			0.06011	01/01/2009	
Carteolol HCl Ophth Soln 1%	G			1.65667	12/01/2011	
Carvedilol Tab 12.5 MG	G			0.01990	08/01/2017	
Carvedilol Tab 25 MG	G			0.02935	04/01/2017	
Carvedilol Tab 3.125 MG	G			0.02240	11/01/2017	
Carvedilol Tab 6.25 MG	G			0.01832	11/01/2017	
Caspofungin Acetate For IV Soln 50 MG	B			344.46250	12/19/2012	
Cefaclor Cap 250 MG	G			0.44133	01/01/2009	
Cefaclor Cap 500 MG	G			0.72872	01/01/2009	
Cefadroxil Cap 500 MG	G			0.17120	04/01/2017	
Cefadroxil For Susp 250 MG/5ML	G			0.31820	04/01/2017	
Cefadroxil For Susp 500 MG/5ML	G			0.43635	11/01/2013	
Cefazolin Sodium For Inj 1 GM	G			0.80850	03/01/2012	
Cefdinir Cap 300 MG	G			0.39355	12/01/2017	
Cefdinir For Susp 125 MG/5ML	G			0.20459	01/01/2018	
Cefdinir For Susp 250 MG/5ML	G			0.31207	03/01/2017	
Cefepime HCl For Inj 1 GM	G			5.90333	10/01/2012	
Cefepime HCl For Inj 2 GM	G			13.10920	11/01/2010	
Cefpodoxime Proxetil Tab 100 MG	G			2.69550	08/12/2009	
Cefpodoxime Proxetil Tab 200 MG	G			6.75000	04/25/2014	
Cefprozil For Susp 125 MG/5ML	G			0.30840	04/01/2017	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Cefprozil For Susp 250 MG/5ML	G			0.23730	10/01/2017	
Cefprozil Tab 250 MG	G			0.71478	04/01/2017	
Cefprozil Tab 500 MG	G			1.28468	04/01/2017	
Ceftazidime For Inj 1 GM	G			4.95300	06/01/2010	
Ceftazidime For Inj 2 GM	G			11.54400	06/01/2010	
Ceftazidime For Inj 6 GM	G			24.36200	06/01/2010	
Ceftazidime For IV Soln 1 GM	G			8.51500	11/01/2010	
Ceftriaxone Sodium For Inj 1 GM	G		1.75700	1.40413	03/01/2018	
Ceftriaxone Sodium For Inj 10 GM	G			19.80750	02/01/2014	
Ceftriaxone Sodium For Inj 2 GM	G		3.09746	1.35200	03/01/2018	
Ceftriaxone Sodium For Inj 250 MG	G			1.56000	01/01/2010	
Ceftriaxone Sodium For Inj 500 MG	G			0.85100	09/01/2017	
Cefuroxime Axetil Tab 250 MG	G			0.29000	06/01/2017	
Cefuroxime Axetil Tab 500 MG	G		1.21600	1.16217	03/01/2018	
Celecoxib Cap 100 MG	G			0.22215	12/01/2017	
Celecoxib Cap 200 MG	G			0.26311	12/01/2017	
Celecoxib Cap 400 MG	G			2.27333	09/01/2016	
Celecoxib Cap 50 MG	G			0.28033	11/01/2017	
Centruroides (Scorpion) Imm F(ab') ₂ (Equine) For IV Infusion	B			4275.29680	01/01/2017	
Cephalexin Cap 250 MG	G		0.07390	0.06050	03/01/2018	
Cephalexin Cap 500 MG	G			0.07754	02/01/2018	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Cephalexin For Susp 125 MG/5ML	G			0.09450	12/01/2017	
Cephalexin For Susp 250 MG/5ML	G			0.11403	01/01/2018	
Certolizumab Pegol For Inj Kit 2 X 200 MG	B		3842.36880	4028.14272	01/01/2018	
Certolizumab Pegol Inj Kit 2 X 200 MG/ML	B		3842.36880	4028.14272	01/01/2018	
Certolizumab Pegol Inj Kit 6 X 200 MG/ML	B		3842.36880	4028.14272	01/01/2018	
Cetirizine HCl Chew Tab 10 MG	G			0.57308	10/01/2009	
Cetirizine HCl Chew Tab 5 MG	G			4.37680	09/21/2015	
Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML)	G			0.02705	03/24/2014	
Cetirizine HCl Syrup 1 MG/ML (5 MG/5ML)	G			0.02705	07/01/2013	
Cetirizine HCl Tab 10 MG	G			0.03887	04/01/2017	
Cetirizine HCl Tab 5 MG	G			0.14090	09/01/2016	
Cetirizine-Pseudoephedrine Tab ER 12HR 5-120 MG	G			0.60558	01/05/2011	
Cevimeline HCl Cap 30 MG	G			1.15570	04/01/2017	
Chlordiazepoxide HCl Cap 10 MG	G			0.05942	01/01/2010	
Chlordiazepoxide HCl Cap 25 MG	G		0.09032	0.06297	03/01/2018	
Chlordiazepoxide HCl Cap 5 MG	G			0.09830	01/01/2009	
Chlordiazepoxide HCl-Clidinium Bromide Cap 5-2.5 MG	G			1.97133	04/01/2017	
Chlordiazepoxide-Amitriptyline Tab 10-25 MG	G			0.85530	01/01/2007	
Chlordiazepoxide-Amitriptyline Tab 5-12.5 MG	G			1.13777	08/01/2016	
Chlorhexidine Gluconate Soln 0.12%	G			0.00591	03/01/2011	
Chloroquine Phosphate Tab 250 MG	G			3.43840	02/24/2017	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Chloroquine Phosphate Tab 500 MG	G			2.27318	09/01/2011	
Chlorothiazide Tab 250 MG	G			0.10250	12/01/2011	
Chlorothiazide Tab 500 MG	G			0.15275	01/01/2010	
Chlorpheniramine & Phenylephrine Syrup 4-12.5 MG/5ML	G			0.03133	01/05/2011	
Chlorpheniramine Maleate Tab 4 MG	G			0.10188	08/01/2016	
Chlorpromazine HCl Inj 25 MG/ML	G			16.31592	12/19/2012	
Chlorpromazine HCl Tab 10 MG	G			2.45861	08/01/2016	
Chlorpromazine HCl Tab 100 MG	G			4.51660	09/01/2017	
Chlorpromazine HCl Tab 200 MG	G			2.29700	10/01/2013	
Chlorpromazine HCl Tab 25 MG	G			2.87458	09/01/2017	
Chlorpromazine HCl Tab 50 MG	G			3.35510	07/01/2017	
Chlorpropamide Tab 250 MG	G			0.21460	06/01/2006	
Chlorthalidone Tab 25 MG	G			0.57585	11/01/2017	
Chlorthalidone Tab 50 MG	G			0.66647	04/01/2017	
Chlorzoxazone Tab 500 MG	G			0.20229	04/01/2017	
Cholestyramine Light Powder 4 GM/DOSE	G			0.00000	09/15/2013	
Cholestyramine Light Powder Packets 4 GM	G			1.73933	04/01/2017	
Cholestyramine Powder 4 GM/DOSE	G			0.00000	09/15/2013	
Cholestyramine Powder Packets 4 GM	G			1.33367	09/01/2017	
Choline & Magnesium Salicylates Tab 500 MG	G			0.10075	06/01/2010	
Choline & Magnesium Salicylates Tab 750 MG	G			0.10725	09/01/2010	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Choline Fenofibrate Cap DR 135 MG (Fenofibric Acid Equiv)	G			1.27133	04/01/2017	
Choline Fenofibrate Cap DR 45 MG (Fenofibric Acid Equiv)	G			0.41211	10/01/2017	
Ciclopirox Gel 0.77%	G			1.15489	12/01/2017	
Ciclopirox Olamine Cream 0.77% (Base Equiv)	G			0.23514	12/01/2017	
Ciclopirox Olamine Susp 0.77% (Base Equiv)	G			0.50000	11/01/2011	
Ciclopirox Shampoo 1%	G			0.79229	05/01/2012	
Ciclopirox Solution 8%	G			5.91000	03/25/2014	
Cilostazol Tab 100 MG	G			0.11400	04/01/2017	
Cilostazol Tab 50 MG	G			0.12084	09/01/2017	
Cimetidine HCl Soln 300 MG/5ML	G			0.03677	09/01/2011	
Cimetidine Tab 200 MG	G			0.06613	08/01/2011	
Cimetidine Tab 300 MG	G			0.06335	01/01/2009	
Cimetidine Tab 400 MG	G			0.44521	07/20/2015	
Cimetidine Tab 800 MG	G		0.11375	0.75810	02/15/2018	
Cinacalcet HCl Tab 60 MG (Base Equiv)	B			53.56488	01/12/2017	
Ciprofloxacin 400 MG/200ML in D5W	G			0.01428	01/01/2012	
Ciprofloxacin For Oral Susp 500 MG/5ML (10%) (10 GM/100ML)	G			1.40410	04/01/2017	
Ciprofloxacin HCl Ophth Soln 0.3%	G			0.48800	08/01/2017	
Ciprofloxacin HCl Tab 250 MG (Base Equiv)	G			0.08058	01/01/2009	
Ciprofloxacin HCl Tab 500 MG (Base Equiv)	G			0.08930	01/01/2009	
Ciprofloxacin HCl Tab 750 MG (Base Equiv)	G			0.18041	01/01/2009	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Citalopram Hydrobromide Oral Soln 10 MG/5ML	G			0.15841	08/01/2011	
Citalopram Hydrobromide Tab 10 MG (Base Equiv)	G			0.01764	01/01/2018	
Citalopram Hydrobromide Tab 20 MG (Base Equiv)	G			0.02841	04/01/2017	
Citalopram Hydrobromide Tab 40 MG (Base Equiv)	G			0.03906	04/01/2017	
Clarithromycin For Susp 125 MG/5ML	G			0.46093	09/17/2012	
Clarithromycin For Susp 250 MG/5ML	G			0.72340	10/01/2015	
Clarithromycin Tab 250 MG	G			0.61400	10/01/2017	
Clarithromycin Tab 500 MG	G			0.57736	12/01/2017	
Clarithromycin Tab ER 24HR 500 MG	G			2.66583	01/01/2018	
Clemastine Fumarate Tab 2.68 MG	G			0.22980	01/01/2007	
Clindamycin HCl Cap 150 MG	G			0.07960	09/01/2017	
Clindamycin HCl Cap 300 MG	G			0.21227	04/01/2017	
Clindamycin Palmitate HCl For Soln 75 MG/5ML (Base Equiv)	G			0.19640	10/01/2017	
Clindamycin Phosph-Benzoyl Peroxide (Refrig) Gel 1.2 (1)-5%	G			3.14441	08/01/2016	
Clindamycin Phosphate Gel 1%	G			2.56000	02/10/2015	
Clindamycin Phosphate Inj 300 MG/2ML	G			0.33458	03/01/2012	
Clindamycin Phosphate Inj 600 MG/4ML	G			0.33458	03/01/2012	
Clindamycin Phosphate Inj 9 GM/60ML	G			0.33458	03/01/2012	
Clindamycin Phosphate Inj 900 MG/6ML	G			0.33458	03/01/2012	
Clindamycin Phosphate Lotion 1%	G			1.30300	02/06/2014	
Clindamycin Phosphate Soln 1%	G			0.87689	08/01/2015	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018**

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Clindamycin Phosphate Swab 1%	G			0.32988	12/01/2017	
Clindamycin Phosphate Vaginal Cream 2%	G			1.78963	09/01/2017	
Clindamycin Phosphate-Benzoyl Peroxide Gel 1-5%	G			3.62152	02/01/2014	
Clobetasol Propionate Cream 0.05%	G			5.46000	07/11/2015	
Clobetasol Propionate Emollient Base Cream 0.05%	G			2.20150	08/13/2016	
Clobetasol Propionate Foam 0.05%	G			1.62905	07/01/2013	
Clobetasol Propionate Gel 0.05%	G			0.29125	03/01/2012	
Clobetasol Propionate Oint 0.05%	G			3.65000	05/26/2015	
Clobetasol Propionate Soln 0.05%	G			2.04521	08/06/2015	
Clomiphene Citrate Tab 50 MG	G			0.51333	04/01/2017	
Clomipramine HCl Cap 25 MG	G			4.51030	10/01/2017	
Clomipramine HCl Cap 50 MG	G			4.99967	10/01/2017	
Clomipramine HCl Cap 75 MG	G			0.22269	01/01/2009	
Clonazepam Orally Disintegrating Tab 0.125 MG	G			0.61682	02/01/2014	
Clonazepam Orally Disintegrating Tab 0.25 MG	G			0.48917	09/01/2017	
Clonazepam Orally Disintegrating Tab 0.5 MG	G			0.64733	05/01/2014	
Clonazepam Orally Disintegrating Tab 1 MG	G			0.61975	10/01/2017	
Clonazepam Orally Disintegrating Tab 2 MG	G			1.35500	03/01/2011	
Clonazepam Tab 0.5 MG	G			0.01566	04/01/2017	
Clonazepam Tab 1 MG	G			0.01974	04/01/2017	
Clonazepam Tab 2 MG	G			0.04350	12/01/2010	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Clonidine HCl Tab 0.1 MG	G			0.01652	06/01/2017	
Clonidine HCl Tab 0.2 MG	G			0.03250	01/01/2012	
Clonidine HCl Tab 0.3 MG	G			0.03809	04/01/2017	
Clonidine HCl Tab ER 12HR 0.1 MG	G			2.40046	04/01/2017	
Clonidine HCl TD Patch Weekly 0.1 MG/24HR	G		15.53453	14.00750	03/01/2018	
Clonidine HCl TD Patch Weekly 0.2 MG/24HR	G			18.91000	04/01/2017	
Clonidine HCl TD Patch Weekly 0.3 MG/24HR	G			22.79500	09/01/2017	
Clopidogrel Bisulfate Tab 75 MG (Base Equiv)	G			0.05800	06/01/2017	
Clorazepate Dipotassium Tab 15 MG	G			0.15605	09/01/2011	
Clorazepate Dipotassium Tab 3.75 MG	G			0.64250	04/01/2017	
Clorazepate Dipotassium Tab 7.5 MG	G			0.65438	10/01/2017	
Clotrimazole Cream 1%	G			0.29322	12/01/2017	
Clotrimazole Soln 1%	G			1.89000	04/21/2015	
Clotrimazole Troche 10 MG	G			0.29457	12/01/2017	
Clotrimazole Vaginal Cream 1%	G			0.06089	09/01/2017	
Clotrimazole w/ Betamethasone Cream 1-0.05%	G			1.27014	03/01/2012	
Clotrimazole w/ Betamethasone Lotion 1-0.05%	G			2.03000	11/21/2011	
Clozapine Tab 100 MG	G			0.66970	01/01/2018	
Clozapine Tab 200 MG	G			2.03150	06/01/2017	
Clozapine Tab 25 MG	G			0.27690	09/01/2017	
Clozapine Tab 50 MG	G			0.58414	09/01/2017	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Coagulation Factor IX (Recombinant) For Inj 1000 Unit	B			1.20100	12/01/2016	
Coagulation Factor IX (Recombinant) For Inj 2000 Unit	B			1.10000	12/01/2016	
Coagulation Factor IX (Recombinant) For Inj 250 Unit	B			1.10000	12/01/2016	
Coagulation Factor IX (Recombinant) For Inj 3000 Unit	B			1.10000	12/01/2016	
Coagulation Factor IX (Recombinant) For Inj 500 Unit	B			1.10000	12/01/2016	
Coagulation Factor IX For Inj 1000 Unit	B	ALPHANINE SD INJ 1000UNIT (68516360202)		0.74000	03/16/2011	NDC-specific SMAC
Coagulation Factor IX For Inj 1000 Unit	B	MONONINE INJ 1000UNIT (00053766804)		0.83000	03/16/2011	NDC-specific SMAC
Coagulation Factor IX For Inj 1500 Unit	B			0.74000	03/16/2011	
Coagulation Factor IX For Inj 500 Unit	B	ALPHANINE SD INJ 500UNIT (68516360004)		0.74000	03/23/2011	NDC-specific SMAC
Coagulation Factor IX For Inj 500 Unit	B	ALPHANINE SD INJ 500UNIT (68516360102)		0.74000	03/23/2011	NDC-specific SMAC
Coagulation Factor VIIa (Recomb) For Inj 1 MG (1000 MCG)	B			1.55000	11/01/2016	
Coagulation Factor VIIa (Recomb) For Inj 1.2 MG (1200 MCG)	B			1.17560	03/16/2011	
Coagulation Factor VIIa (Recomb) For Inj 2 MG (2000 MCG)	B			1.55000	11/01/2016	
Coagulation Factor VIIa (Recomb) For Inj 2.4 MG (2400 MCG)	B			1.17560	03/16/2011	
Coagulation Factor VIIa (Recomb) For Inj 4.8 MG (4800 MCG)	B			1.17560	03/16/2011	
Coagulation Factor VIIa (Recomb) For Inj 5 MG (5000 MCG)	B			1.55000	11/01/2016	
Coagulation Factor VIIa (Recomb) For Inj 8 MG (8000 MCG)	B			1.55000	11/01/2016	
Coagulation Factor X (Human) For Inj 250 Unit	B			6.52000	11/01/2016	
Coagulation Factor X (Human) For Inj 500 Unit	B			6.52000	11/01/2016	
Codeine Sulfate Tab 30 MG	G			0.31600	12/01/2017	
Colchicine Cap 0.6 MG	G			4.28125	04/01/2017	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018**

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Colchicine Tab 0.6 MG	G			4.00000	04/01/2017	
Colchicine w/ Probenecid Tab 0.5-500 MG	G			0.59370	12/01/2017	
Colestipol HCl Tab 1 GM	G			0.48550	11/01/2017	
Colistimethate Sodium For Inj 150 MG	G			14.87200	01/01/2012	
Corticotropin Inj Gel 80 Unit/ML	B		7247.29440	7747.28640	01/04/2018	
Cromolyn Sodium Nasal Aerosol Soln 5.2 MG/ACT (4%)	G			0.26931	11/01/2017	
Cromolyn Sodium Ophth Soln 4%	G			0.52400	10/01/2017	
Cyanocobalamin Inj 1000 MCG/ML	G			2.77440	04/01/2017	
Cyclobenzaprine HCl Tab 10 MG	G			0.02265	01/01/2012	
Cyclobenzaprine HCl Tab 5 MG	G			0.03579	04/01/2012	
Cyclopentolate HCl Ophth Soln 1%	G			0.16289	01/01/2009	
Cyclosporine Cap 100 MG	G			8.66070	04/01/2017	
Cyclosporine Cap 25 MG	G			1.72833	04/01/2017	
Cyclosporine Modified Cap 100 MG	G			1.80600	10/01/2017	
Cyclosporine Modified Cap 25 MG	G			0.27984	04/01/2017	
Cyclosporine Modified Oral Soln 100 MG/ML	G			2.00000	10/01/2017	
Cyproheptadine HCl Syrup 2 MG/5ML	G			0.07602	04/01/2017	
Cyproheptadine HCl Tab 4 MG	G		0.31747	0.30410	03/01/2018	
Dabrafenib Mesylate Cap 50 MG (Base Equivalent)	B		59.25187	60.97014	01/03/2018	
Dabrafenib Mesylate Cap 75 MG (Base Equivalent)	B		80.10254	82.42555	01/03/2018	
Dalfampridine Tab ER 12HR 10 MG	B		37.26783	40.80828	01/01/2018	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Dantrolene Sodium Cap 25 MG	G		0.67470	0.39540	03/01/2018	
Dapsone Tab 25 MG	G			1.26270	02/01/2018	
Darifenacin Hydrobromide Tab ER 24HR 15 MG (Base Equiv)	G			7.26457	04/01/2017	
Darifenacin Hydrobromide Tab ER 24HR 7.5 MG (Base Equiv)	G		7.30387	7.09333	03/01/2018	
Darunavir Ethanolate Tab 400 MG (Base Equiv)	B			19.35629	01/07/2014	
Dasatinib Tab 100 MG	B		401.01091	428.68072	01/01/2018	
Dasatinib Tab 140 MG	B		401.01091	428.68072	01/01/2018	
Dasatinib Tab 20 MG	B		111.24795	118.92406	01/01/2018	
Dasatinib Tab 50 MG	B		222.49561	237.84779	01/01/2018	
Dasatinib Tab 70 MG	B		222.49561	237.84779	01/01/2018	
Dasatinib Tab 80 MG	B		401.01091	428.68072	01/01/2018	
Defibrotide Sodium IV Soln 200 MG/2.5ML (80 MG/ML)	B			338.54040	04/05/2017	
Degarelix Acetate For Inj 120 MG (Base Equiv)	B			759.04164	12/01/2016	
Degarelix Acetate For Inj 80 MG (Base Equiv)	B			486.49620	12/01/2016	
Demeclocycline HCl Tab 150 MG	G			2.01942	05/01/2011	
Demeclocycline HCl Tab 300 MG	G			2.81802	05/01/2011	
Denosumab Inj 120 MG/1.7ML	B		1262.41829	1299.03007	01/18/2018	
Denosumab Inj 60 MG/ML	B		1123.68720	1178.81580	01/18/2018	
Desipramine HCl Tab 10 MG	G			0.97333	02/18/2014	
Desipramine HCl Tab 100 MG	G			3.10200	02/26/2016	
Desipramine HCl Tab 150 MG	G			6.62510	12/27/2016	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018**

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			0.67442	08/01/2011	
Desipramine HCl Tab 50 MG	G			1.31850	11/01/2017	
Desloratadine Tab 5 MG	G			0.33544	12/01/2017	
Desmopressin Acetate Inj 4 MCG/ML	G			0.00000	02/25/2011	
Desmopressin Acetate Nasal Spray Soln 0.01%	G			12.56615	06/01/2010	
Desmopressin Acetate Nasal Spray Soln 0.01% (Refrigerated)	G			22.54500	08/01/2015	
Desmopressin Acetate Tab 0.1 MG	G			0.47590	09/01/2017	
Desmopressin Acetate Tab 0.2 MG	G		0.64580	0.86856	01/15/2018	
Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 MG(21/5)	G		0.46176	0.37988	03/01/2018	
Desogest-Ethin Est Tab 0.1-0.025/0.125-0.025/0.15-0.025MG-MG	G			0.52119	04/01/2017	
Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	G		0.43357	0.21696	03/01/2018	
Desonide Cream 0.05%	G			3.86000	02/07/2014	
Desonide Lotion 0.05%	G			1.66100	03/15/2013	
Desonide Oint 0.05%	G			3.56593	04/01/2014	
Desoximetasone Cream 0.05%	G			5.45030	06/21/2016	
Desoximetasone Cream 0.25%	G			0.85733	06/01/2015	
Desoximetasone Oint 0.25%	G			2.27838	01/05/2011	
Desvenlafaxine Succinate Tab ER 24HR 100 MG (Base Equiv)	G			0.97963	02/01/2018	
Desvenlafaxine Succinate Tab ER 24HR 50 MG (Base Equiv)	G			0.99000	06/01/2017	
Dexamethasone Elixir 0.5 MG/5ML	G			0.06692	10/01/2017	
Dexamethasone Sodium Phosphate Inj 10 MG/ML	G			0.53367	05/01/2011	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Dexamethasone Sodium Phosphate Inj 4 MG/ML	G			0.33583	01/01/2010	
Dexamethasone Sodium Phosphate Opth Soln 0.1%	G			2.41406	09/01/2011	
Dexamethasone Soln 0.5 MG/5ML	G		0.16273	0.03860	03/01/2018	
Dexamethasone Tab 0.5 MG	G			0.05180	04/01/2017	
Dexamethasone Tab 1 MG	G			0.22560	06/01/2017	
Dexamethasone Tab 1.5 MG	G			0.05523	11/01/2017	
Dexamethasone Tab 2 MG	G		0.48680	0.43030	03/01/2018	
Dexamethasone Tab 4 MG	G			0.09967	04/01/2017	
Dexamethasone Tab 6 MG	G			0.44500	06/01/2014	
Dexmethylphenidate HCl Cap ER 24 HR 10 MG	G			5.54915	09/01/2017	
Dexmethylphenidate HCl Cap ER 24 HR 15 MG	G			3.69410	04/01/2017	
Dexmethylphenidate HCl Cap ER 24 HR 25 MG	G			6.95200	10/01/2017	
Dexmethylphenidate HCl Tab 10 MG	G			0.70663	10/01/2017	
Dexmethylphenidate HCl Tab 2.5 MG	G			0.19260	10/01/2017	
Dexmethylphenidate HCl Tab 5 MG	G			0.44517	04/01/2017	
Dextroamphetamine Sulfate Cap ER 24HR 10 MG	G			0.74300	10/01/2017	
Dextroamphetamine Sulfate Cap ER 24HR 15 MG	G			1.00806	10/01/2017	
Dextroamphetamine Sulfate Cap ER 24HR 5 MG	G			2.87520	04/23/2015	
Dextroamphetamine Sulfate Tab 10 MG	G			0.35912	05/03/2012	
Dextroamphetamine Sulfate Tab 5 MG	G			0.17564	01/01/2009	
Dextromethorphan-Guaifenesin Liquid 10-100 MG/5ML	G			0.00819	10/01/2013	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML	G			0.00819	10/01/2013	
Dextromethorphan-Guaifenesin Tab 20-400 MG	G			0.07778	09/01/2010	
Dextrose Inj 5%	G			0.00449	07/01/2013	
Diazepam Inj 5 MG/ML	G			11.67390	01/01/2016	
Diazepam Oral Soln 1 MG/ML	G			0.10254	02/01/2014	
Diazepam Rectal Gel Delivery System 2.5 MG	G			261.23750	10/01/2012	
Diazepam Tab 10 MG	G			0.02078	04/01/2017	
Diazepam Tab 2 MG	G			0.02072	04/01/2017	
Diazepam Tab 5 MG	G			0.02302	08/01/2011	
Diclofenac Potassium Tab 50 MG	G			0.29960	12/01/2017	
Diclofenac Sodium Ophth Soln 0.1%	G			0.88800	10/01/2017	
Diclofenac Sodium Tab Delayed Release 25 MG	G			1.01494	08/01/2016	
Diclofenac Sodium Tab Delayed Release 50 MG	G		0.15254	0.12768	03/01/2018	
Diclofenac Sodium Tab Delayed Release 75 MG	G			0.11996	05/01/2017	
Diclofenac Sodium Tab ER 24HR 100 MG	G			0.19545	12/01/2017	
Diclofenac w/ Misoprostol Tab Delayed Release 50-0.2 MG	G			1.66411	04/01/2017	
Diclofenac w/ Misoprostol Tab Delayed Release 75-0.2 MG	G			1.85764	10/01/2016	
Dicloxacillin Sodium Cap 250 MG	G			0.27170	09/01/2011	
Dicloxacillin Sodium Cap 500 MG	G			0.72470	04/01/2017	
Dicyclomine HCl Cap 10 MG	G			0.03517	04/01/2011	
Dicyclomine HCl Oral Soln 10 MG/5ML	G			0.19479	08/01/2016	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Dicyclomine HCl Tab 20 MG	G			0.06082	04/01/2017	
Diflorasone Diacetate Cream 0.05%	G			2.49000	01/09/2012	
Diflorasone Diacetate Oint 0.05%	G			0.47961	01/01/2009	
Diflunisal Tab 500 MG	G			1.02450	01/01/2015	
Digoxin Oral Soln 0.05 MG/ML	G			0.58888	04/01/2014	
Digoxin Tab 125 MCG (0.125 MG)	G			0.32950	01/01/2018	
Digoxin Tab 250 MCG (0.25 MG)	G			0.46370	01/01/2018	
Diltiazem HCl Cap ER 12HR 60 MG	G			0.89950	06/01/2014	
Diltiazem HCl Cap ER 24HR 120 MG	G			0.33860	11/01/2010	
Diltiazem HCl Cap ER 24HR 180 MG	G			0.31490	04/01/2017	
Diltiazem HCl Cap ER 24HR 240 MG	G			0.46370	11/01/2017	
Diltiazem HCl Coated Beads Cap ER 24HR 120 MG	G			0.20444	08/01/2017	
Diltiazem HCl Coated Beads Cap ER 24HR 180 MG	G			0.23056	06/01/2017	
Diltiazem HCl Coated Beads Cap ER 24HR 240 MG	G		0.33807	0.32404	03/01/2018	
Diltiazem HCl Coated Beads Cap ER 24HR 300 MG	G			0.41122	11/01/2017	
Diltiazem HCl Coated Beads Cap ER 24HR 360 MG	G			5.51400	07/01/2017	
Diltiazem HCl Coated Beads Tab ER 24HR 240 MG	G			2.07119	04/01/2017	
Diltiazem HCl Coated Beads Tab ER 24HR 360 MG	G			4.59333	01/01/2012	
Diltiazem HCl Coated Beads Tab ER 24HR 420 MG	G			3.64724	04/01/2017	
Diltiazem HCl Extended Release Beads Cap ER 24HR 120 MG	G			0.15856	06/01/2017	
Diltiazem HCl Extended Release Beads Cap ER 24HR 180 MG	G			0.19022	06/01/2017	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Diltiazem HCl Extended Release Beads Cap ER 24HR 240 MG	G			0.41667	12/01/2017	
Diltiazem HCl Extended Release Beads Cap ER 24HR 300 MG	G			0.35589	08/01/2017	
Diltiazem HCl Extended Release Beads Cap ER 24HR 360 MG	G			0.52089	02/01/2018	
Diltiazem HCl Extended Release Beads Cap ER 24HR 420 MG	G			1.32689	11/01/2017	
Diltiazem HCl Tab 120 MG	G			0.13231	09/01/2011	
Diltiazem HCl Tab 30 MG	G			0.04223	01/01/2009	
Diltiazem HCl Tab 60 MG	G			0.06487	03/01/2011	
Diltiazem HCl Tab 90 MG	G			0.10980	06/01/2006	
Dimethyl Fumarate Capsule Delayed Release 120 MG	B		113.21674	122.27323	01/01/2018	
Dimethyl Fumarate Capsule Delayed Release 240 MG	B		113.21200	122.26813	01/01/2018	
Diphenhydramine HCl Cap 25 MG	G			0.01777	12/01/2011	
Diphenhydramine HCl Cap 50 MG	G			0.01495	01/01/2010	
Diphenhydramine HCl Inj 50 MG/ML	G			0.79150	09/18/2013	
Diphenhydramine HCl Liquid 12.5 MG/5ML	G			0.00585	10/01/2013	
Diphenoxylate w/ Atropine Tab 2.5-0.025 MG	G			0.27240	02/01/2018	
Dipyridamole Tab 25 MG	G			0.10356	06/01/2012	
Dipyridamole Tab 50 MG	G			0.20706	06/01/2012	
Dipyridamole Tab 75 MG	G			0.40050	06/01/2012	
Disopyramide Phosphate Cap 100 MG	G			0.34820	09/01/2011	
Disulfiram Tab 250 MG	G			0.67080	09/01/2017	
Divalproex Sodium Cap Delayed Release Sprinkle 125 MG	G			0.41046	10/01/2017	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of June 05, 2017**

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Divalproex Sodium Cap Sprinkle 125 MG	G			0.61440	04/01/2016	
Divalproex Sodium Tab Delayed Release 125 MG	G			0.05261	04/01/2017	
Divalproex Sodium Tab Delayed Release 250 MG	G			0.07623	09/01/2017	
Divalproex Sodium Tab Delayed Release 500 MG	G			0.10326	02/01/2018	
Divalproex Sodium Tab ER 24 HR 250 MG	G			0.24000	10/01/2017	
Divalproex Sodium Tab ER 24 HR 500 MG	G			0.50294	01/01/2018	
Docusate Calcium Cap 240 MG	G			0.05785	01/05/2011	
Docusate Sodium Cap 100 MG	G			0.01733	01/05/2011	
Docusate Sodium Cap 250 MG	G			0.03539	01/05/2011	
Docusate Sodium Liquid 150 MG/15ML	G			0.00855	01/05/2011	
Docusate Sodium Syrup 60 MG/15ML	G			0.00755	01/05/2011	
Docusate Sodium Tab 100 MG	G			0.00754	11/01/2017	
Dofetilide Cap 250 MCG (0.25 MG)	G			3.42517	12/01/2017	
Dofetilide Cap 500 MCG (0.5 MG)	G			4.16650	09/01/2017	
Dolutegravir Sodium Tab 50 MG (Base Equiv)	B			50.98468	01/30/2017	
Donepezil Hydrochloride Orally Disintegrating Tab 10 MG	G			0.85136	02/01/2013	
Donepezil Hydrochloride Orally Disintegrating Tab 5 MG	G			1.30000	09/01/2011	
Donepezil Hydrochloride Tab 10 MG	G			0.04725	04/01/2017	
Donepezil Hydrochloride Tab 23 MG	G			1.03483	10/01/2017	
Donepezil Hydrochloride Tab 5 MG	G			0.06068	04/01/2017	
Dornase Alfa Inhal Soln 1 MG/ML	B		43.60488	45.78413	01/01/2018	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Dorzolamide HCl Opth Soln 2%	G			0.80720	04/01/2017	
Dorzolamide HCl-Timolol Maleate Opth Soln 22.3-6.8 MG/ML	G			0.65700	07/01/2017	
Doxazosin Mesylate Tab 1 MG	G			0.04693	06/01/2011	
Doxazosin Mesylate Tab 2 MG	G			0.09930	01/01/2018	
Doxazosin Mesylate Tab 4 MG	G			0.12169	10/01/2016	
Doxazosin Mesylate Tab 8 MG	G			0.07928	01/01/2009	
Doxepin HCl Cap 10 MG	G			0.05447	01/01/2009	
Doxepin HCl Cap 100 MG	G			0.73000	09/30/2014	
Doxepin HCl Cap 150 MG	G			0.64000	12/01/2017	
Doxepin HCl Cap 25 MG	G			0.05976	01/01/2009	
Doxepin HCl Cap 50 MG	G			0.56210	11/28/2016	
Doxepin HCl Cap 75 MG	G			0.87937	05/25/2016	
Doxepin HCl Conc 10 MG/ML	G			0.05363	06/01/2010	
Doxycycline Hyclate Cap 100 MG	G		0.34095	0.31458	03/01/2018	
Doxycycline Hyclate Cap 50 MG	G			0.52936	04/01/2017	
Doxycycline Hyclate Tab 100 MG	G			0.28500	12/01/2017	
Doxycycline Hyclate Tab 20 MG	G			0.21961	07/01/2016	
Doxycycline Monohydrate Cap 100 MG	G			0.31700	06/01/2017	
Doxycycline Monohydrate Cap 50 MG	G		0.18130	0.14000	03/01/2018	
Doxycycline Monohydrate For Susp 25 MG/5ML	G			0.27133	04/01/2017	
Doxycycline Monohydrate Tab 100 MG	G			0.64913	04/01/2017	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Doxycycline Monohydrate Tab 50 MG	G			0.32590	10/01/2017	
Dronabinol Cap 10 MG	G			7.63483	10/01/2017	
Dronabinol Cap 2.5 MG	G			3.40600	04/01/2014	
Dronabinol Cap 5 MG	G			3.70750	01/01/2018	
Drospirenone-Ethinyl Estrad-Levomefolate Tab 3-0.02-0.451 MG	G			4.07881	04/01/2017	
Drospirenone-Ethinyl Estradiol Tab 3-0.02 MG	G		1.13209	1.01337	03/01/2018	
Drospirenone-Ethinyl Estradiol Tab 3-0.03 MG	G			0.56560	11/01/2017	
Dulaglutide Soln Pen-injector 0.75 MG/0.5ML	B			311.74800	11/01/2016	
Dulaglutide Soln Pen-injector 1.5 MG/0.5ML	B			311.74800	11/01/2016	
Duloxetine HCl Enteric Coated Pellets Cap 20 MG (Base Eq)	B			6.60960	06/28/2013	
Duloxetine HCl Enteric Coated Pellets Cap 20 MG (Base Eq)	G		0.28689	0.23697	03/01/2018	
Duloxetine HCl Enteric Coated Pellets Cap 30 MG (Base Eq)	B			7.41540	06/28/2013	
Duloxetine HCl Enteric Coated Pellets Cap 30 MG (Base Eq)	G			0.15550	11/01/2017	
Duloxetine HCl Enteric Coated Pellets Cap 60 MG (Base Eq)	B			7.41540	06/28/2013	
Duloxetine HCl Enteric Coated Pellets Cap 60 MG (Base Eq)	G			0.20250	07/01/2017	
Dutasteride Cap 0.5 MG	G			0.16178	04/01/2017	
Dutasteride-Tamsulosin HCl Cap 0.5-0.4 MG	G			2.43333	01/01/2018	
Econazole Nitrate Cream 1%	G			6.03500	02/03/2015	
Efavirenz Tab 600 MG	B			32.55648	01/01/2017	
Efavirenz-Emtricitabine-Tenofovir DF Tab 600-200-300 MG	B			84.60163	02/06/2017	
Elotuzumab For IV Soln 300 MG	B			1795.43110	01/01/2017	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Elotuzumab For IV Soln 400 MG	B			2393.90260	01/01/2017	
Eltrombopag Olamine Tab 12.5 MG (Base Equiv)	B		134.04805	147.31869	01/03/2018	
Eltrombopag Olamine Tab 25 MG (Base Equiv)	B		134.04805	147.31869	01/03/2018	
Eltrombopag Olamine Tab 50 MG (Base Equiv)	B		249.37582	274.06401	01/03/2018	
Eltrombopag Olamine Tab 75 MG (Base Equiv)	B		374.06406	411.09634	01/03/2018	
Elvitegrav-Cobic-Emtricitab-Tenofov AF Tab 150-150-200-10 MG	B			91.48316	02/06/2017	
Elvitegrav-Cobic-Emtricitab-TenofovDF Tab 150-150-200-300 MG	B			95.96593	11/01/2016	
Elvitegravir Tab 150 MG	B			39.98774	12/01/2016	
Elvitegravir Tab 85 MG	B			39.98774	12/01/2016	
Emtricitabine Caps 200 MG	B			17.81246	11/01/2016	
Emtricitabine-Rilpivirine-Tenofovir DF Tab 200-25-300 MG	B			83.25697	12/01/2016	
Emtricitabine-Tenofovir Disoproxil Fumarate Tab 200-300 MG	B			63.29248	04/26/2016	
Enalapril Maleate & Hydrochlorothiazide Tab 10-25 MG	G			0.07806	04/01/2012	
Enalapril Maleate & Hydrochlorothiazide Tab 5-12.5 MG	G			0.07613	08/01/2011	
Enalapril Maleate Tab 10 MG	G			0.02388	02/01/2012	
Enalapril Maleate Tab 2.5 MG	G		0.20386	0.18340	03/01/2018	
Enalapril Maleate Tab 20 MG	G			0.20934	12/01/2017	
Enalapril Maleate Tab 5 MG	G			0.13023	09/01/2017	
Enfuvirtide For Inj 90 MG	B			59.52027	01/01/2017	
Enoxaparin Sodium Inj 100 MG/ML	G			11.25000	09/01/2017	
Enoxaparin Sodium Inj 120 MG/0.8ML	G			17.78481	04/01/2017	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Enoxaparin Sodium Inj 150 MG/ML	G			22.67000	10/01/2017	
Enoxaparin Sodium Inj 30 MG/0.3ML	G			10.44833	09/01/2017	
Enoxaparin Sodium Inj 300 MG/3ML	G			66.34000	05/01/2014	
Enoxaparin Sodium Inj 40 MG/0.4ML	G			10.16000	12/01/2017	
Enoxaparin Sodium Inj 60 MG/0.6ML	G			12.39500	09/01/2017	
Enoxaparin Sodium Inj 80 MG/0.8ML	B			0.00000	08/30/2013	
Enoxaparin Sodium Inj 80 MG/0.8ML	G			11.13000	11/01/2017	
Entacapone Tab 200 MG	G			0.92500	10/01/2017	
Entecavir Tab 0.5 MG	G			3.69000	12/01/2017	
Entecavir Tab 1 MG	G			4.33000	12/01/2017	
Epinastine HCl Ophth Soln 0.05%	G			5.35600	04/01/2017	
Epinephrine HCl Inj 1 MG/ML	G			1.99933	04/01/2017	
Epinephrine Solution Auto-injector 0.15 MG/0.3ML (1:2000)	G			142.97900	11/01/2017	
Epinephrine Solution Auto-injector 0.3 MG/0.3ML (1:1000)	G			144.00000	09/01/2017	
Eplerenone Tab 25 MG	G			1.56573	04/01/2017	
Eplerenone Tab 50 MG	G			1.76767	04/01/2017	
Epoetin Alfa Inj 10000 Unit/ML	B		244.21920	256.19112	01/03/2018	
Ergocalciferol Cap 50000 Unit	G			0.09770	10/01/2017	
Erlotinib Tab 150 MG	B			206.23950	12/17/2013	
Erythromycin Ethylsuccinate For Susp 200 MG/5ML	G			3.27970	09/01/2017	
Erythromycin Ethylsuccinate Tab 400 MG	G			7.71200	08/27/2015	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Erythromycin Gel 2%	G			4.71250	11/08/2016	
Erythromycin Ophth Oint 5 MG/GM	G			1.98813	04/01/2017	
Erythromycin Pads 2%	G			1.12000	06/01/2014	
Erythromycin Soln 2%	G			0.59498	12/01/2017	
Erythromycin-Sulfisoxazole For Susp 200-600 MG/5ML	G			0.06090	01/01/2007	
Escitalopram Oxalate Soln 5 MG/5ML (Base Equiv)	G			0.34617	05/19/2017	
Escitalopram Oxalate Tab 10 MG (Base Equiv)	G			0.03894	06/01/2017	
Escitalopram Oxalate Tab 20 MG (Base Equiv)	G			0.10031	06/01/2017	
Escitalopram Oxalate Tab 5 MG (Base Equiv)	G			0.03320	11/01/2017	
Esomeprazole Magnesium Cap Delayed Release 20 MG (Base Eq)	G			0.45011	01/01/2018	
Esomeprazole Magnesium Cap Delayed Release 40 MG (Base Eq)	G			0.35200	11/01/2017	
Estazolam Tab 2 MG	G			0.31754	09/01/2011	
Estradiol & Norethindrone Acetate Tab 0.5-0.1 MG	G			2.12624	04/01/2017	
Estradiol & Norethindrone Acetate Tab 1-0.5 MG	G			1.90804	04/01/2012	
Estradiol Tab 0.5 MG	G			0.03175	02/01/2012	
Estradiol Tab 1 MG	G			0.11270	08/01/2017	
Estradiol Tab 2 MG	G			0.11000	11/01/2017	
Estradiol TD Patch Twice Weekly 0.05 MG/24HR	G			7.66250	11/01/2017	
Estradiol TD Patch Twice Weekly 0.075 MG/24HR	G			8.73668	04/01/2017	
Estradiol TD Patch Twice Weekly 0.1 MG/24HR	G			9.08125	11/01/2017	
Estradiol TD Patch Weekly 0.025 MG/24HR	G			7.62282	04/01/2011	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Estradiol TD Patch Weekly 0.0375 MG/24HR (37.5 MCG/24HR)	G			7.85424	09/01/2011	
Estradiol TD Patch Weekly 0.05 MG/24HR	G			11.14178	06/01/2012	
Estradiol TD Patch Weekly 0.075 MG/24HR	G			12.51250	01/01/2018	
Estradiol TD Patch Weekly 0.1 MG/24HR	G			15.01200	10/05/2016	
Estradiol Vaginal Tab 10 MCG	G			14.22583	01/01/2018	
Estradiol Valerate IM in Oil 20 MG/ML	G			21.27550	11/01/2017	
Estropipate Tab 0.75 MG	G			0.09130	11/01/2011	
Estropipate Tab 1.5 MG	G			0.53200	01/09/2015	
Eszopiclone Tab 1 MG	G			0.29577	10/01/2017	
Eszopiclone Tab 2 MG	G			0.19400	10/01/2017	
Eszopiclone Tab 3 MG	G			0.20747	09/01/2017	
Etanercept For Subcutaneous Inj Kit 25 MG	B			464.21900	12/23/2015	
Etanercept Subcutaneous Inj 25 MG/0.5ML	B			616.75910	01/02/2014	
Etanercept Subcutaneous Inj 50 MG/ML	B			686.22408	06/16/2014	
Etanercept Subcutaneous Soln Prefilled Syringe 25 MG/0.5ML	B		1084.37059	1189.34118	01/01/2018	
Etanercept Subcutaneous Solution Auto-injector 50 MG/ML	B		1128.63061	1237.88571	01/01/2018	
Ethambutol HCl Tab 400 MG	G			0.36260	10/01/2017	
Ethosuximide Cap 250 MG	G			0.81120	10/01/2017	
Ethosuximide Soln 250 MG/5ML	G			0.31936	01/01/2016	
Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-35 MCG	G			0.46154	04/01/2017	
Etodolac Cap 200 MG	G			0.84280	04/01/2017	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018**

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Etodolac Cap 300 MG	G			0.12961	01/05/2011	
Etodolac Tab 400 MG	G			0.61860	06/01/2017	
Etodolac Tab 500 MG	G			0.28516	03/01/2013	
Etodolac Tab ER 24HR 400 MG	G			0.62488	03/01/2012	
Etodolac Tab ER 24HR 500 MG	G			1.10000	09/01/2017	
Etodolac Tab ER 24HR 600 MG	G			1.41067	11/01/2012	
Etravirine Tab 100 MG	B			9.76177	01/14/2017	
Everolimus Tab 10 MG	B		470.72276	517.32418	01/03/2018	
Everolimus Tab 2.5 MG	B		450.03264	494.58372	01/03/2018	
Everolimus Tab 5 MG	B		470.74944	517.35228	01/03/2018	
Everolimus Tab 7.5 MG	B		470.72952	517.33236	01/03/2018	
Everolimus Tab for Oral Susp 2 MG	B			435.59230	01/03/2017	
Everolimus Tab for Oral Susp 3 MG	B			439.95217	01/03/2017	
Everolimus Tab for Oral Susp 5 MG	B			457.90181	01/03/2017	
Exemestane Tab 25 MG	G		3.86342	3.63678	03/01/2018	
Ezetimibe Tab 10 MG	G			0.40822	02/01/2018	
Ezetimibe-Simvastatin Tab 10-80 MG	G			3.01000	09/01/2017	
Factor IX Complex For Inj 1000 Unit	B			0.62220	03/16/2011	
Factor IX Complex For Inj 1500 Unit	B			0.62220	03/16/2011	
Factor IX Complex For Inj 500 Unit	B			0.62220	03/16/2011	
Famciclovir Tab 125 MG	G			1.35709	03/01/2012	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018**

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Famciclovir Tab 250 MG	G			0.61550	04/01/2017	
Famciclovir Tab 500 MG	G			0.53333	01/01/2018	
Famotidine For Susp 40 MG/5ML	G			0.62000	04/01/2017	
Famotidine Tab 10 MG	G			0.07732	08/01/2011	
Famotidine Tab 20 MG	G			0.04140	03/01/2011	
Famotidine Tab 40 MG	G			0.06669	08/01/2011	
Fe Fumarate w/ B12-Vit C-FA-IFC Cap 110-0.015-75-0.5-240 MG	G			0.17000	04/01/2017	
Felbamate Susp 600 MG/5ML	G			1.55573	04/01/2017	
Felbamate Tab 400 MG	G			1.34690	11/01/2017	
Felbamate Tab 600 MG	G			1.75880	09/01/2017	
Felodipine Tab ER 24HR 10 MG	G		0.36005	0.26440	03/01/2018	
Felodipine Tab ER 24HR 2.5 MG	G			0.14760	10/01/2017	
Felodipine Tab ER 24HR 5 MG	G			0.07260	12/01/2017	
Fenofibrate Micronized Cap 134 MG	G			0.79480	01/01/2018	
Fenofibrate Micronized Cap 200 MG	G		1.71140	1.24317	03/01/2018	
Fenofibrate Micronized Cap 67 MG	G			0.50950	12/01/2017	
Fenofibrate Tab 145 MG	G		0.50045	0.34601	03/01/2018	
Fenofibrate Tab 160 MG	G			0.31378	11/01/2017	
Fenofibrate Tab 48 MG	G		0.28806	0.23611	03/01/2018	
Fenofibrate Tab 54 MG	G			0.30761	09/01/2017	
Fenofibric Acid Tab 105 MG	G			2.03967	09/01/2017	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018**

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Fenoprofen Calcium Tab 600 MG	G			0.28040	06/01/2006	
Fentanyl Citrate Inj 0.05 MG/ML	G			0.10725	07/01/2013	
Fentanyl Citrate Lozenge on a Handle 1200 MCG	G			21.62250	04/01/2012	
Fentanyl Citrate Lozenge on a Handle 1600 MCG	G			24.83833	04/01/2012	
Fentanyl Citrate Lozenge on a Handle 400 MCG	G			12.47833	04/01/2012	
Fentanyl TD Patch 72HR 100 MCG/HR	G			7.89000	09/01/2017	
Fentanyl TD Patch 72HR 12 MCG/HR	G			11.17680	10/01/2017	
Fentanyl TD Patch 72HR 25 MCG/HR	G			2.80000	06/01/2017	
Fentanyl TD Patch 72HR 50 MCG/HR	G			4.32533	09/01/2017	
Fentanyl TD Patch 72HR 75 MCG/HR	G			6.83400	09/01/2017	
Ferrous Fumarate Tab 325 MG (106 MG Elemental Fe)	G			0.01810	07/01/2013	
Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe)	G			0.01586	09/01/2010	
Fexofenadine HCl Susp 30 MG/5ML (6 MG/ML)	G			0.05000	09/01/2017	
Fexofenadine HCl Tab 180 MG	G			0.28000	04/01/2017	
Fexofenadine HCl Tab 30 MG	G			0.32213	08/01/2011	
Fexofenadine HCl Tab 60 MG	G			0.50617	08/01/2011	
Fibrinogen Conc (Human) Inj Approximately 1 GM (900-1300 MG)	B			1.16200	01/01/2016	
Filgrastim Inj 300 MCG/0.5ML (600 MCG/ML)	B			646.00560	07/16/2015	
Filgrastim Inj 480 MCG/1.6ML (300 MCG/ML)	B			312.07792	10/19/2017	
Finasteride Tab 5 MG	G			0.06506	06/01/2017	
Flavoxate HCl Tab 100 MG	G			0.53110	10/01/2017	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Flecainide Acetate Tab 100 MG	G			0.24743	08/01/2015	
Flecainide Acetate Tab 150 MG	G			0.66650	01/01/2018	
Flecainide Acetate Tab 50 MG	G			0.22880	02/01/2018	
Fluconazole For Susp 10 MG/ML	G			0.24607	03/01/2012	
Fluconazole For Susp 40 MG/ML	G			0.48486	05/01/2017	
Fluconazole in NaCl 0.9% Inj 200 MG/100ML	G			0.01660	09/01/2017	
Fluconazole Tab 100 MG	G		0.95425	0.76733	03/01/2018	
Fluconazole Tab 150 MG	G			1.24689	01/01/2018	
Fluconazole Tab 200 MG	G			0.53100	09/01/2017	
Fluconazole Tab 50 MG	G			0.11834	04/01/2012	
Fludrocortisone Acetate Tab 0.1 MG	G			0.30660	11/01/2017	
Flunisolide Nasal Soln 25 MCG/ACT (0.025%)	G		2.19960	2.10460	03/01/2018	
Fluocinolone Acetonide Intravitreal Implant 0.19 MG	B			7304.00000	05/25/2016	
Fluocinolone Acetonide Oil 0.01%	G			0.31850	10/01/2013	
Fluocinolone Acetonide Oil 0.01% (Body Oil)	G			1.21057	08/01/2016	
Fluocinonide Cream 0.05%	G			0.59000	08/01/2013	
Fluocinonide Emulsified Base Cream 0.05%	G			0.12827	07/01/2011	
Fluocinonide Gel 0.05%	G			3.31000	09/30/2014	
Fluocinonide Oint 0.05%	G			2.13520	06/10/2016	
Fluocinonide Soln 0.05%	G			1.12587	04/07/2017	
Fluorometholone Ophth Susp 0.1%	G			12.13800	10/01/2016	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018**

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Fluorouracil Cream 5%	G			4.03400	07/01/2014	
Fluorouracil Inj 500 MG/10ML (50 MG/ML)	G			0.35750	08/01/2011	
Fluorouracil Soln 5%	G			9.30360	01/01/2012	
Fluoxetine HCl (PMDD) Cap 10 MG	G			0.03348	08/01/2011	
Fluoxetine HCl (PMDD) Cap 20 MG	G			0.02281	08/01/2017	
Fluoxetine HCl (PMDD) Tab 10 MG	G			0.43637	10/01/2017	
Fluoxetine HCl (PMDD) Tab 20 MG	G		1.29000	1.24829	03/01/2018	
Fluoxetine HCl Cap 10 MG	G			0.03348	08/01/2011	
Fluoxetine HCl Cap 20 MG	G			0.02281	08/01/2017	
Fluoxetine HCl Cap 40 MG	G			0.09970	05/01/2017	
Fluoxetine HCl Solution 20 MG/5ML	G			0.03138	04/01/2017	
Fluoxetine HCl Tab 10 MG	G			0.43637	10/01/2017	
Fluoxetine HCl Tab 20 MG	G			0.67047	10/01/2013	
Fluoxetine HCl Tab 60 MG	G			8.78067	10/01/2017	
Fluphenazine Decanoate Inj 25 MG/ML	G			18.97280	10/26/2012	
Fluphenazine HCl Tab 1 MG	G			0.06475	05/01/2012	
Fluphenazine HCl Tab 10 MG	G			4.97705	09/01/2017	
Fluphenazine HCl Tab 2.5 MG	G			0.07540	01/01/2012	
Fluphenazine HCl Tab 5 MG	G			0.10208	05/01/2012	
Flurazepam HCl Cap 15 MG	G			0.07691	01/01/2009	
Flurazepam HCl Cap 30 MG	G			0.09216	01/01/2009	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Flurbiprofen Sodium Opth Soln 0.03%	G			1.30800	10/01/2017	
Flurbiprofen Tab 100 MG	G			0.10853	09/01/2011	
Flurbiprofen Tab 50 MG	G			0.19500	06/01/2010	
Flutamide Cap 125 MG	G			0.49094	04/01/2017	
Fluticasone Propionate Cream 0.05%	G			0.48718	03/01/2012	
Fluticasone Propionate Nasal Susp 50 MCG/ACT	G			0.23653	02/01/2018	
Fluticasone Propionate Oint 0.005%	G			0.33285	01/01/2009	
Fluticasone-Salmeterol Aer Powder BA 55-14 MCG/ACT	G			85.65000	09/01/2017	
Fluvastatin Sodium Cap 20 MG	G			3.23686	09/01/2013	
Fluvastatin Sodium Cap 40 MG	G			2.99907	02/01/2014	
Fluvastatin Sodium Tab ER 24 HR 80 MG	G			3.70167	12/01/2017	
Fluvoxamine Maleate Cap ER 24HR 100 MG	G			6.69867	10/01/2016	
Fluvoxamine Maleate Cap ER 24HR 150 MG	G			6.79939	10/01/2016	
Fluvoxamine Maleate Tab 100 MG	G			0.19054	04/01/2017	
Fluvoxamine Maleate Tab 25 MG	G			0.16767	09/01/2017	
Fluvoxamine Maleate Tab 50 MG	G			0.11695	10/01/2017	
Folic Acid Tab 1 MG	G			0.00273	01/01/2010	
Fondaparinux Sodium Subcutaneous Inj 10 MG/0.8ML	G			65.23250	04/01/2017	
Fondaparinux Sodium Subcutaneous Inj 2.5 MG/0.5ML	G			74.39520	11/01/2012	
Fondaparinux Sodium Subcutaneous Inj 5 MG/0.4ML	G			257.34000	09/01/2011	
Fondaparinux Sodium Subcutaneous Inj 7.5 MG/0.6ML	G			144.25000	12/01/2012	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018**

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Fosamprenavir Calcium Tab 700 MG (Base Equiv)	B			19.23220	01/30/2017	
Fosinopril Sodium & Hydrochlorothiazide Tab 10-12.5 MG	G			1.03094	01/01/2009	
Fosinopril Sodium & Hydrochlorothiazide Tab 20-12.5 MG	G			0.69143	04/01/2017	
Fosinopril Sodium Tab 10 MG	G			0.16918	11/01/2011	
Fosinopril Sodium Tab 20 MG	G			0.12016	04/01/2017	
Fosinopril Sodium Tab 40 MG	G			0.14937	09/01/2011	
Furosemide Inj 10 MG/ML	G			0.06890	07/01/2013	
Furosemide Oral Soln 10 MG/ML	G			0.07503	07/01/2013	
Furosemide Tab 20 MG	G			0.01761	01/01/2009	
Furosemide Tab 40 MG	G			0.02234	01/01/2009	
Furosemide Tab 80 MG	G			0.03412	04/01/2011	
Gabapentin Cap 100 MG	G			0.02447	11/01/2017	
Gabapentin Cap 300 MG	G			0.04127	04/01/2017	
Gabapentin Cap 400 MG	G			0.04564	01/01/2018	
Gabapentin Oral Soln 250 MG/5ML	G			0.08585	05/01/2017	
Gabapentin Tab 600 MG	G			0.09006	01/01/2018	
Gabapentin Tab 800 MG	G			0.10138	01/01/2018	
Galantamine Hydrobromide Cap ER 24HR 16 MG	G			1.20100	04/01/2017	
Galantamine Hydrobromide Cap ER 24HR 24 MG	G		2.28500	0.83300	03/01/2018	
Galantamine Hydrobromide Cap ER 24HR 8 MG	G			2.17400	12/01/2010	
Galantamine Hydrobromide Tab 12 MG	G			0.65867	04/01/2017	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018**

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Galantamine Hydrobromide Tab 4 MG	G		1.81300	0.89375	03/01/2018	
Galantamine Hydrobromide Tab 8 MG	G		1.62250	0.70461	03/01/2018	
Gemcitabine HCl For Inj 1 GM	G			371.23000	09/01/2011	
Gemcitabine HCl For Inj 200 MG	G			74.85000	09/01/2011	
Gemfibrozil Tab 600 MG	G			0.06021	01/01/2018	
Gentamicin in Saline Inj 0.8 MG/ML	G			0.03509	08/01/2011	
Gentamicin Sulfate Cream 0.1%	G			0.09578	01/01/2009	
Gentamicin Sulfate Inj 40 MG/ML	G		0.58540	0.50340	03/01/2018	
Gentamicin Sulfate Oint 0.1%	G			2.92950	01/27/2017	
Gentamicin Sulfate Ophth Oint 0.3%	G			2.95143	08/01/2017	
Gentamicin Sulfate Ophth Soln 0.3%	G			0.74300	09/01/2017	
Glatiramer Acetate Inj Kit 20 MG/ML	B			202.86860	01/01/2015	
Glatiramer Acetate Soln Prefilled Syringe 20 MG/ML	B			236.18480	01/01/2017	
Glatiramer Acetate Soln Prefilled Syringe 20 MG/ML	G			126.15433	04/01/2017	
Glatiramer Acetate Soln Prefilled Syringe 40 MG/ML	B			484.05600	01/01/2017	
Glimepiride Tab 1 MG	G			0.03200	01/01/2009	
Glimepiride Tab 2 MG	G			0.03750	04/01/2012	
Glimepiride Tab 4 MG	G			0.04760	10/01/2017	
Glipizide Tab 10 MG	G			0.02528	08/01/2017	
Glipizide Tab 5 MG	G			0.01935	11/01/2017	
Glipizide Tab ER 24HR 10 MG	G			0.24611	04/01/2017	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Glipizide Tab ER 24HR 2.5 MG	G			0.15400	01/01/2018	
Glipizide Tab ER 24HR 5 MG	G			0.12084	08/01/2011	
Glipizide-Metformin HCl Tab 5-500 MG	G			0.24565	12/01/2017	
Glyburide Micronized Tab 1.5 MG	G			0.03659	09/01/2011	
Glyburide Micronized Tab 3 MG	G			0.02963	08/01/2011	
Glyburide Micronized Tab 6 MG	G			0.05788	04/01/2012	
Glyburide Tab 1.25 MG	G			0.06222	01/01/2009	
Glyburide Tab 2.5 MG	G			0.03220	10/01/2017	
Glyburide Tab 5 MG	G			0.04420	10/01/2017	
Glyburide-Metformin Tab 1.25-250 MG	G			0.02988	06/01/2012	
Glyburide-Metformin Tab 2.5-500 MG	G			0.06720	04/01/2017	
Glyburide-Metformin Tab 5-500 MG	G			0.04340	09/01/2017	
Glycopyrrolate Inj 0.2 MG/ML	G			0.22100	01/01/2010	
Glycopyrrolate Inj 0.4 MG/2ML (0.2 MG/ML)	G			0.22100	01/01/2010	
Glycopyrrolate Inj 1 MG/5ML (0.2 MG/ML)	G			0.22100	01/01/2010	
Glycopyrrolate Inj 4 MG/20ML (0.2 MG/ML)	G			0.22100	01/01/2010	
Glycopyrrolate Tab 1 MG	G			0.06670	01/01/2018	
Glycopyrrolate Tab 1 MG	G	GLYCOPYRROL TAB 1MG (23155060601)		0.18610	02/15/2018	NDC-specific SMAC
Glycopyrrolate Tab 2 MG	G		0.26900	0.17170	03/01/2018	
Golimumab Subcutaneous Soln Auto-injector 100 MG/ML	B		4753.85820	5176.94904	01/03/2018	
Golimumab Subcutaneous Soln Auto-injector 50 MG/0.5ML	B		8267.56360	9003.36192	01/03/2018	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Golimumab Subcutaneous Soln Prefilled Syringe 100 MG/ML	B		4753.85820	5176.94904	01/03/2018	
Golimumab Subcutaneous Soln Prefilled Syringe 50 MG/0.5ML	B		8267.56360	9003.36192	01/03/2018	
Granisetron HCl Inj 1 MG/ML	G			15.47000	02/01/2013	
Granisetron HCl Inj 4 MG/4ML (1 MG/ML)	G			6.87000	02/01/2013	
Granisetron HCl Tab 1 MG	G			3.56000	04/01/2017	
Griseofulvin Microsize Susp 125 MG/5ML	G			0.20572	02/01/2017	
Griseofulvin Microsize Tab 500 MG	G		6.44580	5.99933	03/01/2018	
Griseofulvin Ultramicrosize Tab 250 MG	G		3.71433	3.04733	03/01/2018	
Guaifenesin Liquid 100 MG/5ML	G			0.00585	07/01/2013	
Guaifenesin Syrup 100 MG/5ML	G			0.00585	07/01/2013	
Guaifenesin Tab 200 MG	G			0.03900	04/01/2011	
Guaifenesin Tab 400 MG	G			0.06478	07/01/2011	
Guaifenesin-Codeine Soln 100-10 MG/5ML	G			0.02594	09/01/2017	
Guanfacine HCl Tab 1 MG	G		0.06090	0.09525	02/02/2018	
Guanfacine HCl Tab 2 MG	G			0.08588	09/01/2017	
Guanfacine HCl Tab ER 24HR 1 MG (Base Equiv)	G			0.38700	09/01/2017	
Guanfacine HCl Tab ER 24HR 2 MG (Base Equiv)	G			0.60310	11/01/2017	
Guanfacine HCl Tab ER 24HR 3 MG (Base Equiv)	G			0.63306	04/01/2017	
Guanfacine HCl Tab ER 24HR 4 MG (Base Equiv)	G			0.40130	10/01/2017	
Halobetasol Propionate Cream 0.05%	G			0.41600	01/01/2010	
Halobetasol Propionate Oint 0.05%	G			3.06000	08/01/2014	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018**

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Haloperidol Decanoate IM Soln 100 MG/ML	G			39.59000	04/01/2017	
Haloperidol Decanoate IM Soln 50 MG/ML	G			23.06880	07/01/2013	
Haloperidol Lactate Inj 5 MG/ML	G			5.49900	04/01/2017	
Haloperidol Lactate Oral Conc 2 MG/ML	G			0.06892	01/01/2018	
Haloperidol Tab 0.5 MG	G			0.05993	01/01/2010	
Haloperidol Tab 1 MG	G			0.09510	01/01/2010	
Haloperidol Tab 10 MG	G			0.31960	10/01/2017	
Haloperidol Tab 2 MG	G			0.19690	12/01/2017	
Haloperidol Tab 5 MG	G			0.22540	06/01/2017	
Heparin Sodium (Porcine) Inj 10000 Unit/ML	G			2.98285	10/01/2014	
Heparin Sodium (Porcine) Inj 5000 Unit/ML	G			0.00000	08/08/2008	
Heparin Sodium (Porcine) Lock Flush IV Soln 100 Unit/ML	G			0.43180	09/01/2011	
Histrelin Acetate (CPP) Implant Kit 50 MG	B			17720.78220	04/01/2014	
Histrelin Acetate Implant Kit 50 MG	B			3484.60560	04/03/2017	
Hydralazine HCl Tab 10 MG	G			0.04247	04/01/2017	
Hydralazine HCl Tab 100 MG	G			0.07423	10/01/2016	
Hydralazine HCl Tab 25 MG	G			0.02603	01/01/2018	
Hydralazine HCl Tab 50 MG	G			0.03105	01/01/2018	
Hydrochlorothiazide Cap 12.5 MG	G			0.02628	11/01/2017	
Hydrochlorothiazide Tab 12.5 MG	G			0.08385	11/01/2017	
Hydrochlorothiazide Tab 25 MG	G			0.00892	11/01/2017	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018**

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Hydrochlorothiazide Tab 50 MG	G			0.01144	09/01/2017	
Hydrocodone w/ Homatropine Syrup 5-1.5 MG/5ML	G			0.09857	04/01/2017	
Hydrocodone-Acetaminophen Soln 7.5-325 MG/15ML	G			0.04658	01/01/2018	
Hydrocodone-Acetaminophen Soln 7.5-500 MG/15ML	G			0.02637	07/01/2013	
Hydrocodone-Acetaminophen Tab 10-325 MG	G			0.12036	01/01/2018	
Hydrocodone-Acetaminophen Tab 10-500 MG	G			0.16000	03/05/2014	
Hydrocodone-Acetaminophen Tab 5-300 MG	G			0.65450	10/01/2017	
Hydrocodone-Acetaminophen Tab 5-325 MG	G			0.10858	09/01/2017	
Hydrocodone-Acetaminophen Tab 7.5-325 MG	G			0.14031	01/01/2018	
Hydrocodone-Ibuprofen Tab 10-200 MG	G			2.53771	04/01/2017	
Hydrocodone-Ibuprofen Tab 7.5-200 MG	G			0.15400	08/01/2017	
Hydrocortisone Acetate Cream 1%	G			0.07497	07/01/2013	
Hydrocortisone Acetate Lotion 2%	G			1.10782	09/01/2010	
Hydrocortisone Acetate Powder	G			0.94640	06/01/2010	
Hydrocortisone Acetate Suppos 25 MG	G		8.87292	5.67167	03/01/2018	
Hydrocortisone Acetate Suppos 30 MG	G			2.27500	06/01/2010	
Hydrocortisone Cream 1%	G			0.07497	07/01/2013	
Hydrocortisone Cream 2.5%	G			0.09989	01/01/2009	
Hydrocortisone Enema 100 MG/60ML	G			0.08839	05/01/2012	
Hydrocortisone Lotion 2.5%	G			0.26360	04/01/2011	
Hydrocortisone Micronized Powder	G			0.93600	06/01/2010	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Hydrocortisone Oint 1%	G			0.04185	06/01/2014	
Hydrocortisone Oint 2.5%	G			0.10613	01/01/2009	
Hydrocortisone Powder	G			0.93600	06/01/2010	
Hydrocortisone Rectal Cream 2.5%	G			0.88125	01/01/2018	
Hydrocortisone Sodium Succinate For Inj 100 MG	G			2.52200	05/01/2011	
Hydrocortisone Tab 10 MG	G			0.21970	10/01/2017	
Hydrocortisone Tab 20 MG	G			0.45870	04/01/2017	
Hydrocortisone Tab 5 MG	G			0.16140	10/01/2017	
Hydrocortisone Valerate Cream 0.2%	G			3.39000	10/21/2013	
Hydrocortisone Valerate Oint 0.2%	G			4.36734	08/01/2016	
Hydrocortisone w/ Acetic Acid Otic Soln 1-2%	G			5.41600	11/01/2017	
Hydrocortisone-Aloe Vera Cream 1%	G			0.07497	07/01/2013	
Hydromorphone HCl Preservative Free (PF) Inj 10 MG/ML	G			1.72380	07/01/2013	
Hydromorphone HCl Tab 2 MG	G			0.07780	09/01/2017	
Hydromorphone HCl Tab 4 MG	G		0.09647	0.07665	03/01/2018	
Hydromorphone HCl Tab 8 MG	G			0.28435	10/01/2016	
Hydromorphone HCl Tab ER 24HR Deter 8 MG	G			9.19367	04/01/2017	
Hydroxychloroquine Sulfate Tab 200 MG	G		0.56060	0.35893	03/01/2018	
Hydroxyurea Cap 500 MG	G		0.21423	0.18352	03/01/2018	
Hydroxyzine HCl IM Soln 50 MG/ML	G			0.86610	01/28/2008	
Hydroxyzine HCl Syrup 10 MG/5ML	G		0.05393	0.03692	03/01/2018	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Hydroxyzine HCl Tab 10 MG	G			0.03772	10/01/2017	
Hydroxyzine HCl Tab 25 MG	G			0.04750	06/01/2017	
Hydroxyzine HCl Tab 50 MG	G			0.05700	06/01/2017	
Hydroxyzine Pamoate Cap 100 MG	G			0.30388	02/01/2012	
Hydroxyzine Pamoate Cap 25 MG	G			0.05450	02/01/2011	
Hydroxyzine Pamoate Cap 50 MG	G			0.07418	04/01/2017	
Hyoscyamine Sulfate Soln 0.125 MG/ML	G			1.16667	06/01/2014	
Hyoscyamine Sulfate Tab 0.125 MG	G			0.13030	10/01/2017	
Hyoscyamine Sulfate Tab Disint 0.125 MG	G		0.21813	0.18450	03/01/2018	
Hyoscyamine Sulfate Tab SL 0.125 MG	G			0.07000	08/01/2017	
Ibandronate Sodium Tab 150 MG (Base Equivalent)	G		12.49667	7.94000	03/01/2018	
Ibrutinib Cap 140 MG	B		122.87228	134.79089	01/02/2018	
Ibuprofen Cap 200 MG	G			0.07817	08/01/2011	
Ibuprofen Chew Tab 100 MG	G			0.14070	03/01/2009	
Ibuprofen Susp 100 MG/5ML	G			0.02592	09/01/2017	
Ibuprofen Tab 100 MG	G			0.18440	03/01/2009	
Ibuprofen Tab 200 MG	G			0.01567	01/01/2010	
Ibuprofen Tab 400 MG	G			0.02996	01/01/2009	
Ibuprofen Tab 600 MG	G			0.03420	08/01/2017	
Ibuprofen Tab 800 MG	G			0.03474	08/01/2017	
Iloperidone Tab 12 MG	B			33.49524	01/01/2017	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018**

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Iloperidone Tab 8 MG	B			20.91567	01/01/2017	
Imatinib Mesylate Tab 100 MG (Base Equivalent)	G			39.20000	11/01/2017	
Imatinib Mesylate Tab 400 MG (Base Equivalent)	B			336.06478	07/07/2015	
Imatinib Mesylate Tab 400 MG (Base Equivalent)	G			107.82067	09/01/2017	
Imipramine HCl Tab 10 MG	G			0.09280	05/01/2017	
Imipramine HCl Tab 25 MG	G			0.06370	12/01/2017	
Imipramine HCl Tab 50 MG	G			0.15140	09/01/2017	
Imiquimod Cream 5%	G			10.78350	04/27/2016	
Indapamide Tab 1.25 MG	G			0.03313	11/01/2011	
Indapamide Tab 2.5 MG	G			0.05400	01/01/2009	
Indomethacin Cap 25 MG	G			0.07340	12/01/2017	
Indomethacin Cap 50 MG	G		0.11820	0.09440	03/01/2018	
Indomethacin Cap ER 75 MG	G		0.32783	0.27750	03/01/2018	
Infliximab For IV Inj 100 MG	B			1163.14540	02/09/2017	
Interferon Alfa-2B Inj 6000000 Unit/ML	B		169.79615	186.63991	01/05/2018	
Interferon Beta-1a IM Inj Kit 30 MCG/0.5ML	B			5314.65600	08/22/2015	
Interferon Beta-1a IM Prefilled Syringe Kit 30 MCG/0.5ML	B		6261.85200	6762.79020	01/01/2018	
Interferon Beta-1a Inj 22 MCG/0.5ML (12MU/ML) (44 MCG/ML)	B			956.11296	09/04/2015	
Interferon Beta-1a Inj 44 MCG/0.5ML (24MU/ML) (88 MCG/ML)	B			956.11296	09/04/2015	
Interferon Beta-1a Inj 6 X 8.8 MCG/0.2ML & 6 X 22 MCG/0.5ML	B			1365.87566	09/04/2015	
Iodoquinol-HC Cream 1%	G			0.76673	09/01/2010	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Ipratropium Bromide Inhal Soln 0.02%	G			0.07179	01/01/2009	
Ipratropium Bromide Nasal Soln 0.03% (21 MCG/SPRAY)	G			0.23084	05/01/2012	
Ipratropium Bromide Nasal Soln 0.06% (42 MCG/SPRAY)	G			0.54166	02/01/2012	
Ipratropium-Albuterol Nebu Soln 0.5-2.5(3) MG/3ML	G			0.06028	06/01/2017	
Irbesartan Tab 150 MG	G			0.11244	11/01/2017	
Irbesartan Tab 300 MG	G			0.21722	11/01/2017	
Irbesartan Tab 75 MG	G			0.08700	10/01/2017	
Irbesartan-Hydrochlorothiazide Tab 150-12.5 MG	G		0.21233	0.18022	03/01/2018	
Irbesartan-Hydrochlorothiazide Tab 300-12.5 MG	G			0.20544	09/01/2017	
Iron Polysacch Complex-Vit B12-FA Cap 150-0.025-1 MG	G			0.15890	04/01/2017	
Isoniazid Tab 300 MG	G			0.06552	01/01/2012	
Isosorbide Dinitrate Tab 10 MG	G			0.39080	10/01/2017	
Isosorbide Dinitrate Tab 20 MG	G		0.44557	0.41250	03/01/2018	
Isosorbide Dinitrate Tab 30 MG	G		0.75410	0.64906	03/01/2018	
Isosorbide Dinitrate Tab 5 MG	G			0.03080	06/01/2006	
Isosorbide Dinitrate Tab ER 40 MG	G			0.61485	07/01/2013	
Isosorbide Mononitrate Tab 10 MG	G			0.12025	05/01/2012	
Isosorbide Mononitrate Tab 20 MG	G			0.09070	02/01/2018	
Isosorbide Mononitrate Tab ER 24HR 120 MG	G			0.24000	12/01/2017	
Isosorbide Mononitrate Tab ER 24HR 30 MG	G			0.13030	06/01/2017	
Isosorbide Mononitrate Tab ER 24HR 60 MG	G			0.14696	09/01/2017	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Isotretinoin Cap 10 MG	G			7.27000	01/26/2011	
Isotretinoin Cap 20 MG	G			6.07100	07/01/2016	
Isotretinoin Cap 30 MG	G			7.81200	09/01/2016	
Isotretinoin Cap 40 MG	G			4.76512	03/01/2017	
Itraconazole Cap 100 MG	G		5.03333	3.36333	03/01/2018	
Ivermectin Tab 3 MG	G			3.90225	04/01/2017	
Ketoconazole Cream 2%	G			4.36250	01/20/2016	
Ketoconazole Shampoo 2%	G			0.05374	12/01/2017	
Ketoconazole Tab 200 MG	G			0.24710	09/01/2010	
Ketoprofen Cap 50 MG	G			0.08738	08/01/2011	
Ketoprofen Cap 75 MG	G			0.09862	04/01/2012	
Ketoprofen Cap ER 24HR 200 MG	G			1.71630	06/01/2006	
Ketorolac Tromethamine IM Inj 30 MG/ML	G			0.89000	09/04/2013	
Ketorolac Tromethamine IM Inj 60 MG/2ML (30 MG/ML)	G			0.89000	09/04/2013	
Ketorolac Tromethamine Inj 30 MG/ML	G			0.91000	01/01/2010	
Ketorolac Tromethamine Inj 60 MG/2ML (30 MG/ML)	G			0.89000	09/04/2013	
Ketorolac Tromethamine Ophth Soln 0.4%	G			2.05140	07/01/2011	
Ketorolac Tromethamine Ophth Soln 0.4%	G	KETOROLAC SOL 0.4% (60758077305)		11.14600	02/08/2018	NDC-specific SMAC
Ketorolac Tromethamine Ophth Soln 0.5%	G		1.13433	1.04333	03/01/2018	
Ketorolac Tromethamine Tab 10 MG	G			0.79990	01/01/2018	
Ketotifen Fumarate Ophth Soln 0.025% (Base Equiv)	G			1.44400	04/01/2017	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018**

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
L-Methylfolate Tab 15 MG**	G			2.11250	09/01/2010	
L-Methylfolate Tab 7.5 MG**	G			2.11250	09/01/2010	
Labetalol HCl Tab 100 MG	G		0.22623	0.21068	03/01/2018	
Labetalol HCl Tab 200 MG	G			0.17810	06/01/2017	
Labetalol HCl Tab 300 MG	G			0.17681	02/01/2012	
Lactated Ringer's Solution	G			0.00287	09/01/2015	
Lactic Acid (Ammonium Lactate) Cream 12%	G			0.04447	01/01/2010	
Lactic Acid (Ammonium Lactate) Lotion 12%	G			0.07958	11/10/2014	
Lactulose (Encephalopathy) Solution 10 GM/15ML	G			0.01304	01/01/2009	
Lactulose Solution 10 GM/15ML	G			0.01550	07/01/2013	
Lamivudine Oral Soln 10 MG/ML	G			0.27563	12/01/2017	
Lamivudine Tab 100 MG (HBV)	G			5.03766	12/01/2017	
Lamivudine Tab 150 MG	B			5.94363	03/25/2015	
Lamivudine Tab 150 MG	G			1.42000	11/01/2017	
Lamivudine Tab 300 MG	G			2.05308	12/01/2017	
Lamivudine-Zidovudine Tab 150-300 MG	G			0.91667	09/01/2017	
Lamotrigine Tab 100 MG	G			0.03760	05/01/2017	
Lamotrigine Tab 150 MG	G			0.06717	11/01/2017	
Lamotrigine Tab 200 MG	G			0.06233	06/01/2017	
Lamotrigine Tab 25 MG	G			0.03110	08/01/2017	
Lamotrigine Tab Chewable Dispersible 25 MG	G			0.12010	10/01/2017	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Lamotrigine Tab Chewable Dispersible 5 MG	G			0.16923	01/01/2016	
Lamotrigine Tab ER 24HR 100 MG	G			4.78267	09/01/2017	
Lamotrigine Tab ER 24HR 200 MG	G			3.34600	10/01/2017	
Lamotrigine Tab ER 24HR 25 MG	G			2.26563	08/01/2016	
Lamotrigine Tab ER 24HR 250 MG	G			12.12733	04/01/2017	
Lamotrigine Tab ER 24HR 300 MG	G			6.10533	11/01/2017	
Lamotrigine Tab ER 24HR 50 MG	G			5.45333	05/01/2017	
Lansoprazole Cap Delayed Release 15 MG	G			0.28500	07/01/2017	
Lansoprazole Cap Delayed Release 30 MG	G			0.15656	05/01/2017	
Latanoprost Ophth Soln 0.005%	G			1.68480	11/01/2017	
Leflunomide Tab 10 MG	G		3.29733	3.03622	03/01/2018	
Leflunomide Tab 20 MG	G			2.41092	12/01/2017	
Lenalidomide Cap 10 MG	B			659.71066	10/19/2017	
Lenvatinib Cap Therapy Pack 10 & 4 MG (14 MG Daily Dose)	B			225.54420	12/15/2016	
Lenvatinib Cap Therapy Pack 10 (2) & 4 MG (24 MG Daily Dose)	B			163.00094	12/15/2016	
Lenvatinib Cap Therapy Pack 10 (2) MG (20 MG Daily Dose)	B			244.50140	12/15/2016	
Lenvatinib Cap Therapy Pack 10 MG (10 MG Daily Dose)	B			451.08840	12/15/2016	
Letrozole Tab 2.5 MG	G			0.09933	05/01/2017	
Leucovorin Calcium Tab 5 MG	G		0.80849	0.66450	03/01/2018	
Leuprolide Acetate (3 Month) For Inj Kit 11.25 MG	B		3344.33560	3658.70640	01/01/2018	
Leuprolide Acetate (3 Month) For Inj Kit 22.5 MG	B		3985.25330	4359.87048	01/01/2018	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Leuprolide Acetate (3 Month) For Inj Pediatric Kit 30 MG	B			8044.73350	04/03/2017	
Leuprolide Acetate (4 Month) For Inj Kit 30 MG	B		5313.69320	5813.17392	01/01/2018	
Leuprolide Acetate For Inj Kit 3.75 MG	B		1114.76470	1219.55220	01/01/2018	
Leuprolide Acetate For Inj Kit 7.5 MG	B		1328.42330	1453.29348	01/01/2018	
Leuprolide Acetate For Inj Pediatric Kit 11.25 MG	B			2434.70540	04/03/2017	
Leuprolide Acetate For Inj Pediatric Kit 15 MG	B			2681.57230	04/03/2017	
Leuprolide Acetate For Inj Pediatric Kit 7.5 MG	B			1341.06420	04/03/2017	
Levalbuterol HCl Soln Nebu 0.31 MG/3ML (Base Equiv)	G			0.52707	04/01/2017	
Levalbuterol HCl Soln Nebu 0.63 MG/3ML (Base Equiv)	G			0.49634	04/01/2017	
Levalbuterol HCl Soln Nebu 1.25 MG/3ML (Base Equiv)	G		0.63764	0.38012	03/01/2018	
Levalbuterol Tartrate Inhal Aerosol 45 MCG/ACT (Base Equiv)	G		4.36733	3.54667	03/01/2018	
Levetiracetam Oral Soln 100 MG/ML	G			0.04385	08/01/2015	
Levetiracetam Tab 1000 MG	G			0.13695	12/01/2017	
Levetiracetam Tab 250 MG	G			0.07342	09/01/2017	
Levetiracetam Tab 500 MG	G			0.07467	06/01/2017	
Levetiracetam Tab 750 MG	G			0.14175	01/01/2018	
Levetiracetam Tab ER 24HR 500 MG	G			0.25000	05/01/2017	
Levetiracetam Tab ER 24HR 750 MG	G			0.35778	04/01/2017	
Levobunolol HCl Opth Soln 0.25%	G			1.10500	01/01/2010	
Levobunolol HCl Opth Soln 0.5%	G			0.44115	01/01/2009	
Levocarnitine Oral Soln 1 GM/10ML (10%)	G			0.34929	02/27/2017	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Levocarnitine Tab 330 MG	G			0.53088	10/01/2015	
Levocetirizine Dihydrochloride Soln 2.5 MG/5ML (0.5 MG/ML)	G			0.43460	08/01/2013	
Levocetirizine Dihydrochloride Tab 5 MG	G			0.08221	04/01/2017	
Levofloxacin in D5W IV Soln 500 MG/100ML	G			0.52730	09/01/2017	
Levofloxacin Oral Soln 25 MG/ML	G		0.91268	0.86325	03/01/2018	
Levofloxacin Tab 250 MG	G		0.21240	0.19525	03/01/2018	
Levofloxacin Tab 500 MG	G			0.13487	01/01/2018	
Levofloxacin Tab 750 MG	G			0.24300	05/01/2017	
Levonorg-Eth Est Tab 0.15-0.03MG(84) & Eth Est Tab 0.01MG(7)	G			1.16209	06/01/2017	
Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 MG	G			0.63793	10/01/2017	
Levonorgestrel & Ethinyl Estradiol Tab 0.1 MG-20 MCG	G			0.39440	10/01/2016	
Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	G			0.12476	05/01/2017	
Levonorgestrel Tab 0.75 MG	G			15.22415	08/01/2011	
Levonorgestrel Tab 1.5 MG	G			21.99000	04/01/2017	
Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG	G			0.34466	04/01/2017	
Levonorgestrel-Ethinyl Estradiol (Continuous) Tab 90-20 MCG	G			1.39489	11/01/2017	
Levothyroxine Sodium Tab 100 MCG	G			0.20882	04/01/2017	
Levothyroxine Sodium Tab 112 MCG	G			0.39990	01/01/2018	
Levothyroxine Sodium Tab 125 MCG	G			0.41990	01/01/2018	
Levothyroxine Sodium Tab 137 MCG	G			0.33710	06/01/2017	
Levothyroxine Sodium Tab 150 MCG	G			0.29216	04/01/2017	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018**

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Levothyroxine Sodium Tab 175 MCG	G			0.49990	01/01/2018	
Levothyroxine Sodium Tab 200 MCG	G			0.50845	06/01/2017	
Levothyroxine Sodium Tab 25 MCG	G			0.26500	02/10/2014	
Levothyroxine Sodium Tab 300 MCG	G			0.25325	08/01/2011	
Levothyroxine Sodium Tab 50 MCG	G			0.30004	08/01/2017	
Levothyroxine Sodium Tab 75 MCG	G			0.35587	08/01/2017	
Levothyroxine Sodium Tab 88 MCG	G			0.33016	12/01/2017	
Lidocaine HCl Cream 3%	G			1.41547	05/01/2011	
Lidocaine HCl Gel 2%	G			0.32560	07/01/2013	
Lidocaine HCl IV Inj 20 MG/ML	G			0.48020	09/01/2017	
Lidocaine HCl Local Inj 1%	G			0.02262	06/01/2010	
Lidocaine HCl Local Preservative Free (PF) Inj 1%	G			0.58140	07/01/2013	
Lidocaine HCl Soln 4%	G			0.10019	09/01/2011	
Lidocaine HCl Viscous Soln 2%	G			0.02457	04/01/2011	
Lidocaine Oint 5%	G			3.06250	08/09/2016	
Lidocaine Patch 5%	G			6.29367	03/01/2016	
Lidocaine-Hydrocortisone Acetate Rectal Cream Kit 3-0.5%	G			7.69340	09/01/2010	
Lidocaine-Prilocaine Cream 2.5-2.5%	G			1.12500	03/05/2015	
Linezolid For Susp 100 MG/5ML	B		8.09987	8.86447	01/01/2018	
Linezolid Tab 600 MG	B		242.98765	265.92553	01/01/2018	
Linezolid Tab 600 MG	G			3.66350	12/01/2017	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018**

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Liothyronine Sodium Tab 25 MCG	G			0.42480	08/01/2017	
Liothyronine Sodium Tab 5 MCG	G			0.26980	06/01/2017	
Liothyronine Sodium Tab 50 MCG	G			0.41850	04/01/2017	
Lisinopril & Hydrochlorothiazide Tab 10-12.5 MG	G			0.03000	04/01/2017	
Lisinopril & Hydrochlorothiazide Tab 20-12.5 MG	G			0.04112	04/01/2017	
Lisinopril & Hydrochlorothiazide Tab 20-25 MG	G			0.02920	11/01/2017	
Lisinopril Tab 10 MG	G			0.01388	11/01/2017	
Lisinopril Tab 2.5 MG	G			0.01030	11/01/2017	
Lisinopril Tab 20 MG	G			0.01652	08/01/2017	
Lisinopril Tab 30 MG	G			0.03080	05/01/2017	
Lisinopril Tab 40 MG	G			0.02822	05/01/2017	
Lisinopril Tab 5 MG	G		0.01385	0.01214	03/01/2018	
Lithium Carbonate Cap 150 MG	G			0.05730	04/01/2017	
Lithium Carbonate Cap 300 MG	G			0.03598	03/01/2011	
Lithium Carbonate Cap 600 MG	G			0.09925	04/01/2017	
Lithium Carbonate Tab 300 MG	G			0.13270	04/01/2017	
Lithium Carbonate Tab ER 300 MG	G			0.15233	04/01/2017	
Lithium Carbonate Tab ER 450 MG	G			0.09360	10/01/2017	
Loperamide HCl Cap 2 MG	G			0.25380	03/21/2017	
Loperamide HCl Liq 1 MG/5ML (0.2 MG/ML)	G			0.04563	08/01/2016	
Loperamide HCl Tab 2 MG	G			0.52850	08/01/2016	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018**

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Lopinavir-Ritonavir Tab 200-50 MG	B			8.02679	12/26/2016	
Loratadine & Pseudoephedrine Tab ER 12HR 5-120 MG	G			0.58500	08/12/2009	
Loratadine & Pseudoephedrine Tab ER 24HR 10-240 MG	G			0.52667	05/01/2012	
Loratadine Rapidly-Disintegrating Tab 10 MG	G			0.22273	01/01/2010	
Loratadine Syrup 5 MG/5ML	G			0.03967	04/01/2017	
Loratadine Tab 10 MG	G			0.03157	11/01/2017	
Lorazepam Conc 2 MG/ML	G			0.32867	10/01/2017	
Lorazepam Inj 2 MG/ML	G		0.88140	0.59480	03/01/2018	
Lorazepam Tab 0.5 MG	G			0.02030	11/01/2017	
Lorazepam Tab 1 MG	G			0.02225	04/01/2017	
Lorazepam Tab 2 MG	G			0.04207	04/01/2017	
Losartan Potassium & Hydrochlorothiazide Tab 100-12.5 MG	G			0.07356	06/01/2017	
Losartan Potassium & Hydrochlorothiazide Tab 100-25 MG	G			0.07044	06/01/2017	
Losartan Potassium & Hydrochlorothiazide Tab 50-12.5 MG	G			0.06700	06/01/2017	
Losartan Potassium Tab 100 MG	G			0.04114	11/01/2017	
Losartan Potassium Tab 25 MG	G			0.03244	08/01/2017	
Losartan Potassium Tab 50 MG	G			0.04335	04/01/2017	
Lovastatin Tab 10 MG	G			0.06277	04/01/2017	
Lovastatin Tab 20 MG	G			0.03900	11/01/2017	
Lovastatin Tab 40 MG	G			0.03670	06/01/2017	
Loxapine Succinate Cap 10 MG	G			0.25298	04/01/2017	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018**

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Loxapine Succinate Cap 25 MG	G			0.56280	09/01/2017	
Loxapine Succinate Cap 5 MG	G		0.71045	0.28570	03/01/2018	
Loxapine Succinate Cap 50 MG	G		1.05457	0.73150	03/01/2018	
Lurasidone HCl Tab 40 MG	B			40.61688	01/16/2018	
Lurasidone HCl Tab 80 MG	B			40.61688	01/16/2018	
Macitentan Tab 10 MG	B			299.79600	11/21/2017	
Magnesium Hydroxide Susp 400 MG/5ML	G			0.00363	01/05/2011	
Magnesium Oxide Tab 400 MG	G			0.02200	04/01/2017	
Magnesium Oxide Tab 400 MG (241.3 MG Elemental Mg)	G			0.02200	04/01/2017	
Mecasermin Inj 40 MG/4ML (10 MG/ML)	B		920.09650	1011.18651	01/01/2018	
Meclizine HCl Chew Tab 25 MG	G			0.03190	04/01/2017	
Meclizine HCl Tab 12.5 MG	G			0.02915	10/01/2009	
Meclizine HCl Tab 25 MG	G			0.11236	12/01/2017	
Medroxyprogesterone Acetate IM Susp 150 MG/ML	G			68.97000	04/01/2017	
Medroxyprogesterone Acetate Tab 10 MG	G			0.12420	11/01/2017	
Medroxyprogesterone Acetate Tab 2.5 MG	G			0.05125	08/01/2011	
Medroxyprogesterone Acetate Tab 5 MG	G			0.08900	08/01/2011	
Mefloquine HCl Tab 250 MG	G			3.32640	10/01/2017	
Megestrol Acetate Susp 40 MG/ML	G			0.05000	04/01/2017	
Megestrol Acetate Tab 20 MG	G			0.12563	03/01/2012	
Megestrol Acetate Tab 40 MG	G			0.15820	08/01/2017	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018**

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Meloxicam Tab 15 MG	G			0.02106	04/01/2017	
Meloxicam Tab 7.5 MG	G			0.01959	04/01/2017	
Memantine HCl Oral Solution 2 MG/ML	G			1.16022	09/01/2017	
Memantine HCl Tab 10 MG	B			5.62823	04/01/2015	
Memantine HCl Tab 10 MG	G			0.12656	10/01/2017	
Memantine HCl Tab 5 MG	B			5.62823	04/01/2015	
Memantine HCl Tab 5 MG	G			0.09917	10/01/2017	
Meperidine HCl Tab 100 MG	G			1.45210	01/04/2016	
Meperidine HCl Tab 50 MG	G			0.20308	12/01/2011	
Mercaptopurine Tab 50 MG	G			0.88334	10/01/2017	
Meropenem IV For Soln 1 GM	G			17.18116	02/01/2014	
Meropenem IV For Soln 500 MG	G			18.50000	09/01/2010	
Mesalamine Enema 4 GM	G			0.11845	05/01/2012	
Mesalamine Tab Delayed Release 1.2 GM	G			8.96742	09/01/2017	
Mesalamine Tab Delayed Release 800 MG	G		6.90728	6.17417	03/01/2018	
Mesna Inj 100 MG/ML	G			2.60000	05/01/2011	
Metaxalone Tab 800 MG	G		2.10040	1.54535	03/01/2018	
Metformin HCl Tab 1000 MG	G			0.02659	11/01/2017	
Metformin HCl Tab 500 MG	G			0.01592	04/01/2017	
Metformin HCl Tab 850 MG	G			0.02127	01/01/2018	
Metformin HCl Tab ER 24HR 500 MG	G			0.03120	08/01/2017	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Metformin HCl Tab ER 24HR 750 MG	G			0.08408	04/01/2017	
Metformin HCl Tab ER 24HR Osmotic 1000 MG	G			5.59517	06/01/2015	
Methadone HCl Conc 10 MG/ML	G			2.22067	01/01/2018	
Methadone HCl Tab 10 MG	G			0.10120	05/01/2017	
Methadone HCl Tab 5 MG	G			0.17800	11/01/2017	
Methazolamide Tab 50 MG	G			0.19032	01/01/2009	
Methenamine Hippurate Tab 1 GM	G			0.89903	02/01/2017	
Methenamine-Hyosc-Meth Blue-Sod Phos-Phen Sal Cap 118 MG***	G			2.58650	04/01/2017	
Methimazole Tab 10 MG	G			0.08775	10/01/2017	
Methimazole Tab 5 MG	G			0.04940	10/01/2017	
Methocarbamol Tab 500 MG	G			0.05895	09/01/2017	
Methocarbamol Tab 750 MG	G			0.05730	01/01/2018	
Methotrexate Sodium Inj 25 MG/ML	G			1.37800	01/01/2010	
Methotrexate Sodium Inj 250 MG/10ML (25 MG/ML)	G			1.37800	04/13/2016	
Methotrexate Sodium Inj 50 MG/2ML (25 MG/ML)	G			1.37800	04/13/2016	
Methotrexate Sodium Inj PF 100 MG/4ML (25 MG/ML)	G			0.91800	04/01/2017	
Methotrexate Sodium Inj PF 1000 MG/40ML (25 MG/ML)	G			0.91800	04/01/2017	
Methotrexate Sodium Inj PF 200 MG/8ML (25 MG/ML)	G			0.91800	04/01/2017	
Methotrexate Sodium Inj PF 25 MG/ML	G			0.91800	04/01/2017	
Methotrexate Sodium Inj PF 250 MG/10ML (25 MG/ML)	G			0.81415	04/01/2017	
Methotrexate Sodium Inj PF 50 MG/2ML (25 MG/ML)	G			0.91800	04/01/2017	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Methotrexate Sodium Tab 2.5 MG (Base Equiv)	G		0.92320	0.84893	03/01/2018	
Methotrexate Soln PF Auto-Injector 10 MG/0.4ML	B			366.89112	08/17/2016	
Methotrexate Soln PF Auto-Injector 15 MG/0.4ML	B			366.89112	08/17/2016	
Methotrexate Soln PF Auto-Injector 20 MG/0.4ML	B			366.89112	08/17/2016	
Methotrexate Soln PF Auto-Injector 25 MG/0.4ML	B			366.89112	08/17/2016	
Methscopolamine Bromide Tab 2.5 MG	G			1.83769	01/01/2013	
Methylcellulose Powder Laxative	G			0.01682	02/01/2014	
Methyldopa & Hydrochlorothiazide Tab 250-15 MG	G			0.21320	06/01/2010	
Methyldopa & Hydrochlorothiazide Tab 250-25 MG	G			0.21307	06/01/2010	
Methyldopa Tab 250 MG	G		0.11863	0.06990	03/01/2018	
Methyldopa Tab 500 MG	G			0.14670	06/01/2017	
Methylphenidate HCl Cap ER 20 MG (CD)	G			2.31590	10/01/2017	
Methylphenidate HCl Cap ER 24HR 20 MG (LA)	G			3.69000	06/01/2013	
Methylphenidate HCl Cap ER 24HR 30 MG (LA)	G			3.67445	04/01/2017	
Methylphenidate HCl Cap ER 24HR 40 MG (LA)	G			3.82880	04/01/2017	
Methylphenidate HCl Cap ER 30 MG (CD)	G			2.31590	10/01/2017	
Methylphenidate HCl Cap ER 40 MG (CD)	G			3.42960	04/01/2017	
Methylphenidate HCl Chew Tab 10 MG	G			4.72083	08/01/2016	
Methylphenidate HCl Chew Tab 5 MG	G			3.20039	08/01/2016	
Methylphenidate HCl Soln 10 MG/5ML	G			0.63136	04/01/2017	
Methylphenidate HCl Soln 5 MG/5ML	G			0.55426	08/01/2016	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Methylphenidate HCl Tab 10 MG	G			0.36580	05/01/2017	
Methylphenidate HCl Tab 20 MG	G			0.48195	10/01/2017	
Methylphenidate HCl Tab 5 MG	G		0.37398	0.33080	03/01/2018	
Methylphenidate HCl Tab ER 10 MG	G			2.41500	01/01/2018	
Methylphenidate HCl Tab ER 20 MG	G			2.13490	08/01/2017	
Methylphenidate HCl Tab ER 24HR 18 MG	G			4.28290	04/01/2017	
Methylphenidate HCl Tab ER 24HR 27 MG	G			4.02877	04/01/2017	
Methylphenidate HCl Tab ER 24HR 36 MG	G			6.00642	10/01/2016	
Methylphenidate HCl Tab ER 24HR 54 MG	G			3.93500	07/01/2017	
Methylphenidate HCl Tab ER Osmotic Release (OSM) 18 MG	G			7.54339	06/23/2017	
Methylphenidate HCl Tab ER Osmotic Release (OSM) 27 MG	G			7.77625	09/01/2017	
Methylphenidate HCl Tab ER Osmotic Release (OSM) 36 MG	G			7.73813	04/24/2017	
Methylphenidate HCl Tab ER Osmotic Release (OSM) 54 MG	G			7.53722	09/01/2017	
Methylprednisolone Acetate Inj Susp 40 MG/ML	G			6.24000	04/01/2017	
Methylprednisolone Acetate Inj Susp 80 MG/ML	G			14.89200	04/01/2017	
Methylprednisolone Tab 4 MG	G			0.31030	02/01/2018	
Methylprednisolone Tab 4 MG Dose Pack	G			0.73589	10/01/2015	
Methylprednisolone Tab 8 MG	G			1.41971	04/01/2017	
Methylprednisolone Tab Therapy Pack 4 MG (21)	G			0.28952	10/01/2017	
Metoclopramide HCl Soln 5 MG/5ML (10 MG/10ML)	G			0.01374	09/18/2013	
Metoclopramide HCl Tab 10 MG	G			0.03988	04/01/2017	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Metoclopramide HCl Tab 5 MG	G			0.02200	10/01/2017	
Metolazone Tab 10 MG	G			0.66462	09/01/2011	
Metolazone Tab 2.5 MG	G			0.89270	10/01/2017	
Metolazone Tab 5 MG	G			1.09870	10/01/2017	
Metoprolol & Hydrochlorothiazide Tab 50-25 MG	G		0.69110	0.67570	03/01/2018	
Metoprolol Succinate Tab ER 24HR 100 MG (Tartrate Equiv)	G			0.25564	02/01/2018	
Metoprolol Succinate Tab ER 24HR 200 MG (Tartrate Equiv)	G			0.26240	02/01/2018	
Metoprolol Succinate Tab ER 24HR 25 MG (Tartrate Equiv)	G			0.15329	12/01/2017	
Metoprolol Succinate Tab ER 24HR 50 MG (Tartrate Equiv)	G			0.18560	07/01/2017	
Metoprolol Tartrate Tab 100 MG	G			0.02870	01/01/2018	
Metoprolol Tartrate Tab 25 MG	G			0.02226	01/01/2018	
Metoprolol Tartrate Tab 50 MG	G			0.01869	11/01/2017	
Metronidazole Cream 0.75%	G			2.25561	12/01/2016	
Metronidazole Gel 0.75%	G			2.95000	11/08/2013	
Metronidazole in NaCl 0.79% IV Soln 500 MG/100ML	G			0.01545	01/01/2012	
Metronidazole Tab 250 MG	G		0.19110	0.17585	03/01/2018	
Metronidazole Tab 500 MG	G			0.14590	10/01/2017	
Metronidazole Vaginal Gel 0.75%	G			0.89938	01/01/2018	
Metronidazole Vaginal Gel 0.75%	G	METRONIDAZOL GEL 0.75%VAG (68682045570)		1.01828	06/07/2017	NDC-specific SMAC
Mexiletine HCl Cap 150 MG	G			0.24270	01/01/2009	
Mexiletine HCl Cap 200 MG	G			0.69240	09/01/2017	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018**

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Miconazole Nitrate Cream 2%	G			0.05542	07/01/2013	
Miconazole Nitrate Vaginal Cream 2%	G			0.12277	08/12/2009	
Miconazole Nitrate Vaginal Suppos 100 MG	G			0.54786	09/01/2010	
Midazolam HCl Inj 10 MG/10ML (Base Equivalent)	G			0.20280	07/01/2013	
Midazolam HCl Inj 10 MG/2ML (Base Equivalent)	G			0.44200	07/01/2013	
Midazolam HCl Inj 2 MG/2ML (Base Equivalent)	G			0.20280	07/01/2013	
Midazolam HCl Inj 25 MG/5ML (Base Equivalent)	G			0.44200	07/01/2013	
Midazolam HCl Inj 5 MG/5ML (Base Equivalent)	G			0.20280	07/01/2013	
Midazolam HCl Inj 5 MG/ML (Base Equivalent)	G			0.44200	07/01/2013	
Midazolam HCl Inj 50 MG/10ML (Base Equivalent)	G			0.44200	07/01/2013	
Midodrine HCl Tab 10 MG	G		0.75138	0.53280	03/01/2018	
Midodrine HCl Tab 2.5 MG	G		0.26552	0.20900	03/01/2018	
Midodrine HCl Tab 5 MG	G			0.32230	10/01/2017	
Milrinone Lactate in Dextrose 5% IV Soln 20 MG/100ML	G			0.21614	07/01/2013	
Milrinone Lactate in Dextrose 5% IV Soln 40 MG/200ML	G			0.21614	07/01/2013	
Milrinone Lactate IV Soln 10 MG/10ML (Base Equivalent)	G			0.29545	09/01/2017	
Milrinone Lactate IV Soln 20 MG/20ML (Base Equivalent)	G			0.29545	09/01/2017	
Milrinone Lactate IV Soln 50 MG/50ML (Base Equivalent)	G			0.29545	09/01/2017	
Minocycline HCl Cap 100 MG	G			0.33177	10/01/2015	
Minocycline HCl Cap 50 MG	G			0.16169	12/01/2011	
Minocycline HCl Cap 75 MG	G			0.28083	04/01/2017	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018**

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Minocycline HCl Tab 100 MG	G			1.87500	04/01/2012	
Minocycline HCl Tab ER 24HR 135 MG	G			10.48000	01/01/2012	
Minocycline HCl Tab ER 24HR 45 MG	G			16.17500	08/15/2016	
Minocycline HCl Tab ER 24HR 90 MG	G			11.60000	01/01/2012	
Minoxidil Tab 10 MG	G			0.21120	04/01/2017	
Minoxidil Tab 2.5 MG	G			0.01538	09/01/2017	
Mipomersen Sodium Soln Prefilled Syringe 200 MG/ML	B			6922.90758	10/14/2016	
Mirtazapine Orally Disintegrating Tab 15 MG	G		0.68300	0.58700	03/01/2018	
Mirtazapine Orally Disintegrating Tab 30 MG	G			0.53400	10/01/2017	
Mirtazapine Orally Disintegrating Tab 45 MG	G			1.76854	04/01/2009	
Mirtazapine Tab 15 MG	G			0.06367	06/01/2017	
Mirtazapine Tab 30 MG	G			0.06333	06/01/2017	
Mirtazapine Tab 45 MG	G			0.17345	09/01/2017	
Mirtazapine Tab 7.5 MG	G			0.19917	08/01/2012	
Misoprostol Tab 100 MCG	G			0.39396	11/01/2011	
Misoprostol Tab 200 MCG	G			0.47200	04/01/2011	
Modafinil Tab 100 MG	G			0.49100	10/01/2017	
Modafinil Tab 200 MG	G			0.86500	10/01/2017	
Moexipril HCl Tab 15 MG	G			0.31400	10/01/2017	
Moexipril HCl Tab 7.5 MG	G		0.39212	0.26780	03/01/2018	
Moexipril-Hydrochlorothiazide Tab 15-12.5 MG	G			0.59644	09/01/2011	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Moexipril-Hydrochlorothiazide Tab 15-25 MG	G			0.53738	08/01/2011	
Mometasone Furoate Cream 0.1%	G			0.37094	12/01/2016	
Mometasone Furoate Nasal Susp 50 MCG/ACT	G			5.26736	09/01/2017	
Mometasone Furoate Oint 0.1%	G			0.34989	05/01/2012	
Mometasone Furoate Solution 0.1% (Lotion)	G			0.22323	05/01/2012	
Montelukast Sodium Chew Tab 4 MG (Base Equiv)	G		0.14861	0.12956	03/01/2018	
Montelukast Sodium Chew Tab 5 MG (Base Equiv)	G			0.09067	10/01/2017	
Montelukast Sodium Oral Granules Packet 4 MG (Base Equiv)	G			2.60331	11/24/2017	
Montelukast Sodium Tab 10 MG (Base Equiv)	G			0.06525	06/01/2017	
Morphine Sulfate Beads Cap ER 24HR 60 MG	G			8.43250	04/01/2017	
Morphine Sulfate Beads Cap ER 24HR 75 MG	G			10.96260	04/01/2017	
Morphine Sulfate Cap ER 24HR 20 MG	G			1.25730	10/01/2017	
Morphine Sulfate Cap ER 24HR 30 MG	G			3.59400	04/01/2017	
Morphine Sulfate Cap ER 24HR 50 MG	G			5.43719	04/01/2017	
Morphine Sulfate Cap ER 24HR 60 MG	G			5.34420	04/01/2017	
Morphine Sulfate Inj 10 MG/ML	G			0.79875	04/01/2012	
Morphine Sulfate Oral Soln 100 MG/5ML (20 MG/ML)	G			0.23267	10/01/2016	
Morphine Sulfate Tab 15 MG	G			0.16520	01/12/2016	
Morphine Sulfate Tab 30 MG	G			0.15355	08/01/2013	
Morphine Sulfate Tab ER 100 MG	G			0.82356	07/01/2013	
Morphine Sulfate Tab ER 15 MG	G			0.18670	06/01/2017	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018**

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Morphine Sulfate Tab ER 200 MG	G			1.31927	03/01/2013	
Morphine Sulfate Tab ER 30 MG	G			0.28400	09/01/2017	
Morphine Sulfate Tab ER 60 MG	G			0.63607	10/01/2017	
Moxifloxacin HCl Ophth Soln 0.5% (Base Equiv)	G		9.84000	7.18667	03/01/2018	
Moxifloxacin HCl Tab 400 MG (Base Equiv)	G			2.60900	10/01/2017	
Multiple Vitamin Tab**	G			0.02838	09/01/2010	
Multiple Vitamins w/ Minerals Liquid**	G			0.01355	07/01/2013	
Mupirocin Calcium Cream 2%	G			8.65200	08/30/2016	
Mupirocin Oint 2%	G			0.38562	03/01/2011	
Mycophenolate Mofetil Cap 250 MG	G			0.12520	02/01/2018	
Mycophenolate Mofetil For Oral Susp 200 MG/ML	G			5.37425	04/01/2017	
Mycophenolate Mofetil Tab 500 MG	G			0.20743	04/01/2017	
Mycophenolate Sodium Tab DR 180 MG (Mycophenolic Acid Equiv)	G			1.99878	04/01/2017	
Nabumetone Tab 500 MG	G			0.16110	04/01/2017	
Nabumetone Tab 750 MG	G			0.17590	06/01/2017	
Nadolol Tab 20 MG	G			1.10540	12/01/2017	
Nadolol Tab 40 MG	G			0.80040	10/01/2017	
Nadolol Tab 80 MG	G			0.29675	05/01/2012	
Naloxone HCl Solution Auto-injector 0.4 MG/0.4ML	B			715.87500	04/29/2015	
Naltrexone HCl Tab 50 MG	G			0.66829	04/01/2017	
Naproxen Sodium Tab 220 MG	G			0.07228	01/01/2010	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Naproxen Sodium Tab 275 MG	G			0.09529	01/01/2013	
Naproxen Sodium Tab 550 MG	G			1.00870	04/01/2017	
Naproxen Susp 125 MG/5ML	G			1.01100	03/16/2017	
Naproxen Tab 250 MG	G			0.03406	08/01/2011	
Naproxen Tab 375 MG	G			0.04990	04/01/2017	
Naproxen Tab 500 MG	G			0.04180	11/01/2017	
Naproxen Tab EC 500 MG	G			0.15681	04/01/2012	
Naratriptan HCl Tab 1 MG (Base Equiv)	G			3.92785	04/01/2017	
Naratriptan HCl Tab 2.5 MG (Base Equiv)	G			1.55944	10/01/2017	
Natalizumab for IV Inj Conc 300 MG/15ML	B		398.40000	410.35200	01/01/2018	
Nateglinide Tab 120 MG	G			0.50009	12/01/2017	
Nateglinide Tab 60 MG	G			0.37877	10/01/2017	
Nefazodone HCl Tab 100 MG	G			0.52000	01/01/2010	
Nefazodone HCl Tab 150 MG	G			0.54600	01/01/2010	
Nefazodone HCl Tab 200 MG	G			0.57200	01/01/2010	
Nefazodone HCl Tab 250 MG	G			0.59521	10/01/2012	
Nefazodone HCl Tab 50 MG	G			0.31800	10/01/2012	
Nelfinavir Mesylate Tab 250 MG	B			3.73400	01/30/2017	
Neomycin Sulfate Tab 500 MG	G			0.60100	09/01/2017	
Neomycin-Bacitrac Zn-Polymyx 5(3.5)MG-400Unt-10000Unt Op Oin	G			0.83490	01/01/2007	
Neomycin-Bacitracin-Polymyxin Oint***	G			0.07143	06/01/2014	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Neomycin-Polymy-Gramicid Op Sol 1.75-10000-0.025MG-UNT-MG/ML	G			1.75625	03/01/2012	
Neomycin-Polymyxin B GU Irrigation Soln	G			8.06000	11/01/2010	
Neomycin-Polymyxin-Dexamethasone Ophth Oint 0.1%	G			0.72000	01/01/2009	
Neomycin-Polymyxin-Dexamethasone Ophth Susp 0.1%	G			3.00487	04/01/2017	
Neomycin-Polymyxin-HC Otic Soln 1%	G			4.37800	10/01/2017	
Neomycin-Polymyxin-HC Otic Susp 3.5 MG/ML-10000 Unit/ML-1%	G			4.67500	05/06/2016	
Nevirapine Tab 200 MG	G			0.11000	10/01/2017	
Nevirapine Tab ER 24HR 400 MG	G			3.59633	01/01/2018	
Niacin Tab ER 1000 MG (Antihyperlipidemic)	G			0.62311	10/01/2017	
Niacin Tab ER 500 MG (Antihyperlipidemic)	G			0.34556	10/01/2017	
Nicotine Polacrilex Gum 2 MG	G			0.20460	04/01/2017	
Nicotine Polacrilex Gum 4 MG	G			0.14927	02/01/2018	
Nicotine Polacrilex Lozenge 2 MG	G			0.52318	05/01/2012	
Nicotine Polacrilex Lozenge 4 MG	G			0.46160	04/01/2011	
Nicotine TD Patch 24HR 14 MG/24HR	G		1.81358	1.59357	03/01/2018	
Nicotine TD Patch 24HR 21 MG/24HR	G			1.57857	09/01/2017	
Nicotine TD Patch 24HR 7 MG/24HR	G			1.55742	04/01/2017	
Nifedipine Cap 10 MG	G			0.63981	05/25/2016	
Nifedipine Cap 20 MG	G			1.63720	02/01/2015	
Nifedipine Tab ER 24HR 30 MG	G			0.13326	09/01/2017	
Nifedipine Tab ER 24HR 60 MG	G			0.34036	04/01/2017	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018**

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Nifedipine Tab ER 24HR 90 MG	G			0.70270	09/01/2017	
Nifedipine Tab ER 24HR Osmotic Release 30 MG	G			0.17334	11/01/2017	
Nifedipine Tab ER 24HR Osmotic Release 60 MG	G		0.24354	0.22235	03/01/2018	
Nifedipine Tab ER 24HR Osmotic Release 90 MG	G		0.34961	0.28260	03/01/2018	
Nilotinib Cap 150 MG	B			77.33881	03/04/2014	
Nisoldipine Tab ER 24HR 17 MG	G			6.03000	07/01/2011	
Nisoldipine Tab ER 24HR 25.5 MG	G			6.55000	07/01/2011	
Nisoldipine Tab ER 24HR 34 MG	G			6.55000	07/01/2011	
Nisoldipine Tab ER 24HR 8.5 MG	G			4.77000	07/01/2011	
Nitrofurantoin Macrocrystalline Cap 100 MG	G		0.91780	0.74480	03/01/2018	
Nitrofurantoin Macrocrystalline Cap 50 MG	G			0.32360	10/01/2017	
Nitrofurantoin Monohydrate Macrocrystalline Cap 100 MG	G			0.71233	01/01/2018	
Nitrofurantoin Susp 25 MG/5ML	G		1.40748	1.31539	03/01/2018	
Nitroglycerin Cap ER 6.5 MG	G			0.35200	03/14/2016	
Nitroglycerin SL Tab 0.3 MG	G			0.28280	09/01/2017	
Nitroglycerin SL Tab 0.4 MG	G			0.23690	04/01/2017	
Nitroglycerin TD Patch 24HR 0.1 MG/HR	G			0.63166	05/01/2012	
Nitroglycerin TD Patch 24HR 0.2 MG/HR	G			0.36667	01/01/2018	
Nitroglycerin TD Patch 24HR 0.4 MG/HR	G			0.42359	04/01/2017	
Nitroglycerin TD Patch 24HR 0.6 MG/HR	G			0.54533	11/01/2017	
Nitroglycerin TL Soln 0.4 MG/SPRAY (400 MCG/SPRAY)	G			27.95209	10/01/2012	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018**

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Nizatidine Cap 150 MG	G			0.18833	09/01/2017	
Norethindrone & Ethinyl Estradiol Tab 0.4 MG-35 MCG	G			0.39583	07/01/2017	
Norethindrone & Ethinyl Estradiol Tab 0.5 MG-35 MCG	G			0.72706	12/01/2016	
Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG	G			0.47755	04/01/2017	
Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.8 MG-25 MCG	G			1.80607	10/01/2017	
Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-20/1-30/1-35 MG-MCG	G			1.43244	01/01/2012	
Norethindrone Ace & Ethinyl Estradiol Tab 1 MG-20 MCG	G			0.33593	10/01/2017	
Norethindrone Ace & Ethinyl Estradiol Tab 1.5 MG-30 MCG	G			0.57873	10/01/2017	
Norethindrone Ace & Ethinyl Estradiol-FE Tab 1 MG-20 MCG	G			0.28067	11/01/2017	
Norethindrone Ace & Ethinyl Estradiol-FE Tab 1.5 MG-30 MCG	G			0.39994	09/01/2017	
Norethindrone Ace-Ethinyl Estradiol-FE Tab 1 MG-20 MCG (24)	G			1.05273	12/01/2017	
Norethindrone Acetate Tab 5 MG	G			1.35764	04/01/2017	
Norethindrone Tab 0.35 MG	G			0.23466	12/01/2017	
Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG	G			0.37331	04/01/2017	
Norethindrone-Eth Estradiol Tab 0.5-35/1-35/0.5-35 MG-MCG	G			0.77929	04/01/2017	
Norgestimate & Ethinyl Estradiol Tab 0.25 MG-35 MCG	G			0.24173	08/01/2017	
Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 MG-MCG	G			0.23750	04/01/2017	
Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG	G			0.20485	02/01/2018	
Norgestrel & Ethinyl Estradiol Tab 0.3 MG-30 MCG	G			0.41253	11/01/2017	
Nortriptyline HCl Cap 10 MG	G			0.06356	10/01/2017	
Nortriptyline HCl Cap 25 MG	G		0.11367	0.09760	03/01/2018	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Nortriptyline HCl Cap 50 MG	G			0.11622	07/01/2017	
Nortriptyline HCl Cap 75 MG	G			0.12989	10/01/2017	
Nortriptyline HCl Soln 10 MG/5ML	G			0.31010	06/20/2016	
Nutritional Supplement Liquid**	G			0.03000	02/01/2013	
Nystatin Cream 100000 Unit/GM	G			0.78113	08/23/2011	
Nystatin Oint 100000 Unit/GM	G			0.55733	08/24/2011	
Nystatin Susp 100000 Unit/ML	G			0.05914	04/01/2017	
Nystatin Tab 500000 Unit	G			0.37950	06/01/2017	
Nystatin Topical Powder	G			0.79455	12/01/2016	
Nystatin-Triamcinolone Cream 100000-0.1 Unit/GM-%	G			4.36918	06/28/2013	
Nystatin-Triamcinolone Oint 100000-0.1 Unit/GM-%	G			0.09750	01/06/2016	
Obinutuzumab Soln for IV Infusion 1000 MG/40ML (25 MG/ML)	B			143.90789	01/01/2017	
Ocriplasmin Intravitreal Inj 0.5 MG/0.2ML (2.5 MG/ML)	B			16392.50000	05/25/2016	
Octreotide Acetate For IM Inj Kit 30 MG	B		5802.37728	6086.69544	01/03/2018	
Octreotide Acetate Inj 1000 MCG/ML (1 MG/ML)	B			271.26226	01/05/2016	
Octreotide Acetate Inj 1000 MCG/ML (1 MG/ML)	G			72.80000	06/01/2010	
Octreotide Acetate Inj 200 MCG/ML (0.2 MG/ML)	B			55.12860	01/05/2016	
Octreotide Acetate Inj 200 MCG/ML (0.2 MG/ML)	G			12.40000	11/21/2011	
Octreotide Acetate Inj 50 MCG/ML (0.05 MG/ML)	B			13.78381	01/05/2016	
Octreotide Acetate Inj 50 MCG/ML (0.05 MG/ML)	G			5.72000	09/01/2010	
Octreotide Acetate Inj 500 MCG/ML (0.5 MG/ML)	B			128.96042	01/05/2016	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018**

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Octreotide Acetate Inj 500 MCG/ML (0.5 MG/ML)	G			21.45000	09/01/2010	
Ofloxacin Ophth Soln 0.3%	G			2.85000	10/01/2017	
Ofloxacin Otic Soln 0.3%	G		11.40700	7.75450	03/01/2018	
Ofloxacin Tab 200 MG	G			2.47300	09/01/2010	
Ofloxacin Tab 300 MG	G			2.72700	09/01/2010	
Ofloxacin Tab 400 MG	G			2.98400	12/01/2010	
Olanzapine For IM Inj 10 MG	G			34.41570	01/01/2015	
Olanzapine Orally Disintegrating Tab 10 MG	G			1.13717	04/01/2017	
Olanzapine Orally Disintegrating Tab 15 MG	G			1.32800	10/01/2017	
Olanzapine Orally Disintegrating Tab 20 MG	G			1.49000	09/01/2017	
Olanzapine Orally Disintegrating Tab 5 MG	G		1.32250	0.27200	03/01/2018	
Olanzapine Tab 10 MG	G			0.16420	09/01/2017	
Olanzapine Tab 15 MG	G			0.15220	10/01/2017	
Olanzapine Tab 2.5 MG	G		0.09333	0.07267	03/01/2018	
Olanzapine Tab 20 MG	G			0.26133	01/01/2018	
Olanzapine Tab 5 MG	G			0.09611	09/01/2017	
Olanzapine Tab 7.5 MG	G			0.17967	09/01/2017	
Olanzapine-Fluoxetine HCl Cap 6-25 MG	G			10.74475	02/01/2014	
Olanzapine-Fluoxetine HCl Cap 6-50 MG	G			9.54467	04/01/2017	
Olmesartan Medoxomil Tab 20 MG	G			0.02211	01/01/2018	
Olmesartan Medoxomil Tab 40 MG	G			0.18067	09/01/2017	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018**

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Olmesartan Medoxomil Tab 5 MG	G			0.04767	10/01/2017	
Olmesartan Medoxomil-Hydrochlorothiazide Tab 20-12.5 MG	G		0.15933	0.10567	03/01/2018	
Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-12.5 MG	G			0.21033	02/01/2018	
Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-25 MG	G			0.24078	01/01/2018	
Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-10-25 MG	G			3.11667	04/01/2017	
Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-5-25 MG	G			3.23450	04/01/2017	
Olopatadine HCl Nasal Soln 0.6%	G			4.01000	09/01/2017	
Olopatadine HCl Ophth Soln 0.1% (Base Equivalent)	G			5.11600	04/01/2017	
Olopatadine HCl Ophth Soln 0.2% (Base Equivalent)	G			41.13200	11/01/2017	
Omega-3-acid Ethyl Esters Cap 1 GM	G			0.33750	06/01/2017	
Omeprazole Cap Delayed Release 10 MG	G			0.11633	09/01/2017	
Omeprazole Cap Delayed Release 20 MG	G			0.04290	04/01/2017	
Omeprazole Cap Delayed Release 40 MG	G			0.08717	11/01/2017	
Omeprazole Delayed Release Tab 20 MG	G			0.47857	09/01/2017	
Omeprazole-Sodium Bicarbonate Cap 20-1100 MG	G			5.38045	08/04/2010	
Omeprazole-Sodium Bicarbonate Cap 40-1100 MG	G			5.38045	08/04/2010	
Ondansetron HCl Inj 4 MG/2ML (2 MG/ML)	G			0.26000	07/01/2013	
Ondansetron HCl Inj 40 MG/20ML (2 MG/ML)	G			0.10075	01/01/2012	
Ondansetron HCl Oral Soln 4 MG/5ML	G		0.32170	0.28000	03/01/2018	
Ondansetron HCl Tab 24 MG	G			7.02000	01/01/2010	
Ondansetron HCl Tab 4 MG	G			0.09463	09/01/2017	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Ondansetron HCl Tab 8 MG	G			0.08367	10/01/2017	
Ondansetron Orally Disintegrating Tab 4 MG	G			0.24933	10/01/2017	
Ondansetron Orally Disintegrating Tab 8 MG	G			0.32500	01/01/2018	
Opium Tincture 1% (10 MG/ML) (Morphine Equiv)	G		2.59068	2.38890	03/01/2018	
Oral Electrolyte Solution***	G			0.00560	01/05/2011	
Oral Vehicles***	B			0.00381	11/01/2013	
Orphenadrine Citrate Tab ER 12HR 100 MG	G			0.18230	10/01/2017	
Orphenadrine w/ Aspirin & Caffeine Tab 50-770-60 MG	G			1.08430	06/01/2006	
Oseltamivir Phosphate Cap 30 MG (Base Equiv)	G		8.18900	7.13117	03/01/2018	
Oseltamivir Phosphate Cap 75 MG (Base Equiv)	G			8.50000	04/01/2017	
Oxaliplatin For IV Inj 100 MG	G			1607.58000	08/04/2010	
Oxaliplatin For IV Inj 50 MG	G			772.20000	08/04/2010	
Oxaliplatin IV Soln 100 MG/20ML	G			77.66590	08/04/2010	
Oxaliplatin IV Soln 50 MG/10ML	G			77.66590	08/04/2010	
Oxaprozin Tab 600 MG	G			1.81265	04/01/2017	
Oxazepam Cap 10 MG	G			0.21366	03/01/2011	
Oxazepam Cap 15 MG	G			0.97855	01/07/2014	
Oxazepam Cap 30 MG	G			1.06925	01/01/2010	
Oxcarbazepine Susp 300 MG/5ML (60 MG/ML)	G			0.29976	10/01/2017	
Oxcarbazepine Tab 150 MG	G			0.12570	01/01/2018	
Oxcarbazepine Tab 300 MG	G			0.16567	11/01/2017	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Oxcarbazepine Tab 600 MG	G			0.27790	06/01/2017	
Oxybutynin Chloride Syrup 5 MG/5ML	G			0.02410	03/01/2011	
Oxybutynin Chloride Tab 5 MG	G			0.19000	01/01/2018	
Oxybutynin Chloride Tab ER 24HR 10 MG	G			0.40600	06/01/2017	
Oxybutynin Chloride Tab ER 24HR 15 MG	G			0.34100	10/01/2017	
Oxybutynin Chloride Tab ER 24HR 5 MG	G			0.35660	06/01/2017	
Oxycodone HCl Cap 5 MG	G			0.13100	01/05/2011	
Oxycodone HCl Conc 100 MG/5ML (20 MG/ML)	G			4.58107	04/01/2017	
Oxycodone HCl Soln 5 MG/5ML	G			0.19731	04/01/2017	
Oxycodone HCl Tab 10 MG	G			0.14490	06/01/2017	
Oxycodone HCl Tab 15 MG	G		0.13430	0.11260	03/01/2018	
Oxycodone HCl Tab 20 MG	G			0.19825	09/01/2017	
Oxycodone HCl Tab 30 MG	G			0.25900	06/01/2017	
Oxycodone HCl Tab 5 MG	G			0.07850	05/01/2017	
Oxycodone HCl Tab ER 12HR Deter 10 MG	G			2.25750	11/01/2017	
Oxycodone HCl Tab ER 12HR Deter 20 MG	G			4.51409	05/01/2015	
Oxycodone HCl Tab ER 12HR Deter 30 MG	G			6.12361	04/01/2017	
Oxycodone HCl Tab ER 12HR Deter 40 MG	G			7.46624	01/01/2018	
Oxycodone HCl Tab ER 12HR Deter 80 MG	G			13.00370	01/01/2018	
Oxycodone w/ Acetaminophen Cap 5-500 MG	G			0.09063	08/01/2011	
Oxycodone w/ Acetaminophen Tab 10-325 MG	G		0.39053	0.31324	03/01/2018	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Oxycodone w/ Acetaminophen Tab 10-650 MG	G			0.37149	07/01/2013	
Oxycodone w/ Acetaminophen Tab 5-325 MG	G			0.10393	02/01/2017	
Oxycodone w/ Acetaminophen Tab 7.5-325 MG	G			0.20010	02/01/2018	
Oxycodone w/ Acetaminophen Tab 7.5-500 MG	G			0.39555	03/01/2011	
Oxycodone-Aspirin Tab 4.8355-325 MG	G			0.52840	04/01/2014	
Oxymorphone HCl Tab 10 MG	G			1.94922	04/01/2017	
Oxymorphone HCl Tab 5 MG	G			1.36790	12/01/2017	
Oxymorphone HCl Tab ER 12HR 10 MG	G			2.45323	01/01/2015	
Oxymorphone HCl Tab ER 12HR 15 MG	G			3.46650	07/01/2017	
Oxymorphone HCl Tab ER 12HR 20 MG	G			4.79157	04/01/2017	
Oxymorphone HCl Tab ER 12HR 30 MG	G			6.61165	04/01/2017	
Oxymorphone HCl Tab ER 12HR 7.5 MG	G			2.29390	09/01/2011	
Paclitaxel IV Conc 100 MG/16.7ML (6 MG/ML)	G			1.69423	04/01/2013	
Paclitaxel IV Conc 150 MG/25ML (6 MG/ML)	G			1.69423	04/01/2013	
Paclitaxel IV Conc 30 MG/5ML (6 MG/ML)	G			1.69423	04/01/2013	
Paclitaxel IV Conc 300 MG/50ML (6 MG/ML)	G			1.69423	04/01/2013	
Paliperidone Palmitate IM Extend-Release Susp 117 MG/0.75ML	B			1562.28867	01/14/2017	
Paliperidone Palmitate IM Extended-Release Susp 156 MG/ML	B			1562.35100	01/14/2017	
Paliperidone Palmitate IM Extended-Release Susp 234 MG/1.5ML	B			1562.31133	01/14/2017	
Paliperidone Palmitate IM Extended-Release Susp 78 MG/0.5ML	B			1562.26600	01/14/2017	
Paliperidone Tab ER 24HR 1.5 MG	B			36.77530	01/11/2018	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

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	B			37.21188	04/18/2016	
Paliperidone Tab ER 24HR 3 MG	G			11.03167	12/01/2017	
Paliperidone Tab ER 24HR 6 MG	B			31.75713	01/06/2016	
Paliperidone Tab ER 24HR 6 MG	G			8.55193	12/01/2017	
Paliperidone Tab ER 24HR 9 MG	B			51.87520	04/04/2017	
Paliperidone Tab ER 24HR 9 MG	G			15.95867	01/01/2018	
Palivizumab IM Soln 100 MG/ML	B			2817.90312	07/01/2017	
Palivizumab IM Soln 50 MG/0.5ML	B			2984.61360	07/01/2017	
Pantoprazole Sodium EC Tab 20 MG (Base Equiv)	G			0.04411	02/01/2018	
Pantoprazole Sodium EC Tab 40 MG (Base Equiv)	G			0.04722	06/01/2017	
Paricalcitol Cap 1 MCG	G			1.91567	09/01/2017	
Paricalcitol Cap 2 MCG	G			8.16667	04/01/2017	
Paroxetine HCl Tab 10 MG	G			0.05431	01/01/2018	
Paroxetine HCl Tab 20 MG	G			0.05879	08/01/2017	
Paroxetine HCl Tab 30 MG	G			0.08967	10/01/2017	
Paroxetine HCl Tab 40 MG	G			0.07622	08/01/2017	
Paroxetine HCl Tab ER 24HR 12.5 MG	G			3.13075	04/01/2017	
Paroxetine HCl Tab ER 24HR 25 MG	G			2.26500	12/01/2017	
Paroxetine HCl Tab ER 24HR 37.5 MG	G			4.09933	01/01/2018	
Pasireotide Pamoate For IM ER Susp 20 MG (Base Equiv)	B			9296.00000	05/25/2016	
Pasireotide Pamoate For IM ER Susp 40 MG (Base Equiv)	B			9296.00000	05/25/2016	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of June 05, 2017

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Pasireotide Pamoate For IM ER Susp 60 MG (Base Equiv)	B			9296.00000	05/25/2016	
Pediatric Multiple Vitamins w/ FI-Fe Drops 0.25-10 MG/ML**	G			0.11440	01/05/2011	
Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.25 MG***	G			0.04778	04/01/2017	
Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.5 MG***	G			0.08078	04/01/2017	
Pediatric Multiple Vitamins w/ Fluoride Chew Tab 1 MG***	G			0.05065	01/01/2018	
Pediatric Multiple Vitamins w/ Fluoride Soln 0.25 MG/ML***	G			0.18823	04/01/2017	
Pediatric Multiple Vitamins w/ Fluoride Soln 0.5 MG/ML***	G			0.10270	01/05/2011	
Pediatric Multiple Vitamins w/ Iron Chew Tab 15 MG**	G			0.04251	01/05/2011	
Pediatric Multiple Vitamins w/ Iron Drops 10 MG/ML**	G			0.08632	01/05/2011	
Pediatric Vitamins ACD Fluoride & Fe Drops 0.25-10 MG/ML***	G			0.12480	06/01/2010	
Pediatric Vitamins ACD w/ Fluoride Soln 0.25 MG/ML***	G			0.16700	09/01/2012	
PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 236 GM	G			0.00353	01/01/2012	
PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 240 GM	G			0.00000	10/01/2013	
PEG 3350-KCl-Sod Bicarb-NaCl For Soln 420 GM	G			0.00494	12/01/2010	
Pegfilgrastim Inj 6 MG/0.6ML	B			8158.56800	07/16/2015	
Pegfilgrastim Soln Prefilled Syringe 6 MG/0.6ML	B		9860.40000	10343.55960	01/01/2018	
Pegfilgrastim Soln Prefilled Syringe Kit 6 MG/0.6ML	B		9860.40000	10343.55960	01/01/2018	
Peginterferon alfa-2a Inj Kit 180 MCG/0.5ML	B			2617.58350	12/19/2012	
Peginterferon alfa-2b For Inj Kit 150 MCG/0.5ML	B			867.21720	08/01/2014	
Peginterferon Beta-1a Soln Pen-inj 63 & 94 MCG/0.5ML Pack	B		6261.85200	6762.79020	01/01/2018	
Peginterferon Beta-1a Soln Pen-injector 125 MCG/0.5ML	B		6261.85200	6762.79020	01/01/2018	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Peginterferon Beta-1a Soln Pref Syr 63 & 94 MCG/0.5ML Pack	B		6261.85200	6762.79020	01/01/2018	
Peginterferon Beta-1a Soln Prefilled Syringe 125 MCG/0.5ML	B		6261.85200	6762.79020	01/01/2018	
Penicillin G Potassium For Inj 5000000 Unit	G			8.65150	11/01/2010	
Penicillin V Potassium For Soln 250 MG/5ML	G			0.02409	01/01/2009	
Penicillin V Potassium Tab 250 MG	G			0.07000	01/01/2018	
Penicillin V Potassium Tab 500 MG	G			0.09173	12/01/2017	
Pentazocine w/ Naloxone Tab 50-0.5 MG	G			1.07057	01/01/2009	
Pentosan Polysulfate Sodium Caps 100 MG	B			8.26082	02/09/2017	
Pentoxifylline Tab ER 400 MG	G			0.10604	01/01/2009	
Permethrin Cream 5%	G			1.10300	07/01/2016	
Permethrin Creme Rinse 1%	G			0.18206	02/01/2014	
Perphenazine Tab 16 MG	G			1.39240	01/01/2013	
Perphenazine Tab 2 MG	G			0.21581	01/01/2009	
Perphenazine Tab 4 MG	G			0.79950	09/10/2009	
Perphenazine Tab 8 MG	G		0.86200	0.69210	03/01/2018	
Perphenazine-Amitriptyline Tab 2-25 MG	G			0.57972	09/01/2012	
Phenazopyridine HCl Tab 100 MG	G			0.39729	04/01/2014	
Phenazopyridine HCl Tab 200 MG	G			0.12480	04/01/2011	
Phenobarbital Elixir 20 MG/5ML	G			0.11977	11/01/2017	
Phenobarbital Tab 16.2 MG	G			0.17470	08/01/2013	
Phenobarbital Tab 30 MG	G			0.24228	08/01/2016	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Phenobarbital Tab 32.4 MG	G			0.21000	08/16/2013	
Phenobarbital Tab 64.8 MG	G			0.57540	06/01/2017	
Phenobarbital Tab 97.2 MG	G			0.45461	02/05/2014	
Phenol Liquid 1.4%	G			0.01127	04/01/2017	
Phentermine HCl Cap 15 MG	G			0.16000	10/01/2017	
Phentermine HCl Cap 30 MG	G			0.03575	01/01/2010	
Phentermine HCl Tab 37.5 MG	G			0.06320	05/01/2017	
Phenylephrine-Brompheniramine-DM Elixir 2.5-1-5 MG/5ML	G			0.01737	04/01/2017	
Phenylephrine-Brompheniramine-DM Liquid 2.5-1-5 MG/5ML	G			0.01737	04/01/2017	
Phenylephrine-Chlorphen-DM Syrup 12.5-4-15 MG/5ML	G			0.03188	01/05/2011	
Phenytoin Chew Tab 50 MG	G			0.31060	10/01/2017	
Phenytoin Sodium Extended Cap 100 MG	G			0.22293	09/01/2017	
Phenytoin Sodium Extended Cap 300 MG	G			1.06375	01/01/2013	
Phenytoin Susp 125 MG/5ML	G			0.06937	04/01/2017	
Pilocarpine HCl Ophth Soln 2%	G			4.92676	04/01/2017	
Pilocarpine HCl Tab 5 MG	G			0.38580	10/01/2017	
Pimozide Tab 1 MG	B			1.59202	01/01/2014	
Pimozide Tab 1 MG	G			1.27510	09/01/2017	
Pindolol Tab 10 MG	G			0.13190	06/01/2006	
Pindolol Tab 5 MG	G			0.10960	06/01/2006	
Pioglitazone HCl Tab 15 MG (Base Equiv)	G			0.11086	04/01/2017	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018**

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Pioglitazone HCl Tab 30 MG (Base Equiv)	G			0.11644	12/01/2017	
Pioglitazone HCl Tab 45 MG (Base Equiv)	G			0.14000	06/01/2017	
Pioglitazone HCl-Metformin HCl Tab 15-850 MG	G			1.15650	11/01/2017	
Piroxicam Cap 10 MG	G			0.70392	04/01/2017	
Piroxicam Cap 20 MG	G			1.23780	04/01/2017	
Plerixafor Subcutaneous Inj 24 MG/1.2ML (20 MG/ML)	B		6029.65950	6337.17450	01/05/2018	
Podofilox Soln 0.5%	G			14.12000	04/01/2014	
Polyethylene Glycol 3350 Oral Packet	G			1.36863	04/01/2017	
Polyethylene Glycol 3350 Oral Powder	G			0.02018	11/01/2017	
Polyethylene Glycol-Propylene Glycol Ophth Soln 0.4-0.3%	G			0.22800	04/01/2017	
Polymyxin B-Trimethoprim Ophth Soln 10000 Unit/ML-0.1%	G			0.38800	05/01/2017	
Polysaccharide Iron Complex Cap 150 MG (Iron Equivalent)	G			0.13494	09/01/2012	
Polyvinyl Alcohol Ophth Soln 1.4%	G			0.09600	10/01/2017	
Pomalidomide Cap 1 MG	B			688.93718	04/04/2017	
Pomalidomide Cap 2 MG	B			688.93718	04/04/2017	
Pomalidomide Cap 3 MG	B			688.93718	04/04/2017	
Pomalidomide Cap 4 MG	B			688.93718	04/04/2017	
Pot Bicarbonate & Chloride Effer Tab 25 mEq	G			1.14000	09/01/2017	
Pot Phos Monobasic w/Sod Phos Di & Monobas Tab 155-852-130MG	G			0.17733	10/01/2013	
Potassium Bicarbonate Effer Tab 25 mEq	G			0.18933	04/01/2017	
Potassium Chloride Cap ER 10 mEq	G			0.09794	10/01/2017	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Potassium Chloride Cap ER 8 mEq	G			0.27517	04/01/2017	
Potassium Chloride Inj 2 mEq/ML	G			0.03240	07/01/2013	
Potassium Chloride Microencapsulated Crys ER Tab 10 mEq	G			0.22600	01/01/2018	
Potassium Chloride Microencapsulated Crys ER Tab 20 mEq	G			0.18769	06/01/2017	
Potassium Chloride Oral Liq 10%	G			0.27854	08/20/2015	
Potassium Chloride Oral Liq 20%	G			0.00871	03/01/2011	
Potassium Chloride Oral Soln 10% (20 MEQ/15ML)	G			0.40452	01/01/2018	
Potassium Chloride Oral Soln 20% (40 MEQ/15ML)	G			0.79564	09/01/2017	
Potassium Chloride Powder Packet 20 mEq	G			5.09400	12/23/2017	
Potassium Chloride Tab ER 10 mEq	G			0.18004	04/01/2017	
Potassium Chloride Tab ER 20 mEq (1500 MG)	G			0.25374	04/01/2017	
Potassium Chloride Tab ER 8 mEq (600 MG)	G			0.08420	01/28/2008	
Potassium Citrate Tab ER 10 MEQ (1080 MG)	G			0.91575	02/01/2017	
Potassium Citrate Tab ER 15 MEQ (1620 MG)	G			1.59000	04/01/2017	
Potassium Citrate Tab ER 5 MEQ (540 MG)	G			0.37687	04/01/2011	
Pramipexole Dihydrochloride Tab 0.125 MG	G			0.03978	10/01/2017	
Pramipexole Dihydrochloride Tab 0.25 MG	G			0.04211	11/01/2017	
Pramipexole Dihydrochloride Tab 0.5 MG	G			0.03839	04/01/2017	
Pramipexole Dihydrochloride Tab 0.75 MG	G			0.21594	04/01/2011	
Pramipexole Dihydrochloride Tab 1 MG	G			0.05389	05/01/2017	
Pramipexole Dihydrochloride Tab 1.5 MG	G			0.05506	04/01/2017	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018**

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Pramipexole Dihydrochloride Tab ER 24HR 0.75 MG	G			10.61706	04/01/2017	
Pravastatin Sodium Tab 10 MG	G			0.09535	09/01/2011	
Pravastatin Sodium Tab 20 MG	G			0.07688	02/01/2018	
Pravastatin Sodium Tab 40 MG	G			0.06651	02/01/2018	
Pravastatin Sodium Tab 80 MG	G			0.11322	01/01/2018	
Prazosin HCl Cap 1 MG	G			0.20622	09/01/2017	
Prazosin HCl Cap 2 MG	G			0.41330	10/01/2017	
Prazosin HCl Cap 5 MG	G			0.72700	09/01/2017	
Prednisolone Acetate Ophth Susp 1%	G			6.61460	01/01/2018	
Prednisolone Sod Phosph Oral Soln 6.7 MG/5ML (5 MG/5ML Base)	G			0.63195	02/01/2014	
Prednisolone Sod Phosphate Oral Soln 15 MG/5ML (Base Equiv)	G			0.05667	09/01/2017	
Prednisolone Sodium Phosphate Ophth Soln 1%	G			1.13700	09/01/2011	
Prednisolone Syrup 15 MG/5ML (USP Solution Equivalent)	G			0.03578	01/01/2009	
Prednisone Oral Soln 5 MG/5ML	G			0.18413	04/01/2017	
Prednisone Tab 1 MG	G			0.08970	05/01/2017	
Prednisone Tab 10 MG	G			0.02545	12/01/2010	
Prednisone Tab 2.5 MG	G			0.03438	08/01/2011	
Prednisone Tab 20 MG	G			0.11890	02/01/2018	
Prednisone Tab 5 MG	G			0.06881	09/01/2017	
Prednisone Tab 50 MG	G			0.22660	04/01/2017	
Pregabalin Cap 100 MG	B			6.26816	01/01/2017	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Pregabalin Cap 150 MG	B			6.26816	03/15/2017	
Pregabalin Cap 200 MG	B			6.85985	06/01/2017	
Pregabalin Cap 225 MG	B			5.86548	03/24/2016	
Pregabalin Cap 25 MG	B			5.86548	01/01/2016	
Pregabalin Cap 300 MG	B			6.26816	01/01/2017	
Pregabalin Cap 50 MG	B			5.75622	06/01/2015	
Pregabalin Cap 75 MG	B		6.26815	7.40183	01/26/2018	
Prenat MV & Min w/ L-Methylfolate-FA Chew Tab 0.6-0.4 MG***	B			0.17500	07/01/2013	
Prenat Vit-Fe Poly Cmplx-Fe Heme Poly-FA Tab 22-6-1 MG***	B			0.17500	07/01/2013	
Prenat Vit-Fe Poly Cmplx-Fe Heme Poly-FA Tab 28-6-1 MG***	B			0.17500	07/01/2013	
Prenat w/ B2-B6-B12-D3-Methylfol-FA Chew Tab 0.6-0.4 MG**	B			0.17500	07/01/2013	
Prenat w/ Fe Cbn-Fe Bisglyc-FA-Fish Oil Cap 35-5-1.2 MG**	B			0.17500	07/01/2013	
Prenat w/ Fe Fum-FA Tab 28-0.8 MG & Omega 3 Cap 440 MG Pak*	B			0.17500	07/01/2013	
Prenat w/ Fe Poly Cmplx-Fe Asp-Fe Gly-FA Tab & DHA Cap Pak*	B			0.17500	07/01/2013	
Prenat w/ Iron Cbn-Fe Asp Glyc-FA-Omega Cap 30-10-1-200 MG*	B			0.17500	07/01/2013	
Prenat w/Fe Fum-FA Tab 28-0.8 MG &Omega 3 Cap DR 656 MG Pk*	B			0.17500	07/01/2013	
Prenat w/Fe Fum-L Methylfolate-FA-DHA Cap 27-1.13-0.4 MG***	B			0.17500	07/01/2013	
Prenat w/Fe Poly-Na Fered-FA Tab 24-1 & Omega Cap 272 MG***	B			0.17500	07/01/2013	
Prenat w/Fe Poly-Na Fered-FA Tab 25-1 & Omega Cap 400 MG***	B			0.17500	07/01/2013	
Prenat w/Fe Poly-Na Fered-FA Tab 25-1 & Omega Cap DR 400MG*	B			0.17500	07/01/2013	
Prenat w/Fe Poly-Na Fered-FA Tab 25-1 & Omega Cap DR 430MG*	B			0.17500	07/01/2013	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Prenat w/Fe Poly-Na Fered-FA Tab 26-1 & Omega Cap 278 MG***	B			0.17500	07/01/2013	
Prenat w/Fe Poly-Na Fered-FA Tab 27-1 & Omega Cap DR 300MG*	B			0.17500	07/01/2013	
Prenat w/Fe Poly-Na Fered-FA Tab 27-1 & Omega Cap DR 374MG*	B			0.17500	07/01/2013	
Prenat w/Fe Poly-Na Fered-FA Tab 27-1 & Omega Cap DR 380MG*	B			0.17500	07/01/2013	
Prenat w/Fe Poly-Na Fered-FA Tab 27-1 & Omega Cap DR 430MG*	B			0.17500	07/01/2013	
Prenat w/FeCbn-FA-DSS Tab 29-1 MG & Omega 3 Cap 387 MG Pak*	B			0.17500	07/01/2013	
Prenat w/o A FeFum-FA Tab 27-1 MG & Fish Oil Chew Cap Pak**	B			0.17500	07/01/2013	
Prenat w/o A w/ Fe Asp Gly-FA-DSS-Omega Ther Pak 30-1 MG***	B			0.17500	07/01/2013	
Prenat w/o A w/ Fe Bisgly-FA-DHA Tab & DHA Cap 300 MG Pak*	B			0.17500	07/01/2013	
Prenat w/o A w/ Fe Bisglyc-FA Tab 32-1 MG & Omega Cap Pack*	B			0.17500	07/01/2013	
Prenat w/o A w/ Fe Cbnyl-FA Tab 20-1 MG & Vit B6 Tab Pak*	B			0.17500	07/01/2013	
Prenat w/o A w/ Fe Chelate-L Methylfol-FA Tab & DHA Cap Pk*	B			0.17500	07/01/2013	
Prenat w/o A w/ Fe Fumerate-Methylfolate-FA-Omega 3 Cap***	B			0.17500	07/01/2013	
Prenat w/o A w/FeAsp-Methylf-FA-Omeg Cap 29-0.6-0.4-340 MG*	B			0.17500	03/20/2014	
Prenat w/o A w/FeCbn-FeAspGlyc-FA-Omega Cap 35-5-1-200 MG**	B			0.17500	07/01/2013	
Prenat w/o A w/FeCbn-FeGI-DSS-FA Tab & DHA Cap 250 MG Pack*	B			0.17500	07/01/2013	
Prenat w/o A w/FeCbn-FeGI-DSS-FA Tab & DHA Cap 300 MG Pack*	B			0.17500	07/01/2013	
Prenat w/o A w/FeCbn-FeGI-DSS-FA Tab 90 &DHA Cap 300MG Pak*	B			0.17500	07/01/2013	
Prenat w/o A w/FeCbn-FeGlu-FA Tab 20-1 MG & Vit B6 Tab Pak*	B			0.17500	07/01/2013	
Prenat w/o A w/FeCbn-Methylf-FA-DHA Cap 29-0.6-0.4-350 MG**	B			0.17500	07/01/2013	
Prenat w/o A w/FeFum-Methfol-FA-DHA Cap 27-0.6-0.4-300 MG**	B			0.17500	07/01/2013	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Prenat w/o A w/FeFum-Methfol-FA-DHA Cap 28-0.6-0.4-300 MG**	B			0.17500	07/01/2013	
Prenat w/o A w/FeFum-Methfol-FA-DHA Cap 30-0.6-0.4-200 MG**	B			0.17500	07/01/2013	
Prenat w/o A w/FeFum-Methylfol-FA-Omega Cap 29-0.6-0.4 MG	B			0.17500	07/01/2013	
Prenat w/o A w/FeFum-Methylfol-FA-Omegas Cap 27-1.53 MG***	B			0.17500	07/01/2013	
Prenat w/o A w/FeFum-Methylfol-Omegas Cap 27-1.13 MG***	B			0.17500	07/01/2013	
Prenat w/o Vit A w/ Fe Fum-DSS-FA-DHA Cap 29-1.25-337.5 MG*	B			0.17500	07/01/2013	
Prenat-Fe Bis-Fe Prot Succ-FA-Ca Tab & Omega 3 Cap 250 Pk**	B			0.17500	07/01/2013	
Prenat-Fe Bis-Fe Prot Succ-FA-Ca Tab & Omega 3 Cap 400 Pk**	B			0.17500	07/01/2013	
Prenat-Fe Bis-Fe Prot Succ-FA-Ca Tab & Omega 3 Cap 430 Pk**	B			0.17500	07/01/2013	
Prenat-Fe Bis-Fe Prot Succ-FA-Ca Tab & Omega Cap DR 400 Pk*	B			0.17500	07/01/2013	
Prenat-Fe Bis-Fe Prot Succ-FA-Ca Tab & Omega Cap DR 430 Pk*	B			0.17500	07/01/2013	
Prenat-Fe Poly Cmplx-Fe Heme Poly-FA Tab & Omega 3 Cap Pck*	B			0.17500	07/01/2013	
Prenat-Fe Poly Cmplx-Fe Heme Poly-FA-DHA Cap 22-6-1-200 MG*	B			0.17500	07/01/2013	
Prenat-FePoly-NaFered-FA Tab 13-13-1 & Omega Cap DR 374 MG*	B			0.17500	07/01/2013	
Prenatal Multivitamins & Minerals w/ Iron & FA Cap 1 MG***	B			0.17500	07/01/2013	
Prenatal Multivitamins & Minerals w/Iron & FA Tab 0.1 MG***	B			0.17500	07/01/2013	
Prenatal Multivitamins & Minerals w/Iron & FA Tab 0.8 MG***	B			0.17500	07/01/2013	
Prenatal MV & Min w/Fe Carbonyl-FA-DHA Tab 15-0.5-50 MG***	B			0.17500	07/01/2013	
Prenatal MV & Min w/Fe Carbonyl-FA-DHA Tab 7-0.4-100 MG***	B			0.17500	07/01/2013	
Prenatal MV & Min w/Fe Fum-FA-DHA Cap 27-0.8-250 MG***	B			0.17500	07/01/2013	
Prenatal MV & Min w/Fe Fum-FA-DHA Cap 30-0.975-200 MG***	B			0.17500	07/01/2013	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Prenatal MV w/ Fe Polysac Cmplx-FA-DHA Cap 27-1-200 MG***	B			0.17500	07/01/2013	
Prenatal MV w/ Fe Polysac Cmplx-FA-DHA Cap 29-1-200 MG***	B			0.17500	07/01/2013	
Prenatal MV w/Fe Carbonyl-DSS-FA-DHA Tab 15-25-0.5-50 MG***	B			0.17500	07/01/2013	
Prenatal MV w/Fe Fum-FA Tab 28-1 MG & DHA Cap 250 MG Pack *	B			0.17500	07/01/2013	
Prenatal MV w/Fe Fum-FA Tab 65-1 MG & DHA Cap 250 MG Pack *	B			0.17500	07/01/2013	
Prenatal MV w/Fe Poly-FA Chw 29-1 MG & DHA Cap 250 MG Pak *	B			0.17500	07/01/2013	
Prenatal Vit & Min w/ FA-Fish Oil Chew Tab 0.4-113.5 MG***	B			0.17500	07/01/2013	
Prenatal Vit w/ DSS-Fe Fumarate-FA Tab 29-1 MG***	B			0.17500	07/01/2013	
Prenatal Vit w/ DSS-Fe Fumarate-FA Tab ER 90-1 MG***	B			0.17500	07/01/2013	
Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 29-1 MG***	B			0.17500	07/01/2013	
Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***	B			0.17500	07/01/2013	
Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab DR 29-1 MG***	B			0.17500	07/01/2013	
Prenatal Vit w/ Fe Bisglycinate Chelate-FA Tab 27-1 MG***	B			0.17500	07/01/2013	
Prenatal Vit w/ Fe Bisglycinate Chelate-FA Tab 29-1 MG***	B			0.17500	07/01/2013	
Prenatal Vit w/ Fe Cbn-Fe Asp Glyc-FA Tab 30-20-1 MG***	B			0.17500	07/01/2013	
Prenatal Vit w/ Fe Cbn-Fe Asp Glyc-FA-Omega 3 Cap 27-1MG***	B			0.17500	07/01/2013	
Prenatal Vit w/ Fe Fum-FA-Omega 3 Cap 27-0.8-228 MG***	B			0.17500	07/01/2013	
Prenatal Vit w/ Fe Fum-FA-Omega 3 Cap 28-1-200 MG***	B			0.17500	07/01/2013	
Prenatal Vit w/ Fe Fum-FA-Omega 3 Cap 28-1-215.8 MG***	B			0.17500	07/01/2013	
Prenatal Vit w/ Fe Fum-FA-Omega 3 Cap 28-1.25-200 MG***	B			0.17500	07/01/2013	
Prenatal Vit w/ Fe Fum-Fe Bisglycin-FA Chew Tab 28-1 MG***	B			0.17500	07/01/2013	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Prenatal Vit w/ Fe Fum-Fe Bisglycinate-FA Tab 25-1 MG***	B			0.17500	07/01/2013	
Prenatal Vit w/ Fe Fum-Methylfolate-FA Tab 26-0.6-0.4 MG***	B			0.17500	07/01/2013	
Prenatal Vit w/ Fe Fum-Methylfolate-FA Tab 27-0.6-0.4 MG***	B			0.17500	07/01/2013	
Prenatal Vit w/ Fe Fumarate-FA Cap 13.5-0.4 MG***	B			0.17500	07/01/2013	
Prenatal Vit w/ Fe Fumarate-FA Chew Tab 29-1 MG***	B			0.17500	07/01/2013	
Prenatal Vit w/ Fe Fumarate-FA Tab 14-0.4 MG***	B			0.17500	07/01/2013	
Prenatal Vit w/ Fe Fumarate-FA Tab 15-1 MG***	B			0.17500	07/01/2013	
Prenatal Vit w/ Fe Fumarate-FA Tab 17-1 MG***	B			0.17500	07/01/2013	
Prenatal Vit w/ Fe Fumarate-FA Tab 25-0.8 MG***	B			0.17500	07/01/2013	
Prenatal Vit w/ Fe Fumarate-FA Tab 27-0.8 MG***	B			0.17500	07/01/2013	
Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***	B			0.17500	10/01/2013	
Prenatal Vit w/ Fe Fumarate-FA Tab 28-0.8 MG***	B			0.17500	07/01/2013	
Prenatal Vit w/ Fe Fumarate-FA Tab 28-1 MG***	B			0.17500	07/01/2013	
Prenatal Vit w/ Fe Fumarate-FA Tab 29-1 MG***	B			0.17500	07/01/2013	
Prenatal Vit w/ Fe Fumarate-FA Tab 6.75-0.2 MG***	B			0.17500	07/01/2013	
Prenatal Vit w/ Fe Fumarate-FA Tab 60-1 MG***	B			0.17500	07/01/2013	
Prenatal Vit w/ Fe Fumarate-FA Tab 65-1 MG***	B			0.17500	07/01/2013	
Prenatal Vit w/ Fe Fumarate-FA Tab 75-1 MG***	B			0.17500	07/01/2013	
Prenatal Vit w/ Fe Gluconate-FA Tab 30-0.4 MG***	B			0.17500	07/01/2013	
Prenatal Vit w/ Fe Gluconate-FA Tab 30-0.8 MG***	B			0.17500	07/01/2013	
Prenatal Vit w/ Fe Polysac Cmplx-FA Chew Tab 29-1 MG***	B			0.17500	07/01/2013	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG***	B			0.17500	07/01/2013	
Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG***	B	VOL-TAB RX TAB (13811051690)		0.51210	06/25/2014	NDC-specific SMAC
Prenatal Vit w/ Iron Carbonyl-FA Tab 50-1.25 MG***	B			0.17500	07/01/2013	
Prenatal Vit w/ Iron Carbonyl-Fe Gluc-FA Tab 27-1 MG***	B			0.17500	07/01/2013	
Prenatal Vit w/ Sel-Fe Fumarate-FA Tab 27-1 MG***	B			0.17500	07/01/2013	
Prenatal Vit w/ Sel-Fe Fumarate-FA Tab 9-0.5 MG***	B			0.17500	07/01/2013	
Prenatal Vit w/o Vit A w/ Fe Bisglyc-FA Tab 30-0.975 MG***	B			0.17500	07/01/2013	
Prenatal Vit w/o Vit A w/ Fe Bisglycinate-FA Tab 32-1 MG***	B			0.17500	07/01/2013	
Prenatal Vit w/Poly Fe-FA-Fish Oil Tab DR 13.5-0.5-700 MG**	B			0.17500	07/01/2013	
Prenatal w/ Calcium Carbonate-B6-B12-FA Tab 1 MG***	B			0.17500	07/01/2013	
Prenatal w/ Calcium-Vit B6-FA-Ginger Tab 1.2 MG**	B			0.17500	07/01/2013	
Prenatal w/ Calcium-Vit B6-FA-Ginger Tab 1.22 MG**	B			0.17500	07/01/2013	
Prenatal w/ Sod Feredetate-FA Tab 30-1 & Omega 3 Cap DR***	B			0.17500	07/01/2013	
Prenatal w/Fe Cbnyl-Fe Asp Glyc-FA-DSS-Omega Cap 20-7-1 MG*	B			0.17500	07/01/2013	
Prenatal w/Fe Fum-FA Tab 27-0.8 MG & DHA Cap 200 MG Pack *	B			0.17500	07/01/2013	
Prenatal w/Fe Fum-FA Tab 27-1 MG & Vit-DHA Cap 300 MG Pak *	B			0.17500	07/01/2013	
Prenatal w/Fe Fum-FA Tab 28-0.8 MG & DHA Cap 200 MG Pack*	B			0.17500	07/01/2013	
Prenatal w/Fe Fum-FA Tab 28-0.975 MG & DHA Cap 200 MG Pack*	B			0.17500	07/01/2013	
Prenatal w/Fe Fum-FA Tab DR 27-1 MG & DHA Cap 250 MG Pack *	B			0.17500	07/01/2013	
Prenatal w/Fe Fum-Fe Poly -FA-Omega 3 Cap 53.5-38-1 MG***	B			0.17500	07/01/2013	
Prenatal w/Fe Fum-Iron Polysacch Cmplx -FA-Omega 3 Cap***	B			0.17500	07/01/2013	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Prenatal w/Fe Fumarate-FA-DSS-Fish Oil Cap 27-1-500 MG***	B			0.17500	07/01/2013	
Prenatal w/Fe Fumarate-FA-DSS-Fish Oil Cap 27-1-710 MG***	B			0.17500	07/01/2013	
Prenatal w/o A Vit w/ Fe Carbonyl-FA Tab 29-1 MG***	B			0.17500	07/01/2013	
Prenatal w/o A Vit w/ Fe Cbn-Fe Fum-FA Tab 60-1 MG***	B			0.17500	07/01/2013	
Prenatal w/o A Vit w/ Fe Fum-FA Tab Chew 28-1 MG***	B			0.17500	07/01/2013	
Prenatal w/o A Vit w/ Fe Fum-FA Tab Chew 29-1 MG***	B			0.17500	07/01/2013	
Prenatal w/o A Vit w/ Fe Fum-FA Tab Chew 40-1 MG***	B			0.17500	07/01/2013	
Prenatal w/o A Vit w/ Fe Fumarate-FA Cap 106.5-1 MG***	B			0.17500	07/01/2013	
Prenatal w/o A Vit w/ Fe Fumarate-FA Tab 30-1 MG***	B			0.17500	07/01/2013	
Prenatal w/o A Vit w/ Fe Fumarate-FA Tab 9-0.267 MG***	B			0.17500	07/01/2013	
Prenatal w/o A Vit w/ Fe Fumarate-FA Tab DR 30-1 MG***	B			0.17500	07/01/2013	
Prenatal w/o A w/ Fe Carbonyl-Fe Gluc-DSS-FA Tab 27-1MG***	B			0.17500	07/01/2013	
Prenatal w/o A w/Fe Cbn-DSS-FA-DHA Cap 27-1-250 MG***	B			0.17500	07/01/2013	
Prenatal w/o A w/Fe Cbn-DSS-FA-DHA Cap 28-1-250 MG***	B			0.17500	07/01/2013	
Prenatal w/o A w/Fe Cbn-DSS-FA-DHA Cap 29-1-265 MG***	B			0.17500	07/01/2013	
Prenatal w/o A w/Fe Fum-Fe Poly-FA Cap 130-92.4-1 MG***	B			0.17500	07/01/2013	
Prenatal w/o A w/Fe Fum-Fe Poly-FA Cap 162.115.2-1 MG***	B			0.17500	07/01/2013	
Prenatal w/o A w/FeCbn-Fe Asp Glyc-FA-Fish Cap 40-10-1 MG*	B			0.17500	07/01/2013	
Prenatal w/o A w/FeCbn-Fe Asp Glyc-FA-Fish Cap 50-1-476 MG*	B			0.17500	07/01/2013	
Prenatal w/o Vit A w/ Fe Cbn-DSS-FA-DHA Cap 30-1-260 MG***	B			0.17500	07/01/2013	
Prenatal w/o Vit A w/ Fe Fum-Doc-FA-DHA Cap 29-1.25-350 MG*	B			0.17500	07/01/2013	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018**

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Prenatal w/o Vit A w/ Fe Fum-DSS-FA-DHA Cap 26-1.2-300 MG**	B			0.17500	07/01/2013	
Prenatal w/o Vit A w/ Fe Fum-DSS-FA-DHA Cap 27-1.25-300 MG*	B			0.17500	07/01/2013	
Prenatal w/o Vit A w/ Fe Fum-DSS-FA-DHA Cap 29-1.25-325 MG*	B			0.17500	07/01/2013	
Prenatal w/o Vit A w/ Fe Fum-DSS-FA-DHA Cap 30-1.2-265 MG**	B			0.17500	07/01/2013	
Prenatal w/o Vit A w/ Fe Fum-FA-Omega 3 Cap 27-1-250 MG***	B			0.17500	07/01/2013	
Prenatal w/o Vit A w/ Fe Fum-FA-Omega 3 Cap 28-1-250 MG***	B			0.17500	07/01/2013	
Prenatal w/o Vit A w/ Fe Polysac Cmplx-FA Cap 155-1 MG***	B			0.17500	07/01/2013	
Prenatal w/o Vit A w/ Fe Polysac Cmplx-FA Cap 60-1 MG***	B			0.17500	07/01/2013	
Prenatal w/o Vit A w/Fe Fum-DSS-FA-DHA Cap 30-1.24-265 MG**	B			0.17500	07/01/2013	
Prenatal without A w/ Fe Asparto Gly-Doc-FA Tab 30-1MG***	B			0.17500	07/01/2013	
Prenatal without A w/ Fe Carbonyl-Docusate-FA Tab 90-1MG***	B			0.17500	07/01/2013	
Primidone Tab 250 MG	G			0.13772	04/01/2017	
Primidone Tab 50 MG	G			0.06000	09/01/2017	
Probenecid Tab 500 MG	G			0.37921	09/01/2011	
Prochlorperazine Maleate Tab 10 MG (Base Equivalent)	G			0.05200	01/01/2012	
Prochlorperazine Maleate Tab 5 MG (Base Equivalent)	G			0.04463	06/01/2012	
Prochlorperazine Suppos 25 MG	G			2.49000	08/01/2012	
Progesterone Micronized Cap 100 MG	G			0.50270	02/01/2018	
Progesterone Micronized Cap 200 MG	G		1.16960	1.01340	03/01/2018	
Progesterone Micronized Powder	G			0.37440	09/01/2011	
Progesterone Powder	G			0.37440	09/01/2011	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018**

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Promethazine & Phenylephrine Syrup 6.25-5 MG/5ML	G			0.01547	03/01/2011	
Promethazine HCl (Bulk) Crystals	G			0.40664	06/01/2010	
Promethazine HCl (Bulk) Powder	G			0.40664	06/01/2010	
Promethazine HCl Inj 25 MG/ML	G			1.09200	09/01/2011	
Promethazine HCl Inj 50 MG/ML	G			1.94342	07/01/2013	
Promethazine HCl Suppos 12.5 MG	G			8.29925	04/01/2017	
Promethazine HCl Suppos 25 MG	G			3.73917	10/01/2017	
Promethazine HCl Syrup 6.25 MG/5ML	G			0.01218	04/01/2017	
Promethazine HCl Tab 12.5 MG	G			0.04160	01/01/2018	
Promethazine HCl Tab 25 MG	G			0.03140	08/01/2017	
Promethazine HCl Tab 50 MG	G			0.17998	07/01/2014	
Promethazine w/ Codeine Syrup 6.25-10 MG/5ML	G			0.01853	01/01/2009	
Promethazine-DM Syrup 6.25-15 MG/5ML	G			0.01002	04/01/2017	
Promethazine-Phenylephrine-Codeine Syrup 6.25-5-10 MG/5ML	G			0.21814	10/01/2017	
Propafenone HCl Tab 150 MG	G			0.11450	09/01/2017	
Propafenone HCl Tab 225 MG	G			0.18555	04/01/2017	
Propafenone HCl Tab 300 MG	G			1.00328	09/01/2011	
Proparacaine HCl Ophth Soln 0.5%	G			0.42900	01/01/2010	
Propoxyphene HCl Cap 65 MG	G			0.18951	01/01/2009	
Propoxyphene-N w/ APAP Tab 100-650 MG	G			0.05426	01/05/2011	
Propranolol & Hydrochlorothiazide Tab 40-25 MG	G			0.08040	06/01/2006	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Propranolol & Hydrochlorothiazide Tab 80-25 MG	G			0.11800	06/01/2006	
Propranolol HCl Cap ER 24HR 120 MG	G			0.77990	01/01/2018	
Propranolol HCl Cap ER 24HR 160 MG	G			1.24163	04/01/2017	
Propranolol HCl Cap ER 24HR 60 MG	G		0.79250	0.44990	03/01/2018	
Propranolol HCl Cap ER 24HR 80 MG	G			1.03870	10/01/2017	
Propranolol HCl Oral Soln 20 MG/5ML	G			0.09186	09/01/2017	
Propranolol HCl Oral Soln 40 MG/5ML	G			0.17850	08/01/2016	
Propranolol HCl Tab 10 MG	G			0.12840	05/01/2017	
Propranolol HCl Tab 20 MG	G			0.15650	01/01/2018	
Propranolol HCl Tab 40 MG	G			0.14260	06/01/2017	
Propranolol HCl Tab 60 MG	G			0.55000	04/01/2017	
Propranolol HCl Tab 80 MG	G			0.05975	08/01/2011	
Propylthiouracil Tab 50 MG	G			0.43088	08/01/2013	
Protriptyline HCl Tab 10 MG	G			1.57340	09/01/2017	
Pseudoephed-Bromphen-DM Elixir 15-1-5 MG/5ML	G			0.01201	08/01/2011	
Pseudoephed-Bromphen-DM Syrup 30-2-10 MG/5ML	G			0.11860	12/01/2017	
Pseudoephedrine HCl Tab 30 MG	G			0.11268	08/01/2013	
Pseudoephedrine HCl Tab 60 MG	G			0.03220	04/01/2017	
Pseudoephedrine HCl Tab ER 12HR 120 MG	G			0.28600	04/01/2017	
Pseudoephedrine-Ibuprofen Susp 15-100 MG/5ML	G			0.04730	03/01/2009	
Pseudoephedrine-Ibuprofen Tab 30-200 MG	G			0.13975	01/01/2010	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Psyllium Powder 28.3%	G			0.03530	09/18/2013	
Psyllium Powder 30.9%	G			0.03530	09/18/2013	
Psyllium Powder 33%	G			0.03530	09/18/2013	
Psyllium Powder 48.57%	G			0.03530	09/18/2013	
Psyllium Powder 58.6%	G			0.03530	09/18/2013	
Psyllium Powder 95%	G			0.03530	09/18/2013	
Pyrethrins-Piperonyl Butoxide Shampoo 0.3-3%	G			0.04323	09/01/2011	
Pyrethrins-Piperonyl Butoxide Shampoo 0.33-4%	G			0.04323	09/01/2011	
Pyridostigmine Bromide Tab 60 MG	G			0.41075	10/01/2017	
Pyridoxine HCl Powder	G			0.24781	05/01/2011	
Quetiapine Fumarate Tab 100 MG	G			0.05276	02/01/2018	
Quetiapine Fumarate Tab 200 MG	G			0.10140	05/01/2017	
Quetiapine Fumarate Tab 25 MG	G			0.03890	10/01/2017	
Quetiapine Fumarate Tab 300 MG	G			0.13367	02/01/2018	
Quetiapine Fumarate Tab 400 MG	G			0.16000	06/01/2017	
Quetiapine Fumarate Tab 50 MG	G			0.05550	02/01/2018	
Quetiapine Fumarate Tab ER 24HR 150 MG	B			13.92674	01/01/2015	
Quetiapine Fumarate Tab ER 24HR 150 MG	G			1.40000	12/01/2017	
Quetiapine Fumarate Tab ER 24HR 200 MG	B			16.55460	01/01/2016	
Quetiapine Fumarate Tab ER 24HR 200 MG	G			1.48017	12/01/2017	
Quetiapine Fumarate Tab ER 24HR 300 MG	B			21.70531	09/27/2016	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Quetiapine Fumarate Tab ER 24HR 300 MG	G		1.18833	0.81667	03/01/2018	
Quetiapine Fumarate Tab ER 24HR 400 MG	B			23.61946	01/01/2015	
Quetiapine Fumarate Tab ER 24HR 400 MG	G		4.42033	1.12000	03/01/2018	
Quetiapine Fumarate Tab ER 24HR 50 MG	B			7.75617	01/01/2015	
Quetiapine Fumarate Tab ER 24HR 50 MG	G		1.54283	0.63983	03/01/2018	
Quinapril HCl Tab 10 MG	G			0.14389	12/01/2017	
Quinapril HCl Tab 20 MG	G			0.08320	02/01/2012	
Quinapril HCl Tab 40 MG	G			0.09236	02/01/2012	
Quinapril HCl Tab 5 MG	G			0.08710	01/01/2012	
Quinapril-Hydrochlorothiazide Tab 10-12.5 MG	G			1.19239	01/01/2010	
Quinapril-Hydrochlorothiazide Tab 20-12.5 MG	G			0.81000	11/13/2013	
Quinapril-Hydrochlorothiazide Tab 20-25 MG	G			0.23233	04/01/2017	
Quinidine Sulfate Tab 200 MG	G			0.18140	01/28/2008	
Quinine Sulfate Cap 324 MG	G			1.83367	10/01/2017	
Rabeprazole Sodium EC Tab 20 MG	G			0.31567	11/01/2017	
Radium Ra 223 Dichloride Inj 27 microcurie/ML (1000 kBq/ML)	B			19520.36330	01/04/2016	
Raloxifene HCl Tab 60 MG	G			0.60592	09/01/2017	
Raltegravir Potassium Tab 400 MG (Base Equiv)	B			23.06736	01/06/2017	
Ramipril Cap 1.25 MG	G			0.10250	11/01/2011	
Ramipril Cap 10 MG	G			0.03852	11/01/2017	
Ramipril Cap 2.5 MG	G			0.04500	01/01/2018	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Ramipril Cap 5 MG	G			0.09120	04/01/2017	
Ranibizumab Intravitreal Inj 0.3 MG/0.05ML (6 MG/ML)	B			23306.40000	05/15/2017	
Ranibizumab Intravitreal Inj 0.5 MG/0.05ML (10 MG/ML)	B			38844.00000	05/15/2017	
Ranitidine HCl Cap 150 MG	G			0.61973	04/01/2017	
Ranitidine HCl Cap 300 MG	G			1.01710	04/01/2017	
Ranitidine HCl Syrup 15 MG/ML (75 MG/5ML)	G			0.02587	04/01/2017	
Ranitidine HCl Tab 150 MG	G			0.03095	01/01/2009	
Ranitidine HCl Tab 300 MG	G			0.04160	01/01/2012	
Ranitidine HCl Tab 75 MG	G			0.05750	12/01/2017	
Rasagiline Mesylate Tab 1 MG (Base Equiv)	G			7.00000	12/01/2017	
Repaglinide Tab 0.5 MG	G			0.17060	12/01/2017	
Repaglinide Tab 1 MG	G			0.15930	01/01/2018	
Repaglinide Tab 2 MG	G			0.18605	01/01/2018	
Rho D Immune Globulin (Human) IM Inj 300 MCG	B			96.09740	01/01/2014	
Rho D Immune Globulin (Human) Inj 1500 Unt/2ML (300 MCG/2ML)	B			81.79550	12/19/2012	
Rho D Immune Globulin IM Soln Pref Syr 1500 Unit (300MCG)	B			90.32724	04/29/2015	
Rho D Immune Globulin IM Soln Pref Syr 250 Unit (50 MCG)	B			28.83420	06/01/2016	
Rho D Immune Globulin Sol Pref Syr 1500 Unt/2ML (300MCG/2ML)	B			72.60840	04/29/2015	
Ribavirin Cap 200 MG	G			0.58585	10/01/2013	
Ribavirin Tab 200 MG	G			0.61390	07/01/2013	
Rifampin Cap 150 MG	G			0.75014	04/01/2012	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Rifampin Cap 300 MG	G			0.68667	02/01/2018	
Rifaximin Tab 550 MG	B			33.21314	03/31/2017	
Riluzole Tab 50 MG	G			2.41626	04/01/2017	
Risedronate Sodium Tab 150 MG	G			45.74000	01/01/2018	
Risedronate Sodium Tab 30 MG	G			29.56000	08/01/2016	
Risedronate Sodium Tab 35 MG	G			6.04312	12/01/2017	
Risedronate Sodium Tab 5 MG	G			4.65000	08/01/2016	
Risperidone Microspheres For Inj 37.5 MG	B			637.20250	01/14/2017	
Risperidone Microspheres For Inj 50 MG	B		849.61750	903.35200	01/28/2018	
Risperidone Orally Disintegrating Tab 0.5 MG	G			0.88319	11/01/2015	
Risperidone Orally Disintegrating Tab 1 MG	G		0.90071	0.48786	03/01/2018	
Risperidone Orally Disintegrating Tab 2 MG	G			0.87357	04/01/2017	
Risperidone Orally Disintegrating Tab 3 MG	G			1.75000	05/01/2016	
Risperidone Orally Disintegrating Tab 4 MG	G			10.55584	01/01/2012	
Risperidone Soln 1 MG/ML	G			0.32000	12/01/2017	
Risperidone Tab 0.25 MG	G			0.05188	04/01/2017	
Risperidone Tab 0.5 MG	G			0.04035	04/01/2017	
Risperidone Tab 1 MG	G			0.03897	10/01/2017	
Risperidone Tab 2 MG	G			0.03868	01/01/2018	
Risperidone Tab 3 MG	G			0.04333	01/01/2018	
Risperidone Tab 4 MG	G			0.07709	10/01/2017	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Ritonavir Oral Soln 80 MG/ML	B			6.12085	12/19/2012	
Rivastigmine Tartrate Cap 1.5 MG	G		0.65000	0.61033	03/01/2018	
Rivastigmine Tartrate Cap 3 MG	G			0.65000	11/01/2017	
Rivastigmine Tartrate Cap 4.5 MG	G			0.26333	10/01/2017	
Rivastigmine Tartrate Cap 6 MG	G			0.45891	10/01/2017	
Rivastigmine TD Patch 24HR 13.3 MG/24HR	G			5.46950	12/01/2017	
Rivastigmine TD Patch 24HR 4.6 MG/24HR	G		10.36822	5.22100	03/01/2018	
Rivastigmine TD Patch 24HR 9.5 MG/24HR	G			6.68167	10/01/2017	
Rizatriptan Benzoate Oral Disintegrating Tab 10 MG (Base Eq)	G			0.83889	10/01/2017	
Rizatriptan Benzoate Oral Disintegrating Tab 5 MG (Base Eq)	G			1.83547	11/01/2015	
Rizatriptan Benzoate Tab 10 MG (Base Equivalent)	G			0.81667	08/01/2017	
Rizatriptan Benzoate Tab 5 MG (Base Equivalent)	G			0.67718	04/01/2017	
Ropinirole Hydrochloride Tab 0.25 MG	G			0.06600	10/01/2017	
Ropinirole Hydrochloride Tab 0.5 MG	G			0.06997	11/01/2017	
Ropinirole Hydrochloride Tab 1 MG	G			0.07460	11/01/2017	
Ropinirole Hydrochloride Tab 2 MG	G			0.08506	04/01/2017	
Ropinirole Hydrochloride Tab 3 MG	G			0.08220	09/01/2017	
Ropinirole Hydrochloride Tab 4 MG	G			0.06920	02/01/2018	
Ropinirole Hydrochloride Tab 5 MG	G			0.18167	11/01/2014	
Ropinirole Hydrochloride Tab ER 24HR 12 MG (Base Equivalent)	G			5.12133	04/01/2017	
Ropinirole Hydrochloride Tab ER 24HR 2 MG (Base Equivalent)	G			0.99967	04/01/2017	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Ropinirole Hydrochloride Tab ER 24HR 4 MG (Base Equivalent)	G			1.18656	09/01/2017	
Rosuvastatin Calcium Tab 10 MG	G			0.10767	02/01/2018	
Rosuvastatin Calcium Tab 20 MG	G			0.12200	11/01/2017	
Rosuvastatin Calcium Tab 40 MG	G			0.16356	08/01/2017	
Rosuvastatin Calcium Tab 5 MG	G			0.08878	11/01/2017	
Sacrosidase Soln 8500 Unit/ML	B			25.79174	12/19/2012	
Saline Injection Bacteriostatic	G			0.02190	01/01/2007	
Saline Injection w/ Benzyl Alcohol	G			0.02190	01/01/2007	
Saline Nasal Spray 0.65%	G			0.14407	08/01/2013	
Salsalate Tab 500 MG	G			0.31785	04/01/2011	
Salsalate Tab 750 MG	G			1.23000	05/19/2014	
Scopolamine TD Patch 72HR 1 MG/3DAYS	G			20.09700	09/01/2017	
Secukinumab Subcutaneous Soln Auto-injector 150 MG/ML	B			1703.16000	04/29/2015	
Secukinumab Subcutaneous Soln Auto-injector 150 MG/ML	B	COSENTYX PEN INJ 150MG/ML (00078063968)	4407.07092	4693.53048	01/03/2018	NDC-specific SMAC
Secukinumab Subcutaneous Soln Auto-injector 150 MG/ML	B	COSENTYX PEN INJ 300DOSE (00078063941)	2203.53546	2346.76524	01/03/2018	NDC-specific SMAC
Secukinumab Subcutaneous Soln Prefilled Syringe 150 MG/ML	B	COSENTYX INJ 150MG/ML (00078063997)	4407.07092	4693.53048	01/03/2018	NDC-specific SMAC
Secukinumab Subcutaneous Soln Prefilled Syringe 150 MG/ML	B	COSENTYX INJ 300DOSE (00078063998)	2203.53546	2346.76524	01/03/2018	NDC-specific SMAC
Secukinumab Subcutaneous Soln Prefilled Syringe 150 MG/ML	B			1703.16000	04/29/2015	
Selegiline HCl Cap 5 MG	G			0.34440	01/01/2009	
Selegiline HCl Tab 5 MG	G			0.12300	01/28/2008	
Selenium Sulfide Lotion 2.5%	G			0.04323	03/01/2011	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018**

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Selenium Sulfide-Pyrithione Zinc in Urea Shampoo 2.25%	G			0.60556	08/01/2016	
Selexipag Tab 1000 MCG	B		250.67660	273.00360	01/03/2018	
Selexipag Tab 1200 MCG	B		250.67660	273.00360	01/03/2018	
Selexipag Tab 1400 MCG	B		250.67660	273.00360	01/03/2018	
Selexipag Tab 1600 MCG	B		250.67660	273.00360	01/03/2018	
Selexipag Tab 200 MCG	B		161.25240	175.54500	01/03/2018	
Selexipag Tab 400 MCG	B		250.67660	273.00360	01/03/2018	
Selexipag Tab 600 MCG	B		250.67660	273.00360	01/03/2018	
Selexipag Tab 800 MCG	B		250.67660	273.00360	01/03/2018	
Selexipag Tab Therapy Pack 200 MCG (140) & 800 MCG (60)	B		112.80696	122.88150	01/03/2018	
Senna Tab 187 MG	G			0.01115	01/05/2011	
Sennosides Syrup 8.8 MG/5ML	G			0.03144	10/01/2017	
Sennosides Tab 8.6 MG	G			0.01115	01/05/2011	
Sennosides-Docusate Sodium Tab 8.6-50 MG	G			0.01893	01/05/2011	
Sertraline HCl Oral Conc 20 MG/ML	G			0.60536	05/01/2016	
Sertraline HCl Tab 100 MG	G			0.04402	06/01/2017	
Sertraline HCl Tab 25 MG	G			0.03522	06/01/2017	
Sertraline HCl Tab 50 MG	G			0.03352	08/01/2017	
Sildenafil Citrate Tab 20 MG	B		43.40679	47.50444	01/01/2018	
Sildenafil Citrate Tab 20 MG	G			0.31200	09/01/2017	
Silver Sulfadiazine Cream 1%	G			0.25900	01/16/2013	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Simeprevir Sodium Cap 150 MG (Base Equivalent)	B			786.84000	03/01/2014	
Simethicone Chew Tab 125 MG	G			0.03558	11/01/2017	
Simethicone Chew Tab 80 MG	G			0.02470	02/01/2011	
Simethicone Susp 40 MG/0.6ML	G			0.09633	01/18/2017	
Simvastatin Tab 10 MG	G			0.02311	11/01/2017	
Simvastatin Tab 20 MG	G			0.01816	06/01/2017	
Simvastatin Tab 40 MG	G			0.03787	04/01/2017	
Simvastatin Tab 5 MG	G			0.04656	04/01/2017	
Simvastatin Tab 80 MG	G			0.04911	04/01/2017	
Sirolimus Tab 0.5 MG	G			5.70661	04/01/2017	
Sirolimus Tab 1 MG	G			9.60000	12/01/2017	
Sodium Bicarbonate Inj 8.4%	G			0.22510	10/11/2016	
Sodium Bicarbonate Tab 325 MG	G			0.06543	08/01/2016	
Sodium Bicarbonate Tab 650 MG	G			0.01677	10/01/2017	
Sodium Chloride Hypertonic Ophth Soln 5%	G		0.34933	0.23533	03/01/2018	
Sodium Chloride Inj 0.9%	G			0.02514	07/01/2013	
Sodium Chloride Irrigation Soln 0.9%	G			0.00203	02/01/2011	
Sodium Chloride IV Soln 0.9%	G			0.00786	10/01/2016	
Sodium Chloride Soln Nebu 0.9%	G			0.00000	04/01/2017	
Sodium Citrate & Citric Acid Soln 500-334 MG/5ML	G			0.01645	02/01/2011	
Sodium Fluoride Chew Tab 0.25 MG F (from 0.55 MG NaF)	G			0.02792	11/01/2017	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Sodium Fluoride Chew Tab 0.5 MG F (from 1.1 MG NaF)	G			0.04146	07/04/2012	
Sodium Fluoride Chew Tab 1 MG F (from 2.2 MG NaF)	G			0.04105	02/01/2011	
Sodium Fluoride Cream 1.1%	G			0.06373	04/01/2017	
Sodium Fluoride Rinse 0.2%	G			0.02587	09/01/2017	
Sodium Fluoride Soln 0.5 MG/ML F (from 1.1 MG/ML NaF)	G			0.13153	04/01/2017	
Sodium Phenylbutyrate Oral Powder 3 GM/Teaspoonful	B			49.40160	04/01/2017	
Sodium Polystyrene Sulfonate Oral Susp 15 GM/60ML	G		0.15000	0.10000	03/01/2018	
Sodium Polystyrene Sulfonate Powder**	G			0.11032	12/01/2016	
Sofosbuvir Tab 400 MG	B			996.00000	03/01/2014	
Somatropin (Non-Refrigerated) For Inj 5 MG	B		560.44920	588.48660	01/05/2018	
Somatropin (Non-Refrigerated) For Inj 8.8 MG	B		896.73200	941.57856	01/05/2018	
Somatropin (Non-Refrigerated) For Inj 8.8 MG	B	SAIZEN INJ 8.8MG (44087108801)		801.89620	08/05/2015	NDC-specific SMAC
Somatropin (Non-Refrigerated) For Subcutaneous Inj 5 MG	B		392.12520	411.74640	01/05/2018	
Somatropin For Inj 0.4 MG	B		48.80874	52.71259	01/01/2018	
Somatropin For Inj 1 MG	B		122.01830	131.77934	01/01/2018	
Somatropin For Inj 12 MG (13.8 MG Overfill)	B		1343.34670	1450.81344	01/01/2018	
Somatropin For Inj 12 MG (36 Unit)	B			1466.51040	12/15/2017	
Somatropin For Inj 24 MG	B			2933.02080	12/15/2017	
Somatropin For Inj 6 MG (18 Unit)	B			733.25520	12/15/2017	
Somatropin For Subcutaneous Inj 5 MG	B		559.71050	604.49232	01/01/2018	
Somatropin Inj 10 MG/1.5ML	B		782.05920	790.76424	01/01/2018	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Somatropin Inj 10 MG/2ML	B			626.16030	12/15/2017	
Somatropin Inj 15 MG/1.5ML	B			1173.08880	12/05/2017	
Somatropin Inj 20 MG/2ML	B			1252.31064	12/15/2017	
Somatropin Inj 30 MG/3ML	B			1173.08880	12/05/2017	
Somatropin Inj 5 MG/1.5ML	B		391.02960	395.38544	01/01/2018	
Sorafenib Tosylate Tab 200 MG (Base Equivalent)	B		136.77929	143.61822	12/29/2017	
Sotalol HCl (AFIB/AFL) Tab 120 MG	G			0.11880	04/01/2017	
Sotalol HCl (AFIB/AFL) Tab 160 MG	G			0.22217	06/01/2011	
Sotalol HCl (AFIB/AFL) Tab 80 MG	G			0.04110	04/01/2017	
Sotalol HCl Tab 120 MG	G			0.11880	04/01/2017	
Sotalol HCl Tab 160 MG	G			0.22217	06/01/2011	
Sotalol HCl Tab 240 MG	G			0.33276	09/01/2011	
Sotalol HCl Tab 80 MG	G			0.04110	04/01/2017	
Spirolactone & Hydrochlorothiazide Tab 25-25 MG	G			0.72300	10/01/2017	
Spirolactone Powder	G			2.34000	06/01/2010	
Spirolactone Tab 100 MG	G			0.16880	01/01/2018	
Spirolactone Tab 25 MG	G			0.05420	06/01/2017	
Spirolactone Tab 50 MG	G			0.14490	09/01/2017	
Stavudine Cap 15 MG	G			1.95477	04/01/2009	
Stavudine Cap 20 MG	B			1.24811	08/01/2013	
Stavudine Cap 20 MG	G			1.21300	03/01/2016	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Stavudine Cap 30 MG	G			0.86000	03/01/2016	
Stavudine Cap 40 MG	G			0.91833	12/01/2017	
Sucralfate Susp 1 GM/10ML	G			0.36433	04/01/2017	
Sucralfate Tab 1 GM	G		0.13726	0.21102	01/30/2018	
Sulfacetamide Sodium Lotion 10% (Acne)	G			1.35200	08/22/2016	
Sulfacetamide Sodium Ophth Soln 10%	G			0.00000	10/04/2010	
Sulfacetamide Sodium w/ Sulfur Emulsion 10-5%	G			0.13190	09/01/2011	
Sulfamethoxazole-Trimethoprim Susp 200-40 MG/5ML	G			0.11342	09/01/2017	
Sulfamethoxazole-Trimethoprim Tab 400-80 MG	G			0.07540	01/05/2011	
Sulfamethoxazole-Trimethoprim Tab 800-160 MG	G			0.04090	01/01/2018	
Sulfasalazine Tab 500 MG	G			0.07159	02/01/2012	
Sulfasalazine Tab Delayed Release 500 MG	G			0.12670	09/01/2017	
Sulindac Tab 150 MG	G			0.14038	08/01/2011	
Sulindac Tab 200 MG	G			0.16336	05/01/2012	
Sumatriptan Nasal Spray 5 MG/ACT	G			45.20722	04/01/2017	
Sumatriptan Succinate Inj 6 MG/0.5ML	G			132.55000	04/01/2014	
Sumatriptan Succinate Tab 100 MG	G		0.44444	0.36778	03/01/2018	
Sumatriptan Succinate Tab 25 MG	G			0.66067	12/01/2017	
Sumatriptan Succinate Tab 50 MG	G			0.46667	08/01/2017	
Tacrolimus Cap 0.5 MG	G			0.14287	09/01/2017	
Tacrolimus Cap 1 MG	G			0.19394	04/01/2017	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018**

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Tacrolimus Cap 5 MG	G		2.29450	0.75000	03/01/2018	
Tamoxifen Citrate Tab 10 MG (Base Equivalent)	G			0.15000	12/01/2017	
Tamoxifen Citrate Tab 20 MG (Base Equivalent)	G			0.47567	02/01/2017	
Tamsulosin HCl Cap 0.4 MG	G			0.09815	12/01/2017	
Tbo-Filgrastim Soln Prefilled Syringe 300 MCG/0.5ML	B			596.80320	01/01/2017	
Tbo-Filgrastim Soln Prefilled Syringe 480 MCG/0.8ML	B			593.98950	01/01/2017	
Teduglutide (rDNA) For Inj Kit 5 MG	B			1372.44816	07/18/2017	
Teduglutide (rDNA) For Inj Kit 5 MG	B	GATTEX KIT 5MG (68875010201)		36869.43996	01/01/2018	NDC-specific SMAC
Teduglutide (rDNA) For Inj Kit 5 MG	B	GATTEX KIT 5MG (68875010301)		1413.62280	01/01/2018	NDC-specific SMAC
Telaprevir Tab 375 MG	B			130.73508	01/20/2014	
Telmisartan Tab 20 MG	G			0.25467	10/01/2017	
Telmisartan Tab 40 MG	G			0.26333	10/01/2017	
Telmisartan Tab 80 MG	G			0.28567	10/01/2017	
Telmisartan-Hydrochlorothiazide Tab 40-12.5 MG	G			3.01450	10/01/2017	
Telmisartan-Hydrochlorothiazide Tab 80-12.5 MG	G			4.25000	05/01/2014	
Telmisartan-Hydrochlorothiazide Tab 80-25 MG	G			1.83284	04/01/2017	
Temazepam Cap 15 MG	G			0.05614	04/01/2017	
Temazepam Cap 30 MG	G			0.08710	12/01/2010	
Temazepam Cap 7.5 MG	G			2.63914	12/15/2017	
Temozolomide Cap 100 MG	B		412.74240	453.77760	01/05/2018	
Temozolomide Cap 100 MG	G			61.45950	08/01/2016	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Temozolomide Cap 140 MG	B		577.83948	635.28864	01/05/2018	
Temozolomide Cap 140 MG	G			402.09520	03/01/2016	
Temozolomide Cap 180 MG	G			126.00000	10/01/2017	
Temozolomide Cap 20 MG	G			23.25000	10/01/2015	
Temozolomide Cap 250 MG	G			226.25000	08/01/2016	
Temozolomide Cap 5 MG	G			5.85000	10/01/2015	
Terazosin HCl Cap 1 MG	G			0.05380	04/01/2017	
Terazosin HCl Cap 10 MG	G			0.04130	09/01/2017	
Terazosin HCl Cap 2 MG	G			0.05740	04/01/2017	
Terazosin HCl Cap 5 MG	G			0.05040	01/01/2018	
Terbinafine HCl Tab 250 MG	G			0.10133	06/01/2017	
Terbutaline Sulfate Tab 2.5 MG	G			3.61752	10/23/2017	
Terbutaline Sulfate Tab 5 MG	G			0.42438	12/01/2011	
Terconazole Vaginal Cream 0.4%	G			0.56728	04/01/2017	
Terconazole Vaginal Cream 0.8%	G			0.58381	09/01/2011	
Testosterone Cypionate IM in Oil 100 MG/ML	G			5.38200	06/01/2010	
Testosterone Cypionate IM in Oil 200 MG/ML	G			17.15769	07/01/2014	
Testosterone Enanthate IM in Oil 200 MG/ML	G			12.05063	08/01/2013	
Testosterone Powder	G			0.19136	06/01/2010	
Testosterone Propionate Powder	G			1.55480	06/01/2010	
Tetrabenazine Tab 12.5 MG	B		103.81091	114.08824	01/03/2018	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Tetrabenazine Tab 25 MG	B		207.62191	228.17649	01/03/2018	
Tetracycline HCl Cap 250 MG	G			4.68138	04/01/2017	
Tetracycline HCl Cap 500 MG	G			9.78069	02/27/2017	
Theophylline Tab ER 12HR 100 MG	G			0.42510	02/09/2015	
Theophylline Tab ER 12HR 200 MG	G			0.17477	01/01/2009	
Theophylline Tab ER 12HR 300 MG	G			2.19265	01/10/2018	
Theophylline Tab ER 24HR 400 MG	G			0.41220	10/01/2017	
Thioridazine HCl Tab 10 MG	G			0.09707	11/01/2011	
Thioridazine HCl Tab 100 MG	G			0.24100	06/01/2012	
Thioridazine HCl Tab 100 MG	G	THIORIDAZINE TAB 100MG (00378061801)		0.71790	10/02/2017	NDC-specific SMAC
Thioridazine HCl Tab 25 MG	G			0.11875	05/01/2012	
Thioridazine HCl Tab 50 MG	G			0.17937	08/01/2011	
Thiothixene Cap 10 MG	G			1.84450	09/01/2017	
Thiothixene Cap 2 MG	G			0.10752	01/01/2009	
Thiothixene Cap 5 MG	G			1.16400	09/23/2015	
Thyroid Tab 15 MG (1/4 Grain)	G			0.52110	04/01/2017	
Thyroid Tab 60 MG (1 Grain)	G			0.33280	09/01/2017	
Thyroid Tab 90 MG (1 1/2 Grain)	G			0.71227	11/01/2017	
Tiagabine HCl Tab 2 MG	G			5.78000	02/01/2013	
Tiagabine HCl Tab 4 MG	G			5.83210	11/11/2016	
Ticlopidine HCl Tab 250 MG	G			0.16835	01/01/2010	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Timolol Maleate Ophth Gel Forming Soln 0.5%	G			13.45000	06/01/2017	
Timolol Maleate Ophth Soln 0.25%	G			0.32416	12/01/2011	
Timolol Maleate Ophth Soln 0.5%	G			0.33162	01/01/2009	
Tinidazole Tab 500 MG	G			3.49750	12/01/2017	
Tizanidine HCl Cap 2 MG (Base Equivalent)	G			1.03127	10/01/2017	
Tizanidine HCl Cap 4 MG (Base Equivalent)	G			0.88000	10/01/2017	
Tizanidine HCl Tab 2 MG (Base Equivalent)	G			0.07947	05/01/2017	
Tizanidine HCl Tab 4 MG (Base Equivalent)	G			0.08947	10/01/2017	
Tobramycin Nebu Soln 300 MG/5ML	B			26.10184	04/02/2014	
Tobramycin Nebu Soln 300 MG/5ML	G			16.73285	03/01/2016	
Tobramycin Ophth Soln 0.3%	G			0.81000	11/01/2017	
Tobramycin Sulfate For Inj 1.2 GM	G			101.01000	08/04/2010	
Tobramycin Sulfate Inj 1.2 GM/30ML (40 MG/ML) (Base Equiv)	G			0.67297	08/04/2010	
Tobramycin Sulfate Inj 2 GM/50ML (40 MG/ML) (Base Equiv)	G			0.67297	08/04/2010	
Tobramycin Sulfate Inj 40 MG/ML	G			2.40800	04/01/2017	
Tobramycin Sulfate Inj 80 MG/2ML (40 MG/ML) (Base Equiv)	G			0.67297	08/04/2010	
Tobramycin-Dexamethasone Ophth Susp 0.3-0.1%	G			12.90400	09/01/2017	
Tocilizumab Subcutaneous Soln Prefilled Syringe 162 MG/0.9ML	B		1009.03653	1089.75680	01/01/2018	
Tolazamide Tab 250 MG	G			0.18640	02/01/2014	
Tolazamide Tab 500 MG	G			0.72640	02/01/2014	
Tolmetin Sodium Cap 400 MG	G			0.99645	01/01/2010	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018**

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Tolnaftate Aerosol 1%	G			0.15765	09/18/2013	
Tolnaftate Aerosol Pow 1%	G			0.15765	09/18/2013	
Tolnaftate Cream 1%	G			0.05287	08/12/2009	
Tolnaftate Powder 1%	G			0.15765	09/18/2013	
Tolterodine Tartrate Cap ER 24HR 2 MG	G			2.70133	04/01/2017	
Tolterodine Tartrate Cap ER 24HR 4 MG	G			2.16167	08/01/2017	
Tolterodine Tartrate Tab 1 MG	G		1.20730	0.87467	03/01/2018	
Tolterodine Tartrate Tab 2 MG	G			0.64583	04/01/2017	
Topiramate Cap ER 24HR Sprinkle 100 MG	G			10.06000	04/01/2017	
Topiramate Cap ER 24HR Sprinkle 25 MG	G			5.17067	04/01/2017	
Topiramate Sprinkle Cap 15 MG	G			0.19343	04/01/2017	
Topiramate Sprinkle Cap 25 MG	G			0.26867	04/01/2017	
Topiramate Tab 100 MG	G			0.06431	11/01/2017	
Topiramate Tab 200 MG	G		0.10509	0.08979	03/01/2018	
Topiramate Tab 25 MG	G			0.03272	01/01/2012	
Topiramate Tab 50 MG	G			0.04168	01/01/2018	
Torsemidate Tab 10 MG	G			0.06650	11/01/2017	
Torsemidate Tab 100 MG	G		0.30584	0.25220	03/01/2018	
Torsemidate Tab 20 MG	G			0.07950	06/01/2017	
Torsemidate Tab 5 MG	G			0.09400	10/01/2017	
Tramadol HCl Tab 50 MG	G			0.01978	04/01/2017	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018**

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Tramadol HCl Tab ER 24HR 100 MG	G			1.58733	04/01/2017	
Tramadol HCl Tab ER 24HR 200 MG	G			1.30933	10/01/2017	
Tramadol HCl Tab ER 24HR 300 MG	G			3.23534	04/01/2017	
Tramadol HCl Tab ER 24HR Biphasic Release 300 MG	G			3.59200	05/25/2016	
Tramadol-Acetaminophen Tab 37.5-325 MG	G			0.08010	10/01/2017	
Trametinib Dimethyl Sulfoxide Tab 0.5 MG (Base Equivalent)	B		97.43669	100.26234	01/03/2018	
Trametinib Dimethyl Sulfoxide Tab 2 MG (Base Equivalent)	B		347.87734	357.96572	01/03/2018	
Trandolapril Tab 1 MG	G			0.21365	12/01/2010	
Trandolapril Tab 2 MG	G			0.21365	12/01/2010	
Trandolapril Tab 4 MG	G			0.21365	12/01/2010	
Tranylcypromine Sulfate Tab 10 MG	G			1.07898	01/01/2012	
Trazodone HCl Tab 100 MG	G			0.06178	08/01/2017	
Trazodone HCl Tab 150 MG	G			0.15340	10/01/2017	
Trazodone HCl Tab 300 MG	G			2.65933	01/01/2015	
Trazodone HCl Tab 50 MG	G			0.04140	11/01/2017	
Tretinoin Cream 0.025%	G			4.64000	02/13/2015	
Tretinoin Cream 0.05%	G			4.17850	09/30/2014	
Tretinoin Cream 0.1%	G			3.95200	05/28/2014	
Tretinoin Gel 0.01%	G			3.42440	10/29/2015	
Tretinoin Gel 0.025%	G			1.00804	07/01/2013	
Triamcinolone Acetonide Cream 0.025%	G			0.25190	07/09/2013	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Triamcinolone Acetonide Cream 0.1%	G			0.00000	01/21/2011	
Triamcinolone Acetonide Cream 0.5%	G			0.38333	07/01/2017	
Triamcinolone Acetonide Dental Paste 0.1%	G			8.81800	07/01/2017	
Triamcinolone Acetonide Lotion 0.025%	G			0.52983	05/01/2014	
Triamcinolone Acetonide Lotion 0.1%	G			0.37993	09/01/2011	
Triamcinolone Acetonide Nasal Inhal 55 MCG/ACT	G			4.68079	05/01/2013	
Triamcinolone Acetonide Oint 0.025%	G			0.03250	01/01/2010	
Triamcinolone Acetonide Oint 0.1%	G			0.14106	04/21/2015	
Triamcinolone Acetonide Oint 0.5%	G			0.53792	08/01/2015	
Triamterene & Hydrochlorothiazide Cap 37.5-25 MG	G			0.04697	01/01/2018	
Triamterene & Hydrochlorothiazide Cap 50-25 MG	G			0.41268	01/01/2009	
Triamterene & Hydrochlorothiazide Tab 37.5-25 MG	G			0.04515	02/01/2012	
Triamterene & Hydrochlorothiazide Tab 75-50 MG	G			0.04310	01/28/2008	
Triazolam Tab 0.125 MG	G			0.20610	01/28/2008	
Triazolam Tab 0.25 MG	G			0.12500	08/01/2012	
Trientine HCl Cap 250 MG	B			197.03934	07/18/2014	
Trifluoperazine HCl Tab 10 MG (Base Equivalent)	G			1.32850	05/01/2016	
Trifluoperazine HCl Tab 2 MG (Base Equivalent)	G			0.26338	12/01/2010	
Trifluoperazine HCl Tab 5 MG (Base Equivalent)	G			0.43737	02/01/2012	
Trifluridine Ophth Soln 1%	G			16.35250	06/01/2012	
Trihexyphenidyl HCl Elixir 0.4 MG/ML	G			0.04529	09/01/2017	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018**

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Trihexyphenidyl HCl Tab 2 MG	G			0.04546	09/01/2017	
Trihexyphenidyl HCl Tab 5 MG	G			0.06878	02/01/2018	
Trimethobenzamide HCl Cap 300 MG	G			1.36000	05/17/2010	
Trimethoprim Tab 100 MG	G			0.16520	10/01/2017	
Tropium Chloride Cap ER 24HR 60 MG	G			4.28817	08/01/2016	
Urea Cream 40%	G			0.39500	12/19/2013	
Urea Gel 40%	G			3.42333	06/01/2010	
Ursodiol (Bulk) Powder	G			1.52880	09/01/2010	
Ursodiol Cap 300 MG	G			2.41280	10/01/2017	
Ursodiol Tab 250 MG	G			0.75000	09/01/2017	
Ursodiol Tab 500 MG	G			1.00865	12/01/2017	
Ustekinumab Inj 45 MG/0.5ML	B		14688.19460	20501.96280	01/03/2018	
Ustekinumab Soln Prefilled Syringe 45 MG/0.5ML	B		19000.89120	20501.96280	01/03/2018	
Ustekinumab Soln Prefilled Syringe 90 MG/ML	B		19000.89120	20501.96280	01/03/2018	
Valacyclovir HCl Tab 1 GM	G			0.37833	02/01/2018	
Valacyclovir HCl Tab 500 MG	G			0.25322	07/01/2017	
Valganciclovir HCl For Soln 50 MG/ML (Base Equiv)	B			11.42674	01/01/2017	
Valproate Sodium Oral Soln 250 MG/5ML (Base Equiv)	G			0.01063	09/01/2017	
Valproate Sodium Syrup 250 MG/5ML	G			0.02042	07/01/2013	
Valproic Acid Cap 250 MG	G			0.12720	09/01/2017	
Valsartan Tab 160 MG	G			0.10856	11/01/2017	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Valsartan Tab 320 MG	G			0.10489	09/01/2017	
Valsartan Tab 40 MG	G			0.05556	12/01/2017	
Valsartan Tab 80 MG	G			0.06100	06/01/2017	
Valsartan-Hydrochlorothiazide Tab 160-12.5 MG	G			0.13482	12/01/2017	
Valsartan-Hydrochlorothiazide Tab 160-25 MG	G			0.18756	08/01/2017	
Valsartan-Hydrochlorothiazide Tab 320-12.5 MG	G			0.23115	12/01/2017	
Valsartan-Hydrochlorothiazide Tab 320-25 MG	G		0.24809	0.20818	03/01/2018	
Valsartan-Hydrochlorothiazide Tab 80-12.5 MG	G			0.13678	09/01/2017	
Vancomycin HCl Cap 125 MG	G			2.99000	10/01/2017	
Vancomycin HCl For Inj 1000 MG	G			12.00000	09/01/2017	
Vemurafenib Tab 240 MG	B			45.03084	09/08/2015	
Venlafaxine HCl Cap ER 24HR 150 MG (Base Equivalent)	G			0.14914	08/01/2017	
Venlafaxine HCl Cap ER 24HR 37.5 MG (Base Equivalent)	G			0.10578	02/01/2018	
Venlafaxine HCl Cap ER 24HR 75 MG (Base Equivalent)	G			0.12041	01/01/2018	
Venlafaxine HCl Tab 100 MG	G			0.15430	06/01/2017	
Venlafaxine HCl Tab 25 MG	G			0.19030	09/01/2017	
Venlafaxine HCl Tab 37.5 MG	G			0.14692	04/01/2017	
Venlafaxine HCl Tab 50 MG	G			0.21390	04/01/2017	
Venlafaxine HCl Tab 75 MG	G			0.09780	01/01/2018	
Venlafaxine HCl Tab ER 24HR 150 MG (Base Equivalent)	G			2.20528	06/01/2014	
Venlafaxine HCl Tab ER 24HR 75 MG (Base Equivalent)	G			3.00392	01/01/2013	

**Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018**

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Verapamil HCl Cap ER 24HR 100 MG	G			1.09780	11/01/2017	
Verapamil HCl Cap ER 24HR 120 MG	G			0.42305	04/01/2011	
Verapamil HCl Cap ER 24HR 180 MG	G			0.31925	03/01/2012	
Verapamil HCl Cap ER 24HR 200 MG	G			1.04240	10/01/2017	
Verapamil HCl Cap ER 24HR 240 MG	G			0.49987	11/01/2011	
Verapamil HCl Cap ER 24HR 300 MG	G			1.54090	10/01/2017	
Verapamil HCl Cap ER 24HR 360 MG	G			3.33117	04/01/2017	
Verapamil HCl Tab 120 MG	G			0.05950	04/01/2017	
Verapamil HCl Tab 40 MG	G			0.13940	04/01/2017	
Verapamil HCl Tab 80 MG	G			0.04565	04/01/2017	
Verapamil HCl Tab ER 120 MG	G			0.16670	05/01/2017	
Verapamil HCl Tab ER 180 MG	G			0.10355	10/01/2017	
Verapamil HCl Tab ER 240 MG	G			0.12965	11/01/2017	
Vigabatrin Powd Pack 500 MG	B		120.49409	132.42298	01/03/2018	
Vigabatrin Tab 500 MG	B		120.49409	132.42298	01/03/2018	
Vincristine Sulfate Liposome IV Susp 5 MG/31ML (0.16 MG/ML)	B			12693.25640	04/01/2017	
Voriconazole Tab 200 MG	G			6.81000	09/01/2017	
Voriconazole Tab 50 MG	G			0.89967	09/01/2017	
Warfarin Sodium Tab 1 MG	G		0.12912	0.10650	03/01/2018	
Warfarin Sodium Tab 10 MG	G			0.04875	04/01/2012	
Warfarin Sodium Tab 2 MG	G			0.10020	08/01/2017	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Warfarin Sodium Tab 2.5 MG	G			0.05970	09/01/2017	
Warfarin Sodium Tab 3 MG	G			0.09608	12/01/2017	
Warfarin Sodium Tab 4 MG	G			0.08767	12/01/2017	
Warfarin Sodium Tab 5 MG	G			0.09438	07/01/2017	
Warfarin Sodium Tab 6 MG	G			0.09487	08/01/2011	
Warfarin Sodium Tab 7.5 MG	G			0.08633	05/01/2012	
Water For Injection	G			0.05714	12/16/2014	
Water For Irrigation, Sterile Irrigation Soln	G			0.00525	08/04/2017	
Water For IV Injection	G		0.06500	0.00203	03/01/2018	
White Petrolatum-Mineral Oil Ophth Ointment***	G			1.86060	09/18/2013	
Zafirlukast Tab 10 MG	G			1.04000	02/01/2014	
Zafirlukast Tab 20 MG	G			1.06150	10/01/2013	
Zaleplon Cap 10 MG	G			0.13820	10/01/2017	
Zaleplon Cap 5 MG	G			0.23025	08/01/2012	
Zidovudine Cap 100 MG	G			0.12230	10/01/2017	
Zidovudine Syrup 10 MG/ML	G			0.09521	12/01/2017	
Zidovudine Tab 300 MG	G			0.30183	12/01/2017	
Ziprasidone HCl Cap 20 MG	G			0.40530	04/01/2017	
Ziprasidone HCl Cap 40 MG	G			0.31667	08/01/2017	
Ziprasidone HCl Cap 60 MG	G			0.61567	10/01/2017	
Ziprasidone HCl Cap 80 MG	G		0.46683	0.43250	03/01/2018	

Wyoming Medicaid
Office of Pharmacy Services
State Maximum Allowable Cost (SMAC) List
as of March 05, 2018

Generic Name	Brand or Generic	Drug Name Specific to SMAC	Old SMAC Price	Current SMAC Price	Effective Date	Notes
Zolmitriptan Orally Disintegrating Tab 2.5 MG	G			7.56800	09/01/2013	
Zolmitriptan Orally Disintegrating Tab 5 MG	G			3.89667	10/01/2017	
Zolmitriptan Tab 2.5 MG	G			7.57163	09/01/2013	
Zolmitriptan Tab 5 MG	G			3.36000	12/01/2017	
Zolpidem Tartrate Tab 10 MG	G			0.02565	04/01/2011	
Zolpidem Tartrate Tab 5 MG	G			0.02670	11/01/2017	
Zolpidem Tartrate Tab ER 12.5 MG	G			0.70895	12/01/2017	
Zolpidem Tartrate Tab ER 6.25 MG	G			1.15000	11/01/2017	
Zonisamide Cap 100 MG	G			0.12667	09/01/2017	
Zonisamide Cap 25 MG	G			0.07950	08/01/2017	
Zonisamide Cap 50 MG	G			0.12555	12/01/2010	