

OFFICIAL BID PRICE SHEET

| DESCRIPTION | DESCRIPTION | DESCRIPTION |
|--|--|--|
| Conway HDC NADAC rate for Over-the Counter (OTC) medication, including blister pack where appropriate plus dispensing fee: \$ _____ | Conway HDC NADAC rate for prescription medication not covered by Medicaid, including blister pack where appropriate plus dispensing fee: \$ _____ | Conway HDC Hourly rate for onsite pharmacist: \$ _____ |
| Arkadelphia HDC NADAC rate for Over-the Counter (OTC) medication, including blister pack where appropriate plus dispensing fee: \$ _____ | Arkadelphia HDC NADAC rate for prescription medication not covered by Medicaid, including blister pack where appropriate plus dispensing fee: \$ _____ | Arkadelphia HDC Hourly rate for onsite pharmacist: \$ _____ |
| Jonesboro HDC NADAC rate for Over-the Counter (OTC) medication, including blister pack where appropriate plus dispensing fee: \$ _____ | Jonesboro HDC NADAC rate for prescription medication not covered by Medicaid, including blister pack where appropriate plus dispensing fee: \$ _____ | Jonesboro HDC Hourly rate for onsite pharmacist: \$ _____ |
| Booneville HDC NADAC rate for Over-the Counter (OTC) medication, including blister pack where appropriate plus dispensing fee: \$ _____ | Booneville HDC NADAC rate for prescription medication not covered by Medicaid, including blister pack where appropriate plus dispensing fee: \$ _____ | Booneville HDC Hourly rate for onsite pharmacist: \$ _____ |
| Warren HDC NADAC rate for Over-the Counter (OTC) medication, including blister pack where appropriate plus dispensing fee: \$ _____ | Warren HDC NADAC rate for prescription medication not covered by Medicaid, including blister pack where appropriate plus dispensing fee: \$ _____ | Warren HDC Hourly rate for onsite pharmacist: \$ _____ |

NADAC "Updated" date: _____ (Found on NADAC website) Vendor **must** include date of NADAC price check.

*NADAC = National Average Drug Acquisition Cost, found at <https://data.medicare.gov/Drug-Pricing-and-Payment/NADAC-National-Average-Drug-Acquisition-Cost-/a4y5-998d>

AUTHORIZATION SIGNATURE

By my signature below, I certify that the aforementioned statements are true and correct and that I accept the Terms and Conditions as presented in this bid, and that I am authorized by the respondent to submit this bid on his/her behalf.

| | |
|----------------------|---------------|
| Vendor Name: | Date: |
| Signature: | Title: |
| Printed Name: | |