

OFFICIAL BID PRICE SHEET #3

Over-the-Counter Medication	Prescription Medication	Onsite Pharmacist
Average NADAC rate for Over-the Counter (OTC) medication, including blister pack where appropriate plus dispensing fee for all five (5) Human Development Centers: \$ _____	Average NADAC rate for prescription medication not covered by Medicaid, including blister pack where appropriate plus dispensing fee for all five (5) Human Development Centers: \$ _____	Hourly rate for onsite pharmacist for all five (5) Human Development Centers: \$ _____

NADAC "Updated" date: _____ **(Found on NADAC website)**

*NADAC = National Average Drug Acquisition Cost, found at <https://data.medicaid.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:	