



STATE OF ARKANSAS
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 2

TO: Vendors Addressed
FROM: Chorsie Burns
DATE: May 14, 2019
SUBJECT: 710-19-1042: Pharmacy Services

The following changes to the above-referenced IFB have been made as designated below:

- ☒ Change of Specifications
☐ Change of Pricing Sheet
☒ Change of Bid Opening Time and Date
☐ Cancellation of Bid
☐ Other

BID OPENING DATE AND TIME

Bid opening date and time shall be as follows: **May 17, 2019 @ 2:00pm CDT**

CHANGE OF SPECIFICATIONS

1.18 COST SCORES

Delete B and replace with the following: **The Maximum number of cost points (250) will be given to the contractor with the lowest average cost, including dispensing fee, for Prescription Medication not covered by Medicaid for all regions.**

Delete C and replace with the following: **The Maximum number of cost points (250) will be given to the contractor with the lowest average cost, including dispensing fee, for Over-the-Counter Medication, with blister pack where appropriate for all regions**

1.19 GRAND TOTAL SCORE

	Maximum Points Possible
Onsite Pharmacists (all regions)	500
Lowest Average Cost Prescription Medication (including dispensing fee) (all regions)	250
Lowest Average Cost Over-the-Counter Medication (including dispensing fee) (all regions)	250
Maximum Possible Grand Total Score	1000

The specifications by virtue of this addendum become a permanent addition to the above referenced IFB. Failure to return this signed addendum may result in rejection of your IFB.

If you have questions, please contact Chorsie Burns at chorsie.burns@dhs.arkansas.gov

Company: _____

Respondent Signature: _____

Date: _____