Attachment B-Cost Proposal

RFQ C042570
Pharmacy Services

Instructions to Bidders:

Bidders must complete all sections of this cost proposal template. Costs should be provided in **U.S. dollars** and reflect the **total all-inclusive cost** for Year 1. Failure to complete all sections may result in disqualification.

Vendor Information

- Vendor Name:_____
- Primary Contact Name & Title: _____
- Email Address _____
- Phone Number: _____

MINIMUM REQUIREMENT CHECKLIST	
Minimum Requirements	**Rating** Place an 'X' in the appropriate box.
Bidder must have a minimum of five (5) years' experience managing hospital pharmacies.	☐ Yes ☐ No
Bidder must have a minimum of five (5) contracts currently in place to provide comprehensive pharmacy management and operation services comparable in scope to those described in Section 4 in any setting.	☐ Yes ☐ No
Completed Attachment C attached	☐ Yes ☐ No

1. Drug Cost:

The Contractor must purchase the drugs. The awarded Contractor will be required to provide medications to the Hospital at the Contractor's net acquisition cost. For each medication included in **Attachment A**, that cost should be the Contractor's "Current Net Acquisition Cost" provided in the completed Attachment A submitted by the Contractor in response to this RFQ. The Generic form of each medication is acceptable. The Hospital reserves the right to audit the Contractor's net acquisition cost data at any time. Please note that Bidders may be required to substantiate cost data supplied prior to awarding the bid.

2. Drug Cost Annualized:

Attachment A, (see separate excel spreadsheet), is a summary of the top 100 medications by cost that were utilized by the NYSDOH HHH during the period from August 1, 2025, through July 31, 2026, representing approximately 80% of the total. For purposes of selection, the comparative analysis of Bidders' drug costs will be based on this

listing. Bidders must complete columns "H," and "I" in Attachment A using their current net acquisition cost for the products listed. Bidder should complete Column J indicating whether medication being provided is the Contractor's Net Acquisition Cost for the Trade or Generic Form of each medication. The total cost for the drugs listed will be used in determining the cost portion of the bid analysis. The total drug cost calculated by the Bidder from column I of Attachment A shall be inserted below under "TOTAL COST TO HOSPITAL: Drug Cost: Carry over total from column I of Attachment A." **(We have provided this document as a separate EXCEL document so that Bidders can enter & calculate information directly onto the form.)** This amount will then be multiplied by a factor of 1.76 to annualize the drug cost.

3. Management Fee:

An annual fee for management services will be permitted. The Contractor should include overhead and any other costs into the management fee. The Management Fee may increase or decrease of the lesser of three percent (3%) annually based on the National Consumer Price Index for All Urban Consumers (CPI-U) (CUUR0000SA0) as published by the United States Bureau of Labor Statistics, Washington, D.C. 20212, for the 12 month period ending ninety (90) days prior to the commencement date for years *two (2) through five (5) of the Contract*.Contractor wishing to exercise this option should provide written notice to the Department program/contract manager.

Bidders' total cost should be based on the total estimated cost for the first year of the contract, including drug cost AND management fee.

TOTAL COST TO NYSDOH HHH:

LINE 1:Drug Cost: Carry over total from column I of Attachment A	$
LINE 2: Drug Cost Annualized (to Account for 100% of inventory over a full 12 months) **MULTIPLY LINE 1 X 1.76**	$
LINE 3: Enter Management Fee for Year 1	$
TOTAL COST YEAR 1 (LINE 2 + LINE 3)	$

Vendor Name: _____

Signature: _____

Printed Name: _____

Title: _____