

**SPECIALIZED TREATMENT FACILITY
PHARMACEUTICAL BID**

Program: Specialized Treatment Facility

Average Number of Non-Medicaid/Medicare Prescriptions Filled Per Month (for dispensing fee purposes): 400

Company Name: Diamond Drugs, Inc.

Address: 645 Kolter Drive

City, State, Zip Code: Indiana PA 15701

Telephone Number: 724-349-1111

Fax Number: 724-599-3509

Email Address: proposal@diamondpharmacy.com

Name of Person Completing Bid: Mark J. Zilner

1. Percentage Above/Below Average Wholesale Price (AWP): % Above AWP _____ % Below AWP _____
Brand - AWP less 17%
Generic - AWP less 75%

2. Dispensing Fee Per Prescription: \$1.00

3. Will provide 24 hour/365 day per year on-call availability to fill prescription medications. Yes No

4. Will provide medication delivery seven (7) days per week. Yes No

5. Will deliver stat medications within one hour of order. Yes No

6. Will carry extensive stock of injectables (Haldol, Geodon, Rocephin, Ativan). Yes No

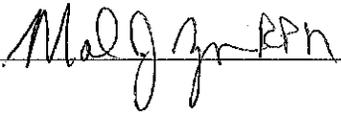
7. Will blister-pack required medications. Yes No

8. Will provide medications/treatments within 24 hours of order with exception of products that must be ordered from a supplier if not in stock or available at the time of order. Yes No

9. Will provide fourteen (14) day supply of all medications within 24 hours of a "named storm". Yes No

10. Will support Emergency Medication Kits regulations and replace out of date medications with proper quantities. Yes No

11. Will invoice (via receipt) STF for costs of medications/related supplies not covered by client's Medicaid, Medicare and/or private insurance. Yes No

Signature of Person Submitting Bid: 

Date: 4/6/16

Please refer to our response and bid sheet for additional details.