



**State of Oklahoma  
OKLAHOMA HEALTH CARE  
AUTHORITY**

**Amendment of Solicitation**

**Date of Issuance:** January 9, 2017

**Solicitation No.** 8070000933

**Requisition No.** 8070000933

**Amendment No.** 3

Hour and date specified for receipt of offers is changed:  No  Yes, to: \_\_\_\_\_ CST

Pursuant to OAC 580:16-7-30(d), this document shall serve as official notice of amendment to the Solicitation identified above. Such notice is being provided to all suppliers to which the original solicitation was sent.

Suppliers submitting bids or quotations shall acknowledge receipt of this solicitation amendment prior to the hour and date specified in the solicitation as follows:

- (1) Sign and return a copy of this amendment with the solicitation response being submitted; or,
- (2) If the supplier has already submitted a response, this acknowledgement must be signed and returned prior to the solicitation deadline. All amendment acknowledgements submitted separately shall have the solicitation number and bid opening date printed clearly on the front of the envelope.

**ISSUED BY and RETURN TO:**

**U.S. Postal Delivery:**

Oklahoma Health Care Authority  
4345 North Lincoln Boulevard

Sheila Killingsworth  
Contracting Officer

(405) - 522 - 7846

Phone Number

Oklahoma City, OK 73105 -  
or

**Personal or Common Carrier Delivery:**

Oklahoma Health Care Authority  
4345 North Lincoln Boulevard

sheila.killingsworth@okhca.org

E-Mail Address

Oklahoma City, OK 73105 -

**Description of Amendment:**

a. This is to incorporate the following:

Amendment Three  
Round One Questions and Answers with additional questions 301-352 which should have been included with the December 22, 2016 Amendment Two  
Fiscal Year 2016 Annual Review of Hepatitis C Medications and 30-Day Notice to Prior Authorize Viekira XR™ (Dasabuvir/Ombitasvir/Paritaprevir/Ritonavir) and Epclusa® (Sofosbuvir/Velpatasvir)

b. All other terms and conditions remain unchanged.

Supplier Company Name (**PRINT**) \_\_\_\_\_

Date \_\_\_\_\_

Authorized Representative Name (**PRINT**) \_\_\_\_\_ Title \_\_\_\_\_

Authorized Representative Signature \_\_\_\_\_