19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. ESTIMATED QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
0001	Azithromycin 250 MG Tablet – 6 count bottle National Drug Code (NDC) ____-___-____ **Specify: One Bottle (BTL) ____ Blister Package (BP) ____**				
0001AA	Base Year	139,001	BTL*		
0001AB	Option Year 1	139,001	BTL		
0001AC	Option Year 2	139,001	BTL		
0001AD	Option Year 3	139,001	BTL		
0001AE	Option Year 4	139,001	BTL		
0002	Azithromycin 250 MG Tablet – 30 count bottle** National Drug Code (NDC) ____-___-____ **Specify: One Bottle (BTL) ____ Blister Package (BP) ____**				
0002AA	Base Year	120,902	BTL*		
0002AB	Option Year 1	120,902	BTL		
0002AC	Option Year 2	120,902	BTL		
0002AD	Option Year 3	120,902	BTL		
0002AE	Option Year 4	120,902	BTL		
0003	Azithromycin 500 MG Tablet – 3 count bottle National Drug Code (NDC) ____-___-____ **Specify: One Bottle (BTL) ____ Blister Package (BP) ____**				
0003AA	Base Year	7,140	BTL*		
0003AB	Option Year 1	7,140	BTL		
0003AC	Option Year 2	7,140	BTL		
0003AD	Option Year 3	7,140	BTL		
0003AE	Option Year 4	7,140	BTL		
0004	Azithromycin 500 MG Tablet – 30 count bottle** National Drug Code (NDC) ____-___-____ **Specify: One Bottle (BTL) ____ Blister Package (BP) ____**				
0004AA	Base Year	25,701	BTL*		
0004AB	Option Year 1	25,701	BTL		
0004AC	Option Year 2	25,701	BTL		
0004AD	Option Year 3	25,701	BTL		
0004AE	Option Year	25,701	BTL		
0005	Azithromycin 600 MG Tablet – 30 count bottle** National Drug Code (NDC) ____-___-____ **Specify: One Bottle (BTL) ____ Blister Package (BP) ____**				
0005AA	Base Year	498	BTL*		
0005AB	Option Year 1	498	BTL		
0005AC	Option Year 2	498	BTL		
0005AD	Option Year 3	498	BTL		
0005AE	Option Year 4	498	BTL		
	***BTL = BOTTLE** ****Package size is unit of use and is subject to Statement of Work – "Preparation for Delivery" requirement.** **-The quantities specified in the Schedule are estimates only. Reference FAR 52.216-21 Requirements for details.**				