



## SPECIALIZED TREATMENT FACILITY

14426 JAMES BOND ROAD • GULFPORT, MISSISSIPPI 39503-8311

228/328-6000 • 228/328-6035 fax

Shannon Y. Bush, MPA, Program Director

January 29, 2026

Re: Three-Year Contract providing pharmaceuticals to Specialized Treatment Facility

Specialized Treatment Facility (STF), a program of Mississippi Department of Mental Health, is seeking quotes for a pharmaceutical contract beginning April 1, 2026. The total amount of the contract is \$72,000 for a maximum of three-years.

STF is a psychiatric residential treatment facility (PRTF) located in Gulfport, MS. STF services adolescents ages 13 to 18 from all 82 counties in Mississippi.

The quote form is asking for a percentage below average wholesale price (AWP) for both name brand and generic prescriptions, along with a dispensing fee per prescription. Please answer all the additional questions listed on the form.

You may submit the quote form and any additional information deemed necessary by email to [dclayton@stf.ms.gov](mailto:dclayton@stf.ms.gov), or by mail or hand deliver to 14426 James Bond Road, Gulfport, MS 39503. If you have any questions, please contact me by email or 228-328-6000 x 111.

Thank you for providing a quote for pharmaceuticals to Specialized Treatment Facility. We will contact you if any further information is needed.

Thank You,

Dawn Clayton  
Finance Director



SPECIALIZED TREATMENT FACILITY  
Program of MS Department of Mental Health  
PHARMACEUTICAL CONTRACT QUOTE

Contract Period 4/1/2026 - 3/31/2028 w/optional 1 year renewal through 3/31/2029  
Total Contract Amount \$72,000  
Average Prescriptions per month 250

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Person Completing Quote \_\_\_\_\_

Percentage Below Average Wholesale Price (AWP) \_\_\_\_\_ % Below AWP (Name Brand)

\_\_\_\_\_ % Below AWP (Generic)

Dispensing Fee Per Prescription \_\_\_\_\_

***Please answer questions below and sign***

Will provide medication delivery to STF. ☐ Yes ☐ No

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

Will carry extensive stock of injectables (Haldol, Rocephin, Ativan, Zyprexa) ☐ Yes ☐ No

Will blister-pack required medications. ☐ Yes ☐ No

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

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

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

Will bill Medicaid, Medicare and/or private insurance for covered prescriptions. Will invoice STF for costs of medications/related supplies not covered at discount provided in quote. ☐ Yes ☐ No

In the event STF can not procure a medication during non-business hours, Respondent will deliver medications needed to STF on an emergency 24-hour basis. ☐ Yes ☐ No

Will provide on-site vaccine administration. ☐ Yes ☐ No

***Please provide any additional information deemed necessary***

Signature of Person Submitting Quote \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_