

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: SANTIN'S DISCOUNT DRUGS, INC

Address: 4300 15th St Suite 1

City, State, Zip Code: Gulfport, MS 39501

Telephone Number: 228-864-3514

Fax Number: 228-864-2402

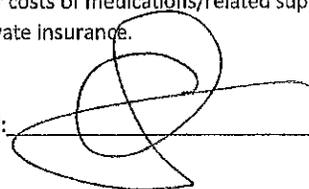
Email Address: ACSANTIN@SANTINDRUGS.COM

Name of Person Completing Bid: ALVIN CRAIG SANTIN

1. Percentage Above/Below Average Wholesale Price (AWP): % Above AWP \_\_\_\_\_ % Below AWP 16.5

2. Dispensing Fee Per Prescription: \$2.50

- 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 (Haldo, 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 Will support Emergency Medication Kits regulations and replace out of date medications with proper quantities.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: 4-5-16

Please Note the 16.5% IS for Name Brands only AS Generic pricing can be AS much AS 70% below AWP