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*Official signed contract documents are on file with OMES Central Purchasing.*

**Contract title:** Deliverable Based Information Technology Services

**Contract Number:** SW0023P

**Date of Contract issuance:** 10/26/2022

**Contract period:** 10/26/22 through 10/25/23

**Agreement period:** 10/26/22 through 10/25/2024

**Type of contract:** Mandatory ☒ Non-Mandatory ☐

**OMES Central Purchasing contact:** Asha Parks

**Title:** Procurement Specialist

**Phone:** (405) - 521 - 6674

**Email:** [asha.parks@omes.ok.gov](mailto:asha.parks@omes.ok.gov)

**Supplier name:** Pharmacorr LLC

**Supplier ID:** 0000298257

**Contract ID #:** 0-6678

**Supplier Point of Contact:** Adam Curling, DPh VP of Pharmacy Operations

**Supplier address:** 7400 Plaza Mayor Blvd

**City:** Oklahoma City

**State:** OK

**Zip Code:** 73149

**Phone #:**

888-321-7774 Ext. 1415

**Email:** [adam.curling@pharmacorr.com](mailto:adam.curling@pharmacorr.com)

**Supplier Point of Contact:** Mario Nunez Lozano, Pharm.D., Pharmacy Manager

**Phone #:** 888-321-7774 Ext. 1414

**Email:** [mario.nunezlozano@pharmacorr.com](mailto:mario.nunezlozano@pharmacorr.com)

**Supplier Point of Contact:** Peter Lee Pharm.D. MBA,

**Phone #:** 918-884-8131

**Email:** [reed.heflin@pharmacorr.com](mailto:reed.heflin@pharmacorr.com)

**Contract Overview:**

Correctional Pharmaceutical Supply

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**Authorized Users:** All state departments, boards, commissions, agencies, and institutions, in addition to counties, and municipalities, that provide correctional services, may avail themselves of this contract.

**How to order/Procure Services:**

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Contact vendor for quotes.

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**Available Brands:**

See Pharmacorr, LLC Overview

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**Available Products and Services:**

“Pharmacorr is a mail-order correctional pharmacy headquartered in Oklahoma City, Oklahoma, and a national leader in clinical pharmacist consultative services. With a 26-year history, Pharmacorr has served the corrections industry as its central focus”

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“state-of-the-art facility, built in early 2020, providing an automated dispensing system ensuring a same day fill rate of 99.5% and an accuracy rate of 99.98%”

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**Authorized Dealer/Reseller(s):**

Supplier name: N/A

Supplier ID #:

Contract ID #:

Supplier Point of Contact:

Supplier address:

City:

State:

Zip Code:

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Phone #: 1 - - -

Email: