

**LIMITED SOURCES JUSTIFICATION**

**ORDER >\$3,000**

**FAR PART 8.405-6**

**2237 Transaction # or Vista Equipment Transaction #:** 618-14-1-070-0004

This acquisition is conducted under the authority of the Multiple Award Schedule Program. The material or service listed in par. 3 below is sole source, therefore, consideration of the number of contractors required by FAR Subpart 8.4 – Federal Supply Schedules, is precluded for the reasons indicated below.

**Restricted to the following source:** WT Cox Subscriptions

Manufacturer/Contractor: WT Cox Subscriptions

Manufacturer/Contractor POC & phone number: Debbie Knox

Mfgr/Contractor Address: 201 Village Road, Shallotte, NC 28470

Dealer/Rep address/phone number: 800-571-9554

**X** The requested material or service represents the minimum requirements of the Government.

**(1) AGENCY AND CONTRACTING ACTIVITY:**

Department of Veterans Affairs

St. Cloud VA HCS

4801 Veterans Drive

St. Cloud, MN 56303

**VISN:**

23

**(2) NATURE AND/OR DESCRIPTION OF ACTION BEING APPROVED:**

Firm fixed price 120 day Interim Bridge delivery order for Micromedex software for VISN 23. Period of performance October 29<sup>th</sup> 2013 – February 25<sup>th</sup> 2014. Interim Bridge contract being awarded for a short term while GAO protest is resolved through corrective action including competing the requirement among schedule holders.

**(3) (a) A DESCRIPTION OF THE SUPPLIES OR SERVICES REQUIRED TO MEET THE AGENCY'S NEED:**

120 day interim bridge award for existing Micromedex software. MICROMEDEX Healthcare Series Subscription services/software including: AltMedDex System, DRUGDEX System, DRUG-REAX System, DrugPoints, PDR, DISEASEDEX Emergency Medicine, IDENTIDEX System, IV INDEX System, POISINDEX System, ERPRO RISK System; TOMES System, CareNotes System, Martindale (The Complete Drug Reference Pharmaceuticals MSDS) and Kinetidex System. All utilized by HCS staff members.

Provides clinicians (pharmacists, nurses, physician assistants, nurse practitioners, physicians, dentists, etc.) with point-of-care access to trusted, evidence-based clinical knowledge so the users can make the best treatment decisions for patients and deliver the best possible care. The Micromedex product integrates seamlessly with CPRS and is updated on a real time basis to ensure timely and accurate drug information. The following represents the evidence-based content available:

- Comprehensive, unbiased drug information
- IV compatibility
- Toxicology information
- Lab ordering and interpretation
- Evidence-based disease information
- Adverse drug interactions
- Neonatal drug calculations
- FDA-approved preparations and Black Box warnings
- Patient education
- Essential summaries and highlights

- Trissel's 2™ IV database

(b) ESTIMATED DOLLAR VALUE: [REDACTED] \_\_\_\_\_

(c) REQUIRED DELIVERY DATE: 10/29/2013 \_\_\_\_\_

**(4) IDENTIFICATION OF THE JUSTIFICATION RATIONALE (SEE FAR 8.405-6), AND IF APPLICABLE, A DEMONSTRATION OF THE PROPOSED CONTRACTOR'S UNIQUE QUALIFICATIONS TO PROVIDE THE REQUIRED SUPPLY OR SERVICE.**

**(CHECK ALL THAT APPLY AND COMPLETE)**

☐ Specific characteristics of the material or service that limit the availability to a sole source (unique features, function of the item, etc.). Describe in detail why only this suggested source can furnish the requirements to the exclusion of other sources.

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☐ A patent, copyright or proprietary data limits competition. The proprietary data is:  
(If FAR 8.405-6(a)(2)iii before posting. Do not include specific proprietary data. Only mention the type of equipment, procedure, etc. to show that proprietary supplies or services are being procured.)

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☐ These are "direct replacements" parts/components for existing equipment.

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☐ The material/service must be compatible in all aspects (form, fit and function) with existing systems presently installed/performing. Describe the equipment/function you have now and how the new item/service must coordinate, connect, or interface with the existing system.

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\_\_\_\_\_

☐ The new work is a logical follow-on to an original Federal Supply Schedule order provided that the original order was placed in accordance with the applicable Federal Supply Schedule ordering procedures. The original order must not have been previously issued under sole source or limited source procedures.

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☒ An urgent and compelling need exists, and following the ordering procedures would result in unacceptable delays.

If this software is not available providers would lose valuable time away from providing patient care to research proper dosing, drug interactions, and drug availability. Providers must utilize this program to ensure proper prescription of medications which are checked by the pharmacists for proper dosing recommendations. Absence of this resource could pose major patient safety concerns: such as over/under dosing of medications, life-threatening interruption of therapy, hospitalization/death related to misuse/mis-dosing of medication.

If patients are not properly educated on medication use, then there is a possibility of adverse health events on the patient.

**(5) DESCRIBE WHY YOU BELIEVE THE ORDER REPRESENTS THE BEST VALUE CONSISTENT WITH FAR 8.4 TO AID THE CONTRACTING OFFICER IN MAKING THIS BEST VALUE DETERMINATION:**

IAW FAR 8.404(d). This is Fair and Reasonable.

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**(6) DESCRIBE THE MARKET RESEARCH CONDUCTED AMONG SCHEDULE HOLDERS AND THE RESULTS OR A STATEMENT OF THE REASON MARKET RESEARCH WAS NOT CONDUCTED:**

This is an interim bridge award to continue utilization of the Micromedex software while a competitive solicitation is issued.

**(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:**

N/A

**(8) A STATEMENT OF THE ACTIONS, IF ANY, THE AGENCY MAY TAKE TO REMOVE OR OVERCOME ANY BARRIERS THAT LED TO THE RESTRICTED CONSIDERATION BEFORE ANY SUBSEQUENT ACQUISITION FOR THE SUPPLIES OR SERVICES IS MADE:**

A solicitation for equivelant software will be competed during the period of performance of this interim bridge award.

**(9) REQUIREMENTS CERTIFICATION:** I certify that the requirement outlined in this justification is a Bona Fide Need of the Department of Veterans Affairs and that the supporting data under my cognizance, which are included in the justification, are accurate and complete to the best of my knowledge. I understand that processing of this limited sources justification restricts consideration of Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4. *(This signature is the requestor's supervisor, fund control point official, chief of service or someone with responsibility and accountability.)*

\_\_\_\_\_  
SIGNATURE

Kara C. Jackson

NAME

Minneapolis VA HCS

FACILITY

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Program Specialist

TITLE

\_\_\_\_\_  
Pharmacy Department

SERVICE LINE/SECTION

**(10) APPROVALS IN ACCORDANCE WITH FAR 8.405-6(d):**

**a. CONTRACTING OFFICER'S CERTIFICATION (required):** I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Melanie Stockman, Contracting Officer, NCO 23 – St. Cloud

\_\_\_\_\_  
DATE

**c. NCM/PCM/DESIGNEE:** I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief and I approve this limited sources justification.

\_\_\_\_\_  
Jeri Jenkins Contract Manager, NCO 23 – St. Cloud

\_\_\_\_\_  
DATE