

DEPARTMENT OF VETERANS AFFAIRS

Justification and Approval

For

Other Than Full and Open Competition

1) **Contracting Activity:**

Department of Veterans Affairs
Network 15 Contracting Office
3450 S. 4th St Trafficway
Leavenworth, KS 66048

The purchase request number is 760-14-1-050-0240.
Items are to be delivered to the Leavenworth CMOP.

- 2) **Nature and/or Description of the Action Being Processed:** The Leavenworth CMOP, 5000 S. 13th Street Leavenworth, KS 66048 Consolidated Mail Outpatient Pharmacy is requesting approval to purchase BRAND NAME specific Medtronic items. This is a new procurement and will be a firm fixed price contract. The total estimated value for this request is \$141,764.22.

3) **Description of Supplies/Services Required to Meet the Agency's Needs:**

Reservoir Minimed #MMT-332A

- NDC: 76300-0332-10 (NO SUBSTITUTES)
- Quantity and Description of request: 10/box, requesting 500 boxes
- Supplier: Medtronic
- The estimated Purchase Order value for this request for this item is \$14,485.00

Quick-Set 9mm-32" Paradigm, #MMT-386

- NDC: 76300-0386-10 (NO SUBSTITUTES)
- Quantity and Description of request: 10/box, requesting 36 boxes
- Supplier: Medtronic
- The estimated Purchase Order value is for this request for this item is \$3,424.68

Infusion Minimed #MMT-396

- NDC: 76300-0396-10 (NO SUBSTITUTES)
- Quantity and Description of request: 10/box, requesting 144 boxes
- Supplier: Medtronic

- The estimated Purchase Order value is for this request for this item is \$13,579.20

Infusion Minimed #MMT-397

- NDC: 76300-0397-10 (NO SUBSTITUTES)
- Quantity and Description of request: 10/box, requesting 196 boxes
- Supplier: Medtronic
- The estimated Purchase Order value for this request for this item is \$19,986.12

Infusion Minimed #MMT-398

- NDC: 76300-0398-10 (NO SUBSTITUTES)
- Quantity and Description of request: 10/box, requesting 36 boxes
- Supplier: Medtronic
- The estimated Purchase Order value is for this request for this item is \$3,424.68

Infusion Minimed #MMT-399

- NDC: 76300-0399-10 (NO SUBSTITUTES)
- Quantity and Description of request: 10/box, requesting 500 boxes
- Supplier: Medtronic
- The estimated Purchase Order value is for this request for this item is \$47,300.00

Infusion Minimed #MMT-377

- NDC: 76300-0377-10 (NO SUBSTITUTES)
- Quantity and Description of request: 10/box, requesting 200 boxes
- Supplier: Medtronic
- The estimated Purchase Order value for this request for this item is \$19,026.00

Silhouette 13MM-23" Paradigm, #MMT-381

- NDC: 76300-0381-10 (NO SUBSTITUTES)
- Quantity and Description of request: 10/box, requesting 100 boxes
- Supplier: Medtronic
- The estimated Purchase Order value is for this request for this item is \$10,197.00

Medtronic Sure-T Paradigm Infusion Set with Adhesive Pad, #MMT-864

- NDC: 76300-0864-10 (NO SUBSTITUTES)
- Quantity and Description of request: 10/box, requesting 48 boxes
- Supplier: Medtronic
- The estimated Purchase Order value is for this request for this item is \$4,566.24

Sure-T 29G 6MM-23" Paradigm, #MMT-866

- NDC: 76300-0866-10 (NO SUBSTITUTES)
- Quantity and Description of request: 10/box, requesting 20 boxes
- Supplier: Medtronic
- The estimated Purchase Order value is for this request for this item is \$1,902.60

Insurer Quick-Serter, #MMT-395

- NDC: 76300-0395-10 (NO SUBSTITUTES)
- Quantity and Description of request: 1/box, requesting 42 boxes
- Supplier: Medtronic
- The estimated Purchase Order value for this request for this item is \$896.70

Silhouette Infusion Set, #MMT-373

- NDC: MMT-373 (NO SUBSTITUTES)
- Quantity and Description of request: 10/box, requesting 24 boxes
- Supplier: Medtronic
- The estimated Purchase Order value for this request for this item is \$2,976.00

4) **Statutory Authority Permitting Other than Full and Open Competition:**

(X) (1) Only One Responsible Source and No Other Supplies or Services Will Satisfy Agency Requirements per FAR 6.302-1; Brand name description application applies.

5) **Demonstration that the Contractor's Unique Qualifications or Nature of the Acquisition**

Requires the Use of the Authority Cited Above (applicability of authority): Physicians are specifically writing for these brand name medical supplies to work with the patients Medtronic brand insulin pumps. These supplies are not interchangeable with the Animas products that are found on FSS. The patient is not guaranteed to receive the correct dose of insulin if using another brand other than what matches their pumps, which could be life threatening. No other suitable substitutions have been found.

6) **Description of Efforts Made to ensure that offers are solicited from as many potential sources as deemed practicable:**

The requesting pharmacy indicated this medication could be obtained from these three small businesses:

MILLANN LLC - SDVOSB
5116 ROUNDTREE ST
SHAWNEE, KS 66226-3877
PH: 913 378-7284

3T Federal Solutions LLC - SDVOSB
6013 TECHNI CENTER DR STE B
AUSTIN, TX 78721-2324

Marathon Medical - SDVOSB
3251 LEWISTON AVE
AURORA, CO 80011-1530

7) **Determination by the Contracting Officer that the Anticipated Cost to the Government will be Fair and Reasonable:**

The Leavenworth CMOP anticipates the cost to the Government will be fair and reasonable based on competition and comparison to recent prices paid by CMOP.

8) **Description of the Market Research Conducted and the Results, or a Statement of the Reasons Market Research Was Not Conducted:** The requested items have a like or similar item found on the NAC but a FSS waiver has been obtained due to brand specific description. Medtronic is a large business; however, this item has been purchased by the VA on multiple occasions from small business vendors to include the potential sources above & Ranger Team (SDVOSB). Due to the non-manufacture rule, a small business set-aside is unreasonable.

9) **Any Other Facts Supporting the Use of Other than Full and Open Competition:** N/A

10) **Listing of Sources that Expressed, in Writing, an Interest in the Acquisition:** N/A

11) **A Statement of the Actions, if any, the Agency May Take to Remove or Overcome any Barriers to Competition before Making subsequent acquisitions for the supplies or services required:**
N/A.

12) **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 and belief.

Dore Lusignan
Logistics Manager
Leavenworth CMOP

Date

13) **Approvals in accordance with FAR 6.304**

a) **Contracting Officer's Certification: (required)** I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

Barbara J Cox
Barbara J Cox
Contracting Officer
NCO 15

12/30/2013
Date

QA review
1/2/14
Lori Kopacz
Lori Kopacz

b) NCM/PCM : I certify the justification meets requirements for other than full and open competition.

for Maha Zinser
Christine L. Scena
Director of Contracting, Network Contracting
Office 15

1/2/2014
Date