

Attachment 1: Request for Limited Sources Memo Format

LIMITED SOURCES JUSTIFICATION

ORDER >\$3,000

FAR PART 8.405-6

2237 Transaction # or Vista Equipment Transaction #: 761-14-3-016-0074

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: Provide original manufacturer's name for material or contractor's name for service. (If a sole source manufacturer distributes via dealers, ALSO provide dealer information.)

Manufacturer/Contractor: SIGMAPHARM LABORATORIES LLC/PBA HEALTH

Manufacturer/Contractor POC & phone number: DON RABY, 816-245-5700

Mfgr/Contractor Address: 6300 ENTERPRISE RD., KANSAS CITY, MO 64120

Dealer/Rep address/phone number: N/A

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

(1) AGENCY AND CONTRACTING ACTIVITY:

Department of Veterans Affairs

Veterans Health Administration

Consolidated Mail Outpatient Pharmacy

for Chelmsford CMOP

10 Industrial Ave.

Chelmsford, MA, 01824

VISN: NCO-15

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

The NCO-15 CMOP Contracting Team plans the purchase of brand-specific pharmaceuticals available as generic from PBA Health through FSS contract V797P-5137B.

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

A 3 months supply based on usage and dispense history of Adefovir Dipivoxil 10MG tablets.

(b) ESTIMATED DOLLAR VALUE: \$68,541.12

(c) REQUIRED DELIVERY DATE: 05/01/2014

(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.
Products to be acquired have been prescribed for patients by VA physicians. Pharmacy employees do not have the training and/or authority to countermand physician orders.

☐ 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.)
N/A

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

☒ 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.
PBA Health is the only FSS NAC contract vendor for Adefovir Dipivoxil 10MG tablets.

☐ 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.
N/A

☐ An urgent and compelling need exists, and following the ordering procedures would result in unacceptable delays.
N/A

(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:

Best value to the Government is assured by comparing pricing between PBA Health's Adefovir Dipivoxil 10MG tablets (generic) and the counterpart brand name pharmaceutical. Not only the generic version is less expensive, but the brand name is not under FSS.

In addition, critical patient care requirements are met as prescribed by a VA physician, thereby assuring continuity of care to the Veteran.

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

The VA's FSS schedule search engine was utilized, along with searches of GSA Schedule 651IA. Only PBA Health carries the required (generic) product. Confirmation of these searches has been placed in the eCMS action briefcase indexed as Market Research and have been further documented under P02 Market Research Memo signed by the Contract Specialist.

(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:

Pharmacy personnel are required to fill physician prescriptions with the items prescribed and lack the training and authority to make any changes.

(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:

VA FSS Schedules 65I and 65II are mandatory sources of supply in accordance with the priorities established by FAR Part 8.002(a)(1).

(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

Robert T. Christman

NAME

IMS
TITLE

4/2/2014
DATE

LOGISTICS
SERVICE LINE/SECTION

Hines CMOP CHAMSFORD
FACILITY

(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.

CONTRACTING OFFICER'S SIGNATURE

10/25/2013

DATE

Evelyn Halliburton-Shannon, Contracting Officer
CMOP

NAME AND TITLE

for NCO-15, Charleston

FACILITY

b. NCM/PCM/DESIGNEE: I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

SIGNATURE

DATE

Christine L. Scena, NCM, NCO 15

NAME

VISN X NCM/PCM

HIGHER LEVEL APPROVAL (Required For orders over \$650,000):

NOT APPLICABLE TO THIS PROCUREMENT