

**LIMITED SOURCES JUSTIFICATION**

**ORDER >\$150,000**

**FAR PART 8.405-6**

**Acquisition Plan Action ID: VA263-16-AP-4235**

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: Carefusion Solutions, LLC

Manufacturer/Contractor POC & phone number: Jeffrey McCormick 888-876-4287

Mfgr/Contractor Address: 3750 Torrey View CT, San Diego, CA 92130

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

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

Department of Veterans Affairs

Network 23 Contracting Office (NCO23)

4801 Veterans Drive

Saint Cloud, MN 56303

**VISN:**

23

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

The action being sought is a firm-fixed price delivery order to Carefusion to add to the existing Pyxis Meditation 4000 automated dispensing cabinet system the is in place at the Omaha and Grand Island Division of the VA Nebraska Western Iowa Health Care System.

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

Two additional two-drawer capacity automated cabinets and replacement drawers that can integrate with the current Pyxis Medstation 4000 system.

The Components of these systems include the following:

Omaha Location: 8 each- Medstation 4000 Main, 2Dr; 1each- Medstation 4000 Aux Tower SGL; 15each- cubie Drawer, Full Height

Grand Island Location: 2 each- Medstation 4000 Main, 2Dr; 4 each- Cubie Drawer, Full Height; 1 each- Cubie Drawer, HH

**(b) ESTIMATED DOLLAR VALUE:** \$300,692.00

**(c) REQUIRED DELIVERY DATE:** 90 Day ARO

**(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.**

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.

The equipment must be compatible in all aspects with the existing Pyxis Medstation 4000 automated dispensing cabinets at the Omaha and Grand Island divisions. The items requested are the only items that can be integrated with the current system due to proprietary software and configuration of the existing system. These are the only items that will work with the existing system.

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.

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**(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:**

The current system is valued at approximately \$1,500,000. The items requested are additional medstations and replacement drawers in cubie configuration that will be added to the existing system. No other cabinets are compatible with the current system, and to replace the entire system would be cost prohibitive.

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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:**

These cabinets are available on FSS Schedule V797P-4012b. No other cabinets and cubie drawers are compatible with the current system.

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

None.

**(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:**

When the entire automated medication dispensing cabinet system is replaced, the government will do so based upon a competitive procurement.

**(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.)*

Kevin C Kratz 250911

Digitally signed by Kevin C Kratz 250911  
DN: dc=gov, dc=va, o=internal, ou=people,  
0.9.2342.19200300.100.1.1=kevin.kratz@va.gov, cn=Kevin C Kratz 250911  
Date: 2016.02.17 12:12:08 -0600

02/17/2016

Kevin Kratz  
Associate Chief, Pharmacy

Date

**(10) APPROVALS IN ACCORDANCE WITH THE [VHAPM, Volume 6, Chapter VI: OFOC SOP](#):**

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

02/17/2016

Andrea Harter  
Contracting Officer  
NCO 23

Date

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

02/18/2016

Jennifer Myers-King  
Branch Chief  
NCO 23

Date