

Volume 3/Chapter II/Customer Service Guide/Procurement Package
Attachment 13: Pharmaceutical Between 3K and 150K

Purpose: To ensure standardization of the submission process for pharmaceutical requirements the form below must accompany the request for procurement.

ALL DOCUMENTS ARE TO BE PROVIDED ELECTRONICALLY.

DATE: 10/17/2016

1. PROVIDE REQUESTOR'S NAME AND PHONE NUMBER.

Name: Anita M Cummings Phone Number [REDACTED]

2. ENTER FUNDED 2237#: 589-17-1-1623-0058

Is the 2237 corresponding to this request funded or unfunded at this moment?

In almost all cases, the project needs to be funded before moving forward. If it is unfunded, please speak to the Fiscal Department.

3. REQUIREMENTS

Name/Description of requested drug: Gamunex

Quantity Required: 48

Special Packaging Requirements: Refrigeration

Date Needed: 10/20/2016

Is the requested drug available for purchase against a mandatory use single award contract?

YES ☒ NO ☐ (CHECK ONE)

[REDACTED]

[REDACTED]

If the answer is yes, please provide the vendor name, contract number, and expiration date of contract in the section below; or check the box that the information was provided on the 2237.

☐ Information referenced above can be found within the submitted 2237.

Note: If you answered yes to the above question and provided the vendor and contract information no further information is required. You may skip the remaining questions on this form and forward the requirement to your Network Contracting Activity.

Estimated Cost/Unit: \$92,160.00

Estimate was based on procurement history? YES ☐ NO ☒ (CHECK ONE) or

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Estimate was based on review of published prices? YES ☐ NO ☒ (CHECK ONE)
If estimate was developed using a different approach than described above please explain:

Product is not available thru contract so outside vendor is able to order product

[REDACTED]

Generic Drug YES ☐ NO ☒ (CHECK ONE)

Brand Name Justification: When brand name drugs are requested please check the applicable justification below:

☐ Within the Veterans Health Administration brand name drugs may be prescribed by physicians when in their clinical judgment the brand name drug will provide a better therapeutic outcome for patients. Brand name drugs are requested when there is a clinical requirement for the drug or there is history of clinical requirements for the drug and inventory must be maintained to meet anticipated requirements.

☒ A generic form of the requested drug is not available.

Will there be a recurring need for the requested drug? YES ☐ NO ☒ (CHECK ONE)

If you answered yes, please provide your estimated annual requirements: [Click here to enter text.](#)

4. Competition

Is the requested item open-market or available for purchase on a Federal Supply Schedule (FSS) contract?

☒ (Open-market) ☒ (FSS Item (CHECK ONE))

*Is the requested drug available from more than source? YES ☒ NO ☒ (CHECK ONE)

If the answer is yes, you may skip to block 6. If the answer is no, complete block 5.

* When competition is available three sources should be solicited when available. However, when at least two sources are available the requirement will be competed unless adequate justification is provided (see block 5).

5. Client Justification for Other than Full and Open Competition (check applicable block)

☒ (A) FAR 8.405-6(b)(1) The requested drug will be purchased against a Federal Supply Schedule (FSS) contract and only one source has the requested drug available on an FSS contract.

☐ (B) FAR 8.405-6(b)(3) The requested drug will be purchased against a Federal Supply Schedule (FSS) contract and an urgent or compelling need exists, and following the FSS ordering procedures would result in

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unacceptable delays. Delay in the award would cause patient harm by delaying the medical facility's ability to provide prescribed medications to patients in a manner necessitated by their plan of care.

☒ (C) FAR 13.106-1(b) The drug is not available for purchase on an existing contract and will be purchased on an open-market basis, and only one source is reasonably available to fulfill the requirement.

If blocks B or C are checked, briefly describe the circumstances that make it necessary to purchase from one source in the space below (Block 9 may be used if more space is needed):

[Click here to enter text.](#)

The manufacturer is out of stock.

Statement of the actions, if any, the agency will take to remove or overcome any barriers that led to restricted consideration before any subsequent acquisition for supplies and services is made: The medical center will purchase all pharmaceutical drug requirements competitively and fully utilize the prime vendor, national, and FSS contracts whenever possible. However, there are times that contracts sources do not have required drugs available and/or competition isn't available. The Pharmacy Department will remove or overcome barriers to competition by adequately planning known requirements and pledges to do so before any subsequent acquisitions.

Acquisition Initiator:

I certify that the facts and representations under my cognizance, which are included in this justification and which form a basis for this justification, are complete and accurate.

Anita M Cummings

CUMMINGS M

Dig fully signed by ANITA CUMMINGS M
DN: cn = U.S. Government
ou = Dept of Justice, ou = DEA
ou = Division Control, ou = Commerce
ou = CSOS, ou = MO
email = anita_m_cummings@doj.gov
Date: 2016.10.18 10:57:55 -0500

10/17/16

Signature

Date

6. [REDACTED]

☐

[REDACTED]

☐

[REDACTED]

☐

[REDACTED]

A. Name or recommended vendor: Reliance Wholesale Inc

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Address of recommend vendor: CORDOVA PARK ROAD CORDOVA, TN 38018
Phone Number of Ordering Department: 866 210-1591
IFCAP Vendor # (if known): 40568
FSS/National Contract # (if drug is on contract): [Click here to enter text.](#)
Expiration date of contract (if drug is on contract): [Click here to enter text.](#)

B. Name or recommended vendor: [Click here to enter text.](#)
Address of recommend vendor: [Click here to enter text.](#)
Phone Number of Ordering Department: [Click here to enter text.](#)
IFCAP Vendor # (if known): [Click here to enter text.](#)
FSS/National Contract # (if drug is on contract): [Click here to enter text.](#)
Expiration date of contract (if drug is on contract): [Click here to enter text.](#)

C. Name or recommended vendor: [Click here to enter text.](#)
Address of recommend vendor: [Click here to enter text.](#)
Phone Number of Ordering Department: [Click here to enter text.](#)
IFCAP Vendor # (if known): [Click here to enter text.](#)
FSS/National Contract # (if drug is on contract): [Click here to enter text.](#)
Expiration date of contract (if drug is on contract): [Click here to enter text.](#)

7. **Evaluation Criteria** – For competitive requirements the evaluation criteria that will be used are Price, Delivery, and Past Performance.



8. **Additional Information** (Note: This block can be used to provide any additional information)

This drug is on backorder and not expected to have any release date at this time. it is need for patients that are on therapy and cannot be stopped. We are completely out of this product we need asap.