

**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: 4/18/2017**

**1. PROVIDE REQUESTOR'S NAME AND PHONE NUMBER.**

Name: [REDACTED] Phone Number: [REDACTED]

**2. ENTER FUNDED 2237#: 589-17-3-2618-0066**

**3. REQUIREMENTS**

Name/Description of requested drug: Radium RA 223 Dichloride (Xofigo) Injection 159.13 microcuries

Quantity Required: 6

Special Packaging Requirements: Nuclear Medicine Dose

Date Needed: 5/3/2017

(5/3/17 is the date of first treatment).

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

YES ☒ NO ☐ (CHECK ONE)

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.

Vendor Name: Bayer Healthcare Pharmaceuticals

Contract Number: V797P-2202D

Expiration Date of Contract: 6/30/2017

☐ 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: \$12,316.81

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

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: Click here to enter text.

Generic Drug YES ☐ NO ☒ (CHECK ONE)

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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: 8

**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 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):**

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The Patient requiring this medication has an aggressive and invasive form of ductal prostate cancer, requiring this to be started as soon as possible per [REDACTED]

**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.

Signature

Date

**6. Recommended Source List (vendors):**

McKesson  
One Post Street  
San Francisco, CA 94104  
855-458-4678

AmerisourceBergen Corporation  
P.O. Box 959  
Valley Forge, PA 19482  
610-727-7000

CardinalHealth  
7000 Cardinal Place  
Dublin, OH 43017  
866-677-4844

- A. Name or recommended vendor: Bayer HealthCare Pharmaceuticals  
Address of recommend vendor: 6 West Belt, Wayne, NJ 07470-6806  
Phone Number of Ordering Department: 1-855-696-3446  
IFCAP Vendor # (if known): 35488  
FSS/National Contract # (if drug is on contract): V797P-2202D  
Expiration date of contract (if drug is on contract): 06/30/2017

- B. Name or recommended vendor: Click here to enter text.  
Address of recommend vendor: Click here to enter text.

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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)  
[Click here to enter text.](#)