

**LIMITED SOURCES JUSTIFICATION**  
**ORDER >\$3,000**  
**FAR PART 8.405-6(g)**

**2237 Transaction # or Vista Equipment Transaction #: 548-13-1-5555-0011**

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 d/b/a Pyxis Products Division

Manufacturer/Contractor POC & phone number: 847-473-7692

Mfgr/Contractor Address: 3750 Torrey View Court San Diego, CA 92130-2635

Dealer/Rep address/phone number: Dennis Campbell 1500 Waukegan Road Waukegan, IL 60085

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

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

Department of Veterans Affairs

VAMC West Palm Beach

NCO8 – SAO East

7305 N. Military Trail, Bldg 12 (90C)

WPB, FL

**VISN: 8**

33410-6500

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

This is a request for sole source maintenance and repair of Pyxis Medication Systems currently in place at the West Palm Beach VA Medical Center.

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

The maintenance and repair of the Pyxis Medstation Systems includes all hardware and software to support the system and consists of remote software support as well as onsite hardware coverage on a 24x7 basis.

**(b) ESTIMATED DOLLAR VALUE: \$99,000.00**

**(c) REQUIRED DELIVERY DATE: 10/01/2012**

**(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.

Carefusion Pyxis is the sole manufacturer of the FDA regulated Pyxis Medstation system and has proprietary hardware and software that only they can maintain and service.

☒ A patent, copyright or proprietary data limits competition. The proprietary data is:

The Pyxis Medstation system is protected by US Patent # 7706915; Filing Date: 7/1/2005; Issue Date: 4/27/2010 and utilizes proprietary hardware and software.

☒ 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.

**(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:**

Based on historical requirements of a similar nature and as this is on FSS schedule, pricing has been found to be both fair and reasonable. The Pyxis Medstation Units have an asset value of \$1.6M and a maintenance cost of \$99,000.00, which at 6.2%, is well below the 10% industry accepted standard for such maintenance requirements.

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

Market research confirms that this requirement can only be supported by a proprietary sole source.

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

N/A

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**(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:**

N/A

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**(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]*  
