

DEPARTMENT OF VETERANS AFFAIRS
NATIONAL ACQUISITION CENTER
FEDERAL SUPPLY SERVICE (049A1F1)
PHARMACEUTICAL TEAM
P.O. BOX 76, BLDG. 37 (1ST. AVE., 1 BLOCK NORTH OF 22ND ST.)
HINES, ILLINOIS 60141

FEDERAL SUPPLY SCHEDULE

REQUEST FOR MODIFICATION FORM

For Federal Supply Schedules:
FSC 65, Part I, Section B – Pharmaceuticals
FSC 65, Part VII – InVitro Diagnostics, Reagents, Test Kits, and Test Sets

**THIS COPY IS FOR YOUR CONTRACT FILE AND SHOULD BE USED
AS YOUR MASTER COPY.**

CONTRACTOR: Please use this form in conjunction with the Modification Clause, 552.243-72 and Generic Item Modifications, AS212, of your contract. This form should be used to submit ALL changes to your FSS contract. Pages 3 and 6 include a suggested format of the required information needed to be submitted with your request. You may replace our form with your own format as long as it contains all the required information and any attachments if necessary.

**Submit only the pages that pertain to the change(s) being requested and please
do not submit this cover page.**

This request for modification form(s) may be faxed to (708) 786-4975 or 4974 and **MUST** be followed by an original copy.

Note: Please review the required information needed for each type of change and submit all required information pertaining to that specific change in your package. If all required material is not received, your Contracting Officer may return your package with no additional action.

REQUEST FOR MODIFICATION FORM

Contractor Name: _____ Date submitted to VANAC: _____

Contract No.: V797P-_____

FSS Schedule: Please check the correct schedule: () 65 Part I, Section B - Pharmaceuticals () 65 Part VII, InVitro Diagnostics/Reagents

PRODUCT ADDITIONS: Special Item Number (SIN) Category: _____ (42-1, 42-2A, 42-2B, 42-3, 42-4, 42-5, 555-1, 555-2, 555-3, 555-4, 555-5, 555-6, 555-7, 555-8, 555-9, 555-10 or 622)

NOTE - If this modification request is for items covered under 65 Part I, Section B, Pharmaceuticals, Public Law 102-585, Veterans Health Care Act of 1992, please be sure to provide your calculation pricing to PBM (Pharmacy Benefits Management) before submitting to the modification request to the VANAC.

A) Provide below the proposed delivery time and manufacturing location(s) for the offered items. (This may be the same as the initial award, but must be restated for the proposed items.) The manufacturer's point of contact must be located in the United States.

DELIVERY TIME _____ days ARO (after receipt of order)

MANUFACTURING NAME AND COMPLETE ADDRESS: _____ (DO NOT list distributors or P. O. Box Number) _____

MANUFACTURER'S CONTACT PERSON: _____

TELEPHONE NO.: _____

B) If 42-2A item - Have the calculations been provided to PBM? YES _____ NO _____ If you have questions regarding your calculations, please contact George Hill at 708-786-4387.

C) Provide a DATED, COMMERCIAL PRICE LIST for the proposed items. If one is not available, provide dated, internal pricing document(s) that clearly identify the commercial list price of the items proposed and certification that pricing provided and date is true and correct.

D) Provide a listing of the following information for each item(s) offered:

- 1) Proposed item - Generic name, Trade/Brand Name, National Drug Code (NDC) or item number and description, including strength, size, etc.
2) Proposed FSS price without Industrial Funding Fee (IFF) and proposed FSS price with IFF.
3) Proposed discount off the commercial price list.
4) Either Actual or Estimated Commercial Annual sales for each item offered.
5) Either Actual or Estimated Annual Government sales for each item offered.

6) DEALERS/SUPPLIERS: Submit letter of commitment from the manufacturer which assures the offeror a source of supply sufficient to satisfy the Government's requirements for the contract period (see Clause I-FSS-644 of your contract)

REQUEST FOR MODIFICATION FORM

PRODUCT ADDITIONS (CONTINUED)

E) Identify your lowest commercial price for each item offered, as described below:

1) If the lowest price is being proposed to the Government, identify your Most Favored Customer Commercial (MFC), the price this customer receives and whether this customer is the agreed upon tracking customer or within the category of customers awarded under your contract.

2) If the lowest price is not being offered to the Government, then provide all of your firm's commercial prices that are lower which represent significant and frequent discounting practices excluding true ad hoc discounts. Include the following information for all items: generic name, trade/brand name, NDC number, commercial price, name of the commercial customer receiving this price, justification why the Government was not offered this lower price.

3) Because these are product additions and no tracking customer has been agreed upon for these items, please provide a proposed tracking customer or category of customers for these items. This will not affect the previously awarded items and the previously agreed upon tracking customer or category of customers.

F) Is/Are the item(s) being offered for distribution under Government Authorized Prime Vendor Programs? This will include all current eligible users of the program (i.e. Department of Defense, Bureau of Prisons, Indian Health Service facilities, etc.)

YES _____ NO _____

G) Complete the following certification:

I, _____ certify that items offered are not replacements for previously deleted items with a lower cost.

NOTE: The effective date of the modification will be determined at the time of approval of the request by the Contracting Officer. Effective dates will be assigned as either the 1st or 15th of the month. Approval of the modification is contingent upon your publication of a supplement to the FSS price list.

PLEASE PROVIDE AUTHORIZED SIGNATURE AND DATE BELOW:

Signature and title of authorized person (Contractor) _____ Date _____

_____ Approved _____ Approved as Amended _____ Disapproved

Signature of Contracting Officer _____ Date _____ Effective Date _____

Prepared by:

Signature of NAC Contract Specialist (if applicable) _____ Date _____ NAC CO Review _____

REQUEST FOR MODIFICATION FORM

Contractor Name: _____ Date submitted to VANAC: _____

Contract No.: V797P-_____

FSS Schedule: Please check the correct schedule: () 65 Part I, Section B - Pharmaceuticals SIN: _____
 () 65 Part VII – InVitro Diagnostics/Reagents

Industrial Funding Fee (IFF): () Embedded () Absorbed

Prime Vendor Participation: () Yes () No

Proposed Tracking Customer(s) for item(s) being added for purposes of the Price Reduction Clause: _____

Is the MFC the previously agreed upon tracking customer or within the tracking customer category under this FSS contract? YES _____ NO _____

PRODUCT ADDITIONS

Provide the following information for each item to be added to your contract. Please submit this information in a minimum **FONT SIZE OF 12(Arial)**.

Commercial Information (See Commercial Sales Practices section of your contract for instructions)

NDC#1	NDC#2	NDC #3 or Item #	Generic Name and Trade Name	Commercial List Price	Estimated/Actual Annual Comm. Sales	*MFC Name	*MFC Price	MFC Discount off List Price	Quantity/Volume (include quantity or volume tiers)	FOB Terms	Additional Discounts or Concessions (i.e. PPT)

* Most Favored Commercial Customer - See page 2, paragraph E, (1) & (2). Also, if paragraph E, (2) applies, please include a separate spreadsheet with all required information.

FSS Information

NDC # or Item #	Generic Name And Trade Name	Unit	Strength	Size	Estimated/Actual Annual Gov't. Sales	Percent (%) Discount off commercial list price	Proposed FSS Price without IFF	Proposed FSS Price with IFF

If there are multiple line items, please submit all items on one spreadsheet.

REQUEST FOR MODIFICATION FORM

PRICE REDUCTIONS (CONTINUED)

B) Indicate below if the price reduction being offered is temporary or permanent. If temporary, indicate the applicable time frame.

() Permanent () Temporary (Time Frame: Begin _____ End _____)

C) Indicate below if the reduced pricing is limited to specific eligible users of the FSS program.

() No () Yes (If yes, indicate below the specific agencies entitled to the reduced price by checking the appropriate box)

Table with 8 columns: VA, SVH2, CMOPs, DoD, BOP, IHS, Big 4, Other

Legend:

SVH2 = Option 2 State Veterans Homes; CMOP = Consolidated Mail Outpatient Pharmacy; DoD = Department of Defense; BOP = Bureau of Prisons; IHS = Indian Health Service; Big 4=VA, DoD, HHS (including IHS) & US Coast Guard

D) Provide on an attachment, the item(s) to be reduced, NDC #, current FSS pricing, proposed reduced pricing, current Tracking Customer Price and if temporary, please provide the time frame.

PUBLIC LAW 102-585 PRICING UPDATES (Applies to SIN 42-2A only)

A) Provide a listing of all "covered drug" NDC numbers and proposed price changes (decreases or increases) required/permitted by Public Law 102-585.

B) Complete the following certification:

I, _____ understand that the Public Law calculated Federal Ceiling Price is the maximum price for an NDC and that the Price Reduction Clause may cause the actual FSS selling price to the Government to fall below the FCP. I have reviewed (a) my commercial pricing and the price/discount relationship applicable to my awarded tracking customer, and (b) the Price Reduction Clause with regard to the maintenance of the established price/discount relationship, and (c) I certify that the attached updated prices do not adversely disturb the price/discount relationship established for this FSS contract.

NOTE: The effective date of the modification will be determined at the time of approval of the request by the Contracting Officer. Effective dates will be assigned as either the 1st or 15th of the month. Approval of the modification is contingent upon your publication of a supplement to the FSS price list.

PLEASE PROVIDE AUTHORIZED SIGNATURE AND DATE BELOW:

Signature and title of authorized person (Contractor) _____ Date _____

() Approved () Approved as Amended () Disapproved

Signature of Contracting Officer _____ Date _____ Effective Date _____

Prepared by:

Signature of NAC Contract Specialist (if applicable) _____ Date _____ NAC CO Review _____

REQUEST FOR MODIFICATION FORM

Contractor Name: _____ Contract No.: V797P-_____ Date submitted to VANAC: _____
 FSS Schedule: Please check the correct schedule: () 65 Part I, Section B - Pharmaceuticals () 65 Part VII - In-Vitro Diagnostics/Reagents
 Prime Vendor Participation: () Yes () No SIN: _____

PRICE INCREASE AND/OR DECREASE

Please check appropriate modification type:

- () Price Increase pursuant to Modification Clause or Generic Modification Clause (Complete columns A thru R)
- () Price Increase/Decrease in accordance with update to PL 102-585 pricing (SIN 42-2A items only) (Complete columns A thru E, G & H, J&K)
- () Price Reduction: (Complete columns A thru H, J & K, M & N, P-R) () Permanent () Temporary (Time Frame _____)

Please submit this information in a minimum FONT SIZE OF 12.

A	B	C	D	E	F	G	H	I	J	K	L		
NDC#1	NDC#2	NDC# 3 or Item #	Generic Name & Trade Name	Unit	Strength	Size	Current FSS Price	Prop FSS w/o IFF	Prop FSS with IFF	% FSS Change	Previous Tracking Customer Price	Current Tracking Customer Price	% Tracking Customer Change

M	N	O	P	Q	R	
NDC # or Item #	Previous Comm. Price	Current Comm. Price	% Comm. Change	FSS Contract Modification # that added product	Effective date of FSS contract modification that added product	Awarded FSS tracking customer ratio

If there are multiple line items, please submit all items on one spreadsheet.

REQUEST FOR MODIFICATION FORM

Contractor Name: _____ Date submitted to VANAC: _____

Contract No.: V797P-_____

FSS Schedule: Please check the correct schedule: () 65 Part I, Section B – Pharmaceuticals () 65 Part VII – InVitro Diagnostics/Reagents

PRODUCT DELETIONS:

Special Item Number (SIN) _____

Provide a listing of the items being proposed for deletion, including National Drug Code number or item number, description of the product and reason for deletion (i.e. discontinued manufacturing, etc.) (See suggested format below)

**Note – Please submit product deletions when the estimated depletion date of stock from your wholesalers/ distributors and Government Pharmaceutical Prime Vendor falls within a 15 - day window. If the depletion date of stock does not fall within the 15-day window, your modification will be returned with no action taken.

PRODUCT DELETION

Please submit this information in a minimum FONT SIZE OF 12.

Table with 6 columns: Reason for deletion, NDC Number or Item Number, Generic and Brand Name, Unit, Strength, Size

1. Has product been sold to another company? Yes ____ No ____ . If so, please provide name, address, and point of contact for the company that the product was sold to below:

2. Is stock of old NDC still available in distribution chain and/or inventory? Yes ____ No ____ . If YES, how much and what is estimated depletion date? _____

3. Is the deleted product being replaced by another comparable item? Yes ____ No ____ . If YES, has the item been submitted to the contracting officer for inclusion on your contract? Yes ____ No ____

NOTE: The effective date of the modification will be determined at the time of approval of the request by the Contracting Officer. Effective dates will be assigned as either the 1st or 15th of the month. Approval of the modification is contingent upon your publication of a supplement to the FSS price list.

PLEASE PROVIDE AUTHORIZED SIGNATURE AND DATE BELOW:

Signature and title of authorized person (Contractor) _____ Date _____

() Approved () Approved as Amended () Disapproved

Signature of Contracting Officer _____ Date _____ Effective Date _____

Prepared by:

Signature of NAC Contract Specialist (if applicable) _____ Date _____ NAC CO Review _____

REQUEST FOR MODIFICATION FORM

ADMINISTRATIVE/OTHER CHANGES (Continued):

NDC Number Change:

To ensure our customers experience a smooth transition from the current NDC number to the new NDC number, we may want to establish a transition period for incorporation of the new NDC number on your FSS contract. We need to ensure product under the new NDC number has been shipped to our Prime Vendor and ordering activities are aware of the NDC number change. As part of the transition, we may ask you to maintain both NDC numbers on the contract and honor chargebacks for a brief period of time. The transition period will depend on the commercial availability of the old NDC.

Part I – Product Status

Please address the questions below:

1. Has new NDC product been shipped to the Prime Vendor(s): **Yes** ___ **No** ___. What was the date product shipped to the PV: _____
2. Is stock of old NDC still available in the supply chain and/or inventory? **Yes** ___ **No** ___. If YES, how much and what is estimated depletion date? _____
3. Do you agree to maintain both NDC on the FSS contract for a period of time: **Yes** ___ **No** ___. If yes, until what date: _____

Part II – List of Affected NDC (use an attachment if necessary)

<u>Old NDC</u>	<u>New NDC</u>	<u>Product Description</u>	<u>Strength</u>	<u>Package Size</u>

Miscellaneous Administrative Changes:

Provide explanation of changes being proposed on an attachment which do not fit the above administrative changes choices. (I.e. address change, BPA and/or Incentive Agreement updates, item description change etc.)

Reason for Change:

 NOTE: The effective date of the modification will be determined at the time of approval of the request by the Contracting Officer. **Effective dates will be assigned as either the 1st or 15th of the month.** Approval of the modification is contingent upon your **publication of a supplement** to the FSS price list.

