

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

**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.**

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.

Revised 09/2003

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 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.)

DELIVERY TIME \_\_\_\_\_ days ARO

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 amendment is contingent upon your publication and distribution of a supplement to the FSS price list.

PLEASE PROVIDE AUTHORIZED SIGNATURE AND DATE BELOW:

\_\_\_\_\_  
Signature and title of authorized person Date

\_\_\_\_\_ Approved \_\_\_\_\_ Approved as Amended \_\_\_\_\_ Disapproved

\_\_\_\_\_  
Signature of Contracting Officer Date Effective Date



**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

**PRICE INCREASES:** (See Economic Price Adjustment and Generic Item Modifications clauses in your contract.)

Special Item Number (SIN) \_\_\_\_\_.

A) The following information should be provided for each item being proposed for an increased price to support the reasonableness of the price change: (See attached spreadsheet, page 6)

- 1) Item (include generic and brand name, NDC# and description)
- 2) Current FSS pricing
- 3) Proposed FSS pricing (with and without Industrial Funding Fee)
- 4) Percentage change from current FSS to proposed FSS pricing
- 5) Previous tracking customer price
- 6) Current tracking customer price
- 7) Percentage change from previous tracking customer price to current tracking customer price
- 8) Previous commercial pricing
- 9) Current commercial pricing
- 10) Percentage change from previous commercial to current commercial pricing

**Please Note: The awarded tracking customer and the established ratio at time of award will affect your ability to receive an increase.**

B) Provide a dated copy of previous and current commercial price lists.

C) Complete the following certification:

I, \_\_\_\_\_ certify that no adverse change has occurred in the ratio between the awarded FSS price and the tracking customer price since the award of the item.

**PRICE REDUCTIONS:** (See Price Reduction Clause in your contract.) Special Item Number (SIN) \_\_\_\_\_.

A) The requested price reduction is made for the following reason(s) (mark all that apply):

- 1) \_\_\_ Voluntary, to Government only.
- 2) \_\_\_ Revised commercial catalog, price list, or other document upon which the contract award was predicated, to reduce prices.
- 3) \_\_\_ Granted more favorable discounts or terms and conditions than those contained in the commercial catalog, price list, or other documents upon which the contract award was predicated.
- 4) \_\_\_ Granted special discounts to the tracking customer that was the basis of award, and the change disturbs the ratio.
- 5) \_\_\_ In accordance with Public Law 102-585 for “covered drugs” only.

**\*If 2, 3 or 4 is marked, please submit a copy of the applicable catalog, price list, contractor bulletin, letter or customer agreement which details the effective date, duration, terms and conditions of the price reduction.**



**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 – InVitro Diagnostics/Reagents

Prime Vendor Participation:  Yes  No

**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	A	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	Strengt h	Siz e	Current FSS Price	Prop FSS w/o IEF	Prop FSS with IEF	% FSS Chang e	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

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. 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? 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: \_\_\_\_\_

\*\*\*\*\*
\*\*\*\*\*

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 amendment is contingent upon your publication and distribution of a supplement to the FSS price list. PLEASE PROVIDE AUTHORIZED SIGNATURE AND DATE BELOW:

Signature and title of authorized person Date

( ) Approved ( ) Approved as Amended ( ) Disapproved

Signature of Contracting Officer Date Effective Date