



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

# DIVISION OF PROCUREMENT SERVICES

STATE OF MAINE

## PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

*INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services intranet site (Forms page) for additional instructions.*

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS / Maine CDC / Medical Epidemiology / Healthcare Epidemiology Program		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Stacy Martin		
(If applicable) Department Reference #:		CD0-23-5132		
Amount: (Contract/Amendment/Grant)		\$ 49,699.02	Advantage CT / RQS #:	RQS 10A 20230324000000001184
CONTRACT	Proposed Start Date:	4/30/2023	Proposed End Date:	4/29/2024
AMENDMENT	Original Start Date:		Effective Date:	
	Previous End Date:		New End Date:	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		IQVIA Government Solutions Falls Church, VA		
Brief Description of Goods/Services/Grant:		IQVIA Xponent dataset gives us provider-level statistics on the number of anti-infective, anti-fungal, and anti-parasitic prescriptions filled per month within Maine.		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input type="checkbox"/>	J. Willing and Qualified
<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

### PART III: SUPPLEMENTAL INFORMATION

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

The Xponent dataset is used to fulfill grant activities regarding the appropriate use or misuse of antimicrobials in the state. Accessing prescriber-level data will allow for analysis of antimicrobial use in Maine, determine the top prescribers who have areas for improvement, and further inform grant activities surrounding antimicrobial use in the state. Dataset will also be used to inform improvement activities within the state.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

IQVIA has the most comprehensive dataset and is the only one with near-real-time availability.

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

Costs are considered fair and reasonable considering there are a lack of vendors with comparable datasets.

4. Describe the plan for future competition for the goods or services.

This is a one-time purchase to evaluate the usefulness of this dataset. Future requests for data by competitive bid will be dependent upon longer term grant funding.

### PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)



Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V

### PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Ben Mann	Date:	
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	Joseph Zrioka, Director of IT Procurement	Date:	5/18/2023