Physicians' Alliance of America

GSK Letter of Intent

Check the boxes below indicating the vaccines you purchase.

GSK Portfolio Agreement

☐ Participants of this agreement agree to maintain market share compliance in each of the below categories in which they purchase vaccines:

Category	Products	Market Share
Pediatric	Pediarix Infanrix Kinrix	80%
Adult	Boostrix Havrix Adult Twinrix	80%
Adolescent	Menveo Bexsero Penmenvy	70%

☐ In addition to the Portfolio vaccines above, members using Rotarix in their practice also select below:

Category	Product	Market Share
Pediatric	Rotarix	80%

☐ In addition to the Portfolio vaccines above, members using Arexvy in their practice also select below:

Category	Product	Market Share
Adult	Arexvy	80%

GSK Bexsero Agreement

☐ Participants of this agreement agree to maintain market share compliance in purchasing Bexsero vaccine only.

Product	Market Share
Bexsero Penmenvy	80%

By signing below, I, an authorized agent of the practice, acknowledge and agree to comply with the terms and conditions listed above.

_____	_____	_____
Practice Name	Address	City, State, Zip
_____	_____	_____
Authorized Person/Title	Signature	Date

Note: You must also complete the Declaration Form on the next page.
Email to membership@physall.com or fax (770) 446-9814.

Physicians' Alliance of America

GSK

PARTICIPATING MEMBER DECLARATION FORM

*IF MORE THAN 1 LOCATION, PLEASE MAKE A COPY OF THIS DEC FORM AND LIST EACH LOCATION SEPARATELY.

**** Incomplete information will result in processing delays.***

Account Number

Physicians' Alliance of America
Physician Buying Group Name

Participating Member Name (Facility Name)

Physician Name

Address

DEA # (DEA address must match facility address)

City, State, Zip

State License Number

Telephone #

State License Number Expiration Date

E-mail address

HIN #

For Internal Use Only

- ❑ Portfolio
- ❑ Portfolio +Rotarix
- ❑ Portfolio +Arexvy
- ❑ Portfolio +Rotarix & Arexvy

PLEASE CHECK TYPE OF BUSINESS:

- ❑ Physician Clinic/Practice
- ❑ Occupational Health Clinic – Public Health Initiatives
- ❑ City/County/State Funded Health Clinic
- ❑ Outpatient Hospital Clinic
- ☐ Occupational Health Clinic – Private (Corporation)
- ☐ Oncology Clinic
- ☐ Acute Long Term Care
- ☐ Other (please describe:_____)

THIS CUSTOMER TYPE OVERRIDES ANY TYPE OF SELF-IDENTIFICATION SUBMITTED PER YOUR REGISTRATION ON GSKSDIRECT.COM

CERTIFICATION:

The purpose of this paragraph is to confirm the buying group affiliation of the above named entity (the "Participating Member"). GlaxoSmithKline LLC ("GSK") will recognize only one buying group as the Participating Member's primary buying group for the purchase of GSK products. By identifying the buying group below as its primary buying group, the Participating Member hereby agrees to the terms and conditions of the buying group's contract with GSK, including without limitation, GSK product pricing, and obligations and requirements relating to such pricing. The Participating Member hereby acknowledges and agrees that its sole buying group for the purpose of purchasing GSK products is (the "Group"). GSK has the sole discretion whether or not to accept this Declaration Form and permit the Participating Member to purchase GSK products under the Group contract. If this Declaration Form is accepted by GSK, the Participating Member will be added to the Group contract once GSK has verified and confirmed that competitive sales data for the Participating Member is being reported to GSK's third party data vendor to GSK's satisfaction. If Participating Member was previously participating in another GSK contract, it is understood that upon approval of this Declaration Form by GSK, the Participating Member, shall be **removed** from any current group affiliation recognized by GSK other than the Group identified above and will no longer be eligible for the pricing available to the prior group affiliation. The Group shall have the right to reject the addition of the Participating Member to the Group within 48 hours after notification by GSK of the addition of the Participating Member or at the beginning of a contract performance evaluation period. Upon expiry or termination of the Group contract, or if the Participating Member is removed from the Group at the Group's request, the Participating Member will be automatically enrolled in GSK's individual Vaccine Pricing Agreement ("iVPA") without any action required by the Participating Member. The Participating Member may discontinue participation in the iVPA or change to another GSK contract (subject to GSK approval) at any time.

By signing below, Participating Member certifies that all of the information on this form is true, correct and complete. Further, Participating Member certifies and agrees that (1) any GSK product purchased under any agreement shall be for its "Own Use," as defined by the United States Supreme Court in Abbott Laboratories et al. v. Portland Retail Druggist Association, Inc., 425 U.S. 1 (1976), and Jefferson County Pharmaceutical Association, Inc., v. Abbott Laboratories, et al., 103 S. Ct. 1011 (1983), (2) it does not and will not prevent its wholesalers and distributors from reporting purchasing data to the GSK third party data source, (3) it permits and will continue to permit GSK sales force open and free access to their clinics for the legal promotion of GSK products, and (4) it will disclose any discounts received hereunder, including the contract prices and any passed-through ASFs, as reductions in its acquisition costs for GSK Vaccines to the extent required by any government entity or private payor. In addition, Participating Member agrees that GSK may, in its sole discretion, contact it's staff, and/or visit its' locations to verify that the above information is correct, and Participating Member agrees to provide such information to GSK as is reasonably necessary for GSK to make such a determination.

"Participating Member"

Authorized Signature: _____

Title: _____

Date: _____

Primary Buying Group

Authorized Signature: _____

Title: _____

Date: _____

Please complete all sections and email to: ***membership@physall.com***