UCB Methodological Note

Pursuant to Chapter 5 of the EFPIA Code of Practice and the ABPI Code of Practice

This note describes the position from UCB with regards to the ABPI Code of Practice disclosure requirements.

Data year: 2025

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Context

At UCB, and its relevant affiliates, we focus on creating value for people living with severe diseases by delivering medicines and solutions that improve their lives.

We work with stakeholders to address the unmet needs of patients and caregivers, helping them to achieve their goals and to live the lives they want.

Patients, their representatives and their caregivers, medical professionals and organisations can offer invaluable knowledge on patients' needs, behaviour and management of diseases. Engaging with such healthcare stakeholders is therefore essential for UCB and other pharmaceutical companies to improve patient care and treatment and has long been a positive driver for advancements in innovative medicine and patient value creation.

In UCB, we believe that the interest of patients and other stakeholders in the transparency of these interactions is compelling.

We are dedicated to demonstrating integrity and honesty in our relationships with healthcare stakeholders, including patient organisations, individual patients and their caregivers, healthcare professionals and healthcare organisations.

Such financial relationships should occur without (potential) conflicts of interest and be fully independent of the clinical decisions. Patients need to know that they can trust their doctor to recommend, prescribe and administer appropriate care and treatments based solely on clinical evidence and experience.

UCB recognizes its responsibility in supporting a fair and open partnership and protecting the high standards of integrity that patients, governments and other stakeholders expect. Therefore, our interactions with healthcare stakeholders are based on high standards of ethics, integrity and fair market value.

There is an expectation that such interactions between corporations and society are not only conducted with integrity but are also transparent. The pharmaceutical industry believes that it is critical to respond to society's expectations and for this reason, the European Federation of Pharmaceutical Industry and Associations (EFPIA) and the Association of the British Pharmaceutical Industry (ABPI) require member companies to disclose the nature and scale of their interactions with healthcare stakeholders.

As an EFPIA and ABPI Member Company, UCB is dedicated to complying with the disclosure of ToV requirements and ensuring that our policies continue to align with the industry standards in all the countries where we operate. On an annual basis since 2016, UCB has been making publicly available the details of ToVs made to Patient Organisations, Patients and their caregivers, Healthcare Professionals (HCPs) and Healthcare Organisations (HCOs) during the previous calendar year, covering up to 5 years of data.

This note describes UCB's general methodology used to prepare the disclosure report in accordance with the EFPIA and ABPI requirements as well as our company interpretation of the above-mentioned requirements. Any variations or clarifications based on the requirements of the ABPI Code of Practice have also been included for submission with the UK country report

We hope that this enables public scrutiny and understanding of these relationships and therefore contributes to the trust of stakeholders and patients in the pharmaceutical industry.

1. Definitions

1.1 Recipients

The following categories of recipients are included in the disclosure reports published by UCB in accordance with the EFPIA and ABPI Code of Practice disclosure requirements.

1.1.1. Healthcare Professionals

According to the ABPI Code of Practice, a HCP is defined any natural person that is a member of the medical, dental, pharmacy or nursing professions or any other person who, in the course of his/her professional activities, may prescribe, purchase, supply, recommend or administer a Medicinal Product and whose primary practice, principal professional address or place of incorporation is in the UK. For the purpose of disclosure, we also consider Other Relevant Decision Makers (ORDMs) to be included under the definition of HCPs. ORDMs are those with an NHS role who could influence in any way the administration, consumption, prescription, purchase, recommendation, sale, supply or use of any medicine but are not healthcare professionals.

1.1.2. Healthcare Organisations

A HCO is defined as any legal person/entity (i) that is a healthcare, medical or scientific association or organisation (irrespective of the legal or organisational form) such as a hospital, clinic, foundation, university or other teaching institution or learned society whose business address, place of incorporation or primary place of operation is in the UK or (ii) through which one or more HCPs provide services.

1.1.3. Patient Organisation (PO)

A PO is defined as a non-for-profit legal person/entity (including the umbrella organisation to which it belongs), mainly composed of patients and/or caregivers, that represents and/or supports the needs of patients and/or caregivers and which business address, place of incorporation or primary place of operation is in the UK.

1.1.4. Patient Organisation Representative

A PO representative is defined as a person who is mandated to represent and express the collective views of a PO on a specific issue or disease area.

1.1.5. Patient and Caregiver

A patient is defined as a person who is awaiting or under medical care and/or treatment; a caregiver is a person (not being a healthcare professional) who provides direct care to a patient.

1.1.6. Member of the Public

A Member of the Public means an individual who resides in the UK and is not classified as a health professional/other relevant decision maker/patient/journalist, e.g. a scientist, statistician or professional speaker engaged to provide services.

1.1.7. Journalist

A journalist is an individual working in media (news, broadcast, print, digital) whose professional role is to report, investigate or disseminate information to the public. This includes reporters, editors, broadcast journalists, freelance journalists, media commentators operating in a journalistic capacity.

1.2 **Kind of TOVs**

Below are the categories of ToVs (provided directly by UCB or through an intermediary) defined by the ABPI Code of Practice relating to HCP/HCO disclosure of ToVs.

ABPI category	UCB activities
Donations and Grants According to the ABPI Code of Practice Donations and Grants collectively, mean providing funds, assets or services freely given for the purpose of supporting healthcare, scientific research or education, with no consequent obligation on the recipient to provide goods or services to the benefit of the donor in return.	This category includes the financial or in-kind donations and grants provided to HCOs by UCB to support programs that foster increased understanding of scientific, clinical, and healthcare issues that contribute to the enhancement of patient care. This type of support is not linked to any benefit in return for UCB. UCB also supports institutions that raise awareness of the needs of those with severe diseases, to further medical and scientific knowledge, and to build strong communities in several key areas of interest in which UCB operates, such as immunology and neurology. No donations or grants are provided to individual HCPs by UCB. Examples of programs that may be considered for such funding: • Educational workshops for healthcare providers and patients • Development of educational tools or resources to enhance physician-patient dialogue about treatment of disease • Innovative technology platforms that enhance management of disease and aim to improve patient lives and their care • Studentship/ fellowship program Example of a non-monetary ToV: • Equipment to improve patient care or funding of a research chair at a university Example of an indirect ToV: • Donation of services from a third party to an external organization
Collaborative Working with Organisations	Collaborative working involves partnering with organisations to implement initiatives that enhance patient care, benefit patients, or support the NHS while maintaining patient care at minimum. Joint working Is a type of collaborative working between pharmaceutical companies and the NHS and is always centered on patients. Partnership details are available on UCB's corporate website: Partnerships | UCB UK

Contribution of costs Pharmaceutical Companies must comply with criteria governing the selection and support of HCPs or POs' Representatives to attend Events. Payment must not be offered or provided to compensate merely for the time spent by the HCP or PO's Representative in attending Events.	(A) Contribution of Costs This category includes the costs associated with the sponsorship of events fostering medical and scientific knowledge. In return, UCB receives benefits such as opportunities to promote our products, our company, and/or specific disease awareness activities. Benefits covered under the terms of a sponsorship agreement can include: • Rental of booth or exhibit space at an event; • Advertisement space (paper, electronic or another format) • Satellite symposium at a scientific congress • If part of a package, drinks or meals provided by the organisers • Corporate membership to an association. (B) Individual support for HCPs to attend scientific/educational events. These may cover travel, accommodation, and potential congress registration fees for HCP. In case a given HCP could not participate to the congress or meeting for any reason, and therefore could not derive any benefit from it, any costs already incurred in case of such a 'no-show' are not reported. • The logistical and management fees charged by commercial agencies or travel agencies in the context of an event are not part of the disclosure.
Fee for service and consultancy ToVs resulting from or related to contracts between Pharmaceutical Companies and HCOs, HCPs, or Patient Organisations under which the HCOs, HCPs or Patient Organisations provide any type of services to a Pharmaceutical Company or any other type of funding not covered in the previous categories. Fees, on the one hand, and on the other hand ToVs relating to expenses agreed in the written agreement covering the activity will be disclosed as two separate amounts.	UCB engages HCPs, HCOs or Patient Organisations in exchange of monetary compensation such as: • Consulting or advising services (e.g. provision of scientific expertise on specific topics during an advisory board) • Speaker activities (e.g. scientific symposia or other medical/educational meetings, or similar activities at congresses) • Medical writing (e.g. editorial support for scientific publications) Service Agreements related to transfers of value may include fees or honoraria, but also expenses incurred during the provision of the services, such as travel and accommodation. In case of cancellation, UCB may compensate for any services already incurred in the context of a contractual arrangement, such as preparation time for speaker activities and those compensations are included in UCB's report.

Research and Development ToVs to HCPs or HCOs related to the planning or conduct of (i) non-clinical studies (as defined in OECD Principles on Good Laboratory Practice); (ii) clinical trials (as defined in Regulation 536/2014); or (iii) NIS that are prospective in nature and that involve the collection of patient data from or on behalf of individual, or groups of, HCPs specifically for the study.	This section covers all Research and Development activities undertaken to discover and develop new therapies to treat patients suffering from severe diseases, such as but not limited to, clinical trials (UCB-conducted or independently conducted) designed to verify or study the clinical effects of one or more medicinal product(s) and identify any adverse reactions in order to ascertain its (their) safety and/or efficacy, or partnerships with both academia and leading drug discovery foundations. Affiliates that follow the reporting template as recommended by EFPIA disclose Transfers of Value relating to Research and Development in an aggregate format. • This excludes fees provided in the context of a retrospective Non-Interventional Study (NIS). Such fees and related expenses are not considered as part of research work as defined above and will therefore be reported under the section “Fees for Service and Consultancy” of the Disclosure Report. Similarly, other R&D consultancy services that are not in the scope of a clinical trial agreement are reported under “Fees for Service and Consultancy”.

2. Disclosure's Scope

2.1 Products concerned

Included: Only prescription-only medicines (POMs) are covered under the ABPI Disclosure Code

2.2 Company concerned

- UCB Group: Disclosures apply to all UCB legal entities operating in the UK.
- Rebranding: Any rebranded entities under UCB are also subject to the same disclosure obligations.

2.3 Excluded ToVs

- ToVs relating to food and beverages, as well as informational and educational materials, over-the counter medicines, samples and items of medical utility, are not included in the Disclosure Reports, in accordance with ABPI general guidance.
- In case an HCP or patient/patient representative invited by UCB needs support from an accompanying caregiver, ToVs related to that caregiver, such as travel costs, are not included in the Disclosure Report.
- ToVs related to commercial agreements with an HCO e.g. rebate or commercial discount are not in scope of the disclosure requirements.
- Funding of Continuing Medical Education (CME) events organized by commercial providers are not considered as part of the scope, and therefore not part of the Disclosure Report, on the condition that UCB is not involved in the organisation of the event nor in the selection of participants.
- ToVs related to individual patients are not included in the Disclosure Report. A gateway link is provided by Disclosure UK where contracted services to patients and members of the public are disclosed in aggregated form.
- ToVs related to HCPs who are part of UCB Board members and have an administration mandate representing the company. Information on UCB Board members for compensation is disclosed in the UCB Corporate Governance Charter and Annual Report.

2.4 ToVs date

- Reporting Period: Calendar year (e.g. ToVs made in 2025 are disclosed by 30th June 2026).
- Cut-off: All payments within the reporting year are included, regardless of when the activity was planned.

2.5 Direct ToVs

Definition: Any Payments or benefits made directly by UCB to final benefit of an HCPs/HCOs or Patient Organisations (e.g., consultancy fees, travel reimbursements).

2.6 Indirect ToVs

Definition: Any payments made via third parties (e.g., event organizers) on behalf of UCB and where the recipient (HCP or HCO) is aware of UCB's involvement.

2.7 Non-monetary ToVs

- Included: Benefits in kind such as (non-exhausted list):
  - Travel and accommodation

- Registration fees
- Educational materials

2.8 ToVs in case of partial attendances or cancellation and refund

- Partial Attendance: If the HCP attends only part of an event, the full value may still be disclosed if the cost was incurred.
- Cancellation & Refunds:
  - If a refund is issued, the net value is disclosed.
  - If no refund is possible, the full value is disclosed.

2.9 Cross-border activities

- Disclosure Location: ToVs are disclosed in the country of the recipient's primary practice or residence, regardless of where the activity occurred.
- Global Coordination: UCB ensures alignment across affiliates to avoid duplication or omission.

2.10 R&D

Aggregate Disclosure: All R&D-related ToVs (e.g., clinical trials, investigator-initiated studies) are disclosed in aggregate only, not individually.

2.11 Voluntary disclosure

Beyond EFPIA: UCB may disclose additional data voluntarily, such as:

UCB also complies with non-EFPIA frameworks including:
- US Open Payments (Sunshine Act)
- JPMA (Japan)
- Other Transparency Regulations

3. Specific considerations

3.1 Country Unique identifier

At UCB, we use a unique identifier:

- For all Healthcare Professionals (HCPs), Healthcare Organisations (HCOs), UCB may use a Unique identifier (UID). This helps ensure that Transfers of Value (ToVs) are reported in the correct jurisdiction.
- Purpose: Used to align disclosures with the recipient's primary practice location or residence to avoid the duplication in reporting/disclosure.

3.2 Self-incorporated HCP

Whenever the information is available, UCB is reporting the ToV against the ultimate beneficiary.

3.3 Multi-year agreements

Disclosure Timing:

- UCB discloses actual payments made during the reporting year, even if part of a multi-year contract.
- Future payments under the same agreement are disclosed in the year they are made.
- Transparency: Ensures that long-term engagements are not omitted from annual reports.

3.4 Country specificities

Local Adaptations:

- UCB aligns its disclosure practices with the most stringent applicable to local or national regulations.

3.5 Quality Checks

- Data Correction Tool: Captures all Transfers of Value (TOVs) from UCB Source Systems. Errors are reviewed and remediated based on requirements.
- Pre-disclosures: No Pre-Disclosures are performed, but UCB validates internally (quality of data) through controls before reporting/disclosure.

4. Data protection legal basis

4.1 Legitimate interests

UCB is dedicated to disclosing TOVs under the names of individual recipients and to complying with applicable data protection laws.

As of 1st January 2024, UCB has been relying on the principle of Legitimate Interest to collect and disclose all information related to ToVs.

5. Form of disclosure

5.1 Date of publication

UCB uses the mandatory reporting template provided by the ABPI via the PMCPA website.

The Disclosure Reports will be available annually at the end of the second quarter of the year subsequent to the reporting period. The reporting period covers all transfers of values that occurred from 1st January to 31st December of the previous year, including the ones related to events attended or services provided before the reported year.
Reports will remain available online for a period of three years.

5.2 Disclosure platform

The Disclosure Reports are published on ABPI Disclosure UK as per above criteria.

5.3 Disclosure language

The language of disclosure is by default the language of the country for which it is published.

6. Disclosure financial data

6.1 Currency

UCB discloses in the local currency, which is GBP.

6.2 VAT included or excluded

Value Added Tax (VAT) is included by default in the disclosed transfers of value. The local currency is used for all disclosed amounts. Non-local currencies are converted, based on the rate at payment date for direct payments, or date of the event for indirect payments.

6.3 Calculation rules

Disclosures must be made annually, with transparent methodology. UCB calculates and reports Direct ToVs (paid directly to HCP/HCO/PO) and Indirect ToVs (paid through third parties but benefiting an HCP/HCO/PO.

7. Additional Information

7.1 Follow the money

UCB adheres to the general principle of “follow the money”: whenever possible, the ultimate beneficiary of a transfer of value is the one that shall be reported. The Disclosure Report includes all transfers of value to any covered recipient (as defined above) regardless of whether it has been handled by UCB directly or through a third party acting on behalf of UCB (indirect payment).

Also, if the names of the individual beneficiaries as well as the benefit/actual amount are known to UCB, all the related transfers of value made on behalf of UCB will be reported under the name of the ultimate beneficiary (including non-blinded market research for instance).

Payments made to a legal entity such as an HCO are reported under the name of that legal entity. Each transfer of value is only reported once, in the recipient’s country of principal practice, taking as a reference the physical address where the individual has their primary professional practice or where the HCO/PO is registered, regardless of whether the transfer of value occurs within or outside of that country.