

# Methodological Note for HCPs/ORDMs/HCOs Disclosure Data Year 2025

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# Introduction

## Approach to disclosure at AZ

Collaborative working between medical professionals and healthcare organisations has long been a positive driver for advancements in patient care and the development of innovative medicine. Medical professionals and the organisations with whom they work provide the pharmaceutical industry with valuable, independent and expert knowledge derived from their clinical and disease management experience. Furthermore, as the primary point of contact with patients, the medical professional can offer invaluable expert knowledge on patient outcomes and therapy management. This helps to adapt our products to better suit patients and thereby improve patient care overall.

Healthcare professionals and organisations should be fairly compensated for the services they provide to pharmaceutical companies. The EPFIA Disclosure Code provides accuracy and transparency in disclosing the scope and value of such collaborative work, and it will become an important step towards building greater trust between the pharmaceutical industry, medical community and patients.

As a member company of the Association of the British Pharmaceutical Industry and as a full corporate member of EFPIA, AstraZeneca (“AZ”) is committed to transparency around interactions with Healthcare Professionals (HCPs), Healthcare Organisations (HCOs) and Patient organisations. These interactions are captured and reported in line with all applicable local transparency requirements.

AZ’s own policies are fully aligned with the aims of the EFPIA Code of Practice and its local interpretation in the ABPI Code of Practice for the Pharmaceutical Industry – to promote ethical and transparent interactions with the Healthcare community. Interactions with HCP/HCOs are governed by the AZ Code of Ethics and supporting Global Standards, including zero tolerance for giving or receiving anything of value that is intended or could be seen as improper influence.

Producing transparency reporting is an opportunity for AZ to demonstrate its commitment to the values and principles behind the EFPIA Code of Practice and other transparency requirements in Europe.

The objective of this methodological note is to explain AZ’s approach to disclosure, to include key definitions, the scope of disclosed activities and key elements of the process followed to capture and report data.

At a high level, there are two main tenets that characterize the AZ approach:

### **(1) Affiliate accountability and regional consolidation**

Affiliates are responsible for capturing the Transfers of Value (ToVs) made in their affiliates and for validating the accuracy of the data. A global reporting solution consolidates the ToVs, providing

consistency and automating inclusion of cross border payments within Europe. Other cross border payments are collected through a payment system (US) or manually (rest of world).

**(2) Compliance with local codes**

Unless there are strong legal mandatory requirements, affiliates have transposed the Code in full, that is, without deviations. In each country, AZ will comply with applicable local disclosure requirements. There may be variations (stricter than the provision in the Code) or deviations (where because of mandatory national regulations the code cannot be transposed in full).

**(3) One disclosure per market, including all ToVs paid directly through entities belonging to AZ or indirectly through third parties acting on behalf of AZ**

The report for the United Kingdom of Great Britain & Northern Ireland includes all disclosable transfer of values made by AstraZeneca UK Ltd and by any of our affiliates across the world.

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# 1 Definitions

Healthcare Professionals are abbreviated as **HCPs** in the following report.

Healthcare Organisations are abbreviated as **HCOs** for reporting.

Benefits relevant to reporting are abbreviated as **ToVs** in the following report.

## 1.1 Recipients

### 1.1.1 Definition of an HCP (Healthcare Professional)

The term ‘health professional’ includes members of the medical, dental, pharmacy and nursing professions and any other persons who in the course of their professional activities may administer, prescribe, purchase, recommend or supply a medicine.

Disclosure will also apply to ‘other relevant decision makers’ (ORDMs), this includes 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 who are not health professionals.

If HCP retirement or death is identified after publication:

As per the HCP definition, person acting in a professional capacity that can influence prescribing or influence the use of medicines should be disclosed individually. Any ToV made within the calendar year must be reported for that year, regardless of the HCP status changes (e.g. they are retired, deceased, or changed profession).

### 1.1.2 Definition of an HCO (Healthcare Organisation)

The definition of an HCO in United Kingdom of Great Britain & Northern Ireland is:

The term ‘healthcare organisation’ means either a healthcare, medical or scientific association or organisation 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 Europe or an organisation through which one or more health professionals or ORDMs provide services.

Patient Organisations are not considered to be HCOs and are separately included in the Patient Organisation report displayed on AZ website.

## 1.2 Kind of ToVs

### 1.2.1 Donations and Grants

AZ provides support for medical or scientific education, advances in medical or scientific research, health or healthcare systems or disaster relief through financial or non-financial ToVs to legitimate, established organisations.

AZ can provide this support through:

- Contributions or funding (or referred to as Grants) to support initiatives in HCP education, including education about healthcare systems and practices, medical or scientific research, or partnerships. Grants are only provided to organisations and arm's length arrangement is in place.
- Donations and grants are funds, benefits-in-kind or services freely given for the purpose of supporting healthcare, scientific research or education, with no consequent obligation on the recipient organisation, institution and the like to provide goods or services to the benefit of the pharmaceutical company in return. They must not be provided to individuals for their personal benefit. Donations as a good or service must not bear the name of any medicine but may bear the name of the company providing them.
- Donations to a non-profit or public-sector healthcare organisation (HCO) intended to support their charitable mission and activities.
- Donations to Patient Organisations or as part of Community Investments to charities and other non-profit non-HCOs are subject to separate disclosure and thus excluded.

Donations to HCOs can be both monetary and donations in kind. Product donations are given in circumstances of national emergency, international or national disaster relief or other genuine public health need. AZ charitable product donations and processes are aligned to the World Health Organisation (WHO) Guidelines for Drug Donations.

### 1.2.2 Sponsorship Agreements

AZ gives contributions through financial or non-financial support to legitimate, established organisations for medical or scientific education of external stakeholders, organizing or hosting educational or scientific events (including independent congresses). These contributions aim to increase the scientific or educational quality of the event and/or support with logistics in modest venues or with incidental hospitality, in line with AZ's own ethical principles. The mandatory Sponsorship Agreements will describe the purpose of the sponsorship and for what the funds are to be used.

Sponsorship packages may also include satellite symposia and the sponsoring of speakers or faculty. In such cases, AZ will disclose the total sponsorship amount provided to these organisations and not the individual payment to speakers.

ToVs are made to either the HCO directly or to an event organizer or other third party appointed by the HCO to manage the event. In all cases, ToVs are disclosed against the HCO that ultimately benefits.

Where contributions made to HCOs include support for travel & accommodation for HCPs to attend Independent Congresses and the HCPs benefitting from this support are unknown, this payment will be assigned to the EFPIA category "Sponsorship Agreements".

### 1.2.3 Collaborative Working including Joint Working

Collaborative working which either enhances patient care or is for the benefit of patients or alternatively benefits the NHS and, as a minimum, maintains patient care is acceptable providing

it is carried out in a manner compatible with the Code. Collaborative working is generally between one or more pharmaceutical companies, healthcare organisations and other organisations. Joint working is a form of collaborative working.

All ToVs relating to collaborative working including joint working in the UK are captured in this report. In general, where AstraZeneca has made a financial or non-financial contribution to a joint or collaborative working project then such contribution will be disclosed in the year in which the project came to an end.

Where an AZ employee is working on a partnership project, the non-financial contribution of such will be included in the total collaborative working transfers of value.

The executive summaries of these Collaborative Working Agreements can be accessed via the link provided in the disclosure report. These executive summaries are also available on AstraZeneca UK's website - [www.astrazeneca.co.uk](http://www.astrazeneca.co.uk).

#### 1.2.4 Registration Fees

As part of support for continuous medical education, AZ provides support to HCOs or HCPs to cover the costs of registration fees for HCPs to attend selected independent congresses and where provided to HCOs, also for other educational/scientific events.

Where these are provided to HCOs, AZ is not involved in the selection of the HCPs.

Where these are provided to individual HCPs, the purpose of the support is to enable delegates:

- to attend presentations or participate in scientific exchange on significant developments related to AZ products or uses or related to AZ's scientific research; or,
- to support the performance of a contract for services at the congress.

AZ will support up to a maximum of 2 attendances per individual HCP per year.

All arrangements are generally paid directly to travel and/or accommodation providers or the event organiser.

#### 1.2.5 Travel and Accommodation

As part of support for continuous medical education, AZ provides support to HCOs or HCPs to cover the costs for Travel and Accommodation for HCPs to attend selected independent congresses and/or AZ Organised Meetings and where provided to HCOs for other educational/scientific events.

These costs can include costs of flights, trains, hotel accommodation, taxis, bus transfers, and other travel costs.

Costs for ground transportation (for example, bus or taxi) that are organised for group transportation and not assigned to certain HCPs are reported in aggregate, but where the identity of the HCPs is known, these are split by HCP.

### 1.2.6 Fees for Service and Consultancy and Related Expenses

AZ engages an HCP/HCO for services when there is a genuine and legitimate business need and where the HCP/HCO is qualified and appropriate to provide the services. These services are paid with a Fee for Service at Fair Market Value.

These services can include among others:

- Speaking at and chairing meetings
- Training services
- Participation in advisory board meetings
- Medical writing
- Data analysis
- Development of education materials
- General consulting/advising
- Services performed as a contractor not fulfilling a permanent role in one of the marketing companies
- Services performed in connection with a third-party congress
- Retrospective non-interventional studies
- Participation in market research where such participation involves remuneration and/or travel. Payments for these services are only disclosed if AZ is aware of the identity of those participating in the market research.

As part of the written Fee for Services Agreement, related expenses can be paid for and can include costs of flights, trains, car hire, tolls, parking fees, taxis, bus transfers, hotel accommodation and any visa costs. All costs are paid by AZ to travel and/or accommodation providers or meeting organizers (where relevant) or reimbursed supported by appropriate receipts.

Where services are contracted from an HCO and payments are made to this HCO, these ToVs will be disclosed against the HCO. This includes the cases when the HCP/ORDM who delivered the services may be known, but it's not established whether the HCP/ORDM has benefitted from the ToV.

Where payments to HCPs forms part of a service agreement with HCOs for AZ or its employees, there will be no ToV disclosed against such activity (e.g. HCO providing education to AZ employees as part of a training programme).

### 1.2.7 Research and Development (R&D)

For the purposes of disclosure, ToV for Research and Development means, transfers of value to health professionals or healthcare organisations related to the planning or conduct of:

- non-clinical studies (as defined in the OECD Principles of Good Laboratory Practice)
- clinical trials (as defined in Regulation 536/2014)
- non-interventional studies that are prospective in nature and that involve the collection of patient data from or on behalf of individual or groups of health professionals specifically for the study.

## 2 Disclosure's Scope

### 2.1 Products concerned

AZ is a science-focused company, developing innovative medicines that are prescription only medicines, and interactions with HCPs/HCOs are focused on the development and promotion of prescription medicines. Consequently, only ToVs relating to prescription medicines are being disclosed.

### 2.2 Company concerned

The report covers the disclosure of transfers of value that are provided by AstraZeneca UK Ltd, its affiliates and acquired or merged companies (if not disclosed under the acquired company name in a separate report provided to ABPI) irrespective of their location, to HCPs, ORDMs or HCOs who practice or are registered in the UK.

### 2.3 Excluded ToVs

#### 2.3.1 Hospitality costs

As per the EFPIA Code, hospitality costs are not disclosable if in line with the limits set within the national association following Art 10 of the HCP Code (in alignment with the ABPI Code). AZ applies these limits for AZ Organised & Sponsored Meetings, and therefore costs of meals & drinks are excluded. However, where meals and drinks make up an integral and inseparable part of contributions to the cost of events or sponsoring as part of Sponsorship Agreements with HCOs, they have been included in Contributions to Cost of Events.

#### 2.3.2 Informational and Educational Materials

Items for HCPs information and patient educational material are excluded and not disclosed within this report.

#### 2.3.3 Logistical costs

Logistical costs related to AZ Organised Meetings (for example, room hire, technicians, personnel) are excluded. However, ToVs to participants, such as support for travel and accommodation or speaker fees to HCPs are included in the relevant cost category.

#### 2.3.4 Donations to charitable organisations & Patient Organisations

All ToVs to non-HCO organisations are out of scope and excluded for example, charitable organisations.

All ToVs to Patient Organisations are out of scope in this report as separate reporting requirements provide transparency on ToVs to these organisations and included on AZ website. These

requirements are outlined in the ABPI Code of Practice on Relationships between the Pharmaceutical Industry and Patient Organisations.

## 2.4 ToVs date

Where the ToV is a payment, values are reported in the year of the payment (between 01 January and 31 December). A ToV will be disclosed when the transfer is complete (e.g. when the total amount to be paid is complete or the benefit received is complete). Where ToVs relate to multi-year contracts, only the ToVs made in the reporting year are included.

Where the ToV is a benefit in kind, generally the values are reported in the reporting year the recipient received the benefit.

Transfers of value related to collaborative working including joint working are regulated separately. Financial or non-financial contributions made by AstraZeneca to such projects are disclosed in the year in which the project was completed and ended.

## 2.5 Direct ToVs

The natural or legal person that holds the bank account on which the money is transferred is considered the recipient of the ToV and will be disclosed. The exception to this is that if an HCP has directed that a payment under a fee for services contract should be paid to a company where that HCP is the sole owner or shareholder, then the ToV will be recorded against that HCP and not the company.

Direct ToVs are captured in AZ Finance system and flow into the AZ transparency reporting system. They are then mapped to the appropriate ABPI Code disclosure activity category for reporting.

## 2.6 Indirect ToVs

### 2.6.1 Indirect ToVs through third parties for R&D activities

Where a third party providing services for R&D activities acts on behalf of AZ to make ToVs to HCPs/HCOs, these are within disclosure's scope and are reported at an aggregate level under R&D (as long as their activities fall within the scope of the definition of R&D activities).

### 2.6.2 Indirect ToVs through other third parties

Where third parties are appointed by an HCO to manage an event, and where the HCO ultimately benefits from that ToV, these ToVs are disclosed against the HCO. Where an event is organised on behalf of multiple HCOs without clarity on allocation, the value is divided equally between the HCOs.

Where third parties are appointed by AZ to provide services in the form of donations (e.g., therapy review service) which are benefits in kind provided to HCOs for the purpose of supporting healthcare. The value of the service specifically provided to that HCO is tracked and recorded

against the recipient HCO, and disclosed in the reporting year in which the service was completed and ended.

Where third parties are appointed by AZ to make travel and accommodation arrangements for HCPs who are providing services or who are supported to attend events, these ToVs are disclosed against the HCP.

Any additional administration fees charged by agencies are not included, as these are not ToVs to HCPs or HCOs.

### 2.6.3 Indirect ToVs through HCOs

Where ToVs are made to an individual HCP indirectly via an HCO and the agreement is with the HCP, these will be disclosed against the HCP in line with local association guidelines.

## 2.7 **Non-monetary ToVs**

Where benefits-in-kind, such as services or staff time, are provided to an HCO by AZ or third parties, the monetary value of these benefits is disclosed against the HCO recipient.

Where benefits in kind are services in the form of donations (e.g., therapy review service) provided by third parties appointed by AZ to HCOs for the purpose of supporting healthcare or research, the value of the completed service provided to a specific HCO is tracked and recorded against the recipient HCO.

## 2.8 **ToVs in case of partial attendances or cancellation and refund**

Where an HCP/HCO does not receive the benefit due to a no-show or a cancellation of event, the associated costs are not reported, such as the cost of cancelling a hotel booking or accommodation. In case of partial attendance, only the benefits actually received are reported.

Where AZ has to pay cancellation fees to HCP/HCOs as per service contracts, due to cancellation of initiatives or events, these payments are reported.

## 2.9 **Cross-border activities**

AZ employees are required to capture and report all ToVs to HCPs and HCOs with their primary practice in a country with EFPIA Code of Practice and/or other cross-border transparency reporting requirements. The country of disclosure will be determined by the address of principal practice for HCPs and the address of registration for an HCO.

## 2.10 **R&D**

All ToVs related to the planning or conduct of non-clinical studies, clinical trials and non-interventional studies performed by AZ (including services performed by contractors not fulfilling a permanent role) or by Clinical Research Organisations on AZ's behalf that are prospective in nature are considered Research & Development ToVs and are reported on an aggregate basis.

Retrospective non-interventional studies or other studies that are not submitted to authorities as per local drug law do not fall under the category of R&D activities. The ToVs related to those studies will be reported as Fee for Service under name of the individual recipient.

### **2.11 Voluntary disclosure**

Not applicable

## **3 Specific considerations**

### **3.1 Country unique identifier**

AstraZeneca has a unique identifier for all HCPs or HCOs to ensure that transactions are reported against the correct recipient and to facilitate collection of ToVs throughout Europe and across other affiliates. This ID is matched to OneKey ID where possible.

### **3.2 Self-incorporated HCP**

As noted above, where an HCP has set up their own company and they are the sole owner, and AstraZeneca has made payments to that company for services provided by the HCP, the ToVs are disclosed against that individual HCP.

### **3.3 Multi-year agreements**

- For agreements that extend over multiple years, AstraZeneca applies a split payment approach and the ToV is disclosed for the calendar year in which the payment or reimbursement is processed in our financial systems.
- Where ToVs relate to multi-year contracts, only the ToVs made in the reporting year are included. Where the ToV is a benefit in kind, values are reported on the date the recipient received the benefit.
- The exception is collaborative working including joint working, where financial or non-financial contributions made by AstraZeneca to such projects are disclosed in the year in which the project was completed and ended.

### **3.4 Country specificities**

The UK follows the Association of the British Pharmaceutical Industry (ABPI) Code of Practice. EFPIA methodology and disclosures should be aligned with ABPI's Code of Practice for the Pharmaceutical Industry and transparency requirements for ToVs reported in the UK.

#### **3.4.1 Co-promotion activities**

For situations where AZ jointly markets a product with another pharmaceutical company, AZ will only declare the ToVs made directly by AZ. ToVs made by the co-marketing company will be disclosed separately by that organisation.

### 3.5 Quality checks

AZ aims to ensure that the data included in the publicly available disclosure reports is complete to the best of our knowledge. AZ keeps its disclosure data under review and will amend and/or update its disclosure data if/when it becomes aware that its quality and accuracy could be improved.

Data sources and controls:

AZ relies on a combination of automated systems, standardized processes, and manual data collection from internal and external resources to record and report relevant ToV data. The information reported is done in good faith and best efforts to comply with the requirements of the ABPI and EFPIA Disclosure Codes.

## 4 Data protection legal basis

### 4.1 Consent collection

Not applicable

### 4.2 Legitimate interests

#### 4.2.1 HCO

In the United Kingdom of Great Britain and Northern Ireland, HCOs are reported without the need for consent as they are legal entities and not individuals.

#### 4.2.2 HCP and ORDM

All efforts have been made to achieve a high level of individual HCP payment disclosure whilst recognising the UK Data Act and the General Data Protection Regulation (GDPR). From 2023, AZ concluded that legitimate interest, with the right to object, is the most appropriate ground for disclosing individual transfers of value. A clause is included in every engagement contract, and HCPs were provided separate notification of AZ's change in position to legitimate interest.

Where HCPs exercise their right under the Data Protection Act or under the General Data Protection Regulation (GDPR) to object to individual disclosure, AZ will make an attempt to encourage the HCPs to remain in individual disclosure. If an individual still chooses to opt out of public disclosure, such ToVs will be reported in aggregate.

AZ UK will not apply partial consent to report transactions. All spend will be reported at the individual level or in the aggregate.

## 5 Form of disclosure

### 5.1 Date of publication

The date of publication for the United Kingdom is 30 June in line with the ABPI Code of Practice for the Pharmaceutical Industry.

### 5.2 Disclosure platform

Disclosure is made online via the Disclosure UK portal: <https://search.disclosureuk.org.uk/>.

### 5.3 Disclosure language

Disclosure is made in English.

## 6 Disclosure financial data

### 6.1 Currency

Disclosure is made in British Pounds. For ToVs made in foreign currencies, the conversion was made at the time of reporting using our standard currency accounting rates.

### 6.2 VAT included or excluded

VAT is not included in the ToVs disclosed in this report.

### 6.3 Calculation rules

If a refund (full or partial) was issued for a ToV that had already been published in past disclosure reports which are still available on the ABPI Disclosure UK platform, the refunded amount will be deducted from the recipient's total disclosed ToV value for the same spend activity in the current disclosure period. If the recipient received no ToV in the current reporting year, the disclosure report will display a negative ToV value.

## 7 Additional Information

### 7.1 Data retention

AstraZeneca keeps the relevant records of the disclosures for at least five years. Published data will remain available online for three years after publication.

### 7.2 Management of recipient's requests

As the disclosure data will be hosted in ABPI's "Disclosure UK" portal, HCOs or HCPs/ORDMs should initially raise queries or requests via the ABPI portal. If data queried by an HCP/ORDM has already been published on the public search, it will be immediately suppressed in the system and will disappear from publication until the query is resolved. HCPs/ORDMs will continue to see the queried data within their private Disclosure Portal even if it is under query. Any data queried by HCOs will remain published until this is resolved.