

CSL Behring: Methodological note for HCP/ORDM/HCO disclosure 2025

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CSL Behring are committed to conducting all interactions with healthcare professionals (HCPs), healthcare organisations (HCOs), and other relevant decision makers (ORDMs) with integrity, transparency, and respect for the highest ethical standards. In line with the ABPI Code of Practice and the EFPIA Disclosure Code, both organisations publish annual Transfers of Value (ToV) to promote openness around our scientific, educational, and collaborative engagements.

This methodological note sets out the principles and processes governing how each company collects, reviews, and reports ToV data in the United Kingdom. It provides clarity on the scope of disclosures across the CSL entities, including the treatment of VAT, currency conversion, cross-border reporting, and categorisation of activities. It also explains the differing legal bases used for personal data processing—ranging from explicit consent requirements to the adoption of legitimate interests—as well as the publication platforms and retention periods applied.

By outlining our respective methodologies in a single consolidated document, CSL Behring aim to offer clear, consistent, and accessible insight into our approach to transparency. Our shared objective is to strengthen trust in the valuable collaborations we undertake with the healthcare community and to ensure our reporting processes remain compliant, robust, and aligned with industry expectations.

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1. Definitions

1.1 Recipients

The scope of recipients covered by this methodological note includes all individuals and organisations with whom CSL Behring interact in ways that may give rise to a reportable Transfer of Value (ToV). In accordance with the ABPI Code of Practice and the EFPIA Disclosure Code, the following categories are included:

Healthcare Professionals (HCPs)

Individuals who, in the course of their professional activities, are authorised to prescribe, purchase, supply, recommend, or administer medicinal products. This includes UK-based and cross-border HCPs where their principal practice is in the United Kingdom.

Healthcare Organisations (HCOs)

Medical, scientific, or healthcare institutions, associations, hospitals, clinics, foundations, universities, or other entities through which healthcare services are provided. Disclosures apply both to UK entities and, where relevant, foreign affiliates whose activities relate to UK-based HCPs/HCOs.

Other Relevant Decision Makers (ORDMs)

Individuals who may not be HCPs but can influence the purchase, supply, recommendation, or administration of medicines, in line with ABPI definitions. ToV to ORDMs is reported where it relates to permissible, legitimate interactions.

Research & Development Recipients

Payments or support provided in relation to clinical trials, non-interventional studies, and other R&D-related activities. These ToV are reported in aggregate, covering both HCPs and HCOs involved in such activities.

Retired Healthcare Professionals (HCPs)

Retired healthcare professionals are included within the scope of reportable recipients where they continue to engage in activities that fall within the ABPI/EFPIA definitions of an HCP or Other Relevant Decision Maker (ORDM).

A retired individual remains in scope **if** they:

- Continue to provide services such as consultancy, speaking, advisory board participation, leadership roles, or expert input.
- Are still able to influence prescribing, purchasing, or the use of medicines through professional expertise or advisory capacity.
- Are contracted in a role that qualifies as an ORDM (e.g., formulary advisor, health policy specialist, clinical consultant).

A retired individual is not in scope only when they have no ongoing professional activities related to the provision, evaluation, recommendation, or administration of medicinal products.

1.2 Kind of ToVs

Donations and Grants

Donations and grants are voluntary, non-promotional contributions provided to healthcare organisations (HCOs) to support healthcare, scientific, or educational initiatives. These ToVs must not be conditional on the use, purchase, or recommendation of any medicinal product.

Examples include:

- Educational grants to support medical or scientific programmes

- Funding for independent medical education
- Charitable donations to recognised HCOs

Note: Grants are disclosed separately from fees for service and sponsorship arrangements.

Collaborative Working (UK-Specific Category)

Collaborative working refers to two or more organisations (e.g., industry and the NHS) pooling skills, experience, and/or resources to deliver patient-centred projects that meet a shared objective.

Key features:

- Must demonstrably improve patient care or outcomes
- Must be documented through a joint working agreement
- Only applicable where such arrangements occur

Contribution to Costs of Events

These are payments made to support HCP or HCO attendance at or participation in scientific or educational events, whether organised by the company or a third party.

This category includes:

- Registration fees
- Travel and accommodation
- Sponsorship of HCOs for events (e.g., booths, branded materials, symposia slots, educational packages)

Event-related ToVs may be paid directly to the HCP or to the HCO on their behalf.

Contracted Services & Related Expenses

This category captures payments for services provided by HCPs or HCOs under a legitimate service agreement. It includes both fees and reasonable associated expenses.

Examples:

- Advisory board participation
- Consultancy
- Speaker engagements
- Medical writing or reviewing
- Market research where the identity of the HCP is known

Related expenses (e.g., travel, accommodation) are disclosed separately but under the same overarching ToV category.

Research & Development (R&D)

R&D ToVs include payments to HCPs or HCOs connected to:

- Clinical trials
- Non-interventional studies (NIS)
- Observational studies
- Investigator-initiated research, where funded

As per requirements, R&D transfers are disclosed only in aggregate for the reporting period.

Sponsorship and Advertising

This covers payments made to HCOs for:

- Meeting sponsorship packages
- Exhibition or booth space
- Branded materials at events
- Sponsored sessions or symposia

These ToVs are disclosable when they support healthcare or scientific activities and are paid to an HCO.

Cross-Border and Affiliate-Generated ToVs

Transfers made by foreign affiliates on behalf of the UK entity or where the recipient's principal practice is in the UK must also be disclosed under the UK report.

This may include:

- Payments for global advisory boards
- International event participation
- Fees processed via non-UK entities

Currency conversions and VAT handling included in section 6.

2. Disclosure's Scope

2.1 Products concerned

Only prescription-only medicinal products are included within the scope of EFPIA- and ABPI-mandated Transfer of Value (ToV) disclosure. This includes any product that meets the definition of a *medicinal product* under EU/UK law and requires a prescription for use.

2.2 Company concerned

N/A

2.3 Excluded ToVs

In line with ABPI Clause 25.1 and the EFPIA Disclosure Code, certain Transfers of Value (ToVs) fall outside the scope of CSL Behring reporting. The following ToVs are excluded from disclosure:

- ToVs solely related to over-the-counter medicines
- Informational and educational materials
- Items of medical utility
- Food and beverages (hospitality)
- Medical samples
- Third-party logistics or administrative fees where no identifiable recipient benefit exists
- Ordinary commercial transactions, including discounts, price reductions, rebates and trading-related mechanisms

2.4 ToVs date

This disclosure covers all ToVs for which payment was made between 1 January 2025 and 31 December 2025. Payments relating to activities conducted in the previous year are included where the payment was made within the reporting year.

2.5 Direct ToVs

Direct ToVs are defined as payments made directly by CSL Behring to the benefitting recipient (HCP or HCO).

1. Fees for Services and Consultancy

These ToVs arise when HCPs or HCOs provide contracted expertise or services.

Included activities:

- Speaker engagements (e.g., congress talks, educational presentations)
- Advisory board participation
- Consulting engagements (general medical/scientific consultancy)
- Data analysis
- Medical writing
- Development of educational materials

- Research-related services (where not defined as R&D)

These are reported under Contracted Services – Fees.

2. Reimbursement of Expenses Related to Contracted Services

When HCPs/HCOs incur travel or accommodation to perform a contracted service, these expenses constitute direct ToVs.

Included activities:

- Travel: flights, train, taxi, mileage, parking
- Accommodation

Per methodology, if expenses cannot be disaggregated from the fee, they are disclosed under the Fee for Service category.

3. Contribution to Costs of Events

These are direct ToVs linked to supporting HCP/HCO attendance at scientific or educational events.

a. Registration Fees

b. Travel & Accommodation for Events

Directly funded travel and accommodation supporting participation in:

- External congresses
- Company-hosted scientific meetings

Note: Travel linked to R&D activities is reported separately and not in this category.

4. Research & Development (Direct R&D ToVs)

Although R&D is disclosed in aggregate, the underlying activities still count as direct ToVs before aggregation.

Included activities:

- Investigator activities in clinical trials
- Funding of investigator-initiated research (IIR)
- Payments via CROs when the benefitting HCP/HCO is identifiable

5. Sponsorship to Healthcare Organisations (HCOs)

These are direct ToVs when the company financially supports an HCO.

Included activities:

- Sponsorship for events (booths, exhibition space, educational packages)
- Support for scientific symposia
- Website or publication sponsorship

These appear in the “Contribution to Costs of Events – Sponsorship” category.

6. Donations and Grants

If made directly to an HCO to support healthcare, research or education:

- Charitable contributions
- Educational grants
- Research grants outside R&D definition

2.6 Indirect ToVs

Indirect ToVs occur when CSL Behring UK funds an activity through an intermediary, and the ultimate HCP or HCO beneficiary is identifiable.

Indirect ToVs are disclosed at the level of the first identifiable recipient and are reported only once to avoid duplication.

The following activities result in indirect ToVs:

- Third-party event organisers – sponsorship or funding routed through a congress or conference organiser where the benefiting HCP/HCO is known.
- Travel agencies and logistics providers – travel and accommodation arranged by intermediaries but funded by CSL Behring for identifiable HCPs.
- Medical education providers – payments to education agencies where identifiable HCPs receive services, access or learning benefits.
- Third-party intermediaries delivering funded services – including vendors processing honoraria or running programmes where the HCP/HCO beneficiaries are known.
- Grants or sponsorship delivered through an organisation where the end-beneficiary (HCP/HCO) is identifiable.

Indirect ToVs are treated with the same reporting requirements as direct ToVs, ensuring transparency when benefits are delivered through intermediaries rather than directly by CSL Behring.

2.7 Non-monetary ToVs

CSL Behring disclose non-monetary ToVs in accordance with EFPIA and ABPI requirements. A Transfer of Value includes any direct or indirect benefit provided “in cash, in kind or otherwise”. Non-monetary ToVs arise where the company provides goods, services or other benefits without a direct financial payment to the recipient.

The following activities result in non-monetary ToVs:

- Staff time provided as in-kind support, including company employees contributing expertise, scientific input or operational support to HCO-led initiatives.
- Provision of products or materials, such as medicinal products supplied for investigator-initiated studies or educational use, which must be disclosed at an estimated fair value.
- In-kind sponsorship of third-party events, including booth space, exhibition packages, educational materials or other non-financial benefits awarded through sponsorship.
- Non-financial R&D support, such as access to company systems, scientific tools, or specialist staff time provided as part of research collaborations.
- Donation of services or resources to HCOs, including technical, administrative, educational or operational support.

All non-monetary ToVs are reported under the appropriate category, using a reasonable determination of fair market value where required.

2.8 ToVs in case of partial attendances or cancellation and refund

In cases of cancellation or non-attendance, ToVs are disclosed only where a benefit has been transferred to the HCP or HCO and can be reasonably associated with that recipient. Where an HCP does not attend and receives no benefit, no ToV is attributed, even if costs were incurred by the company and were non-recoverable.

All such cases are supported by appropriate documentation (e.g., invoices, refund notices) to ensure accurate and transparent reporting.

2.9 Cross-border activities

ToVs connected to cross-border activities are disclosed based on the recipient’s primary professional address. Accordingly, all ToVs provided to UK-based Healthcare Professionals (HCPs) and Healthcare Organisations (HCOs) are included in the UK disclosure, even when the activity is arranged, funded, or paid by a non-UK CSL or Vifor affiliate.

This includes fees for services, travel and accommodation, event support, and any indirect ToVs managed through third-party organisers.

For R&D activities, all ToVs benefiting UK-based investigators or research sites are reported within the UK aggregate R&D disclosure.

Cross-border ToVs are processed using the same categorisation and valuation rules applied to UK-originating ToVs, ensuring consistent, transparent reporting.

2.10 R&D

CSL Behring disclose Research & Development (R&D) ToVs in aggregate, in line with the ABPI Code and EFPIA Disclosure Code.

R&D ToVs include payments or benefits in kind associated with non-clinical studies, clinical trials, and prospective non-interventional studies involving the active collection of patient data. This includes investigator fees, site payments, funding for investigator-initiated research, and payments routed through CROs where the ultimate beneficiaries are identifiable HCPs or HCOs.

Other activities, such as retrospective studies, medical writing, advisory input, or research-related services that fall outside the ABPI R&D definition, are disclosed under standard categories (e.g., fees for service). Product supply for investigator-initiated studies is disclosed either within aggregate R&D (where the study qualifies) or as an in-kind ToV where appropriate.

Activities that involve the provision of expert advice or scientific input, such as advisory boards, Delphi panels, or other consultancy services, are **not** classified as R&D unless they form an integral part of the formal conduct of a clinical trial or prospective non-interventional study. Where such activities fall outside the R&D definition, they are disclosed on an individual basis under Fees for Service and associated expenses.

2.11 Voluntary disclosure

In addition to meeting the mandatory disclosure requirements of the ABPI Code of Practice and the EFPIA Disclosure Code, CSL Behring may disclose certain ToVs on a voluntary basis.

“Voluntary disclosure” refers to any disclosure that goes beyond what is required by the national Code. This includes the disclosure of ToVs arising from cross-border activities, the inclusion of additional recipient categories (such as patients, journalists and patient organisations) where appropriate, and alignment with global transparency practices across the CSL Group. The company’s approach is guided by its commitment to transparency and ethical conduct, and where uncertainties arise, CSL Behring will typically choose to disclose to ensure completeness and clarity.

3. Specific considerations

3.1 Country unique identifier

Internally, the company use internal system-generated or commercial identifiers (e.g., CRM IDs, SAP vendor numbers or aggregate-spend system IDs) to support accurate data matching, validation, and quality assurance.

3.2 Self-incorporated HCP

Where a HCP/ORDM provides services through their own limited company, CSL Behring attribute all related ToVs to the individual HCP.

Although invoices may be raised by and payments made to the limited company, the beneficiary of the ToV is the individual HCP. The ToV is therefore disclosed under the individual's name, not the limited company.

This approach ensures transparency regarding interactions with HCPs and aligns with the ABPI Code's requirement to disclose ToVs provided directly or indirectly to individual health professionals.

Indirect ToVs paid via HCP-owned companies are allocated internally to the individual recipient to avoid misclassification as HCO ToVs.

3.3 Multi-year agreements

Where CSL Behring enters into multi-year agreements with Healthcare Professionals (HCPs) or Healthcare Organisations (HCOs), only ToVs actually made within the relevant reporting year are disclosed. The total contracted value over multiple years is not reported.

Disclosures are based on the date of payment or the date the benefit is received, in line with ABPI Code requirements and internal transparency procedures.

Annual instalments, milestone-based payments, and phased deliverables are disclosed in the year in which they occur. Amendments or extensions to multi-year contracts are reflected prospectively, and all ToVs are allocated to the individual HCP/HCO beneficiary as required.

3.4 Country specificities

Where CSL Behring engages in collaborative working projects, joint initiatives or co-funded activities with other pharmaceutical companies, each company discloses only the proportion of the ToVs that it directly funds. Costs shared between companies are allocated according to the agreed funding split or using a fair and documented allocation method where no explicit split exists.

All ToVs are disclosed in the UK where the recipient HCP/HCO is based, regardless of which company leads or processes payments.

3.5 Quality Checks

All required pre-disclosure quality checks were completed for the reporting year. CSL Behring undertook a structured sequence of data reviews, consolidation steps, technical validations, cross-border checks and internal approvals.

These internal checks ensured that the submission reflected accurate, complete and fully compliant ToV data.

4. Data protection legal basis

4.1 Consent collection

CSL Behring only collect data that is:

- allowed to be collected according to data privacy law
- explicitly provided by an HCP for disclosure purposes

Before disclosure, all HCPs will be informed of our Disclosure Code policy and asked to provide consent. For example, this will be transparently worded in a consent statement or contract. We require all HCPs to provide their consent to us for publishing any details of any ToVs they receive from us. If this consent is denied, we will only publish the total value of the ToVs in aggregate form without specifying the name of the recipient.

Consent requirements vary between countries. In general, only if the HCP gives his/her consent for reporting on **all** ToVs will we disclose that value under the individual section of the disclosure report.

In all other cases, we will normally aggregate the total amount of the ToV, for example where:

- an HCP only gives **partial** consent to publication
- we do not receive written notification of consent for all ToV

Before the disclosure report is published

If an HCP revoked his/her consent before the report is published, we will update the data and include the TOV in the aggregated section of the disclosure report.

After the report is published

If the HCP revoked his/her consent after the report is published, we will update the information at the first reasonable opportunity.

Number of individuals who have agreed to ToVs being disclosed and number in aggregate

For 2025 data, out of 129 HCPs, 94 HCPs have agreed to ToVs being disclosed individually and 35 are disclosed in aggregate, so 27% of HCPs are in aggregate and 73% of HCPs have disclosed. No HCPs have disclosed some ToVs individually and some in aggregate as

we will only disclose the ToV under the individual section of the disclosure report if the HCP gives his/her consent for reporting on **all** TOVs.

4.2 Legitimate interests

N/A

5. Form of disclosure

5.1 Date of publication

26th March 2026

5.2 Disclosure platform

Disclosure UK – www.disclosureuk.org.uk

5.3 Disclosure language

English

6. Disclosure financial data

6.1 Currency

GBP

All Transfers of Value (ToVs) are disclosed in GBP (£) as required by the ABPI Disclosure Template.

Where ToVs were incurred or paid in a foreign currency, values were converted using the monthly average or payment-date exchange rate generated by the company's finance systems.

For in-kind ToVs, the exchange rate applied corresponds to the rate used on the vendor invoice at the time the cost was incurred.

Cross-border ToVs from other affiliates were converted to GBP using the standard group finance system exchange rates during consolidation.

6.2 VAT included or excluded

CSL Behring report the total amount paid by the company which can include or exclude VAT.

For in-kind ToVs, VAT included within vendor charges is treated in the same way. Cross-border tax differences are addressed using the same principles, with ToVs converted into GBP using the company's finance-system exchange rates.

6.3 Calculation rules

CSL Behring calculates ToVs based on the actual cost incurred by the company. Monetary ToVs are disclosed on a payment-date basis and can include or exclude VAT.

In-kind ToVs such as travel, accommodation, registration fees or other logistical support are disclosed at the invoiced value.

Indirect ToVs made through third-party organisers or agencies are allocated to the identifiable beneficiary HCP/HCO.

All foreign-currency ToVs are converted to GBP using the exchange rate applicable at the time of payment or invoice.

7. Additional Information

7.1 Transfer of Value for HCPs in Ireland

As there are no means for CSL Behring to disclose in Ireland all ToVs for HCPs in Ireland are reported on the ABPI UK Disclosure portal.

7.2 Payments to Patient Groups, Members of the Public (Patients and Journalists)

Payments to Patient Groups, Members of the Public (Patients and Journalists) are published on the CSL Behring UK website (<https://www.cslbehring.co.uk>) at the end of June. A link is provided to the Disclosure UK website.

7.3 Package Deals

The value of the service is disclosed against the HCOs taking up the package deal where possible. As the mandatory disclosure template does not include a specific column for package deals this is disclosed in the column that corresponds with NOTE M which includes transfers of value to an HCO which cannot be disclosed elsewhere on the template (i.e. is not considered to be a donation or grant or contracted service or related to collaborative working).

Otherwise, the fee for the third-party HCO providing the service is disclosed within the contracted services column.

Ordinary Course Purchase (services/items provided by the company as part of a package deal that are specific to and essential for the appropriate use of that particular medicine and detailed as such in its SmPC) - any payments to a third-party HCO to provide a service will

be disclosed in accordance with clause 28 (fee for the third-party HCO providing the service is disclosed within the contracted services column).