



Version: 1.0, last updated 25/03/2026

Country: United Kingdom

Norgine : Methodological note for HCP/ORDM/HCO disclosure 2025

Data year: 2025

Year of publication: 2026

This document is intended to guide the readers in understanding how Norgine derived and calculated the amounts presented in their 2025 disclosure, as each pharmaceutical company may approach the problems in subtly different ways.

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1 Definitions

Norgine has kept the EFPIA Code definitions of Healthcare Professionals (HCP) and Healthcare Organisations (HCO) and taken the ABPI Code definition for Other Relevant Decision Makers (ORDM).

1.1 Recipients

Healthcare professional (HCP)

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 or 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 United Kingdom. For the avoidance of doubt, the definition of HCP includes: (i) any official or employee of a government, agency or other organisation (whether in the public or private sector) that may prescribe, purchase, supply, recommend or administer medicinal products and (ii) any employee of a Member Company whose primary occupation is that of a practising HCP, but excludes (x) all other employees of a Member Company and (y) a wholesaler or distributor of medicinal products.

For the purposes of disclosure, Norgine regards all employees of the national public health service or any private Healthcare Provider as HCPs regardless of their professional status. In addition, Norgine regards all registered or qualified healthcare professionals as within the scope of disclosure regardless of their national public health service status. Thus, retired HCPs fall within scope and academic staff who provide clinical services and support too.

The salary and benefits of members of staff that could be defined as HCPs but are solely employed by Norgine are outside the scope of this disclosure.

Any Norgine employee whose primary occupation is that of a practising HCP are in scope of this disclosure. Transfers of value to that group will therefore be disclosed, including their salary from Norgine.

Healthcare Organisation (HCO)

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 (except for patient organisations within the scope of the EFPIA PO Code) whose business address, place of incorporation or primary place of operation is in the United Kingdom or (ii) through which one or more HCPs provide services.

Other Relevant Decision Makers (ORDM)

ORDM particularly includes those with a National Health Service (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 (e.g. payors). Transfers of value made to ORDM are disclosed with HCP transfers of value.

Norgine collectively refers to HCP, HCO and ORDM as healthcare customers.

1.2 Kind of ToVs

Contracted Services Fees and Expense

Transfers of Value related to HCP contracted services include fees and expenses paid for professional activities such as consultancy, advisory board participation, speaking engagements, or other expert services provided under a formal agreement with Norgine.

Sponsorships / contributions to costs of events

Sponsorship is a form of support provided by Norgine to a healthcare organisation (HCO), institution, or event in exchange for a tangible benefit. A tangible benefit is a quantifiable or measurable deliverable that Norgine receives in return for sponsoring a meeting or activity. In the majority of cases this benefit is a stand space at a conference or a speaking opportunity.

Donations and Grants

Donations and Grants, collectively, means those donations and grants (either in cash or benefits in kind or otherwise) freely given to institutions, organisations or associations that are comprised of healthcare professionals and/or that provide healthcare or conduct research, with no consequent obligation on the recipient to provide goods or services to the benefit of the donor company in return. Patient organisations may also be the recipient of donations and grants and these are disclosed separately with an accompanying methodological note. Grants are only allowed if: (i) they are made for the purpose of supporting healthcare, scientific research or education; (ii) they are documented

and kept on record by the donor/grantor; and (iii) they do not constitute an inducement to recommend, prescribe, purchase, supply, sell or administer specific medicinal products. Donations and grants to individual healthcare professionals are not permitted.

Research and Development

All payments to HCPs and HCOs related to research and development are disclosed as one aggregate figure under R&D Transfer of Value. Costs that are subsidiary to these R&D activities are also included in the aggregate amount.

For the purpose of disclosure, research and development transfers of value are transfers of value to a HCP or HCO 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 Directive 2001/20/EC)

Collaborative Working

During 2025, Norgine did not have any collaborative working arrangements.

2 Disclosure's Scope

2.1 Products concerned

Norgine develops and commercialises both medicinal products and medical devices across different countries. Norgine reports transfers of value where there is a possible overlap between the services that a HCP may provide that spans across both medicinal products and devices, or that could be perceived as influencing the judgement of the contracted HCP. Transfers of value solely related to medical devices are not reported in this disclosure. The same transparency process applies where Norgine has Over the Counter (OTC) products. Transfers of value solely related to OTC products are not reported in this disclosure.

2.2 Company concerned

This disclosure covers all direct and indirect ToV made to HCPs and HCOs based in the UK from all Norgine entities.

2.3 Excluded ToVs

Transfers of value solely related to medical devices and / or OTC products are not reported in this disclosure.

2.4 ToVs date

This disclosure covers TOV payments for the period 01 January 2025 to 31 December 2025.

2.5 Direct ToVs

Direct ToVs are those made directly by Norgine for the benefit of a recipient. These include ToVs relating to registration fees, travel and accommodation, fees for contracted services, sponsorships and grants and donations.

2.6 Indirect ToVs

Indirect ToVs are those made on behalf of Norgine for the benefit of a recipient, or ToVs made through an intermediate where Norgine knows or can identify the HCP/HCO that will benefit from the ToV. These typically relate to the sponsorship of third party meeting where Norgine may pay the venue or organiser of the event but the ToV will be reported against the HCO whom have received the benefit.

2.7 Non-monetary ToVs

There have been no non-monetary ToVs during 2025 to HCPs, HCOs or ORDMs. Non-monetary ToVs would typically be the donation of staff time as a benefit in kind to an HCO or Patient Organisation and would be calculated as the number of man hours multiplied by a reasonable cost per hour for the type of work being performed.

2.8 ToVs in case of partial attendances or cancellation and refund

There have been no instances of partial attendances or cancellation and refund during the period 01 January 2025 – 31 December 2025.

2.9 Cross-border activities

Norgine has Affiliates in many countries within and outside the European Union. Transfers of value made by any Norgine entity is disclosed in the relevant disclosing template in the correct local currency of the practising healthcare customers. All disclosures are made in the country in which the HCP practices or in which the HCO or Patient Organisation is located.

Transfers of value made to UK-based organisations by Norgine's overseas operations are disclosed in the UK regardless of the source of funding. This means that this disclosure contains all transfers of value that Norgine has made to UK HCPs, HCOs and Patient Organisations, regardless of which Norgine entity has actually made the transfer of value.

The same applies for transfers of value made by the UK Affiliate to other non-UK HCPs, HCOs, and Patient Organisations, which do not feature in the UK disclosure but in the relevant template(s) of the country(ies) responsible for disclosing those transfers of value instead.

2.10 R&D

All payments to HCPs and HCOs related to research and development are disclosed as one aggregate figure under R&D Transfer of Value. Costs that are subsidiary to these R&D activities are also included in the aggregate amount.

For the purpose of disclosure, research and development transfers of value are transfers of value to a HCP or HCO 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 Directive 2001/20/EC)
- non-interventional studies that are prospective in nature and involve the collection of data from, or on behalf of, individual or groups of health professionals specifically for the study.

Because Clinical Research Organisations (CRO) are not regarded by Norgine as HCOs, any R&D transfers of value made by the CRO to HCP or HCO are declared as part of the R&D aggregate disclosure.

2.11 Voluntary disclosure

N/A

3 Specific considerations

3.1 Country unique identifier

Norgine do not use commercial identifiers to identify HCPs or HCOs. Appropriate checks are in place to ensure that HCPs and HCOs are valid from a due diligence point of view but these are not retained for the purposes of ToV and are not disclosed to the Disclosure UK.

3.2 Self-incorporated HCP

If a HCP owns or controls a private company, partnership, or charity (classified as a HCO) and Norgine makes a transfer of value to that entity for services provided by the HCP, the transfer will be disclosed against the individual HCP. This applies even if the payment is routed through the HCO, as the HCP is considered the ultimate beneficiary.

3.3 Multi-year agreements

Where projects run for several years, Norgine declares the amount paid relevant to the year in which each part of the payment was made. Thus, a project which spans two calendar years and includes several individual transfers of value during that time will have two associated disclosures (i.e. one for each calendar year showing the value of the transfer made in that specific calendar year).

3.4 Country specificities

There have been no collaborative working arrangements during 2025. Where products are co-promoted with other pharmaceutical companies, Norgine declares the ToV relating to direct payments

made to HCPs or HCOs by Norgine, and the co-promoting company are responsible for disclosing any payments made by themselves to HCPs or HCOs.

3.5 Quality Checks

Payment data is coded in such a way that ToVs to HCPs or HCOs and the nature of the payments are recorded at the time of booking into the system. At the year end, this data is collated and manually checked against purchase order information and invoices to confirm that payments do relate to ToV and that the amounts are accurate. This data is further checked by the payment team, medical and compliance to ensure accuracy and minimise the risk of errors.

4 Data protection legal basis

4.1 Consent collection

We have chosen to publish ToV on a “legitimate interest” basis rather than directly requesting and capturing consent from individual HCPs.

4.2 Legitimate interests

Norgine fully supports the concepts of transparency and data privacy. We have chosen to publish HCP ToVs in all our European Union (EU) based markets, the UK, Australia and New Zealand on a “legitimate interest” basis, in line with a growing European industry-wide commitment to transparency. Every time Norgine enters into an agreement with a HCP or HCO for a given interaction (e.g. project work, meeting, event, grant, consultancy fee), the contractual agreement clearly indicates that data relating to ToV will be disclosed on a named basis and a “legitimate interest” basis.

Should a HCP contact Norgine for privacy reasons in relation to the disclosure or any other privacy related matter, such a request will be considered and handled by our global data privacy team in conjunction with the relevant UK business teams.

5 Form of disclosure

5.1 Date of publication

Both this Methodological Note and the accompanying data will be published according to the ABPI timelines i.e. 30 June 2026.

5.2 Disclosure platform

Disclosure UK – www.disclosureuk.org.uk

5.3 Disclosure language

As the disclosure relates to payments made to HCPs/HCOs/ORDMs based in the United Kingdom, the selected disclosure language is English.

6 Disclosure financial data

6.1 Currency

The values in the disclosure template are expressed in local currency, i.e. in GBP for the UK data, regardless of whether the HCP or HCO was paid in that currency.

Where values had to be converted into GBP from another currency, the exchange rate used was the Norgine Annual Budgetary Conversion Rate at the time of the transaction, or for 2025, 1 Euro = 0.8407 GBP, and 1 GBP = 1.1895 Euros. For more rates including cross rates related to 2025, please contact contact@norgine.com.

6.2 VAT included or excluded

Fees and honoraria consultancy exclude VAT and recoverable local taxes.

Expenses related to an event or meeting (travel, accommodation, taxi) may include VAT or local taxes where applicable.

VAT, if included, is the national VAT of the country where the spend is incurred, i.e. 20% in UK.

6.3 Calculation rules

There have been no in-kind ToVs or any other non-monetary values that have required calculation for the ToV data relating to 2025 and therefore there are no calculation rules requiring explanation.

7 Additional Information

N/A