Methodological Note for HCP/HCO/PO Disclosure Data Year 2025

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AstraZeneca GmbH Hamburg HRG 175066 Friesenweg 26
22763 Hamburg Germany

Introduction

AZ's Baseline Approach

The pharmaceutical industry's collaboration with healthcare professionals and institutions is an important driver for advances in patient care and the development of innovative medicine. Healthcare professionals and the institutions with which this staff work provide the pharmaceutical industry with valuable and independent expertise from their clinical experience and practical experience in therapy. The healthcare professional alone also has the first contact person for patients to offer experience in the areas of therapy history and therapy management. In this way, medicines can be better tailored to the needs of patients and patient care can be optimised.

Healthcare professionals and institutions should be adequately compensated for the services they provide to pharmaceutical companies. The EFPIA Code of Practice provides accuracy and transparency in the disclosure of this cooperation and represents an important step towards building greater trust between the pharmaceutical industry, the healthcare community and the Patients.

As a member company of the FSA and EFPIA, AstraZeneca ("AZ") is committed to transparency in interactions with healthcare professionals and health organisations, which are recorded in accordance with all applicable local transparency requirements. And reported.

AZ's own policies are fully aligned with the aims of the EFPIA Code of Practice and its local interpretation in the FSA Transparency Code– to promote ethical and transparent interactions with the Healthcare community. Our interactions with HCPs/HCOs are governed by the AZ Code of Ethics and supported Global Standards which require that we run every part of our business with integrity and refuse to give or receive anything of value that may be intended or could be seen as improper influence.

Comprehensive reporting is a way for AZ to highlight the company's commitment to the values and principles of the EFPIA Code of Practice and other transparency requirements in Europe.

The aim of these comments is to explain AZ's approach to disclosure, including key definitions of the scope and nature of the activities disclosed and the process for collecting and reporting data.

At the highest level, there are three guiding principles that characterize AZ's approach:

(1) Accountability of subsidiaries and regional consolidation

Subsidiaries are responsible for granting monetary benefits ("ToVs") in their companies; They also bear responsibility for the accuracy of the data. A regional reporting solution allows for the automatic inclusion of cross-border payments within Europe. Other cross-border payments are recorded in a payment system (US) or manually (other countries).

(2) Compliance with local regulations

The AZ subsidiaries implement the Code without deviations in any country, if there are no other, mandatory legal requirements. However, there may be discrepancies (each stricter than the provisions in the Code) if the code cannot be fully implemented due to national rules.

(3) A disclosure per country that includes all monetary benefits (ToVs) granted, whether directly provided by AZ entities or indirectly, by third parties acting on behalf of AZ.

In Germany, the following institutions are included in the disclosure:

- AstraZeneca Inc.
- Definiens AG

Contents

1 Definitions

Healthcare providers (**HCPs**) are abbreviated in the following report.
Healthcare Organisations (**HCOs**) are abbreviated as HCOs for reporting.
Benefits relevant to reporting are abbreviated as **ToVs** in the following report.
Patient Organization (**PO**) is abbreviated in the following report.

1.1 Recipients

1.1.1 Definition of "Healthcare Professionals" (HCPs, Healthcare Providers)

The definition of an HCPs in Germany includes physicians and pharmacists based in Europe and full-time professionals, as well as all medical, dental, pharmaceutical or other medical professionals and all other persons working in the context of medical, dental, pharmaceutical or other medical professions. prescribe or use human medicines for their professional activities or trade with them in a permitted manner. This includes employees of public authorities or employees of the payers who are responsible for prescribing, obtaining, supplying, administering or reimbursing medicines. As well as employees of the member companies who, in addition to their work for the company, work full-time as practicing doctors, pharmacists or other professionals, but not those doctors, pharmacists or other members of the company Specialists working full-time for member companies.

Publication is determined by the recipient's status when the transfer of value was made, regardless of the later HCP status changes (retirement, job changes or passing away). Any ToV made within the calendar year must be included in the disclosure report for that year. In the situation when HCP does not have an opportunity to validate the payments and to provide consent during pre-disclosure process, then the amounts will be included in aggregate.

1.1.2 Definition of "Institution in Healthcare" (HCO, Healthcare Organization)

"HCOs," regardless of their respective legal forms of organization, are all medical or scientific institutions or associations based in Europe that are made up of HCPs (e.g. medical science Professional societies) and by or for these provide medical services or conduct research (e.g. hospitals, university hospitals or training and research institutions). This includes institutions that provide HCPs services (such as consulting firms), regardless of the legal position or function of the departments in these organizations. Organizations do not include "patient self-help organizations" within the meaning of Section 2 (1) of the FSA Code of Patient Organizations. HCOs also include Professional Congress Organisation (PCO) that specialise in the organisation and management of congresses, conferences, seminars and similar events (all "Events") and other training activities for HCPs and HCOs. For the application of this Guidance, commercial companies involved in organisation of travel (travel agencies) or accommodation (hotels, banqueting functions in hotels, etc.) are not considered PCOs.

ToVs are published on the basis of the organizational structure of an organization (e.g. a department of an HCO bills a ToV, the sum is published under the department of the HCO)

1.1.3 Definition of a Patient Organization (PO)

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 Europe.

1.2 Kind of ToVs

1.2.1 Donations and Grants

Through financial or non-financial ToVs to legally recognized organizations, AZ supports medical or scientific training, advances in medical or scientific research or in the health system, or even the Disaster relief.

(1) Donations and other unilateral benefits or benefits in kind to HCOs, with the proviso that these services meet the following conditions, apart from compliance with the legal requirements:

- They serve the purpose of health care or similar goals (including, in particular, research, teaching and training);
- They have been properly documented, with this documentation required to be kept for a minimum period of 5 years after the end of the contractual relationship; and
- They are not used as an incentive to influence decisions that influence decisions about therapy, prescription or contracting.

(2) Donations to HCPs, i.e. individuals, are not permitted.

1.2.2 Sponsorship

"Sponsorship" means the provision of cash or benefits in kind to recipients to the extent that the company's own goals (e.g. image promotion, public relations or promotional activities) can be pursued as a result. This includes renting a stand space, advertising space and premises in the context of external training events and congresses. An influence on the content of the training is excluded in the case of sponsorships.

AZ contributes to the medical or scientific training of external stakeholders, training and science events, through financial or non-financial support to legitimate, established organisations Organize or align (including independent congresses). These contributions aim to improve the scientific or educational quality of the event and/or to support logistics in suitable venues in accordance with the ethical principles of AZ. The mandatory sponsorship agreement records the purpose of the sponsorship and also describes what the funds are to be used for.

Sponsorship packages can also include satellite symposia, which must then be clearly labelled as the activity clearly responsible for AZ.

If HCOs receive contributions for travel and accommodation from HCPs, for the purpose of visiting independent congresses, and the respective HCP that benefits from these grants, AZ is not known, this payment is assigned to the "Sponsorships" category.

Contributions to memberships can also be mapped under "sponsorship," so these are not paid in the form of a donation.

1.2.3 Registration Fees

As part of supporting continuous medical training, AZ provides support to HCOs or HCPs to support fees to participate in selected, independent professional congresses and training events.

If such grants are granted to HCOs, AZ is not involved in the selection of HCPs.

If these grants are granted to HCPs, the aim of the support is to enable:

- To attend lectures and participate in scientific exchange on material developments related to AZ products or therapeutic areas or AZ scientific research; or
- To enable the fulfillment of a contractual service.

Any costs will be paid directly to the travel providers and/or the providers or organisers of accommodation.

1.2.4 Travel and Accommodation

To participate in continuous medical training, AZ provides support to HCOs or HCPs to support travel and accommodation costs, for example.

This assistance may include costs for flights, trains, accommodation in a hotel, taxis, bus transfers and other travel expenses. All costs paid directly from AZ or on behalf of AZ to travel providers and/or providers of accommodation or event organisers (where applicable) will be published equally.

Costs for group transport by bus, train or taxi are aggregated, provided that these costs do not exceed 200 euros per person.

1.2.5 Fees for Service and Consultancy and Related Expenses

It is assumed that service and counselling services provided by the recipients for AZ may be of any kind if they are not already covered by other categories of this provision. Both the fees and the expenses reimbursed in this context (such as travel expenses) will be published. Fees for market research activities will only be published if AZ is aware of the identity of the HCPs that provides these market research activities directly or indirectly to the company.

These services may include:

- Leading and moderating meetings as speakers
- Training services
- Participation in advisory board meetings
- Medical Writing
- Analysis
- Development of training materials
- General Consulting/Consulting
- Services provided in conjunction with a third-party congress
- Retrospective non-interventional studies

To the extent agreed by contract, costs associated with the service may be refunded on presentation of the respective documents (e.g. costs for flights, trains, car rental, motorway tolls, parking fees, taxis, bus transfers, hotel accommodation and Any visa costs). All costs paid directly from AZ or on behalf of AZ to travel providers and/or providers of accommodation or event organisers (where applicable) will be published equally.

1.2.6 Research and Development (R&D)

Support for the planning or conduct of non-clinical trials, clinical trials and non-interventional studies within the meaning of Section 19 of the FSA Code of Specialist Circles conducted by AZ or clinical research organisations for AZ will be Aggregate basis reported.

Research and development transfers of value' means, for the purposes of disclosure, 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 and develops innovative drugs that are prescription-only. Interactions with HCPs/HCOs are aimed at developing and promoting prescription drugs. Consequently, only ToVs associated with prescription drugs are disclosed.

2.2 Company concerned

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

2.3 Excluded ToVs

2.3.1 Hospitality costs

As per Art 10 of the EFPIA Code of Practice, hospitality costs are not to be disclosed if they are within the framework set out by the national association. AZ applies this framework to meetings, so food and drink costs are excluded. In cases where food and drink are an integral and inseparable part of the total cost of an event or sponsorship, they have been included in the relevant category.

2.3.2 Logistics

Logistics costs associated with training events organised by AZ (e.g. hall rent, technology, personnel) are excluded from the disclosure. ToVs such as travel and accommodation grants or speaker fees for HCPs are included in the cost category in question.

2.3.3 Informational and educational materials and items of medical utility

As per Art 17 EFPIA Code of Practice, medical benefits for HCPs and information and training materials are not disclosed where "the sending of information and training materials are allowed if the materials meet the following requirements ": (i)" inferior "; (ii) "direct reference to the exercise of medical or pharmaceutical activity"; And (iii) "directly benefit patient care."

2.3.4 Donations to charitable organisations

ToVs for non-HCOs, e.g. charities, are outside the scope and are exempt from disclosure.

All ToVs to patient organisations are in scope as required in the EFPIA Code of Practice and are reported separately on Germany's local website.

2.3.5. Levies to public authorities

Fees for government authorities ' official activities (e.g. certification fees for medical boards or administrative actions fees of the BfArM) do not fall within the scope of the Transparency Code.

2.4 ToVs date

In cases of payment, it will be recorded according to the date of the transfer. All relevant transfers in 2025 will be reported, regardless of whether the underlying activity or service is made in the same year or another year. Under the same principle, partial or advance payments made in 2024 will be included.

Accordingly, for ToVs, such as rail journeys and overnight stays booked by AZ, the date of use is decisive (e.g. the date of arrival).

2.5 Direct ToVs

The natural or legal person who owns the account to which AZ's money is transferred is considered and disclosed as the recipient of the ToVs.

Transfers are recorded in AZ's accounting system and are thus incorporated into transparency reporting. Based on this, the corresponding cost categories are assigned for disclosure.

2.6 Indirect ToVs

2.6.1 Indirect ToVs through third parties for R&D activities

Third parties for R&D activities on behalf of AZ give benefits to HCPs/HCOs, they fall within the scope of disclosure and are recorded at an aggregate level under R&D (provided that these activities are collected Under the definition of R&D activities).

2.6.2 Indirect ToVs through other third parties

If third parties are instructed by an HCO (usually the responsible organizer) to organize a training event/congress, and AZ supports that third party in that activity, those ToVs will be disclosed to the primary recipient (account holder).

Supplementary agency fees, for example for administrative services to the listed ToVs for HCPs/HCOs are not part of the publication.

2.6.3 Indirect ToVs through HCOs

Should ToVs be provided to an HCO for services provided by HCP (s) as employees of HCO, these ToVs must be disclosed to HCO.

2.6.4 Indirect ToVs through PCOs

Contributions provided to Events through PCOs, that would therefore be the Recipient of the ToVs, must be considered as indirect ToVs. ToVs through PCOs are reported either in the name of benefitting HCO, or in the name of Recipient PCO if the HCO is unknown. This applies whether PCOs organise Events on their own initiative, or at the request of an HCO.

Contribution to costs related to Events paid through PCOs to the benefit of individual HCPs must be reported on an individually named basis, as Indirect ToVs to HCPs, or in the name of Recipient PCO if the HCP is unknown. Disclosures on an individual names basis are subject to appropriate consent; where such consent cannot be secured, related ToVs will be disclosed in aggregate.

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

If a contractor does not receive ToVs because they have not travelled or cancelled, the associated costs, such as the cost of cancelling the accommodation, will not be recorded. Partial attendance is recorded as full participation, whereas hotel rooms are only recorded for overnight stays.

If AZ pays cancellation fees for HCPs/HCOs in the event of cancellation of activities or events in accordance with the service contracts, these payments will be recorded.

2.9 Cross-border activities

AZ publishes all the benefits granted to HCPs and HCOs with a main address in a country with EFPIA transparency code and/or other cross-border transparency reporting. All benefits from EFPIA and non-EFPIA countries will be considered. The country of disclosure is determined by the business address of the HCPs or the HCO. If a person does not have a business address, the address provided on the invoice will be used.

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

Voluntary disclosure is not applicable in Germany.

3 Specific considerations

3.1 Country unique identifier

The so-called MDM ID is a unique identifier for each HCP/HCO issued by AZ to ensure that transactions are disclosed to the right recipient in order to capture granted ToVs within Europe and in other Subsidiaries.

3.2 Self-incorporated HCP

If an HCP bills as a legal entity consisting only of one-person, it is considered a legal entity, but must continue to give its consent based on privacy recommendations.

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.

3.4 Country specificities

Germany follows the national pharmaceutical industry association **Freiwillige Selbstkontrolle für die Arzneimittelindustrie e.V. (FSA)**. EFPIA

methodology and disclosures should be aligned with FSA's Code of Conduct and transparency requirements for ToVs reported in Germany.

3.5 Quality Checks

AstraZeneca aims to ensure that the data included in the publicly available disclosure reports is complete to the best of our knowledge. AstraZeneca 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.

AstraZeneca 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 FSA and EFPIA Disclosure Code.

4 Data protection legal basis

4.1 Consent collection

4.1.1 Consent of HCOs and PCOs

In Germany, health organisations are reported without prior consent, as they are legal entities. Regardless, each HCO gets insight into its own data and counter-control opportunity before publication.

4.1.2 Consent of HCPs

The publication of personal data is subject to strict data protection requirements and is only carried out after the consent of the person concerned. Every effort has been made to ensure that a high level of disclosure is made at the local level, in compliance with the applicable data protection regulations.

Consent is requested retroactively for all ToVs granted in 2025 approximately two months before publication. AstraZeneca provides secure online access to each individual recipient. On this page, each HCP can view their own data and request corrections before consent and publication. Consent and control of costs can also be done in writing.

HCPs data will only be published after consent has been given. If consent is not received, the data will only be published in aggregate. AstraZeneca will contact any HCP that does not respond to the request after consent. However, if no response is given, no answer will be treated like a rejection of consent.

"Aggregated" means that all ToVs granted to all HCPs that have not given consent will be published in a aggregated sum per cost category without information about individual HCPs, along with information on the number of such HCPs.

4.1.3 Withdrawal of already given consent of recipients

Consent to publication may be withdrawn at any time before and after publication.

- If consent is withdrawn before publication, the data will be reported on an aggregate basis.
- If consent is withdrawn after publication, the relevant data will be withdrawn from publication within a working day. The data is then transferred to the aggregated, anonymised form in a timely manner and republished.

4.1.4 Treatment of requests by recipients

Local inquiries or disputes will be dealt with at AstraZeneca Germany. HCPs and HCOs are encouraged to use the local disclosure platform contact form or use the corrected form sent. A specialized service team takes over and answers the inquiries and directs them to a solution within 30 days at the latest.

If an HCP describes possible data inaccuracies, this data will be withdrawn from publication immediately, but at least within 1 business day. If data changes, re-consent is required before publication.

If an HCO describes possible data inaccuracies, this data will be withdrawn from publication immediately, but at least within 1 business day. After reviewing the data and once AstraZeneca is satisfied that the data is accurate, it will be republished. However, if the correctness of a particular grant of ToVs is not clear, the amount will be published on an aggregate basis.

4.1.5 Partial consent

Consent can only be given for an entire publication period, but not for partial selection ("all or nothing" principle). However, if there is only consent for the selection of payments, this is tantamount to refusing consent.

4.2 Legitimate interests

Legitimate interest is not applicable in Germany for HCPs. Consent is collected during pre-disclosure process.

5 Form of disclosure

5.1 Date of publication

The date of publication for Germany is June 30, in accordance with local requirements.

5.2 Data retention

AstraZeneca retains the relevant records of disclosures for at least 3 years. Published data remains accessible online for 3 years after publication.

5.3 Disclosure platform

The publication is carried out in accordance with the requirements of EFPIA and FSA on the Internet without restriction of access under the link https://public-de.azpaymentdisclosureexternal.com/. It publishes all recipients who have a main address in Germany.

Disclosure of Patient Organisation (PO) transfers of value can be located on both the AstraZeneca website https://www.astrazeneca.de/nachhaltigkeit/transparenz-und-offenlegung.html and the FSA's central website (Voluntary Self-Regulation for the Pharmaceutical Industry) Transparenzveröffentlichungen - Freiwillige Selbstkontrolle für die Arzneimittelindustrie e.V..

5.4 Disclosure language

The disclosure is in German.

5.5 Pre-publication

A process allows all recipients to review their disclosure data prior to disclosure on the publication platform. At the same time, an HCP may (or reject) its consent with the insight of its data.

6 Disclosure financial data

6.1 Currency

The disclosure will be made in euros. Payments in foreign currencies are converted on the basis of the rates applicable at the time of transfer to the reporting system. The rates of the AZ Uniform

Reference Environment (AZURE), which uses AZ for exchange rates for all currencies, are decisive.

6.2 VAT included or excluded

VAT is not included, all ToVs are reported without taking into account any taxes.

6.3 Calculation rules

Payments from HCPs, PCOs, or HCOs to AstraZeneca (e.g. due to corrections of incorrect payments or repayments due to cancellations) are published as negative payments or deducted from the total amount.

7 Additional Information