

Declaration of Information in support of Indivior's commitment to reporting transparent transfers of value to healthcare professionals, healthcare organisations and patient organisations.
 We declare that the information stated below has been prepared in accordance with the requirements of the clauses according to local rules.
 This is a true and complete statement reflecting all payments made in the Financial Year 2020 covering the months of January to December 2020.

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.
 For the purposes of disclosure, the company regards all employees of national health care services as HCPs regardless of their professional status.
 In addition, the company regards all registered or qualified healthcare professionals as within the scope of disclosure regardless of their employment status.
 Thus retired HCPs fall within scope.
 Where HCPs are employed directly and exclusively by the company their salary and benefits are outside the scope of disclosure.

Registration Fees paid for Healthcare Professionals (HCPs) Payments for registering Healthcare Professionals to attend educational events											
Principle country of practice (where HCP is based)	Title Prof, Dr, Mr, Mrs	First name	Last name	Institution name	Amount	Currency	Nature of Support	Contract in place Yes/No	Consent to disclose by name Yes/No	PO	Comments

Travel and accommodation paid for Healthcare Professionals (HCPs) - excludes food Any support provided to Healthcare Professionals to travel to an event and accommodation costs at said event. Travel and accommodation to be disclosed as one figure.											
Principle country of practice (where HCP is based)	Title Prof, Dr, Mr, Mrs	First name	Last name	Institution name	Amount	Currency	Nature of Support	Contract in place Yes/No	Consent to disclose by name Yes/No	PO	Comments

Fees for services and consultancy for Healthcare Professionals (HCPs) Any transfer of value in return for services provided by a HCP											
Principle country of practice (where HCP is based)	Title Prof, Dr, Mr, Mrs	First name	Last name	Institution name	Amount	Currency	Nature of Support	Contract in place Yes/No	Consent to disclose by name Yes/No	PO	Comments

Related expenses for Healthcare Professionals (HCPs), e.g. travel expenses, accommodation, etc. Any charges or costs incurred by HCP directly connected with service or consultancy provided by a HCP											
Principle country of practice (where HCP is based)	Title Prof, Dr, Mr, Mrs	First name	Last name	Institution name	Amount	Currency	Nature of Support	Contract in place Yes/No	Consent to disclose by name Yes/No	PO	Comments

Signature _____	Signature _____
Print Name _____	Print Name _____
Medical Manager Position _____	General Manager Position _____
Date _____	Date _____