

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 Where HCPs	HCPs fall within are employed di	scope. rectly and exclusi	vely by the compan	y their salary and benefits are outside the s	scope of dis	sclosure.			
				Registration Fees	-				
Principle country of practice (where HCP is based)	Title Prof, Dr, Mr, Mrs	First name	Last name	Payments for registering Hi	Amount	fessionals to	attend educational events Nature of Support	Contract in place Yes/No	Consent to disclose by name Yes/No
				Travel and accommodation pa Any support provided to Healthcare Profess Travel and acco	sionals to trav	el to an ever	nt and accommodation costs at said event.		
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
				Fees for services and c	onsultancy fo	or Healthcare	Professionals (HCPs)		
				Any transfer of value					
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
Finland	Dr.	Pasi	Lempiäinen/	Pasi Lempiäinen/ Addiktum	1100	€	IND018-2020_consultancyPasyL_jan2020	yes	
Finland Finland	Dr. Professor	Markus Hannu	Partanen/ Alho	Markus Partanen/ A-klinikka Oy Professor Hannu Alho	645 1085	€	IND018-2020_consultancyMarkusP_jan2020 IND018-2020_Consultancy Hannu Alho:P¤ly days	yes yes	
Finland	Dr.	Markus	Partanen/	Markus Partanen/ A-klinikka Oy	1040	€	IND018-2020_Consultancy Markus Partanen:PĤly days	yes	
Finland Finland	Professor Dr.	Hannu Minna	Alho Mäkela	Professor Hannu Alho Minna Mäkela	3100 909.5	€	IND021-2020_HannuAlho_consult in writing IND016-20_MED-SBI-FN-00005_AdBoard_FI	yes yes	
Finland Finland	Nurse Nurse	Petri Hakkarainen	Kylmänen Pia	Mood House Oy Hakkarainen Pia	755 412.5	€	IND016-20 MED-SBI-FN-00005 AdBoard FI IND016-20 MED-SBI-FN-00005 AdBoard FI Nurses	yes yes	
Finland	Nurse	Valtteri	Kalinen	Valtteri Kalinen	412.5 412.5	€	IND016-20_MED-SBI-FN-00005_AdBoard_FI_Nurses IND016-20_MED-SBI-FN-00005_AdBoard_FI_Nurses	yes	
Finland Finland	Nurse Nurse	Mirva Katri	Ahokas Liimatainen	Mirva Ahokas Katri Liimatainen	412.50	€	IND016-20_MED-SBI-FN-00005_AdBoard_FI_Nurses	yes yes	
Finland Finland	Nurse Nurse	Anne Anne	Miolonen Porkka	A-klinikka Oy Anne Porkka	412.50 412.50	€	IND016-20_MED-SBI-FN-00005_AdB_Nurses_AnneMiolonen IND016-20_MED-SBI-FN-00005_AdB_Nurses	yes yes	
				Related expenses for Healthcare Pro	fessionals (H	CPs), e.g. tra	Ivel expenses, accommodation, etc.		
Principle country	Title			Any charges or costs incurred by HCP d	lirectly conne	cted with ser	vice or consultancy provided by a HCP	Contract in	Consent to disclose by name
of practice (where HCP is based)	Prof, Dr, Mr, Mrs	First name	Last name	Institution name	Amount	Currency	Nature of Support	place Yes/No	Yes/No
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Signature		Signature							
Print Name	_	Print Name		_					

Signature	Signature
Print Name	Print Name
Medical Manager Position	Position