

## Details of Suppliers of HNIG and how to access stock

Name of Manufacturer/ Contact person	Name of Product	Licenced	Contact details	Out of hours contact details
Baxalta <a href="mailto:Vincent.o.reilly@shire.com">Vincent.o.reilly@shire.com</a> Not available from the HSE National Cold Chain Service	Kiovig, Subcuvia and HyQvia: <ul style="list-style-type: none"> <li>• Kiovig - <a href="http://www.medicines.ie/searchresults.aspx?term=kiovig&amp;searchtype=AdvancedSearch">http://www.medicines.ie/searchresults.aspx?term=kiovig&amp;searchtype=AdvancedSearch</a></li> <li>• Subcuvia - <a href="http://www.medicines.ie/searchresults.aspx?term=subcuvia&amp;searchtype=AdvancedSearch">http://www.medicines.ie/searchresults.aspx?term=subcuvia&amp;searchtype=AdvancedSearch</a></li> <li>• HyQvia - <a href="http://www.medicines.ie/searchresults.aspx?term=HyQvia&amp;searchtype=AdvancedSearch">http://www.medicines.ie/searchresults.aspx?term=HyQvia&amp;searchtype=AdvancedSearch</a></li> </ul>	Yes	Fax: 01 486 6722  Tel: 1800 837 470 Email: <a href="mailto:CustomerServices.ROI@baxalta.com">CustomerServices.ROI@baxalta.com</a>	Emergency Out of hours: +44 746 940 7086
BPL (minimum order 10 vials) <a href="mailto:john.murray@promedicare.ie">john.murray@promedicare.ie</a>  1. check if stock is available from the HSE National Cold Chain Service  IF NOT  2. place order with BPL for number of vials required with invoice to be sent to NIO (balance of order then stored by HSE National Cold Chain Service)	Subgam	No	1. HSE National Cold Chain Service fax 01 463 7788 email <a href="mailto:vaccines@udd.ie">vaccines@udd.ie</a> phone 01 463 7770  2. BPL (product distributed by Allphar) Send completed fax to 01 466 0782 (for attention of Mena Sheridan in Allphar)	HSE National Cold Chain Service 086 7700846  Allphar 01 291 6136



**Return Fax to Orders Dept**  
**Fax No. (01) 4660782**

Allphar Service  
4045 Kingswood Rd  
CityWest Business Park  
Phone: 01 4688456

**EXEMPT MEDICINAL PRODUCTS PROCUREMENT AUTHORISATION FORM**

*Please complete the following:-*

**Name & Address of Hospital Pharmacy**  
.....  
.....

**Hospital Pharmacy Order Number** .....

**Pharmacist Name & Tel No:** .....

**Name & Address of Prescriber** .....

**Product Name:** ..... **Quantity** .....

***I/WE CONFIRM THAT THIS EXEMPT MEDICINAL PRODUCT BEING SOURCED FROM ALLPHAR SERVICES (IRELAND) WILL ONLY BE SUPPLIED BY /OR TO THE ORDER OF A REGISTERED MEDICAL PRACTITIONER/DENTIST FOR A PATIENT UNDER HIS/HER CARE***

**PHARMACIST SIGNATURE** x \_\_\_\_\_ **x DATE** \_\_\_\_\_