



Bristol-Myers Squibb Pharma EEIG

Official address:
Uxbridge Business Park, Sanderson Road
Uxbridge, Middlesex UB8 1DH
United Kingdom

Registered in England and Wales
No. GE000087

Nemzeti Egészségbiztosítási Alapkezelő
(NEAK)

National Institute of Health Insurance Fund
Management (NEAK)

1139 Budapest, Váci út 73/A

TISZTELT VINCZICZKI ÁRON !

DEAR ÁRON VINCZICZKI,

Mellékelten küldjük a Bristol-Myers Squibb Pharma EEIG által az Amicus Pharma Kft. részére adott, 2017. július 1. napján hatályba lépő meghatalmazást, melynek alapján az Amicus Pharma Kft. jogosult társaságunkat – mint a meghatalmazás mellékletében felsorolt gyógyszerek forgalomba hozatali engedélyeinek jogosultját – a NEAK hatáskörébe tartozó ügyekben Magyarországon képviselni.

Hereby sending you enclosed the Power of Attorney granted by Bristol-Myers Squibb Pharma EEIG to Amicus Pharma Ltd. - that will become effective on July 1, 2017 - based on which Amicus Pharma Ltd. will be entitled to represent our company in Hungary, as marketing authorization holder of the medicines enlisted in the annex of the power of attorney, in the matters within the scope of authority of NEAK.

A biztonságos és gazdaságos gyógyszer- és gyógyászatisegédeszköz-ellátás, valamint a gyógyszerforgalmazás általános szabályairól szóló 2006. évi XCVIII. törvény 29. § (4) bekezdés d) pontjában foglaltak alapján egyidejűleg bejelentem, hogy a meghatalmazás mellékletében felsorolt gyógyszerek forgalmazója 2017. július 1. napjától kezdődően az Amicus Pharma Kft.

Pursuant to point d) of Section 29 (4) of Act XCVIII of 2006 on the General Provisions Relating to the Reliable and Economically Feasible Supply of Medicinal Products and Medical Aids and on the Distribution of Medicinal Products, I simultaneously announce that the distributor of the products enlisted in the annex of the power of attorney is Amicus Pharma Ltd. as of July 1, 2017.

2017. június 27

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dr Eszter Teleki

Manager, Bristol-Myers Squibb Pharma EEIG



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MEGHATALMAZÁS

POWER OF ATTORNEY

A Bristol-Myers Squibb Pharma EEIG (székhelye: Uxbridge Business Park, Sanderson Road, Uxbridge, UB8 1DH, Egyesült Királyság) – a továbbiakban: Társaság –, mint a mellékletben felsorolt gyógyszerek („Termékek”) forgalomba hozatali engedélyeinek jogosultja az Európai Unióban, ezennel meghatalmazza az Amicus Pharma Kft-t (székhelye: 1023 Budapest, Árpád fejedelem útja 26-28., Magyarország; cégjegyzékszám: Cg.01-09-294151), hogy a Társaságot a Termékekkel kapcsolatban a Nemzeti Egészségbiztosítási Alapkezelő hatáskörébe tartozó ügyekben Magyarországon minden korlátozás nélkül képviselje.

A jelen meghatalmazás visszavonásig érvényes.

Kelt: 2017. június 27

Melléklet: 1 db

Bristol-Myers Squibb Pharma EEIG (principal place of business: Uxbridge Business Park, Sanderson Road, Uxbridge, UB8 1DH, the United Kingdom) – hereinafter: the Company –, as holder of the marketing authorization of the medicines enlisted in the attachment („Products”) in the European Union hereby authorizes Amicus Pharma Ltd. (principal place of business: 1023 Budapest, Árpád fejedelem útja 26-28., Hungary; company registration number: Cg.01-09-294151) to represent the Company in relation to the Products in matters within the scope of authority of the National Health Insurance Fund Administration without any restriction in Hungary.

The present Power of Attorney shall remain valid until withdrawn.

Dated: June 27, 2017

Attachment: 1

Bristol-Myers Squibb Pharma EEIG
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Dr Eszter Teleki
Manager, Bristol-Myers Squibb Pharma EEIG


AMICUS PHARMA KFT.

MARKETING AUTHORISATION NUMBER	Trademark/Invented Name	Common Drug Name	Pharmaceutical Form	Potency/Strength
EU/1/07/389/001	ORENCIA	ABATACEPT	POWDER FOR CONCENTRATE FOR SOLUTION FOR INFUSION	250 MG PER 1 VIAL
EU/1/07/389/002	ORENCIA	ABATACEPT	POWDER FOR CONCENTRATE FOR SOLUTION FOR INFUSION	250 MG PER 1 VIAL
EU/1/07/389/003	ORENCIA	ABATACEPT	POWDER FOR CONCENTRATE FOR SOLUTION FOR INFUSION	250 MG PER 1 VIAL
EU/1/07/389/004	ORENCIA	ABATACEPT	SOLUTION FOR INJECTION	125 MG PER 1 ML
EU/1/07/389/005	ORENCIA	ABATACEPT	SOLUTION FOR INJECTION	125 MG PER 1 ML
EU/1/07/389/006	ORENCIA	ABATACEPT	SOLUTION FOR INJECTION	125 MG PER 1 ML
EU/1/07/389/007	ORENCIA	ABATACEPT	SOLUTION FOR INJECTION	125 MG PER 1 ML
EU/1/07/389/008	ORENCIA	ABATACEPT	SOLUTION FOR INJECTION	125 MG PER 1 ML
EU/1/07/389/009	ORENCIA	ABATACEPT	SOLUTION FOR INJECTION	125 MG PER 1 ML
EU/1/07/389/010	ORENCIA	ABATACEPT	SOLUTION FOR INJECTION	125 MG PER 1 ML
EU/1/07/389/011	ORENCIA	ABATACEPT	SOLUTION FOR INJECTION	125 MG PER 1 ML
EU/1/07/389/012	ORENCIA	ABATACEPT	SOLUTION FOR INJECTION	125 MG PER 1 ML
EU/1/03/267/001	REYATAZ	ATAZANAVIR SULFATE	CAPSULE	100 MG PER 1 CAPSULE
EU/1/03/267/002	REYATAZ	ATAZANAVIR SULFATE	CAPSULE	100 MG PER 1 CAPSULE
EU/1/03/267/003	REYATAZ	ATAZANAVIR SULFATE	CAPSULE	150 MG PER 1 CAPSULE
EU/1/03/267/004	REYATAZ	ATAZANAVIR SULFATE	CAPSULE	150 MG PER 1 CAPSULE
EU/1/03/267/005	REYATAZ	ATAZANAVIR SULFATE	CAPSULE	200 MG PER 1 CAPSULE
EU/1/03/267/006	REYATAZ	ATAZANAVIR SULFATE	CAPSULE	200 MG PER 1 CAPSULE
EU/1/03/267/008	REYATAZ	ATAZANAVIR SULFATE	CAPSULE	300 MG PER 1 CAPSULE
EU/1/03/267/009	REYATAZ	ATAZANAVIR SULFATE	CAPSULE	300 MG PER 1 CAPSULE
EU/1/03/267/010	REYATAZ	ATAZANAVIR SULFATE	CAPSULE	300 MG PER 1 CAPSULE
EU/1/03/267/011	REYATAZ	ATAZANAVIR SULFATE	CAPSULE, REDUCED MASS	200 MG PER 1 CAPSULE
EU/1/03/267/012	REYATAZ	ATAZANAVIR SULFATE	POWDER	50 MG PER 1 SACHET
EU/1/15/1025/001	EVOTAZ	ATAZANAVIR SULFATE/COBICISTAT	FILM-COATED TABLET	300 MG/150 MG PER 1 FILM
EU/1/15/1025/002	EVOTAZ	ATAZANAVIR SULFATE/COBICISTAT	FILM-COATED TABLET	300 MG/150 MG PER 1 FILM
EU/1/11/694/001	NULOJIX	BELATACEPT	POWDER FOR CONCENTRATE FOR SOLUTION FOR INFUSION	250 MG PER 1 VIAL
EU/1/11/694/002	NULOJIX	BELATACEPT	POWDER FOR CONCENTRATE FOR SOLUTION FOR INFUSION	250 MG PER 1 VIAL
EU/1/14/939/001	DAKLINZA	DACLATASVIR DIHYDROCHLORIDE	FILM-COATED TABLET	30 MG PER 1 TABLET
EU/1/14/939/002	DAKLINZA	DACLATASVIR DIHYDROCHLORIDE	FILM-COATED TABLET	30 MG PER 1 TABLET
EU/1/14/939/003	DAKLINZA	DACLATASVIR DIHYDROCHLORIDE	FILM-COATED TABLET	60 MG PER 1 TABLET
EU/1/14/939/004	DAKLINZA	DACLATASVIR DIHYDROCHLORIDE	FILM-COATED TABLET	60 MG PER 1 TABLET
EU/1/14/939/005	DAKLINZA	DACLATASVIR DIHYDROCHLORIDE	FILM-COATED TABLET	90 MG PER 1 TABLET
EU/1/14/939/006	DAKLINZA	DACLATASVIR DIHYDROCHLORIDE	FILM-COATED TABLET	90 MG PER 1 TABLET
EU/1/06/363/001	SPRYCEL	DASATINIB	FILM-COATED TABLET	20 MG PER 1 TABLET
EU/1/06/363/002	SPRYCEL	DASATINIB	FILM-COATED TABLET	50 MG PER 1 TABLET
EU/1/06/363/003	SPRYCEL	DASATINIB	FILM-COATED TABLET	70 MG PER 1 TABLET
EU/1/06/363/004	SPRYCEL	DASATINIB	FILM-COATED TABLET	20 MG PER 1 TABLET
EU/1/06/363/005	SPRYCEL	DASATINIB	FILM-COATED TABLET	50 MG PER 1 TABLET
EU/1/06/363/006	SPRYCEL	DASATINIB	FILM-COATED TABLET	70 MG PER 1 TABLET
EU/1/06/363/007	SPRYCEL	DASATINIB	FILM-COATED TABLET	20 MG PER 1 TABLET
EU/1/06/363/008	SPRYCEL	DASATINIB	FILM-COATED TABLET	50 MG PER 1 TABLET
EU/1/06/363/009	SPRYCEL	DASATINIB	FILM-COATED TABLET	70 MG PER 1 TABLET
EU/1/06/363/010	SPRYCEL	DASATINIB	FILM-COATED TABLET	100 MG PER 1 TABLET
EU/1/06/363/011	SPRYCEL	DASATINIB	FILM-COATED TABLET	100 MG PER 1 TABLET
EU/1/06/363/012	SPRYCEL	DASATINIB	FILM-COATED TABLET	80 MG PER 1 TABLET
EU/1/06/363/013	SPRYCEL	DASATINIB	FILM-COATED TABLET	80 MG PER 1 TABLET
EU/1/06/363/014	SPRYCEL	DASATINIB	FILM-COATED TABLET	140 MG PER 1 TABLET
EU/1/06/363/015	SPRYCEL	DASATINIB	FILM-COATED TABLET	140 MG PER 1 TABLET
EU/1/16/1088/001	EMPLICITI	ELOTUZUMAB	POWDER FOR CONCENTRATE FOR SOLUTION FOR INFUSION	300 MG PER 1 VIAL
EU/1/16/1088/002	EMPLICITI	ELOTUZUMAB	POWDER FOR CONCENTRATE FOR SOLUTION FOR INFUSION	400 MG PER 1 VIAL
EU/1/06/343/001	BARACLUDE	ENTECAVIR	FILM-COATED TABLET	0.5 MG PER 1 TABLET
EU/1/06/343/002	BARACLUDE	ENTECAVIR	FILM-COATED TABLET	1 MG PER 1 TABLET
EU/1/06/343/003	BARACLUDE	ENTECAVIR	FILM-COATED TABLET	0.5 MG PER 1 TABLET
EU/1/06/343/004	BARACLUDE	ENTECAVIR	FILM-COATED TABLET	1 MG PER 1 TABLET
EU/1/06/343/005	BARACLUDE	ENTECAVIR	ORAL SOLUTION	0.05 MG PER 1 ML
EU/1/06/343/006	BARACLUDE	ENTECAVIR	FILM-COATED TABLET	0.5 MG PER 1 TABLET
EU/1/06/343/007	BARACLUDE	ENTECAVIR	FILM-COATED TABLET	1 MG PER 1 TABLET
EU/1/11698/001	YERVOY	IPILIMUMAB	CONCENTRATE FOR SOLUTION FOR INFUSION	5 MG PER 1 ML
EU/1/11698/002	YERVOY	IPILIMUMAB	CONCENTRATE FOR SOLUTION FOR INFUSION	5 MG PER 1 ML
EU/1/15/1014/001	OPDIVO	NIVOLUMAB	CONCENTRATE FOR SOLUTION FOR INFUSION	10 MG PER 1 ML
EU/1/15/1014/002	OPDIVO	NIVOLUMAB	CONCENTRATE FOR SOLUTION FOR INFUSION	10 MG PER 1 ML
EU/1/96/009/001	ZERIT	STAVUDINE	HARD CAPSULE	15 MG PER 1 CAPSULE
EU/1/96/009/002	ZERIT	STAVUDINE	HARD CAPSULE	15 MG PER 1 CAPSULE
EU/1/96/009/003	ZERIT	STAVUDINE	HARD CAPSULE	20 MG PER 1 CAPSULE
EU/1/96/009/004	ZERIT	STAVUDINE	HARD CAPSULE	20 MG PER 1 CAPSULE
EU/1/96/009/005	ZERIT	STAVUDINE	HARD CAPSULE	30 MG PER 1 CAPSULE
EU/1/96/009/006	ZERIT	STAVUDINE	HARD CAPSULE	30 MG PER 1 CAPSULE
EU/1/96/009/007	ZERIT	STAVUDINE	HARD CAPSULE	40 MG PER 1 CAPSULE
EU/1/96/009/008	ZERIT	STAVUDINE	HARD CAPSULE	40 MG PER 1 CAPSULE
EU/1/96/009/009	ZERIT	STAVUDINE	POWDER FOR ORAL SOLUTION	200 MG (1 MG PER 1 ML)