



Caelyx[®] Managed Access PROGRAMME

RE-SUPPLY FORM

Please complete and fax this form to the attention of **Kathy Mulligan, Marketing Assistant, Janssen Ireland** on: 353 (01) 6263592.

Please note: please complete this form to re-order for a patient registered on the CMA programme. Once a complete form is received it will be processed and the order request sent to Movianto. If you are using Baxter or Fannins, Janssen will revert to you with confirmation of the order which you may forward to Fannins/Baxter. **Orders must be placed before 2pm** to ensure delivery the following day. If a re-order for patient supply is not placed after 3 months, the patient's reserved stock will be released to be available for other patients in need.

Pharmacist-Information (required):

Pharmacist Name:

Hospital name:

Telephone:

Fax:

Prescribing Physicians Name:

Contact Email:

CMR Account Number:.....

Order Reference Number:

Patient-Information (required):

Please note that a further re-supply form needs to be completed for each patient for each subsequent cycle

	Hospital Patient Number	Vials required for this cycle: 2MG/ML (20mg) only available	Scheduled date of next dose	CMA Patient Identifier
Patient 1				
Patient 2				
Patient 3				
Patient 4				
Patient 5				

Signature Pharmacist: **Date:**

Before prescribing Caelyx[®] please see the full Prescribing information available on www.medicines.ie .
For any medical queries please contact **Medical Information on Tel: 1800 709 122.**
For queries relating to supply, please contact Bláithín Liston, Snr Product Manager, Janssen Ireland on **087 983911.**