

State Institute For Drug Control

UNION FORMAT FOR A WHOLESALE DISTRIBUTION AUTHORISATION

Human medicinal products

1. Authorisation Number : sukls470353/2025
2. Name of Authorisation Holder : MagnamPharm CZ s.r.o.
3. Address(es) of Site(s) : PHOENIX lékárenský velkoobchod s.r.o., K pérovně
945/7, Praha 10- Hostivař, 102 00, Czechia
4. Legally registered address of Authorisation Holder : Karla Engliše 3201/6, Smíchov, Praha 5, 150 00
5. Scope of authorisation (complete for each site under 4) : ANNEX 1
6. Legal basis of authorisation : Art. 77(1) of Directive 2001/83/EC
7. Name of responsible officer of the competent authority of the member state granting the wholesaling authorisation : Confidential, Confidential
8. Signature :
9. Date : 2025-11-25
10. Annexes attached : Annex 1 Scope of wholesale distribution authorisation
Annex 2 (Optional) Address(es) of contract wholesale distribution sites and their authorisation number
Annex 3 (Optional) Name(s) of responsible person(s)
Annex 4 (Optional) Date of Inspection on which authorisation was granted
Annex 5 (Optional) Additional provisions based on national requirements

ANNEX 1

SCOPE OF WHOLESALE DISTRIBUTION AUTHORISATION

Name and address of the site: MagnaPharm CZ s.r.o.
, PHOENIX lékárenský velkoobchod s.r.o., K pérovně 945/7, Praha 10- Hostivař, 102 00, Czechia

Human medicinal products

1. MEDICINAL PRODUCTS

- 1.1. with a Marketing Authorisation or registration in EEA country(s)

2. AUTHORISED WHOLESALE DISTRIBUTION OPERATIONS

- 2.1. Procurement
- 2.2. Holding
- 2.3. Supply
- 2.4. Export

3. MEDICINAL PRODUCTS WITH ADDITIONAL REQUIREMENTS

- 3.2. Products requiring low temperature handling
 - 3.2.1. Temperatures between 2 to 8 °C

*Art 5 of Directive 2001/83/EC or Art 83 of Regulation EC/726/2004

**Without prejudice to further authorisations as may be required according to national legislation