Pharmaceuticals Export Promotion Council of India

(Set up by Ministry of Commerce & Industry, Government of India)

REGULATORY & MARKET PROFILE OF NETHERLAND

DEMOGRAPHY

SL. No	Parameter	Description
1	Region	Western Europe
2	Country	Netherlands
3	Capital	Amsterdam
4	Population	17,151,228(July 2018 est)
5	Population growth rate (%)	0.38%(2018est)
6	GDP (purchasing power parity)	$924.4 billion(2017est.)
7	GDP - real growth rate (%)	2.9% (2017 est.)
8	GDP - per capita (PPP)	$53,900 (2017 est.)
9	Epidemiology	Cancers, Circulatory Diseases, Respiratory Diseases
10	Population below poverty line	8.8%(2015 est)
11	Age structure (%)	0-14 years:16.08 %
		15-24 years12.03%
		25-54years 39.18%
		55-64 years 13.41%
		65 years and over:19.1 (2018 est)
Source: CIA World Fact Book updated to July 2018		

MARKET REPORT

Introduction:

Growth in the Netherlands' pharmaceutical sector will remain slow in the coming years, due to price controls and increased use of generics. The government and insurers are looking to contain rising healthcare cost through various cost-cutting measures and pro-generic drug policies.

The market size of the country was USD 7.09 billion during 2017 and is forecasted to grow by 7.2% during 2018, and reach USD 7.59billion

Latest Updates

- In July 2018, Netherlands-based Cleara Biotech has created three public-private partnerships with University Medical Centre in Utrecht, University Medical Centre in Groningen, and Medical University of Graz to discover and develop new therapeutics targeting senescent cells and cancer.

- Over 100,000 people in the Netherlands above the age of 20 were morbidly obese in 2017, the highest the figure has ever been says an authentic report.

- Nine hospitals across the Netherlands signed a joint agreement to centralise the surgical treatment of prostate cancer.

- Gilead to build a new manufacturing plant in Amsterdam to produce its CAR T personalised cancer drug Yescarta (axicabtagene ciloleucel), the institute is likely to higher 300 staff by 2020.

- In May 2018, the Netherlands and India agreed to bolster cooperation in the healthcare sector as the leaders of the two nations commended the ongoing expansion in Indo-Dutch economic engagement.

Swot

Strengths:

- Well-developed healthcare system.
- Despite government cost-cutting measures, healthcare expenditure continues to increase in local currency terms.
- Relatively high degree of cooperation between the government and the industry.
- Strong generic drugs penetration.

Weaknesses:

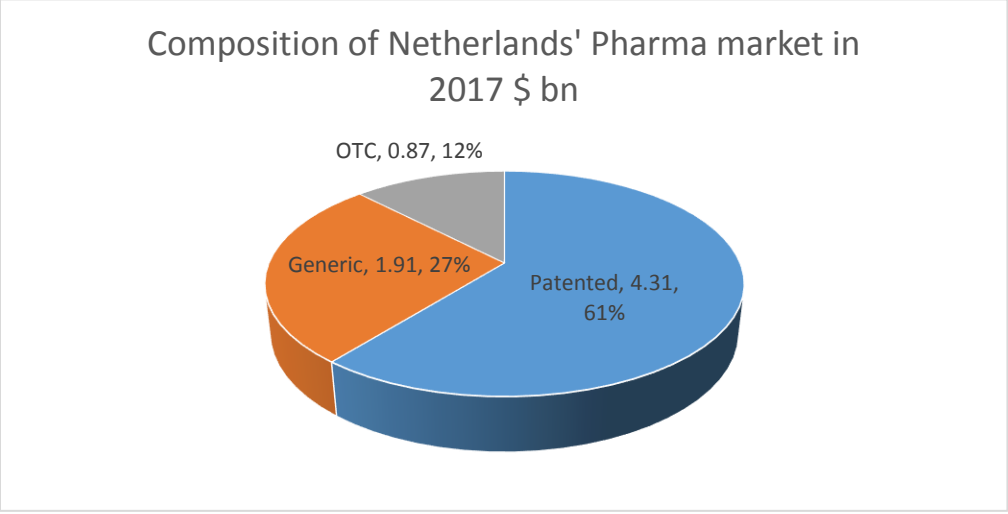
- Government cost-cutting initiatives, which have tightened criteria for the reimbursement system.
- Drastic price cuts and agreements not to raise branded drug prices have reduced the market's value in the past.(narrows down the difference of pricing between generics and patents)
- Relatively low per capita drug spending relative to other Western European states.
- Mature pharmaceutical market, with a relatively low annual growth potential

Market Overview:

Dutch pharmaceutical market is on the recovery following an overall decline in value since its peak in 2011. The worst of the government's cost cutting initiatives and effects of the patent cliff is behind the market.

Drug sales in the Netherlands reached a value of USD 7.09bn in 2017, with per capita spending falling from USD576 in 2011 to USD416. Over the next five-years, the market is to gain momentum with a CAGR of 2.5%, reaching USD8.02bn in 2022. Patented drugs made up the majority share of the total market value accounting for 61%, with generic drugs representing a 27% share, translating to USD4.31bn and USD1.91bn respectively. Government will continue implementing cost-containment policies inclusive of increased use of generics along with price controls to implement savings of around USD541mn by reducing expenses on medicines and medical devices.

The country is a base for home-grown multinationals (Royal Dutch/Shell, Unilever, Philips and Heineken) and highly attractive to foreign investors. As far as the pharmaceutical sector is concerned, the local industry comprises a number of prominent players including DSM, Qiagen and the Pharming Group. From an international standpoint, the industry is mainly based on imports and marketing activities, as few multinationals have local production capacities. Multinational companies with a presence in the Netherlands include Merck & Co, Pfizer, Sanofi, GlaxoSmithKline and Novartis.



Epidemiology

Chronic diseases such as malignant neoplasms and neuropsychiatric conditions place a high burden on the Netherlands' healthcare services, which can be partly attributed to the country's substantial pensionable population.

Cancer, circulatory diseases and diseases of the respiratory system are among the leading causes of death in the country. In October 2016, the Dutch national statistics office (CBS) revealed that 2,800 men died of bowl cancer in 2015, overtaking prostate cancer as the second biggest killer of men in the Netherlands. In women, bowel cancer was responsible for 2,400 deaths in the same year, behind lung and breast cancer. In early 2016, Eurostat revealed the Netherlands to have the second highest cancer death rate in Europe with the disease contributing 31% of the death total in the country

In the Netherlands, the ageing profile ratio (the ratio of the population aged under 15 to that aged over 65) will fall from 1.39 in 2005 to 0.66 by 2050.

Generics Market Forecast

Generic medicines will continue to capture market share, with an accelerating upward trend. Patent expiries will provide a major boost to spending, and government initiatives with umbrella organisations of medical associations to encourage effective prescribing practices will help to spur uptake of generic medicines. However, growth in the segment will be driven primarily by volume increases, with restrictions on medicine prices under the Medicines Prices Act affecting the profit margins of generic drug makers operating in the country.

In 2017, non-patented prescription drug sales were calculated to be worth USD1.91bn, this is likely to grow at 10.54% and reach $ 2.11 billion by 2018. . By 2022, the sub-sector is forecast to reach a value of USD2.43bn, representing a compound annual growth rate (CAGR) of 5%.

The Dutch generic drug market is being held back by over-regulation, according to studies by the London School of Economics. A report by the EU found that generic drugs enter the market at a rate of roughly 25% of the price of the originator drug, dropping by a further 40% over the next two years. In the US, where there is far more market competition among generic drug firms, prices for copy drugs have usually fallen to 80% of the original within a year. The Netherlands is held up as an example of a country where active price competition between generic products can lead to savings.

Pharmaceutical Trade Forecast

Unlike many of its eurozone peers, the Netherlands exports significantly more pharmaceutical products than it imports, resulting in its positive trade balance.

Pharmaceutical exports are expected to increase from USD16.33bn in 2017 to USD 17.87 bn by 2018. By 2022 experiencing a compound annual growth rate of 6.0% it is expected to touch 21.74 bn. Most exports from the Netherlands go to other EU countries

Imports are expected to rise from USD13.37bn in 2017 to USD14.99bn by 2018. Ata five-year CAGRs of 7.2% it is expected to touch $18.92 bn.

The Netherlands' leading import partners are the US, Germany, UK and Belgium. As the UK is a significant trade partner in both pharmaceutical exports and imports, it remains to be seen how Brexit will impact the market.

Local industry

The local industry comprises a number of prominent players, including DSM, Qiagen and the Pharming Group. Industry interests are represented by Nefarm, which has around 40 research-based pharmaceutical sector members, primarily Dutch subsidiaries of multinationals.

Qiagen is one of the leading providers of innovative products and technologies for the pharmaceutical and biopharmaceutical industries. The company boasts more than 500 proprietary, consumable products and automated solutions for sample collection, nucleic acid and protein handling, separation and purification, in addition to diagnostic kits, tests and assays for human and veterinary molecular diagnostics

Royal DSM NV is a diversified speciality chemicals group, present in life sciences and nutritional products, performance materials and industrial chemicals. DSM Biologics has manufacturing facilities in the Netherlands and Canada, and focuses on recombinant proteins, antibodies, gene therapeutics and vaccines. DSM Anti-infective has manufacturing plants in the Netherlands, Spain, and Sweden.

Pharming Group develops innovative products for the treatment of genetic disorders, ageing diseases, specialty products for surgical indications and nutritional products

Generic Industry

Large generic producers are also active in the market, although some only operate through imports. Some of the more prominent companies include Canada-based Apotex; Germany-based Ratiopharm and Stada; and Israel-based Teva, which expanded both organically and through acquisitions. The company claims to be the largest generic player in Europe.

Synthon began life in 1991, in Nijmegen, the Netherlands. The company claims to be a leader in the field of complex generics, but is developing into a specialty pharmaceutical company. Synthon's research and development facilities for both generic and biotechnological pharmaceuticals are located at the company headquarters in Nijmegen. The company has API and drug product manufacturing facilities in the Czech Republic, Argentina and Spain. Synthon's US facility is dedicated to GMP biological manufacturing. Synthon products are currently approved in over 90 countries and marketed through strategic partnerships and direct sales. The company employs about 1,500 staff worldwide.

Statistics:

India's Pharmaceutical exports to NETHERLAND $ Million						
Category	**2015-16**	**2016-17**	**2017-18**	**GR%**	**Contbn%**	**Contbn to Region**
Bulk drugs and Drug intermediates	81.63	63.07	95.61	51.60	40.91	10.62
Drug Formulations and Biologicals	149.48	125.44	120.47	-3.96	51.55	7.45
Ayush	2.28	2.35	2.73	16.13	1.17	12.20
Herbal Products	1.39	0.83	1.11	34.49	0.47	1.06
Surgicals	8.16	10.26	12.89	25.58	5.51	12.40
Vaccines	0.81	0.70	0.90	28.41	0.38	31.41
Total	243.75	202.64	233.71	15.33	100.00	8.50

Netherlands ' Top ten formulation Importing partners $ Million						
Rank	**Country**	**2015**	**2016**	**2017**	**Gr%**	**Share%**
1	Germany	3242.26	3039.47	4051.78	33.31	28.87
2	USA	4258.89	3082.95	2484.45	-19.41	17.70
3	Belgium	1310.49	1133.99	1345.16	18.62	9.58
4	United Kingdom	2209.73	1550.92	1155.32	-25.51	8.23
5	Switzerland	825.13	1067.02	954.01	-10.59	6.80
6	Italy	611.65	389.43	730.59	87.61	5.20
7	France	660.70	525.36	586.79	11.69	4.18
8	Israel	452.15	381.99	494.29	29.40	3.52
9	Ireland	366.45	332.82	386.88	16.24	2.76
10	Denmark	188.84	200.76	192.01	-4.36	1.37
21	India	97.39	69.06	71.69	3.81	0.51
	World	17285.47	13455.61	14036.96	4.32	100.00
Source: UN comtrade						

Regulatory Overview:

The Netherlands' pharmaceuticals and healthcare regulatory regime is considered fair and transparent and is characterised by a high degree of government-industry understanding. EU Directives 65/65/EEC, 75/318/ EEC and 75/319/EEC form the basis for market regulation. The revised Medicines Law of 2007 introduced two additional over-the-counter (OTC) categories, with non-prescription medicines now classed into pharmacy only (AU), pharmacy and drug store-only (UAD, which is the default status for OTCs) and general sale (AV). Examples of products on the lists include ibuprofen 200mg 12 tablets (AV), ibuprofen 200mg 48 tablets (UAD), and naproxen 550mg and diclofenac 25mg (UA). Homeopathic products are classed as medicines, as are some herbal products, depending on the latter's dosages.

Directive 2011/62/EU, which amended directive 2001/83/EC, must have been implemented by all member states by January 2013. The new directive prevents falsified medicines from entering the supply chain, with measures that aim to increase safety measures across Europe.

On a national basis, the principal regulatory authority in the Netherlands is the Medicines Evaluation Board (MEB), which has the power to approve or reject medicinal products, or to delete them from the register on the basis of statutory criteria. On recording the product in the register, which is currently estimated to list around 15,000 products, the MEB finalises the Summary of Product Characteristics and the package leaflet.

The Dutch Healthcare Authority (NZa) was created as part of the 2006 revision of the Netherlands' health insurance scheme. The body, incorporating the existing Supervisory Board for Healthcare

Insurance (CTZ) and the supervisory board that determines healthcare prices (CTG), monitors quality, access to care and the price of medicines. The body has the power to intervene when health insurers and care providers cannot reach an agreement over the cost of drugs. The NZa also oversees the work of the NMa, the Dutch competition authority.

In January 2014 the FDA and EMA launched a joint initiative to share information on inspections of bioequivalence studies submitted in support of generic drug approvals. The initiative follows from the implementation of an initiative on GCP inspections, the 18-month pilot phase of which began on September 1 2009. This was designed to ensure that clinical trials submitted in drug marketing applications in the EU and US are conducted uniformly, appropriately and ethically, and focused on collaborative efforts to inspect clinical trial sites and studies. Alongside a number of EU member states, the Netherlands is taking part in the initiative.

Relocation of EMA to the Netherlands

One consequence of Brexit is that the European Medicines Agency (EMA) is relocating from London to Amsterdam in 2019. The Ministry of Health, Welfare and Sport (VWS) is working hard to ensure that the relocation goes as smoothly as possible. Currently the MEB is investigating the extent to which the EMA might call upon the services of the MEB in the coming period.

MEB and Swissmedic sign Memorandum of Understanding:

The Medicines Evaluation Board (MEB) intends to intensify collaboration with its partner authority in Switzerland in the field of therapeutic product development and production. On 11 September 2018, MEB Chairman Ton de Boer and Executive Director Hugo Hurts signed a Memorandum of Understanding (MoU) with Swissmedic Director Raimund Bruhin.

The MoU provides a formal basis for stepping up collaboration on bilateral initiatives and the exchange of data. The two authorities are also involved in global multilateral initiatives such as the International Coalition of Medicines Regulatory Authorities (ICMRA) and the International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH).

The MEB's bilateral networking efforts focus primarily on therapeutic products agencies within and outside the EU with countries of strategic interest to the Netherlands.

Pricing Regime

As of 1996, all prescription-only medicines sold through retail pharmacies in the Netherlands are subject to the Medicinal Product Prices Act - the Wet Geneesmiddelen Prijzen (WGP) system - with the prices set at a maximum level, determined twice a year (in March and in October). The maximum retail price of both generic and branded medicines is set by the Ministry of Health, Welfare and Sport, and is based on the average price of comparable medicinal products in four reference countries (Germany, France, Belgium and the UK). Highlighting the WGP as the government's primary instrument for exerting influence on medicine prices, the act has caused the price of prescription medicines to fall by 37% since October 2007.

Under the Medicines Prices (WGP) Act, twice a year, the Minister of Health sets new maximum prices for medicinal products. Drug suppliers may request a maximum price based on the average price of the product in Belgium, Germany, France and Britain.

REGISTRATION AND LICENSING REQUIREMENTS

➢	Regulatory Authority	:	**Medicines Evaluation Board (MEB)**
➢	Website of regulatory Authority	:	https://english.cbg-meb.nl/ http://www.ema.europa.eu/
➢	Fees for Drug Registration	:	23,060 € for Generic Application through National Procedure
➢	Normal time taken for registration	:	12 - 18 Months
➢	Registration Requirement [Dossier Format]	:	e-CTD
➢	Whether plant inspection is mandatory	:	Yes
➢	Act	:	Medicines Act, 2007 (Geneesmiddelenwet)

EMA Organization:

The European Medicines Agency (EMA) is a decentralised agency of the European Union (EU), located in London and will relocate to Amsterdam. The Agency is responsible for the scientific evaluation, supervision and safety monitoring of medicines in the EU.

EMA protects public and animal health in 28 EU Member States, as well as the countries of the European Economic Area, by ensuring that all medicines available on the EU market are safe, effective and of high quality.

EMAs activities:

Facilitate development and access to medicines

EMA is committed to enabling timely patient access to new medicines, and plays a vital role in supporting medicine development for the benefit of patients. The Agency uses a wide range of regulatory mechanisms to achieve these aims, which are continuously reviewed and improved. They are

- Support for early access;
- Scientific advice and protocol assistance;
- Paediatric procedures;
- Scientific support for advanced-therapy medicines;
- Orphan designation of medicines for rare diseases;
- Scientific guidelines on requirements for the quality, safety and efficacy testing of medicines;
- The Innovation Task Force, a forum for early dialogue with applicants.

EMA also plays a role in supporting research and innovation in the pharmaceutical sector, and promotes innovation and development of new medicines by European micro-, small- and medium sized-enterprises.

Evaluate applications for Marketing Authorisation

EMA's scientific committees provide independent recommendations on medicines for human and veterinary use, based on a comprehensive **scientific evaluation of data**.

The Agency's evaluations of marketing-authorisation applications submitted through the **centralised procedure** provide the basis for the authorisation of medicines in Europe.

They also underpin important decisions about medicines marketed in Europe, referred to EMA through referral procedures. EMA coordinates inspections in connection with the assessment of marketing-authorisation applications or matters referred to its committees.

Monitor the safety of medicines across their lifecycle

EMA continuously monitors and supervises the safety of medicines that have been authorised in the EU, to ensure that their benefits outweigh their risks. The Agency works by:

- Developing guidelines and setting standards;
- Coordinating the monitoring of pharmaceutical companies' compliance with their pharmacovigilance obligations;
- Contributing to international pharmacovigilance activities with authorities outside the EU;
- Informing the public on the safety of medicines and cooperating with external parties, in particular representatives of patients and healthcare professionals.

Provide information to healthcare professionals and patients

The Agency publishes clear and impartial information about medicines and their approved uses. This includes public versions of scientific assessment reports and summaries written in lay language.

Medicines Evaluation Board (MEB), Netherland

About the MEB:

The Medicines Evaluation Board (MEB) assesses and monitors the efficacy, risks and quality of human and veterinary medicines, and the safety of novel foods for human consumption. As part of the Ministry of Health, Welfare and Sport (VWS) the Agency is responsible for preparing and implementing decisions by the Board and for coordinating pharmacovigilance in the Netherlands.

The Agency also assesses veterinary medicinal products via the Veterinary Medicinal Products Unit and the assessment of novel foods via the Novel Foods Unit. However, the MEB is not responsible for the decision-making and authorisation of veterinary medicinal products and novel foods. The Veterinary Medicinal Products Unit prepares the decision-making of the Veterinary Medicines Board. This Board advises the Minister of Economic Affairs, who is responsible for policy and politics.

In the Netherlands the Ministry of Health, Welfare and Sport (VWS) is the competent authority for assessment of novel foods. The minister asks the Novel Foods Unit of the MEB for a scientific assessment of consumer safety.

The Board consists of a chairperson and at least 9 and at most 17 other members (doctors, pharmacists and scientists). The chairperson and members are appointed by the **Minister of Health, Welfare and Sport (VWS)**.

Better Use programme:

The MEB launched its Better Use programme in 2017. The programme is part of the MEB's strategic ambition to promote the better use of medicines. Improving the information that is disseminated to healthcare providers (prescribers and pharmacists, in particular) is a central aspect of this strategy.

Priorities of the Better Use programme:

- Improved information for patients, and
- Improved access to product information.

AUTHORISATION OF MEDICINES

All medicines must be authorised before they can be marketed and made available to patients. In the EU, there are two main routes for authorising medicines: **a centralised route** and **a national route**. The data requirements and standards governing the authorisation of medicines are the same in the EU, irrespective of the authorisation route.

Centralised Authorisation Procedure

Under the centralised authorisation procedure, pharmaceutical companies submit a single marketing authorisation application to EMA.

This allows the marketing-authorisation holder to market the medicine and make it available to patients and healthcare professionals throughout the EU on the basis of a single marketing authorisation.

EMA's Committee for Medicinal products for Human Use (CHMP) or Committee for Medicinal products for Veterinary Use (CVMP) carry out a scientific assessment of the application and give a recommendation on whether the medicine should be marketed or not.

Each European Member State has a representative in the CHMP and an alternate. The members of the CHMP are acting in their personal capacity. They act as intermediaries between European and national systems. The CHMP, two rapporteurs, following the product during its entire life cycle, are appointed for each drug .If new request, the CHMP maximum of 210 days to reach a final evaluation. This period can be interrupted to allow the firm to answer questions. There is also the possibility for a firm to give oral explanations on the submitted file. The CHMP final evaluation, the "Opinion", is sent to the European Commission for final decision-making. In case of positive evaluation, the Summary of Product Characteristics (SPC) and the package leaflet are established. A European Public Assessment Report (EPAR: European Public Assessment Report) is made in which any positive or negative opinion is justified. The EPAR (link is external) is published on the EMA website.

After a positive decision, the applicant receives European authorization on the market (AMM), which carries a number that is valid in every Member State of the EU and EEA.

Scope of the centralised authorisation procedure

The centralized procedure is **compulsory** for:

- Human medicines containing a new active substance to treat:
  - HIV or AIDS;
  - Cancer;
  - Diabetes;
  - Neurodegenerative diseases;
  - Auto-immune and other immune dysfunctions;
  - Viral diseases.
- Medicines derived from biotechnology processes, such as genetic engineering;
- Advanced therapy medicines, such as gene-therapy, somatic cell-therapy or tissue-engineered medicines;

- Orphan medicines (medicines for rare diseases);
- Veterinary medicines for use as growth or yield enhancers.

It is **optional** for other medicines:

- Containing new active substances for indications other than those stated above;
- That are a significant therapeutic, scientific or technical innovation;
- Whose authorization would be in the interest of public or animal health at EU level.

Steps involved in obtaining an EU marketing authorisation

Submission of eligibility request

18 to 7 months before submission of marketing authorisation application(MAA)
To find out whether a product can be evaluated under the centralized procedure, applicants should always submit an **eligibility request** using the specific form and accompanied by a justification

Notification of intention to submit an application

7 months before submission of MAA
Applicants should consider the date of submission carefully, referring to the published submission dates and the guidance below: Best practice guide on measures improving predictability of submissions/responses and adherence to communicated submission/responses deadlines To notify the Agency of the intended submission date, they should email the pre-submission request form (intent to submit MA) to pa-bus@ema.europa.eu. The selected scope of request should be: 'Centralized Procedure – Intent to submit a MAA'

Appointment of rapporteurs

7 months before submission of MAA
The Committee for Medicinal Products for Human Use (CHMP) and the Pharmacovigilance Risk Assessment Committee (PRAC) appoints (co-)rapporteurs to conduct the scientific assessment. For advanced therapy medicinal products, (co-)rapporteurs are also appointed from members of the Committee for Advanced Therapies (CAT), who will lead the assessment.

Pre-submission meetings

6 to 7 months before submission of MAA
Pre-submission meetings are the best opportunity for applicants to obtain procedural and regulatory advice from the Agency: Marketing authorisation application pre-submission meeting request form

Successful pre-submission meetings along with the information in the guidance should enable applicants to submit applications in line with legal and regulatory requirements. This speeds up the validation process.

Re-confirmation of communicated submission date

2-3 months before submission of MAA

Applicants should re-confirm the submission date initially communicated to EMA, or inform EMA of any delays or cancellations, following the guidance below:
Best practice guide on measures improving predictability of submissions/responses and adherence to communicated submission/responses deadlines

If the planned submission date is changed, applicants must inform EMA by re-sending the completed pre-submission request form to pa-bus@ema.europa.eu, selecting 'notification of change' as the scope of the request and stating the new intended submission date in the corresponding field.

Holding successful pre-submission meetings and following this guidance should enable applicants to submit applications in line with legal and regulatory requirements, speeding up the validation process.

Submission and validation of the application

Applicants should use the electronic common technical document (eCTD) format and submit the application through the eSubmission gateway or web client.

If the Agency needs additional information to complete its validation of the application, it will ask the applicant to supply this by a deadline. For more information: check What is eSubmission?

Scientific evaluation

Up to 210 active days of assessment

The CHMP evaluates MAA submitted through the centralised procedure. The PRAC provides input on aspects related to risk management and the CAT on advanced therapy medicines.

CHMP Scientific Opinion

After the evaluation, the CHMP must issue a scientific opinion on whether the medicine may be authorized or not.

EMA sends this opinion to the European Commission, which issues the marketing authorization. The Agency then publishes a summary of the committee's opinion.

European Commission decision

Within 67 days of receipt of CHMP opinion

Commission decisions are published in the Community Register of medicinal products for human use and EMA publishes a European public assessment report (EPAR).

When a new marketing authorisation application is refused, the Agency publishes a refusal EPAR, including a question and answer document and an assessment report.

Please check the pre-authorisation guidance for detailed guidance for submission of applications.

Mutual Recognition procedure & Decentralized Procedure

Today, **the great majority of new, innovative medicines** pass through the centralized authorization procedure in order to be marketed in the EU.

If a company wishes to request marketing authorisation in several EU Member States for a medicine that is outside the scope of the centralised procedure, it may use one of the following routes:

- **The Mutual-Recognition Procedure (MRP)**: Whereby a marketing authorisation granted in one Member State can be recognised in other EU countries;

- **The Decentralised Procedure (DCP)**: whereby a medicine that has not yet been authorised in the EU can be simultaneously authorised in several EU Member States.

Mutual-Recognition Procedure (MRP):

- Under MRP, the assessment and marketing authorisation of one Member State ("Reference Member State (RMS)") should be "mutually recognised" by other "Concerned Member States (CMS)". Since the introduction of the DCP, the MRP is mainly used for extending the existing marketing authorisation to other countries in what is known as the "repeat use" procedure.

- The pharmaceutical company submits their application to the country chosen to carry out the assessment work, which then approves or rejects the application. The other countries have to decide within 90 days whether they approve or reject the decision made by the original country (RMS).

- Two groups are working for the facilitation of the Mutual Recognition Procedure:

  - ✓ **CMD(h)** (Coordination Group for Mutual recognition and Decentralised procedures (human)) - For human medicinal products.

  - ✓ **CMD(v)** (Coordination Group for mutual recognition and Decentralised procedures (veterinary))- For veterinary medicinal products.

- If a member state cannot approve the assessment report, the summary of product characteristics, the labelling and the package leaflet on grounds of potential serious risk to human and animal health or to the environment, a pre referral procedure should be issued by the relevant Co-ordination Group.

- If the Member State(s) fail to reach an agreement during the 60-day procedure of the pre-referral, a referral to the CHMP/CVMP for arbitration may be made through its secretariat at the EMEA

Repeat Use Procedure (RUP)

One can use the mutual recognition procedure more than once to add more member states to a mutually-recognized license – this is known as a repeat-use procedure. The process for repeat use is identical to the first mutual recognition procedure.

- A request to the MEB to act as Reference Member State in the Mutual recognition procedure should preferably be announced upon submitting the national application. If the marketing authorization holder wishes to start an MRP with a product for which a marketing authorization has already been granted, the marketing authorization holder must also contact the specific Pharmacotherapeutic Group or - if known - the relevant case manager, as soon as possible. The same applies to a Repeat Use Procedure. The request form to the MEB to act as Reference Member State in the Mutual recognition procedure (MRP/RUP) must be used. This is in order to agree upon the necessary steps (e.g. update of the dossier if necessary) and planning.

Decentralized Procedure (DCP):

- It is applicable in cases where an authorisation does not yet exist in any of the EU Member States.
- Identical dossiers are submitted in all Member States where a marketing authorisation is sought. A Reference Member State, selected by the applicant, will prepare draft assessment documents and send them to the Concerned Member States.
- They, in turn, will either approve the assessment or the application will continue into arbitration procedures.
- The new Decentralised Procedure involves Concerned Member States at an earlier stage of the evaluation than under the MRP in an effort to minimise disagreements and to facilitate the application for marketing authorisation in as many markets as possible.
- The applicant may request one or more concerned Member State(s) to approve a draft assessment report, summary of product characteristics, labelling and package leaflet as proposed by the chosen reference Member State in 210 days.
- When all Member States involved decide on a positive opinion on products in the mutual recognition and decentralised procedure, Dutch translations of the SmPC, package leaflet, labelling texts and mock-ups are submitted and a national marketing authorisation is issued.

Netherland to act as Reference Member State (RMS):

To request a time slot for a decentralised procedure (DCP) application with the Netherlands as Reference Member State (RMS), you can use the MEB Planning tool to support application for time slots for DCP (NL=RMS). The planning tool shows how many time slots are available per month and for which Pharmacotherapeutical Group.

After opening the planning tool, you can select a time slot of your choice; a digital form will appear. You can then attach the completed and signed Request for RMS in a Decentralised procedure form and enter your contact details.

The procedure number is assigned by the RMS in accordance with Chapter 2 of the Notice to Applicants. The procedure number is structures according to the MRP procedure numbers, with the addition of DC, i.e. RMS/H/1234/xx/DC. The product is also assigned a RVG-number, since it is a national submission. The addition of DC is omitted in later variations.

After submission you will receive a confirmation of receipt via e-mail. The MEB will inform you within three weeks following submission, whether the time slot is assigned or not. In case an allocated time slot is withdrawn for any reason, it is shown in the planning tool.

National authorisation procedures

Applicants following the national procedure will be granted a marketing authorisation that is valid only in the Netherlands. It is granted by the MEB. Besides the granting of a Marketing Authorisation for the Dutch market, the National procedure can also serve as the first phase of a Mutual Recognition Procedure if the Netherlands is going to act as the Reference Member State (RMS) in that procedure.

Application and assessment of a dossier

Applicants wishing to follow a national procedure must submit a marketing authorisation dossier to the MEB. The MEB will assess the risk/efficacy ratio of the medicinal product. The MEB has up to 210 days to reach a final decision. This period may be suspended to allow the company to answer questions. Companies can also give verbal explanations relating to the dossier they have submitted. If the decision is favourable, the Summary of Product Characteristics, the package leaflet and the label text (including layout) will be determined when the marketing authorisation is granted. Decisions to grant national marketing authorisations are recorded in a register of medicinal products.

Medicinal products that have been granted marketing authorisation via the national procedure must bear the national marketing authorisation number, which starts with "**RVG**", on their labelling.

The requirements governing the marketing authorisation dossiers to be submitted in the context of applications under national Procedures vary according to the type of procedure. The national Procedure is divided into applications for:

- Medicinal products with a new active substance, including medicinal products with a 'well-established medicinal use'
- Medicinal products with a known active ingredient / generic medicinal products
- Line extensions
- Duplex marketing authorizations
- Parallel import
- Replica marketing authorisations
- Medicinal gases as medicinal products

Generic Medicinal Product:

A generic medicinal product is a medicinal product that is authorized via an abridged procedure. There are two types of procedures: an application legally based on the stipulations of 10.1 (true

generic application) of Directive 2001/83/EC or a request legally based on 10.3 (hybrid application) of the same Directive.

Generally, a complete dossier including pharmacological, toxicological and clinical data must be submitted with a marketing authorization application. However, a complete dossier is not required when applying for generic medicinal products, in order to prevent unnecessary repetition of pharmacological, toxicological, and clinical human and animal trials. The applicant may refer to the complete dossier belonging to another product, the reference medicinal product, as long as the requirements for the accelerated procedure are met.

The reference medicinal product's dossier must contain the pharmacological, toxicological and clinical data; thus, the issuing of the marketing authorization for the reference product must have been based on a complete file. The Board is not required to have access to this data. That is, the reference product need not have obtained marketing authorization in the Netherlands.

When evaluating requests submitted via the accelerate procedure, the Board must verify that the submitted product is generic with respect to a reference medicinal product. The legal basis for the accelerated procedure may be found in article 10 of European Directive 2001/83/EG.

The accelerated procedure is described in Article 42 of the Dutch Medicines Act (Geneesmiddelenwet).

Generic medicinal products and usage patents

On the grounds of patent legislation, the marketing authorisation holder for a generic medicine must take account of documents known as usage patents.

These usage patents do not protect a medicine as such, as a product patent does, but rather protect a certain specific application (therapeutic indication or dosage form) of a medicine.

The usage patents often apply long after the data protection period has expired and generic versions of the medicine may thus be brought on to the market.

One consequence of a usage patent may be that, when generic versions of a medicine are brought on to the market, the marketing authorisation holder may include fewer indications in the Summary of Product Characteristics (SmPC) and the package leaflet than for the (innovative) reference product. In these cases the marketing authorisation holder of the product will remove this information from the printed SmPC and package leaflet before putting the generic product on the market.

The MEB evaluates the complete benefit-risk assessment between efficacy and risks, thus including any patented indications. The MEB indicates that the benefit-risk balance for the generic product does not differ from that of the innovator. The product information associated with the registration is included in the MEB Medicines Information Bank. This information is complete, and all indications (including the patented ones) are listed here.

For generic products which have been registered via the centralised procedure (recognisable by an EU number instead of merely an RVG number), no patented indication is included in the approved

SmPC nor in the approved patient information leaflet; also, the standard clause mentioned above is not included in the leaflet.

Parallel import

When a medicinal product is imported from another European country, this is referred to as parallel import. With parallel import, the medicinal product is marketed in the Netherlands by an importer who has not been designated by the original authorisation holder.

In many cases, the same or nearly the same version of this medicinal product has already been authorised in the Netherlands; this is the so-called Dutch reference medicinal product. The price of a medicinal product may be lower in another Member State. Therefore, it may be economically attractive to market a medicinal product through parallel import. This requires a parallel import marketing authorisation. The parallel importer may apply for such an authorisation to the MEB.

The authorisation procedure for parallel import products does not apply to medicinal products with marketing authorisations issued by the European Commission valid in the entire European Union, a so-called community marketing authorisation.

Assessment criteria
The parallel product must be interchangeable with the Dutch reference medicinal product. There may be no difference in efficacy and safety.

The following assessment criteria are important:

- The applicant must designate a medicinal product for which a marketing authorisation has been granted in the Netherlands (reference medicinal product). This Dutch reference medicinal product must have a valid marketing authorisation at the time of the application for the parallel import product.
- The qualitative and quantitative composition of the active ingredients of the product for parallel importation must be identical to that of the Dutch reference medicinal product.
- The qualitative composition of the excipient must be identical to, or nearly identical to that of the Dutch reference medicinal product.
- The pharmaceutical form must be identical to that of the Dutch reference medicinal product.
- The package size must preferably be identical to that of the Dutch reference medicinal product; this applies in particular to OTC medicinal products. A different package size is only acceptable if it falls within the same legal status of supply and if the same dosing schedule (period of treatment) can be followed as approved for the Dutch reference medicinal product.

For more information on the assessment, please see the policy document MEB 14: Parallel import: marketing authorisation and maintenance.

Application form
In order to accelerate the granting of the marketing authorisation for a medicinal product for parallel importation, the MEB developed an application form. This form must be used for each authorisation application.

Marketing authorisation number

Products for which parallel import marketing authorisations have been granted are given successive authorisation numbers. RVG2//RVG1. RVG2 is a unique number for the relevant parallel marketing authorisation and RVG1 is the authorisation number for the Dutch reference medicinal product.

Variations:

A variation is a change in the dossier of an authorised product. There are four different types of variations: Type IA, Type IB, Type II and Line extension.

The definitions of these variations are available in:

- The Regulations of the European Commission: Regulation (EC) 1234/2008 en Regulation (EU) 712/2012
- Guidelines of the European Commission as published in Chapter 5 of Volume 2 of the Notice to Applicants.

Best Practice Guides van de CMDh with regard to variations and other procedural advice from the CMDh about the submission of variations for medicinal products with a marketing authorisation obtained via the mutual recognition or decentralised procedure can be found on the website of the CMDh. These Best Practice Guides and advice are also followed by the MEB for the submission of variations for strictly national marketing authorisations.

Specific questions relating to the method of submission of variations in the Netherlands are described in two Variations question and answer documents:

- Question and answer document pertaining to variations for medicines for human use
- Question and answer document concerning changes not covered by the Variation Regulation 1234/2008

Grouped applications

The following grouped variations are possible:

- Grouped applications of more than one variation for one marketing authorisation
- Grouped variations of (more than) one type IA variation(s) for several marketing authorisations; including so-called “supergrouped” type IA variation(s) for more than one marketing authorisation
- So-called horizontal grouping of variations: relating to one or more variation(s) that all apply to several strictly national marketing authorisations (a separate procedure number is not required for this).

There are four different types of variations:

- **Type IA variation**: a change that will have only a minimal effect or no effect at all on the quality, safety or efficacy of the relevant medicinal product and is defined in the relevant Variation

Guideline of the European Commission OR is defined via an article 5 recommendation of the CMDh. A Type IA variation will only be validated and the content will not be assessed by the MEB. The applicant will receive a confirmation of receipt of a valid application for products registered via a national procedure, as well as for products registered via MRP/DCP if NL is RMS.

- **Type IB variation**: any change that cannot be defined as Type IA variation, Type II variation or as a line extension and that will not have a significant effect on quality, safety or efficacy of the medicinal product. A type IB variation is validated and assessed.
- **Type II variation**: a change that is not a so-called line extension and that could have a significant effect on the quality, safety or efficacy of the relevant medicinal product. A type II variation will be validated and assessed.
- **Line extension**: an application for a marketing authorisation in the name of the same marketing authorisation holder, in which only the pharmaceutical form and/or strength differs from one or more other medicinal products for which the marketing authorisation holder already has a marketing authorisation, or has applied for such an authorisation. A line extension does not always result in a new marketing authorisation with a separate RVG number. It is also possible for an application for a line extension to result in a change of an existing marketing authorisation (change of the RVG number).

Renewal:

The Medicines Act stipulates that a marketing authorisation has a limited period of validity when first granted. After 5 years, the MEB must decide based on a benefit-risk assessment if this authorisation can be renewed and, if so, whether the renewal can be granted with unlimited validity or, as a result of aspects related to pharmacovigilance, with one additional 5-year period.

Once a year, the MEB will make a decision with respect to renewal of the marketing authorisation, for each product that has been authorised via the national procedure for which the marketing authorisation expires in that year. Exceptions to this are parallel import products and products which have subsequently gone through a Mutual recognition procedure.

Marketing authorisation holders are not asked to submit a request for renewal together with a renewal dossier. The decision on renewal is based on the information available in the dossier (including the PSUR data) and the current knowledge about the active ingredient(s) in relation to the indication(s) of the product concerned. However, if the MEB is of the opinion that renewal cannot be granted for a product, the marketing authorisation holder will have the opportunity to submit additional information and/or argumentation in response to the MEB's substantiation of the negative benefit-risk assessment.

Duplex Marketing Authorisation

A duplex marketing authorisation is a marketing authorisation for a product of which the dossier is identical to that of a product which is already authorised.

In a duplex marketing authorisation procedure, the MEB can waive a full evaluation, and the proof of authorisation (marketing authorisation) can be quickly issued. From 1 September 2015, a duplex marketing authorisation is only permitted for medicinal products that, upon filing the paperwork with the MEB:

- Received marketing authorisation no more than 5 years ago, or for which a mutual recognition procedure (MRP) was completed successfully no more than 5 years ago (with The Netherlands as reference member state (RMS)), day 90 no more than five years ago, and
- Have an approved Risk Management Plan (RMP).

The duplex marketing authorisation procedure will remain possible for medicinal products authorised more than five years ago under the following supplementary conditions:

1. The dossier for the duplex product will remain identical to the dossier for the reference product after marketing authorisation is issued.
2. A mutual recognition procedure (MRP) cannot be initiated for the duplex product.
3. The marketing authorisation for the duplex product cannot be transferred to a different (legal) entity.
4. If the marketing authorisation for the reference product is withdrawn at the request of the marketing authorisation holder, a request for the withdrawal of the marketing authorisation for the duplex product must be filed within three months.

These additional conditions guarantee that the duplex product and the reference product remain identical, except for a few administrative particulars.

EU pharmaceutical legislation - Hierarchy

Regulation – Binding to all Member States (MS), no national changes allowed (e.g. Paediatric Regulation)

Directive – Results binding but method up to MS, local interpretation (e.g. Clinical Trials Directive)

Guidelines – Interpretation of requirements, recommended but not binding (e.g. "Guideline on the readability of the labelling and package leaflet of medicinal products for human use")

Current Pharmaceutical Legislation

Directive 2001/83/EC - the core legislation governing the regulation of drugs in EU, provides the framework for regulation of medicines at national level

Regulation (EC) No 726/2004 – Sets out the centralised procedure

Legal basis for applications in the EU:

The following Articles of Directive 2001/83/EC gives the legal basis for various types of applications.

- Article 8(3) Full application i.e New Drug Application

- Generic, hybrid or similar biological applications - Article 10
  - Article 10a Well-established use application
  - Article 10b Fixed dose combination application
  - Article 10c Informed consent application
  - Article 10(1) Generic application
  - Article 10(3) Hybrid application
  - Article 10(4) Similar biological application

Article 8(3) - Full application:

For full applications according to Article 8(3) of Directive 2001/83/EC, the results of pharmaceutical tests (physico-chemical, biological or microbiological), pre-clinical tests (pharmacological and toxicological), and clinical trials need to be submitted.

Article 10 - Generic, hybrid or similar biological applications:

Generic applications: Article 10(1)

According to Article 10(1) of Directive 2001/83/EC, the applicant is not required to provide the results of pre-clinical tests and clinical trials if he can demonstrate that the medicinal product is a generic medicinal product of a reference medicinal product which is or has been authorised under Article 6 of Directive 2001/83/EC for not less than 8 years in a Member State or in the Community.

A generic medicinal product is defined as a medicinal product that has:

- Same qualitative and quantitative composition in active substances as the reference product,
- Same pharmaceutical form as the reference medicinal product and
- Whose bioequivalence with the reference medicinal product has been demonstrated by appropriate bioavailability studies.

It should be noted that the period of **8 years** from initial authorisation of the reference medicinal product, providing a period of so-called "**data exclusivity**", only applies to those reference medicinal products for which the initial application for authorisation was submitted through the centralised procedure after 20 November 2005.

Hybrid applications: Article 10(3)

Hybrid applications under Article 10(3) of Directive 2001/83/EC differ from generic applications in that the results of appropriate pre-clinical tests and clinical trials will be necessary in the following three circumstances:

- Where the strict definition of a 'generic medicinal product' is not met;
- Where the bioavailability studies cannot be used to demonstrate bioequivalence;
- Where there are changes in the active substance(s), therapeutic indications, strength, pharmaceutical form or route of administration of the generic product compared to the reference medicinal product.

These applications will thus rely in part on the results of pre-clinical tests and clinical trials for a reference product and in part on new data.

Similar biological application: Article 10(4)

In Article 10(4) of Directive 2001/83/EC it is stated that where a biological medicinal product which is similar to a reference biological product, does not meet the conditions in the definition of generic medicinal products, owing to, in particular, differences relating to raw materials or differences in manufacturing processes of the similar biological medicinal product and the reference biological medicinal product, the results of appropriate pre-clinical tests or clinical trials relating to these conditions must be provided.

Well-established use application: Article 10a

According to Article 10a of Directive 2001/83/EC, it is possible to replace results of preclinical and clinical trials by detailed references to published scientific literature (information available in the public domain) if it can be demonstrated that the active substances of a medicinal product havebeen in well-established medicinal use within the Community for at least 10 years, with recognised efficacy and an acceptable level of safety.

Applicants should submit Modules 1, 2 and 3. For Modules 4 and 5, a detailed scientific bibliography shall address all required pre-clinical and clinical characteristics, and should be summarised in Module 2.

It should be noted that, if well-known substances are used for entirely new therapeutic indications, it is not possible to solely refer to a well-established use and additional data on the new therapeutic indication together with appropriate pre-clinical and human safety data should be provided. In such case, Article 8(3) of Directive 2001/83/EC should be used as legal basis.

Fixed combination application- Article 10b

According to Article 10b of Directive 2001/83/EC, in the case of medicinal products containing active substances used in the composition of authorised medicinal products but not hitherto used in combination for therapeutic purposes, the results of new pre-clinical tests or new clinical trials relating to that combination shall be provided in accordance with Article 8(3)(i) of the same Directive, but it shall not be necessary to provide scientific references relating to each individual active substance.

The combination of active substances within a single pharmaceutical form of administration according to this provision is a so-called ‘fixed combination’.

Applications for fixed combination medicinal products can be accepted and validated under Article 10b on condition that the individual substances have been authorised as a medicinal product in the EEA via a Community or national procedure.

A full dossier, comprising all the information of modules 1 to 5, has to be provided in relation to the fixed combination. Any absence of specific fixed combination data should be duly justified in the Non-clinical and/or clinical Overviews.

Informed consent application- Article 10c

According to Article 10c of Directive 2001/83/EC, following the granting of a marketing authorisation, the authorisation holder may allow use to be made of the pharmaceutical, non-

clinical and clinical documentation contained in the dossier of the medicinal product for the purpose of examining subsequent applications relating to other medicinal products possessing the same qualitative and quantitative composition in terms of active substances and the same pharmaceutical form.

It is a prerequisite for the use of Article 10c as legal basis that consent has been obtained from the marketing authorisation holder of the reference product for all three modules containing the pharmaceutical, pre-clinical and clinical data (modules 3, 4 and 5), and the applicant of the informed consent application should have permanently access to this documentation or should be in possession of the information.

For such informed consent applications, only a complete module 1 should be submitted, including the Application Form with relevant Annexes (e.g. copy of correspondence with the European Commission for multiple applications, if applicable, and the letter of consent from the MAH of the authorised medicinal product allowing access to modules 2, 3, 4, 5 of the initial dossier and any subsequent documentation submitted)

If the dossier of the authorised medicinal product includes an ASMF, a new letter of access should be included in module 1 of the informed consent application.

Data exclusivity, market protection and paediatric rewards

Data exclusivity: 08 Yrs

Period of time during which a Company cannot cross-refer to the data in support of another marketing authorisation, i.e.: generics, hybrids, biosimilars cannot be validated by the Agency

Market protection: 02 Yrs

Period of time during which a generic, hybrid or biosimilar cannot be placed on the market, even if the medicinal product has already received a marketing authorisation.

+1 year market protection for a new therapeutic indication which brings significant benefit in comparison with existing therapies (Art. 14(11) Reg. (EC) No 726/2004) - *For initial MAA and authorisation of new indication within 8 years*

+ 1 year data exclusivity for a new therapeutic indication for a well-established substance, provided that significant pre-clinical or clinical studies were carried out in relation to the new indication *(Art. 10(5) Dir. 2001/83/EC) (=+1 WEU)*

+1 year data exclusivity for a change in classification of a medicinal product on the basis of significant pre-clinical tests or clinical trials *(Art. 74(a) Dir. 2001/83/EC) (=+1 OTC switch)*

Orphan Drugs: 10 Yrs Market Exclusivity

Orphan designation criteria

- Rarity of condition (< 5 in 10,000) or insufficient return on investment
- Seriousness of condition (Life threatening/chronically debilitating)

• Existence of satisfactory methods

Paediatric Exclusivity: **Six-month extension** to the product's SPC
(Supplementary protection certificate)

Paediatric orphan Drugs: **12 Yrs Market Exclusivity**.
Paediatric Use Marketing Authorization (PUMA):
For products developed exclusively for use in the paediatric population
8 Yrs - Data Exclusivity and
10 Yrs - Marketing Exclusivity

Sunset Clause:

The so-called "sunset clause" is a provision leading to the cessation of the validity of the marketing authorization if:

- The medicinal product is not placed on the market within three years of the authorization being granted or,
- Where a medicinal product previously placed on the market is no longer actually present on the market for three consecutive years.

The European Commission may grant exemptions on public health grounds and in exceptional circumstances if duly justified.

Fees payable to the EMA for Marketing Authorizations through CP

Fee type	Human medicines	Veterinary medicines
Marketing-authorization application (single strength, one pharmaceutical form, one presentation) For New drug Application	From €286,900	From €143,700
For Similar Biological Application (Article. 10(4) Application)	From €185 500	Full fee – Immunologicals- 71 400
For Generic/Hybrid/Informed Consent Applications:	From €111 400	

(Article 10(1), Article 10(3) and Article 10c Applications)		
Extension of marketing authorization(level I)	€86,100	€35,900
Type-II variation (major variation)	€86,100	€43,000
Renewal of a marketing authorisation, For each strength associated with a pharmaceutical form	€14 200	€7 200
Inspection Fee	€21 600	€21 600
Scientific advice	From €43,000 to €86,100	From €14,200 to 43,000
Annual fee (level I)	€102,900	€34,400
(Level III)- For of generic, hybrid or informed consent medicinal product (Articles 10(1), 10(3)	€25 600	€8 500
Establishment of MRLs	-	€71,400

Full details on all fees and fee reductions are available in: Explanatory note on general fees payable to the EMA as of 1 April 2018.

Fees payable to the MEB

National application new active substance	
Application via the National procedure	€ 43,900
Application via MRP with NL=RMS	€ 19,570
Application via DCP with NL=RMS	€ 63,470
Application via MRP with NL=CMS	€ 19,780
Application via DCP with NL=CMS	€ 31,375
Application with existing active substance	
Application via the National procedure	€ 23,060
Application via MRP with NL=RMS	€ 13,810
Application via MRP with NL=RMS repeat use	€ 4,400
Application via DCP with NL=RMS	€ 36,870
Copy application via DCP with NL=RMS	€ 15,800

Application via MRP with NL=CMS	€ 7,700
Application via DCP with NL=CMS	€ 18,435
Line extensions	
Application via the National procedure	€ 14,980
Application via MRP with NL=RMS	€ 13,810
Application via DCP with NL=RMS	€ 28,790
Application via MRP NL=CMS	€ 3,660
Application via DCP with NL=CMS	€ 14,395
Duplex authorisations	
Known active substance	€ 5,800
Informed consent	
Known active substance	€ 5,800
Application for parallel marketing authorisation	
Per application for a parallel marketing authorisation	€ 1,600

****

Details of importing country embassy in India: https://www.netherlandsandyou.nl/your-country-and-the-netherlands/india

Contact details of Indian Embassy abroad: http://www.indianembassy.nl/

List of Local Pharma Associations:

- Bogin (Dutch Generic Medicine Industry Association) http://www.bogin.nl/
- Association Innovative Medicines https://www.verenigginginnovatievegeneesmiddelen.nl/association-innovative-medicines