EU - Japan Business Round Table
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Recommendations of the EU-Japan Business Round Table to the Leaders of the European Union and Japan

Brussels, 15 May 2019

Working Party 2
Life Sciences and Biotechnologies, Healthcare and Well-being

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List of Abbreviations

Abbreviation	Meaning
ADI	Acceptable Daily Intake
ARCB	Association of Registered Certification Bodies under J-PMD Act
CAS	Chemical Abstracts Service
CE	Conformité Européene
CEFP	Council on Economic and Fiscal Policy
CHUIKYO	Central Social Insurance Medical Council
ECPA	European Crop Protection Association
EFPIA	European Federation of Pharmaceutical Industries and Associations
EPA	Economic Partnership Agreement
ESA	European Seed Association
EU	European Union
FSC	Food Safety Commission
GCP	Good Clinical Practice
GDP	Good Delivery Practice
GLP	Good Laboratory Practice
GMO	Genetically Modified Organism
GMP	Good Manufacturing Practice
HTA	Health Technology Assessment
IEC	International Electro technical Commission
ISO	International Organization for Standardization
JIS	Japanese Industrial Standards
J-PAL	Japanese Pharmaceutical Affairs Law
J-PMD Act	Japanese Pharmaceutical and Medical Device Act
JVPA	Japan Veterinary Products Association
LLPs	Long-listed products
LS & BT	Life sciences and Biotechnologies
MAFF	Ministry of Agriculture, Forestry and Fisheries
MDD	Medical Device Directive
MDR	Medical Device Regulation
MDSAP	Medical Device Single Audit Program Pilot
METI	Ministry of Economy, Trade and Industry
MHLW	Ministry of Health Labor and Welfare
MNC	Multinational Corporation
MRA	Mutual Recognition Agreement
MRL	Maximum Residue Limits
NB	Notified Body
NHI	National Health Insurance
NVAL	National Veterinary Assay Laboratory
PIC/S	Pharmaceutical Inspection Convention and Pharmaceutical Co-operation Scheme
PMDA	Pharmaceutical and Medical Device Agency
PMP	Price Maintenance Premium
PPS	Plant Protection Station
QALY	Quality-adjusted life years
QMS	Quality Management System
RMP	Risk Management Plan
TPP	Trans Pacific Partnership
VICH	International Cooperation on Harmonization of Technical Requirements for Registration of Veterinary Medicinal Products
WP	Working Party

Introduction

Japan and the EU face many similar challenges, such as aging populations, shifting demands for products and services, and rising costs in many aspects of the welfare system. Life sciences and biotechnologies offer the possibility of technologies that will help address these challenges.

Working Party 2 focuses on the following sectors:

- Healthcare (pharmaceuticals, medical devices etc.)
- Life Science & Industrial Chemicals
- Plant Protection & Biotechnology
- Animal Health

The recommendations of WP-2 have the clear aim to improve the innovation capabilities of both the EU and Japan through concrete action plans in life sciences and biotechnology. The focus is on measures that will enhance efficient healthcare practices, food technology and supply, and biotechnology.

The conclusion of the Economic Partnership Agreement was a major achievement for both sides, and will bring mutual economic benefit. But under the headline and in-principle agreements, there is much work to be done to deliver the specific improvements needed to bring our economies closer together. If the signing of the EPA marks the end of the current phase of deregulation and harmonization, then we will have wasted an opportunity to maximize the benefits for our industries and our citizens.

These once a year meetings are useful, but their value is limited without active follow-up between them. Our Working Party would like to see the creation of working-level government teams, on both the EU and Japan sides, to proactively monitor and drive progress throughout the year. Membership of the teams could perhaps be based on the EPA teams. And these teams should be tasked with developing and delivering on a plan and timelines.

Too many of the recommendations in this report have seen too little progress for too long. Instead of an ending, the EPA should be seen as a beginning. It should be a launch pad: a chance to renew our commitment to removing barriers to business; a chance to find new energy for strengthening our economic relationship; a chance to deliver on the recommendations in this report. Let us take those chances.

An asterisk (*) identifies “priority” recommendations.

Recommendations from both European and Japanese industries

HEALTHCARE

WP-2 / # 01 / EJ to EJ
Extension and clarification of coverage for mutual recognition of Pharmaceuticals GMP

The BRT calls on the EU and Japanese Authorities to:

- Cover pharmaceutical products derived from human blood or blood plasma and medicinal gases by the Mutual Recognition Agreement (MRA) on Good Manufacturing Practice (GMP) between the EU and Japan.

The BRT believes that:

- If the government and industry work together, clarity on exactly which products should be covered in the MRA can be achieved.

WP-2 / # 02 / EJ to EJ
Mutual recognition should be improved for Medical Devices

Mutual recognition of quality management audit results for Medical Devices should be established between EU and Japan.

The BRT calls on the EU and Japanese Authorities to:

- Introduce a mutual recognition scheme for Quality Management System (QMS) audit results, preferably through EU accession to the Medical Device Single Audit Program Pilot, or through regulatory harmonization between the EU and Japan,
- Harmonize submission-related formats and standards,
- Ensure post-approval QMS inspection dates coincide with the renewal of marketing authorization rather than every 5 years in order to simplify and assure proper renewal operation,
- Introduce mutual recognition of Medical Devices products for lower risk classes as soon as possible,
- Harmonize the introduction schedule for new ISO standards, including a grace period, thereby ensuring they apply the same revision of a particular ISO standard,
- Address issues above through the next revision of the J-PMD Act.

The BRT believes that:

- The QMS inspection process remains complicated and burdensome despite Japan now accepting the ISO13485 audit report under the 2014 J-PMD Act.

There should be mutual recognition of Medical Devices product licenses.

The BRT calls on the EU and Japanese Authorities to:

- Mutually recognize Medical Devices product licenses. Existing similarities between EU and Japanese regulations on low risk class II devices make mutual recognition on product licenses for this category of products possible.

The BRT calls on the Japanese Authorities to:

- Ensure PMDA and MHLW introduce mutual recognition, taking into account the difference of classification of medical devices between Japan and the EU.

The BRT calls on the EU Authorities to:

- Improve their communication with the Government of Japan in relation to the new Medical Device Regulation (MDR) implementation, and
- Monitor whether the switch from the Medical Device Directive to MDR does indeed accelerate the mutual recognition of clinical trials results in Japan.

The BRT believes that:

- Harmonizing QMS and classification should allow new products to be introduced in both the EU and Japan within the same time frame and in one process,
- The EU Authorities are communicating insufficient information to Japan about the MDR.

There should be mutual recognition of clinical trial results for Medical Devices.

The BRT calls on the Japanese Authorities to:

- Accelerate mutual recognition of clinical trial results in actual operation, where the conformity is currently insufficient due to the existing strict conditions applied when accepting clinical evaluation reports originating outside of Japan,

- Provide early disclosure of a clear guidance for judgment on the need for clinical studies, conditions for acceptance, etc. in order to make the actual operation of GCP smoother, and
- Develop guidelines for effective utilization of clinical evaluation reports soon. The EU industry side requests that the Japanese government responds with specific timelines for this action as this has been a previously listed request with no practical progress.

The BRT believes that:

- Although foreign clinical trial data can be accepted in Japan as part of the application dossier under specific circumstances, additional data requirements were sometimes imposed on manufacturers without providing the rationale regarding such request,
- The acceleration of mutual recognition of clinical trial results for the development of new Medical Devices would ensure access to new products for patients in Japan and the EU, both within the same timeframe and through one process. This would allow for further reducing the device lag, ensuring a high level of quality whilst minimizing the administrative burden on manufacturers, and
- Early disclosure of clinical trial-related guidance would promote the entry of overseas companies to the Japanese market.

PLANT PROTECTION & BIOTECHNOLOGY

WP-2 / # 03 / EJ to EJ
Legal clarity for and appropriate regulation of Plant Protection innovation, including genetic modified plants and gene-edited plants

The BRT calls on the EU and Japanese Authorities to:

- Regulate agricultural technologies, including crop protection, genetic modified and gene-edited crops in a science-based and proportionate manner,
- Advance and adhere to global harmonization of genetically modified organisms' risk assessments, and support the Global Low Level Presence Initiative,
- Provide legal clarity on the status of techniques such as genome editing, which are relevant for plant breeding, and
- Work with industry and other stakeholders to increase trust in the regulatory science and gain greater societal acceptance.

The BRT believes that:

- A fact-based platform for dialogue and sharing of information as well as a risk-proportionate, predictable, science-based treatment of new technologies is required,

- Taking a science-based and proportionate regulatory approach to agricultural technologies will aid gaining societal acceptance and help weeding out misinformation.

ANIMAL HEALTH

WP-2 / # 04* / EJ to EJ

Ensure mutual recognition of GMP for Animal Health products

The BRT calls on the EU and Japanese Authorities to:

- Agree on the mutual recognition of European and Japanese marketing authorizations for veterinary products, starting with mutual recognition of GMP certification and DMF (Drug Master File) of veterinary medicines,
- Include veterinary products within the scope of the MRA (Mutual Recognition Agreement).

The BRT believes that:

- Mutual recognition of GMP certification and DMF for veterinary products between the EU and Japan will provide for faster access to new useful products.

HEALTHCARE

WP-2 / # 05 / EJ to E
The UK's withdrawal from the EU should create the minimum of disruption to patients/users and pharmaceutical and cosmetic industries

The BRT calls on the EU to:

- Ensure harmonization and continuity around the single regulatory system and maintain a stable EU Regulatory System and smooth functioning of the European Medicines Agency for pharmaceuticals, and

- Warrant that there is a single regulatory regime for cosmetics with a single evaluation of the safety of cosmetic ingredients used in products in the EU and the UK. More specifically, the recommendations are:

- Secure ongoing alignment, cooperation and mutual recognition between the UK and the EU regarding the authorization, testing and surveillance of pharmaceuticals and cosmetics,

- Achieve alignment on safety evaluation of ingredients used in cosmetic and pharmaceutical products between UK and EU before UK leaves the EU,

- Ensure companies can still employ the best talent from around the world, facilitating UK and EU nationals working across Europe after Brexit,

- Maintain scientific research collaboration between the UK and EU even after UK leaves the EU in order to strengthen EU's position in life sciences and attracting global life science investment,

- Ensure that intellectual property (IP) standards and IP incentives continue to be applied in the EU and UK after Brexit.

The BRT believes that:

- Retaining the functioning of pharmaceuticals' and cosmetics' supply chains by reaching an agreement with a pharmaceutical/cosmetics protocol, which ensures full alignment between EU and UK legislation is needed to guarantee supply of medicines to patients in Europe or the UK after Brexit.

WP-2 / # 06* / EJ to J
Reform of the pharmaceutical pricing system should provide a stable, predictable environment that rewards innovation

The BRT calls on Japanese Authorities to:

- Review the current pricing system to strengthen the reward of innovation, maintain an incentive for companies to develop new drugs, and to bring them rapidly to meet patients' needs in Japan,

- Expand the Price Maintenance Premium (PMP) system to cover all innovative products, incl. incremental innovations during their patent exclusivity period to implement the above at the next drug pricing system reform in April 2020,

- Abolish corporate indicators as basis for PMP eligibility;
corporate indicators measure the ranking of companies, but are currently unpredictable and do not reflect the degree of innovativeness of individual products,

- Limit the scope of annual price revisions from 2021 onwards,

- Reflect broader range of values each product provides beyond its price to decide on PMP eligibility, e. g., patient's and healthcare provider's benefit, social contributions in addition to clinical improvements, and

- Expand the scope of pricing policy reforms beyond drug costs, as drug costs are only one part of the overall healthcare costs.

The BRT believes that:

- Last year's reform of the pharmaceutical pricing system could result in a delayed access to the latest treatments for Japanese patients. Unless innovation is properly evaluated, it becomes increasingly challenging for the industry to continuously create innovative drugs to fulfil unmet medical needs. This will not be beneficial for the patients nor for the society,

- Under the new system introduced in April 2018, PMP eligibility is largely dependent on the timing of launch, how the drug was evaluated in the initial pricing, and the past record of R&D performance/output; however, in many cases those criteria do not sufficiently address the degree of innovation of the individual product,

- The company indicator for the PMP system that has been created to rank companies based on their contribution to new drug development is a limited and inexact measure of a company's commitment to bringing innovation through individual products to Japan. Although the introduction of PMP has initially reduced the drug lag, recent reforms have led to inaccurate evaluation and appreciation of innovation.

- Drug costs are only one part of the overall healthcare costs: a holistic view is needed and a fundamental reform should not be limited to managing drug prices only. Thus, to ensure long term healthcare system sustainability while securing reward for innovation, future reforms should include a review of all healthcare costs and revenue sources, including medical fees, medical procedures, hospital stays, patient co-payments etc.

WP-2 / # 07 / EJ to J
The 14-day prescription restriction rule for new Pharmaceuticals should be abolished

The BRT calls on the Japanese Authorities to:

- Abolish the 14-day prescription restriction rule, or

- Extend the prescription limitation to 30 days and shorten the rule application period to 6 months.

The BRT believes that:

- The 14-day rule is no longer required because the safety of new drugs in Japan is now underpinned by the post marketing surveillance system and the introduction of a Risk Management Plan (RMP),

- Abolishing the rule would provide better patient access to innovative new drugs.

WP-2 / # 08 / EJ to J

The environment for innovative Medical Devices should be improved in Japan

Japan should further sub-divide the current functional classification for Medical Devices

The BRT calls on the Japanese Authorities to:

- Revise the reimbursement pricing scheme bringing it closer to a product-oriented system,

- Improve the reward for innovation by sub-dividing current functional classifications, and

- Set the reimbursement price for old products separately from the reimbursement price for new products.

The BRT believes that:

- It would be sensible to allow a certain period-of-time prior to conclusive assessment, because it often takes time for effectiveness of new products to become apparent and safety and efficacy to be adequately addressed.

Japan should abolish the foreign price reference system for Medical Devices

The BRT calls on the Japanese Authorities to:

- Abolish the foreign price reference system for Medical Devices since the average price in Japan is already only 80% of foreign prices.

The BRT believes that:

- When comparing foreign prices with Japanese prices, it should be acknowledged that Japanese prices include wholesalers' and hospitals' margins as well as distribution costs.

WP-2 / # 9* / EJ to J

Careful introduction of Health Technology Assessment (HTA)

Health Technology Assessment (HTA) for Pharmaceuticals should be introduced with caution so that it does not become a barrier for patient access

The BRT calls on the Japanese Authorities to:

- keep refining the system of using HTA and Cost Effectiveness Analysis (CEA) for Pharmaceuticals, and

- Refrain from using CEA in making reimbursement decisions.

The BRT believes that:

- CEA/HTA should be positioned as being supplemental to the current drug pricing system, and that

- The scheme introduced this April relies on a single measure such as the Incremental Cost Effectiveness Ratio (ICER), but this indicator does not reflect the full value of a medicine and its value varies widely depending on the choices of data, assumptions and models. Disease severity, unmet need, ethical and societal considerations should be considered as additional factors in evaluating the true value of drugs. Through this approach Japan should establish a more balanced HTA system,

- All stakeholders, including experts from the industry, should fully participate in the discussion of refining the newly introduced system to ensure that the experiences and failures of other countries are duly evaluated and considered.

HTA for Medical Devices should be introduced with caution

The BRT calls on the Japanese Authorities to:

- Be prudent in the introduction of HTA (Health Technology Assessment) systems for Medical Devices taking into account the following factors:

  - QALY, an indicator often used in HTA evaluation for pharmaceutical products is difficult to be applied for evaluation of medical devices;

- Users' skills and techniques of each medical device can affect the evaluation;

- Medical devices have a shorter improvement cycle than pharmaceuticals.

The BRT believes that:

- It is important that HTA systems do not hinder the creation of innovative products, delay the listing for medical insurance reimbursement, or impose an excessive burden on the industry (e.g. development of databases or adding human resources). Such outcomes would delay patient access to cutting-edge medical technologies. To avoid this, there should be a clear distinction and balance between assessment and appraisal. There should be no inappropriate use of the ICER measure.

WP-2 / #10* / EJ to J
A harmonized approach for integration of health-related data and construction of data health infrastructures

The BRT calls on the Japanese Authorities to:

- Foster a harmonized approach for integration of health-related data and strongly promote construction of data health infrastructures in Japan,

- Draw a grand design for integration of various health-related data in Japan,

- Accelerate the integration according to the grand design under cross-ministerial guidance.

The BRT believes that:

- Personal health records (PHR) will directly contribute to individual patients' choice of personalised treatments,

- The integrated health data will promote evidence-based policy making in health areas to improve efficiency of healthcare, medical services and nursing care,

- Utilization of the big data by academia and industries will lead to new products and services.

PLANT PROTECTION & BIOTECHNOLOGY

WP-2 / # 11* / EJ to J
Reviewing period for Plant Protection & Biotechnology products should be shortened

The BRT calls on the Japanese Authorities to:

- Further shorten reviewing period through harmonization in data requirement for agrochemical products as well as dossier on human & environment safety, and through acceptance of summaries in English, as well as
- Take advantage of the evaluation results from foreign countries in order to reduce the resource burden on the Japanese authorities,
- Abolish local confined field for import of biotechnology products.

The BRT believes that:

- Delivering novel and safe plant protection products and seeds is vital for meeting the needs for food of the growing world population. While R&D-intensive companies are continuously and heavily investing in new technologies, the innovation will not contribute to food production without their governmental approval. Hence, early market access to novel plant protection products is crucially important,
- A delayed market access of novel products will cause technology gaps, resulting in unnecessary disadvantages for farmers due to limited access to innovative products,
- Further progress in shortening the reviewing period would bring Japan much closer to international best practice standards,
- Harmonizing international data requirements will enable the industry to avoid duplicated investment for market access in the respective area. Currently only China and Japan request local confined field testing for GMO crops for import use, while other import countries like EU, Korea and Taiwan etc. leverage the field data collected in cultivation countries for safety assessment.

Recommendations from European industries

HEALTHCARE

WP-2 / # 12 / E to J
Requirements for Japanese versions of the clinical trial protocol and investigator's brochure should be relaxed

The BRT calls on the Japanese Authorities to:

- Accept clinical trial protocols and investigator's brochures as well as applications, which are written only in English.

The BRT believes that:

- Acceptance of English-only protocols and investigator's brochures would reduce costs and make innovative drugs earlier available to patients in Japan,

- The requirement for translation of the original English version of a clinical trial notification is delaying the start of patients' enrolment in Japan.

LIFE SCIENCE & INDUSTRIAL CHEMICALS

WP-2 / # 13 / E to J
English translations for issued regulations

The BRT calls on the Japanese Authorities to:

- Provide English translations of all issued regulations from METI (Ministry of Economy, Trade and Industry) & MHLW (Ministry of Health, Labour and Welfare) at the same time as, or shortly after, the announcement in Japanese.

The BRT believes that:

- Japan's regulating authorities should provide English translations of issued regulations, adapting to global practice and thereby enhancing Japan's presence in the world market.

WP-2 / # 14 / E to J
Provide a reference to CAS numbers in regulations for Chemical substances

The BRT calls on the Japanese Authorities to:

- Indicate CAS (Chemical Abstract Services) numbers in addition to chemical compound names in regulations issued by authorities, as it has become a global practice.

The BRT believes that:

- If METI and MHLW regulations would refer to Chemical Abstracts Service (CAS) numbers in addition to chemical compound names, risks of differing interpretations and varying degrees of regulatory compliance can be avoided. In addition, swift and accurate internal alignment of concerned companies could be ensured.

WP-2 / # 15 / E to J
Align naming requirements for product labels of chemicals with the names used in Japanese law

The BRT calls on the Japanese Authorities to:

- Revise the labelling requirement of the Poisonous and Deleterious Substance Control Law (PDSCL) to indicate chemicals in accordance with the naming used in Japanese law instead of stating the specific names of the included substance.

The BRT believes that:

- A harmonization of the labelling requirement regulations (PDSCL, ISHL and PRTR) to list the contained chemical “as regulated by the Japanese law” on the label would allow users to quickly assess the toxicity and regulatory relevance of the materials they handle,

- The discrepancies between naming in Japanese regulations and product labelling requirements poses a risk that substances are used without a clear understanding of the regulations they relate to. This should be avoided.

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