

# Current Challenges of Regulation in Japan

- Amendment of  
Pharmaceutical Affairs Act

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26th Annual  
EuroMeeting

25-27 March 2014

ACV, Vienna

Austria



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# Agenda

- Concept of New Pharmaceutical Affairs Act(PAA)
- Three Pillars of New PAA
  - Safety Measures: Package insert
  - Medical Devices
  - Regenerative Medicine
- Dissemination of ICH Outcomes to Asian Countries

Background of the New PAA

# CONCEPT OF NEW PAA

# Amendment of Pharmaceutical Affairs Act As of 7<sup>th</sup> June, 2013

## Basic framework Based on Lawmaker- initiated Acts

Based on 2 Lawmaker-initiated Acts, prepare concrete implementation

## Concrete Measures

### Draft of Medical Devices Act

#### Progress the measures comprehensively and planned regarding R&D and Promotion on Medical devices

- Basic Plan
- Basic measures
- Measures on legislation, finance, tax
- Measures on related people's cooperation/coalition

#### Regenerative Medicines Promotion Act (already passed)

#### Promotion the measures comprehensively from R&D to practical use on Regenerative Medicines

- Basic Plan
- Basic Measures (Measures on legislation, environments)
- Consideration from safety and ethics aspects

### Amended PAA

- **Strengthen Safety Measures regarding Drugs, Medical Devices**
  - Obligation to submit revised Package insert (notification)
  - Electronic Package insert of Medical Devices in some conditions
- **Regulation considering Medical Devices Character**
  - Independent Chapter for "Medical Devices"
  - Third party certification system
  - Quality Management System (QMS)
  - Other revisions related to medical devices
  - Regenerative and Cellular Therapy Products, and Gene Therapy Products
- **Regulation considering Regenerative Medicines Character**
  - Creation for Regenerative Medicines regulations
  - Introduction of approval system with condition/period

### New Act for Ensuring Regenerative Medicines Safety

#### Regulation on the measures for Regenerative Medicines treated as Medical care

- Procedure for collections etc
- Standard on Medical Facilities to use
- Standard on Facilities to culture, processing

# Amendment of Pharmaceutical Affairs Act As of 2<sup>nd</sup> Dec, 2013

**Basic framework  
Based on Lawmaker-  
initiated Acts**

Based on 2 Lawmaker-  
initiated Acts, prepare  
concrete implementation

**Concrete Measures  
(Passed on 20<sup>th</sup> Nov.  
2013)**

## Amended PAA

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**Regenerative Medicines Promotion  
Act (already passed)**

**Promotion the measures  
comprehensively from R&D to practical  
use on Regenerative Medicines**

- Basic Plan
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## New Act for Ensuring Regenerative Medicines Safety

**Regulation on the measures for Regenerative  
Medicines treated as Medical care**

- Procedure for collections etc
- Standard on Medical Facilities to use
- Standard on Facilities to culture, processing

# Amendment of Pharmaceutical Affairs Act

- ◆ **Strengthen Safety Measures regarding Drugs, Medical Devices**
  - Specify relevant party's obligation to ensure quality, safety, and efficacy of drugs and medical devices.
  - MAH's obligation to notify revised Package insert reflecting the latest findings
- ◆ **Regulation considering Medical Devices Character**
  - Independent Chapter for "Medical Devices"
  - Third party certification system
  - Quality Management System (QMS)
  - Other revisions related to medical devices
  - Regenerative and Cellular Therapy Products, and Gene Therapy Products
- ◆ **Regulation considering Regenerative Medicines Character**
  - Creation for Regenerative Medicines regulations
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First Pillar of New PAA

# **SAFETY MEASURES: PACKAGE INSERT**

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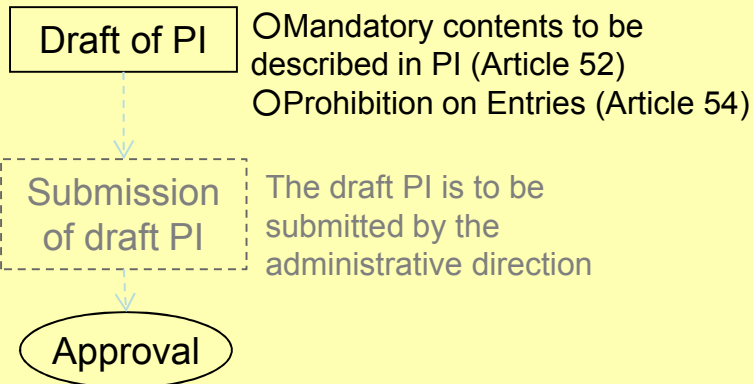


## Regulations on Package Insert (PI)

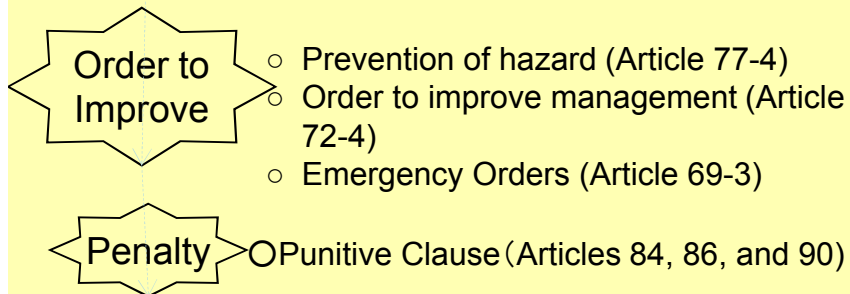
1. Contents of package insert should be notified to MHLW on the time of approval and revision.
2. Package insert notified will be uploaded in a web-site.
3. Paper package insert of any medical devices will be able to be omitted under certain conditions.

# Regulation Relating to Package Insert (For New Drug Application)

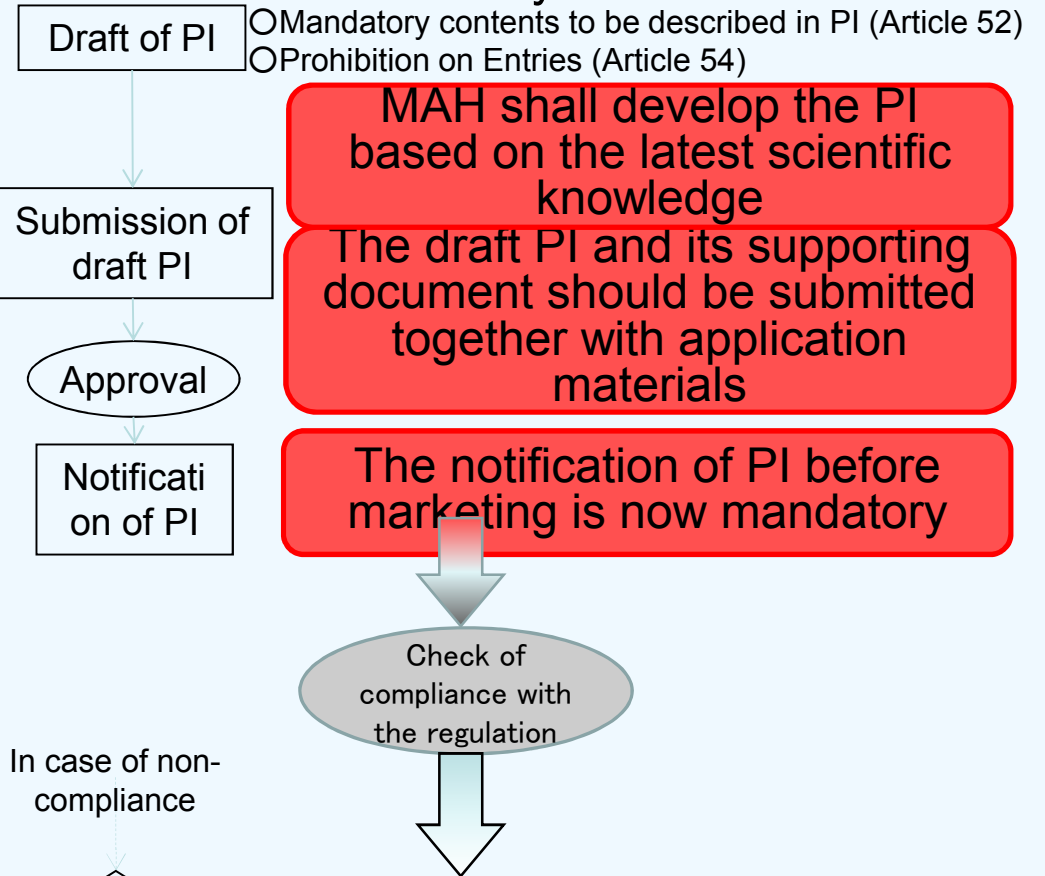
## Current System



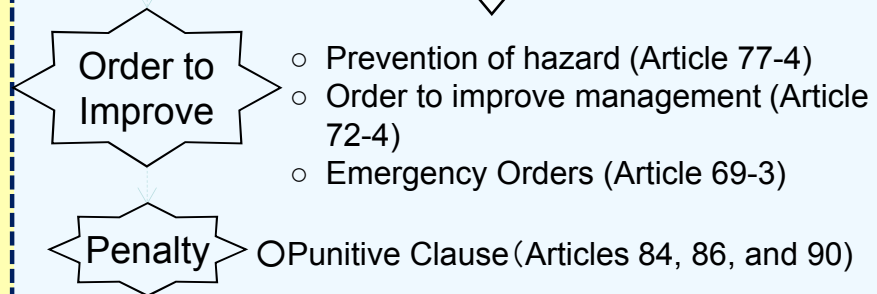
In case of non-compliance



## Revised System



In case of non-compliance



# Regulation Relating to Package Insert (For Revision)

## Current System

Consideration to revise PI

- Based on Article 77-4 etc., MAH is responsible to verify the contents of PI
  - ADR (Adverse Drug Reactions) reporting
  - Periodic Safety Report
  - GVP etc.

Consultation prior to revision

- The procedure should be based on the administrative circular "The flow of standard procedure to revise PII

Revision of PI

- Mandatory contents to be described in PI (Article 52)
- Prohibition on Entries (Article 54)

In case of non-compliance

Order to Improve

- Prevention of hazard (Article 77-4)
- Order to improve management (Article 72-4)
- Emergency Orders (Article 69-3)

Penalty

○ Punitive Clause (Articles 84, 86, and 90)

## Revised System

Consideration to revise PI

- Based on Article 77-4 etc., MAH is responsible to verify the contents of PI
  - ADR (Adverse Drug Reactions) reporting
  - Periodic Safety Report
  - GVP etc.

Consultation prior to revision

- The procedure should be based on the administrative circular "The flow of standard procedure to revise PII

Revision of PI

**The recipient of ADR report is to be unified to PMDA (leading to enhancement of collection of ADR report and enforcement of PhV)**

- Mandatory contents to be described in PI (Article 52)
- Prohibition on Entries (Article 54)

Notification of PI

**MAH should draft/revise PI based on the latest scientific knowledge**

**The notification of PI before marketing is now mandatory**

In case of non-compliance

Order to Improve

- Prevention of hazard (Article 77-4)
- Order to improve management (Article 72-4)
- Emergency Orders (Article 69-3)

Penalty

○ Punitive Clause (Articles 84, 86, and 90)

Check of compliance with the regulation

Second Pillar of New PAA

# MEDICAL DEVICES

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# Scope of third party certification will be expanded

GHTF Classification	
<b>Class A</b>	<b>extremely low risk</b> X-Ray film
<b>Class B</b>	<b>low risk</b> MRI, digestive catheters
<b>Class C</b>	<b>medium risk</b> artificial bones, dialyzer
<b>Class D</b>	<b>high risk</b> pacemaker, artificial heart valves

PAL classification		
Category	Pre-market regulation	Japanese MD Nomenclature
General MDs (Class I)	Self declaration	1,195
Controlled MDs (class II)	Third party Certification	1,799 (1,367 for 3 <sup>rd</sup> Party)
Specially Controlled MDs (class III & IV)	Expanded!	756
	Minister's Approval (Review by PMDA)	342

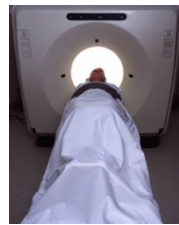
# Standalone Medical Device Software (SMDS) will be regulated in revised PAL

## Example of Medical Device with program in the current PAL

### Image Diagnostic Apparatus



It processes, stores and displays image data from CT, MRI etc.



Data from CT scanning

Processing by program



3D image of skull

### Current PAA



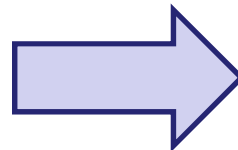
Software (program)



Hardware

**Only combination of hardware and software is regulated.**

Future



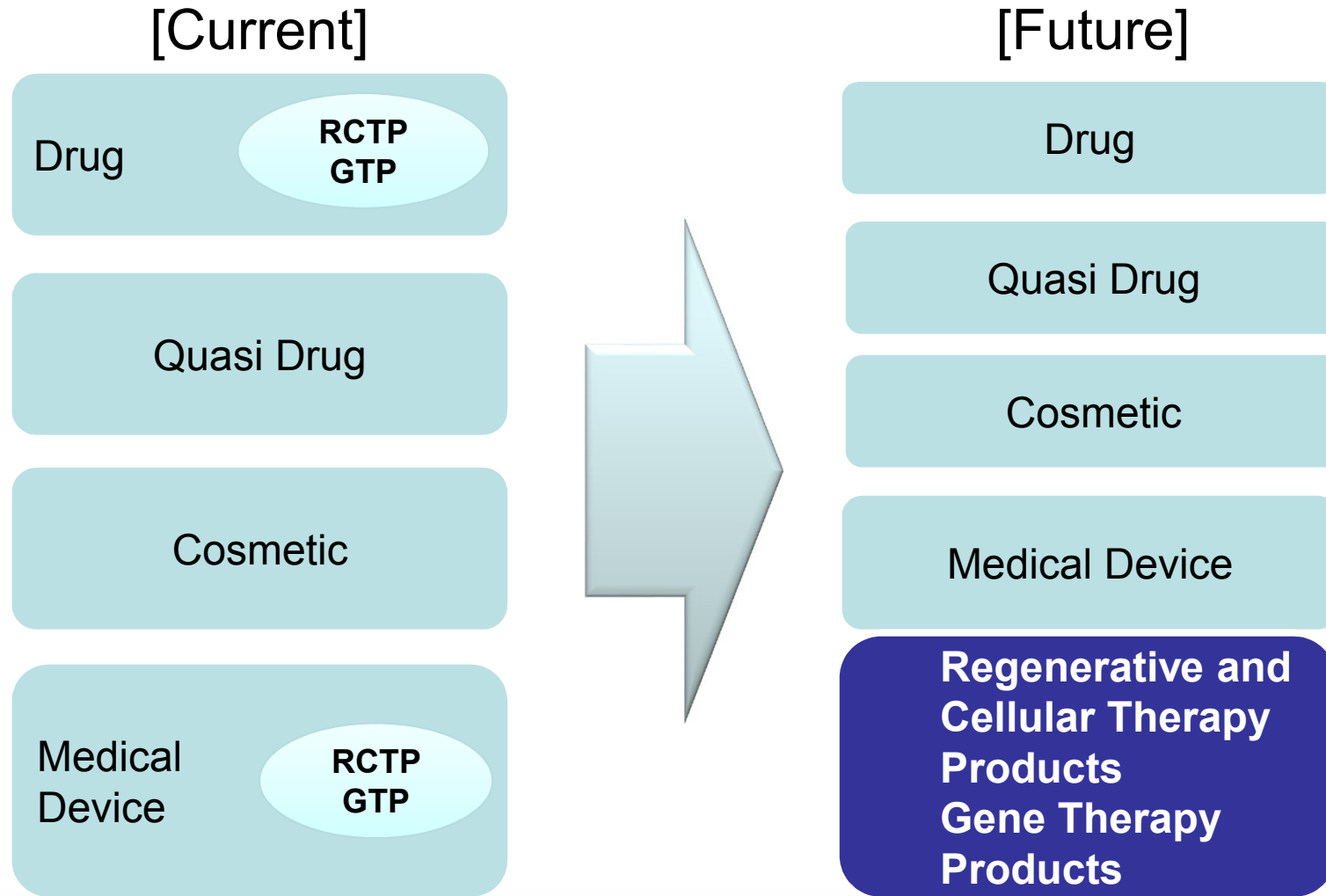
### SMDS



Software (program)

**Software will be independently regulated**

# Cellular and tissue therapeutic product will be newly categorized



Third Pillar of the New PAA

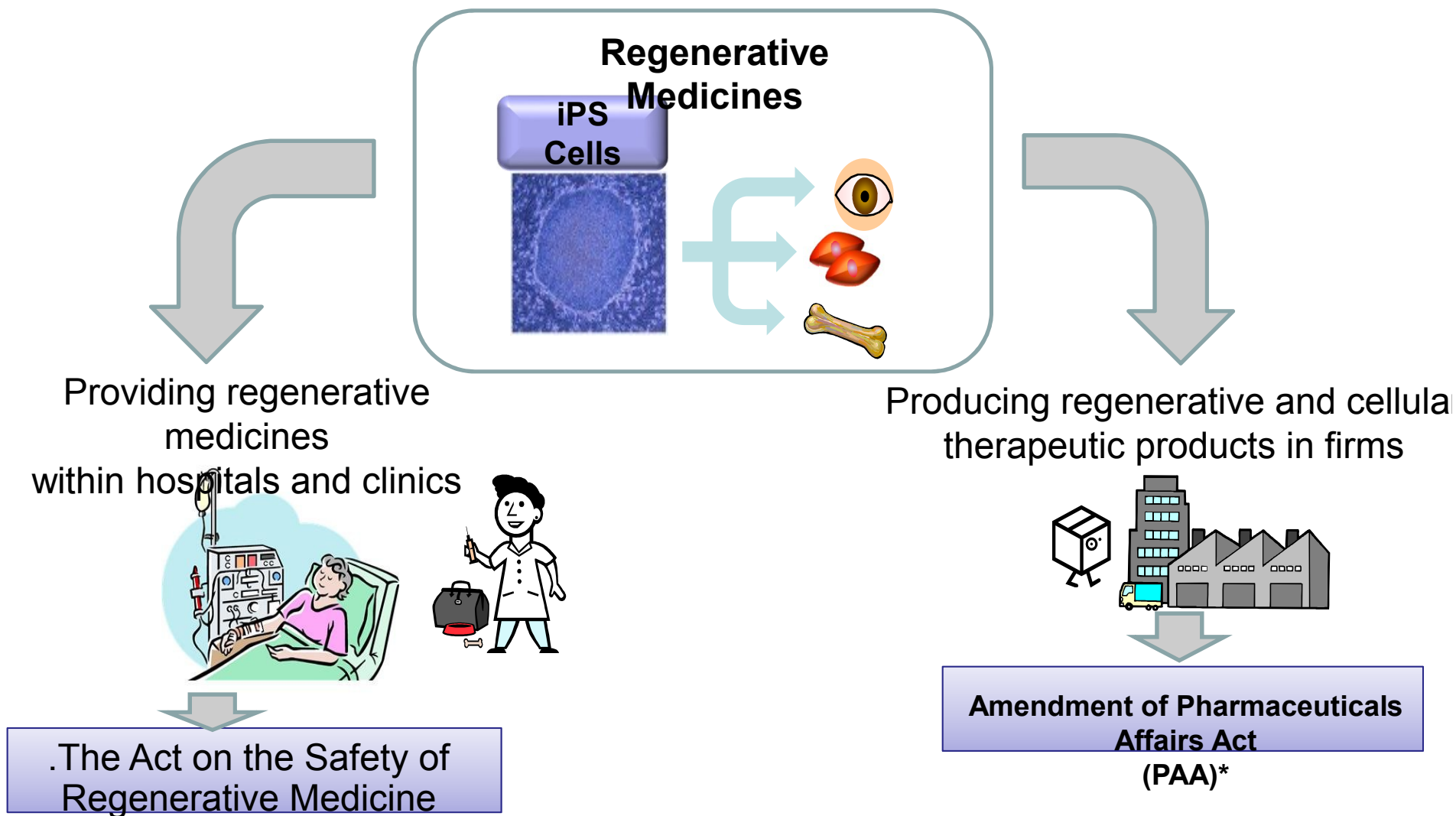
# REGENERATIVE MEDICINE

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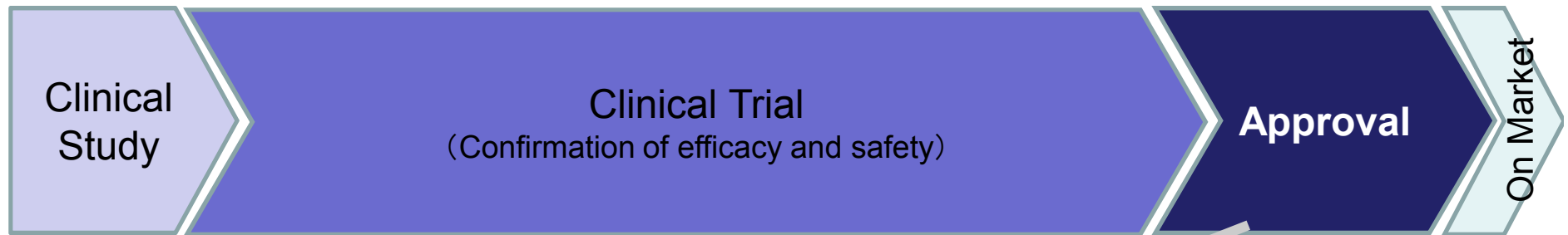
## 2 Acts Regulating Regenerative Medicines



- The Amended Pharmaceutical Affairs Act and the Act on the Safety of Regenerative Medicine were enacted in November 2013, and will be enforced within 1 year

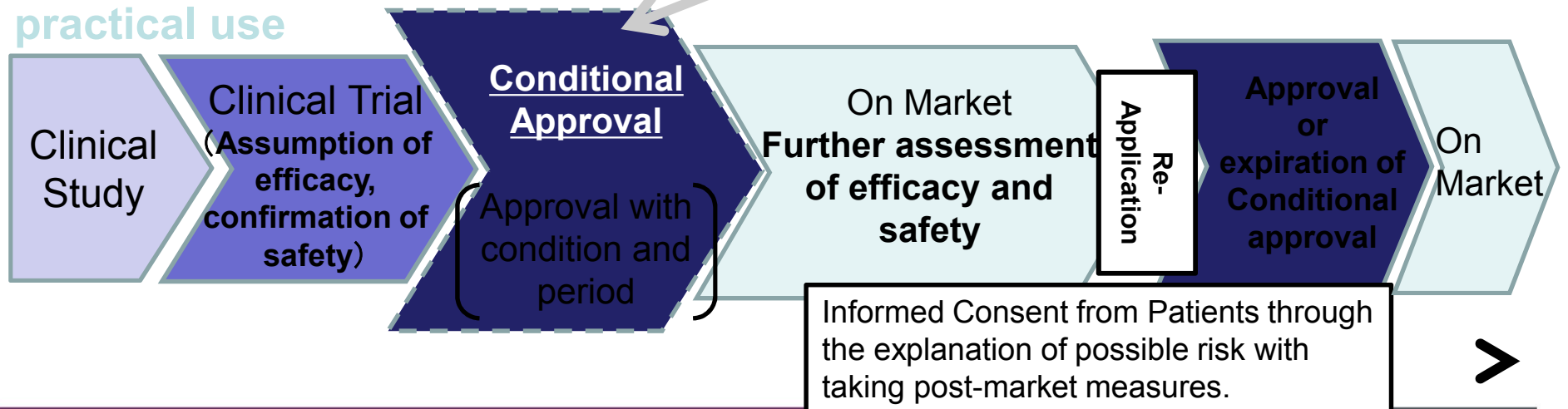
# Approval System Corresponding Commercialization of Regenerative Medicines (Conditional Approval)

## Previous Pathway of Approval System



Leading to  
**Early-Access!!**

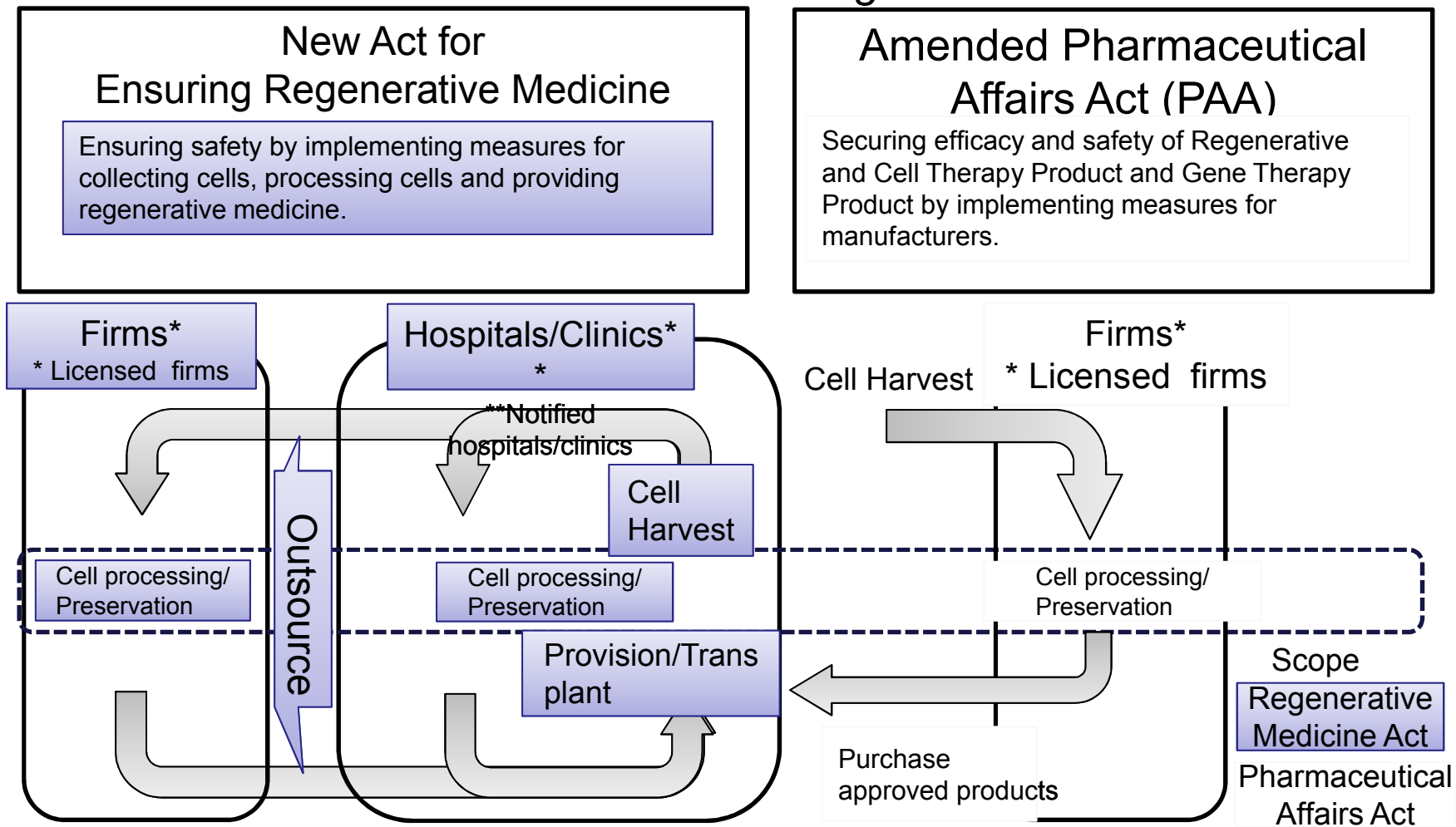
## New Approval System to Introduce Regenerative medicines in early practical use



# Outsourcing System of Processed Cells under New Act for Ensuring Regenerative Medicine Safety and Amended Pharmaceutical Affairs Act (PAA)

## Clinical Research/Private Practice

## Regenerative Medicine Product



# Rules of practice in hospitals and clinics

- Hospitals and clinics are required to

a) Prepare the plan of provision

b) Receive evaluation by certified committee for regenerative medicine

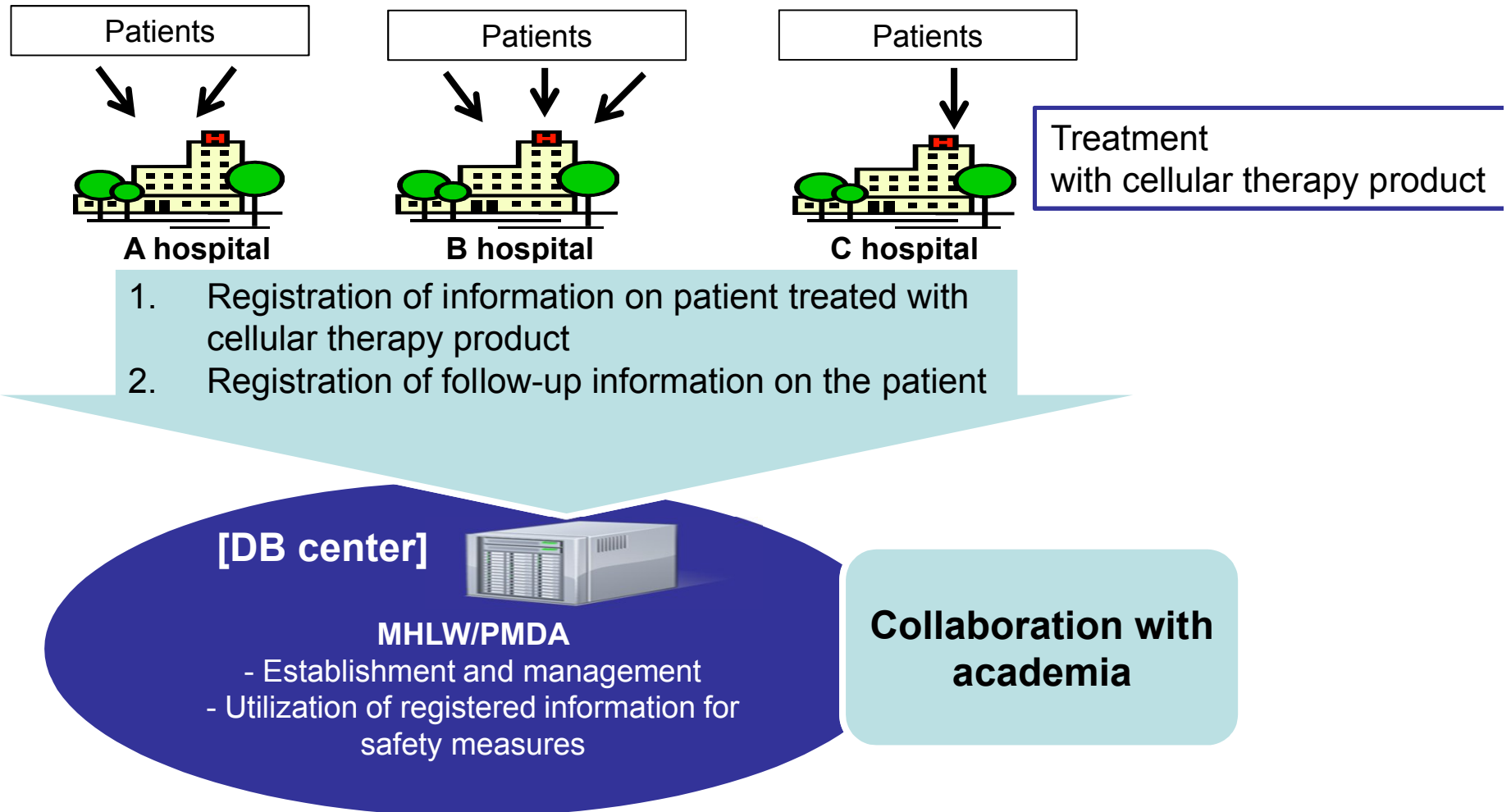
c) Submit the plan to Minister of Health, Labour and Welfare



- The plan shall be prepared according to the risk categories of regenerative medicine

Category	Example of cells used for regenerative medicine	Example
First Category (High risk)	iPS cells and ES cells	Transplantation of retinal pigment epithelium sheets derived from autologous iPS cells in patients with age-related macular degeneration
Second Category (Medium risk)	Somatic stem cells	Autologous bone marrow cell infusion therapy for liver cirrhosis
Third Category (Low risk)	Somatic cells	Activated lymphocyte therapy

# Registry system of patient treated with cellular therapy product etc. is under consideration



# Dissemination of ICH Outcomes to Asian Countries

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# **International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH)**

## **History and Goal**

In April 1990, steering committee of ICH launched to rationalize and standardize the pharmaceutical review system of Japan, US, and EU for faster delivery of safe and effectual new drugs to the patient in urgent need.

## **Steering Committee (SC)**

SC is responsible for the governance and decision making of ICH. The SC meeting is held every 6 months, with 2 representatives from each member organization.

## **Member Organization**

JAPAN: MHLW, PMDA, and JPMA

US: FDA and PhRMA

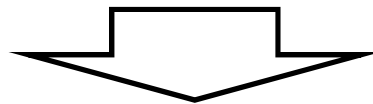
EU: EC, EFPLA

## **Working Group (WG)**

WG is established for each technical topic to be harmonized by making the guidelines and relevant materials. The WG meeting is held every 6 months with experts from organizers and stakeholder organization.

# Outcomes of ICH

- ◆ ICH have harmonized over 80 guidelines regarding technical elements about the evaluation of quality, efficacy and safety, as well as the format of application form and the post-market safety measures.



- Preventing duplication of clinical trials and reducing research resources
- Reducing International barriers
- Facilitating the dissemination and communication of information on harmonized guidelines and their use for non-member countries



# Outreach activity of ICH

## **Global corporation (GC)**

- The purpose of the GC is dissemination of ICH guidelines
- Participating organization: ICH members, plus DRA (Drug Regulation Authorities), DoH (Department of Health), RHI (Regional Harmonization Initiative)
- It has been held independently as Global Corporation Group (GCG), but classified regular SC session from the 2013 meeting.
- GC invites one participant of each RHI.
- GC deals with requests of training from DRA/DoH and RHI.

# International Pharmaceutical Regulators Forum (IPRF)

## Former ICH Regulators Forum

- Voluntary party of regulators participating ICH
- Updating each activity, sharing domestic issues, discussing common topics.
- Paperwork regarding GCP inspection for E6 Discussion Group

## IPRF

- No big changes of activity per se from the former RF
- Assigned the chair, Co-chair and secretariat
- Enhancement the management system by Terms of Reference(ToR)
- Will publish manuals for the establishment of Working/Discussion group

# Bilateral Cooperated activities: Recent Joint Symposia

Country/Region Name (date and city)	Main Topics
China (2012/3/22, Beijing)	Current Status of Global Clinical Trials & Utilization of Clinical Data, and Clinical Trial Consultation System
Indonesia (2013/2/13, Jakarta)	Pharmacovigilance and Good Distribution Practice (GDP)
Thailand (2013/10/24–25, Bangkok)	Risk Management Plan, Pharmacovigilance, GMP, Pharmacopoeia



Thank you  
for  
your attention!

