

**Report 7 of the Research Committee for International Pharmaceutical Distribution of
the Federation of Japan Pharmaceutical Wholesalers Association**

Comparison of Pharmaceutical Distribution Systems and Stable Supply in Japan and France

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Executive Summary

Purpose of This Report

While France, like Japan, maintains a universal health insurance system, it operates under a distinct framework for managing pharmaceutical pricing. Given the limited availability of consolidated information and rigorous analysis on the French drug pricing system and related commercial practices, particularly from the perspective of pharmaceutical distribution, this research study was undertaken to provide an evidence-based reference to support the Federation of Japan Pharmaceutical Wholesalers Association's future policy recommendations.

Pharmaceutical Distribution in France

- **Market structure and concentration:** Wholesalers account for approximately **58%** of pharmaceutical distribution by value. The sector is highly consolidated: against a backdrop of structurally declining profitability in core logistics, the **top five wholesalers** collectively represent roughly **96%** of the market via wholesalers, underscoring a sustained push toward consolidation to capture economies of scale.
- **Official regulated margins and discount discipline:** Wholesale margin and pharmacy discount practices are governed by explicit statutory rules, with non-compliance subject to sanctions. A high degree of transaction digitization further strengthens monitoring and enforceability, resulting in generally strict adherence in routine commercial dealings.
- **Profit model under pressure:** The core wholesale logistics business operates under persistent profitability constraints due to rigid official margins and inflation-driven cost escalation—particularly in labor and vehicle-related expenses. Accordingly, wholesalers increasingly rely on value-added revenue streams, including data services for manufacturers and digital tools or service partnerships for pharmacies, to sustain overall financial viability.
- **Licensing as an operational standard:** As in Japan, wholesale licensing functions as a public-interest instrument rather than a purely commercial authorization. In France, it is contingent on substantive operational obligations, including minimum inventory requirements, a **24-hour** delivery capability within the licensed territory, and participation in emergency delivery arrangements.
- **Stable supply risks and “allocated products”:** France is experiencing an increase in “allocated products” (pharmaceutical items designated by manufacturers to manage shortages and promote equitable regional distribution). In parallel, “short-line” wholesalers—who selectively handle pharmaceutical products with parallel-export potential—have expanded, and their activities are viewed as a contributing factor to domestic supply strain.

Comparison and Analysis: Japan and France

Feature	France	Japan
Operational scope	Wholesalers primarily serve pharmacies (c. 20,000); manufacturer-to-hospital direct sales are the prevailing model for hospitals.	Wholesalers serve pharmacies, hospitals, and clinics (c. 175,000 delivery points) implying substantially higher operational complexity and delivery intensity.
Treatment of distribution costs	Wholesale margin is embedded within the regulated reimbursement price architecture.	Distribution costs are not incorporated into the reimbursement price of existing listed products.
Licensing requirements	Licenses impose substantive obligations (inventory maintenance and 24-hour supply).	Licenses are granted based on external requirements such as the office's facilities and responsible qualified personnel.

Recommendations for Ensuring Quality of Stable Supply

1) The Need for a Sustainable Distribution Framework

The French experience indicates that formal margin setting, by itself, does not resolve inflationary pressures or stable-supply challenges. Japan should therefore establish a permanent framework that explicitly recognizes, evaluates, and secures distribution costs as a prerequisite for stable supply.

2) Ensuring the Quality of Stable Supply in the Pharmaceutical Wholesale Business

Functions performed by wholesalers differ between Japan and France, as rooted in each country's respective healthcare delivery system. In Japan, structural reforms and the recent proliferation of price negotiation intermediaries necessitates a proactive response from the Japanese government. To safeguard the continuity of stable pharmaceutical supply and healthcare delivery in Japan, enhanced public support to pharmaceutical wholesalers is vital. Beyond logistics, pharmaceutical wholesalers serve as a critical infrastructure, disseminating essential drug information across a geographically fragmented network of medical institutions and pharmacies.

1. Purpose of This Report

While France, like Japan, maintains a universal health insurance system, it operates under a distinct framework for managing pharmaceutical pricing. Given the limited availability of consolidated information and rigorous analysis on the French drug pricing system and related commercial practices in Japan, particularly from the perspective of pharmaceutical distribution, this research study was undertaken to provide an evidence-based reference to support the Federation of Japan Pharmaceutical Wholesalers Association's future policy recommendations.

2. Methodology

The study commenced with a domestic literature review to establish the analytical baseline. To accurately capture how the system functions in practice within commercial transactions and to contextualize the regulatory framework within real-world operations, field research with relevant local stakeholders was essential. The fieldwork was conducted between April and August 2025, using questionnaires administered to one pharmaceutical wholesaler operating in France, alongside in-depth interviews with one pharmaceutical manufacturer and two pharmaceutical wholesalers.

3. Findings

(1) The French Pharmaceutical Market and Distribution

In the French pharmaceutical market, there are approximately 250 domestic pharmaceutical companies. The primary sales channels comprise approximately 3,200 hospitals (public and private) and 20,500 pharmacies. There are also approximately 200 pharmaceutical wholesaling firms operating in the market.

Figure 1 illustrates the structure of pharmaceutical distribution in France. Approximately 58% of the total market is distributed through wholesalers, while approximately 15% consists of direct sales to pharmacies and 28% consists of direct sales to hospitals. The pharmacy market accounts for 70% of the total market; within this segment, approximately 80% is supplied via wholesalers and 20% through direct sales. Most direct sales to pharmacies consist of OTC (Over-the-Counter) products and generics. The hospital market accounts for 30% of the total market, the vast majority of which involves direct sales from pharmaceutical companies to hospitals.

With respect to delivery frequency, the standard service level is once per week for hospitals and twice per day for pharmacies. The average delivery time to pharmacies is approximately 2 hours and 15 minutes.

Figure 2 presents the market share of wholesalers within the French pharmaceutical distribution market. In 2022, the top seven companies accounted for approximately 97% of the total market via wholesalers; however, following subsequent mergers, this concentration shifted to the top five companies in 2023. The market leader is Phoenix OCP (formed through the merger of Phoenix and

OCP) with an approximate market share of 39%, followed by CERP (a merged entity of CERP Rouen and CERP Rhin-Rhône) at approximately 33%, Alliance Healthcare France at approximately 18%, and Cerp Bretagne Atlantique and Giphar Groupe at approximately 3% each. All of these entities are “full-line” wholesalers that operate their own distribution centers. Collectively, these five companies cover approximately 96% of the total French market via wholesales, and operate 172 branches. The primary driver behind these mergers is the pursuit of economies of scale in response to declining profit margins.

In terms of business structure, French pharmaceutical wholesalers include both private corporations and pharmacists’ cooperatives. Among the top five companies, two are private corporations (Phoenix OCP and Alliance Healthcare France), while the remaining three are pharmacists’ cooperatives. These cooperatives are owned by pharmacists, and profits are distributed among the members of these cooperatives.

Figure 1: Distribution of Pharmaceuticals in France

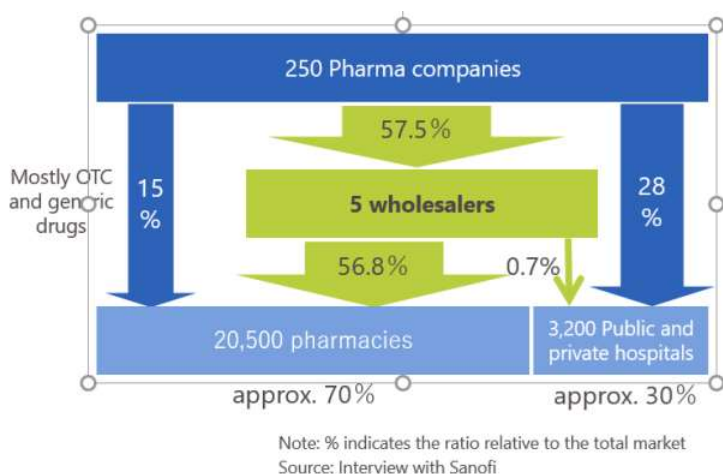


Figure 2: Pharmaceutical Distribution in France



Source: CSRP annual report

(2) Transactions Between Wholesalers and Pharmacies

1) Official Regulated Margins for Wholesalers

Official wholesaler margins are stipulated in the Code de la santé publique. Margin levels vary by government-defined PFHT (manufacturer's ex-works price excluding VAT) price brackets, as follows: for medicines priced below €4.33, the margin is a fixed €0.30; for medicines priced at or above €4.33 and below €468.97, the margin is 6.93% of the PFHT; and for medicines priced at or above €468.97, the margin is a fixed €32.50.

Negotiations to update official margin rates are conducted approximately every five years between the French Federation of Pharmaceutical Wholesalers and the government. However, the outcomes are generally viewed as insufficient to cover wholesalers' operating costs. The margin structure has evolved over time as follows:

Figure 3: Trends in Official Margin Rates for French Pharmaceutical Wholesalers

From January 2012	6.68% of PFHT (€0.30 to €30.06)
From October 2020 to January 2021	7.53% of PFHT (€0.30 to €43.00)
From February 2021 to present	6.93% of PFHT (€0.30 to €32.50)

2) Discounts to Pharmacies

Discounts on sales to pharmacies are subject to statutory caps: a maximum of 2.5% of the PFHT for patented products and a maximum of 40% for generics (and 2.5% for biosimilars). While discounts for patented products are negotiated with wholesalers, discounts for generics are typically negotiated directly with pharmaceutical companies. Discount rates vary depending on product mix and the bargaining power of Pharmacy Purchasing Groups, whose influence has increased in recent years.

3) Market Implementation of Official Margins and Discount Caps

Non-compliance with official margin rules or statutory discount caps constitutes a regulatory breach and may result in sanctions, including fines, suspension of operations, or injunctive measures; such enforcement actions may also be reported in the media. Transactions are highly digitized, enabling authorities to access relevant data and conduct audits and investigations as needed. Given stringent oversight and structurally limited margins, discounts in excess of the statutory caps are not observed in practice.

Pharmacies are typically expected to transact with at least two wholesalers to ensure supply continuity and operational resilience. Because the wholesale business operates with minimal profitability, competition among wholesalers for incremental market share is limited.

4) Pharmacy Purchasing Groups (PPGs; groupements d'officines)

In France, pharmacists are generally restricted to owning a single pharmacy, and chain operations are prohibited. However, pharmacies are permitted to collaborate for purposes of price negotiation and procurement, and in most cases these activities are coordinated through Pharmacy Purchasing Groups (PPGs; groupements d'officines). There are more than 250 PPGs in France, spanning pharmacist unions as well as private corporations. PPGs negotiate patented products with wholesalers, while generics are typically negotiated directly with manufacturers. While most PPGs do not operate warehouses—focusing instead on negotiation and supply-demand coordination—some (approximately 10–15) operate their own warehouses and therefore also perform logistics operations. Importantly, PPGs do not take title to the goods within the commercial flow.

5) Direct Sales from Pharmaceutical Companies to Pharmacies

Some manufacturers engage in direct sales of OTC and generic products; however, this channel accounts for less than 20% of total sales value. Under these arrangements, wholesalers may be contracted by manufacturers to perform delivery for generics and are compensated through a delivery fee agreed under the relevant commercial contract. In direct-sales transactions, the portion of the reimbursement price that would otherwise correspond to the wholesaler's official margin is retained by either the manufacturer or the pharmacy. Wholesalers are also subject to a transaction tax, and for high-cost medicines the official margin may fall below the level of this tax. In such "negative margin" situations—and similarly for cold-chain products—wholesalers may encourage pharmacies to use direct-sales channels.

(3) Transactions Between Wholesalers and Pharmaceutical Companies

1) Price Negotiations Between Manufacturers and Wholesalers

The wholesalers' procurement price is typically set at the PFHT. Factors such as purchase volume are taken into account when negotiating commercial terms—such as discounts and/or value-added service arrangements (e.g., data sharing and product promotion).

(4) The Wholesale Industry

1) Licensing for Pharmaceutical Wholesalers

Wholesale activities are regulated and supervised by the Ministry of Health, with oversight delegated to the ANSM (National Agency for the Safety of Medicines and Health Products). Regarding license acquisition, wholesalers must fulfill strict obligations, which are verified before a license is granted.

Wholesalers' Regulation

Each agency must

- Be placed under the responsibility of a dedicated or delegated pharmacist
- Supply any pharmacy within its catchment area upon request
- Participate in an on-call system to manage urgent drug deliveries during week-ends and public holidays

- Comply with the following 3 public service obligations:
 - Stock at least 90% of the drugs marketed in France
 - Maintain at least 2 weeks' worth of stock, typically around 3 weeks
 - Deliver any stocked drug within 24 hours of receiving a pharmacy order

Obligations are strict and monitored randomly, but some "short-line wholesalers" operate on the edge of regulations. Recently, several short-line wholesalers received fines and injunctions for non-compliance. On the other hand, unlike in France, licenses for pharmaceutical wholesalers in Japan are granted based on external requirements such as the office's facilities and responsible qualified personnel.

2) Issues Regarding Stable Supply

a) Short-line Wholesalers:

French drug prices are among the lowest in Europe. Short-line wholesalers typically handle only selected products that can be parallel-exported to higher-priced markets such as Germany, and they tend to operate only within specific regions. They currently hold approximately a 5% share of the wholesale market, and their numbers are increasing. Regulations require manufacturers to trade with all licensed wholesalers, including short-line wholesalers. Because manufacturer allocation practices (see below) are often linked to market share, the presence of short-line wholesalers creates a structural challenge for maintaining stable domestic supply.

b) Allocated and Temporarily Allocated Products

These categories represent major logistical and operational challenges for the supply chain and are a key source of disruption in pharmacy ordering processes and downstream supply shortages.

b-1) Allocated Products:

These are designated by manufacturers to manage shortages and support equitable regional distribution. Manufacturers are required to report shortages to health authorities and to submit action plans. Allocations to wholesalers are determined by manufacturers, typically using domestic market share as a key reference. The share of allocated products is increasing and is estimated at approximately 15% for patented medicines, 30% for generics, and 80% for biosimilars. This trend is driven by manufacturing and supply constraints (including API shortages, rising costs and regulatory complexity), as well as manufacturers' efforts to manage supply and minimize parallel exports to higher-priced EU markets.

b-2) Temporarily Allocated Products:

These refer to temporary allocation measures implemented in response to short-term supply instability, typically limited to a period of approximately 6–9 months. This category accounts for approximately 10% of the patented drug market.

3) Profitability

Current official margins are widely viewed as insufficient to absorb cost inflation or the administrative burden associated with managing allocated products. As a result, the profitability of

the core wholesale business in France is notably low. Wholesalers therefore rely primarily on value-added services to sustain earnings, including monetizing data services for manufacturers and providing pharmacy-facing services (e.g., equipment and systems partnerships, as well as digital tools for pharmacies and patients).

4. Discussion

(1) Systems for Official Margins/Discounts and Wholesaler Profitability

1) Current Commercial Practices Regarding Official Margins and Discounts

The actual status of the systems governing official margins and discounts in France was found to be consistent with the information obtained through preliminary desk research. Furthermore, it was confirmed that commercial transactions between pharmaceutical wholesalers and pharmacies are conducted in strict compliance with these regulations.

It has become clear that, under France's highly controlled pharmaceutical distribution system, wholesaling as a standalone business faces structural challenges that may undermine long-term business continuity. At the same time, these systems also provide a high degree of commercial predictability and operational certainty.

From the perspective of the government and the public, this framework is advantageous in containing social security expenditure. For wholesalers, however, the structure effectively necessitates the development of revenue sources beyond core wholesale operations and the difficult cost reduction having continued for many years—particularly as they must absorb inflationary pressures and invest in measures to ensure a stable and resilient supply.

2) Profitability of Pharmaceutical Wholesalers

The low profitability of French pharmaceutical wholesalers can be attributed to the following structural factors:

Caps on Official Margin Amounts: Because margins are capped based on the PFHT (manufacturer's ex-works price excluding VAT), wholesalers have limited economic incentive to handle high-priced products. In some cases, wholesalers may choose not to handle high-priced medicines that require costly cold-chain logistics, as these transactions can result in a "negative margin."

Official Margins Under Inflationary Pressure: Although both the rate and the cap structure were revised in February 2021, they remain insufficient to offset rising distribution and operating costs. As a result, wholesalers are effectively required to absorb these incremental expenses.

Presence of Pharmacist Cooperatives and Downstream Buying Power: Among the five major full-line wholesalers, two private corporations hold a combined share of approximately 57% of the wholesale market, while three pharmacist cooperatives account for approximately 39%. By their nature, cooperatives can offer transaction terms that are favorable to their pharmacist-owners. It is therefore reasonable to infer that private wholesalers face sustained competitive pressure from cooperatives on commercial terms, highlighting the material downstream buying power within the French market.

(2) Key Differences Between the French and Japanese Pharmaceutical Markets

1) Workload of Pharmaceutical Wholesalers

In the French pharmaceutical market (including OTC), the share of distribution conducted via wholesalers is 58%. Wholesalers' primary customers are pharmacies, as direct transactions between manufacturers and hospitals are the prevailing model.

In contrast, the share of prescription drug distribution conducted via wholesalers in Japan is approximately 97% (estimated). Japanese wholesalers transact not only with pharmacies but also with hospitals and clinics. Accordingly, the number of delivery points in Japan significantly exceeds that of France: while France has approximately 20,500 pharmacies, Japan has 62,735 pharmacies (end of FY2023), 8,122 hospitals (as of October 1, 2023), and 104,894 clinics (as of October 1, 2023). Furthermore, whereas French wholesalers focus price negotiations primarily on patented products, Japanese wholesalers are responsible for price negotiations across all items, representing a material difference in workload and commercial complexity.

2) Existence of Parallel Exports

A challenge specific to the European market is the issue of parallel exports. Short-line wholesalers generate profit by exporting allocated products—procured from manufacturers within France—to other countries. Historically, manufacturers used direct-to-pharmacy sales or limited-distribution models to prevent parallel exports and secure sufficient domestic supply. More recently, however, it has been indicated that parallel exports are closely linked to the increase in allocated products and the expanding activities of short-line wholesalers.

3) Perspectives on Procurement Pricing

In transactions with manufacturers, procurement prices are generally understood to be equal to the PFHT. Rebates and other incentives appear to be treated as separate accounting entries rather than as adjustments to cost of goods sold.

5. Recommendations

Through these hearings, it has become evident that, while pharmaceutical wholesalers in Japan and France operate under different regulatory systems, they face a set of common challenges: both contend with persistently low profit margins despite being widely recognized as essential infrastructure. Furthermore, there was a shared understanding that, while addressing inflationary pressures and stable supply constraints will require institutional reform, it is equally imperative for wholesalers to establish new revenue sources by developing services for pharmaceutical companies, medical institutions, and patients.

The following recommendations are proposed to ensure the future quality of pharmaceutical distribution in Japan:

(1) The Need for a Sustainable Distribution Framework

The French drug pricing system can be characterized as a highly regulated system with strong administrative controls. Beyond the reimbursement price, manufacturers' ex-factory prices and the margins for both wholesalers and pharmacies are made public, and statutory caps are imposed on discounts offered by wholesalers to pharmacies.

In contrast, Japan has no official price regulation other than the reimbursement price. Even this price is determined through market transactions, with the reimbursement price functioning as an upper bound under Japan's market-price-based system.

However, neither the Japanese nor the French approach currently functions sufficiently to ensure a stable supply in the following respects:

- **Recognition of Distribution Costs:** In France, the drug pricing system embeds a wholesale margin within the reimbursement price, thereby reflecting—in principle—the premise that “distribution incurs costs.” However, interviews with local stakeholders indicated that these margins are insufficient, contributing to declining wholesaler revenues. As a result, the official margin system does not currently provide a sustainable basis for wholesale operations. In Japan, while distribution costs are considered under the cost-calculation method for new drugs, they are not incorporated into reimbursement pricing for existing listed products.
- **The Issue of Inflation:** Distribution is directly exposed to cost inflation, including rising vehicle-related expenses (fuel) and labor costs. In France, despite lobbying by the CSRP (Chambre Syndicale de la Répartition Pharmaceutique) to the government, official margins have not kept pace with inflation-driven cost increases. Consequently, a system designed to secure distribution costs through publicly defined rules is, paradoxically, increasing risks to stable supply due to insufficient inflation pass-through. In Japan, upstream cost pressures are partially addressed through the “unprofitable product re-evaluation” mechanism, and downstream labor cost increases are supported through medical service fees; however, no mechanism exists to pass through the surge in distribution costs.

While a French style tightly regulated pharmaceutical pricing framework may not be suitable for Japan, there are clear limits to relying solely on a market-based system capped by reimbursement prices in an environment of sustained inflation. According to a survey by the Federation of Japan Pharmaceutical Wholesalers Association, the share of items for which total distribution costs (purchase cost + distribution cost) exceed the delivery price to medical institutions and pharmacies (FY2024) is approximately 80% for generics, 60% for long-listed drugs, and 25% for patented drugs. Accordingly, Japan should secure a sustainable distribution framework aimed at explicitly guaranteeing distribution expenses and ensuring a stable supply of pharmaceuticals. This should be positioned as a permanent measure to protect quality across the entire pathway from manufacturing through distribution, thereby supporting citizens' health and well-being.

At the same time, Japan should recognize from the French experience that formally setting wholesale margins does not, in itself, resolve the underlying structural issues. It is important to recognize that, even with official margins in place, France has continued to introduce additional controls—such as statutory discount caps and legal enforcement measures—which can, over time, create conditions that put pressure on the wholesale sector’s business continuity.

These policy trade-offs can be illustrated by contrasting the price-setting mechanisms under Japan’s and France’s respective systems. Under Japan’s current National Health Insurance (NHI) drug price listing framework, reimbursement prices are determined based on observed market transaction prices, with the most recently revised reimbursement price effectively functioning as an upper bound. By contrast, under the French system, the manufacturer’s ex-works price is administratively set, and both the wholesale margin and the pharmacy margin are also fixed by rule; the reimbursement price is then calculated by adding the ex-works price, the wholesale margin, the downstream margin, and value-added tax (VAT). In this design, market prices do not directly feed into reimbursement pricing, thereby structurally limiting the scope for excessive *yakka-sa* (the gap between the reimbursement price and the actual purchase price).

However, this same administrative structure does not, by itself, ensure that official margin revisions will keep pace with the distribution costs required to maintain a stable supply of medicines, including new products. The French case suggests that, even under a framework of formally defined margins, it remains challenging to calibrate margin levels in a manner that is sustainable across the supply chain—spanning pharmaceutical companies, wholesalers, pharmacies, and medical institutions—particularly under conditions of cost inflation and supply volatility.

(2) Ensuring the quality of stable supply in the pharmaceutical wholesale business

As reported in our committee's second report, "International Comparison of Pharmaceutical Business Practices and the Functions of Pharmaceutical Wholesalers" (October 2013), it is clear that the functions performed by wholesalers differ between Japan and France, as they are rooted in each country’s respective healthcare delivery system. In Japan, it is imperative to fortify the quality of stable supply in a manner that aligns with the specific needs of the Japanese healthcare delivery system.

Looking ahead, with the expansion of electronic prescriptions and the rollout of specialized dispensing services such as the externalization of dispensing, pharmaceutical distribution in Japan is expected to evolve from a current linear, single-layer structure toward a more complex, multi-stage model. This transition may also attract new entrants into distribution routes. Japanese wholesalers currently maintain a universal service obligation, handling a comprehensive range of products across all regions. However, the emergence of “cherry-pickers,” operators that handle only high-margin items, threatens to jeopardize the sustainability of the distribution industry and undermine the public-service pharmaceutical

supply mission. While the emergence of new business entities providing drug price negotiation consultancy to major medical institutions and pharmacies is not a new development, it remains imperative for the government to implement appropriate regulatory measures moving forward. To ensure a stable supply within the pharmaceutical distribution system, there is an urgent need for adequate public support for wholesalers who sustain medical access across all regions, regardless of geographic location. Unlike in France, Japanese wholesalers manage an extensive, highly fragmented network of clients and play a vital role in delivering meticulous, real-time pharmaceutical information to frontline providers managing heavy patient loads. Given these circumstances, it is essential to formally recognize and value their distribution and information-delivery operations in both urban and underpopulated areas.

It is hoped that this report will catalyze active discussion regarding the quality assurance and the long-term sustainability of the stable pharmaceutical supply in Japan.

Appendix 1: Medical and Drug Pricing System in France

Public Medical Insurance and Complementary Medical Insurance

The establishment of the public universal health insurance system in France was in 1992. Universal health insurance was achieved by introducing medical benefits for French citizens who could not become insured under the existing system due to low income, etc.

Public medical insurance has detailed reimbursement rates depending on the type of service, and there are also many fixed copayments and deductibles. On the other hand, there is a cap on out-of-pocket expenses, and the enrollment rate in complementary medical insurance to cover these expenses is extremely high. Providers of complementary medical insurance are broadly classified into mutual aid associations, mutual benefit societies, and insurance companies. 95% of French citizens are covered by complementary medical insurance.

Drug Pricing System

- Drug Pricing Method

The classification of reimbursable drugs in France is shown in Figure 4.

The prices of community drugs (dispensed at pharmacies), hospital resale drugs (dispensable to outpatients only from in-hospital pharmacies), and hospital add-on drugs (non-inclusive hospital drugs) are determined by CEPS (Economic Committee for Health Products), but prices are not set for hospital inclusive drugs or ATU drugs (temporary use of unapproved drugs).

For new drugs, CEPS negotiates with pharmaceutical companies based on ASMR (improvement in medical usefulness) evaluation results, sales forecast volume and amount for three years after launch from the pharmaceutical company, foreign prices, etc., to determine the PFHT (ex-factory price excluding tax).

The PFHT for generic drugs is set at 40% of the original drug.

Adding the official wholesale margin, the official pharmacy margin, and a 2.1% value-added tax to the PFHT results in the PPTTC (retail price including tax and margins). Figure 6 shows an example of a pharmaceutical price database.

Figure 4: Classification of Reimbursable Drugs in France

Location	Classification	Details	Prices	Reimbursement Rates
Pharmacy	Community Drugs	Drugs dispensed at pharmacies	Determined by CEPS	See Figure 5.
Hospital	Resale Drugs	Drugs dispensable to outpatients only from in-hospital pharmacies	Determined by CEPS	100%
	Add-on Drugs	Drugs billed as add-ons to inpatient benefits	Determined by CEPS	100%
	ATU Drugs	Drugs used under ATU (temporary use approval for unapproved drugs)	Company declaration, adjusted later	100%
	Inclusive Drugs	Drugs included in standard inpatient reimbursement by disease	Free Price	NA

- Drug Reimbursement Method

Reimbursement rates are classified into four levels based on SMR (medical usefulness).

Also, with the introduction of the 'deductible' system in 2007, there is a self-payment of 1 euro per box or other packaging unit of medicine (0.5 euros before March 2024), with an annual cap of 50 euros.

For community drugs, the full amount of the PPTTC is not reimbursed by public insurance, but is a combination of public insurance, complementary insurance, and out-of-pocket expenses.

Figure 5: SMR and Reimbursement Rates

Degree of Usefulness	Reimbursement rates	Complementary Insurance
Regardless of SMR	100%	Not Covered
Important Note	65%	Benefits
Normal	30%	Benefits
Weak	15%	Not Eligible for Benefits
Insufficient	Not Reimbursable	Not Eligible for Benefits

Source: Institute for Health Economics and Policy

Figure 6: An Example of a Pharmaceutical Price Database (BdM IT)

Historique pour les assurés

Homologation Assurés Sociaux :

Date début	Date fin	Motif fin	Objet maj fin
12/04/2022	11/04/2027	REEXAMEN	JO du 20220412

Historique Désignation :

Libellé désignation	Date début	Date fin	Objet maj
XARELTO 1 MG/ML (RIVAROΞABAN)	12/04/2022	-	JO du 20220412

Grand Conditionnement : Non
Médicament Spécifique : Oui

Historique Conditionnement :

Libellé conditionnement	Date début	Date fin	Objet maj
100 ML EN FLACON, GRANULÉS POUR SUSPENSION BUVABLE	12/04/2022	-	JO du 20220412

Historique Laboratoire :

Nom du laboratoire	Date début	Date fin	Objet maj
BAYER SANTE	12/04/2022	-	JO du 20220412

Historique Remboursement :

Prix Fabricant HT €	Prix Public TTC €	Taux de remboursement	Date d'application	Date d'opposabilité PPTTC	Date JO
12.170 €	14.22 €	65 %	12/04/2022	16/04/2022	12/04/2022

社会保険の承認:

開始日	終了日	細かい模様	オブジェクトシフト終了
2022年4月12日	2027年4月11日	レビュー	20220412 オリンピック

歴史指定:

説明文言	開始日	終了日	シフトオブジェクト
XARELTO 1 MG/ML (リバーロキサバン)	2022年4月12日	-	20220412 オリンピック

大塚細包:いいえ
特定の薬剤:はい

歴史 パッケージング:

パッケージの文言	開始日	終了日	シフトオブジェクト
100 ML ボトル入り、経口経腸液用顆粒	2022年4月12日	-	20220412 オリンピック

研究室の歴史:

研究室名	開始日	終了日	シフトオブジェクト
バイエルヘルス	2022年4月12日	-	20220412 オリンピック

払い戻し履歴:

付加価値税を除くメーカー価格 €	付加価値税を含む公開価格 €	返済率	申請日	PPTTCの反対可能日	オリンピック開催日
12,170ユーロ	€14.22	65%	2022年4月12日	2022年4月16日	2022年4月12日

Appendix 2: Wholesale Business License in Japan

What is Wholesale Business?

Wholesale business refers to the license to sell pharmaceuticals as a business to pharmacy operators, pharmaceutical manufacturers, manufacturers or sellers, or to operators of hospitals, clinics, or veterinary clinics.

Application Destination for Wholesale Business License

To conduct wholesale business of pharmaceuticals, it is necessary to obtain a license for each office.

The application destination for the license is the governor of the prefecture where the office is located.

Requirements for Wholesale Business License

1. The structure and facilities of the office comply with the standards specified by the Ministry of Health, Labour and Welfare ordinance
2. In principle, an office manager is appointed for each office
3. A pharmacist or sales manager is appointed according to the pharmaceuticals sold
4. The applicant does not fall under disqualification reasons

Wholesale Business License Application Form (in the case of Tokyo)

Application Form (see below)

Attached Documents

1. Floor Plan
2. Certificate of Registered Matters (when the applicant is a corporation)
3. Doctor's certificate regarding mental function disorder of the applicant (when the applicant is a person who may not be able to properly perform the necessary recognition, judgment, and communication for business due to mental function disorder)
4. Documents proving the employment relationship with the manager (when someone other than the applicant is the manager)

