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AI Proves to be a Game Changer in the Japanese Pharma Industry

(Source: An article by Phillip Carrigan for Pharma Japan)

Japan's pharma industry is seeing significant changes that artificial intelligence (AI) is no longer a possible future concept, but instead a current game-changer for commercial pharma teams.

"Predictive AI isn't a future promise for a rapidly evolving Japanese data landscape – it's a present differentiator for Japanese commercial pharma teams willing to act," said Vishal Kapoor, General Manager at Prospection, a healthcare analytics company.

Japan's landscape is rapidly evolving, with more patient-level data becoming available and being utilized. This transformation is creating incredible opportunities. Prospection replaces manual feature-hunting with a large language model-driven sweep of every data point, returning both the prediction and the clinical "why" so no real-world signal remains unexplored. Prospection is actively involved, bringing tailored predictive AI solutions to the Japanese market and partnering with pharmaceutical companies for significant and actual results.

This means that the pharma industry needs to be proactive. The data and AI ecosystem in Japan is maturing fast, and waiting means missed opportunities. Companies need to embrace this new paradigm and shape the future with AI.

There are several trends that are shaping this revolution.

Agentic AI takes center stage. AI agents are now embedded in workflows, augmenting human decision-making and providing real-time support. Imagine AI helping sales teams with personalized strategies or facilitating clinical trial managers. The goal is to empower human experts and boost efficiency.

Generative AI democratizes analytics. Generative AI (GenAI) and large language models (LLMs) are making data insights accessible to everyone, not just data scientists. Stakeholders can ask complex questions in plain language and get clear and actionable insights which will help to accelerate strategic decisions.

LLMs and knowledge graphs for accuracy. Pharma's complex terminology demands accurate AI. By combining LLMs with knowledge graphs and embedding healthcare-specific knowledge into LLMs, accuracy will be greatly improved, and misinterpretation will be reduced. This is crucial for drug discovery and patient care.

Predictive AI beyond static models. Predictive AI is moving past old, static models, Advanced machine learning is being leveraged for continuous improvement and prescriptive insights, offering recommendations on what should be done. This enables dynamic personalization and enhances agility.

Field enablement is key. AI is directly empowering sales teams with more relevant, personalized tools. Think in terms of AI-driven insights anticipating health care patient needs, real-time clinical data during conversations, or optimal engagement

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In Brief...

- **Sycamore Partners (Sycamore)** announced that it has completed its acquisition of **Walgreens Boots Alliance (WBA)** in partnership with *Stefano Pessina* and his family, who have reinvested 100% of their interests in WBA, demonstrating their ongoing support and confidence in the company's future. WBA's companies, including **Walgreens, The Boots Group, Shields Health Solutions, CareCentrix** and **Village MD** will be stand-alone companies under private ownership building on their proud legacies of excellent customer service and trusted relationships with their customers. "The milestone begins a new chapter for Walgreens, the Boots Group and the other portfolio businesses. Our family has proudly supported these companies for decades, and we are pleased to continue the commitment alongside Sycamore. Together we are united in our belief in the future of these organizations and the essential role they play in millions of lives each day," said Pessina. Also of note, *Mike Motz* replaced *Tim Wentworth* as Walgreens CEO effective as of the date of the deal close. Separately, Cigna's Evernorth will make a large investment in Shields Health Solutions.
- Despite uncertainty, the **U.S. Food and Drug Administration (FDA)** has approved updated shots for **Moderna** and **Pfizer's/BioNTech's** COVID-19 vaccines. The new version of Pfizer and BioNTech's *Cominaty* is designed to target the L.P.S.1 sublineage of the virus. Additionally, Moderna has secured new regulatory endorsements for the L.P.S.1 tailored versions of its *Spikevax* and *mNEXSPIKE*.

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Parekh Integrated Services Pvt. Ltd. Joins IFPW

IFPW is pleased to announce that Parekh Integrated Services Pvt. Ltd. (PISPL) has joined IFPW as the newest service member company, and IFPW's first member based in India.

PISPL is a third-party logistics (3PL) provider specializing in end-to-end supply chain and cold chain solutions, primarily for the healthcare sector, and additionally serves the chemical and paints industries. Founded in 1981/1992, the company offers comprehensive services, including warehousing, temperature-sensitive storage, pan-India distribution, freight forwarding, customs clearance, and inventory management, supported by advanced IT infrastructure and a large distribution network across India.

India is growing and important global region, and IFPW looks forward to PISPL's insights and perspectives on the Indian/Asian market.

AI in Japanese Pharma *(cont'd.)*...

strategies. This supercharges human connections and builds stronger, more meaningful relationships.

Data readiness is non-negotiable. Data quality, governance and readiness for AI are strategic imperatives. Clean, well-structured data is the foundation for accurate and actionable insights from even the most sophisticated AI models.

AI strategy is cross-functional. Siloed technology adoption is no longer appropriate. AI in pharma demands a unified and cross-functional roadmap. A cohesive AI strategy breaks down departmental barriers, encourages collaboration and aligns AI initiatives with core business objectives which unlocks AI's full potential.

The AI landscape in Japanese pharma is brimming with potential. By proactively embracing these trends, pharmaceutical companies can effectively shape the future of healthcare in Japan in a meaningful and significant way.

The List of Most Expensive Drugs in the U.S. in 2025 is Changing at a Rapid Pace

(Source: An article by Zoey Becker, Kevin Dunleavy, Eric Sagonowsky, Angus Liu and Fraiser Kansteiner for Fierce Pharma)

With more expensive gene therapies hitting the market, one-dose curative treatments are continuously shuffling the list of the U.S.'s highest-priced drugs.

In just two years, half of Fierce Pharma's 2023 list of the most expensive drugs has been replaced with a fresh crop of newer more expensive treatments. Each of the drugs on this year's list are one-dose therapies, prompting the departure of pharmacy-dispensed drugs like *Myalep*, a leptin deficient med that for years was one of the world's most expensive therapies with a price tag of US$1.26 million annually.

Since its approval in 2024, Kyowa Kirin's US$4.25 million metachromatic leukodystrophy gene therapy *Lenmeldy* has been the most expensive drug on the U.S. market. *Lenmeldy* overtook CSL's hemohilia B treatment *Hemgenix*, which carries a list price of US$3.5 million and held the top spot for over a year. For a brief period, *Hemgenix's* price point was matched by Pfizer and its rival hemophilia B gene therapy *Bequez* which was discontinued in February of 2025. Approved in April of 2024, no patients received commercial *Bequez* during its time on the market. The limited interest from patients and doctors in hemophilia gene therapies was a factor in the market withdrawal, according to Pfizer. That move marked the end of Pfizer's public gene therapy programs following a series of steps by the company to distance itself from the gene therapy space.

While the high price tags that such therapies come with what may be perceived as higher revenues, Pfizer's exit reflects a challenge many makers of the costly drugs face. *Hemgenix*, for example, only reached 12 patients during CSL's fiscal year that ended in June of last year. CSL CEO Paul McKenzie pointed to difficulties navigating a fragmented U.S. healthcare system.

BioMarin contemplated divesting its drug *Roctavian*, a US$2.9 million hemophilia A gene therapy that is #7 on the list, after revealing that only four patients received the 2022-approved treatment as of April of 2025. The company has since decided to keep *Roctavian* under a new strategy that limits its geographic focus.

Even Bluebird Bio, a gene therapy pioneer that manufactures three of the drugs on the list, sold itself to private equity firms in 2025 after struggling with gaining traction in a challenging market. But despite the uphill battle that gene therapies face, more treatments are being introduced to the market.

Most recently PTS Therapeutics' *Kebilidi* joined the list to disrupt *Hemgenix's* second place spot after dosing its first commercial patient in August. The drug carries a price tag of US$3.95 million, and won approval under the U.S. Food and Drug Administration's accelerated approval pathway in November of 2024.

Kebilidi represents a significant gene therapy innovation as the first medicine in the class to be administered directly into the brain. It is a treatment for the ultrarare fatal genetic disease aromatic L-amino acide decarboxylase deficiency and is a one-time therapy first targeted treatment for the small patient population. It is now approved for the U.S. market after two years on the European market, where it's branded as *Upstaza*. The drug will have to complete an ongoing confirmatory trial to earn continued approval in the U.S., but analysts have modeled peak *Kebilidi* revenue at US$266.3 million in 2026.

In Brief (cont.)

- **Eli Lilly** reported that all three doses of oral GLP-1 candidate *orfoglipron* helped its late-stage Attain-2 trial meet its primary endpoint and all key secondary endpoints. The drug helped patients achieve up to an average of 23 pounds in weight loss as well as a reduction in average blood sugar levels and cardiometabolic risk factors by the trial's 72 week mark. **Attain-2** assessed the safety and efficacy of *orforglipron* in patients who were overweight or with obesity and also have Type 2 diabetes. A once-daily dose of 36 mg taken without food or water restrictions helped lower patients' weight by an average of 10.5%, versus 2.2% reduction for those on a placebo.
- **AstraZeneca** is advancing plans to exit production in India by giving up its manufacturing license to the country's **Drugs Controller and Licensing Authority** in a September 2 filing on the Bombay Stock Exchange. AstraZeneca plans its exit from the lone production facility it operates in India near Bangalore. The company has signaled for some time that it plans to auction off the site in a "fully operational manner" to a buyer that would service as a contract manufacturer for the drugs made and packaged at the facility.
- Partners **Daiichi Sankyo** and **Merck & Co.** have shared new phase 2 data for their investigational antibody drug conjugate *infinatamab derustecan (I-DXd)*. The companies think the findings will help score accelerated approval in pretreated small cell lung cancer. The primary analysis reveals an objective response rate of 48.2% among 137 patients receiving 12 mg/kg of *I-DXd* according to a late-breaking presentation shared at the *2025 World Conference on Lung Cancer* in Barcelona, Spain.

(Sources: Company Press Releases, Fierce BioTech, Fierce Pharma, and Pharma Voice)