

# **Q & A**

**for those who are bringing medicines into Japan**

**Q1. Can I bring any prescription medicine into Japan with me?**

A1. You can bring any prescription medicine into Japan with you without any special procedures on condition that

- (1) you bring it only for your own use
- (2) it is not any prohibited drug such as Methamphetamine in Japan,
- (3) it is not any especially controlled drug such as Narcotics in Japan,
- (4) and its quantity is up to one month supply.

**Q2. How can I bring more than one month supply of prescription medicine only for my own use into Japan with me?**

A2. You can bring more than one month supply of any prescription medicine, if you apply for a so-called “Yakkan Shoumei”, a kind of import certificate, and receive it before you leave home.

**Q3. How can I bring any injection and injector only for my own use into Japan with me?**

A3. You can bring only a so-called “Pre-filled Syringe” or “Self-injection Kit” into Japan with you. If you intend to bring more than one month supply of injection or injector, you have to apply for a so-called “Yakkan Shoumei”, a kind of import certificate, and receive it before you leave home.

**Q4. How can I receive a “Yakkan Shoumei”?**

A4. You have to submit the application documents by post.

If the Pharmaceutical Inspector can confirm that your application documents are complete, he/she will send you a “Yakkan Shoumei” by post, e-mail (PDF) or fax.

**Q5. What kinds of documents are required in order to apply for a “Yakkan Shoumei”?**

A5. The following documents are required in order to apply for a “Yakkan Shoumei”.

- 1) **Import Report of Medication** (with your signature, and needed 2 copies only as to this document), filled in the blank application form (See the “Application Forms” attached.) according to the sample application document. (See the “Application Forms” attached.)
- 2) **Explanation of Product**, filled in the blank application form (See the “Application Forms” attached.) according to the sample application document. (See the Application Forms” attached.) You have to create this document for each product. (Alternative documents such as pamphlets by manufacturers can be accepted, if they show the descriptions required in Explanation of Product.)
- 3) **Copy of Prescription or Direction for medicines with doctor’s signature**, by which the Pharmaceutical Inspector can confirm the name and the quantity of each medicine only for your own use clearly.

- 4) **Document indicating Arrival Date and Place** ( ex. Copy of Airline Ticket or Flight Itinerary. )
- 5) (If you need an original “Yakkan Shoumei”) **Return Envelope** with Japanese Postal Stamps required and with Address where you want to receive a “Yakkan Shoumei”. (“Coupon –Réponse International” can be accepted instead of Japanese Postal Stamps required, and Return Envelope needs to have the length 14~23.5 cm and the width 9~12 cm.) If you prefer to receive a “Yakkan Shoumei” by e-mail (or fax), you do not need to send a return envelope and stamps. Instead, you have to write down your e-mail address (or fax number) clearly in the Import Report of Medication. However, the Kanto-Shin’etsu Regional Bureau of Health and Welfare would NOT send a “Yakkan Shoumei” by fax.

**Q6. To which office can I submit application documents for a “Yakkan Shoumei” by post?**

A6. If you arrive at the Narita International Airport, you have to submit the application documents to the Kanto-Shin’etsu Regional Bureau of Health and Welfare.  
The following is their address.

Pharmaceutical Inspector Section of Inspection and Guidance, Kanto-Shin’etsu Regional Bureau of Health and Welfare Ministry of Health, Labour and Welfare Saitama-Shintoshin Godochosha 1, 7 <sup>th</sup> floor, 1-1Shintoshin, Chuo-ku, Saitama City, Saitama Prefecture, JAPAN 330-9713
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If you arrive at the Kansai International Airport or the Chubu International Airport, you have to submit the application documents to the Kinki Regional Bureau of Health and Welfare.  
The following is their address.

Pharmaceutical Inspector Section of Inspection and Guidance, Kinki Regional Bureau of Health and Welfare Ministry of Health, Labour and Welfare, Ohue Building,7th floor, 1-1-22 Nonin Bashi, Osaka City, Chuo-ku, Osaka Prefecture, JAPAN 540-0011,
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If you arrive at the Naha Airport, you have to submit the application documents to the Okinawa Narcotics Control Office, the Kyushu Regional Bureau of Health and Welfare,  
The following is their address.

Pharmaceutical Inspector  
Section of Inspection and Guidance,  
Okinawa Narcotics Control Office ,  
Kyushu Regional Bureau of Health and Welfare  
Ministry of Health, Labour and Welfare,  
Naha-Daiichi-Godocho,6th floor,  
1-15-15 Higawa,  
Naha City, Okinawa Prefecture, JAPAN 900-0022,

**Q7. What shall I do, if I have received a “Yakkan Shoumei”?**

A7. A “Yakkan Shoumei” is the Import Report of Medication, on which one of the Pharmaceutical Inspectors put confirmation seals, certificate numbers, his/her name, and so on.

You have to bring the “Yakkan Shoumei” with your medicines in order to show it to the Customs on request when you arrive in Japan. The copy of “Yakkan Shoumei” is acceptable at the Customs.

It will be valid only when your luggage contents are the same as indicated on the “Yakkan Shoumei”.

You have to take care never to correct the “Yakkan Shoumei”, or it becomes invalid.

**Q8. How long does it take to receive a “Yakkan Shoumei”?**

A8. It depends on the completeness of your application documents and days by post required.

If you are in North America, Europe or Australia, it will take about a week for the application documents to reach Japan by post and it will take about a week for a “Yakkan Shoumei” to reach you by post.

Therefore, if you need an original “Yakkan Shoumei”, it usually takes about two weeks totally to receive it, even if your application documents are complete. If you do not need an original one, you can obtain a copy of “Yakkan Shoumei” by e-mail (or fax) about one week after you send your application documents.

**Q9. What shall I do, if my application is rejected because of lack of documents ?**

A9. If your application documents are not complete, the Pharmaceutical Inspector may request the additional or revised documents.

If you show your fax number or e-mail address, you can receive his/her request more rapidly to submit the additional or revised documents.

Please write down your address, fax number or e-mail address correctly.

**Q10. What shall I do, if I have further questions regarding medicines which I am bringing into Japan with me, or if I have little time before I leave home?**

A10. Please contact any Pharmaceutical Inspector in your place of arrival’s neighboring

office.

- Kanto-Shin'etsu Regional Bureau of Health and Welfare

TEL: +81-48-740-0800

FAX:+81-48-601-1336

e-mail: [yakkan-shomei@mhlw.go.jp](mailto:yakkan-shomei@mhlw.go.jp)

(Place of arrival: Narita international Airport, Tokyo International Airport, etc.)

- Kinki Regional Bureau of Health and Welfare

TEL: +81-6-6942-4096

FAX:+81-6-6942-2472

e-mail: [kiyakuji@mhlw.go.jp](mailto:kiyakuji@mhlw.go.jp)

(Place of arrival: Chubu Centrair International Airport, Kansai International Airport, etc.)

- Okinawa Narcotics Control Office

TEL: +81-98-853-7100

FAX:+81-98-853-7101

e-mail: [okinawa-yakuji@mhlw.go.jp](mailto:okinawa-yakuji@mhlw.go.jp)

(Place of arrival: Naha Airport, etc.)

[別紙第 1 号様式]

※ ( ) 輸入報告書 (Import Report of Medication)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Year) (Month) (Date)

(To Minister of Health, Labour and Welfare)

厚生労働大臣 殿

Name of Importer \_\_\_\_\_  
 Importer's Signature \_\_\_\_\_  
 Address of Importer \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Fax Number \_\_\_\_\_  
 e-mail \_\_\_\_\_@\_\_\_\_\_

品 名 (Name and Size of the Import Products)		数 量 (Quantity)
輸入の目的 (Purpose of Import)	<input checked="" type="radio"/> For Personal Use <input type="radio"/> Other Purpose ( )	
誓約事項 (Oath)	<input type="checkbox"/> The import products above are solely for the purpose of import above, not for commercial use and/or gift for others.	
製 造 業 者 名 及 び 国 名 (Name of Manufacturer and Country of Origin)		
輸 入 年 月 日 (Import Date / Arrival Date)	AWB、B/L 等の番号 (AWB No. , B/L No. or Flight No.)	到着空港、到着港又は蔵置場所 (Arrival place ( Airport, port or Storage place ))
_____/_____/_____ (Year) (Month) (Date)		
備 考	(Note)	
厚生労働省 確認欄	特記事項  厚生労働省 厚生局 薬事監視専門官 毒物劇物監視員	

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[別紙第5号様式]

商 品 説 明 書 (Explanation of Pharmaceutical Product)

(Purpose of Import : For personal use or for treatment of patients)

商 品 名 (Name of product)	
化学名、一般的 名称又は本質 (Chemical Name or Active Ingredients Name)	①ヒアルロン酸(Hyaluronic acid) ②ボツリヌス毒素(Botulinum toxin) ③痩身効果(Slim figure, Weight Reduction) ④アスコルビン酸(Ascorbic acid) ⑤歯牙漂白剤(Dental bleach) ⑥ミノキシジル(Minoxidil) ⑦アバスチン(Avastin, Bevacizumab) ⑧サリドマイド(Thalidomide) ⑨不活化ポリオワクチン(Inactivated Poliovirus Vaccine) ⑩リドカイン(Lidocaine) ⑪メラトニン(Melatonin) ⑫ヨウ化カリウム(Potassium iodine) ⑬タミフル(Tamiflu, Oseltamivir) ⑭シルデナフィル(Sildenafil, Viagra) ⑮漢方(Kampo products) ⑯その他(Other) ( )
用 途 (Intended purpose)	①ガン治療(Cancer treatment) ②強壮剤・ED薬(Tonic medicine, ED medicine) ③うつ・気分障害・不眠治療(Treatment for Depression, Anxiety Disorder, Insomnia) ④栄養補充(Supplement) ⑤美容(Beauty) ⑥避妊(Birth control) ⑦アレルギー治療(Allergy treatment) ⑧育毛(Hair Restoration) ⑨ワクチン(Vaccine) ⑩皮膚麻酔(Topical anesthesia) ⑪眼科治療(Ophthalmology treatment) ⑫歯科治療(Dental treatment) ⑬特定疾病 <sup>※</sup> 治療(Specific disease treatment) ⑭震災関連(Earthquake disaster relations) ⑮動物の治療(Animal treatment) ⑯その他(Other) ( ) ※特定疾病：介護保険法施行令第2条に規定する疾病（ガンを除く。） (※Specific disease; Disease prescribed in Nursing Care Insurance Law enforcement order Article 2. (Cancer is excluded.))
具体的な用途 (効能・効果、用法) (Efficacy, Dosage)	
規 格 (Specifications)	

[別紙第 6 号様式]

商 品 説 明 書 (Explanation of Product)

(Pharmaceutical Products are excluded)

商 品 名 (Name of product)	
化学名、一般的 名称又は本質 (Chemical Name or Active Ingredients Name)	
用 途 (効能・効果) (Efficacy)	
規 格 (Specifications)	



(Sample)

e.g. Medicine, Medical Device, Cosmetics etc.

[別紙第1号様式]

Date of Request

※ ( Medicine ) 輸入報告書 (Import Report of Medication)

2013 / Jun / 1

(Year) (Month) (Date)

(To Minister of Health, Labour and Welfare)

厚生労働大臣 殿

Name of Importer KANTO SHIN-ETSU

Sign here.

Importer's Signature \_\_\_\_\_

Address of Importer 1-1, Saitama-Shintoshin, Saitama

330-9713 JAPAN

Phone Number +81-48-740-0800

Fax Number +81-48-601-1336

e-mail kanto\_shinetsu@mhlw.go.jp

List name and size of the product. Attach a separate sheet in case the space is short.

Indicate the one we can reach.

品 名 (Name and Size of the Import Products)		数 量 (Quantity)
1. Aspirin tablet 200mg 2. K-PAP Machine Set • K-PAP Machine • K-PAP Mask ( For replacement ) • Tube( For replacement) Put "Circle" on either one.		1. 100 tablets 2. (Details) • 1 unit • 3 sheets • 3 tubes
輸入の目的 (Purpose of Import)	<input checked="" type="radio"/> For Personal Use <input type="radio"/> Other Purpose ( _____ )	
誓約事項 (Oath)	<input checked="" type="checkbox"/> The import products above are solely for the purpose of import above, not for commercial use and/or gift for others.	
製造業者名及び国名 (Name of Manufacturer and Country of Origin)		
Kouseikyoku Co.Ltd. Japan		
輸入年月日 (Import Date / Arrival Date)	AWB、B/L等の番号 (AWB No. , B/L No. or Flight No.)	到着空港、到着港又は蔵置場所 (Arrival place ( Airport, port or Storage place ))
<u>2013 / Jun / 19</u> (Year) (Month) (Date)	<u>Japan Airlines JLXX</u>	<u>Narita International Airport</u>
備考 (Note)	In the case of receiving, write "AWB No." or "B/L No." In the case of bringing, write "flight No. that you board".	
厚生労働省 確認欄	(For Official Use) 特記事項  厚生労働省 厚生局 薬事監視専門官 毒物劇物監視員	

Write a unit.

Put "Circle" on either one.

Check here.

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(Sample)

[別紙第5号様式]

商 品 説 明 書 (Explanation of Pharmaceutical Product)

(Purpose of Import : For personal use or for treatment of the patient)

商 品 名 (Name of product)	Aspirin tablet 200mg
化学名、一般的 名称又は本質 (Chemical Name or Active Ingredients Name)  Put "Circle" on item.	①ヒアルロン酸(Hyaluronic acid) ②ボツリヌス毒素(Botulinum toxin) ③瘦身効果(Slim figure, Weight Reduction) ④アスコルビン酸(Ascorbic acid) ⑤歯牙漂白剤(Dental bleach) ⑥ミノキシジル(Minoxidil) ⑦アバスタチン(Avastin, Bevacizumab) ⑧サリドマイド(Thalidomide) ⑨不活化ポリオワクチン(Inactivated Poliovirus Vaccine) ⑩リドカイン(Lidocaine) ⑪メラトニン(Melatonin) ⑫ヨウ化カリウム(Potassium iodine) ⑬タミフル(Tamiflu, Oseltamivir) ⑭シルデナフィル(Sildenafil, Viagra) ⑮漢方(Kampo products) ⑯その他(Other) ( Acetyl Salicylic Acid )
用 途 (Intended purpose)  Put "Circle" on purpose.	①ガン治療(Cancer treatment) ②強壮剤・ED薬(Tonic medicine, ED medicine) ③うつ・気分障害・不眠治療(Treatment for Depression, Anxiety Disorder, Insomnia) ④栄養補充(Supplement) ⑤美容(Beauty) ⑥避妊(Birth control) ⑦アレルギー治療(Allergy treatment) ⑧育毛(Hair Restoration) ⑨ワクチン(Vaccine) ⑩皮膚麻酔(Topical anesthesia) ⑪眼科治療(Ophthalmology treatment) ⑫歯科治療(Dental treatment) ⑬特定疾病*治療(Specific disease treatment) ⑭震災関連(Earthquake disaster relations) ⑮動物の治療(Animal treatment) ⑯その他(Other) ( Antipyretic analgesics ) ※特定疾病：介護保険法施行令第2条に規定する疾病（ガンを除く。） (※Specific disease; Disease prescribed in Nursing Care Insurance Law enforcement order Article 2. (Cancer is excluded.))
具体的な用途 (効能・効果、用法) (Efficacy, Dosage)	<b>【Efficacy】</b> Antipyretics, analgesics and anti-inflammatory agents  <b>【Dosage】</b> Adults : 1 tablet every four hours as needed
規 格 (Specifications)	Aspirin tablets cases in a box aluminum laminate 10 tablets.

(Sample)

[別紙第6号様式]

商 品 説 明 書 (Explanation of Product)

(Pharmaceutical Products are excluded)

商 品 名 (Name of product)	K-PAP Machine Set • K-PAP Machine • K-PAP Mask • Tube
化学名、一般的 名称又は本質 (Chemical Name or Active Ingredients Name)	• K-PAP Machine • K-PAP Mask ( For replacement ) • Tube( For replacement)
用 途 (効能・効果) (Efficacy)	Treatment for sleep apnea syndrome
規 格 (Specifications)	• K-PAP Machine Model; XXX • K-PAP Mask Size; XXX • Tube Size; Taper:XX. Length:XX