GOVERNMENT OF INDIA

Jan Aushadhi Scheme

A New Business Plan

Department of Pharmaceuticals, Ministry of Chemicals & Fertilizers, New Delhi

4/26/2013

Contents

JAN AUSHADHI CAMPAIGN – A NEW BUSINESS PLAN

1. Background

Over the years, India has developed strong capability in manufacturing generic medicines in almost every therapeutic category. The Pharmaceutical industry has evolved from merely Rs.1500 crores in 1980 to more than Rs.1,19,000crores by 2012. Medicines in almost every therapeutic category are sold primarily as branded drugs, at disproportionately very high prices.

There is still a large section of the population which finds it difficult to afford these high-priced medicines. According to World Health Organization estimates (2008), 65% of India's population does not have access to modern health care. Since 80% of out-patient care and 60% of in-hospital care occurs at private facilities in India, households are exposed to a private-sector market to buy drugs (Public Health Foundation of India, 2012). According to NSO estimates, upto 79% of health care expenses in rural areas are due to the cost of medicines.

This problem gets aggravated further as almost 80% of expenditure on health care is out-of-pocket to the patients. Thus, access to low-priced generic drugs is very critical in ensuring health care at affordable prices.

'Ensuring availability of quality medicines at affordable prices to all' has been a key objective of the Department of Pharmaceuticals, Government of India. Some important regulatory steps that have been taken to keep the prices of drugs reasonable include:

i. Price control of Scheduled Drugs through the National Pharmaceutical Pricing Authority (NPPA): Under the Drug Price Control Order, 1995, NPPA has been given the mandate to control and fix maximum retail prices (MRP) of a number of scheduled drugs and their formulations, in accordance with well-defined criteria.

ii. Price regulation of Non-Scheduled Drugs: Apart from the scheduled drugs under DPCO, 1995, the NPPA also monitors prices of other non-scheduled medicines in a way that price increase is never more than 10% per annum, on a moving period basis.

To supplement the above regulatory measures, and particularly to improve access to medicines at affordable prices to all (especially to the poor masses) the Department has decided to launch a nation-wide campaign i.e. the Jan Aushadhi Scheme, as a direct market intervention strategy for promoting use of generic drugs.

A key initiative under the campaign involves opening of 'Jan Aushadhi Stores' where high quality generic medicines would be sold at low prices. Such medicines would be equivalent in potency and efficacy to expensive branded drugs.

2. The Jan Aushadhi Scheme – a genesis

It is a well-known fact that branded medicines are sold at significantly higher prices than their un-branded generic equivalents, which are just as good in the therapeutic value they provide. A sample comparison of prices of similar branded/ unbranded generic drugs is given below:-

Name of salt	Dosage	Pack	Price of branded drugs (Rs.)	Price of Generic drugs (Rs.)	Difference
Antibiotic: Ciprofloxacin	250 mg	10	55.00	11.10	5 times higher
Pain Killer: Diclofenac	100 mg	10	36.70	3.50	10 times higher
Common Cold: Cetrizine	10 mg	10	20.00	2.75	7 times higher
Fever: Paracetamol	500 mg	10	10.00	2.45.	4 times higher
Pain & Fever Nimesulide	100 mg	10	25.00	2.70	9 times higher
Cough Syrup		110 ml bottle	33.00	13.30	2.5 times higher

Therefore, if reasonably priced quality generic medicines are made easily accessible and available in the market, everyone would benefit. With this objective, the Pharma Advisory Forum in its meeting held on 23rd April, 2008, decided to launch the Jan Aushadhi Campaign.

To fulfill the aforesaid objective, a Task Force comprising senior officers of the Department of Pharmaceuticals, Chief Executive Officers of Pharmaceutical Central Public Sector Undertakings (CPSUs), representatives of the Pharmaceutical industry, NGOs/charitable organizations and State Governments, and most importantly, doctors from reputed national institutions like the All India Institute of Medical Sciences, Maulana Azad Medical College and Ram Manohar Lohia Hospital, was constituted.. Senior representatives of the World Health Organization were also invited to these deliberations. The Task Force held extensive discussions and unanimously recommended launching the Jan Aushadhi Campaign, starting with the sale of generic medicines through dedicated sales outlets in various districts of the country. It was proposed that the campaign be launched in association with the Central Pharma Public Sector Undertakings (CPSUs) viz, Indian Drugs and Pharmaceuticals Limited (IDPL), Rajasthan Drugs and Pharmaceuticals Limited (RDPL), Hindustan Antibiotics Limited (HAL), Karnataka Antibiotics Limited (KAPL) and Bengal Chemicals and Pharmaceuticals Limited (BCPL) as part of their Corporate Social Responsibilities agenda.

It was proposed that the Jan Aushadhi Campaign be implemented initially for the period of 11th Five Year Plan starting from 2008-09. The Department proposed to open at least one JAS in each of the 630 districts of the country so that the benefit of "quality medicines at affordable prices" is available to at least one place in each district of the country. If successful, depending on the cooperation of all stake-holders, the scheme was proposed to be extended to sub-divisional levels as well as major towns and village centers by 2012.

It was envisaged that the Scheme would run on a self-sustaining business model, and not be dependent on government subsidies or assistance beyond the initial support. It was to be run on the principle of "No Profit, No loss".

2.1 Key objectives;

The key objectives of Jan Aushadhi Scheme are to;

- ✓ make quality the hallmark of medicines by ensuring supplies from the CPSUs and also through other PSUs and GMP compliant manufacturers in the private sector.
- ✓ extend coverage of quality generic medicines, which would reduce and thereby redefine the unit cost of treatment per person.
- ✓ provide access to any prescription drug or Over The Counter (OTC) drug in all therapeutic categories as generic equivalents.
- ✓ not be restricted to the beneficiaries of Public Health System but also to serve others.
- ✓ create awareness through education and publicity that quality is not synonymous with high price
- ✓ create a demand for generic medicines "By All for All" by improving access to better healthcare through low treatment costs.
- ✓ also involve State governments, Central Government, Public Sector Enterprises, Private Sector, NGOs, Cooperative bodies and other institutions, being a public welfare programme.
- ✓ develop a model which can be replicated in other countries of the world, in pursuit of their common goal of achieving affordable quality health care.

The Jan Aushadhi Scheme was accordingly formulated and approved in the Standing Finance Committee Meeting of 01/02/2010 in consultation with the Planning Commission. The Planning Commission approved Rs. 24.25 crores for the 11th Plan Period of the Scheme for opening 626 Jan Aushadhi Stores (JASs) in the first phase.

2.2 Salient features of Jan Aushadhi Scheme, launched in 2008;

The salient features of the Jan Aushadhi Scheme were:

- making quality medicines available at affordable prices for all, particularly the poor and disadvantaged, through specialized outlets called Jan Aushadhi Stores (JAS).
- provision of built up space for JAS in district hospitals by the State Governments
- operation of JAS by State Government nominated Operating Agencies like NGOs, Charitable Organizations and public societies like Red Cross Society, Rogi Kalyan Samitis, typically constituted for the purpose
- meeting the operational expenditure from trade margins admissible for the medicines.
- supply of the generic medicines in the first instance by Central Pharma PSUs so as to ensure both quality and timely supply. However, wherever required, medicines could be sourced from quality SME units.
- to ensure prescription of generic medicines by Government doctors with proactive support from State Governments.

3. Implementation of the Scheme:

In order to enable a focused and institutional approach to implement the Jan Aushadhi Campaign in particular, and to further the working and resources of CPSUs in general, a Bureau of Pharma PSUs of India (BPPI) was established in December, 2008 under the Department of Pharmaceuticals, Government of India, with the support of all the CPSUs. It was expected that BPPI would particularly focus on;

- coordinating marketing of the generic drugs through the Jan Aushadhi stores.
- coordinating supply of medicines in the State from their own plants, other pharma PSUs of Central & State Governments and Private Sector.
- coordinating with hospitals in preparation of formulary.
- monitoring proper running of Jan Aushadhi stores
- providing medicines at reasonably priced rates

To begin with, the Bureau worked as a separate and independent unincorporated entity from its office at IDPL, Gurgaon with an independent administration, operation and accounting system. The Central Government would suitably assist the Bureau both financially and technically till the Bureau could sustain itself through its own operations. Other Central and State Pharmaceuticals PSUs would also be given an opportunity to join the Bureau. The Bureau has been registered as an independent society under the Societies Registration Act, 1860 as a separate legal entity in April, 2010. BPPI follows the provisions of GFR, 2005 as amended from time to time, the CVC guidelines, and instructions from the Department of Pharmaceuticals.

Under the mandate, BPPI is required to coordinate with States to open stores, monitor functioning of the stores, fixing Maximum Retail Prices (including fixing common prices, in consultation with NPPA for the medicines manufactured by the CPSUs for Jan Aushadhi supply) and also suggest/approve common super stockiest to ensure a proper supply chain mechanism.

Under the Scheme, the Jan Aushadhi Stores were to be operated by NGOs/Charitable bodies identified by the State Governments. Such NGOs were also required to organize workshops and awareness events for spreading the concept of Jan Aushadhi.

The role of State Government was very critical in making this scheme a success, particularly in;

- providing space in Government Hospital premises for the running of the outlets.
- ensuring that Government doctors prescribe unbranded generic medicines out of the list prepared for this purpose.
- providing one-time-expenditure on setting up/running of the retail outlets in government hospitals.
- encouraging and facilitating NGOs/Charitable bodies to set up generic drug stores.

The role of Ministry of Health & Family Welfare (MoH&FW) is critical in encouraging doctors to prescribe generic medicines, procuring the same from the Jan Aushadhi stores. Support from the MoH&FW is expected in advising the public health system to prescribe unbranded generic medicines and to support the scheme through its various hospitals and health establishments. Additionally, Ministry of Health institutions like the All India Institute of Medical Sciences have also been roped in for technical advice, whenever required.

The role of the Department of Pharmaceuticals, being a parent department for launching of the Scheme, is to;

- coordinate implementation of scheme with State Governments, private sector and CPSUs.
- monitor fixing of prices of Jan Aushadhi medicines through NPPA
- create consumer awareness through multimedia publicity.
- ensure governmental support and budgeting assistance for the Scheme
- periodically review & evaluate the scheme and suggest suitable corrections to further improve the campaign.

4. Jan Aushadhi Store; Requirements:

As per the Scheme, the support of State Governments was essential to allocate built-up space for opening Jan Aushadhi Stores in District Hospital premises. The Operating Agency had also to be recommended by the State Government. Outlets were to stay open during the hospital timings. They could remain open on a 24x7 basis, if required. The stores would sell only generic drugs. Other requirements for the operation of the Jan Aushadhi Stores were;

i. The outlet should have a Drug Sale License from the competent authority.
ii. The outlet should conform to a standard model, as approved for setting up of JASs.
iii. The outlets were to be managed by the State Government through its own staff or through an NGO or any other entity, as Operating Agency (OA) with which the State Government is comfortable.
iv. The operation of a store required a qualified Pharmacist, one data entry operator and one helper.
v. The recurring expenditure on wages and other operational requirements were to be met by the Operating Entity/State Government.

4.1 Financial Viability of Jan Aushadhi Stores;

In order to set up the stores, a one-time assistance of Rs. 2.00 lakh as establishment cost was payable under the scheme to the operating agency. Additionally, a one-time startup cost of Rs. 50,000 was also paid for each outlet.

While the base price of medicines that were made available at the stores were fixed by NPPA, the trade margins fixed for the retail price at the JAS level for a particular medicine were:

- Category A drugs – PPP Scheduled/Non Scheduled 10%
- Category B drugs - Scheduled Drugs 16 %
  Non-Scheduled Drugs 20 %

The medicines were packed in special “Jan Aushadhi” packs under bi-lingual labels giving the name of the generic salt, etc.

5. The Journey of the Campaign, so far:

Much reliance has been placed on the CPSUs for supply of medicines to the Jan Aushadhi Stores. However, the experience so far has been that CPSUs are not able to cope up with the increasing demand of the drugs and the range of medicines which need to be kept at the Jan Aushadhi Stores. CPSUs have a limited coverage of therapeutic groups and also dosage forms. Further, as far as in-house production of medicines by CPSUs is concerned, they are able to cover only 130 medicines out of an existing range of 319 medicines identified for availability at JASs. Non-availability of the full range of medicines has been a serious constraint to opening new stores. This has also been one of the reasons for non-prescription of generic drugs by doctors. This issue is also being highlighted by the media from time to time. Some States/UTs also have their own schemes for free distribution of medicines and are not interested in opening JAS. In fact, Govt. of Rajasthan has taken over 53 JASs for distribution of free medicines under 'Mukhyamantri Nishulk DavaYojana'. As of now only 84 JASs are functional. Excessive reliance on support from State Governments for the Jan Aushadhi Campaign has also hampered growth of this initiative. Some other observations are;

a) During the 11th Plan period, it was proposed to open 626 JAS for which an amount of Rs.24.25 crores was approved by SFC in its meeting held on 1.2.2010. However upto February, 2013, only 147 JAS (annexure-I) have been opened. And only 84 JASs are functional.

b) JASs have been opened across the States of Punjab, Haryana, Odisha, Andhra Pradesh, Rajasthan, Delhi, Uttrakhand, West Bengal, Jammu & Kashmir, Himachal Pradesh, Jharkhand and the UT of Chandigarh.

c) A sum of Rs.20 crores was earmarked for the Jan Aushadhi Campaign for the year 2012-13. For the first time, Planning Commission has approved provisioning a working capital and allocated Rs. 4.5 crores towards this for the year 2012-13. However, taking into account the unutilized balance, only an amount of Rs.1.66 crore has been released to BPPI as working capital.

6. Third Party Evaluation of the Scheme:

Third party evaluation of the scheme was entrusted to the Public Health Foundation of India (PHFI). In its final report submitted on 18th December, 2012 on "Rapid Assessment and Potential

Scale up of Jan Aushadhi Scheme", the PHFI has identified potential challenges in scaling up the scheme.

Tardy progress of the scheme was largely attributed to a lackluster approach of State governments, poor adherence to prescription of generic drugs by doctors, and managerial/ implementation failures of CPSU/ BPPI.

Only 85 medicines spread across 11 therapeutic categories were supplied to stores and the mean availability of these drugs was found to be 33.45%, with wide variations across therapeutic categories. This clearly indicates not only supply side constraints from CPSU due to their poor financial health, but also poor management of the supply chain.

Thus, a limited portfolio of medicines coupled with chronic stock-outs has seriously eroded the credibility of these stores as customers desire a one-stop shop for all prescribed drugs.

Abysmally low sales volume of drugs due to stock-outs and poor awareness at the level of patients has also adversely impacted operational costs. Even JASs with high sales volume may find it difficult to barely recoup operational expenses. Based on the ground level experience, some of the major bottlenecks have been identified as under;

a) Over dependence on support from State Government

Operating Agencies were to be identified by the State Governments from among NGOs/ institutions/ cooperative societies working in the health sector, whom the state governments were comfortable working with. The choice was restricted mainly to Red Cross Society, Rogi Kalyan Samitis etc. Moreover, excessive dependence on support of State Government for providing space was inevitable as operating agencies had to run the stores within hospital premises.

b) Poor Supply Chain management:

Initially each CPSU directly supplied medicines to respective Jan Aushadhi Stores, which didn't work properly.

It was then decided to have a common Super stockiest in each State appointed by BPPI on behalf of all the CPSUs. In this arrangement, the Super Stockiest is required to obtain the requirement of medicines from JASs in their territory, consolidate the same, and place order on the CPSU concerned for supplies. But, CPSUs mostly failed to supply medicines on time.

The Super Stockiest is also supposed to collect payment from JASs and settle bills of the CPSUs concerned. But, experience reveals that the supply chain has not been established to ensure prevention of frequent stock-outs of medicines. Moreover, the basket of drugs is not fully representative and comprehensive, which has resulted in poor public response

to the campaign. Disproportionate losses due to expiry of medicines have also been reported.

c) Non-prescription of Generic Medicines:

Conventionally, doctors in Government hospitals tend to prescribe branded medicines. In this context, it may be mentioned that the substitution of branded medicines with generic medicines by the pharmacists at store is also not legally allowed under the Drugs and Cosmetic Act and the rules framed there under. Poor awareness among patients and doctors on use of generic drugs has also led to poor prescription by doctors.

d) Health Policies of Central/State Governments-Free Supply of Drugs:

Several State Governments such as Haryana, Rajasthan and Tamil Nadu, as per their health policies, provide free medicines to all the patients visiting Government hospitals. The viability of opening Jan Aushadhi stores in such States, within the premises of government Hospitals, is questionable.

Similarly, some State governments like West Bengal and Chhattisgarh have come up with the policy to open stores in the government hospitals through a tendering process, and then award the stores to those who give maximum discounts on the MRP of medicines and make available all kinds of medicines required by patients. The feasibility of opening Jan Aushadhi stores in such states also appears to be doubtful.

It is understood that the Ministry of Health and Family welfare, Govt. of India, is also contemplating a scheme to provide free medicines to all. In view of all these emerging trends, an alternate strategy to popularize generic drugs may have to be evolved.

e) Lack of awareness:

There is a widely prevalent misconception that generic drugs are not safe and efficacious. People are typically swayed by the prescription of doctors, which is mainly influenced by various marketing strategies adopted by pharmaceutical companies promoting branded drugs. There is no facility for the common man to find, on his own, a generic substitute which is equally safe and efficacious. Hence, there is a need to create awareness among masses about the use of generic drugs.

7. Jan Aushadhi Campagin – A New Business Plan

The Standing Committee, in its 32nd report, has recommended (recommendation no. 9) that more Jan Aushadhi Stores should be opened on a mission mode. It further recommended the possibility of opening stores through a Public-Private Partnership, and partnering with individual

entrepreneurs. This remains to be explored. Public Health Foundation of India, which assessed the performance of Jan Aushadhi Scheme, has also advocated converting Jan Aushadhi stores into a low cost pharmacy chain at different levels in States.

Accordingly, a revised Business Plan has been worked out. It aims to extend the geographical coverage of the scheme, by opening more than 3000 stores during the 12th Plan Period. It is proposed to channelize efforts to popularize the scheme in a few selected states and ensure availability of the complete basket of medicines at affordable prices. The new Business Plan takes care of major bottlenecks in implementation of the scheme so far. The proposed changes in the scheme under the New Business Plan are listed below:-

1. Relaxation of eligibility conditions for Operating entities:

Over-dependence on support from State Governments to provide space within premises of hospitals, and to identify operating agencies, has slowed down momentum of the campaign. This is evident from the fact that only 149 JASs have been opened so far since inception of the scheme. The State Governments regularly identified entities like RogiKalyanSamitis, Red Cross Societies and cooperative societies. Moreover, a few stores have been closed due to change in policy of the State Governments in favor of free supply of drugs through public health institutions. Therefore, it has been decided that the Jan Aushadhi Stores may be opened outside the premises of hospitals also. Moreover, any NGO/ charitable society/ institution/ Self Help group with experience of minimum 3 years of successful operations in welfare activities, supported by three years audited accounts, will be eligible for applying for opening of drug store.

As far as individuals are concerned, unemployed pharmacists/ doctors/ registered medical practitioners would be given preference for running the stores. These changes have been made with a view to make the scheme sustainable and marketable in a competitive market. The applicants have to approach BPPI with a complete application along with the following particulars;

i. Own space or hired space duly supported by proper lease agreement
ii. Minimum required space conforming to standards as approved by the BPPI.
iii. Sale license from competent authority.
iv. Proof of securing a pharmacist.
v. Financial capacity to run the store (bank statements/ audited accounts for the last three years/ a sanction letter from bank for extending loan).

2. Coverage of the Scheme:

In the consolidation phase, it is proposed to establish a complete supply chain in the States where Jan Aushadhi Scheme has a substantial presence. Efforts would be made to open as many stores as possible in these States such as Punjab, Haryana, Delhi, Uttarakhand, Jharkhand, Himachal Pradesh and Odisha. North Eastern States would be

given special attention to popularize the scheme. Later, the scheme will be extended to other States depending on the response from them. It is proposed to start a minimum of 3000 stores over a period of four years.

3. Review of existing list of medicines:

At present, 319 medicines are listed for sale at the Jan Aushadhi stores. There was a need to review this list to provide maximum coverage to the newer molecules in demand, and also products under the NLEM. With this in view, a revised list of 361 medicines has been prepared, covering almost all therapeutic categories of drugs (Annexure-II).

4. Supply Chain Management:

As BPPI considers increasing the basket of medicines to meet the growing demand of the patients, more suppliers of medicines have to be roped in from other Public Sector Undertakings (PSUs) as well as private manufacturers. Procurement of drugs from private manufacturers is also necessitated by the fact that CPSUs have in-house capacity to manufacture only 138 products.

Special focus is to be given to the availability of medicines, surgical and consumables, etc. In order to avoid any stock-outs, BPPI has to supplement supply by direct purchase of medicines from other PSUs and private sector companies through open tender process, as per the guidelines issued by Central Vigilance Commission.

An IT based Management Information System is proposed to ascertain availability of medicines in stores on a real time basis, and accordingly trigger supply of medicines through a transparent procurement process and supply chain, patterned almost on the model of Tamil Nadu Medical Services Corporation (TNMSC).

5. Sourcing of drugs :

As mentioned earlier, the list of products (138 Nos), reserved for CPSUs, has been finalized in consultation with them based on their in-house manufacturing capability. In respect of these drugs, CPSUs shall have the first claim to supply. The remaining products will be sourced through the private sector, following due process. As and when infrastructure for in-house manufacture of drugs is created in CPSUs, the private sector will be gradually phased out.

Even in respect of drugs reserved for CPSUs, these drugs may be procured from private sector or other PSUs in case the respective CPSU fails to supply medicines on time. It is to be kept in mind that stock-out situations for any drug should be avoided at any cost.

6. Quality Control:

BPPI would ensure that only quality drugs are supplied through the Jan Aushadhi stores. To ensure this, it is essential that manufacturers of drugs are selected carefully and after due inspection of their facilities to ensure that they conform to required standards i.e. WHO-GMP compliance. Further, samples should be sent for testing on a regular basis. Any failure on the part of suppliers to comply with quality standards should trigger initiation of stringent actions, in addition to blacklisting the firms against future contracts. Though BPPI would ensure quality control through its own channels, the ultimate responsibility to ensure quality of medicines would rest with the manufacturers.

7. Pricing of Drugs:

Out of the proposed list of 361 medicines, MRPs for 138 medicines, manufactured and supplied by the CPSUs, have already been fixed in consultation with NPPA. In respect of medicines procured from private manufacturers or other PSUs, MRP will be fixed on the basis of rates arrived through tender process plus trade margins and other incidental costs (including excise duty, if any, and VAT component).

As mentioned earlier, MRPs of the medicines will be decided by BPPI after taking into consideration the wholesalers' margin of 8% and retailers' margin (Jan Aushadhi stores) of 16% for medicines under DPCO'95 and 10% for wholesalers and 20% for retailers for the non-DPCO medicines. Similarly, MRPs of surgical and consumables will be worked out based on the procurement rates including distribution costs.

Beyond the 12th Plan period, an additional margin not exceeding 2% will also be collected to meet administrative expenses of BPPI. As the BPPI has to be run on 'no profit no loss' basis, the exact percentage would be worked out based on the volume of turnover at that time.

8. Working Capital

There was also no provision for financial support to establish a supply chain in the original scheme. In the new business plan, it is proposed to provide a working capital of Rs. 65 croresto BPPI. Besides supporting CPSUs by extending advances as part payment against firm orders, this working capital will also be utilized to meet costs of exigencies such as inventories in supply chain. For the first time, an amount of Rs.4.5 crore was allocated in the year 2012-13 to BPPI for the purpose, with the approval of Planning Commission.

9. Losses due to expiry of medicines:

In the initial period of Jan Aushadhi Scheme operations, neither CPSUs nor BPPI had experience of handling retail operations of medicines. Initially, medicines covered under the Preferential Purchase Policy (PPP), and also other medicines manufactured by CPSUs for the institutions, were supplied to the Jan Aushadhi Stores in much larger quantities than what the stores actually required in the retail outlets.

The demand for several of these PPP items like anti-TB drugs at the retail outlets is generally insignificant, as these drugs are given free of cost to the patients under the TB Control programme of the Government of India. This resulted in expiry of such medicines because the stores were not able to sell within the specified period.

The expiry of 2% of medicines is permissible, as per the Pharma industry norms. In the case of Jan Aushadhi, it could be somewhat higher as the consumption of medicines depends upon the extent to which the generic medicines are prescribed by the Government doctors. Normally, the loss arising from expiry of medicines is to be borne by super stockiest and supplying agencies including CPSUs. It is also proposed to establish a supply chain management system, which would ensure supply of drugs only in tune with demand, thereby bringing down the expiry of drugs to reasonable limits.

10. Non-prescription of Generic Medicines:

With respect to non-prescription of generic medicines by the Government doctors, BPPI has requested State Governments several times to issue necessary guidelines to government doctors. BPPI will continue pursuing this matter with concerned authorities.

It is also proposed to organize workshops for promotion of Jan Aushadhi in States where in Government doctors, officials and other stake-holders would be invited. Besides, directions from Medical Council of India to the medical fraternity to prescribe generic medicines will also go a long way in promoting the Jan Aushadhi.

11. Health Policies of Central/State Governments:

Several State Governments such as Haryana, Rajasthan and Tamil Nadu, as per their health policies, provide free medicines to all patients visiting Government hospitals. It is learn that even the Ministry of Health and Family welfare, Govt. of India, is contemplating a scheme to provide free medicines to all.

Under such circumstances, it is imperative to assess the viability of opening Jan Aushadhi stores in such States given the demand for generic drugs outside the ambit of Government run health care programs. There is a domestic market of more than Rs 60,000 crores, and the target group for the Jan Aushadhi scheme (the poorer segment of the general population) constitutes a large share of this market. Intuitively it appears that, given the higher percentage of out-of-pocket expenses i.e. 80% on health care, there will always be scope for running this scheme.

The revised Jan Aushadhi scheme proposes to take this campaign not only by extending spatial coverage beyond Government hospitals in order to reach larger sections of the society but also by extending coverage to other NGOs, institutions and individuals (preferably qualified pharmacists/doctors).

12. Media Campaign:

Media campaigns would play an important role in educating people about use of generic medicines, and more specifically, on the benefits of the Jan Aushadhi Campaign. In this connection, BPPI would initiate necessary steps, especially in those States where the Jan Aushadhi scheme has already been started, so that people take full advantage of the availability of generic medicines at affordable prices at the Jan Aushadhi stores.

Workshops of government doctors, officials and other stakeholders may also be organized. It is also proposed to utilize the wide reaching SMS facility to make people aware of less costly generic substitutes, which are available at JASs.

13. Administrative expenses of BPPI

With the expansion of the JAS as per new business plan, BPPI will also require qualified manpower to implement the scheme effectively. It is proposed to appoint one Chief Executive Officer, who would lead the team and supervise day-to-day functioning of Jan Aushadhi Scheme. He/ she would be supported by managers with expertise in supply chain management, marketing, accounting, pharmaceuticals, quality analysts, Management Information System related issues. All these executives would be hired from the open market for a specified period and renewal of their services would depend on their successful performance against the predetermined success indicators. The exact organization structure would depend on the workload and need of the hour. However, it would be kept in mind that the size of the organization remains sleek to handle core activities and most of the peripheral work is outsourced to appropriate agencies.

BPPI is managing its administrative expenses out of financial assistance being provided by the Central Government for the Jan Aushadhi Campaign. It is proposed to continue this arrangement for a further period of four years or till BPPI becomes self-sustainable, whichever is earlier. In order to sustain the activities of BPPI beyond 12th Five Year Plan, it is proposed to make provision for the collection of margin not exceeding 2% by BPPI.

8. Monitoring arrangements;

Progress in implementation of the scheme would be regularly reviewed at national level by a Steering Committee headed by the Secretary, Pharmaceuticals. The constitution of the committee would be as follows;

Secretary, Pharmaceuticals	-	Chairperson
Chairman, NPPA	-	Member
Representative of M/o Health & FW	-	Member
Representative of DCGI	-	Member
Secretaries of States	-	Members

CMD, IDPL	-	Member
Joint Secretary, Pharmaceuticals	-	convener

The committee would meet once every quarter to review the progress and suggest modifications, if necessary. The committee may co-opt any other members, as and when required.

At the State level, there shall be a monitoring committee headed by the Secretary, health. The convener for the committee would be the Director-in-charge of public health. The committee may also co-opt other officials concerned including State Drug Controller. This committee would also review progress made by the Jan Aushadhi campaign once in a quarter.

A district level committee will be headed by the District Collector. The officer heading the Health department at district level shall be the convener for this committee. The other members may include General Manager (District Industry Centre), and/or Lead Bank Manager. The district level committee would keep a close watch on activities of the stores. Efforts would be made by the committee to popularize generic drugs.

9. Financial implications;

The scheme was launched during the 11th plan period in November, 2008 and was formally approved at an estimated cost of Rs. 24.25 crores in the SFC meeting held on 01.02.10. But, only Rs. 6.72 crores could be released in the 11th plan period. The proposed outlay under the 12th Plan period for this scheme is Rs. 200 crores. The Planning Commission has approved Rs. 4.50 crores as working capital to BBPI in the year 2012-13 as a stop gap arrangement until a revised Jan Aushadhi Business Plan is approved. However, in the year 2012-13, Rs. 1.66 crores only could be released to BPPI as working capital.

9.1 Component-wise expenditure;

Going by the major components of the scheme, the requirement of funds has been worked out as under;

a) One time Financial Assistance for opening store;

The new Business Plan for Jan Aushadhi envisages participation of a broader set of entities who will be involved in running new stores. Hence, a differential pattern of subsidy/ grant-in-aid has been proposed under the scheme as detailed below.

i. The present pattern of financial assistance to NGOs/ institutions/ cooperative societies, identified by the State Government will continue. On receipt of a complete application with necessary particulars as mentioned in Para 7.1 above, a one-time assistance of Rs. 2.00 lakh as establishment cost and Rs. 50,000 as a one-time start-up cost would be released from BPPI directly to the NGOs.

ii. In case of any other entity, such as reputed NGO/ charitable society/ Self Help group and individuals, preferably a pharmacist/ doctor/ registered medical practitioner, financial assistance as incentive linked to sale of medicines at the rate of 10% of the monthly sales amount subject to a ceiling of Rs. 10,000 per month for a period of first 12 months will be provided. In case of stores being opened in North Eastern States and other difficult areas i.e. Naxal affected area, tribal areas etc., the rate of incentive would be 15% of monthly sale amount subject to a ceiling of Rs. 15,000 per month. Before, considering any application for such assistance, a specific recommendation to this effect from the district level authorities such as District Collector would be required.

iii. Priority would be given to those NGOs/ individuals, who wish to open stores without availing any financial assistance under the scheme.

The financial assistance would be directly released to the entities from BPPI on receipt of requisite information/ documents. With the given pattern of assistance, it may be difficult to work out exact requirement of funds. However, it is proposed to keep a provision of Rs. 45.00 crores under this component for the remaining four years. The requirement of funds for opening 500, 750, 1000 and 750 in the next 4 years would be Rs. 7.50 crore, 11.25 crores, 15.00 crores and 11.25 crores respectively.

b) Working capital;

One of the major constraints in establishing a supply chain to ensure availability of drugs at the store was lack of working capital. For the first time, the Planning Commission has consented to utilize Rs. 4.50 crores in the year 2012-13 as working capital.

It is proposed to extend 40 % advance to CPSUs against the firm order placed by BPPI and 40% payment on delivery of drugs to super stockiest by CPSUs. This, in turn, would assist CPSUs in mobilizing required working capital to keep the operations going and ensure supply of reserved products in time.

As far as procurement from private suppliers is concerned, no advance payments would be made. Moreover, BPPI has to maintain minimum working capital for keeping the supply chain vibrant and running. It is expected that a minimum of 3000 stores would be functional by the end of 12th plan period and the minimum sale of drugs at a store per month should ideally be minimum Rs. 5.00 lakhs (Annexure-III) to break even. This level of operation would result in a minimum turnover of Rs. 150.00 crores. Therefore, to maintain a supply chain for such a huge set up, the working capital required has conservatively been estimated to be Rs. 65.00 crores.

c) Media campaign;

Creating awareness about the use of generic drugs is a key component of this scheme. It is proposed to create a facility on the internet as well as through SMS so that people can easily find out low priced generics substitutes that are equivalent in efficacy to branded drugs. Location of nearest generic store should also be indicated on search through internet or SMS. The

facilities thus created would have greater credibility and acceptance among masses, as these would be maintained under the scheme sponsored by the Government of India.

It is also essential to dispel the myth that only expensive branded medicines are more effective and safe. Hence, it is proposed that a publicity campaign through print and other media is launched under this scheme. Some reputed NGOs / Institutions etc. may also be engaged in publicity campaign. Services of wide network of Self Help Groups may also be availed in taking this campaign to the masses.

It is proposed to keep a provision for Rs. 12.00 crores for media campaign.

d) IT system & capacity building;

To ensure success of new business plan, capacity building efforts are critical especially in public procurement, supply chain, pharmaceutical quality assurance systems. There is also a need to set up and strengthen an IT system which will connect BPPI with JASs, stockiest and suppliers. Skill development of stakeholders (managers, pharmacists, accountants) and hand-holding for a certain period would be required. As an incentive, it is proposed to provide the required hardware along with necessary software at each store under the scheme. It is proposed to set aside Rs. 20.52 crores over a period of four years for this purpose (Annexure-IV).

e) Administrative expenses;

Presently, the monthly expenditure on administrative matters is Rs. 3.50 lakhs on salary and sundry establishment matters. With increase in number of stores and coverage area, more personnel would be required. All these personnel would be mostly hired form the open market on a contract basis. It is also proposed to outsource services to other agencies, wherever possible. The administrative expenses would go up to Rs. 6.30 crores (annexure-V).

SUMMARY OF EXPENDITURE

The details of expenditure are as under:

(a)	One time financial assistance for opening of New 3000 JASs during 12th Plan	Rs. 45.00 cr.
(b)	Working capital	Rs. 65.00 cr.
(c)	IT system and Capacity building	Rs. 20.52 cr.
(d)	Media campaign	Rs. 12.00 cr.
(e)	Administrative expenses	Rs. 6.30 cr.

9.2 Phasing of Expenditure during 12th Plan

With the modifications, as proposed in the new business plan, it is expected that the Scheme will take off in the year 2013-14 and by the end of the financial year, a minimum of 500 new stores will be opened. As approval of the Scheme may take some time, a moderate target has been proposed in the first year. Moreover, consolidation of existing supply chain and procurement system will also require some gestation period. Operationalization of IT based system and capacity building will also require huge efforts in the first year. Hence, increased allocation has been proposed under this head. Media campaign also has to be in commensuration with the efforts being made in building up supply chain etc. Accordingly, provision for media campaign has been made. The projections for opening of minimum number of stores in the years 2014-15, 2015-16 and 2016-17 are 750, 1000 and 750 respectively.

The year-wise phasing of expenditure is given below;

(Rs. in crores)

S.No.	Item	2013-14	2014-15	2015-16	2016-17	Total
1.	Opening of New JASs	7.50	11.25	15.00	11.25	45.00
2.	Working Capital	7.49	16.50	24.51	16.50	65.00
3.	IT system and Capacity building	5.31	5.46	5.50	4.25	20.52
4.	Media campaign	3.50	3.50	3.00	2.00	12.00
5.	Administrative expenses	1.20	1.50	1.80	1.80	6.30
	TOTAL	25.00	38.21	49.81	35.80	148.82

10. Expected Outcomes:

Given India's position as a major player in the manufacture and supply of generic medicines around the world, the scheme will definitely find its place in domestic market, making medicines widely and easily available at affordable prices.

The following outcomes are expected from the successful implementation of Jan Aushadhi Scheme;

i. Overall availability and access to essential generic drugs would improve dramatically.

ii. Access to healthcare would improve as the cost of treatment comes down substantially.
iii. There will be significant reduction in out-of-pocket expenses, thereby reducing impoverishment to a great extent.
iv. This initiative would provide a secure socio-economically viable mechanism / institutional arrangement for sale of Pharmaceutical CPSU products, thereby improving their viability.
v. Promoting & encouraging private industry, particularly small and medium enterprises, to sell their quality generic products through these retail outlets would provide a space for their products in the domestic market.
vi. The patients and doctors would be fully aware of the potential of unbranded generic drugs. This would be achieved by creating consumer awareness involving private and charitable bodies, NGOs etc. It would help in dispelling the myth that quality of medicines is linked to price, and demonstrating that quality medicines with equivalent efficacy and safety can be made available at substantially lesser prices.

11. Conclusion

The Jan Aushadhi Campaign is expected to make a great contribution by way of achieving the socio-economic goal of affordable health, by ensuring availability of quality drugs at affordable prices for all.

The scheme is also expected to reduce expenditure on medicines, thereby extending patient coverage under the public health scheme. Popularization of the use of unbranded generic medicines will bring down actual out-of-pocket expenses on medicines for the common man and thereby make health care affordable and safe.

Jan Aushadhi Scheme will prove to be an effective market intervention strategy to bring down the prohibitively high prices of medicines, and will create market for drugs manufactured in CPSUs, other State PSUs and private sector, particularly small and medium enterprises.

ANNEXURE-I

LIST OF JAN AUSHADHI STORES OPENED SO FAR (AS ON 31.12.2012)

Sl. No.	State	District
1.	Punjab (23)	Amritsar
2.		Mohali
3.		Bhatinda
4.		Ludhiana
5.		Jalandhar
6.		Patiala
7.		Moga
8.		Faridkot
9.		Ferozpur
10.		Mansa
11.		Sangrur
12.		Barnala
13.		Fatehgarh Sahib*
14.		Roop Nagar (Ropar)*
15.		Nava sahar (SahidBhagat Singh Nagar)
16.		Hoshiarpur
17.		TaranTaran
18.		Muktsar
19.		Gurdaspur
20.		Kapurthala
21.		Civil Hospital, Pathankot
22.		Civil Hospital, Abohar
23.		Civil Hospital, Nabha District, Patiala
24.	Delhi (3)	ShastriBhavan, New Delhi
25.		Guru TegBahadur Hospital, Shahdara
26.		DeenDayalUpadhayay Hospital, Hari Nagar
27.	Haryana (4)	Gurgaon **
28.		Punchkula
29.		Faridabad **
30.		Yamuna Nagar**
31.	Rajasthan (53)	Kanwatia Hospital, Jaipur
32.		Jaipuriya Hospital, Jaipur
33.		Alwar
34.		SawaiMadhopur
35.		Sriganganagar-I

36.		Sriganganagar-II
37.		Udaipur
38.		Banswara
39.		Jhalawad
40.		KeshoraoPatan
41.		Bundi
42.		BhawaniMandi
43.		Jalore
44.		Khanpur (Jhalawad)
45.		Churu
46.		Jhujhunu
47.		Rajgarh (Alwar)
48.		Byawar
49.		Hanumangarh
50.		Sunel (Jhalawad)
51.		Rampura (Kota 1)
52.		MBM Hospital (Kota 2)
53.		Rajsamand
54.		Bhilwara
55.		Pali
56.		Onsiya (Jodhpur)
57.		Dungarpur
58.		Mandore, Jodhpur
59.		Sagwara
60.		Tonk 1
61.		Niwahi (Tonk 2)
62.		Bikaner
63.		Partapgarh
64.		Bijay Nagar
65.		Barmer (Ajmer)
66.		Dausa
67.		Hanumangarh
68.		Bharatpur
69.		Malpura (Tonk)
70.		Lalsoth
71.		Sirohi
72.		Sikar-1
73.		Sikar-2
74.		BandiKui
75.		Medical College, Kota 3

76.		NeemKa Thana
77.		Jaisalmer
78.		Sojat City-1
79.		Sojat City-2
80.		Ajmer
81.		Bhindar
82.		Dholpur
83.		Baran
84.	Andhra Pradesh (3)	Visakhapatnam Port Trust Hospital
85.		Nizam's Institute of Medical Sciences, (NIMS) Hyderabad **
86.		Uppal Industrial Employees Healthcare Centre, Uppal **
87.	Odisha (17)	Capital Hospital, Bhubaneswar
88.		Red Cross Bhavan, Unit-IX, Bhubaneswar
89.		District HQ Hospital, Khordha
90.		District HQ Hospital, Dhenkanal
91.		District HQ Hospital, Koraput
92.		District HQ Hospital, Angul
93.		District HQ Hospital, Nabrangpur
94.		District HQ Hospital, Baragarh
95.		District HQ Hospital, Nayagarh
96.		District HQ Hospital, Berhampur
97.		District HQ Hospital, Jajpur
98.		District HQ Hospital, Puri
99.		District HQ Hospital, Naupada
100.		District HQ Hospital, BaripadaMayurbhanj
101.		Orissa/District Hospital/Bhawan/Patana/01.12.2012
102.		District HQ Hospital, Balasore
103.		District HQ Hospital, Jeypore
104.	West Bengal (3)	M.R. Bangar Hospital, Kolkata #
105.		N.R.S. Medical College & Hospital, Kolkata #
106.		Howrah District Hospital, Howrah #
107.	Uttrakhand (2)	Dehradun
108.		Roorkee
109.	Chandigarh (3)	PGIMER, Chandigarh
110.		Government Medical College Hospital, Sector-32
111.		Multi Specialty Hospital, Sector -16

112.	Jammu & Kashmir (3)	Red Cross Building, Exchange Road, Srinagar.
113.		District Hospital, Leh
114.		MMAB hospital, Anantnag
115.	Himachal Pradesh (10)	Indira Gandhi Medical College, Shimla
116.		Zonal Hospital, Mandi
117.		Civil Hospital, Una
118.		Zonal Hospital, Tanda
119.		Zonal Hospital, Dharamshala
120.		Civil Hospital, Solan
121.		Regional Hospital, Chamba
122.		DDU Zonal Hospital, Shimla
123.		Regional Hospital, Hamirpur
124.		Zonal Hospital, Kullu
125.	Jharkhand (23)	District Hospital, Sahibganj
126.		District Hospital, Latehar
127.		District Hospital, Jamtara
128.		District Hospital, RIIMS Ranchi
129.		District Hospital, Simdega
130.		District Hospital, Gumla
131.		District Hospital, Chatra
132.		District Hospital, Godda
133.		District Hospital, Ranchi
134.		District Hospital, Dhanbad
135.		District Hospital, Bokaro
136.		District Hospital, Saraikela
137.		District Hospital, Dumka
138.		District Hospital, Lohardaga
139.		District Hospital, Chaibasa
140.		District Hospital, Giridih
141.		District Hospital, Khuti
142.		District Hospital, Ramgarh
143.		District Hospital, Palamu
144.		District Hospital, Deogarh
145.		District Hospital, Hazaribagh
146.		District Hospital, Pakur
147.		District Hospital, Garhwa

* In Punjab, two stores at Fatehgarh Sahib and Roop Nagar are non-functional due to administrative reasons.

** In Haryana, three Jan Aushadhi Stores at Faridabad, Gurgaon and Yamuna Nagar and also Jan Aushadhi Store at NIMS and UPPAL, Hyderabad in Andhra Pradesh are non-functional due to administrative reasons.

@ In the case of Rajasthan, as per the latest Health Policy of the Government of Rajasthan, free medicines are being given to all in-patients as well as out-patients visiting the State Government Hospitals for treatment w.e.f. 2nd October, 2011. Accordingly, the State Government has since ordered closure of all the existing 53 JASs in the State.

In the case of West Bengal, as per the latest message received from the operating agencies, the State Government has directed them to close the Jan Aushadhi sales as the Government authorities are contemplating to run fair price stores for sale of medicines from such outlets.

ANNEXURE - II

Sl. No	Generic Name of the Medicines	Pack Size
ANALGESIC/ ANTI-INFLAMMATORY/ MUSCLOSKELETAL DISORDER		
1	Aceclofenac + Paracetamol (100 mg + 500mg) Tab	10x10
2	Aceclofenac 100 mg Tab	10x10
3	Aceclofenac Gel	30 g tubes
4	Acetaminophen + Tramadol Hydrochloride (325 mg + 37.5 mg) Tab	10x10
5	Asprin 150 mg Tab	14x10
6	Chlorzoxazone + Diclofenac + Paracetamol (500 mg + 50 mg + 500 mg) Tab	10x10
7	Diclofenac Gel	15 g
8	Diclofenac Sodium + Serratiopeptidase (50mg + 10mg) Tab	10x10
9	Diclofenac Sodium (SR) 100 mg Tab	10x10
10	Diclofenac Sodium 25mg per ml Inj.	3 ml
11	Diclofenac Sodium 50 mg Tab	10x10
12	Etoricoxilb 120mg Tab	10x10
13	Etoricoxilb 90mg Tab	10x10
14	Ibuprofen + Paracetamol (400 mg + 325 mg) Tab	10x10
15	Ibuprofen 200mg Tab	10x10
16	Ibuprofen 400 mg Tab	10x10
17	Indomethacin 25 mg Cap	10x10
18	Methyl Salicylate Oint.(Eutheria)	20 g
19	Nimesulide + Paracetamol (100 mg + 500mg) Tab	10x10
20	Nimesulide 100 mg Tab	10x10
21	Paracetamol + Diclofenac Sodium (500 mg + 50 mg) Tab	10x10
22	Paracetamol 125 mg / 5 ml Syrup	60 ml bottles
23	Paracetamol 500mg Tab	10x10
24	Pentazocine 30 mg/ ml Inj.	1 ml
25	Serratiopeptidase 10 mg Tab	10x10
26	Tramadol 100 mg Inj.	2ml
27	Tramadol 50 mg Inj.	1ml
28	Tramadol 50 mg Tab	10x10
ANTIBIOTICS		
29	Acyclovir 400 mg Tabs	10x10
30	Amikacin 100mg inj.	Vial
31	Amikacin 250mg inj.	Vial
32	Amikacin 500mg inj.	Vial
33	Amoxycillin + Bromhexine (250 mg + 8 mg) Caps	10x10
34	Amoxycillin + Bromhexine (500 mg + 8 mg) Caps	10x10

35	Amoxycillin + Clavulanic acid (1000 mg + 200mg) Inj.	Vial
36	Amoxycillin + Clavulanic acid (200 mg+28.5 mg /5ml) Dry Syrup	30 ml bottles
37	Amoxycillin + Clavulanic acid (250 mg + 50 mg) Inj.	Vial
38	Amoxycillin + Clavulanic acid (500 mg + 100mg) Inj.	Vial
39	Amoxycillin + Clavulanic acid (500 mg + 125 mg) Tabs	6x10
40	Amoxycillin + Cloxacillin (250 mg + 250 mg) Caps	10x10
41	Amoxycillin + Di-Cloxacillin (250 mg + 250 mg) Caps	10x10
42	Amoxycillin 125 mg Kid Tabs	10x10
43	Amoxycillin 125mg/ 5ml Dry Syrup	60 ml bottles
44	Amoxycillin 250 mg Caps	10x10
45	Amoxycillin 500 mg Caps	10x10
46	Ampicillin 500mg inj.	Vial
47	Azithromycin (100mg/ 5ml) Syrup	15 ml bottles
48	Azithromycin 100 mg DT Tab	10x10
49	Azithromycin 250 mg Tabs	10x10
50	Azithromycin 500 mg Tabs	10x10
51	Cefadroxil 250 mg Tabs	10x10
52	Cefadroxil 500 mg Tabs	10x10
53	Cefixime (50 mg/ 5ml) Dry Syrup	30 ml bottles
54	Cefixime 100mg Tab.	10x10
55	Cefixime 200mg Tab.	10x10
56	Cefoperazone + Sulbactam (1g + 1g) Inj.	Vial
57	Cefoperazone + Sulbactam (500 mg + 500 mg) Inj.	Vial
58	Cefoperazone 1 gm Inj.	Vial
59	Cefotaxime Sodium &Sulbactam Sodium (1g + 500 mg) Inj.	Vial
60	Cefotaxime Sodium &Sulbactam Sodium (250 mg + 125 mg) Inj.	Vial
61	Cefotaxime Sodium &Sulbactam Sodium (500 mg + 250 mg) Inj.	Vial
62	Cefotaxime Sodium 1000mg Inj.	Vial
63	Cefotaxime Sodium 250 mg Inj.	Vial
64	Cefotaxime Sodium 500 mg Inj.	Vial
65	Cefpodoxime 100 mg DT	10x10
66	Cefpodoxime 200 mg Tabs	10x10
67	Ceftazadime 1000 mg Inj.	Vial
68	Ceftazadime 250 mg Inj.	Vial
69	Ceftazadime 500 mg Inj.	Vial
70	Ceftriaxone + Sulbactam (1000 mg + 500 mg) Inj.	Vial
71	Ceftriaxone + Tazobactum 1000 mg + 125 mg Inj.	Vial &wfi
72	Ceftriaxone + Tazobactum 250 mg + 31.25 mg Inj.	Vial &wfi
73	Ceftriaxone +Sulbactam (250 mg + 125 mg)	Vial
74	Ceftriaxone +Sulbactam (500 mg + 250 mg)	Vial

75	Ceftriaxone 1 g Inj.	Vial
76	Ceftriaxone 250 mg Inj.	Vial
77	Ceftriaxone 500 mg Inj.	Vial
78	Cefuroxime Axetil 250 mg Tabs	10x10
79	Cefuroxime Axetil 500mg Tabs	10x10
80	Cephalexin 125 mg DT	10x10
81	Cephalexin 250 mg Caps	10x10
82	Cephalexin 500 mg Caps	10x10
83	Ciprofloxacin + Tinidazole (250 mg + 300 mg) Tabs	10x10
84	Ciprofloxacin + Tinidazole (500 mg + 600 mg) Tabs	10x10
85	Ciprofloxacin 250 mg Tabs	10x10
86	Ciprofloxacin 500 mg Tabs	10x10
87	Clotrimazole 1% w/w 0int.	15 g tubes
88	Co-trimoxazole (Sulphamethoxazole 200mg + Trimethoprim 40mg / 5ml) Susp	50 ml bottle
89	Co-trimoxazole -DS (160 mg + 800 mg) Tabs	10x10
90	Co-trimoxazole- Pead. (20 mg + 100 mg) Tabs	10x10
91	Co-trimoxazole –SS (80 mg + 400 mg)	10x10
92	Doxycycline 100 mg Caps	10x10
93	Erythromycin Stearate 250 mg Tabs	10x10
94	Gentamycin Sulphate 80 mg/ 2ml Inj.	2 ml
95	Livofloxacin 250 mg Tabs	10x10
96	Livofloxacin 500 mg Tabs	10x10
97	Meropenem 1gm Inj.	Vial
98	Norfloxacin + Tinidazole (400 mg + 600 mg) Tabs	10x10
99	Norfloxacin 400 mg Tabs	10x10
100	Ofloxacin + Ornidazole (200 mg + 500 mg) Tabs	10x10
101	Ofloxacin 200 mg Tabs	10x10
102	Ofloxacin 400 mg Tabs	10x10
103	Piperacillin + Tazobactum 4 g + 0.5 mg Inj.	Vial &wfi
104	Roxithromycin (50 mg/ 5ml) Susp.	30 ml bottles
105	Roxithromycin 150 mg Tabs	10x10
106	Roxithromycin 300 mg Tabs	10x10
107	Tinidazole 300 mg Tabs	10x10
108	Tinidazole 500 mg Tabs	10x10
109	Vancomycin 500 mg	Vial
ANTI INFECTIVES (TOPICALS)/ ANTIFUNGAL/ SKIN OINTMENT		
110	Adapalene 0.1 % w/v Ointment	15 g tubes
111	Application Benzyl Benzoate 25 % w/w Lotion	100 ml
112	Beclomethasone + Clotrimazole + Gentamycin (0.025%+1.0%+0.1% w/w) Cream	15 g tubes
113	Beclomethasone + Neomycin (0.025% + 0.5% w/w) Cream	15 g tubes
114	BeclomethasoneDipropionate 0.025% w/v Oint.	15 g tubes

115	Calamine Lotion	100 ml bottles
116	ChlorhexidineGluconate 5% Solution	500 ml bottles
117	ChlorhexidineGluconate 0.2% Mouth Wash	150 ml bottles
118	Clobetasol Propionate 0.05 % w/w Cream	15 g tubes
119	Fluconazole 150 mg Tabs	10x10
120	Fusidic Acid 2 % w/v Cream	10 g tubes
121	Glutaraldehyde 2% w/v Solution	500 ml bottles
122	Ketoconazole 2 % w/w Lotion	100 ml bottles
123	Lignocaine 2% w/w Ointment	30 g tubes
124	Povidone Iodine 5% w/w Ointment	250 gm tubes
125	Povidone Iodine 5%w/w Ointment	15 gm tubes
126	Povidone Iodine 10 % Solution	500 ml bottles
127	Povidone Iodine 5 % Solution	100 ml bottles
128	Povidone Iodine 5 % Solution	500 ml bottles
129	Povidone Iodine 7.5% Solution	500 ml bottles
130	Ravlon Solution (Chlorhexidine + Cetramide) (1.5 % w/v + 3% w/v) Solution	100 ml bottles
131	Silver Sulphadiazine 1 % w/w Cream	20 gm tubes
132	Silver Sulphadiazine 1 % w/w Cream	500 gm jars
	ANTIDIABETIC DRUGS	
133	Glibenclamide 2.5 mg Tabs (Scored Oval)	10x10
134	Glibenclamide 5 mg Tabs (Scored Oval)	10x10
135	Gliclazide 40 mg Tabs	10x10
136	Gliclazide 80 mg Tabs	10x10
137	Glimeperide 1mg Tab	10x10
138	Glimeperide 2mg Tabs	10x10
139	Glimeperide 1mg + Metformin 500mg + Pioglitazone 15mg	10x10
140	Glimeperide 2mg + Metformin 500mg + Pioglitazone 15mg	10x10
141	Glipizide 5 mg Tabs	10x10
142	Insulin Injection (Human) (40iu/ml)	10 ml Vial
143	Insulin Injection {Insulin Human (Soluble 30% &Isophane 70%) 40iu/ml}	10 ml Vial
144	Metformin Hydrochloride 1000 mg SR Tabs	10x10
145	Metformin Hydrochloride 500mg Tabs	10x10
146	Pioglitazone 15 mg Tabs	10x10
147	Pioglitazone 30 mg Tabs	10x10
148	Pioglitazone 15 mg Tabs + Glimeperide 1mg	10x10
149	Pioglitazone 15 mg Tabs + Glimeperide 2mg	10x10
150	Pioglitazone 15 mg Tabs + Metformin 500mg	10x10
	ANTI-MIGRAINE DRUGS	
151	Dihydroergotamine 1 mg Tabs	10x10

ANTI-NEOPLASTIC DRUGS		
152	Bleomycin 15 mg Inj.	Vial
153	Cisplatin 10 mg Inj.	Vial
154	Cisplatin 50 mg Inj.	Vial
155	Doxorubicin 10 mg Inj.	Vial
156	Doxorubicin 50 mg Inj.	Vial
157	Etoposide 100 mg Caps	10x10
158	Etoposide 100 mg/5ml Inj.	Vial
159	Gemcitabine 1000 mg Inj.	Vial
160	Gemcitabine 200 mg Inj.	Vial
161	Medroxyprogestrone Acetate 10 mg Tab	10x10
162	Raloxifene 60 mg Tab	10x10
163	Tamoxifen Citrate 10 mg Tab	10x10
164	Tamoxifen Citrate 20 mg Tab	10x10
I.V.FLUIDS		
165	Ciprofloxacin (2mg/ml) Infusion	100 ml bottles
166	Dextrose 10% (10D)	500 ml bottles
167	Dextrose 5% (5 D)	500 ml
168	Glucose Normal Saline (DNS)	500 ml bottles
169	Levofloxacin 500 mg Infusion	100 ml bottles
170	Mannitol 20%	100 ml bottles
171	Mannitol 20%	350 ml
172	Metronidazole 5 mg / ml Infusion	100 ml
173	Normal Saline (NS)	500 ml
174	Plasma Volume Expander (Gelatin Base)	500 ml
175	Ringer Lactate (RL)	500 ml
176	Water for Injection	5ml Amp
GASTROINTESTINAL TRACT/ ANTHELMINTICS		
177	Albendazole (200 mg/ 5ml) Syrup	10 ml bottles
178	Albendazole + Ivermectin (400 mg + 6mg) Tab	1 Tab
179	Albendazole 400mg Tabs	10x10
180	Bisacodyl 5mg Tabs	10x10
181	CyproheptadineHCl + Tricholine Citrate (2 mg + 275 mg) Syrup	200 ml bottles
182	Dicyclomine + Mefenamic Acid (20 mg + 250 mg) Tabs	10x10
183	Dicyclomine 10 mg Tabs	10x10
184	DicyclomineHCl. + Paracetamol (20 mg + 500 mg) Tabs	10x10
185	Diethylcarbamazine citrate 100 mg Tabs	10x10
186	Domperidone 10 mg Tabs	10x10
187	Domperidone 5 mg. / 5 ml Syrup	30 ml bottles
188	Dried $Al(OH)_3$ + $Mg(OH)_2$ + Simethicone (250 + 250 + 50) mg Tabs	10x10
189	Enzyme Syrup	200 ml bottles

190	Enzyme Tabs	10x10
191	Famotidine 20 mg Tabs	10x10
192	Famotidine 40 mg Tabs	10x10
193	Furazolidone 100 mg Tabs	10x10
194	Hyoscine Butyl Bromide 10 mg Tabs	10x10
195	Ispagula Husk Powder	200 g Pack
196	Lactobacillus 60 million spores Tabs	10x10
197	Lactulose 10 g/15 ml Syrup	100 ml bottles
198	Aluminium Hydroxide + Magnesium Hydroxide (250+250mg / 5ml) Susp	170 ml
199	Metoclopramide 10 mg Tabs	10x10
200	Metoclopramide Inj.	2 ml
201	Metronidazole 200 mg Tabs	10x10
202	Metronidazole 400 mg Tabs	10x10
203	Misoprostol 200 mcg Tabs	4x10
204	Norfloxacin + Metronidazole (100 mg+100 mg/5 ml) Syrup	30 ml bottles
205	Ofloxacin+ Metronidazole (50 mg + 100mg/5 ml) Syrup	30 ml bottles
206	Omeprazole + Domperidone (20 mg + 10 mg) Caps	10x10
207	Omeprazole 20 mg Tabs	10x10
208	Ondansetron 2 mg/ml Inj.	2 ml
209	Ondansetron 4 mg Tabs	10x10
210	Ornidazole 500 mg Tabs	10x10
211	Pantoprazole 20 mg Tabs	10x10
212	Pantoprazole 40 mg Tabs	10x10
213	Pantoprazole 40 mg/ 10ml Inj.	Vial
214	Rabeprazole + Domperidone SR (20 mg + 30 mg) Tabs	10x10
215	Rabeprazole 20 mg Tabs	10x10
216	Ranitidine (50 mg/ 2ml) Inj.	2ml
217	Ranitidine HCl. 150 mg Tabs	10x10
218	Ranitidine HCl. 300 mg Tabs	10x10
	VITAMINS	
219	Calcium + Vitamin D_3 250iu Tabs	10x10
220	Calcium + Vitamin D_3 500iu Tabs	10x10
221	Calcium Citrate + Vitamin D_3 (100 mg + 125 iu) Syrup	150 ml bottles
222	Calcium with Minerals Suspension	150ml
223	Doxyalamine Succinate + Pyridoxine + Folic Acid (10 mg + 10 mg + 2.5 mg) Tabs	10x10
224	Folic Acid 5mg Tabs	10x10
225	Iron + Folic Acid Syrup	200 ml bottles
226	Iron, Folic Acid & Zinc (Carbonil Iron) Caps	15 x10
227	Polyvitamin (Prophylactic) NFI Tabs	10x10
228	Tonic Iron, Folic Acid & Zinc (Carbonil Iron) Syrup	200 ml bottles
229	Vitamin + Iron Tonic Syrup	100 ml bottles

230	Vitamin B Complex with Vitamin C & Zinc (Cebexin -Z) Caps	10x10
231	Vitamin B-Complex (Prophylactic) Tabs	10x10
232	Vitamin B-Complex NFI Syrup	200 ml bottles
233	Vitamin-C Chewable 500mg Tablet	10x10
	RESPIRATORY SYSTEM & ANTI-ALLERGICS	
234	Budesonide 0.25 mg/ml Respule	2 ml
235	Budesonide 0.5 mg/ml Respule	2 ml
236	Budesonide 100 mcg/dose	30 Rotacaps
237	Budesonide 200 mcg	30 Rotacaps
238	Budesonide 200 mcg/dose Inhaler	200 md
239	Cetrizine (5 mg/ 5 ml) Syrup	60 ml bottles
240	Cetrizine 10mg Tabs	10x10
241	Cough Syrup (Dextromethorphan Based) Syrup	100 ml bottles
242	Cough Syrup CPM 3 mg. + A.Chl.110 mg. +Sod. Cit.46 mg. + Menthol IP 0.9 mg (Deacos)	110ml bottles
243	Cough Syrup Diphen.14 mg. + A.Chl.135 mg. + Sod.Cit.57 mg. + Menthol IP 0.9 mg.	110ml bottles
244	Etophyllin + Theophylline (84.7 mg + 25.3 mg) Inj.	2 ml
245	Etophyllin +Theophylline (77 mg + 23 mg) Tabs	10x10
246	Fexofenadine 120 mg Tabs	10x10
247	Fexofenadine 180 mg Tabs	10x10
248	Levocetrizine 5 mg Tabs	10x10
249	LevocetrizineHCl + Pseudoephedrine + Paracetamol (5 mg + 20 mg + 500mg) Tabs	10x10
250	Montelukast Sodium 5 mg Tab	10x10
251	Montelukast Sodium 10 mg Tab	10x10
252	Montelukast Sodium + Levocetrizine (10 mg + 5mg) Tab	10x10
253	Pheniramine Maleate 25 mg Tabs	10x10
254	Promethazine (5 mg/ 5ml) Syrup	100ml bottles
255	Salbutamol 100 mcg/puff Inhaler	200 md
256	Salbutamol 2 mg Tabs	10x10
257	Salbutamol 2.5 mg Respule	2.5 ml
258	Salbutamol 200 mcg	30 Rotacaps
259	Salbutamol 2mg /5ml Syrup	100 ml bottles
260	Salbutamol 4 mg Tabs	10x10
	CARDIOVASCULAR DRUGS/ DIURETICS/HYPOLIPIDAEMIC AGENT/ANTI-COAGULANT	
261	Adenosine 6 mg/ 2ml Amp.	2 ml
262	Amiodarone 100 mg Tabs	10x10
263	Amlodipine + Atenolol (5 mg + 50 mg) Tabs	10x10
264	Amlodipine 5mg Tabs	10x10
265	Atenolol 50 mg Tabs	14x10
266	Atorvastatin 10mg Tabs	10x10

267	Atorvastatin 20 mg Tabs	10x10
268	Clonidine 0.1 mg Tabs	10x10
269	Clopidogrel 75mg Tabs	10x10
270	Clopidogrel 75mg Tabs + Aspirin 75 mg	10x10
271	Diltiazem 30 mg Tabs	10x10
272	Diltiazem 60 mg Tabs	10x10
273	Dobutamine 250 mg/ 20ml Inj.	Vial
274	Dopamine HCl 200 mg/5ml Inj.	5 ml
275	Enalpril 5mg Tabs	10x10
276	Enoxaparin 40 mg/0.4 ml Inj.	0.4 ml
277	Enoxaparin 60 mg/0.6 ml Inj.	0.6 ml
278	Frusemide (10 mg/ ml)	2ml
279	Frusemide 40 mg Tabs	10x10
280	Heparin Sodium 1000iu/ ml Inj.	5 ml
281	Heparin Sodium 5000iu/ ml Inj.	5 ml
282	Hydrochlorothiazide 12.5 mg Tabs	10x10
283	IsosorbideDinitrate 10 mg Tabs	10x10
284	IsosorbideMononitrate 10 mg Tabs	10x10
285	Lisinopril + Amlodipine (5 mg + 5mg) Tabs	10x10
286	Lisinopril 5mg Tabs	10x10
287	Losartan + H.Ch. Thaizide (50 mg + 12.5mg) Tabs	10x10
288	Losartan 25mg Tabs	10x10
289	Losartan Potassium 50 mg Tabs	10x10
290	Metoprolol 25 mg Tabs	10x10
291	Metoprolol 50 mg Tabs	10x10
292	Nifedipine 10 mg Caps	10x10
293	Ramipril 2.5 mg Tabs	10x10
294	Ramipril 5 mg Tabs	10x10
295	Simvastatin 10 mg Tabs	10x10
296	Simvastatin 20 mg Tabs	10x10
297	Tamsulosin Hydrochloride 0.4 mg Caps	10x10
298	Telmisartan + Hydrochlorthiazide (40 mg + 12.5 mg) Tabs	10x10
299	Telmisartan 20 mg Tabs	10x10
300	Telmisartan 40 mg Tabs	10x10
301	Tranexamic Acid 500 mg Tabs	10x10
302	Tranexamic Acid 500 mg/5ml Inj.	5 ml Amp.
ANTIMALARIAL DRUGS		
303	Artesunate 50mg Tabs	10x10
304	Arteether 150mg inj	2ml Vial
305	Chloroquine Phosphate 250 mg Tabs	10x10
306	Primaquine 15 mg Tabs	10x10
307	Primaquine 2.5 mg Tabs	10x10
308	Primaquine 5 mg Tabs	10x10

309	Sulphadoxine + Pyrimethamine 250 mg + 12.5 mg/5ml Syrup	10 ml bottles
310	Sulphadoxine + Pyrimethamine 500 mg + 25 mg Tabs	(2X5X10)
	ELECTROLYTES	
311	Disodium hydrogen Citrate (Alkalyser) 1.4 mg/5ml Syrup	100 ml bottles
312	Oral Rehydration Salts Citrate IP 21 GM (WHO Formula) Sachet	1S
	CNS DRUGS/ANTI-EPILEPTIC DRUGS	
313	Alprazolam 0.25 mg Tabs	10x10
314	Alprazolam 0.5 mg Tabs	10x10
315	Betahistine 16 mg Tabs	10x10
316	Betahistine 8 mg Tabs	10x10
317	Carbamazepine 100mg Tabs	10x10
318	Carbamazepine 200mg Tabs	10x10
319	Clonazepam 0.5 mg Tabs	10x10
320	Diazepam 5 mg Tabs	10x10
321	Escitalopram 10 mg Tabs	10x10
322	Escitalopram 20 mg Tabs	10x10
323	Flunarzine 10mg Tabs	10x10
324	Flunarzine 5mg Tabs	10x10
325	Fluoxetine hydrochloride 20 mg Caps	10x10
326	Methyl Ergometrine 0.125mg Tabs	10x10
327	Phenytoin Sodium 100 mg Tabs	10x10
328	Prochlorperazine 5 mg Tabs	10x10
	CORTICO – STEROIDS/DRUG USED IN HYPOTHYRIODISM	
329	Prednisolone 5 mg Tabs	10x10
330	Prednisolone 10 mg Tabs	10x10
331	Thyroxine Sodium 50 mcg Tabs	10x10
332	Thyroxine Sodium 100 mcg Tabs	10x10
333	Dexamethasone 0.5 mg Tabs	10x10
334	Dexamethasone 40 mg Inj.	2 ml
	DIETARY SUPPLEMENT	
335	Protein Powder	200 g Jar
	DRUGS USED IN GOUT	
336	Allopurinol 100 mg Tabs	10x10
	HORMONES AND RELATED DRUGS	
337	Clomiphene citrate 50 mg Tabs	10x10
	OPHTHALMIC PREPARATION	
338	Atropine Sulphate (0.6mg/ ml) Inj.	1ml
339	Betaxolol Hydrochloride 0.5 % w/w Eye Drop	5 ml
340	Acyclovir 3% w/w Eye Onit.	5 g
341	Carboxymethyl Cellulose 0.5 % w/v Eye Drop	10 ml
342	Chloramphenicol 1 % w/v Eye Drop	5 ml

343	Chloramphenicol 1 % w/v Eye Applicaps	100 Applicaps
344	Ciprofloxacin 0.3% w/v Eye Drop	5 ml
345	Gentamycin 0.3% w/v Eye Drop	5 ml
346	Ketorolac Tromethamine 0.5 % w/v Eye Drop	5 ml
347	Prednisolone Acetate 1 % w/v Eye Drop	5 ml
348	Sulphacetamide Sodium 10 % w/v Eye Drop	10 ml
349	Sulphacetamide Sodium 20 % w/v Eye Drop	10 ml
350	Timolol Maleate 0.5 % w/v Eye Drop	5 ml
	OROPHARYNGEAL	
351	Xylometazoline 0.1 % w/v Nasal Drop	10 ml
	SURGICAL ANESTHETICS	
352	Bupivacaine Hydrochloride 0.5% w/w Inj.	4 ml X 5
353	Ketamine Hydrochloride 10 mg/ml Inj.	10 ml
354	Ketamine Hydrochloride 50 mg/ml Inj.	2 ml
355	Lignocaine 1% w/v Inj.	20 ml Vial
356	Lignocaine 2% w/v Inj.	20 ml Vial
357	Lignocaine + Adrenaline (1% + 2%)w/v Inj.	30 ml Vial
358	Propofol 10 mg/ml Inj.	10ml Vial
	VACCINES	
359	Tetanus Toxoid Inj.	0.5 ml Amp.
	OTHERS	
360	Mifepristone 200 mg Tabs	1x10
361	Oxytocin 5 iu / ml Inj.	1 ml Amp.