ACQUISITION OF AFFORDABLE HEALTH CARE THROUGH GENERIC MEDICINES: AN EMPIRICAL STUDY IN DWARKA, DELHI

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Abstract

Right to health is enumerated in the document of Universal Declaration of Human Rights and also included under the ambit of 'Right to life' under Article 21 of the Indian Constitution. The healthcare industry is estimated to be a billion dollar sector, where the private sector competes to achieve maximum profit from the consumers *i.e.,* the patients. In an attempt to bridge the dichotomy between patients having the right of access to affordable healthcare vs. patients viewed as gullible consumers, the Indian government brought in the scheme of Jan Aushadhi Yojana. This scheme aims to popularize the generic medicines, which are cheaper than their branded counterparts and marketed by their chemical composition. In this paper, the author wishes to explore the major reason as to why the generic medicines have only a minor market share in the pharmaceutical industry. The study is based on both comparative empirical data and secondary data. A large number of factors can be said to determine the success of the scheme, like awareness among the patients and their families about such alternative medicines, the trust factor among patients on the efficacy of generic drugs, the tendency of doctors prescribing branded medicines and compliance to laws with respect to pharmaceuticals. The shift in medical practitioners and patients behaviour in favour of generic medicines has the scope to transform healthcare in India, helping it achieve a major milestone in Human development objectives.

I. Introduction
II. Generic Medicines
III. Regulatory Mechanisms Adopted In India
IV. Interpretation And Analysis Of Data
V. Comparative Study With Private Owned Pharmacy Shops
VI. Constraints And Challenges Faced By Jan Aushadhi Scheme
VII. Suggestions And Conclusion

I. Introduction

THE INDIAN pharmaceutical industry is a leading producer and provider of medicines and healthcare products globally with a fast-growing generics and biosimilar market. India

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currently ranks fourth in the world among the highest generic drug producing countries and contributes roughly 20% of global generic drug exports – as per a report by Equity Master.[1] Generic drugs are being exported from India to countries having both, emerging and regulated pharmaceutical market even when India itself is an emerging market.

The price of the pharmaceuticals is the leading factor which obstructs acquirement of medicines. Governments of some needy countries are taking effective measures to address the issue of accessibility of medicines.[2] It is shameful that majority of developing countries have to manage healthcare dues through secured loans by international development banks and organizations.[3]

The 1978 Alma Ata Declaration[4] on primary healthcare declared health as a basic human right and accomplishment of this right is the most important social goal worldwide.[5] Alma Ata declaration has demarcated the eight key elements of primary health care and essential medicines[6] provision is one out of them.[7] In 1977, WHO launched the concept of 'essential medicines and the lists of essential medicines' and since then the list has been revised every 2 years.[8]

In India, the State of Tamil Nadu encouraged the idea of essential drug list in 1994. The Criterion of listing the medicine in National Lists of Essential Medicines (hereinafter referred to as 'NLEM') is established according to the level of health care, *i.e.,* Primary (hereinafter referred to as 'P'), Secondary (hereinafter referred to as 'S') and Tertiary (hereinafter referred to as 'T') for the reason that the treatment facilities, training, experience and availability of health care personnel differ at these levels.[9]

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[1] Equitymaster Team, "Pharmaceuticals Sector Analysis Report", *Equitymaster*, Dec. 29, 2020, *available at*: https://www.equitymaster.com/research-it/sector-info/pharma/Pharmaceuticals-Sector-Analysis-Report.asp (last visited on September 10, 2020).
[2] Philip Mathew, "Generic Drugs: Review and experiences from South India" 4 *Journal of Family Medicine and Primary Care* 319 (2015).
[3] *Ibid*.
[4] Declaration of Alma-Ata, *International Conference on Primary Health Care, Alma-Ata, USSR* 6-12 Sep. 1978, *available at:* https://www.who.int/publications/almaata_declaration_en.pdf (last visited on September 20, 2020).
[5] Bandameedi R and Mohammed S, "A Case study on National List of Essential Medicines (NLEM) in India and WHO EML 2015- Overview" 5 *Pharmaceut Reg Affairs* 1-9 (2015).
[6] Essential medicines are those that satisfy the priority health care needs of the majority of the population. The essential medicines list needs to be country specific addressing the disease burden of the nation and the commonly used medicines at primary, secondary and tertiary health levels.
[7] *Ibid.*
[8] *Ibid.*
[9] *Ibid.*

In *CESC Ltd.* v. *Subhash Chandra Bose*[10], the Supreme Court relied on international instruments and concluded that right to health is a fundamental right and in another case, *Consumer Education and Research Centre* v. *UOI*[11], the Court explicitly held that the right to health was an integral factor of a meaningful right to life and the right to health and medical care was a fundamental right under article 21 of the Indian Constitution.

Objectives of Research

- To check the implementation of Regulation 1.5 of the Medical Council Regulations 2002.[12]
- To check the implementation of Pradhan Mantri Jan Aushadhi Yojana.
- To inspect Jan Aushadhi Kendra for availability of generic medicines.
- To make people aware about the benefits of generic medicines.
- To find out the solution to prolonged problem in society.

II. GENERIC MEDICINES

According to the Ministry of Health & Family Welfare data, 43% of the out of pocket expenditure on healthcare is on medicines. To reduce the out of pocket expenses the government introduced The Jan Aushadhi Scheme[13] in 2008, with the point of selling quality non-exclusive medications at moderate costs through devoted dealer outlets for example Jan Aushadhi stores in different areas of the nation.[14] It has been launched by the current Prime Minister of India, Shri Narendra Modi, in the year 2014 for the noble cause – Quality Medicines at Affordable Prices for All. The campaign was undertaken through sale of generic medicines through exclusive outlets namely "Jan Aushadhi Medical Store" in various districts of the country. In September 2015, the 'Jan Aushadhi Scheme' was revamped as 'Pradhan Mantri Jan Aushadhi Yojana' (PMJAY). In November 2016, to give further impetus to the scheme, it was again renamed as "Pradhan Mantri Bhartiya Janaushadhi Pariyojana"

[10] 1992 AIR SC 573.
[11] 1995 SCC (3) 42.
[12] Regulation 1.5 of the Medical Council Regulations 2002 says that every physician should, as far as possible prescribe generic medicines.
[13] Apoorv, "India Map" *Maps of India*, Jan.16, 2021 (last updated), *available at:* Mapsofindia.com/ (last visited on June 5, 2019).
[14] Government of India, "Pradhan Mantri Jan Aushadhi Pariyojna" *National Portal of India (india.gov.in)*, Oct. 22, 2018 (last reviewed), *available at:* https://www.india.gov.in/spotlight/pradhan-mantri-bhartiya-janaushadhi-pariyojana (last visited on June 10, 2019).

(hereinafter referred to as 'PMBJP')[15]. PMBJP, popularly known as Jan Aushadhi scheme, is a campaign launched by the Department of Pharmaceuticals, Government of India, to provide quality medicines at affordable prices to the masses through special kendras known as Pradhan Mantri Bhartiya Jan Aushadhi Kendra. Pradhan Mantri Bhartiya Jan Aushadhi Pariyojana Kendra (PMBJPK) has been set up to provide generic drugs, which are available at lesser prices but are equivalent in quality and efficacy as expensive branded drugs. Bureau of Pharma Public Sector Undertakings of India (hereinafter referred to as 'BPPI') has been established under the Department of Pharmaceuticals, Govt. of India, with the support of all the Central Public Sector Undertaking (CPSUs) for co-coordinating procurement, supply and marketing of generic drugs through Pradhan Mantri Bhartiya Jan Aushadhi Kendra.[16] Generic name is the chemical name of a drug. Pharmaceutical companies offer the medicines a brand name for its dosage form, concentrations and patent such formulations.[17]

In India, generic or inclusive medicines can be legally manufactured, subsequent to the expiration of the patent of the branded medicine.[18] Quality control standards of generic medicines are equivalent to that of the branded medicines. They have to clear the test of official cognizance or monographs such as IP, BP, USP *etc.* before release for sale in the market.

The drugs are produced or manufactured from either BPSUs or privately owned WHO Good Manufcaturing Practices (hereinafter referred to as WHO GMP) accredited or certified companies. Contrary to the branded version, its generic version is available at a very low

[15] Objectives of PMBJP Scheme are:

- Ensure access of value medications to the general population of the nation over every one of the states, locale, square and talukas.
- Extend inclusion of value conventional prescriptions in order to diminish, and along these lines rethink, the unit cost of treatment per individual.
- Develop a model which can be recreated in India as well as in different less created nations in their shared objective of improving quality moderate social insurance.
- Ensure openness of any physician endorsed medicates or over-the-counter (OTC) sedate at anyone at reasonable costs.
- Create mindfulness about generic medications through training and exposure so quality isn't synonymous with just high cost.
- Be an open program including State governments, the Central government, Public Sector ventures, private Sector, NGOs, Cooperative bodies and different foundations.
- Create an interest for generic medications by improving access to better human services through low treatment costs and simple accessibility wherever required in every single helpful class.

[16] Wikipedia Team, "Pradhan Mantri Bharatiya Janaushadhi Pariyojana", *Wikipedia*, Dec. 14, 2020, *available at:* https://en.wikipedia.org/wiki/Pradhan_Mantri_Bharatiya_Janaushadhi_Pariyojana#cite_note-1 (last visited on July 4, 2019).

[17] Vijay Thawani, Abin Mani and Neeraj Upmanyu, "Why the Jan Aushadhi Scheme has lost its Steam in India?" 8 *Journal of Pharmacology and Pharmacotherapeutics* 135 (2017).

[18] *Ibid*.

rate.[19] On the other hand, pharmaceutical companies publicize their brands to impact prescription behaviour, thus expanding the trade in brands with larger approvals. Once the brand is set up they make money out of it by pricing their branded medicines at very high cost. Role of generic medicines in minimising the health care expenditure has been acknowledged by the government. Majority of the countries are in favour of use of generic medicines and have agreed that generic medicines are generally 10-80% lower than the branded medicines.[20] Governments across Europe have implemented a wide range of policy regulations to stimulate generic drug sales in order to contain growing health care expenditure. The effectiveness of these regulations differs in every country according to the organisation of health care insurance.[21] For knowing the views of the consumers on the acceptance of generic drugs, many research have been conducted worldwide. Basically acceptance of a generic medicine depends upon the condition for which the medicine is needed, if condition of a patient is critical then chances of faith and acceptance of generic medicine would be very less.[22]

Methodology

The sampling method used is stratified random sampling, and hence a small sample size has been taken up as representatives of the 3 categories - The doctors, the patients and the pharmacists / Jan Aushadhi Kendra chemists. The author has emphasized on in-depth interviews rather than a large scale study, which would have been difficult to conduct considering the human resource constraints. Also, the Article is based on an empirical study, with the methodology of Inductive Research. Hence, the Author's primary motive is to collect data and understand the ground situation.

Research has been done through doctrinal and empirical methods in South West Delhi, Dwarka so for this purpose.

- First target group were doctors to achieve the first objective of the research that is implementation of the Regulation 1.5 of the Medical Council Regulation, 2002 to know their views on prescription of generic medicines to fulfil object, researcher visited government and private hospitals to check the prescriptions of doctors to their patients so

[19] *Ibid*.
[20] Jessica Fraeyman, Lies Peeters, *et al*., "Consumer Choice Between Common Generic and Brand Medicines in a Country with a Small Generic Market" 21 *Journal of Managed Care & Specialty Pharmacy* 288-296 (2015).
[21] *Ibid*.
[22] *Ibid*.

making both a part of the target group, for whom the data were collected (for confidentiality reason, name of doctors and hospital names are not mentioned).

- Target groups were patients so researcher collected prescriptions of patients who came for treatment in private hospital, (for confidentiality, names are not disclosed) which is part of universe and collected the prescriptions from government hospitals adjacent to Dwarka (for confidentiality reason name of the government hospital is not mentioned).
- Third target group is of the pharmacists, chemists and Jan Ausadhi Kendra, to know the views of the Jan Aushadhi Kendra persons running the store, whether they faced any problem regarding supply and stock availability of generic medicines and comparison has been made with the regular pharmacists on the same problem.

III. REGULATORY MECHANISM ADOPTED IN INDIA

In India, the regulatory authorities play an extremely important role as they are the judges of the quality and efficacy and monitor the adherence to safety standards. The work of the regulatory authorities starts right from the inception of the drug and continues till the drug has reaches the market. They play a role in the regulation and monitoring of the drug at the time of trials and experimentation as well as manufacturing and distribution of the drug. With the amount of work, these authorities are expected to carry out and there exists no scope for mistakes and errors, their role is of extreme importance and is filled with challenges. At international level, the World Health Organisation has devised GMP Guidelines (Good Manufacturing Practices) in 1975, in order to help the regulatory authorities globally in ensuring the standards of quality, efficacy and safety successfully. India adopted these guidelines and is now a signatory to such a certification process. This certification scheme has a two years validity period which can either be granted by the central regulatory authority which in case of India is, The Central Drug Standards and Control Organisation (CDSCO) or the state level authorities after making due enquiry and inspection. India, in order to successfully enforce these guidelines introduced 'Schedule M Compliance'[23], which makes adherence to certain provisions mandatory for all pharmaceutical companies registered in India from July 2005 onwards. Schedule M classification makes the various statutory requirements mandatory for drugs, medical devices and other categories of products as per the current Good Manufacturing Practices (cGMP). Compliance to Schedule M

[23] Ankur Chaudhary, "Schedule M" *Pharmaceutical Guidelines*, *available at*: https://www.pharmaguideline.com/2010/10/schedule-m.html (last visited on June 20, 2019).

guidelines have been relatively easy for the giant pharmaceutical companies while the smaller companies struggled but have shown good response. According to state regulatory sources, units in states like Gujarat, Karnataka, Maharashtra and Andhra Pradesh have achieved a better compliance of Schedule M in comparison to units in other states.

In India, certain authorities are entrusted with the function of regulating and supervising the activities of the pharmaceutical sector, the pharmaceutical companies and the drug development process adopted by them. These regulatory authorities are required to ensure the quality of the drugs being manufactured and compliance with other such guidelines laid by them or by the domestic legislation in place. The regulation takes place at both centre and state level.

The Central Drug Standards and Control Organisation

It functions under the aegis of the Ministry of Health and Family Welfare. The Central Drug Standards and Control Organisation (hereinafter referred to as 'CDSCO') lays down the guidelines and standards that must be complied with by the pharmaceutical companies in order to ensure the quality and efficacy of the drugs manufactured. It also enlists measures that the drug manufacturing companies must adopt to ensure the drugs so produced are safe for consumption. CDSCO regulates licensing regime and the import and exports of drugs to/from the country. This organisation is also responsible for regulation of standards pertaining to the medical devices manufactured.

With regard to the generic drugs, CDSCO is the sole licensing authority in India, and it has recently developed guidelines and regulations to conduct Bio-Equivalency (BE) studies in order to judge and ascertain the therapeutic effect of the generic drugs vis a vis the original drug. It also provides a checklist of documents that are to be submitted before conducting Bio-Equivalency study. However, time and again this organisation has drawn negative attention due to the inefficiency in it's functioning and the lack of stringent execution and follow up of the guidelines and standards laid down by it with regard to production of generic versions and many other cases are proof of this inefficiency.

At the state level, state drug controllers have the authority to issue licenses and regulate activities at regional level and they work in close coordination with the CDSCO.

The National Pharmaceutical Pricing Authority[24]

It functions under the Department of Chemicals and Petrochemicals. Their primary role is to fix as well as revise prices of bulk drugs and formulations at specific intervals, it updates the price list of drugs based on price control measures and guidelines and informs the parliament about issues relating to drug pricing. It is responsible for maintaining all the data relating to production and import and export of the drugs, also monitors the shortage of drugs and attempts to overcome it by arranging necessary supplies. Recently, ceiling prices of all the drugs mentioned in the Drug Price Control Order are fixed by National Pharmaceutical Pricing Authority (hereinafter referred to as 'NPPA'). There are approximately 870 such drugs which cannot be sold higher than ceiling price.

The Ministry of Environment and Forests, Ministry of Finance, Ministry of Commerce and Industry and the Ministry of Science and Technology also play a role in the drug regulation process. The drug approval process requires the coordination of different departments, and the level of such coordination shall depend on the question of the kind of drug being formulated. If a new drug is in process of development, higher degree of coordination would be required, whereas if a generic version has to be manufactured and a permission is being sought for that, the process would be easier and much simpler. The Department of Industrial Policy and Promotion and Directorate General of Foreign Trade, are responsible for looking into the matters of

[24] Anubhav Pandey, "Indian Laws and Policy on Generic Drugs", *iPleaders*, Apr. 21, 2017, *available at*: https://blog.ipleaders.in/generic-drug/ (last visited on May 18, 2020).

The Ministry of Health and Family Welfare has a larger interest in mind while examining the pharmaceutical issues it faces while the focus of the Ministry of Chemicals and Fertilizers is specific and is majorly on the industrial policy. In July 2008, the cabinet Secretariat, established a new department under the leadership and guidance of the Ministry of Chemicals and Fertilisers, known as the 'Department of Pharmaceuticals', this department was established to carry out the following functions:

- All matter relating to pricing of drugs and price control and monitoring which come under NPPA, are to be dealt by this department.
- The department's sole focus is on pharmaceutical sector and everything associated with it or ancillary to it, including the development of infrastructure required for functioning of this sector as well as employment and skill set of its manpower.
- The department shall work and coordinate with other organisations and institutes in matters of drug research and development or in matters relating to intellectual property at both national and international level.
- It shall maintain inter sectoral coordination at centre and state level in order to achieve cooperation in pharmaceutical research or for any other such task.
- To deal with all matters relating to planning, development, and control of, and assistance to, all industries in the pharmaceutical segment.
- Work for the promotion of Public Private Partnership (PPP) in pharmaceutical related areas.

industrial policy like the regulation of patents, drug exports, and government support to the industry. Issues of licensing, quality control issues, market authorization is regulated by the Central Drug Controller, Ministry of Health and Family Welfare, Department of Biotechnology, Ministry of Science and Technology (Department of Science & Technology) and Department of Environment, Ministry of Environment and Forests.

The Drugs and Cosmetics Act of 1940 and Rules 1945

In India, the Drugs and Cosmetics Act, 1940 (hereinafter referred to as 'Drugs Act') is a Bible when it comes to matters of drug manufacturing, testing, conducting trails and experiments, ascertaining the quality and seeking permission to market the drug. Over the period of time, this Drugs Act has undergone several amendments.[25] The Drugs and the Cosmetics Act, 1940 provides powers to inspectors[26] under the Act and duties[27] are assigned to inspectors under Rule 51 and 52 of Drugs and Cosmetics Rules, 1945. The state drug controller is the controlling authority of the inspectors working in state besides licensing authority for granting, renewing the drugs, cosmetics, medical devices and homeopathic medicines manufacturing units.

The Drugs Controller General of India (hereinafter referred to as 'DCGI'), who heads the Central Drugs Standards Control Organization (CDSCO) approves the applications for manufacture of new as well as generic drugs.

Central Drug Laboratory

The Central Drugs Laboratory situated in Kolkata is the oldest designated laboratory of the government of India and it was established under the Drugs and Cosmetics Act, 1940 and it monitors the quality control for drugs and cosmetics. The Director- General of Health Services under the Ministry of Health and Family Welfare has the administrative control over

[25] The Drugs (Amendment) Act, 1960 (35 of 1960), The Drugs (Amendment) Act, 1962 (21 of 1962), The Drugs and Cosmetics (Amendment) Act, 1964 (13 0f 1964), The Drugs and Cosmetics (Amendment) Act, 1972 (19 of 1972), The Drugs and Cosmetics (Amendment) Act, 1982 (68 of 1982), The Drugs and Cosmetics (Amendment) Act, 1986, The Drugs and Cosmetics (Amendment) Act, 1995 (71 of 1995). The Drug & Cosmetic Act, 1940 classifies drugs in three categories: Schedule X drugs for Narcotics Schedule H and L for Injectables and Antibiotics or Antibacterial drugs Schedule C and C1 for Biological Product like Serum and Vaccines. And, there is no category available for the term "Generics". Any pharmaceutical firm that has a manufacturing license can sell or distribute its generic drug in the Indian market.

[26] The Drugs and the Cosmetics Act, 1940, s. 22.

[27] *Id*., s. 23.

the functioning of the laboratory.[28]The laboratory is responsible for carrying out certain functions.[29]

Indian Pharmacopoeia Commission

Indian Pharmacopoeia Commission (hereinafter referred to as 'IPC') is an independent institution under Ministry of Health and Family Welfare. The commission's function is to set standards for drug development, drug manufacture and pharmaceutical industry at large. It is normally less than standards of the main International Reference Pricing (IRP) but accessibility of these medicines in state or public sector has always been an issue.[30] The excessive pricing of some of the routinely used medications in private pharmacies makes it unaffordable to the majority of the weaker class.[31]

[28] Government of India, "CENTRAL DRUGS LABORATORY (CDL) KOLKATA" *Central Drugs Standard Control Organization*, Jan. 16, 2021 (last updated), *available at:* https://cdsco.gov.in/opencms/opencms/en/Departments/Lab/CDL-Kolkata/ (last visited on June 20, 2020).

[29] The laboratory is responsible for carrying out certain functions which include the following:

1. Quality check of majorly all drugs imported in India from outside.
2. Quality check of drugs and cosmetics manufactured within India itself, whether generic or otherwise. Such quality control checks are conducted on behalf of the central or state drug controller responsible for ensuring that the quality standards are met
3. In case of any dispute relating to the quality of drugs supplied, the laboratory acts as an appellate authority as it possesses expert knowledge in the said area.
4. ~~Its~~ It's responsible for collecting, storing and distributing pharmaceutical drugs.
5. Preparation of national reference standards and their maintenance.
6. Maintenance of culture of enzymes and micro-organisms used for testing of drugs.
7. Training of drug analyst to be employed in state laboratories or other research institutions.
8. Undertakes training of WHO profession on modern methods of drug analysis.
9. To advice and suggest central drug control administration quality of drugs checked and alerts them about any toxicity that might be present or that is likely to develop in such drugs which are pending approval or a license.
10. They are responsible in preparing monographs for Indian and homeopathic pharmacopoeia.
11. They conduct researches to come up with standardisation methods for drugs and cosmetics that come for testing and approval.
12. It analyses cosmetics samples that are sent to them by the CDSCO.
13. Runs quick analysis of a life saving drug on an all India basis.

[30] Jessica Fraeyman, Lies Peeters~~,~~ *et al.*, "Consumer Choice Between Common Generic and Brand Medicines in a Country with a Small Generic Market" 21 *Journal of Managed Care & Specialty Pharmacy* 288-296 (2015).

[31] *Ibid*.

National Pharmaceutical Pricing Policy 2012[32]

Sometimes the margin between procurement prices and retail prices of some generic medicines were too high to control the big cost difference, the government revised National Pharmaceutical Pricing Policy in 2012. Under this policy, prices of drugs which come under National List of Essential Medicines (NLEM) 2011, have been capped with a ceiling price. The Drug Price Control Order 2013[33] was a follow up to the National Pharmaceutical Pricing Policy.

IV. INTERPRETATION AND ANALYSIS OF DATA

As the universe for the research was limited to Dwarka, researcher visited all the three Jan Aushadhi Kendras (JAKs)[34] in the area and collected useful and reliable information for the purpose of making a comprehensive report dealing with the background of the stores, working and productivity of the stores, hurdles while running a Jan Aushadhi Kendra, and the opinions of people operating the same. Further, sufficient data was gathered from the local pharmacists (chemists) with a view to have a comparative study of the field that overlaps between the two different kinds of medicinal stores. The foregoing discussion endeavours to clear most of the practical ambiguities and doubts which any layman could have had regarding the functioning of

[32] National Pharmaceutical Pricing Policy 2012 has reduced the margin between procurement price and retail prices. Ceiling price has been fixed on National List of Essential Medicines (NLEM).
[33] The Drug Price Control Order 2013 gave the price ceiling for 348 drugs and over 600 formulations.
[34] S.NO.
NAME OF STORE (JAK)

NAME OF THE PERSON RUNNING THE STORE

LOCATION

1. PMB Jan Aushadhi Kendra

Mr. Gurmeet Walia

G-35, G.F. Plot No. 2, Vardhman Centre Market, CSC, Sector-3, Dwarka-110077

2. PMB Jan Aushadhi Kendra

Mr. Robin Sharma

Shop No. 104, F.F, Pankaj Plaza, Plot-1 MLU, Sector-6, Dwarka-110077

3. PMB Jan Aushadhi Kendra

Mr. Gulvir Singh Poonia

Shop No. 2C-7BA, Opp. Shiksha Bharati School, Palam Ext., Sector-7, Dwarka-110077

NOTE: The sequence of the stores used herein shall be used in the same manner for the whole document.

the stores and reliability of the quality of medicines, and whether the stores working under the scheme have a potential to bring about a revelation in the drugs market resulting into a more competitive and affordable one.

Under the scheme, generic medicines are supplied to "owner of Jan Aushadhi Kendra" for dispensing. These medicines are purchased by "patients" and thus, making them a vital stakeholder in the whole process. Therefore, an exploratory interview was conducted with three owners of stores, three pharmacy shop owners and few patients of both Private and Government Hospitals of the concerned area as mentioned previously. This was done so as to find the possible sections and items in the questionnaire. The questions were framed as per the sections – background of the owner, working and productivity of Jan Aushadhi Kendra, owner's perspectives, hurdles and incentives while running a Jan Aushadhi Kendra.[35]

It is imperative to mention that the interviews were conducted from the above mentioned stakeholders after carefully studying the supply chain of the medicines. The structure of the existing supply chain for the Jan Aushadhi scheme is given below.[36]

Jan Aushadhi Kendra

Central Warehouse

Parameters considered:

General Background –History of owner and store, type of JAK, information on opening-closing time.

Functioning – Leasing out, if possible or not, requirement of licence and minimum qualification of store owner, Demand and Supply of medicines, distribution of over the counter ("**OTC"**) versus non-Over The Counter drugs, number of patients approaching the shop, prescriptions filled, stocks and buy-back of medicines.

Productivity – profit earned and margins, number of patients approaching to Jan Aushadhi Kendra on daily basis, number of prescriptions filled, number of patients demanding for Over

[35] Refer Annexure I (Questionnaire for Jan Aushadhi Kendra).
[36] RFP for selection of agency To provide consulting service and implementation of end to end service solution for Jan Aushadhi Scheme, RFB No.- BPPI/DIST MGT/Ai/2017, *available at:* http://janaushadhi.gov.in/old-tender/RFB_AI_130617.pdf (last visited on June 25, 2020).

The Counter drugs, sale of omitted and unlisted items in the store and owner's liability, items readily available and supply concerns.

Pricing Details- Cheapest and Expensive medicines, reliable generic medicines, medicines sold the most.

Perspectives of the owner – Hurdles to run the shop, recommendations, personal efforts taken to promote generic drugs, reliable or not, mindset of public, social classification of consumers, lack of awareness among the public.

To start with, it would be unjust if the researcher does not appreciate the cooperation shown by the owners of the stores interviewed. All of them patiently answered the questions put up by the researcher and responded without any hesitation or apprehension. The following aspects relating to the JAK and the scheme were observed and found the following:

Pradhan Mantri Bhartiya Jan Aushadhi Kendra: It was interesting to note that all the stores were named as PMB Jan Aushadhi Kendra *i.e.,* after the name of the scheme. Upon asking it specifically from the owners, all of them concurred on this aspect and remarked that keeping any other name was not allowed as the same could be used for taking undue advantage which may defeat the very purpose of the scheme. However, it may also be noted that Store No. 1 had a different name for entering into banking and other digital transactions for the simple reason that a bank account cannot be opened in the name of the scheme.

Opening and closing time: As far as the opening and closing time of the stores is concerned, it was told that there was no prescribed number of hours in the scheme for which the store had to be opened. This means that it completely depended upon the store owner. However, the draft agreement provided with the guidelines[37] consists of the time prescribed for the JAK to be open. The store shall be open from 9:00 A.M. – 9:00 P.M. and for the specific needs of metropolitan cities from 6:00 A.M. – 12 mid-night. All the interviewed persons were unaware of the same. It was found that in Dwarka, three Pradhan Mantri Jan Aushadhi Kendra or stores are working presently, located in sector 3, sector 6, and sector 7.

[37] *Guidelines for Opening of New Pradhan Mantri Bhartiya Janaushadhi Kendra (PMBJK),* BPPI, Department of Pharmaceuticals, Government of India*, available at*: http://janaushadhi.gov.in/pdf/NGO_PMBJP.pdf (last visited on June 15, 2020).

Holiday: Also, it was recorded that there was no weekly holiday for these stores considering the nature of the activity involved.

Qualification and license: Now, coming on to the requirements for qualifying to hold a license and running a JAK, the relevant information was sought by way of asking certain questions mentioned in the table below:

Table 1.1

S.NO.	**QUESTION**	**JAK 1**	**JAK 2**	**JAK 3**
1.	Whether any license was required to open a store	Yes	Yes	Yes, from both central and state governments
2.	Is there any specific educational qualification required to hold a license	Yes (B. Pharma Course)	Yes (B. Pharma Course) + experience in this field also counts	Yes (B. Pharma Course)
3.	Can the license be leased out	No	No	No
4.	Is it necessary that the activities of the store be carried out by the person who holds the license	No, it may be carried by any other member of the immediate family	Yes	Yes
5.	Can a store be established in individual's capacity	Yes, we are running the store in our own capacity	Yes	Yes, no need to have any kind of affiliation with an NGO or Government Health Centre

At this stage, it becomes pertinent to note that the scheme briefly talks about qualifications/ eligibility to hold a licence. On a bare reading of the scheme, one may say that there seems to be ambiguity with regard to whether a person can run a JAK in his individual capacity. The relevant portion of the scheme is reproduced herein below:

1. Eligibility Criteria to open Pradhan Mantri Bhartiya Janaushadhi Kendra: *"NGO, Charitable Institutions/Hospitals, Reputed professional bodies/organizations, Private Hospitals, Trusts, Societies, Self Help Groups etc are eligible to open new Pradhan Mantri Bhartiya Jan Aushadhi Kendra."*[38]

It is apparent that the above-mentioned clause does not talk about individuals. However, as a matter of practice, even an individual can obtain the license for setting up of JAK (Refer Q5 in Table 1.1).

All the license holders were having a degree of Bachelor of Pharmacy (B. Pharm.).

2. ***List of essential medicines***: Upon asking that whether there was any list of medicines and other items provided to the license holders to be pasted within the premises of the store, all of them replied that no list was provided to them as any person willing to know such information can easily check it on the website of the scheme. Further, it was asked about other items available apart from the common medicines. To our surprise, medical accessories such as knee caps, syringes, instruments, cotton, band-aids, and few vaccines were also available for sale to the public from JAK.
3. ***Lowest cost generic medicine:*** It was also the researcher's prime concern to seek information on prices of some commonly used and purchased medicines. The rationale behind gathering this data was to see what exactly the price difference is and further to assess what mindset the patients have regarding generic medicines. Do they believe that generic medicines are at par with branded medicines?

Table 1.2

NATURE OF THE ITEM	**NAME OF THE ITEM**	**COST**

[38] *Ibid*.

Least Expensive	Ascorbic Acid Tablets for Vitamin-C Deficiency	90 Paisa/10 tablets
Cheap and Commonly Sold	Diclofenac Tablets	Rs. 4/10 tablets
High in Demand	Lantus Glargine (Insulin Syringe)	Rs. 200-250 per Syringe
Maximum Sale	Teneligliptin Tablets for Type-II Diabetes Metformin Hydrochloride Paracetamol (PCM) salt	Rs. 49.50/10 tablets Rs. 6.20/ 10 tablets Rs. 4.51/ 10 tablets

On comparing these prices to their branded counterparts, one can observe a heavily reduced price ranging from 50%-80% in MRP of generic medicines at JAK. For Instance: the insulin mentioned in the table costs around Rs.1,000-1,100 in the branded market. Moreover, it was admitted by all the store operators that all the medicines available at JAK are way cheaper than their branded counterparts in the market.

4. ***Any subsidy or discount on generic medicines:*** In furtherance of the above observation, we asked whether the government provides a subsidy on the medicines. It was satisfying to know that the supply at JAK is in the category of special manufacturing whereby the government wishes to curb the black marketing and outdoor sale of JAK supply.

5. ***How frequently doctors prescribe generic medicines in government and private hospitals:*** Another interesting question was put to all the interviewers that as per their experience and observation do the prescription slips of patients contain the name of generic salts? All of them said that they were aware of instructions issued by the Medical Council of India for all doctors to mention the generic name of the salts but to their dismay, only 15-20% of the prescriptions from 'Government Hospitals' contain generic names. Not to our surprise, it was also remarked that they have rarely come across any prescription slip from private hospitals/practitioners that has a generic name of salt. However, patients from private hospitals do turn up because of their awareness and knowledge.

The aforesaid observation may be corroborated by way of prescription slips collected from different hospitals (both government and private).

6. ***Liability for selling expired medicine:*** It was asked that "Is there any liability or any kind of action be taken against them if they sell expired or omitted medicines under the scheme?" All the interviewees were of the view that selling expired medicines attract a heavy penalty as per the general laws of pharmacy and these laws are still in operation regardless of whether you run a privately owned pharmacy shop or a JAK. For omitted medicines, they remarked that there exists a provision of buy-back of stock. This shows that all of them were aware of such a provision that has been embodied in the guidelines.[39]

7. ***Difficulty or delay in the supply of generic medicines:*** Another issue that plays a significant role in deciding the fate of this scheme is the supply of medicines and other items. It was observed that no major problem of lack of supply was faced by any of the interviewers. However, a little delay is mentioned in the case of medical accessories and surgical equipment but not for medicines. This operational aspect of the scheme certainly makes it a promising and effective scheme for the public.

V. COMPARATIVE STUDY WITH PRIVATE OWNED PHARMACY SHOPS

The present comparative study is aimed to cull out the areas where the functioning of both the type of stores overlaps and also where they differ. The following observations are made after interviewing three private owned pharmacy shops in the same areas and provided in the table prepared below:

S.NO.	QUESTIONS	PRIVATE PHARMACY INTERVIEWERS	JAN AUSHADHI KENDRA INTERVIEWERS
1.	Requirement of license and minimum education qualification	Yes, D Pharm.	Yes, D. Pharm.
2.	Whether any action upon selling expired/banned/omitted medicines	Yes, same action as all general laws of the	Yes, same liability

[39] *Id.,* Clause 2.5.3, Draft Agreement

		pharma sector applies to both stores	
3	Least expensive and common medicine	PCM Rs. 6/10 tablets	PCM Rs. 4/tablets
4.	Are all generic medicines cheaper than branded medicines	Yes	Yes
5.	Variation in quality and efficacy of both the medicines	Might be a slight difference	No
6.	Discounts	Yes, depends on company and margin	No, there is no scope of further discounts as MRPs are already slashed.
7.	How often have you witnessed the name of generic salt mentioned in prescription slips of buyer	Very rare	Only government hospital prescriptions (15-20%)

Table 1.3

S.No.	**GENERIC-DRUG NAME**	**PRICE**	**PURPOSE OF USE**	**BRANDED DRUG NAME**	**PRICE**
1.	ACECLOFENAC	Rs. 7.80/10 Tablets	PAINKILLER	ZERODOL	Rs. 93 /10 Tablets
2.	METFORMIN	Rs. 13/10 Tablets	DIABETES	ASOFORMIN	Rs. 45/10 Tablets
3.	AMOXICILLIN	Rs. 33.70/10 Tablets	BACTERIAL INFECTION	CIANMOX	Rs. 111/10 Tablets
4.	CIPROFLOXACIN	Rs. 2210 Tablets	BACTERIAL INFECTION	CIPLOX	Rs. 39.98/10

					Tablets

A drug prescribed to patients with Type-II Diabetes like "Galvus Met", from the reputed manufacturing company, Novartis would cost somewhere between Rs.350-400 for 10 tablets whereas its generic version costs less than Rs.100 for the same quantity.

VI. Constraints or challenges faced by JAS

The following are the reasons for the scheme not being very successful:

1. Doctors are not prescribing generic medicines is the major constraint faced by the Jan Aushadhi Scheme preventing it from being successful. The major reason for not promoting generic medicines is the interrelation between doctors and pharmaceutical companies. Pharmaceutical companies sometimes through their PSRs provide gifts like medical samples, promotional materials, invitations for parties, promotion for scientific journals, sponsored lectures, conferences, conference travels, and many more things to doctors and keeping them positively inspired for prescribing branded drugs.
2. Prescription costs in the U.S are the highest in the world.[40] These high costs have been attributed not only to the complex drug development process but also to the restriction or price negotiation and government-protected monopolies granted to drug manufacturers.[41] Pharmaceutical manufacturers practice many methods to innovate like academic research and maintain market shares including reformulating existing molecules and introducing combination drugs.
3. The government has announced a 16.65% increase in its budget allocation for the health sector as a part of the interim budget 2019. But this minute increase in allocation would not be adequate for the population (1.37 billion in 2019) of India.
4. The public sector is unable to cater to the requirements of all the 361 medicines identified as the most needed medicines in the JAS covering just 130 medicines. Now the government is planning to re-launch with private participation with the name 'Prime Minister Pradhan Mantri Jan Aushadhi Yojana'.

[40] Manvi Sharma, Aisha Vadharya, *et al*., "Association between industry payments and prescribing costly medications: an observational study using open payments and medicare part D data" 18 *BMC Health Services Research* 2-8 (2018).
[41] *Ibid*.

5. It comes under the Ministry of Chemicals & Fertilizers. It does not come under the Health Ministry. In India, Health is an entry in the State List and the Government of India only controls national health programmes. The PMJAS which is for improving the health of the citizens and helping the marginalized populations with affordable medicines needs to be supported by all. In India, the production of medicines is under the Ministry of Chemicals and Fertilizers and the Ministry of Health and Family Welfare deals with National Health Programmes and health issues of the nation.
6. Lack of generic medicines in pharmacies and poor supply chain. One of the contentions made by doctors for prescribing branded medicine is the lack of generic medicines in Jan Aushadhi Kendra and delay in supplying generic medicines, because of which, it is not unreasonable to not prescribe generic medicine in an emergency.
7. The location of the store is very important. The location of the store has to be situated in an area which can be easily accessible by all and especially the poor section of society for which the Jan Aushadhi Scheme has been launched.

Findings:

1. It was one of the objectives of the research to check the implementation of Regulation 1.5 of the Medical Council Regulation 2002 which says that every physician should as far as possible prescribe generic medicines. It was found after seeing the prescriptions of both doctors from government hospitals as well as those from private hospitals in Dwarka, that both were similar. After getting the prescriptions it was found that out of 42 prescriptions from government hospitals adjacent to Dwarka, doctors had prescribed only branded medicines except in 5 prescriptions, wherein each prescription had 5 or 8 medicines out of which only one belonged to the generic category. As far as private hospitals are concerned, they had prescribed only branded medicines. On the question of doctor's prescription having generic drugs, while private pharmacy interviewee answered this to be a rare entity, government hospital prescription had 15-20 percent such prescriptions, JAK interviewee replied.
2. The researcher has interviewed doctors. One of the senior doctors said that all the branded medicines are not available in generic and further elaborated that:

- Generic medicines are of two types, one is controlled and the other one is local. Generic medicines are available only at Pradhan Mantri Jan Aushadhi Kendra in various districts of the country.
- Even in government hospitals, where doctors prescribe generic medicines, patients take the generic medicines, which are manufactured and prepared by local & outsourcing persons and which are often of low quality as well as costlier than the branded ones. So, there is a need for the Drug Controller for checking the quality of such medicines.
- Sometimes these manufacturers send the sample of good quality, measurement, and standardised but on the other hand, bring the bulk of medicines in the market which is of generic name with higher cost and lower quality.
- Normally, a common man cannot think of a commercial issue being involved, they simply ask from chemist rather than Jan Aushadhi Kendra to give generic medicines and later frame their negative mindset about generic medicines. Example- Cipla Co. is one of the branded generic. See the cost of Cipla's Pantosec DSR cap Rs. 114/ per 10 units and generic- Penta DSR Rs. 106/- per 10 units.
- Sometimes, doctors for commercial reasons, keep local generic medicines, sometimes they are more expensive than the branded ones and this supply of medicines is not available in the market. Suspicion has to arise there, but patients are in dire need so depends upon doctor's prescription only and doctors take undue advantage of fiduciary positions.

3. The second objective was to check the implementation of Pradhan Mantri Jan Aushadhi Yojana this research provides insight into the knowledge and awareness of medicine in Dwarka, Delhi with three Jan Aushadhi Kendras. The general attitude towards generic medication was positive.
4. As far as the third and fourth objectives are concerned, various observations and inferences were found from questionnaire and interview conducted of the 3 owners of Jan Aushadhi Kendra:

    - A considerable large number of people are now aware of the scheme and even started to believe that there exists no substantial difference in generic and branded medicines, if at all there is some minuscule difference.

- Patients from all social and financial backgrounds visit Jan Aushadhi Kendra and purchase medicines. There is no doubt that patients with good-paying capacity are less but are gradually increasing.
- Regular checking by the Bureau of Pharma Public Sector Undertaking of India (BPPI) ensures that no undue benefit or malpractice is being committed by the license holder.

5. It was found after interviewing three private owned pharmacy[42] shops in the same areas that all generic medicines are cheaper than branded ones. As far as variations in quality and efficacy of both the medicines are concerned there might be a slight difference, as far as the discount is concerned private pharmacy interviewed said it depends on company and margin and in Jan Aushadhi Kendra interviewers said no, there is no scope of further discounts as MRP are already slashed.

VII. Conclusion and Suggestions

1. Health care practitioners are in the fiduciary position to make patients more aware of generic medicines, location of Jan Aushadhi Kendra is also very important for connectivity.
2. Doctors should be encouraged to know the cost of medicines before prescribing, and generic drugs prescribers should be given incentives for reducing the out of pocket expenses of patients.
3. The role of the media is also very important to spread awareness about generic medicines available to the policy post effective and potentially posts saving investment for the health sector. The Union government is making an effort to popularize generic drugs through advertisements on Doordarshan but more such efforts are needed. PMJAS has neither been a hot topic in the media nor in any political speech. Assistance in form of literature, publicity material, hoardings does help in creating awareness and increasing footfall of the patients.
4. The reallocation of the budget has to be increased for public health.
5. Educational campaigns have to be conducted by the government for spreading awareness amongst poor strata of society.

[42] Refer Annexure II (Questionnaire for Pharmacists/Chemists).

6. Bureau of Pharma Public Sector Undertakings of India (BPPI) should conduct awareness camps near the hospitals, nursing homes, etc. It should spend more on advertisements, short films to spread real information to the public instead of misconceptions that still prevail in the minds of people.
7. As far as List of National Essential Medicine List and generic medicine list and omitted medicines has to be provided to pharmaceutical and Pradhan Mantri Jan Aushadhi Kendra for the updation and these lists require a proper display for the public use.

The present non-doctrinal research involved enriching learning of laws, knowledge about the scheme, license requirements and eligibility, functioning of the JAK, role of BPPI, and allowed us to experience the real problems that the license holders have faced. Based on observations made by conducting a sample survey, it would be safe to remark that the concerned scheme is undoubtedly a big step in the field of health and is relied upon to make and in actuality began making an incredible commitment by method for accomplishing the financial objective of moderate human services, by guaranteeing accessibility of value drugs at reasonable costs for all. The plan is additionally expected to diminish use on prescriptions, along these lines broadening quiet inclusion under the general wellbeing plan. Promotion of the utilization of unbranded conventional prescriptions will decrease out-of-stash costs on drugs for the basic man, in this manner making social insurance moderate and safe. Jan Aushadhi Scheme is turning out to be a successful market intercession system to cut down the restrictively high costs of medicines and will make a showcase for medications fabricated in Central Public Sector Undertakings (CPSUs), other state PSUs, and private division, especially little and medium ventures.

As far as the doubts in the minds of people are concerned regarding the efficacy of generic medicines, we would like to quote one of the interviewers of JAK who said, “No there is no difference in the efficacy or the quality of medicines, I am myself consuming medicines for a couple of years now and found no variation as such”.

We are of the view that giving of initial subsidy by the government would attract more applicants and that would eventually benefit the public at large. The government can even launch a mobile application to make accessible information about the generic medicines and availability of the same may also be checked and ordered digitally. All in all, it is our opinion that if this scheme continues to operate like the way it is being operated, it would be a landmark achievement in the health sector of India.

ANNEXURE-I

QUESTIONNAIRE FOR JAN AUSHADHI KENDRA

JAN AUSHADI KENDRA – DWARKA SECTOR, NEW DELHI

1. Name of the Kendra:
2. Address:
3. Name of the person running the Kendra under the scheme:
4. Aadhaar Number or any other Government ID:
5. Do you check the omitted medicines from the updated Essential Medicines List on a regular basis?
6. Are the manufacturers held accountable for being negligent?
7. Opening time:
8. Closing time:
9. Holiday or Closing Day if any:
10. Qualification/Degree of the Answering Respondent:
11. Kendra whether Rented or Owner:
12. Whether any License is required to set up a Kendra under the Scheme?
13. Do you have the list of essential medicines displayed at the Kendra?
14. Are the manufactures held accountable for being negligent in not giving a warning when required on generic medicines?
15. What action can be taken against the operator of a Kendra for selling Expired or Omitted Medicines under the Scheme?
16. Along with the generic medicines authorized by the Government under the PMBJP Scheme, what other categories of medicines, drugs, surgical equipment, and other consumables, if any, are you authorized to sell at your Kendra?
17. How does the BPPI (Bureau of Pharma Public Sector Undertaking of India) keep a check to ensure that no other drugs, medicines, and consumables other than those expressly permitted under the PMBJP are sold by any Jan Aushadi Kendra?
18. What is the lowest costing generic medicine available under the scheme?
19. What is the highest costing generic medicine available under the scheme?

20. Approximately how many people visit the Kendra on a daily basis to purchase generic medicines? On the basis of your observations, can you comment upon the social strata to which the citizens availing the benefit of the PMBJP scheme usually belong?
21. Do you feel and face difficulty or delay in the supply of generic medicines?
22. All the generic medicines are less costly, do you agree with this statement?
23. Can you identify any generic medicine under the scheme which is more expensive than its branded counterpart?
24. Whether this facility of sale of medicines at a lower cost is available for vaccinations?
25. Has any helpline number or mobile application been launched by the Government to check the prices of generic medicines available under the scheme?
26. Is there any system of home delivery of medicines available?
27. Can you enumerate the top ten generic medicines sold at your Kendra on a daily basis?
28. Is there any system of providing discounts on generic medicines available under the scheme? If yes, then to what extent is such a discount permissible?
29. Do you have knowledge about the active substance used in generic medicine?
30. Is it mandatory to have a valid medical prescription from a recognized Government Hospital/ Medical Centre to avail the benefits of cheaper priced drugs from a Jan Aushadi Kendra? If not, then what category of medicines can be purchased without a prescription?
31. In all the medical prescriptions brought to you by citizens to purchase drugs, how often do you encounter doctors prescribing generic medicines in prescriptions compared to their expensive branded counterparts? How many private practitioners have you come across who have prescribed generic medicines?
32. How often is the list of unbranded generic medicines available for sale under the scheme upgraded by the Government?
33. Was any initial assistance provided to you by the Government/BPPI upon the setting up of your Jan Aushadhi Kendra under the scheme? If yes, was this assistance merely financial or also operational in nature?
34. Is there any provision within the scheme for buyback of unsold expired generic medicines, and if yes, to what monetary extent is the buyback permissible?
35. Has this Kendra been opened by you in your own capacity or you are a part of an NGO or a Charitable Organization? If yes, are there any difficulties in operating the Kendra under the scheme as an individual?

35. Is there any quantitative limit to the number of generic medicines that can be purchased by an individual from a Jan Aushadhi Kendra under the PMBJP scheme during a month?
36. Even though the scheme entails a no profit no loss model for its working, is there any profit that can be generated through it? If not, then what is the incentive to establish and operate a Jan Aushadhi Kendra under the Scheme?
37. Is there any margin that is provided by the Government on the sale of generic drugs and medicines under the scheme as an incentive? If yes, could you enumerate the margin provided on any such drug?
38. If profit can be generated by an operator under the PMBJP scheme by the operation of a Jan Aushadhi Kendra, is there any monthly limit or cap that is provided on the extent of the profit that can be made within the scheme itself?

ANNEXURE-II

QUESTIONNAIRE FOR PHARMACISTS/ CHEMISTS

CHEMIST SHOP – DWARKA SECTOR, NEW DELHI

1. Name of the Shop:
2. Address:
3. Name of the person running the Shop:
4. Opening time:
5. Closing time:
6. Holiday or Closing Day if any:
7. Qualification/Degree of the Answering Respondent:
8. Whether any License is required to set up your shop?
9. What action can be taken against the owner of a shop for selling Expired Medicines?
10. How does the BPPI keep a check to ensure that no other drugs, medicines, and consumables other than those expressly permitted under the PMBJP are sold by any Jan Aushadi Kendra?
11. What is the lowest costing medicine available?
12. All the generic medicines are less costly, do you agree with this statement?
13. Can you identify any generic medicine which is more expensive than its branded counterpart?
14. Is there any system of home delivery of medicines available?

15. Is there any system of providing discounts on medicines? If yes, then to what extent is such a discount permissible?
16. Is it mandatory to have a valid medical prescription from a recognized Government Hospital/ Medical Centre to avail the benefits of cheaper priced drugs from a Jan Aushadhi Kendra? If not, then what category of medicines can be purchased without a prescription?
17. In all the medical prescriptions brought to you by citizens to purchase drugs, how often do you visualize doctors prescribing generic medicines in prescriptions compared to their expensive branded counterparts? How many private practitioners have you come across who have prescribed generic medicines?