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**STANDING COMMITTEE ON
CHEMICALS & FERTILIZERS
(2014-15)**

SIXTEENTH LOK SABHA

**MINISTRY OF CHEMICALS AND FERTILIZERS
(DEPARTMENT OF PHARMACEUTICALS)**

JAN AUSHADHI SCHEME

FOURTH REPORT



LOK SABHA SECRETARIAT

NEW DELHI

March, 2015/ Phalgun 1936, (Saka)

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Presented to Lok Sabha on 04th March 2015

Laid in Rajya Sabha on 04th March 2015

LOK SABHA SECRETARIAT

NEW DELHI

March, 2015/ Phalgun 1936, (Saka)

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I
**COMPOSITION OF THE STANDING COMMITTEE ON CHEMICALS & FERTILIZERS
(2013-14)**

Shri Gopinath Munde - Chairman MEMBERS LOK SABHA			
2.	Shri S. Alagiri		
3.	Shri Gajanan D. Babar		
4.	Shri P.P. Chauhan		
5.	Shri Sher Singh Ghubaya		
6.	Shri S.K. Nurul Islam		
7.	Shri Sakti Mohan Malik		
8.	Shri Paswan Kamlesh		
9.	Shri Amarnath Pradhan		
10.	Shri Ashok Kumar Rawat		
11.	Shri Tufani Saroj		
12.	Shri Suresh Kumar Shetkar		
13.	Shri Raju Shetti		
14.	Shri G.M. Siddeshwara		
15.	Shri D. Venugopal		
16.	Vacant		
17.	Vacant		
18.	Vacant		
19.	Vacant		
20.	Vacant		
21.	Vacant		
RAJYA SABHA			
22.	Shri Biswajit Daimary		
23.	Shrimati Naznin Faruque		
24.	Shri A.A. Jinnah		
25.	Shri Brijlal Khabri		
26.	Shri Dilipbhai Pandya		
27.	Shri Raghunandan Sharma		
28. &	Shri Pramod Kumar		
29.	Vacant		
30.	Vacant		
31.	Vacant		
SECRETARIAT			
	1. Smt. Rashmi Jain	-	Joint Secretary
	2. Shri U.B.S. Negi	-	Director
	3. Shri A.K. Srivastava	-	Additional Director
	4. Smt. Emma C. Barwa	-	Deputy Secretary

+ Shri K.D. Deshmukh, LS has resigned his seat in Lok Sabha and his resignation has been accepted by the Speaker w.e.f. 12-12-2013
& Nominated w.e.f. 20.12.2013
Shri Sai Prathap Annayyagari, LS was suspended on 13.02.2014
Shri Ishwar Singh has resigned from the membership of the Council of States w.e.f. 4.3.2014.

II

**COMPOSITION OF THE STANDING COMMITTEE ON CHEMICALS & FERTILIZERS
(2014-15)**

Shri Anandrao Adsul - Chairperson			
MEMBERS			
LOK SABHA			
2.	Shri Idris Ali		
3.	Smt. Anju Bala		
4.	Shri B.N. Chandrappa		
5.	Shri Sankar Prasad Datta		
6.	Smt. Veena Devi		
7.	Shri R. Dhruvanarayana		
8.	Shri Satish Kumar Gautam		
9.	Shri K. Ashok Kumar		
10.	Shri Kamalbhan Singh Marabi		
11.	Shri Chhedi Paswan		
12.	Smt. Kamala Devi Patle		
13.	Shri Rajendran S.		
14.	Shri Chandu Lal Sahu		
15.	Dr. Kulamani Samal		
16.	Dr. Uma Saren		
17.	Dr. Krishan Pratap Singh		
18.	Shri Taslimuddin		
19.	Smt. Rekha Verma		
20.*	Shri Innocent		
21.*	Shri Kotha Prabhakar Reddy		
RAJYA SABHA			
22.	Shri Biswajit Daimary		
23.	Dr. M.S. Gill		
24.	Shri Sanjay Dattatraya Kakade		
25.	Shri Narayan Lal Panchariya		
26.	Shri K. Parasaran		
27.	Shri Garikapati Mohan Rao		
28.	Dr. Sanjay Sinh		
29.*	Shri Palvai Govardhan Reddy		
30.%	Shri Mansukh L. Mandaviya		
31.%	Dr. Chandrapal Singh Yadav		
SECRETARIAT			
1.	Smt. Rashmi Jain	-	Joint Secretary
2.	Shri U.B.S. Negi	-	Director
3.	Shri A.K. Srivastava	-	Additional Director
4.	Smt. Emma C. Barwa	-	Deputy Secretary

Changed the nomination of Shri Murlid Deora, Member of Rajya Sabha from the Committee on Chemicals and Fertilizers to the Committee on External Affairs w.e.f. 25-09-2014.

** Shri Palvai Govardhan Reddy, Member of Rajya Sabha nominated w.e.f. 08-10-2014*

Shri Mohanbhai Kalyanjibhai Kundariya Nominated as Minister of State w.e.f. 09.11.2014

The term of Shri Brijlal Khabri, MP (RS) has expire w.e.f. 25.11.2014

Changed the nomination of Adv. Joice George, Member of Lok Sabha from the Committee on Chemicals and Fertilizers to the Personnel, Public Grievances, Law and Justice w.e.f. 24-12-2014.

**Shri Innocent, and Shri Kotha Prabhakar Reddy, Member of Lok Sabha nominated w.e.f. 22-12-2014*

% Shri Mansukh L. Mandaviya, Member of Rajya Sabha nominated w.e.f. 31-12-2014

% Dr. Chandrapal Singh Yadav, Member of Rajya Sabha nominated w.e.f. 29.01.2015

III

INTRODUCTION

I, the Chairman, Standing Committee on Chemicals and Fertilizers (2014-15) having been authorised by the Committee to submit the Report on their behalf, present this Fourth Report on the subject 'Jan Aushadhi Scheme' of the Ministry of Chemicals and Fertilizers (Department of Pharmaceuticals).

2. The subject, 'Jan Aushadhi Scheme' was taken up by the erstwhile Committee on Chemicals and Fertilizers (2013-14) for examination and report. The Committee took the oral evidence of non-official witnesses on the subject at their sitting held on 17th February, 2014. As the examination of the subject remained inconclusive owing to dissolution of 15th Lok Sabha, the same was taken up again for examination and report by the Committee on Chemicals and Fertilizers (2014-15). At their sittings held on 18th November, 2014 and 19th November 2014, the Committee took the oral evidence of non-official witnesses. The Committee took the oral evidence of the representatives of Department of Pharmaceuticals on 19th November, 2014.

3. The Report was considered and adopted by the Committee at their sitting held on 2nd March, 2015.

4. The Committee wish to express their thanks to the officers of the Ministry of Chemicals and Fertilizers (Department of Pharmaceuticals) for furnishing the written replies and other material/ information and for placing their views on the subject before the Committee. The Committee also express their thanks to the previous Committee for their work on the subject and non-official witnesses for furnishing written memoranda and placing their views on the subject before the Committee.

5. For facility of reference and convenience, the observations / recommendations of the Committee have been printed in bold letters at the end of the Report.

**New Delhi;
02 March, 2015
11 Phalguna 1936, (Saka)**

**Shri Anandrao Adsul
Chairperson
Standing Committee on
Chemicals and Fertilizers**

CHAPTER-I

Introductory

1.1 Access to quality medicines at affordable prices is a key challenge for the Government. The prices of branded medicines are generally higher than generic medicines due to various reasons including limited regulation through Drug Prices Control Order, 1995 etc.

1.2 For fulfilling this goal, 'Jan Aushadhi Campaign' has been launched. The purpose of this campaign is to make available medicines at affordable prices for all, especially the poor and the disadvantaged. Under this campaign, less priced quality generic medicines will be made available through Jan Aushadhi Stores which are of same and equivalent quality, efficacy and potency as compared to expensive branded medicines.

1.3 Under this Scheme, the State Government had to provide space in Government Hospital premises for running of the Jan Aushadhi Stores (JAS). Government hospitals, NGOs, Charitable Organisations and public societies like Red Cross Society, Rogi Kalyan Samitis typically constituted for the purpose could be operating agencies for the JAS. The operating agencies for JAS was being nominated on the basis of recommendations of the State Government. The operational expenditure is met from trade margins admissible for the medicines. The State Governments concerned were also requested to ensure prescription of unbranded generic medicines by the Government doctors.

1.4 The first Jan Aushadhi Generic Drug Store was opened in Civil Hospital, Amritsar on 25th November, 2008 and with the active support and cooperation of the State Government of Punjab, the stores were opened not only in all district headquarter of Punjab but also opened at block level too. The campaign has now been spread to other States of Haryana, Uttarakhand, Rajasthan, Andhra Pradesh, Odisha, Jharkhand, West Bengal, Jammu & Kashmir, Himachal Pradesh, Tripura, Madhya Pradesh, Maharashtra and UT of Delhi and Chandigarh by having opened 170 Jan Aushadhi Generic Drug Stores so far (till 31.10.2014). Efforts are on to open more number of stores.

1.5 The New Business Plan of Jan Aushadhi Scheme has since been approved on 08.08.2013 by the Expenditure Finance Committee chaired by Secretary Pharma with representations from Ministry of Finance, Department of Expenditure and Planning Commission. After a detailed deliberation, the new Business Plan with an estimated cost of Rs. 148.82 crores, was approved.

CHAPTER-II

Jan Aushadhi Scheme

Need for Jan Aushadhi scheme:

2.1 Making available quality medicines at affordable prices is a key challenge for the Government. The prices of branded medicines are generally higher than generic medicines due to various reasons.

2.2 Comparative statement of prices illustrated below would show that there is substantial difference in prices between the branded medicines sold in the market and the generic medicines having the same efficacy being sold in Jan Aushadhi Outlets.

Price Comparison					
Sl. No.	Product Name	Strength of Pack of 10	Ceiling Price*/Average Price of leading Brands#	Price of Jan Aushadhi	Price Difference of Branded Medicines V/s Jan Aushadhi Medicines
Analgesic Anti-Inflammatory					
1	Diclofenac	100mg	39.73	4.43	9 times
2	Paracetamol*	500mg	10.00	5.60	2 times
3	Nimesulide	100mg	33.93	3.42	10 times
4	Tramadol*	50mg	65.10	3.94	16 times
Antibiotics					
1	Ciprofloxacin	250mg	47.37	16.54	3 times
2	Amoxycillin*	500mg	64.70	37.00	2 times
3	Azithromycin*	500mg	218.10	105.09	2 times
4	Cefixime*	100mg	81.80	30.12	3 times
5	Ofloxacin*	200mg	52.10	17.13	3 times
Castro-Intestinal Tract/Anthelmintics					
1	Domperidone*	10mg	24.00	3.29	7 times
2	Pantaprazole*	40mg	50.96	7.72	7 times
3	Albendazole*	400mg	97.00	20.31	5 times
4	Aceclofenac + Paracetamol	100mg+500mg	36.67	11.22	3 times
5	Rabeprazol	20mg	57.84	6.12	3 times
Cardio-Vascular/Diuretics					
1	Atenolol*	50mg	22.00	3.07	7 times
2	Amlodipine*	5mg	30.10	2.51	12 times
3	Atorvastatin	20mg	174.85	10.32	17 times
4	Enalapril*	5mg	31.50	6.60	5 times
5	Losartan Potassium*	50mg	45.70	6.99	7 times
Anti Diabetics					
1	Glimperide	2mg	54.00	3.11	17 times
2	Metformin HCL*	500mg	16.60	4.80	3.5 times
Respiratory System and Anti Allergic					
1	Cetirizine*	10mg	19.20	3.09	6 times
2	Cough Syrup	110ml	29.33	19.48	1.5 times

* Product with Ceiling prices as fixed by NPPA

2.3 With a view to achieve the objective of making available quality medicines at affordable prices the Government has been taking several regulatory and fiscal measures from time to time. In order to provide further relief to the common man in the area of healthcare, a countrywide campaign for ensuring availability of generic medicines at affordable prices to all, in the name of "Jan Aushadhi campaign", was launched by the Department of Pharmaceuticals in November, 2008 in collaboration with the State Governments as a direct market intervention strategy.

2.4 When the Committee asked about the major aims and goals to be achieved by Jan Aushadhi Scheme, the Department in its written reply stated as under:-

"Major aims and goals to be achieved by Jan Aushadhi Scheme are indicated below:

- i. To make available quality generic medicines at affordable prices for masses by sale through outlets called Jan Aushadhi Stores.
- ii. To encourage doctors in government hospitals to prescribe generic medicines.
- iii. To reduce the out of pocket expenses for patient treatment.
- iv. To promote awareness about cost effective drug prescriptions through education.
- v. To develop a sustainable business model for the programme."

2.5 When the Committee asked about the strategy to be adopted to implement the Jan Aushadhi Scheme in all districts of the country, the Department in its written reply stated as under:-

1. All state Governments to be requested to take steps to provide free space in all district /major hospitals for opening Jan Aushadhi Stores and nominating operating agencies to manage these stores.
2. Expression of Interests (EOI) to be invited through news paper advertisements and by uploading details on the website of the BPPI, from the eligible charitable Societies/institutions/ NGOs, individual pharmacists and Regtd. Medical Practitioners etc. to open Jan Aushadhi Stores.
3. Launching publicity campaign through print and electronic media to create awareness among public and all stake holders to publicize the advantages of the usage of generic medicines.
4. Involving N G Os, Charitable Institutions working in the health sector for awareness building and promoting usage of generic medicines."

2.6 With regard to budget allocation earmarked for JAS, the Department in its written reply stated as under :-

"The component wise requirement of funds for the four years of 12th Plan period starting from 2013-14 as approved by the Expenditure finance committee on 08-08-2013 are as under:

(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

Based on projected requirement of BPPI, Rs. 15.20 crores out of Rs. 25.00 crore for the year 2013-14 was released by the Department of Pharmaceuticals. There is a provision of Rs. 30.00 crores in the Budget Estimates for the Year 2014-15.

The Department further stated that the Budget allocation is sufficient for the scheme."

2.7 The Budgetary allocation and Actual Expenditure in respect of Jan Aushadhi Scheme for the years 2012-13 to 2014-15 are as under:

(Rs. In crore)

2010-11			2011-12			2012-13			2013-14			2014-15		
BE	RE	Actual	BE	RE	Actual	BE	RE	Actual	BE	RE	Actual	BE	RE	Actual (Upto 11.02 2015)
NIL	NIL	2.00*	NIL	NIL	3.00*	20.00	4.50	1.66	25.00	15.20	15.20	30.00	NIL	11.99

* The amount has been released to IDPL as grant for onward transmission to BPPI for meeting expenses for opening of new Jan Aushadhi Stores and to assist functional Jan Aushadhi Stores.

2.8 When the Committee asked about the Actual Expenditure of funds allocated to Jan Aushadhi Scheme and the reasons for less allocation of funds for the year 2014-15, The Department stated in writing as under:

"In 2014-15, Rs. 30.00 crore was allocated for Jan Aushadhi Scheme in BE 2014-15. However, BPPI did not demand release of funds since it was already having adequate unutilised funds released in previous years. Due to non-utilisation of the allocation till September 2014, the Ministry of Finance reduced the funds of Department of Pharmaceuticals in RE stage. Due to reduction of funds by Ministry of Finance, in RE 2014-15 and lack of demand of funds by BPPI, the allocation in RE 2014-15 for Jan Aushadhi was reduced to NIL.

The Actual Expenditure of funds during 2014-15 (upto 11.02.2015) is Rs.11.99 crore."

2.9 When the Committee asked about the details of the organization/hospitals which are eligible for operating of 'Jan Aushadhi Scheme', the Department in its written reply stated as under:-

"As per the approved Business plan, all government hospitals selected by state governments and any NGO / Charitable Society / Institution / Self Help Group with experience of minimum 3 years of successful operations in welfare activities,

supported by 3 years audited accounts and individuals, preferably unemployed Pharmacist/Doctors/ Registered Medical Practitioner are eligible for opening of drug store under the Jan Aushadhi Scheme.”

2.10 On being enquired by the Committee about the financial support being given for opening up of store under the Jan Aushadhi Scheme, the Department in its written reply stated as under :-

“A one time financial assistance of Rs.2.00 lakhs as establishment cost and Rs.50,000/- as an one time start-up cost is given to NGOs / Institutions / Co-operative Societies identified by the State Government. In case of any other entity, such as reputed NGO / Charitable Society /Self Help Group and individual, 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 12 months is provided. In case of stores opened in North-Eastern States and other difficult areas i.e. Naxal affected area, tribal area etc., the rate of incentive would be 15% of monthly sale amount subject to a ceiling of Rs.15,000/- per month.

One time financial assistance of Rs.2.05 crores has been paid till date since the inception of the scheme in 2008.”

2.11 During oral evidence of non-officials held on 18.11.2014, one of the representationists stated as under:

“Sir, it was earlier conveyed that Jan Aushadhi in Jammu and Kashmir is being run on behalf of Red Cross and there was an understanding that BPPI will supply medicines. It is a triangular process. When the medicines are supplied then State Government will provide space free of cost in each district. For development of infrastructure, BPPI will provide Rs. 2.5 lakh. Pharmacist will be engaged and he will be paid monthly by the Red Cross. In this way, three partners are running the scheme. First the difficulty was, since every thing comes through surface transport as the rail head was in Jammu, it was observed that Rs. 2.5 lakh being offered is not sufficient as the expenses being incurred is Rs.3.5 lakh. That was the first constraints.Our first demand is that the price was fixed in 2008 and this may be raised as on date.

Earlier we received a brochure listing 349 medicines and only 40 medicines were being supplied. Now in the latest list 261 medicines are enlisted. We are being supplied only 50. This creates bottleneck. What we promise, we could not deliver. Patient has also the problem. I also feel as to how the doctor would prescribe, if available he would prescribe generic medicine. If available, he would prescribe brand name....

The other thing is that when a person especially in the hospital, space be provided by the State Government near OPD in district hospital. If permission is granted along with these medicines.... And supplied there itself then it will be good as the Attendant may get at affordable price.....

Secondly, its time limit is too much, My first order took 45 days and was told that it may be take even more time. We thought that it is because the medicines are being supplied from Delhi or NOIDA or Karnataka. So if warehouse is built in every State where the scheme is being run so that they get immediate supply. One strict order be issued because medical representative, we are all aware of this. When they come to doctors, normally they carry a lot of gifts because they are promoting their medicines. There should be a strict order or

legislation that in Government hospital, those doctors who sit is OPD, he would prescribe no other medicines other than generic medicines. This would be done when all medicines are available in our shops. Our drug mafia is so strong that they used to influence the Drug Controlling Authority. So, the local drug controlling authority would give just funny report that medicines have two components, they are in range but visibility shows that there are some particles floating. They take away the batch. For this problem it was suggested that when medicines come out of factory, they should give their certificate of quality and then a national level laboratory should also give certificate so that Drug Controlling authority has the balancing pressure that if there are two certificates then suddenly how come the same is not correct.....

2.12 During the oral evidence when the Committee asked as to whether there is any possibility to raise one time grant from Rs.2.5 lakh to Rs. 3.5 lakh as demanded by one of the representationists, the Secretary, Department of Pharmaceuticals replied as under:-

“We can definitely examine it.”

2.13 When the Committee asked as to how many States are giving free medicines and subsidised medicines like Karnataka which is providing free medicines in government hospitals, Primary Health Centres etc, the Secretary of the Department responded during the course of oral evidence as under:

“In fact, free medicines is given only in a limited number of States in India namely Tamil Nadu, Andhra Pradesh, Karnataka and to some extent in Rajasthan. Now, recently, Rajasthan and Haryana have started. In most of the States, if at all they give free medicines, it is free medicines only to the in-patients. All outpatients have to purchase from outside only in most of the States. There only this particular Jan Aushadhi Scheme has relevance. If you want to promote Jan Aushadhi stores in Tamil Nadu and Karnataka, we will not be able to succeed because they are doing the same thing in Government hospitals. They are purchasing generic drugs and they are giving to all the people free of cost.”

In this context, the Secretary also added as under:

“In fact, they are purchasing generic drugs through tender and they are giving it free of cost to public. Hence, we are not able to make much inroads into those States where they are giving free drugs. Our concentration is on States where drugs are not free, and they have to get drugs from private shops. We are concentrating on such States....”

2.14 When the Committee pointed out that Jan Aushadhi medicines in some general stores are sold at higher prices, the Secretary of the Department during the evidence responded as under:

“Sir, we have come to know that certain Jan Aushadhi drugs are costlier than branded drugs. It is not the case with all, but only two drugs. We are investigating in to it and we will try to reduce the cost. It is because over and above the price, the basic price is the lowest price. We add 16 per cent retailer margin and

transport cost and every thing put together our cost reaches one level, and certain private branded drug manufacturers reduce the prices by 30 per cent and give it to the market. Hence, a few products are costlier than the branded drugs. We are investigating and we will rectify it.”

CHAPTER-III

Bureau of Pharma PSUs of India (BPPI)

3.1 The Bureau of Pharma Public Sector Undertakings of India (BPPI), comprising all the Central Pharma PSUs (CPSUs), namely, IDPL, RDPL, KAPL, HAL and BCPL, was set up on 1st December 2008 with the major objective to have a focused & empowered structure to implement the Jan Aushadhi Campaign initiated by the Department of Pharmaceuticals. Initially it was set up as an independent, unincorporated body but subsequently, it was registered as a Society under the Societies Registration Act, 1860 with the Govt. of NCT of Delhi on 21st April, 2010. BPPI is monitoring the functioning of Jan Aushadhi Stores. It is also involved in promotion of the unbranded generic drugs.

3.2 When the Committee asked about the aims and targets of BPPI and the achievements made till date by BPPI, the Department in its written reply stated as under:

“The following major aims and objectives of the BPPI have been set in its Memorandum Of Association:-

1. To make available essential medicines at affordable prices,
2. To play a counter balancing role in the market against high prices,
3. To be the first point of call during national calamities etc,
4. To provide generic medicines at dedicated outlets so as to make available essential medicines to the common man at affordable prices,
5. To consolidate the strength of Pharma PSUs and achieve optimum growth,
6. To cooperate with institutions having similar aims and objectives.

With the above major objectives spelt out in the Memorandum of Association, BPPI was given the responsibility of implementation of the Jan Aushadhi Scheme. Planning Commission while approving the scheme for the 11th Plan period envisaged opening of 626 Jan Aushadhi Stores. However during the actual implementation of the scheme several constraints and bottlenecks were encountered. Hence on the basis of the findings of the study conducted by Public Health Foundation of India (PHFI) the scheme has been restructured and a New Business Plan has been approved in August, 2013. Under the new business plan, a target of opening 3000 stores during 12th plan period i.e. from 2013-14 to 2016-17 has been fixed.

From the inception of the scheme till date only 170 Jan Aushadhi stores could be opened, of which 99 are functional. The details are at **Annexure-I**.

As against the aim to supply 361 medicines from the Jan Aushadhi stores, BPPI has finalized the rate contract in respect of 249 products and finalization of rate contract for another 20 products is under process. Out of this list, about 200 medicines are available in the warehouse of BPPI for supplying to super stockists /JAS.”

3.3 On being asked by the Committee about the details of the mechanism being followed by BPPI to coordinate with State Governments, the Department in its written reply stated as under:-

“Co-ordination with the State Governments for opening of Jan Aushadhi Stores are made both at the Ministry level as well as by BPPI. The Secretary and Minister for Chemicals and Fertilizers, Department of Pharmaceuticals periodically write to the State Government for opening of Jan Aushadhi Stores in the State. The BPPI also takes up with the State Governments and meet the officials concerned for explaining about the scheme and opening of Jan Aushadhi Stores in the respective states. The Nodal Officers appointed by BPPI also meet the State Government officials regularly in matters relating to Jan Aushadhi Scheme.”

3.4 On being asked by the Committee as to whether the mechanism adopted by BPPI to coordinate with State Governments is successful, the Department in its written reply responded as under:-

“The success of the Jan Aushadhi Scheme largely depends on the support from the State Governments in providing space within the premises of hospitals and to identify operating agencies. On account of the Health Policy of many of the State Governments to provide free medicines to all patients visiting Government Hospitals, the State Governments have not provided the required support, resulting in slow down in opening of the Jan Aushadhi Campaign.”

3.5 Regarding decentralization of BPPI functions, the Department in its written reply stated as under :-

“In respect of decentralization of co-ordinating of the function of Jan Aushadhi Stores it is submitted that there are only 99 stores functioning in 11 States and one U T. All the medicines procured from CPSUs and private suppliers are supplied to Jan Aushadhi Stores through the various Super Stockists located in the respective area/States. The availability of medicines at JASs level and supply from Super Stockist to JASs is co-ordinated by the nodal officers of BPPI posted in the concerned areas/States. The nodal officers of BPPI are also co-ordinating with officers of the health department of the respective State Government. Hence, co-ordination of functioning of the Jan Aushadhi Scheme is done in decentralized manner at area level and state level.

In respect of setting up of single procurement agency for procuring medicines under generic names and supplying to various Central Government medical institutions and supply to Jan Aushadhi Stores, the existing Jan Aushadhi Scheme envisages making availability of quality generic drugs to all at affordable prices through dedicated JASs. If a Central Procurement Agency is to be set up for procurement of generic medicines for supplying to all Central Government Medical Institutions who are distributing medicines free to the patients and for the Jan Aushadhi Stores for selling to the people at affordable prices, the issues involved are to be examined in details in consultation with the Ministry of Health & Family Welfare and other stake holders.

3.6 When the Committee enquired about central warehouse at IDPL complex at Gurgaon and the medicines stores therein as well as to elaborate super stockiest approved in the States including the time by which IT brand management Information system software would be in operation, the Department in its written reply stated as under:

“ To have full control over procurement and supply chain management, a Central Ware House measuring about 16,000 sq. ft. has been created and made operational in May, 2014 in the IDPL Complex at Gurgaon. The warehouse has been taken on rent from IDPL. This has been re-furbished and all the essential items required have been purchased/procured so as to make the ware house fully functional.

Out of 361 items proposed to be supplied from Jan Aushadhi stores, rate contracts/price fixation have been finalized in respect of 259 items. Average availability of items at the central ware house is in the range of 170 to 190 items. As on 15.12.2014, 183 items for a total value of Rs.3.46 crore are available in the central ware house for supply to super stockists/Jan Aushadhi stores. In addition, order has been placed for 110 numbers of items for a total value of Rs. 4.92 crore. Most of the items for which orders have been placed are on repeat basis. On receipt of these items, the total no. of items in the central ware house would be around 220. Stock position of central ware house is monitored on regular basis and orders for purchases are also given on regular basis.

The super stockists approved/appointed in the States are as under:

Sl. No.	State	Name of the Super Stockist
1	Punjab and UT of Chandigarh	(1) M/s. Uday Agencies, Ludhiana (2) M/s. Pharma Associates, Patiala
2	Himachal Pradesh	M/s. Medco Pharma, Chandigarh
3	Jammu & Kashmir	(1) Malik Sales Agencies, Srinagar (2) New India Medicines House, Jammu
4	Odisha	M/s. Mani Pharmaceuticals, Cuttack
5	Jharkhand	M/s. Unique Pharma, Ranchi
6	Madhya Pradesh	M/s. Jyoti Enterprises, Indore

In addition, Expression of Interest (EOI) has been invited for appointment of super stockist for North Eastern States and expected to be finalized within a month's time.

To keep track of availability of medicines at the Jan Aushadhi stores as well as super stockist, an IT based management information system software has been installed. This has become partly operational. It is expected that this will become fully operational by 31st January, 2015.”

3.7 On being enquired by the Committee about the Department's plan to open warehouses in every state, the Secretary of Department during the course of oral evidence stated as under :

“Sir, depending on our capacity, we can increase it. Opening a warehouse is not a problem at all. We can definitely open it depending upon the off-take. For instance, if the off-take is high in Odisha, then we will have to open a store and we will open it. Now, the transaction is very less, and it is only Rs. 5 crore for private drugs and CPIL drugs put together. Definitely, when the quantity increases, we have to open many go down in other places.”

Chapter-IV

New Business Plan for Jan Aushadhi Scheme

4.1 The Jan Aushadhi campaign launched in November, 2008 proposed to open at least one JAS in each District of the country. Despite the financial support given by the Government, the scheme did not achieve the result envisaged in the scheme. The poor performance the Scheme was quite evident from the fact that as against the target of opening of one JAS in each of the 630 districts, only 157 JASs could be opened till 2013. Of these, many became non-functional. The Public Health Foundation of India (PHFI) was asked to study the Scheme and suggest remedial measures. Based on the Report of PHFI and ground level observations it was found that the following factors were mainly responsible for the scheme not being successful.

- a. Over dependence on support from State Government
- b. Poor Supply Chain management
- c. Non-prescription of Generic Medicines
- d. State Governments launching free supply of drugs
- e. Lack of awareness among the public

4.2 When the Committee asked about JAS closed down and the reasons therefore, the Department responded in writing as under:

“Out of 170 Jan Aushadhi stores opened so far, only 99 are functional at present. These 99 also include 9 stores in Jharkhand, 1 store in Delhi which are temporarily non-functional. In addition there are 4 functional stores in Uttarakhand which are not taking medicines from BPPI and supplying medicines to patients through local procurement.

Most of the stores have been closed on account of changes in health policies of the State Governments to provide free medicines to patients, non viability of Jan Aushadhi stores, non availability of all the medicines and on account of other administrative reasons.”

4.3 On being asked about the details of ‘Jan Aushadhi Scheme’ as being implemented in the country, the Department in its written reply stated as under :-

“The Jan Aushadhi Scheme is being implemented in the country through the BPPI, a registered society under the administrative control of the Department of Pharmaceuticals, Ministry of Chemicals and Fertilizers, Government of India, with the objective to make available the quality generic medicines at affordable prices to all through Jan Aushadhi Stores. The New Business Plan approved in August, 2013 had projected for opening of minimum of 500 new Jan Aushadhi stores during the year 2013-14 and 3000 stores during the whole 12th Plan period i.e. 2013-17.

Salient features of the Jan Aushadhi scheme as being implemented in the country under the New Business Plan are as under:

1. List of Medicines:

It is aimed that 361 items of generic medicines covering all the therapeutic categories will be made available at affordable prices as per List at **Annexure-II**.

2. Sourcing of medicines :

In line with the new business plan, steps have been taken to source medicines from private sectors, for which the CPSUs do not have manufacturing capability. Out of these 361 items proposed to be supplied from Jan Aushadhi Stores, rate Contracts/price fixation have been finalized in respect of 249 products which covers 144 items produced by CPSUs and 105 items produced by private manufacturers. In addition, finalization of rate contracts in respect of 20 more products through open tender is under process. The rates in respect of remaining items which could not be finalized on account of either single quote or no quote are being retendered.

3. Opening of Jan Aushadhi Stores:

Under the scheme the generic medicines are to be made available through the dedicated stores opened by nominated agency recommended by the State Government in any government hospitals selected by state governments.

Any NGO / Charitable Society / Institution / Self Help Group with experience of minimum 3 years of successful operations in welfare activities, supported by 3 years audited accounts and individuals, preferably unemployed Pharmacist/Doctors/ Registered Medical Practitioner are also eligible for opening of drug store under the Jan Aushadhi Scheme.

4. Quality control:

To ensure the quality of medicines procured from the CPSUs and private manufacturers for supplying to Jan Aushadhi Stores, each batch of each drug is tested at any of 8 BPPI's empanelled NABL Accredited laboratory. Only after receipt of 'Passed' test reports, medicines are dispatched to the super stockiest/JASs.

5. Supply Chain Management:

BPPI has created a central warehouse at IDPL Complex to store adequate stock of medicines for supplying to the stores through the super stockists appointed in all the states / areas where the Jan Aushadhi Stores are functioning.

An IT based management information system software having a linkage with the super stockiest of BPPI and Jan Aushadhi Stores to ascertain availability and sale of medicines in stores on a real time basis, has been installed which is being tested/modified as per the requirement before being made operational.

6. Publicity 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 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 also will 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.

A provision of Rs. 12.00 crores has been made in the outlay of 12th Plan commenced from 2013-14, for this component.

The Jan Aushadhi scheme is being run on no profit no loss basis. BPPI is managing its administrative expenses out of financial assistance being provided by the Central Government for the Jan Aushadhi Campaign”

4.4 When the Committee asked about the steps being taken by the Department to remove/rectify the various bottlenecks in implementation of the campaign, the Department in its written reply stated as under:

“To remove/rectify the various bottlenecks in implementation of the Jan Aushadhi campaign, the Department of Pharmaceuticals has approved the New Business Plan. The details are as under:

1. Relaxation of eligibility conditions for Operating entities:

Under the new business plan, apart from the state government's nominated operating agencies to open Jan Aushadhi Stores in the government hospitals, 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 eligible and individual pharmacists/Regd. Medical Practitioners have also been made eligible for opening of drug stores, even outside the hospital premises.

2. Review of existing list of medicine:

Earlier list of 319 items medicines has been reviewed and expanded to 361 items for sale at the Jan Aushadhi stores, covering almost all therapeutic categories of drugs.

3. Supply Chain Management:

With a view to monitor adequate availability of medicines at BPPI's warehouse, stocks with super stockiest and at stores and to avoid any stock out situation of medicines and to avoid any stock-out situation a software has been installed and is under testing and customization.

4. Sourcing of drugs :

The rates and MRP for 144 items of medicines which have been confirmed by CPSUs that these can be produced by them, have been finalized in consultation with them based on their in-house manufacturing capability and regular purchase orders are being issued to them.

Rate contract in respect of 105 items have been finalized with the private manufacturers through open tender system and regular purchase orders are issued to them. Rate contract for additional 20 items is under process and will be finalized soon. In respect of remaining 112 items tenders are again being invited.

5. Quality Control:

To ensure the quality of medicines procured from the CPSUs and private manufacturers for supplying to Jan Aushadhi Stores, each batch of each drug is tested at any of 8 BPPI's empanelled NABL Accredited laboratory. Only after receipt of 'Passed' test reports, medicines are dispatched to the super stockiest/JASSs.

6. Working Capital:

Adequate provision of Rs.65.00 crores has been made for the 12th Plan period commenced from the year 2013-14 for providing working capital advance to CPSUs to facilitate them to produce and supply medicines to BPPI in time. This working capital will also be utilized to meet cost of building inventories of medicines.

7. Prescription of Generic Medicines:

BPPI has been requesting State Governments frequently to issue necessary guidelines to government doctors. It has also been proposed to

organize workshops for promotion of Jan Aushadhi in States where in Government doctors, officials and other stake-holders would be invited.

8. Health Policies of Central/State Governments:

One of the major bottleneck observed in restricting the opening of Jan Aushadhi Stores in government hospitals is the health policies of Several State Governments in providing free medicines to all patients visiting Government hospitals. Hence under the revised Jan Aushadhi scheme, it has been proposed 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).

9. 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 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 also will 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 JASSs. A provision of Rs. 12.00 crores has been made in the outlay of 12th Plan commenced from 2013-14, for this component.

10. Monitoring arrangements:

Progress in implementation of the scheme is to be regularly reviewed at national level by a Steering Committee headed by the Secretary, Department of Pharmaceuticals. At the State level, a monitoring committee is to be headed by the Secretary health with the Director-in-charge of public health as convener. A district level committee will be headed by the District Collector.”

4.5 When the Committee asked about the roadmap formulated to open 3000 new Jan Aushadhi Stores by 2016-17 under New Business Plan, the Department in its written reply before the oral evidence of the Department held on 19.11.2014, stated as under:-

“A number of JASSs became non-functional mainly due to non-availability of medicines, and on account of State Governments policies of certain States to distribute free medicines to the patients which resulted in number of Stores becoming non-viable. After approval of new Business Plan in August 2013, availability of medicines has been streamlined towards the end of 2013-14. Expression of Interest from interested parties for opening of Jan Aushadhi Stores in the States of Orissa, Uttar Pradesh, Madhya Pradesh, Assam, Bihar and Chhattisgarh were called for and 68 applications received. MOUs have been signed with 15 applicants, out of which 4 JASSs as per the new business plan have been opened in the state of Madhya Pradesh.

For opening of new Jan Aushadhi stores, it is proposed to issue advertisements calling for applications from interested parties for opening of Jan Aushadhi store in all the states. It is also proposed that massive publicity campaign would be launched initially in the states like Himachal Pradesh, Punjab, Odisha, Tripura and Jammu & Kashmir where the scheme is already functioning relatively satisfactorily so that more NGO's/Charitable Societies/Trust/Institution/Self Help Group/Individuals come forward to open Jan Aushadhi Stores in these states. Subsequently, this would be extended to all other states.”

4.6 When the Committee asked as to whether the Department has circulated any press communication for opening of drug stores under JAS as per the approved business plan and about the number of applications received in response thereto, the Department in its written reply submitted after the oral evidence of the Department held on 19.11.2014, stated as under:

“Under the new business plan, apart from the state government’s nominated operating agencies to open Jan Aushadhi Stores in the government hospitals, 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 eligible and individual pharmacists/Regd. Medical Practitioners have also been made eligible for opening of drug stores.

In accordance with the New Business Plan, Expression of Interests were invited from interested eligible organizations and individuals for opening of Jan Aushadhi Stores in the States of Orissa, Uttar Pradesh, Madhya Pradesh, Assam, Bihar and Chhattisgarh in March, 2014. In response to this advertisement, 80 applications have been received. Out of this, approval has been given to 32 applicants for opening the Jan Aushadhi stores including 20 applicants with whom MOU has been entered into. Out of 20 applicants with whom MoU has been entered into, 05 JASs as per the new business plan have been opened, 04 in the state of Madhya Pradesh and one in Uttar Pradesh.

Further to above, Expression of Interest has also been invited in the month of November, 2014 from interested eligible organizations and individuals for opening of Jan Aushadhi Stores in the States of Maharashtra, Gujarat, Andhra Pradesh and Karnataka. In response to these advertisements, 10 no. of applications have been received so far which are being processed. It is proposed to release such advertisement on regular basis from other states also.”

4.7 On being asked about the steps being taken to make rest of the stores functional and also to open more stores in the country, the Department stated in writing as under:

“Most of the non-functional stores are on account health policy of the state Governments to provide free medicines from Government hospitals. The state Governments however have been requested at various levels to open Jan Aushadhi Stores. For opening of more stores in the country the following steps are being taken:-

1. As per the new business plan approved in August, 2013, Jan Aushadhi Stores may be opened outside the premises of Govt. Hospitals also. 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. Unemployed pharmacists/ doctors/ registered medical practitioners are also eligible for running the stores. In accordance with the new Business Plan, Expression of Interests are being invited from interested eligible organizations and individuals for opening of Jan Aushadhi Stores on regular basis. So far Expression of Interest as per the New Business Plan have been called from the States of Orissa, Uttar Pradesh, Madhya Pradesh, Assam, Bihar, Chhattisgarh, Maharashtra, Gujarat, Andhra Pradesh and Karnataka and 10 no. of applications have been received so far. In addition to above, some proposals from State Governments have been received.

2. Co-ordination with the State Governments for opening of Jan Aushadhi Stores are made both at the Ministry level as well as by BPPI. The Secretary and Minister for Chemicals and Fertilizers, Department of Pharmaceuticals periodically write to the State Government for opening of Jan Aushadhi Stores in the State. The BPPI also takes up with the State Governments and meet the officials concerned for explaining about the scheme and opening of Jan Aushadhi Stores in the respective states. The Nodal Officers appointed by BPPI also meet the State Government officials regularly in matters relating to Jan Aushadhi Scheme.

3. Memorandum of Understanding (MoU) is being entered into with the Ministry of Railways for opening of Jan Aushadhi stores in Railway Hospitals and Platforms of major Railway Stations.

4. MoU is also being entered into with the State Governments for opening of Jan Aushadhi stores in the States.”

4.8 When the Committee asked about the States, apart from Odisha, which have extended their support and cooperation for opening JAS in their States, the Department in its written reply stated as under:

“In addition to Odisha, the State Governments of Tripura, Mizoram, Manipur, Dadra & Nagar Haveli and UT of Lakshadweep have recently extended their support and co-operation for opening of JASs in their States. Till the New Business Plan was approved in August, 2013, the medicines for the Jan Aushadhi scheme were being supplied only by CPSUs. After the New Business Plan was approved, action was initiated for procurement of medicines from private manufacturers in respect of items for which CPSUs did not have manufacturing capacity. So far, 30 private manufacturers have been approved for supply of 114 number of medicines which the CPSUs are unable to supply at present. The details of list of medicines which have been purchased from private manufacturers and funds spent for the purpose are enclosed as **Annexure-III**. The details of further purchase orders along with their value placed with the private manufacturers are at **Annexure-IV**.”

4.9 When asked about the remedial steps being taken by the Department to step up opening of more JAS, the Department in its written reply stated as under :-

“Over dependence on State Governments to provide space within the premises of hospitals, and to identify operating agencies, has slowed down the momentum of the campaign. This is evident from the fact that only 170 Jan Aushadhi Stores have been opened so far since the inception of the scheme. Many of these stores have become non-functional on account of various reasons including change in the Health Policy of the State Government i.e. providing free medicines, non-viability of Jan Aushadhi Stores, non-availability of all the medicines and other administrative reasons.

To overcome over dependence on support from State Governments, it has been decided that the Jan Aushadhi Stores may be opened outside the premises of hospitals also. Any NGO/Charitable Society/Institution/Self Help Group with experience of minimum 3 years of successful operations in welfare activities, supported by 3 years audited accounts and individuals preferably Pharmacists/Doctors/Registered Medical Practitioners are eligible for opening of Drug Store.”

CHAPTER-V

Important Issues

I. Availability of Medicines in Jan Aushadhi Stores:

5.1 The Department in its written reply stated that one of the main reasons for non-fulfilment of the demand of medicines being prescribed by the Doctors is that CPSUs have a limited coverage of therapeutic groups and also the dosage forms. Further, so far as the in-house production of medicines manufactured by the CPSUs is concerned, they are able to cover approximately 138 medicines out of the existing range of 361 medicines committed by them. 361 medicines are proposed to be made available to the common man through these Jan Aushadhi Stores. In view of the foregoing, the Committee enquired about the steps being taken by Department to increase the number of medicines from 138 to 361 medicines in Jan Aushadhi Stores. The Department in its written reply, stated as under:

"Out of 361 items proposed to be supplied from Jan Aushadhi Stores, rate contracts/price fixation have been finalized in respect of 249 products which covers 144 items produced by CPSUs and 105 items produced by private manufacturers. In addition, finalization of rate contracts in respect of 20 more products through open tender is under process. The rates in respect of remaining items which could not be finalized on account of either single quote or no quote are being re-tendered.

Average availability of items during last few months at central warehouse is in the range of 170 to 190 drugs. But once new orders are placed, it may touch above 250."

5.2 On being enquired by the Committee about the action plan of Department to ensure that the average availability of items in JAS be more than 250, the Department responded in writing as under:

"Immediately after the New Business Plan was approved, BPPI initiated immediate action for procurement of supplies from private manufacturers in respect of items for which the CPSUs do not have manufacturing facilities/capabilities by floating tender following the prescribed procedure as per GFR and CVC guidelines for. Out of 361 items proposed to be supplied from Jan Aushadhi Stores, rate Contracts/price fixation have been finalized in respect of 259 products which covers - items produced by CPSUs and - items produced by private manufacturers. The rates in respect of remaining items which could not be finalized on account of either single quote or no quote are being retendered. With this, the average availability of medicines would be about 200-220 as against 170-190 at present.

"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 which 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 stockists and supplying agencies including CPSUs."

5.3 When asked about the steps being taken by BPPI to increase the basket of medicines and to involve number of CPSUs for increase in medicines supplies, the President, BPPI stated as under:-

"..... but it is getting supplied by PSU also because both the companies are into manufacturing of it. As per our policy, the first preference needs to be given to PSU only. So, we will take from the PSU first. Basically, 264 is the product basket for which we have completed the activity.

5.4 When the Committee asked about the reasons for the failure of pharma CPSUs to supply medicines to all JAS stores, the Department in its written reply stated as under:

"...Whereas, BPPI are getting supplies more or less on regular basis from IDPL and KAPL, the supply from HAL, BCPL and RDPL is either negligible or nil on account of their financial constraints. The issue of working capital to these PSUs is being resolved to address the issues related supply."

5.5 On being asked about the details of CPSUs and private companies supplying drugs to JASs, the Department in its written reply stated as under:

"At present, 5 CPSUs and 28 private companies are supplying drugs to BPPI for supply to JASs. All the medicines purchased from CPSUs and private suppliers are taken in the central warehouse of BPPI...."

5.6 When the Committee asked about the steps being taken by the Department to make available all the 361 medicines listed for JAS all over the country, the Department in its written reply responded as under:

"As envisaged in the New Business Plan, BPPI initiated immediate action to improve the procurement system and availability of medicines by floating tender following the prescribed procedure as per GFR and CVC guidelines for procurement of supplies from private manufacturers in respect of items for which the CPSUs do not have manufacturing facilities/capabilities. Out of 361 items proposed to be supplied from Jan Aushadhi Stores, rate Contracts/price fixation have been finalized in respect of 249 products which covers 144 items produced by CPSUs and 105 items produced by private manufacturers. In addition, finalization of rate contracts in respect of 20 more products through open tender is under process. The rates in respect of remaining items which could not be finalized on account of either single quote or no quote are being retendered."

5.7 The Committee further enquired about the steps being taken to keep track of the availability of the listed medicines in JAS and the Department in its written reply stated as under :-

"For keeping track of availability of listed medicines in the Jan Aushadhi stores, a Central Warehouse to store medicines /drugs received from various sources and to dispatch super stockist/Jan Aushadhi stores to various States has been created. Super Stockists have been appointed for most of the States in which the Jan Aushadhi stores have been opened. In respect of some States like Madhya Pradesh and Tripura where the Jan Aushadhi store have been opened recently, super stockists will be appointed soon. The super stockists on the basis of estimated requirement of Jan Aushadhi stores place orders with central warehouse which are supplied within a time frame. The requirement of Jan Aushadhi stores are met by super stockists on regular basis. To keep track of availability of medicines at the Jan Aushadhi stores as well as super stockist, an IT based management information system software has been installed and is under testing, modifications before making it operational. Presently, average availability of items at central warehouse is in the range of 170 to 190 drugs."

5.8 When the Committee asked as to whether the Department has evolved a new plan to resource medicines from other pharma groups/ PSUs / private manufacturers, the Department in its written reply stated as under:

"In line with the new business plan, besides CPSUs the procurement of medicines have been started from private manufacturers also after following the normal tender process and entering into agreements with them. Rates of medicines, both for CPSUs and Private have been finalized in respect of 249 medicines and the rates are being finalized in respect of the remaining 112 items by following the due process."

5.9 On being asked by the Committee about the number of companies whose tender have been approved by the Department, the Department in its written reply stated as under :-

"Tenders were called for in the tender no. BPPI/drug/001 dated 11.9.2013 for supply of 361 items of drugs and medicines in the BPPI from the private manufacturers of medicines. After following the procedure as per the GFR and CVC guidelines, rate contracts have been signed with 28 companies for 105 items which are not being manufactured by CPSUs. Another tender was floated for supply of 141 items of drugs in. On the basis of responses received from the manufacturers, finalization of rate contract for 20 items is under process and will be completed soon. In respect of remaining items for which no bid or single bid has been received, re-tendering will be done."

5.10 Regarding sale of surgical items through Jan Aushadhi Stores, one of the representationists revealed during the course of oral evidence as under:

".....I have the bill of that Jan Aushadhi Store. They are selling it at the price which is higher than the market price. There is surgical gloves which are used by the surgeon during surgery. The best surgical gloves costs Rs. 10 but they are selling the surgical gloves at Rs.50/-."

5.11 On being pointed out by the Committee that hand gloves do not come under medicine and that it is not a generic medicine, the representationist responded as under:
"Sir, it is a surgical item and they have kept every thing.....This is the shop which is inside the hospital....."

5.12 When the Committee further pointed out that surgical items are for the purpose of doctor and not for the purpose of the patient, the representationist responded as under:
"But the patient has to purchase this. Before operation, a list of surgical item is given."

5.13 When the Committee asked the views of the Department with reference to the demand of one of the representationists that essential surgical goods should also be allowed for sale in Jan Aushadhi Stores, the Department stated in writing as under:
"The list of 361 items as identified by Department of Pharmaceuticals to be supplied through Jan Aushadhi Stores do not cover surgical items. The matter would be examined in consultation with BPPI."

5.14 When the Committee pointed out that suggestions from various quarters have been received that surgical goods should also be sold through JAS, the representatives from the Ministry responded as under:-

"Sir, you are very right. In fact, I also visited Ranchi last week. There also, the pharmacists were asking us why we do not supply the surgical items, suture and all such items. Those items are not there in our product basket for which we have done the tender. We will definitely open tender for that also. We will get it procured and supply it to them."

II. Pricing of Jan Aushadhi Medicines:

5.15 During the course of oral evidence, when the Committee pointed out that medicines of multinational companies are very costly and there is vast differences in the prices of medicines sold by them and the medicines sold by us, , the Secretary of the Department replied as under:-

"Price control mechanism is available. In respect of certain patented drugs manufactured by multinational companies, there is no price control."

5.16 During oral evidence of non-official witnesses held on 18.11.2014, the Committee were informed that prices of Jan Aushadhi medicines were sometimes higher than MRP or higher than other branded medicines. In this regard, the Secretary of the Department responded as under:-

"... we have come to know that certain Jan Aushadhi drugs are costlier than branded drugs. It is not the case with all, but only two drugs. We are investigating into it, and we will try to reduce the cost. It is because over and above the price, the basic price is the lowest price. We add 16 per cent retailer margin and transport cost, and everything put together our cost reaches one level, and certain

private branded drug manufacturers reduce the prices by 30 per cent and give it to the market. Hence, a few products are costlier than the branded drugs. We are investigating, and we will rectify it.”

III. Media Campaign for Jan Aushadhi Scheme:

5.17 On being asked by the Committee about the steps taken by BPPI to create mass awareness regarding JAS medicines, the Department in its written reply stated as under:

“For creating mass awareness and demand generation, the following steps are being taken:

1. Massive media campaign both through print and electronic media to create awareness about the benefits of Jan Aushadhi generic medicines is being launched starting from January, 2015.
2. Disease specific publicity campaign through print media has already been initiated in States where Jan Aushadhi stores are operational.
3. A DAVP empanelled agency is being appointed to make creatives/designs/jingles/videos to give publicity through print and electronic media at approved DAVP rates. To start with, the publicity is being made through print media and radio (FM) on continuous basis.
4. Focused publicity campaign is being given in the States where the scheme is working well viz H. P., J&K, Punjab, Odisha and Tripura. Also publicity campaign to be launched in the States where private Jan Aushadhi stores have been/ are being opened.
5. Publicity campaign will also be made by organizing workshops/seminars with doctors and Pharmacists/holding quiz programmes/street play like Nukkad Natak/Health Camp/painting competition etc. For this purpose, agencies (State wise) who will organize these events will be selected on the basis of EOI invited.
6. To participate in exhibitions/Mela's/Yatra's relevant to health sector and also give publicity through advertisement in journals/brochures/tickets etc.
7. Pamphlets in local language to be printed and distributed through various channels.
8. Wide publicity to be given during inauguration of Jan Aushadhi stores through print and electronic media as well as hoarding/banners at important places.
9. State Governments will be requested to issue instructions to Government doctors to prescribe Jan Aushadhi generic medicines.
10. Pocket size brochure giving full information relating to generic medicines and their availability under Jan Aushadhi scheme will be printed for large scale distribution.
11. The effectiveness of the existing toll free helpline will be reviewed and strengthened by engaging a call centre/BPO agency to attend to all calls and give information round the clock.

5.18 During the course of the non-official oral evidence, one of the representatives stated as under :

“....For awareness, it may be done through advertisement. We have proposed at one place that either five per cent of whatever sales I give to the BPPI or a substantive amount per year should be given to the nodal agency or the NGO. Every year nodal officer, nodal company, nodal NGO or any functionary, a substantive amount is given which may be incurred only on advertisements and awareness amongst the people.....”

5.19 On being asked by the Committee as to whether the Department envisages any plan to publicise Jan Aushadhi Scheme on a large scale including ad campaign like “Jago Grahak”, the Department responded in writing as under:

“ A massive campaign through print and electronic media is proposed to be launched initially in those States where the scheme is working satisfactorily like Himachal Pradesh, Punjab, Odisha, Tripura and Jammu & Kashmir. This will also include building awareness among all stake holders. Details are being worked out. Subsequently all States are proposed to be covered in phases.”

5.20 When the Committee asked about the steps taken by the Department to create awareness amongst the private hospitals specially big hospitals to approach BPPI to open JAS stores in their premises, the Department responded in writing as under:

“Expression of Interest (EOI) from Charitable Institutions/Hospitals/Doctors & Patients Associations/Drug Stores/NGO's working in health sector have been invited in the month of November, 2014 through news papers throughout the country for associating with the Jan Aushadhi scheme in respect of (i) Creating awareness about generics amongst masses and doctors, through effective communication. (ii) Creating demand for generic medicines and (iii) Provision of generic medicines at affordable prices. So far 50 no. of applications have been received which are being processed. In addition, Ramakrishna Mission and Christian Medical Association of India have been approached to consider procurement of generic medicines from BPPI.”

5.21 During oral evidence, the representative of the Department added as under:-

“To tell people about the scheme and how they can be benefitted from it and to tell generic medicines we have taken same initiative. You will see the visible result within one month. From the side of BPPI expression of interest advertisement have been given all over India. All the charitable institutions, hospitals, NGOs whosever wants to sell the JAS, they can contact us with their name, telephone number, mobile number, email. etc. We are getting good response. Now we have started the initiative. You will see the action plan within one month.”

5.22 During the course of evidence, the Secretary of the Department of Pharmaceutical briefed the Committee as under:

“ This is regarding the suggestion of the Hon. Member that we should all use Jan Aushadhi. There is no doubt about it. We have been promoting this concept because it is less costly. There is no difference between a branded drug and a Jan Aushadhi drug. The same drug is there. Companies use different names. This is the reason why they put it at a high price. The general tendency of the people is that if it is highly priced drug, it is a good drug. They may be packing it beautifully and marketing it aggressively. But generic drugs are no inferior. The material used is the same. We are not trying to reach out to people and also doctors and reach out to the entire society through various media sources. One important issue which is required to be understood here is that to popularise generic drug, the main thing is advertisement. That is missing now. So, we have decided to organise advertisements and campaigns in a very big way by appointing a Media Campaign

Advisor. Therefore, very shortly we will be having many campaigns especially in States where the scheme has taken of to some extent, in States like Odisha, Punjab, Tripura and Northeast. We will be organising many campaigns to come out with clarity to the public in these States.”

5.23 One of the representative for non-official evidence had suggested that citizens with 900+ million mobile phones can be alerted and educated to build awareness about the Jan Aushadhi Scheme and its success. Keeping this aspect in view, when the Committee asked as to whether it would be feasible to use mobile phones and through an “app” to create awareness about JAS, the Department in its response in writing stated as under:

“This may be considered. Details needs to be worked out.”

5.24 With regard to functioning of Jan Aushadhi Scheme helpline for limited hours of the day and days of the week and steps being taken by the Department to improve the working of Jan Aushadhi Scheme toll free helpline number, the Department in its written reply stated as under:-

“While there is a need to improve the working of toll free helpline, the effectiveness of the existing helpline and revamping thereof is being examined.”

IV. Quality Control/ Monitoring of Jan Aushadhi Stores:

5.25 When the Committee asked as to how the Department plans to enforce the quality control norms for other pharma groups/PSUs/private manufacturers, the Department in its written reply stated as under:

“For ensuring quality of the medicines , 8 NABL approved laboratories have been empanelled through tender process for testing of medicines procured from CPSUs/Private manufacturers. All medicines received in the warehouse are dispatched to Super Stockists/Jan Aushadhi Stores only after getting each batch drug tested from these NABL approved laboratories. Confidentiality and secrecy of samples are strictly maintained through the software in coding and decoding samples.”

5.26 When asked by the Committee as to how the vigilance and monitoring can be performed better, the representative of the Department stated as under:-

“.....we are having coordination with the Health Ministry. The Drug Controller General of India is there; the Standards Organisation is there; as also the State bodies because the State Governments are at the field, and they have drug testing labs. We need to work very closely, as a team, with the State Drug Control Authority; with the Central Drug Control General of India; and also the Pharma Ministry. The quality of medicines, in general, at the national level is presently with the Ministry of Health, but within the organisations of CPSEs we will take all required precautions to see that they follow all the required quality standards.”

5.27 During the course of evidence, one of the member of the Committee stated as under :

“...When Jan Aushadhi Project was started and one shop was started and the people were happy as most of the patient were poor and we were happy as these people will get medicine at less price and we started practicing the Jan Aushadhi Medicine. Patient health was very serious and we opened the strip of the medicine and found fungus on the medicine but the strips were not opened. How this is happening I don't know. You will say that vigilance and monitoring Committee is there and after monitoring generic drugs are distributed and samples are collected from every parts of the country and seen whether they are good or not. What is the problem I don't know you might be knowing and tell vigilance is correct or not...”

5.28 During the course of evidence, a representative of the Department stated as under:-

“Sir, with the permission of the Chair, firstly, I thank Madam, for explaining generic with examples. As regards the issue of fungus there are two institutions involved, namely, the State Government Drug Controllers and the Drug Controller General of India. They collect samples across the country irrespective of the manufacturer because most of the supplies under Jan Aushadhi were under Central Public Sector Enterprises which are called sick units and their supplies are there.

Now, under the new business plan, which has been approved last year, in addition to what the CPSEs were producing, we are also going to rope in advantage of the private sectors who are producing generics. As regards the quality issue raised by you, now the Quality Council of India is there and NABL accredited Laboratories will be empanelled for quality testing of all the medicines being purchased under the CPSEs before releasing it into the market. Now, quality testing is going to become very rigorous.

You have selected the vigilance issue and it is a good issue. We have internal quality control in CPSEs, which is within the Department whereas, in general, the quality issue of the medicines is with the Ministry of Health and Family Welfare/ the Drug Controller General of India. They collect samples from different stores and from public also, and they get it tested in the labs. There are rules under the Drugs and Cosmetics Act. So, quality testing, internally, is going to become very rigorous with CPSEs.

5.29 When asked by the Committee as to how the vigilance and monitoring can be performed better, the representative of the Department during the course of evidence stated as under:-

“You have raised an important issue we are having coordination with the Health Ministry. The Drug Controller General of India is there (the Central Drugs Standards Control Organisation) as also the State bodies (Drugs Controllers) because the State Governments are at the field, and They have drug testing labs. We need to work very closely, as a team, with the State Drug Control Authority; with the Central Drug Controller General of India; and also the Pharma Ministry. The quality of medicines, in general, at the national level is presently with the Ministry of Health, but within the organisations of CPSEs we will take all required precautions to see that they follow all the required quality standards.”

Observations/Recommendations

1. Need for augmenting financial assistance for opening of Jan Aushadhi Stores:

The Committee note that a one time financial assistance of Rs.2.00 lakhs as establishment cost and Rs.50,000/- as an one time start-up cost is given to NGOs / Institutions / Co-operative Societies identified by the State Government. In case of any other entity, such as reputed NGO / Charitable Society /Self Help Group and individual, 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 12 months is provided. In case of stores opened in North-Eastern States and other difficult areas i.e. naxal affected area, tribal area etc., the rate of incentive would be 15% of monthly sale amount subject to a ceiling of Rs.15,000/- per month. However, during the course of examination of the subject, it was brought to the notice of the Committee that the one-time grant for opening of Jan Aushadhi Store is not sufficient and the amount should be increased to Rs.3.5 lakh as the earlier rate was fixed in 2008. The Committee, therefore, recommend that the Department should examine the possibility of increasing one time grant from Rs.2.5 lakh to Rs.3.5 lakh as establishment cost for opening Jan Aushadhi stores in the country. The Committee would like to apprise of the action taken in this regard.

2. Utilisation of Funds allocated for Jan Aushadhi Scheme:

The Committee are distressed to note that Rs.20 crore earmarked at BE stage for Jan Aushadhi Scheme was reduced to Rs.4.50 crore at RE stage during the year 2012-13, out of which only Rs.1.66 crore were utilized. For the period from 2013-14, Rs. 25 crore was allocated for the Scheme but based on the requirement of BPPI, only Rs.15.20 crore, was released for the year 2013-14. The Committee also regret to note that for the year 2014-15, Rs. 30 crore was allocated at BE stage for the Jan Aushadhi Scheme but due to non-utilisation of the allocation till September 2014, the Ministry of Finance reduced the allocation of the Department at RE stage to NIL. The Committee strongly feel that the under-utilisation or non-utilisation of funds is bound to have its cascading effect on the targets set by the Department under the scheme during 12th Plan period. The Committee also feel that the Department does not seem to have undertaken any proactive measures to overcome the bottlenecks which have impeded the optimum utilisation of funds. The very fact that during 2014, only 11 stores could be opened in the country as indicated in the Annexure-I, clearly indicates the slow pace of progress in setting JASs across the country. This also shows the lack of proper planning and concerted

and coordinated efforts on the part of the Department to address those constraints which were impeding the implementation of the scheme. The Committee, therefore, recommend that the Department should resolve and take initiative and formulate plan for optimum utilisation of funds for opening of stores as per the plan target. The Committee also recommend that the Department should also monitor timely and full utilization of funds for the purpose. The Committee would like to be apprised of the initiatives taken by the Department in this regard.

3. Need to improve the functioning of Bureau of Pharma PSUs of India (BPPI):

The Committee note that the Bureau of Pharma Public Sector Undertaking India (BPPI) comprising all the central Pharma PSUs (CPSUs) namely IDPL, RDPL, KAPL, HAL and BCPL was set up on 1st December, 2008 with major objective to have focused and empowered structure to implement the Jan Aushadhi Campaign initiated by Department of Pharmaceuticals. It is a registered society under Societies Registration Act, 1860 with Government of NCT of Delhi on 21.04.2010. BPPI is monitoring the functioning of Jan Aushadhi Stores. It is also involved in promotion of unbranded generic drugs. The Committee note that one of the main functions of BPPI is to have coordination with the State Governments for opening of Jan Aushadhi Stores. The BPPI takes up the issue with the State Governments and meets the officials concerned for explaining about the scheme and opening of Jan Aushadhi Stores. Further, the nodal officials appointed by BPPI and placed in the State, meet with the State Government officials regularly in matters relating to Jan Aushadhi Scheme Stores. However, the functioning of BPPI does not seem to be satisfactory. The very fact that till date only 170 JAS have been opened and out of that only 99 are functional clearly shows that BPPI has not been very effective in its functioning. The Committee, therefore, recommend that the Department should take remedial measures for improving the functioning of BPPI so that the opening and maintenance of JAS and availability of medicines therein could be done in an effective and efficient manner. The Committee would like to be apprised of the initiatives taken/being taken by the Department in this regard.

4. Implementation of Jan Aushadhi Scheme:

The Committee note that access to quality medicines at affordable prices is a key challenge for the Government. The prices of branded medicines are generally higher than generic medicines due to various reasons including limited regulation

through Drug Prices Control Order, 1995 etc. A countrywide campaign in the name of 'Jan Aushadhi Campaign' was also launched in November 2008 by the Department of Pharmaceuticals for ensuring availability of generic medicines at affordable prices to all in collaboration with the State Governments as a direct market intervention strategy. Under this Campaign, less priced quality generic medicines are being made available through Jan Aushadhi Stores (JAS) which are of same and equivalent quality, efficacy and safety as compared to branded generic medicines. Under this Scheme, the State Government has to provide space in Government Hospital premises for the running of the Jan Aushadhi Stores. Government hospitals, NGOs, Charitable Organizations and public societies like Red Cross Society, Rogi Kalyan Samitis typically constituted for the purpose could be operating agencies for the JAS. The operational expenditure is met from trade margins admissible for the medicines. The first Jan Aushadhi Generic Drug Store was opened in civil hospital Amritsar on 25th November, 2008. However, the Committee regret to note that the Jan Aushadhi Scheme during the first six year of its implementation, has not been able to make much headway in opening of Jan Aushadhi Stores in each district of the country as was proposed. The poor performance of the scheme is quite evident from the fact that as against the target of opening of one JAS in each of the 630 districts, only 170 stores have been opened so far. However, with a view to remove the shortcomings noticed in the original Jan Aushadhi scheme, a revised New Business Plan has been worked by the Department. The Committee were informed that various steps were being undertaken under the New Business Plan to remove/rectify bottlenecks in implementation of the campaign. The steps include relaxation of eligibility conditions for operating entities, review of existing list of medicines, improving supply chain management, sourcing of drugs, working capital, prescription of generic medicines health policies and media campaign etc. The Committee also note that the Department proposes to issue advertisements calling for applications from interested parties for opening of Jan Aushadhi Stores in all the States. The Committee also note that New Business Plan envisage to open 3000 new JAS by 2016-17. Against this backdrop, the Committee hope that the New Business Plan would take care of bottlenecks in effective and efficient implementation of the scheme and the Department would take proactive measures and make co-ordinated efforts with all concerned to open maximum JASs as envisaged under New Business Plan by 2016-17 so that the benefits of low cost improved generic drugs are reached to maximum number of common people. However, the

Committee recommend that the execution and progress of the scheme should be monitored at regular intervals so that the target to open 3000 JASs by 2016-17 under New Business Plan could be achieved. The Committee would like to know the initiatives taken by the Department and progress made under the New Business Plan from time to time.

5. Availability of Medicines in Jan Aushadhi Stores (JASs):

The Committee note during oral evidence of non-official witnesses that major complaint of the general public has been the non-availability of all the listed medicines in JASs. The Committee also note that the in-house production of medicines manufactured by the CPSUs is able to cover approximately 138 medicines out of the existing range of 361 medicines committed by them. Now to mitigate the situation of non-availability of medicines in the JAS, rate contracts/price fixation have been finalized in respect of 249 products which covers 144 items produced by CPSUs and 105 items produced by private manufacturers. In addition, finalization of rate contract, in respect of 20 more products through open tender is under process. The Committee are, therefore of the view that the very purpose for which JASs were opened is defeated if adequate number of listed medicines are not available with them. The Committee, therefore, recommend that BPPI and the Department should take immediate steps to increase the production of medicines listed for JASs by the CPSUs and also to expedite the process of undertaking contracts for acquiring medicines from private pharma manufacturers. The Committee also recommend that the Department should expedite the revival of sick CPSUs and increase production capacity of working CPSUs to increase the production of medicines specially those listed for JASs. The Committee would like to be apprised of the initiatives taken in this regard.

6. Timely supply of medicine:

It has also come to the notice of the Committee that supply of listed medicines to far-flung JAS stores takes very long time specially to states such as Jammu & Kashmir. The Committee, therefore, strongly feel that warehouses should be opened in every state for stocking of medicines so that the same are timely supplied to the JASs. The Committee also feel that the supply chain for timely provision of JAS medicines should be strengthened and streamlined as

envisaged under the New Business Plan and periodical inspection of the JASs should be conducted by BPPI to ascertain the availability of medicines and the action Taken Report thereon should be placed on the website of the Department. In this regard, the Department in coordination with State Governments and stake holders may also work out the feasibility of introducing mobile vans for supply of medicines to the people at far flung areas of the State.

In this context, the Committee were informed that an IT based management information system software has been installed to keep track of availability of medicines at the JASs as well as super market. This has become partially operational and the same is expected to become fully operational by 31 January 2015. The Committee hope that the system might have become fully operational by this time to maintain an efficient supply chain to distribute the generic medicines to all the JASs seamlessly specially in the far flung and remote areas of the country. However, the Committee would like to be apprised of the progress made in this regard.

7. Sale of surgical items through JASs:

The Committee note that one of the suggestions made by the non-official witnesses is that other OTC (Over the counter) items, including essential surgical goods such as dispo- Syringes, Dextrose, Drip sets etc. should be provided through Jan Aushadhi Stores so that the consumer gets most of essential medical items at affordable rates within the hospital premises. In this context, the Department informed the Committee that presently surgical items are not supplied through Jan Aushadhi Stores but the matter would be examined in consultation with BPPI. The Committee feel that sale of low cost surgical items through JASs would largely benefit the poor and the common people. It would also be convenient for the patients if surgical items are also available for sale through JASs along with the medicines so that they need not to go in search for surgical items in chemist shops. The Committee, therefore, recommend that the Department should explore the feasibility of selling low cost surgical items through JASs specially through those stores which are within the premises of Government Hospitals. It has also been brought to the notice of the Committee that prices of some of the Jan Aushadhi medicines are higher than the MRP or higher than other branded medicines. While explaining the position in this regard, the Department has assured the Committee to look in to it and to take corrective action in this regard. The Committee would like to be apprised of the initiatives taken in the matter.

8. Media Campaign for Jan Aushadhi Scheme:

A large population of poor people in the country find it difficult to afford the expensive branded medicines and therefore, the key objective of the Jan Aushadhi campaign is to provide low cost and quality controlled unbranded generic drugs to the common man. However, the Committee are disappointed to note that the media campaign or creation of awareness for Jan Aushadhi store has not been very significant. Jan Aushadhi medicines are apparently not being accepted either by the public or the drugs under the scheme are not being prescribed by the doctors to the patients. Even after six years, no concerted efforts have been made by the Government to educate the people and to reach out to the doctors' community in this regard. The Committee, therefore, recommend that a vigorous campaign should be launched by the Department to create awareness among the people about the generic drugs and its quality, efficacy and safety comparable with branded medicines and to reach out to the doctors' community by way of conferences to impress upon them to prescribe generic drugs to the patients. An effective mechanism for media campaign for Jan Aushadhi medicines on the lines of campaigning of 'Jago Garhak Jago' should be worked out by the Department/BPPI. The Committee would like to be apprised of the initiatives taken by the Department in this regard.

The Committee further note that JAS toll free helpline functions for limited time of the day and days of the week. The Committee feel that the purpose of JAS is not served if the toll free number is functioning for limited time of the day and days of the week. The Committee, therefore, strongly recommend that the Department should take effective steps to improve the working of toll free helpline number. The Committee would like to be apprised of the initiatives being taken in this regard.

9. Quality Control of Jan Aushadhi Medicines:

The Committee note that BPPI is vested with the responsibility to ensure that only quality drugs are supplied through Jan Aushadhi Store and samples should be sent for testing on a regular basis. The Committee recommend that the Department should strictly monitor the quality of drugs before it comes out of the manufacturing units of the company and after that it should again be checked by a national level laboratory. The Company should also upgrade all its manufacturing units conforming WHO-GMP standards. The

Department should also work in close co-ordination with Central Drug Standard Control Organisation which comes within the purview of the Ministry of Health and Family Welfare and State Drug Control Authority to monitor and keep strict vigilance over circulation of spurious drugs in the market. In this regard, the Committee reiterates its recommendation contained in its 29th Report of the Committee (15th Lok Sabha) that quality control and regulatory mechanism should come under the Department of Pharmaceuticals. The Committee would like to be apprised of the action taken by the Department in this regard.

New Delhi;
23 February, 2015
04 Magha 1936, (Saka)

Anand Rao Adsul
Chairperson
Standing Committee on
Chemicals and Fertilizers

Annexure-I

LIST OF JAN AUSHADHI STORES OPENED SO FAR (AS ON 31.10.2014)

Sl. No.	State	District	Date of Opening
1	Punjab (24)	Amritsar	25.11.08
2		Mohali	23.02.09
3		Bhatinda	02.03.09
4		Ludhiana	17.06-09/08.09.11
5		Jalandhar	17.06-09
6		Patiala	29.06.09
7		Moga	30.06.09
8		Faridkot	30.06.09
9		Ferozpur	04.09.09
10		Mansa	12.09.09
11		Sangrur	01.10.09
12		Barnala	01.10.09
13		Fatehgarh Sahib	28.10.09
14		Roop Nagar (Ropar)	03.12.09
15		Nava sahar (Sahid Bhagat Singh Nagar)	03.12.09
16		Hoshiarpur	11.12.09
17		Taran Taran	13.12.09
18		Muktsar	18.12.09/re-opened on 05.09.2011
19		Gurdaspur	29.12.09
20		Kapurthala	31.12.09
21		Civil Hospital, Pathankot	09.05.11
22		Civil Hospital, Abohar	30.11.11
23		Civil Hospital, Nabha District, Patiala	03.04.12
24		Civil Hospital, Jalalabad	31.05.13
25	Delhi (4)	Shastri Bhavan, New Delhi	05.02.09
26		Guru Teg Bahadur Hospital, Shahdara	13.11.09
27		Deen Dayal Upadhyay Hospital, Hari Nagar	11.02.10
28	Haryana (4)	Delhi Consumer Cooperative Store, Moti Nagar (#)	04.06.13
29		Gurgaon	20.02.09
30		Punchkula	23.02.09
31		Faridabad	05.08.09
32		Yamuna Nagar	29.08.09
33	Rajasthan (53)	Kanwatia Hospital, Jaipur	27.02.09
34		Jaipuriya Hospital, Jaipur	01.06.09
35		Alwar	05.06.09
36		Sawai Madhopur	25.08.09
37		Sriganganagar-I	26.03.10
38		Sriganganagar-II	26.03.10
39		Udaipur	28.03.10
40		Banswara	05.04.10
41		Jhalawad	15.04.10
42		Keshorao Patan	20.04.10

43		Bundi	30.04.10
44		Bhawani Mandi	01.05.10
45		Jalore	01.05.10
46		Khanpur (Jhalawad)	02.05.10
47		Churu	03.05.10
48		Jhujhuru	04.05.10
49		Rajgarh (Alwar)	06.05.10
50		Byawar	08.05.10
51		Hanumangarh	14.05.10
52		Sunel (Jhalawad)	16.05.10
53		Rampura (Kota 1)	25.05.10
54		MBM Hospital (Kota 2)	25.05.10
55		Rajsamand	27.05.10
56		Bhilwara	01.06.10
57		Pali	02.06.10
58		Onsiya (Jodhpur)	05.06.10
59		Dungarpur	06.06.10
60		Mandore, Jodhpur	06.06.10
61		Sagwara	06.06.10
62		Tonk 1	12.06.10
63		Niwahi (Tonk 2)	12.06.10
64		Bikaner	21.06.10
65		Partapgarh	06.07.10
66		Bijay Nagar	07.07.10
67		Barmer (Ajmer)	09.07.10
68		Dausa	10.07.10
69		Hanumangarh	13.07.10
70		Bharatpur	20.08.10
71		Maipura (Tonk)	28.08.10
72		Lalsoth	01.09.10
73		Sirohi	14.09.10
74		Sikar-1	18.10.10
75		Sikar-2	18.10.10
76		Bandi Kui	14.11.10
77		Medical College, Kota 3	01.12.10
78		Neem Ka Thana	04.12.10
79		Jaisalmer	15.12.10
80		Sojat City-1	12.01.11
81		Sojat City-2	12.01.11
82		Ajmer	28.02.11
83		Bhindar	28.02.11
84		Dholpur	15.06.11
85		Baran	13.07.11
86	Andhra Pradesh (3)	Visakhapatnam Port Trust Hospital	12.12.09
87		Nizam's Institute of Medical Sciences, (NIMS) Hyderabad	05.03.10
88		Uppal Industrial Employees Healthcare Centre, Uppal	29.07.10
89	Odisha (22)	Capital Hospital, Bhubaneswar	06.03.10

90		Red Cross Bhavan, Unit-IX, Bhubaneswar	06.03.10
91		District HQ Hospital, Khordha	06.03.10
92		District HQ Hospital, Dhenkanal	25.03.10
93		District HQ Hospital, Koraput	11.06.10
94		District HQ Hospital, Angul	09.07.10
95		District HQ Hospital, Nabrangpur	15.08.10
96		District HQ Hospital, Baragarh	03.10.10
97		District HQ Hospital, Nayagarh	26.03.11
98		District HQ Hospital, Berhampur	11.04.11
99		District HQ Hospital, Jajpur	13.04.11
100		District HQ Hospital, Puri	19.04.11
101		District HQ Hospital, Naupada	30.04.11
102		District HQ Hospital, Baripada	12.05.11
		Mayurbhanj	
103		District HQ Hospital, Balasore	28.04.12
104		District HQ Hospital, Jeypore	15.09.12
105		District HQ Hospital, Bhawanipatana	01.12.12
106		District HQ Hospital, Phulbani	22.02.13
107		District HQ Hospital, Bhadrak	08.03.13
108		District HQ Hospital, Keonjhar	19.03.13
109		District HQ Hospital, Malkangiri	01.06.13
110		District Hospital Peralakhemundi/Gajapati	21.12.13
111	West Bengal (3)	M.R. Bangar Hospital, Kolkata	25.08.10
112		N.R.S. Medical College & Hospital, Kolkata	25.08.10
113		Howrah District Hospital, Howrah	10.08.11
114	Uttarakhand (5)	Doon Hospital, Dehradun	09.11.09
115		Roorkee	27.11.09
116		Rishikesh	07.03.13
117		Vikash Nagar	07.03.13
118		Sahaspur	07.03.13
119	Chandigarh (3)	PGIMER, Chandigarh	15.11.09
120		Government Medical College Hospital, Sector-32	04.08.10
121		Multi Specialty Hospital, Sector -16	02.02.11
122	Jammu & Kashmir (8)	Red Cross Building, Exchange Road, Srinagar.	09.05.11
123		District Hospital, Leh	09.01.12
124		MMAB hospital, Anantnag	01.05.12
125		Udhampur	14.11.13
126		District Hospital, Doda	15.11.13
127		Reasi, Jammu	3.3.14
128		District Hospital, Pulwama	15.04.14
129		District Hospital, Kargil	17.05.14
130	Himachal Pradesh (10)	Indira Gandhi Medical College, Shimla	18.05.11
131		Zonal Hospital, Mandi	18.06.11

132		Civil Hospital, Una	25.07.11
133		Zonal Hospital, Tanda	19.08.11
134		Zonal Hospital, Dharamshala	30.08.11
135		Civil Hospital, Solan	09.11.11/Re-opened on 10.10.2014 ✓
136		Regional Hospital, Chamba	18.11.11
137		DDU Zonal Hospital, Shimla	07.12.11
138		Regional Hospital, Hamirpur	01.04.12
139		Zonal Hospital, Kullu	19.03.2012/09.05.2012
140	Jharkhand (24)	District Hospital, Sahibganj	15.08.2012
141		District Hospital, Latehar ##	15.08.2012
142		District Hospital, Jamtara ##	15.08.2012
143		District Hospital, RIIMS Ranchi	22.08.2012
144		District Hospital, Simdega	23.08.2012
145		District Hospital, Gumla	29.08.2012
146		District Hospital, Chatra	15.08.2012
147		District Hospital, Godda ##	16.08.2012
148		District Hospital, Ranchi	22.08.2012
149		District Hospital, Dhanbad	31.08.2012
150		District Hospital, Bokaro ##	15.08.2012
151		District Hospital, Saraikela ##	15.08.2012
152		District Hospital, Dumka	21.08.2012
153		District Hospital, Lohardaga	31.08.2012
154		District Hospital, Chaibasa	25.09.2012
155		District Hospital, Giridih ##	09.09.2012
156		District Hospital, Khunti ##	28.08.2012
157		District Hospital, Ramgarh	31.08.2012
158		District Hospital, Palamu	21.09.2012
159		District Hospital, Deogarh	15.08.2012
160		District Hospital, Hazaribagh ##	31.08.2012
161		District Hospital, Pakur	05.10.2012
162		District Hospital, Garhwa	15.10.2012
163		District Hospital, Koderma ##	09.01.2013
164	Tripura (2)	GBP Hospital, Agartala	20.03.2014 ✓
165		IGM Hospital, Agartala	28.09.2014 ✓
166	Maharashtra (1)	HAL, Pimpri	26.07.2014 ✓
167		AIIMS, Bhopal	30.07.2014 ✓
168	Madhya Pradesh (4)	Old Palasia, Indore	13.09.2014 ✓
169		Civil Hospital, Chhindwara	25.09.2014 ✓
170		Civil Hospital, Narsinghpur	27.09.2014 ✓

Notes:

Stores at Sl. No. 13, 14 & 20 in Punjab, Sl. No. at 28 in Delhi, Sl. No. 29, 31 & 32 in Haryana, Stores at Sl. No. 33 to 85 (53 JASs) in Rajasthan, Sl.No.86, 87 & 88 in Andhra Pradesh, Sl. Nos 111, 112 & 113 in West Bengal, Sl. No. 115 in Uttarakhand are non-functional due to health policies of the State Governments /administrative reasons/non prescription of generic medicines by doctors / non-viability of the Stores.

Non-functional as reported by Nodal Officer, Delhi. Efforts are being made to make it functional.

The Nodal Officer of Jharkhand who has recently joined has reported temporary closure of these stores. However efforts are being made to get them reopened.

\$ Jan Aushadhi stores at Sl. No. 114 and 116 to 118 are functional. However medicines are not being procured from BPPI and are being locally procured. Health Department of the State Govt. is being persuaded to procure the medicines from BPPI.

Annexure-II**BUREAU OF PHARMA PUBLIC SECTOR UNDERTAKINGS OF INDIA****LIST OF 361 Items of Medicines**

Sl. No	Generic Name of the Medicines	Packing
	ANALGESIC/ ANTI-INFLAMMATORY/ MUSCLOSKELETAL DISORDER	
1	Aceclofenac + Paracetamol (100 mg + 500mg) Tablets	10x10
2	Aceclofenac 100 mg Tablets	10x10
3	Aceclofenac Gel	30 g tubes
4	Acetaminophen + Tramadol Hydrochloride (325 mg + 37.5 mg) film coated Tablets	10x10
5	Asprin 150 mg Tab	14x10
6	Chlorzoxazone + Diclofenac + Paracetamol (500 mg + 50 mg + 500 mg) film coated Tablets+C182	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	Etoricoxib 120mg Tab	10x10
13	Etoricoxib 90mg Tab	10x10
14	Ibuprofen + Paracetamol (400 mg + 325 mg) Tab	10x10
15	Ibuprofen 200mg film coated Tablets	10x10
16	Ibuprofen 400 mg film coated Tablets	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 film coated Tablets	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 with WFI
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 with WFI
38	Amoxycillin + Clavulanic acid (500 mg + 100mg) Inj.	Vial with WFI
39	Amoxycillin + Clavulanic acid (500 mg + 125 mg) film coated Tablets	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 film coated Tablets	10x10
50	Azithromycin 500 mg film coated Tablets	10x10
51	Cefadroxil 250 mg film coated Tablets	10x10
52	Cefadroxil 500 mg film coated Tablets	10x10

53	Cefixime (50 mg/ 5ml) Dry Syrup	30 ml bottles
54	Cefixime 100mg film coated Tablets	10x10
55	Cefixime 200mg film coated Tablets	10x10
56	Cefoperazone + Sulbactam (1g + 1g) Inj.	Vial & wfi
57	Cefoperazone + Sulbactam (500 mg + 500 mg) Inj.	Vial & wfi
58	Cefoperazone 1 gm Inj.	Vial
59	Cefotaxime Sodium & Sulbactam Sodium (1g + 500 mg) Inj.	Vial & wfi
60	Cefotaxime Sodium & Sulbactam Sodium (250 mg + 125 mg) Inj.	Vial & wfi
61	Cefotaxime Sodium & Sulbactam Sodium (500 mg + 250 mg) Inj.	Vial & wfi
62	Cefotaxime Sodium 1000mg Inj.	Vial & wfi
63	Cefotaxime Sodium 250 mg Inj.	Vial & wfi
64	Cefotaxime Sodium 500 mg Inj.	Vial & wfi
65	Cefpodoxime 100 mg DT	10x10
66	Cefpodoxime 200 mg film coated Tablets	10x10
67	Ceftazadime 1000 mg Inj.	Vial & wfi
68	Ceftazadime 250 mg Inj.	Vial & wfi
69	Ceftazadime 500 mg Inj.	Vial & wfi
70	Ceftriaxone + Sulbactam (1000 mg + 500 mg) Inj.	Vial & wfi
71	Ceftriaxone + Tazobactam 1000 mg + 125 mg Inj.	Vial & wfi
72	Ceftriaxone + Tazobactam 250 mg + 31.25 mg inj.	Vial & wfi
73	Ceftriaxone +Sulbactam (250 mg + 125 mg)	Vial & wfi
74	Ceftriaxone +Sulbactam (500 mg + 250 mg)	Vial & wfi
75	Ceftriaxone 1 g Inj.	Vial & wfi
76	Ceftriaxone 250 mg Inj.	Vial & wfi
77	Ceftriaxone 500 mg Inj.	Vial & wfi
78	Cefuroxime Axetil 250 mg film coated Tablets	10x10
79	Cefuroxime Axetil 500mg film coated Tablets	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) film coated Tablets	10x10
84	Ciprofloxacin + Tinidazole (500 mg + 600 mg) film coated Tablets	10x10
85	Ciprofloxacin 250 mg film coated Tablets	10x10
86	Ciprofloxacin 500 mg film coated Tablets	10x10
87	Clotrimazole 1% w/w Oint.	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 film coated Tablets	10x10
94	Gentamycin Sulphate 80 mg/ 2ml Inj.	2 ml
95	Levofloxacin 250 mg film coated Tablets	10x10
96	Levofloxacin 500 mg film coated Tablets	10x10
97	Meropenem 1gm Inj.	Vial & wfi
98	Norfloxacin + Tinidazole (400 mg + 600 mg) film coated Tablets	10x10
99	Norfloxacin 400 mg film coated Tablets	10x10
100	Ofloxacin + Ornidazole (200 mg + 500 mg) film coated Tablets	10x10
101	Ofloxacin 200 mg film coated Tablets	10x10
102	Ofloxacin 400 mg film coated Tablets	10x10
103	Piperacillin + Tazobactam 4 g + 0.5 mg Inj.	Vial & wfi
104	Roxithromycin (50 mg/ 5ml) Susp.	30 ml bottles
105	Roxithromycin 150 mg film coated Tablets	10x10
106	Roxithromycin 300 mg film coated Tablets	10x10
107	Tinidazole 300 mg film coated Tablets	10x10
108	Tinidazole 500 mg film coated Tablets	10x10
109	Vancomycin 500 mg	Vial & wfi

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	Beclomethasone Dipropionate 0.025% w/v Oint.	15 g tubes
115	Calamine Lotion	100 ml bottles
116	Chlorhexidine Gluconate 5% Solution	500 ml bottles
117	Chlorhexidine Gluconate 0.2% Mouth Wash	150 ml bottles
118	Clobetasol Propionate 0.05 % w/w Cream	15 g tubes
119	Fluconazole 150 mg film coated Tablets+C158+C158	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 film coated Tablets	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	Medroxyprogesterone Acetate 10 mg film coated Tablets	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	10x1 Tab
179	Albendazole 400mg Tabs	10x10
180	Bisacodyl 5mg Tablets	10x10
181	Cyproheptadine HCl + 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	Dicyclomine HCl. + Paracetamol (20 mg + 500 mg) Tabs	10x10
185	Diethylcarbamazine citrate 100 mg film coated Tablets	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 film coated Tablets	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 film coated Tablets	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 film coated Tablets	10x10
202	Metronidazole 400 mg film coated Tablets	10x10
203	Misoprostol 200 mcg film coated Tablets	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 film coated Tablets	10x10
208	Ondansetron 2 mg/ml Inj.	2 ml
209	Ondansetron 4 mg Tabs	10x10
210	Ornidazole 500 mg film coated Tablets	10x10
211	Pantoprazole 20 mg film coated Tablets	10x10
212	Pantoprazole 40 mg film coated Tablets	10x10
213	Pantoprazole 40 mg/ 10ml Inj.	Vial
214	Rabeprazole + Domperidone SR (20 mg + 30 mg) film coated Tablets	10x10
215	Rabeprazole 20 mg film coated Tablets	10x10
216	Ranitidine (50 mg/ 2ml) Inj.	2ml
217	Ranitidine HCl. 150 mg film coated Tablets	10x10
218	Ranitidine HCl. 300 mg film coated Tablets	10x10
VITAMINS		
219	Calcium + Vitamin D ₃ 250iu film coated Tablets	10x10
220	Calcium + Vitamin D ₃ 500iu film coated Tablets	10x10
221	Calcium Citrate + Vitamin D ₃ (100 mg + 125 iu) Syrup	150 ml bottles

222	Calcium with Minerals Suspension	150ml
223	Doxyamine Succinate + Pyridoxine + Folic Acid (10 mg + 10 mg + 2.5 mg) film coated Tablets	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 film coated Tablets	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) film coated Tablets	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	Cetirizine (5 mg/ 5 ml) Syrup	60 ml bottles
240	Cetirizine 10mg film coated Tablets	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 film coated Tablets	10x10
247	Fexofenadine 180 mg film coated Tablets	10x10
248	Levocetirizine 5 mg film coated Tablets	10x10
249	Levocetirizine HCl + 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 + Levocetirizine (10 mg + 5mg) film coated Tablets	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) film coated Tablets	10x10
264	Amlodipine 5mg film coated Tablets	10x10
265	Atenolol 50 mg Tabs	14x10
266	Atorvastatin 10mg film coated Tablets	10x10
267	Atorvastatin 20 mg film coated Tablets+C297	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	Enalapril 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	Furosemide (10 mg/ ml)	2ml

279	Furosemide 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	Isosorbide Dinitrate 10 mg Tabs	10x10
284	Isosorbide Mononitrate 10 mg Tabs	10x10
285	Lisinopril + Amlodipine (5 mg + 5mg) Tabs	10x10
286	Lisinopril 5mg Tabs	10x10
287	Losartan + H.Ch. Thiazide (50 mg + 12.5mg) film coated Tablets	10x10
288	Losartan 25mg film coated Tablets	10x10
289	Losartan Potassium 50 mg film coated Tablets	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 + Hydrochlorothiazide (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 film coated Tablets	10x10
306	Primaquine 15 mg film coated Tablets	10x10
307	Primaquine 2.5 mg film coated Tablets	10x10

308	Primaquine 5 mg film coated Tablets	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 (Alkaliser) 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 film coated Tablets	10x10
314	Alprazolam 0.5 mg film coated Tablets	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 HYPERTENSION		
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.

Annexure-III

BUREAU OF PHARMA PUBLIC SECTOR UNDERTAKINGS OF INDIA			
Medicines purchased from Private manufacturers with value			
S.No.	'Product'	Vendor	Qty
1	Ramipril 2.5 mg Tablet	Adley Formulations	10,000
2	Xylometazoline 0.1 % w/v Nasal Drop	Adley Formulations	6,000
3	Etoricoxib 120mg Tablet	Akums Drugs & Pharmaceuticals Li	5,000
4	Etoricoxib 90mg Tablet	Akums Drugs & Pharmaceuticals Li	5,000
5	Levocetirizine 5mg and Montelukast Sodium 10mg	Akums Drugs & Pharmaceuticals Li	15,000
6	Etoricoxib 120mg Tablet	Akums Drugs & Pharmaceuticals Li	15,000
7	Levocetirizine 5mg and Montelukast Sodium 10mg	Akums Drugs & Pharmaceuticals Li	15,000
8	Etoricoxib 90mg Tablet	Akums Drugs & Pharmaceuticals Li	10,000
9	Montelukast Sodium 10 mg Tablet	Associated Biotech (Assoc)	10,000
10	Montelukast Sodium 5 mg Tablet	Associated Biotech (Assoc)	4,970
11	Povidone Iodine 5%w/w Ointment	BENGAL CHEMICALS & PHARMA	10,500
12	Amoxycillin 125 mg Kid Tablet	Bharat Parental Ltd	10,000
13	Amoxycillin 200 mg, Clavulanic acid 28.5 mg /5ml	Bharat Parental Ltd	10,000
14	Dobutamine 250 mg/ 20ml Inj.	Bharat Parental Ltd	500
15	Misoprostol 200 mcg film coated Tablet	Bharat Parental Ltd	2,000
16	Vancomycin 500 mg	Bharat Parental Ltd	500
17	Vancomycin 500 mg	Bharat Parental Ltd	10,080
18	Vancomycin 500 mg	Bharat Parental Ltd	3,000
19	Dobutamine 250 mg/ 20ml Inj.	Bharat Parental Ltd	1,000
20	Vancomycin 500 mg	Bharat Parental Ltd	10,000
21	Ceftriaxone 1000mg + Tazobactam 125 mg Inj.	Brooks Laboratories Ltd.	1,500
22	Pantoprazole 40 mg/ 10ml Inj.	Brooks Laboratories Ltd.	5,000
23	Tranexamic Acid 500 mg/5ml Inj.	Brooks Laboratories Ltd.	1,000
24	Heparin Sodium 5000iu/ ml Inj.	Celon Laboratories(Celon)	500
25	Propofol 10 mg/ml Inj.	Celon Laboratories(Celon)	1,000
26	Enoxaparin 40 mg/0.4 ml Inj.	Celon Laboratories(Celon)	1,000
27	Dopamine HCl 200 mg/5ml Inj.	Celon Laboratories(Celon)	1,000
28	Enoxaparin 60 mg/0.6 ml Inj.	Celon Laboratories(Celon)	500
29	Bleomycin 15 mg Inj.	Celon Laboratories(Celon)	200
30	Etoposide 100 mg/5ml Inj.	Celon Laboratories(Celon)	1,000
31	Propofol 10 mg/ml Inj.	Celon Laboratories(Celon)	5,000
32	Calamine Lotion	Creative Healthcare Pvt Ltd(Crea)	4,862
33	Diclofenac Gel	Creative Healthcare Pvt Ltd(Crea)	18,000
34	Syrup of Iron and Folic Acid in a flavoured Base	Creative Healthcare Pvt Ltd(Crea)	4,949
35	Syrup of Iron and Folic Acid in a flavoured Base	Creative Healthcare Pvt Ltd(Crea)	19,894
36	Vitamin B-Complex Syrup	GALPHA LABORATORIES LTD.	7,000
37	Salbutamol 2mg /5ml Syrup	GALPHA LABORATORIES LTD.	4,000
38	Vitamin B-Complex Syrup	GALPHA LABORATORIES LTD.	5,440
39	Salbutamol 2mg /5ml Syrup	GALPHA LABORATORIES LTD.	4,950
40	Metformin 500mg SR, Pioglitazone 15mg, Glimeper	GOPAL LIFESCIENCES UNIT-II	20,000
41	Rabeprazole 20 mg and Domperidone SR 30 mg	GOPAL LIFESCIENCES UNIT-II	30,000
42	Acetaminophen 325 + Tramadol Hydrochloride 37	GOPAL LIFESCIENCES UNIT-II	10,000
43	Allopurinol 100 mg Tablet	GOPAL LIFESCIENCES UNIT-II	15,000
44	Diclofenac Sodium 50mg + Serratiopeptidase 10n	GOPAL LIFESCIENCES UNIT-II	20,000
45	Escitalopram 10 mg Tablet	GOPAL LIFESCIENCES UNIT-II	14,670
46	Escitalopram 20 mg Tablet	GOPAL LIFESCIENCES UNIT-II	14,720
47	Metformin 500mg SR, Pioglitazone 15mg, Glimepe	GOPAL LIFESCIENCES UNIT-II	20,000
48	Diclofenac Sodium 50mg + Serratiopeptidase 10n	GOPAL LIFESCIENCES UNIT-II	20,000

49	Rabeprazole 20 mg and Domperidone SR 30 mg	GOPAL LIFESCIENCES UNIT-II	30,000
50	Acetaminophen 325 + Tramadol Hydrochloride 37	GOPAL LIFESCIENCES UNIT-II	10,000
51	Metformin 500mg SR, Pioglitazone 15mg, Glimeper	GOPAL LIFESCIENCES UNIT-II	10,000
52	Diclofenac Sodium 50mg + Serratiopeptidase 10n	GOPAL LIFESCIENCES UNIT-II	20,000
53	Metformin 500mg SR, Pioglitazone 15mg, Glimepe	GOPAL LIFESCIENCES UNIT-II	10,000
54	Rabeprazole 20 mg and Domperidone SR 30 mg	GOPAL LIFESCIENCES UNIT-II	70,000
55	Acetaminophen 325 + Tramadol Hydrochloride 37	GOPAL LIFESCIENCES UNIT-II	20,000
56	Cough Syrup Dextromethorphan HBr 10mg Chlorp	Hindustan Laboratories (Hindu)	10,000
57	Haematinic syrup of Iron, Folic acid and Vitamin B	Hindustan Laboratories (Hindu)	7,000
58	Povidone Iodine 5% Solution 500 ML	Hindustan Laboratories (Hindu)	500
59	Povidone Iodine 5% Solution 500 ML	Hindustan Laboratories (Hindu)	2,000
60	Haematinic syrup of Iron, Folic acid and Vitamin B	Hindustan Laboratories (Hindu)	20,000
61	Cough Syrup Dextromethorphan HBr 10mg Chlorp	Hindustan Laboratories (Hindu)	10,000
62	Gemcitabine 1000 mg Inj.	KHANDELWAL LABORATORIES F	200
63	Doxorubicin 50 mg Inj.	KHANDELWAL LABORATORIES F	500
64	Gemcitabine 200 mg Inj.	KHANDELWAL LABORATORIES F	200
65	Cisplatin 50 mg Inj.	KHANDELWAL LABORATORIES F	500
66	Doxorubicin 10 mg Inj.	KHANDELWAL LABORATORIES F	500
67	Gemcitabine 200 mg Inj.	KHANDELWAL LABORATORIES F	500
68	Doxorubicin 50 mg Inj.	KHANDELWAL LABORATORIES F	3,000
69	Gemcitabine 1000 mg Inj.	KHANDELWAL LABORATORIES F	500
70	Doxorubicin 10 mg Inj.	KHANDELWAL LABORATORIES F	3,000
71	Cisplatin 50 mg Inj.	KHANDELWAL LABORATORIES F	2,000
72	Gemcitabine 1000 mg Inj.	KHANDELWAL LABORATORIES F	125
73	Gemcitabine 1000 mg Inj.	KHANDELWAL LABORATORIES F	2,875
74	Gemcitabine 200 mg Inj.	KHANDELWAL LABORATORIES F	3,000
75	Lignocaine 2% w/v Inj.	Laborate Pharmaceuticals India Ltd	3,329
76	Hyoscine Butyl Bromide 10 mg film coated Tablet	LINCOLN PHARMACEUTICALS LT	4,900
77	Hyoscine Butyl Bromide 10 mg film coated Tablet	LINCOLN PHARMACEUTICALS LT	9,090
78	Folic Acid 5mg Tablet	Medicamen Biotech Ltd(Medicame)	99,840
79	Gilbenclamide 2.5 mg Tablet (Scored Oval)	Medicamen Biotech Ltd(Medicame)	10,000
80	Gilbenclamide 5 mg Tablet (Scored Oval)	Medicamen Biotech Ltd(Medicame)	9,870
81	Prochlorperazine 5 mg Tablet	Medicamen Biotech Ltd(Medicame)	10,000
82	Rabeprazole 20 mg film coated Tablet	Medicamen Biotech Ltd(Medicame)	15,000
83	Ramipril 5 mg Tablet	Medicamen Biotech Ltd(Medicame)	10,000
84	Lactulose 10 g/15 ml Syrup	Medicamen Biotech Ltd(Medicame)	3,000
85	Lisinopril 5mg Tablet	Medicamen Biotech Ltd(Medicame)	10,000
86	Azithromycin (100mg/ 5ml) Suspension	Medicamen Biotech Ltd(Medicame)	10,000
87	Cephalexin 125 mg DT	Medicamen Biotech Ltd(Medicame)	20,000
88	Telmisartan 40 mg Tablet	Medicamen Biotech Ltd(Medicame)	15,000
89	Gliclazide 40 mg Tablet	Micron Pharmaceuticals(Micro)	5,690
90	Tramadol 50 mg Tablet	Micron Pharmaceuticals(Micro)	19,800
91	Isabgol Psyllium Husk	Multani Pharmaceuticals Ltd	2,000
92	Isabgol Psyllium Husk	Multani Pharmaceuticals Ltd	10,000
93	Alprazolam 0.25 mg Uncoated Tablet	PSYCHOTROPICS INDIA LIMITED	10,000
94	Gliclazide 80 mg Tablet	PSYCHOTROPICS INDIA LIMITED	10,000
95	Pioglitazone 15 mg Tablet	PSYCHOTROPICS INDIA LIMITED	5,000
96	Telmisartan 40mg+ Hydrochlorothiazide 12.5 mg	PSYCHOTROPICS INDIA LIMITED	10,000
97	Alprazolam 0.25 mg Uncoated Tablet	PSYCHOTROPICS INDIA LIMITED	10,000
98	Telmisartan 40mg+ Hydrochlorothiazide 12.5 mg	PSYCHOTROPICS INDIA LIMITED	10,000
99	Pioglitazone 15 mg Tablet	PSYCHOTROPICS INDIA LIMITED	10,000
100	Alprazolam 0.25 mg Uncoated Tablet	PSYCHOTROPICS INDIA LIMITED	20,000
101	Tranexamic Acid 500 mg Tablet	SYNOKEM PHARMACEUTICALS I	5,000
102	Azithromycin 100 mg DT Tablet	SYNOKEM PHARMACEUTICALS I	9,830
103	Disodium hydrogen Citrate (Alkalyser) 1.4 mg/5ml	SYNOKEM PHARMACEUTICALS I	9,864
104	Tranexamic Acid 500 mg Tablet	SYNOKEM PHARMACEUTICALS I	5,000

105	Cefpodoxime Proxetil 100 mg DT	THEON PHARMACEUTICALS LTD	3,000
106	Amoxycillin 500mg + Clavulanic acid 125 mg film	THEON PHARMACEUTICALS LTD	9,810
107	Amoxycillin 500mg + Clavulanic acid 125 mg film	THEON PHARMACEUTICALS LTD	50,420
108	Cefpodoxime Proxetil 100 mg DT	THEON PHARMACEUTICALS LTD	9,800
109	Amoxycillin 500mg + Clavulanic acid 125 mg film	THEON PHARMACEUTICALS LTD	70,460
110	Cefpodoxime Proxetil 100 mg DT	THEON PHARMACEUTICALS LTD	29,470
111	Telmisartan 20 mg Tablet	Unichem Laboratories Ltd(UNIC)	15,000
112	Methyl Ergometrine 0.125mg Tablet	UNICURE INDIA LTD.	5,000
113	Metoprolol 25 mg Tablet	UNICURE INDIA LTD.	5,000
114	Metoprolol 50 mg Tablet	UNICURE INDIA LTD.	5,000
115	Povidone Iodine 10 % Solution	UNICURE INDIA LTD.	500
116	Ornidazole 500 mg film coated Tablet	UNICURE INDIA LTD.	4,870
117	Povidone Iodine 5 % Solution	UNICURE INDIA LTD.	4,000
118	Prednisolone 10 mg Tablet	UNICURE INDIA LTD.	6,820
119	Alprazolam 0.5 mg Uncoated Tablet	UNICURE INDIA LTD.	9,660
120	Bisacodyl 5mg Tablet	UNICURE INDIA LTD.	9,940
121	Carbamazepine 100mg Tablet	UNICURE INDIA LTD.	5,000
122	Gilipizide 5 mg Tablet	UNICURE INDIA LTD.	10,000
123	Isosorbide Dinitrate 10 mg Tablet	UNICURE INDIA LTD.	10,000
124	Carbamazepine 200 mg Tablet	UNICURE INDIA LTD.	5,000
125	Fexofenadine 120 mg film coated Tablet	UNICURE INDIA LTD.	5,590
126	Fexofenadine 180 mg film coated Tablet	UNICURE INDIA LTD.	4,890
127	Fluoxetine hydrochloride 20 mg Caps	UNICURE INDIA LTD.	4,420
128	Povidone Iodine 7.5% Solution	UNICURE INDIA LTD.	500
129	Etophyllin and Theophylline Inj. Tablets	UNICURE INDIA LTD.	5,000
130	Povidone Iodine 10 % Solution	UNICURE INDIA LTD.	1,177
131	Beclomethasone, Clotrimazole, Gentamycin Cream	UNICURE INDIA LTD.	5,000
132	Povidone Iodine 10 % Solution	UNICURE INDIA LTD.	740
133	Povidone Iodine 10 % Solution	UNICURE INDIA LTD.	5,000
134	Povidone Iodine 10 % Solution	UNICURE INDIA LTD.	83
135	Povidone Iodine 5 % Solution	UNICURE INDIA LTD.	5,000
136	Amlodipine 5mg and Atenolol 50 mg uncoated Ta	UNICURE INDIA LTD.	50,000
137	Alprazolam 0.5 mg Uncoated Tablet	UNICURE INDIA LTD.	15,000
138	Carbamazepine 100mg Tablet	UNICURE INDIA LTD.	10,000
139	Prednisolone 10 mg Tablet	UNICURE INDIA LTD.	10,000
140	Beclomethasone, Clotrimazole, Gentamycin Cream	UNICURE INDIA LTD.	15,000
141	Fluoxetine hydrochloride 20 mg Caps	UNICURE INDIA LTD.	10,000
142	Ornidazole 500 mg film coated Tablet	UNICURE INDIA LTD.	10,000
143	Metoprolol 50 mg Tablet	UNICURE INDIA LTD.	5,140
144	Ondansetron 2 mg/ml Inj.	UNIMARCK PHARMA INDIA LTD.	10,000
145	Ondansetron 2 mg/ml Inj.	UNIMARCK PHARMA INDIA LTD.	19,750
146	Ciprofloxacin 0.3% w/v Eye Drop	Vital Healthcare P Ltd(Vital)	25,000
147	Gentamycin 0.3% w/v Eye Drop	Vital Healthcare P Ltd(Vital)	20,000
148	Lignocaine 1% + Adrenaline 2%w/v Inj.	Vital Healthcare P Ltd(Vital)	2,900
149	Metoclopramide Inj.	Vital Healthcare P Ltd(Vital)	10,000
150	Oxytocin 5 iu / ml Inj.	Vital Healthcare P Ltd(Vital)	7,000
151	Oxytocin 5 iu / ml Inj.	Vital Healthcare P Ltd(Vital)	71,000
Total Value Rs.			20,734,728

Annexure-IV

Annexure 'D'		
BUREAU OF PHARMA PUBLIC SECTOR UNDERTAKINGS OF INDIA		
Details of Purchase Orders placed with private manufacturers with value from May 2014 to till date		
S.No	Name of Private Manufacturer	Amount
1	Adley Formulations Total	74,700
2	Akums Drugs & Pharmaceuticals Limited (Plant-1)	774,000
3	Associated Biotech (Assoc) Total	374,800
4	Bharat Parental Ltd Total	2,798,460
5	Brooks Laboratories Ltd. Total	463,500
6	Celon Laboratories(Celon) Total	1,247,600
7	Creative Healthcare Pvt Ltd(Crea) Total	1,515,000
8	GALPHA LABORATORIES LTD. Total	829,980
9	GOPAL LIFESCIENCES UNIT-II Total	3,016,830
10	Hindustan Laboratories (Hindu) Total	1,015,760
11	KHANDELWAL LABORATORIES PVT. LTD., THA	2,648,500
12	Laborate Pharmaceuticals India Ltd(Labo) Total	120,290
13	LINCOLN PHARMACEUTICALS LTD. Total	235,610
14	Medicamen Biotech Ltd(Medicamen) Total	1,238,500
15	Micron Pharmaceuticals(Micro) Total	199,125
16	Multani Pharmaceuticals Ltd Total	775,000
17	PSYCHOTROPICS INDIA LIMITED Total	214,000
18	SYNOKEM PHARMACEUTICALS LIMITED Total	815,235
19	THEON PHARMACEUTICALS LTD. Total	4,268,640
20	Unichem Laboratories Ltd(UNIC) Total	104,100
21	UNICURE INDIA LTD. Total	2,095,340
22	UNIMARCK PHARMA INDIA LTD. Total	29,400
23	Vital Healthcare P Ltd(Vital) Total	680,910
Total Value of orders till date		25,535,280

Appendix-I

**MINUTES OF THE FIFTH SITTING OF THE
STANDING COMMITTEE ON CHEMICALS & FERTILIZERS
(2013-14)**

The Committee sat on Monday, the 17 February, 2014 from 1500 hrs. to 1715 hrs. in Committee Room – D, Parliament House Annexe, New Delhi.

**PRESENT
Shri Gopinath Munde - Chairperson
Members
Lok Sabha**

2. Shri Shakti Mohan Malik
3. Shri Tufani Saroj
4. Shri S. Alagiri
5. Shri Raju Shetti
6. Shri Prabhatsinh P. Chauhan

RAJYA SABHA

7. Shri A.A. Jinnah
8. Shri Dilipbhai Pandya

SECRETARIAT

- | | | | |
|------|----------------------|---|---------------------|
| i. | Smt. Rashmi Jain | - | Joint Secretary |
| ii. | Shri U.B.S. Negi | - | Director |
| iii. | Shri A.K. Srivastava | - | Additional Director |

LIST OF WITNESSES

Sl. No.	Name of the Representationists	Organisation
1	Shri R.Desikan Shri G.Rajan	Chairman, Consumer Association of India Chennai-600115
2	Dr.Akash S.Rajpal	MD & CEO EKO Health Management Consultants Pvt. Ltd Mumbai -400076
3	Shri R.A.Gupta Prof. Shailendra K. Saraf Prof. S.L. Nasa	The Indian Hospital Pharmacists' Association
4	Dr (Mrs) Jayashree Gupta	President, Consumers India & Chairperson, Human Rights Group, Former Additional Secretary to Government of India & CMD IDPL, New Delhi-110057
5	Shri Rajagopal N Rao, Sana	Ex-Member A.P.State, Pharmacy Council Visakhapatnam – 530 020
6	Shri Bejon Kumar Misra Shri Pyush Misra Dr.Rashmi Kulshreshtha	Consumer Online Foundation New Delhi-110065

2. At the outset, the Chairman welcomed the Members of the Committee and started that the sitting has been convened to take oral evidence of the non-official witnesses appearing before the Committee on the subject 'Jan Aushadhi Scheme'.

3. In all 7 representationists had been called for evidence. Out of the 7 representationists, 6 representationists appeared before the Committee. Thereafter, 6 representationists were called one by one to share their view and opinion on Jan Aushadhi Scheme. The Chairman intimated them about the purpose of the meeting and invited their attention to the provisions contained on Direction 55(1) of the Directions by Speaker.

4. The following issues were *inter-alia* discussed:-

- (i) How to increase awareness of Jan Aushadhi Scheme among masses;
- (ii) Opening of more Jan Aushadhi Stores in the country;
- (iii) Active involvement of NGOs in opening Jan Aushadhi Stores;
- (iv) On-line model of Jan Aushadhi Stores;
- (v) Prescription of Jan Aushadhi Medicines should be made compulsory;
- (vi) The generic drug manufacturer must ensure that drug they are producing contains the active pharmaceutical ingredients as the brand name product;
- (viii) Uninterrupted supply generic medicines should be maintained ; and
- (ix) Jan Aushadhi Scheme be made part of curriculum at medical pharmacy and nursing colleges; etc.

5. The witnesses then withdrew. A verbatim record of the proceedings of the sitting has been kept.

The Committee then adjourned.

Appendix-II

**MINUTES OF THE SIXTH SITTING OF THE
STANDING COMMITTEE ON CHEMICALS & FERTILIZERS
(2014-15)**

The Committee sat on Tuesday, the 18 November, 2014 from 1500 hrs. to 1650 hrs. in Committee Room 'E', Parliament House Annexe, New Delhi.

PRESENT

Shri Anandrao Adsul - Chairperson

**Members
Lok Sabha**

2. Smt. Anju Bala
3. Shri Sankar Prasad Datta
4. Shri R. Dhruvanarayanan
5. Adv. Joice George
6. Shri K. Ashok Kumar
7. Shri Chhedi Paswan
8. Shri S. Rajendran
9. Shri Chandu Lal Sahu
10. Dr. Kulamani Samal
11. Dr. Uma Saren
12. Shri Tasleem Uddin
13. Smt. Rekha Verma

RAJYA SABHA

14. Shri Narayan Lal Panchariya
15. Shri K. Parasaran
16. Shri Palvai Govardhan Reddy

SECRETARIAT

- | | | | |
|-----|------------------|---|-----------------|
| i. | Smt. Rashmi Jain | - | Joint Secretary |
| ii. | Shri U.B.S. Negi | - | Director |

LIST OF WITNESSES

Sl. No.	Name of the Representationists	Organisation
1	Ms. Roma Wani	Indian Red Cross Society, Jammu & Kashmir State, Exchange Road, Srinagar
2	Shri Jagdeep Singh	Secretary General SME Pharma Industries Confederation A-74, Preet Vihar, New Delhi
3.	Shri Anup Gupta	Vice President Chandigarh Chemist Association Chandigarh.

2. At the outset, the Chairman welcomed the Members of the Committee and stated that the sitting has been convened to take oral evidence of the non-official witnesses appearing before the Committee on the subject 'Jan Aushadhi Scheme'.

3. In all 4 representationists had been called for evidence. Out of the 4 representationists, 3 representationists appeared before the Committee. The Chairman intimated them about the purpose of the meeting and invited their attention to the provisions contained on Direction 55(1) of the Directions by Speaker. Thereafter, 3 representationists were called one by one to share their view and opinion on Jan Aushadhi Scheme.

4. The following issues were *inter-alia* discussed:-

- (i) To increase awareness of Jan Aushadhi Scheme among masses;
- (ii) Prescription of Jan Aushadhi Medicines by Doctors should be made compulsory;
- (iii) The small scale pharma industries should be allowed to carry their brand names and encouraged to produce medicines for Jan Aushadhi Stores;
- (iv) Uninterrupted supply generic medicines should be maintained and supply chain of medicines should be strengthened;
- (v) Monitoring of Jan Aushadhi Stores should be done efficiently;
- (vi) Increasing of amount for opening of Jan Aushadhi Stores from Rs.2.50 lakh to Rs.3.50 lakh;
- (vii) Jan Aushadhi Stores should have surgical items for sale apart from medicines;
- (viii) The sale price of medicines may be fixed by BPPI and the price of medicines at JAS stores should not be higher than MRP Price;
- (ix) Profit margin of retail level from medicines at Jan Aushadhi Stores should be increased; and
- (x) The Maximum Allowable Post Manufacturing Expenses (MAPE) should be allowed to be at 300% after taking consent of all stakeholders.

5. The witnesses then withdrew. A verbatim record of the proceedings of the sitting has been kept.

The Committee then adjourned.

Appendix-III

**MINUTES OF THE SEVENTH SITTING OF THE
STANDING COMMITTEE ON CHEMICALS & FERTILIZERS
(2014-15)**

The Committee sat on Wednesday, the 19 November, 2014 from 1130 hrs. to 1250 hrs. in Committee Room 'E', Parliament House Annexe, New Delhi.

**PRESENT
Shri Anand Rao Adsul - Chairperson
Members
Lok Sabha**

2. Shri Sankar Prasad Datta
3. Shri R. Dhruvanarayanan
4. Shri K. Ashok Kumar
5. Shri Chhedi Paswan
6. Shri S. Rajendran
7. Shri Chandu Lal Sahu
8. Dr. Kulamani Samal
9. Shri Tasleem Uddin
10. Smt. Rekha Verma

RAJYA SABHA

11. Shri Narayan Lal Panchariya
12. Dr. Sanjay Singh
13. Shri Palvai Govardhan Reddy

SECRETARIAT

- | | | | |
|-----|------------------|---|-----------------|
| i. | Smt. Rashmi Jain | - | Joint Secretary |
| ii. | Shri U.B.S. Negi | - | Director |

LIST OF WITNESSES

**I. MINISTRY OF CHEMICALS AND FERTILIZERS
(DEPARTMENT OF PHARMACEUTICALS)**

- | | | |
|----|---------------------------|-----------------|
| 1. | Shri V.K. Subburaj | Secretary |
| 2. | Dr. Mohammed Ariz Ahammed | Joint Secretary |
| 3. | Ms. Monika Verma | Director |

II. REPRESENTATIVES OF PSUs

- | | | |
|----|------------------------|--|
| 1. | Shri K.V. Varkey | MD, Hindustan Antibiotics Limited (HAL) |
| 2. | Shri S.B. Bhadrannavar | MD, Rajasthan Drugs and Pharmaceuticals Limited (RDPL) |

III. AUTONOMOUS INSTITUTIONS

- | | | |
|----|--------------------|--|
| 1. | Shri Praveen Kumar | CMD, IDPL/ President, Bureau of Pharma CPSUs of India (BPPI) |
| 2. | Shri Sanwat Ram | CEO, Bureau of Pharma CPSUs of India (BPPI) |
| 3. | Shri P.K. Santra | General Manager, Bureau of Pharma CPSUs of India (BPPI) |

2. At the outset, Hon'ble Chairperson welcomed the Members of the Committee and representatives of the Ministry of Chemicals & Fertilizers (Department of Pharmaceuticals) to the sitting. Their attention was invited to the provisions contained in Direction 55(1) of the Directions by the Speaker regarding confidentiality of the Committee's proceedings.

3. After the witnesses introduced themselves, a representative, from the Department of Pharmaceuticals briefed the Committee about 'Jan Aushadhi Scheme'.

4. During the discussion, the Chairperson and Members of the Committee raised queries on several issues regarding revival of sick PSU's, Implementation of 'Jan Aushadhi Scheme', availability of drugs in Jan Aushadhi Stores, etc. which were replied to by the Secretary, Department of Pharmaceuticals and other officials.

5. The Chairperson, thereafter thanked the witnesses for appearing before the Committee as well as for furnishing valuable information to the Committee and directed them to furnish the requisite information in writing on the points raised during the discussion, on which the information was not readily available with them.

6. The witnesses then withdrew. The Committee thereafter, decided to undertake local field study visit to Indian Drugs and Pharmaceuticals Limited (IDPL), Gurgaon, Haryana in the month of December, 2014.

7. A copy of the verbatim record of the proceedings of the sitting has been kept.

The Committee then adjourned.

Appendix-IV

**MINUTES OF THE TENTH SITTING OF THE
STANDING COMMITTEE ON CHEMICALS & FERTILIZERS
(2014-15)**

The Committee sat on Monday, the 02nd March, 2015 from 1500 hrs. to 1600 hrs. in Committee Room 'B', Parliament House Annexe, New Delhi.

PRESENT

Shri Anandrao Adsul - Chairperson

MEMBERS**LOK SABHA**

2. Shri Idrish Ali
3. Smt. Anju Bala
4. Shri Sankar Prasad Datta
5. Smt. Veena Devi
6. Shri Rangaswamy Dhruvanarayanan
7. Shri Satish Kumar Gautam
8. Shri K. Ashok Kumar
9. Shri Kamalbhan Singh Marabi
10. Shri Chhedi Paswan
11. Smt. Kamala Devi Patle
12. Shri S. Rajendran
13. Dr. Kulamani Samal
14. Dr. Uma Saren
15. Dr. Krishan Pratab Singh
16. Shri Tasleem Uddin
17. Smt. Rekha Arun Verma
18. Shri Kotha Prabhakar Reddy

RAJYA SABHA

19. Shri Narayan Lal Panchariya
20. Dr. Sanjay Sinh
21. Shri Palvai Govardhan Reddy
22. Shri Mansukh L. Mandaviya

SECRETARIAT

1. Smt. Rashmi Jain - Joint Secretary
2. Shri U.B.S. Negi - Director
3. Shri A.K. Srivastava - Additional Director

2. At the outset, the Hon'ble Chairperson welcomed the members of the Committee.
3. The Committee thereafter took up for consideration the Subject report on 'Jan Aushadhi Scheme' of the Ministry of Chemicals and Fertilizers (Department of Pharmaceuticals).
4. The draft Report relating to the Department of Pharmaceuticals was adopted by the Committee with minor corrections.

5. The Committee authorised the Chairperson to make consequential changes, if any, arising out of the factual verification of the Report by the Department of Pharmaceuticals of the Ministry of Chemicals and Fertilizers and present the same to both the Houses of Parliament on 04th March, 2015.

The Committee then adjourned.