

## **“The Pros and Cons of Generic Medicines: Is Janaushadhi a Boon for the People?”**

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### **Abstract:**

Generic medicines play a crucial role in expanding healthcare access by offering affordable alternatives to brand-name drugs. This paper explores the pros and cons of generic medicines, focusing on their economic benefits, regulatory challenges, and the impact on public health. Central to this investigation is the Janaushadhi initiative in India, which aims to enhance affordability and accessibility through a network of government-owned pharmacies. By examining the success and challenges of Janaushadhi, this paper assesses its effectiveness in improving healthcare outcomes and public trust in generic medicines.

Generic drugs, as defined by the U.S. Food and Drug Administration (FDA), are pharmaceutically equivalent to brand-name drugs in dosage form, safety, strength, route of administration, quality, performance, and intended use, yet are typically priced significantly lower, enhancing affordability for patients and healthcare systems. This paper examines the regulatory and scientific framework of generics, focusing on bioavailability, bioequivalence studies, and dissolution testing. Bioavailability, critical for drug absorption and efficacy, is assessed through rigorous bioequivalence studies, ensuring therapeutic equivalence with branded drugs. The Drug Price Competition and Patent Term Restoration Act of 1984 (HatchWaxman Act) has streamlined generic drug approvals based on these studies, fostering competition and lowering drug costs. Dissolution testing, adhering to US Pharmacopeia standards, validates the quality and performance of generic solid oral dosage forms. Additionally, the paper discusses the impact of initiatives like the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) in India, emphasizing its role in providing affordable generics and reducing healthcare disparities under strengthened regulatory oversight.

**Keywords:** Generic medicines, affordable alternatives, brand-name drugs, Janaushadhi initiative, healthcare access, affordable medicines

## **1. INTRODUCTION**

### **1.1 Background on Generic Medicines**

Generic medicines are pharmaceutical drugs that contain the same active ingredients as brandname medications but are sold under their chemical names. These drugs are typically introduced to the market after the patent protections afforded to brand-name drugs expire, allowing other manufacturers to produce and sell the same medication at a lower cost. Generic drugs must meet the same quality, strength, purity, and stability standards as their branded counterparts, ensuring they are just as effective and safe. Generic medicines are drugs that contain the same active ingredients as brand-name medicines and are identical in terms of dosage, safety, strength, route of administration, quality, performance characteristics, and intended use. The U.S. Food and Drug Administration (FDA) defines a generic drug as equivalent to a brand-name drug in these aspects (U.S. Food and Drug Administration, n.d.). Despite being chemically the same, generic drugs are often sold at significantly lower prices than their branded counterparts due to lower development and marketing expenses, making them a crucial element in reducing overall healthcare costs.



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The development of generic medicines is a crucial aspect of the pharmaceutical industry, providing cost-effective alternatives to expensive brand-name drugs. They play a significant role in reducing healthcare costs and improving patient access to essential medications. According to King and Kanavos (2002), the widespread use of generic medicines can lead to substantial savings for healthcare systems and patients.

### **1.2 Introduction to Janaushadhi**

The Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) is an initiative by the Government of India aimed at making quality medicines available at affordable prices to all. Launched in 2008, the scheme focuses on establishing Janaushadhi Kendras across the country, where generic medicines are sold at significantly lower prices compared to their branded counterparts. The initiative targets improving healthcare access, especially for the economically weaker sections of society.

Janaushadhi aims to promote the use of generic medicines, thereby reducing out-of-pocket expenditure on healthcare. The initiative has garnered significant attention and support for its role in making healthcare more accessible and affordable. According to Bhargava and Kalantri (2013), initiatives like Janaushadhi are crucial in addressing the crisis in access to essential medicines in India.

### **1.3 Importance and Relevance of the Topic**

The topic of generic medicines and the Janaushadhi initiative is highly relevant in today's context due to the escalating costs of healthcare and medicines. The affordability and accessibility of medicines are critical issues, especially in developing countries where a significant portion of the population cannot afford expensive brand-name drugs. Understanding the benefits and challenges of generic medicines, as well as evaluating the impact of initiatives like Janaushadhi, can provide valuable insights into improving healthcare systems and policies.

Moreover, with increasing healthcare expenditures globally, the potential savings from the use of generic medicines are substantial. Studies by Saksena, Xu, and Durairaj (2010) highlight that high out-of-pocket healthcare expenditures are a significant cause of financial hardship for households, making the affordability of medicines a key public health concern.

## **2.OVERVIEW OF GENERIC MEDICINES**

### **2.1 DEFINITION AND CHARACTERISTICS**

Generic medicines are sold under their chemical name rather than a brand name and must meet rigorous standards set by regulatory agencies to ensure their equivalence to branded drugs. The primary characteristic that distinguishes generic medicines from brand-name drugs is their price. Generic medicines are typically much less expensive because they do

not have to undergo the extensive clinical trials required for new drugs, and they benefit from the competition once the original drug's patent expires (Wagner et al., 2011).

## 2.2 Comparison with Brand-Name Medicines

While generic medicines contain the same active ingredients as brand-name medicines, they may differ in terms of inactive ingredients, packaging, and appearance. These differences, however, do not affect the drug's therapeutic effectiveness. Regulatory bodies ensure that generics are bioequivalent to their branded counterparts, meaning they work in the same way and provide the same clinical benefit. According to Alam and Tyagi (2009), the widespread use of generic medicines can lead to substantial savings for both patients and healthcare providers, improving overall access to healthcare.

## 2.3 History and Evolution of Generic Medicines

The history of generic medicines dates back to the early 20th century, but their widespread use began after the introduction of the Hatch-Waxman Act in the United States in 1984. This act facilitated the approval process for generics by allowing them to demonstrate bioequivalence to brand-name drugs rather than conducting expensive and time-consuming clinical trials. This legislation significantly increased the availability of generic medicines, making them a cornerstone of modern healthcare. In India, the evolution of generic medicines has been driven by the need to provide affordable healthcare to a large and diverse population. The Indian pharmaceutical industry has become a global leader in the production of generic medicines, supplying affordable drugs to countries around the world (Waning, Diedrichsen, & Moon, 2010). The growth of this sector has been instrumental in improving access to essential medicines both domestically and internationally.

## 2.4 Objectives of the Research

1. To analyze long-term health outcomes of generic medicines vs. brand-name drugs.
2. To investigate consumer behavior and perceptions across demographics.
3. To monitor quality assurance and regulatory compliance of generics.
4. To assess the impact of pricing regulations on generic drug adoption.
5. To explore healthcare providers' attitudes and prescribing behavior towards generics.
6. To conduct comparative studies on generic medicine adoption across countries.

## 3. REVIEW OF LITERATURE

**Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) (2024)** provided an overview of the Janaushadhi program aimed at increasing the availability of affordable generic medicines across India. Detailed on the official PMBJP website, this resource outlined the program's objectives, operational strategies, and achievements to date. The documentation emphasized the program's role in reducing healthcare costs and improving access to essential medications for the population, particularly in underserved areas.

**National Health Accounts (NHA)** estimates for India 2019-20 (2023) provided an extensive overview of the country's health expenditure. Available from the Ministry of Health and Family Welfare's website, this report offered a comprehensive analysis of the distribution and utilization of healthcare resources. The document highlighted the financial allocations towards various health programs, including those aimed at increasing the availability of affordable medicines, and emphasized the role of efficient health financing in achieving universal healthcare coverage.

**Lin SY, Baumann K, Zhou C, Zhou W, Cuellar AE, Xue H. (2021)** analyzed the trends in use and expenditures for brand-name statins after the introduction of generic statins in the US from 2002 to 2018. Published in JAMA Network Open, volume 4, this study examined how the entry of generics impacted the market dynamics, prescription patterns, and overall healthcare costs. The research demonstrated significant cost savings and increased accessibility due to the availability of generic statins, providing valuable insights into the benefits of generic drug policies.

**Millard C, Kadam AB, Mahajan R, Pollock AM, Brhlikova P. (2018)** conducted a study on the availability of brands of six essential medicines in 124 pharmacies in Maharashtra, published in the Journal of Global Health, volume 8, article 10402. This research provided a detailed analysis of the accessibility and variety of essential medicines in the region, highlighting the disparities in drug availability across different pharmacies. The study emphasized the need for consistent supply chains and regulatory oversight to ensure that essential medicines are readily available to all segments of the population.

**Selvaraj S, Farooqui HH, Karan A. (2018)** explored the financial burden of households' out-of-pocket payments on medicines in India through a repeated cross-sectional analysis of National Sample Survey data from 1994 to 2014. Published in BMJ Open, volume 8, this study quantified the economic strain on households due to medication expenses.

The findings underscored the critical importance of affordable healthcare initiatives like the Janaushadhi program in mitigating the financial burden on Indian families and improving access to necessary treatments.

**Skaltsas LN, Vasileiou KZ. (2015)** investigated patients' perceptions of generic drugs in Greece, published in *Health Policy*, volume 119, pages 1406-1414. This study provided a detailed analysis of consumer attitudes towards generics, exploring factors such as trust, perceived efficacy, and satisfaction. The research suggested that increasing public education and transparency about generic drug quality could enhance their acceptance and use.

**Lacocca K, Sawhill J, Zhao Y. (2015)** examined why brand drugs are priced higher than their generic equivalents in their study published in the *International Journal of Pharmaceutical and Healthcare Marketing*, volume 9, issue 1, pages 3-19. The researchers analyzed market dynamics, patent issues, and pricing strategies, explaining the significant price differences. The study highlighted the potential savings for healthcare systems and patients through the use of generic medications.

**IMS Institute for Healthcare Informatics (June 2015)** in their report, "The role of Generic Medicines in Sustaining Healthcare Systems: A European Perspective," evaluated the contribution of generics to the sustainability of healthcare systems in Europe. The analysis demonstrated that generic medicines significantly reduce healthcare costs, allowing healthcare systems to allocate resources more efficiently. The report highlighted the economic benefits of generics, including lower drug prices and increased access to treatments, supporting their crucial role in maintaining the financial viability of healthcare systems.

**IMS Health (July 2015)** assessed the impact of price control measures on access to medicines in India. This study analyzed the effects of regulatory interventions, such as price caps, on the availability and affordability of generic drugs. The research found that while price controls can make medicines more affordable, they must be carefully balanced to ensure that pharmaceutical companies remain incentivized to produce high-quality generics. The study highlighted the importance of a nuanced approach to regulation to maintain a steady supply of affordable and effective medicines.

**Gavura S. (2012)** explored the critical question of whether generic drugs are truly equivalent to their brand-name counterparts. In a detailed review published on *Science Based Medicine*, Gavura dissected various pharmacological and clinical studies, demonstrating that generic drugs must meet rigorous bioequivalence criteria set by regulatory bodies. The analysis concluded that generics offer the same therapeutic benefits and safety profiles as their branded versions, dispelling common myths and reinforcing confidence in their use among healthcare professionals and patients alike.

**Fraeyman J, Peeters L, Hal GV, Beutels P, DeMeyer G, DeLoof H. (2015)** conducted research on consumer choice between common generic and brand medicines in a country with a small generic market, published in the *Journal of Managed Care and Specialty Pharmacy*, volume 21, issue 4, pages 288-296. The study explored consumer perceptions, preferences, and factors influencing the choice of generics over brand-name drugs, providing valuable insights for promoting generics in similar markets.

**Cameron A, Mantel-Teeuwisse AK, Leufkens H, and Laing R. (2012)** investigated the potential cost savings from switching from originator brand medicines to generic equivalents in selected developing countries. Their study, published in *Value Health*, quantified the financial impact of such switches and advocated for policies promoting generic substitution. The researchers found that significant savings could be achieved without compromising treatment quality, suggesting that broader use of generics could alleviate financial pressures on healthcare systems in developing countries.

**Bulsara C, McKenzie A, Sanfilippo F, Holman C, Emery J. (2010)** explored seniors' perceptions of generic medicines in Western Australia, published in the *Australian Journal of Primary Health*, volume 16, issue 3, pages 240-245. This qualitative study revealed the attitudes, beliefs, and concerns of elderly patients regarding generic drugs, highlighting the need for educational interventions to improve acceptance and trust in generics.

**Balse (2017)** conducted a comprehensive study titled "An overview of Implementation and Acceptance of Janaushadi Programme in India," published in the *International Journal of Advance Research in Computer Science and Management Studies*. This research, appearing in volume 5, issue 5, pages 89-92, analyzed the rollout and public reception of the Janaushadhi program, highlighting both successes and areas needing improvement. The study emphasized the program's potential in reducing healthcare costs and increasing drug accessibility.

**Himmel W, Simmenroth-Nayda A, Niebling W, Ledig T, Jansen R, Kochen M. (2005)** examined primary care patients' opinions on generic drugs, published in the *International Journal of Clinical Pharmacology and Therapeutics*, volume 43, issue 10, pages 472-479. The study provided insights into patient experiences and satisfaction with generic

medications, emphasizing the importance of communication between healthcare providers and patients to foster confidence in generics.

**Background Papers of the National Commission on Macroeconomics and Health (2005)** offered an in-depth analysis of the healthcare landscape in India. This comprehensive report examined the economic and health implications of adopting generic medicines in the country. It advocated for policy measures to enhance the availability and affordability of generics, highlighting their potential to reduce healthcare costs and improve access to essential medications for the population. The report called for concerted efforts from policymakers, healthcare providers, and the pharmaceutical industry to promote the use of generics.

**Wazana A. (2000)** in JAMA examined the relationship between prescribers and the pharmaceutical industry, focusing on the influence of promotional gifts. The study provided a detailed analysis of how pharmaceutical marketing practices, such as gifts and incentives, could bias prescribing behavior. Wazana's research called for greater scrutiny and regulation of these practices to ensure that prescribing decisions are based solely on clinical evidence and patient needs. The study emphasized the importance of maintaining ethical standards in the interaction between healthcare providers and the pharmaceutical industry.

### 3.1 Research Gap

Research on the long-term health outcomes of patients using generic medicines compared to brand-name drugs remains limited. While existing studies often focus on short-term cost-effectiveness and efficacy, there is a notable gap in understanding how prolonged use of generics impacts patient health outcomes over extended periods. Longitudinal studies could provide valuable insights into the sustained effectiveness and safety profiles of generics, addressing concerns related to chronic disease management and long-term therapeutic efficacy.

Consumer behavior and perception towards generic medicines have been widely studied, yet there remains a need for more nuanced research. Specifically, understanding how perceptions vary across diverse demographic groups, geographic regions, and healthcare settings could offer insights into effective strategies for promoting greater acceptance and adoption of generics. Factors influencing patient trust, preferences, and decision-making processes regarding medication choices could be explored further to tailor educational interventions and healthcare policies effectively.

While quality assurance and regulatory compliance of generic medicines have been assessed in various studies, ongoing monitoring and evaluation are crucial. Ensuring consistent adherence to stringent regulatory standards, such as bioequivalence criteria, across different manufacturers and geographical locations is essential for maintaining public trust and safety. Continued research in this area could contribute to enhancing global standards and practices in pharmaceutical manufacturing and distribution.

The impact of policy interventions, such as pricing regulations and incentives for generic drug adoption, has been examined in several contexts. However, further research could delve deeper into the broader implications of these policies on pharmaceutical market dynamics, innovation, and healthcare system sustainability. Comparative studies across diverse healthcare systems and regulatory environments could provide valuable insights into optimal policy design and implementation strategies to maximize the benefits of generics while ensuring equitable access to quality healthcare.

Healthcare provider perspectives on generic medicines have been explored to some extent, highlighting factors influencing prescribing behavior and patient outcomes. More in-depth research could investigate the role of provider education, training, and incentives in promoting the use of generics. Understanding healthcare professionals' attitudes towards generics and their impact on clinical decision-making processes could inform targeted interventions to optimize prescribing practices and improve patient adherence to treatment regimens.

Global comparisons of generic medicine adoption and regulation offer opportunities to learn from different healthcare systems' experiences. Exploring variations in regulatory frameworks, market dynamics, and patient outcomes across countries could provide valuable insights into effective strategies for promoting generic drug use while ensuring quality and affordability. Comparative studies could also shed light on best practices and challenges in implementing generic drug policies in diverse socio-economic and healthcare contexts.

Patient adherence to generic medications and its correlation with health literacy and support programs represent another area for exploration. Research could examine how patient education, counseling, and healthcare provider communication influence medication adherence and treatment outcomes with generics compared to brand-name drugs. Addressing these research gaps could contribute to optimizing healthcare delivery, enhancing patient outcomes, and advancing global efforts towards sustainable and inclusive healthcare access through generic medicines.

## 4. THE PROS AND CONS OF GENERIC MEDICINES

#### **4.1 Cost-Effectiveness**

Generic medicines are significantly less expensive than their brand-name counterparts, primarily due to lower development and marketing costs. These savings are passed on to consumers, making essential medicines more affordable. According to a study by Saksena et al. (2010), the reduction in out-of-pocket expenditure on medicines can significantly decrease the financial burden on households, especially in low and middle-income countries. The cost savings associated with generic medicines extend beyond individual patients to entire healthcare systems. Governments and insurance companies can save billions of dollars by encouraging the use of generics, which can then be reinvested in other critical areas of healthcare (Wagner et al., 2011). This makes generic medicines a crucial component of sustainable healthcare systems.

#### **4.2 Accessibility and Affordability**

The lower cost of generic medicines improves accessibility, particularly for low-income populations. By making essential medicines more affordable, generic drugs help ensure that more people can access the treatments they need. The reduced cost of generics can significantly decrease out-of-pocket expenses for patients, allowing them to allocate their resources more effectively (Alam & Tyagi, 2009). In regions where healthcare access is limited, generic medicines play a vital role in improving public health outcomes. Initiatives like Janaushadhi are instrumental in making these affordable drugs available to underserved populations, thereby enhancing overall healthcare access and equity (Bhargava & Kalantri, 2013).

#### **4.3 Quality and Efficacy**

Generic medicines must meet the same rigorous standards as brand-name drugs. Regulatory bodies such as the FDA in the United States and the CDSCO in India ensure that generics are bioequivalent to their branded counterparts, meaning they have the same therapeutic effect. Research by Wagner et al. (2011) highlights that generics provide similar health outcomes at a fraction of the cost, enhancing overall healthcare efficiency. Moreover, continuous monitoring and quality control measures ensure that generic medicines remain safe and effective throughout their lifecycle. This stringent regulation helps maintain public trust in the efficacy and safety of generics, which is crucial for their widespread acceptance and use (King & Kanavos, 2002).

### **CONS OF GENERIC MEDICINES**

#### **4.4 Quality Variability and Manufacturing Standards**

Generic medicines, while offering cost-effective alternatives to brand-name drugs, are not without drawbacks. One significant concern is the variability in quality control and manufacturing standards among different generic manufacturers (Gavura, 2012). Unlike brandname drugs that undergo rigorous testing during development, generic equivalents may not always meet the same stringent criteria for consistency and efficacy (Davit et al., 2009). This variability can lead to differences in absorption rates, bioavailability, and therapeutic effectiveness, which may affect patient outcomes and treatment reliability (Signal, Kotwani, & Nanda, 2011).

#### **4.5 Regulatory Oversight and Consistency**

Another drawback of generic medicines relates to the regulatory environment and oversight. While regulatory bodies set standards for bioequivalence and safety, enforcement across different regions or countries can vary significantly (World Health Organization [WHO], 2014). This inconsistency can raise doubts about the interchangeability of generics with their brand-name counterparts, particularly when patients switch between different generic versions of the same medication (IMS Health, 2015). Such concerns may impact patient trust and confidence in the reliability of generic drugs, potentially affecting medication adherence and health outcomes (Bulsara et al., 2010).

#### **4.6 Marketing and Perceptions**

Lastly, the marketing and promotional strategies surrounding generic medicines can influence consumer perceptions and acceptance. Unlike brand-name drugs, generics often lack the extensive marketing campaigns that build brand recognition and trust over time (Wazana, 2000). This lower visibility may contribute to misconceptions about the quality or effectiveness of generic medications among patients and healthcare providers. Additionally, generic drugs can face challenges in market penetration and acceptance due to entrenched beliefs or preferences for familiar brand-name products, despite their higher costs (Lacocca et al., 2015). Overcoming these perceptions requires ongoing education and communication to highlight the equivalence and cost-saving benefits of generics, thus ensuring informed decision-making by both patients and prescribers.

### **5. REGULATION AND APPROVAL PROCESSES**

#### **5.1 US FDA Approval Process**

The regulation and approval processes for generic medicines are stringent, ensuring their safety, efficacy, and quality. In the US, the FDA requires that generic drugs demonstrate bioequivalence to the brand-name drug.

- **Bioequivalence Requirements:** Generic drugs must demonstrate bioequivalence to the brand-name drug, meaning they must show that they work in the same way and provide the same clinical benefit.
- **Manufacturing Standards:** Generics must be manufactured in facilities that meet the same standards as those of brand-name drugs, ensuring consistent quality and safety.
- **Post-Market Surveillance:** Continuous monitoring is conducted to ensure generics remain safe and effective after they enter the market.

### 5.2 India's CDSCO Approval Process

In India, the CDSCO oversees the approval of generic medicines, ensuring they meet the necessary standards.

- **Regulatory Guidelines:** The CDSCO mandates that generic drugs must meet the same standards for quality, efficacy, and safety as brand-name drugs.
- **Clinical Trials and Testing:** Before approval, generics undergo rigorous testing, including clinical trials to establish bioequivalence.
- **Quality Control:** Regular inspections and quality control measures ensure that generic drugs adhere to the prescribed standards throughout their lifecycle.

### 5.3 Importance of Dissolution Testing

Dissolution testing is a critical tool in the generic pharmaceutical industry, used extensively in formulation development, manufacturing process monitoring, and as a quality control measure. It predicts the in vivo performance of certain products and has been pivotal in the development and approval of generic solid oral dosage forms. Recently, its application has expanded to other solid generic dosage forms, known as in vitro release or drug release testing. This testing is integral to identifying the need for bioequivalence studies related to Scale-Up and PostApproval Changes (SUPAC). For generic drug approval in the USA, dissolution methods should adhere to standards set by the United States Pharmacopeia (USP) and should be reproducible, transferable, and discriminative. Comparative dissolution testing is recommended by the FDA's Division of Bioequivalence, which involves testing at least 12 dosage units each of test and reference products to characterize the dissolution profile adequately (U.S. Food and Drug Administration, n.d.).

### 5.4 Promoting Affordable Healthcare through PMBJP

In a recent address, Prime Minister Narendra Modi highlighted the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP), an initiative aimed at providing affordable and quality generic medicines through over 7,500 dedicated outlets across India. He emphasized that generic medicines, which contain the same active ingredients as branded ones, are significantly cheaper due to lower marketing costs but are equally effective, adhering to stringent quality standards. Modi urged physicians to prescribe drugs by their generic names to promote transparency and affordability. Regulatory measures have been strengthened to ensure the quality of generic medicines, making healthcare more accessible and equitable, especially for the vulnerable, ultimately reducing healthcare costs for all Indians.

### 5.5 Benefits Provided to the Poor through PMBJP

The Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) is a flagship initiative by the Government of India aimed at making quality generic medicines accessible and affordable to all citizens, especially the economically disadvantaged. Under this scheme:

1. **Affordability and Accessibility:** PMBJP offers generic medicines at significantly lower prices compared to their branded counterparts, thus reducing the financial burden on patients. This affordability is crucial in a country where out-of-pocket expenditure on healthcare, including medicines, remains high.
2. **Quality Assurance:** All medicines under PMBJP undergo stringent quality checks to ensure they meet prescribed standards. This assurance helps in building trust among consumers regarding the efficacy and safety of generic medicines.
3. **Wide Availability:** The scheme operates through dedicated PMBJP kendras (stores) across India, ensuring widespread availability of generic medicines even in remote and underserved areas. This accessibility is vital for populations that previously had limited or no access to essential medicines.
4. **Impact on Household Budgets:** By offering medicines at lower prices, PMBJP contributes to reducing the overall healthcare expenditure of households, thereby preventing catastrophic health expenditures that can push families into poverty.

### 5.6 Drugs and Cosmetics Act of 1940 (Amended in 2002)

The Drugs and Cosmetics Act of 1940, amended in 2002, forms the regulatory framework governing the manufacture, distribution, and sale of drugs and cosmetics in India. Key aspects relevant to generic medicines include:

1. **Quality Standards:** The Act mandates stringent quality control measures for all pharmaceutical products, including generic medicines. This ensures that generics meet the same quality and safety standards as branded drugs, promoting confidence among consumers.

2. **Approval and Licensing:** Under the Act, generic medicines must obtain approval from the Central Drugs Standard Control Organization (CDSCO) before they can be marketed. This regulatory oversight ensures that only drugs meeting specified criteria are made available to the public.
3. **Promotion of Generic Medicines:** The Act, through its amendments, encourages the promotion and use of generic medicines as alternatives to costly branded drugs. This promotion aligns with broader health policy goals of enhancing access to affordable healthcare for all segments of the population.
4. **Consumer Protection:** By regulating the labeling, packaging, and advertising of pharmaceutical products, including generics, the Act protects consumers from misleading claims and ensures they have accurate information about the medicines they use.

## 6.CONCLUSION

The PMBJP and the Drugs and Cosmetics Act of 1940 (amended in 2002) play complementary roles in promoting access to affordable and quality generic medicines in India. While PMBJP directly addresses affordability and accessibility issues through its distribution network, the Act provides the regulatory framework necessary to uphold standards and ensure consumer protection. Together, these initiatives contribute significantly to improving healthcare outcomes and reducing healthcare costs for the populace, especially the disadvantaged sections of society.

## 7.REFERENCES

1. Alam, M., & Tyagi, R. P. (2009). A Study of Out of Pocket Household Expenditure on Drugs and Medical Services. An Exploratory Analysis of UP, Rajasthan and Delhi. Retrieved from [http://planningcommission.gov.in/reports/sereport/ser/ser\\_drug2910.pdf](http://planningcommission.gov.in/reports/sereport/ser/ser_drug2910.pdf)
2. Bhargava, A., & Kalantri, S. P. (2013). The crisis in access to essential medicines in India: key issues which call for action. *Indian Journal of Medical Ethics*, 10(2), 86–95.
3. King, D. R., & Kanavos, P. (2002). Encouraging the use of generic medicines: Implications for transition economies. *Croatian Medical Journal*, 43(4), 462–469.
4. Saksena, P., Xu, K., & Durairaj, V. (2010). The drivers of catastrophic expenditure: outpatient services, hospitalization or medicines? Retrieved from <http://www.who.int/healthsystems/topics/financing/healthreport/21whr-bp.pdf>
5. U.S. Food and Drug Administration. (n.d.). Bioavailability and bioequivalence studies submitted in NDAs or INDs — General considerations. Retrieved from FDA website.
6. U.S. Food and Drug Administration. (n.d.). What are generic drugs?. Retrieved from FDA website.
7. Wagner, A. K., Graves, A. J., Reiss, S. K., Lecates, R. F., Zhang, F., & RossDegnan, D. (2011). Access to care and medicines, burden of health care expenditures, and risk protection: results from the World Health Survey. *Health Policy*, 100(2-3), 151–158.
8. Waning, B., Diedrichsen, E., & Moon, S. (2010). A lifeline to treatment: the role of Indian generic manufacturers in supplying antiretroviral medicines to developing countries. *Journal of the International AIDS Society*, 13(1), 35.
9. Saksena P, Xu K, Durairaj V. The drivers of catastrophic expenditure: outpatient services, hospitalization or medicines? WHO Report. Published 2010.
10. Wagner AK, Graves AJ, Reiss SK, LeCates R, Zhang F, Degnan DR. Access to care and medicines, burden of health care expenditures, and risk protection: Results from the World Health Survey. *Health Policy*. 2011;100(2-3):151–158. doi: 10.1016/j.healthpol.2010.08.004. [PubMed] [CrossRef] [Google Scholar]
11. Alam M, Tyagi RP. A Study of Out of Pocket Household Expenditure on Drugs and Medical Services. An Exploratory Analysis of UP, Rajasthan and Delhi. Planning Commission Report. Published 2009.
12. Bhargava A, Kalantri SP. The crisis in access to essential medicines in India: key issues which call for action. *Indian J Med Ethics*. 2013;10(2):86–95. [PubMed] [Google Scholar]
13. Waning B, Diedrichsen E, Moon S. A lifeline to treatment: the role of Indian generic manufacturers in supplying antiretroviral medicines to developing countries. *J Int AIDS Soc*. 2010;13:35. doi: 10.1186/1758-2652-13-35. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
14. King DR, Kanavos P. Encouraging the use of generic medicines: implications for transition economies. *Croat Med J*. 2002;43(4):462–469. [PubMed] [Google Scholar]
15. Ozawa, S., Shankar, R., Leopold, C., & Orubu, S. (2019). Access to medicines in low- and middle-income countries. *Health Policy and Planning*. Retrieved from [https://academic.oup.com/heapol/article/34/Supplement\\_3/iii1/5670624](https://academic.oup.com/heapol/article/34/Supplement_3/iii1/5670624)
16. World Health Organization. (2004). *Equitable access to essential medicines: A framework for collective action*. Geneva: Author.
17. Selvaraj, S., Farooqui, H. H., Karan, A., et al. (2018). Quantifying the financial burden of out-of-pocket payments on medicines in India. *BMJ Open*. Retrieved from <https://bmjopen.bmj.com/content/8/5/e018020>



18. Muralidharan, V., Vaidyanathan, G., Sundaraman, T., et al. (2020). National sample survey on healthcare in India. *Economic and Political Weekly*. Retrieved from <https://www.epw.in/journal/2020/37/special-articles/invest-more-public-healthcare-facilities.html>
19. Government of India. (2013). Drugs (Prices Control) Order. Ministry of Chemicals and Fertilizers. Retrieved from <http://www.nppaindia.nic.in/DPCO2013.pdf>
20. Government of India. (2021). NPPA sets ceiling prices for medicines. Ministry of Chemicals and Fertilizers. Retrieved from <https://pib.gov.in/PressReleaseDetail.aspx?PRID=1739468>
21. Pilla, V. (2019). Explainer: How drug prices are regulated in India. *Moneycontrol*. Retrieved from <https://www.moneycontrol.com/news/business/explainer-how-drug-prices-are-regulated-in-india-4606751.html>
22. Selvaraj, S., Hasan, H., Chokshi, M., et al. (2012). Pharmaceutical pricing policy critique. *Economic and Political Weekly*. Retrieved from <https://www-epwin.tiss.remotlog.com/journal/2012/04/commentary/pharmaceutical-pricing-policy-critique.html>
23. All India Drug Action Network, Jan Swasthya Abhiyan, et al. (2014). Drug price control in India. *Economic and Political Weekly*. Retrieved from <https://www-epwin.tiss.remotlog.com/journal/2014/35/letters/drug-price-control.html>
24. Majumdar, P. (2017). Generic manoeuvre. *Economic and Political Weekly*. Retrieved from <https://www-epw-in.tiss.remotlog.com/journal/2017/35/commentary/generic-manoevre.html>
25. (2018). Balancing affordability with access [Editorial]. *Economic and Political Weekly*. Retrieved from [https://www-epw-in.tiss.remotlog.com/journal/2018/34/editorials/balancing-affordability-access.html?0=ip\\_login\\_no\\_cache%3D8f13d28adf6c522a14beebc5d0a2f72b](https://www-epw-in.tiss.remotlog.com/journal/2018/34/editorials/balancing-affordability-access.html?0=ip_login_no_cache%3D8f13d28adf6c522a14beebc5d0a2f72b)
26. Thawani, V., Mani, A., & Upmanyu, N. (2017). Jan Aushadhi Scheme: Challenges and potential. *J Pharmacol Pharmacother*. Retrieved from [https://doi.org/10.4103/jpp.JPP\\_38\\_17](https://doi.org/10.4103/jpp.JPP_38_17)
27. Roy, V., & Rana, P. (2018). Prescribing generics: All in a name. *Indian Journal of Medical Research*. Retrieved from [https://doi.org/10.4103/ijmr.IJMR\\_1940\\_17](https://doi.org/10.4103/ijmr.IJMR_1940_17)
28. Public Health Foundation of India. (2012). Rapid assessment and scale-up of the Jan Aushadhi Scheme. India: Author.
29. Wirtz, J., Hogerzeil, V., Gray, L., et al. (2017). Essential medicines for universal health coverage. *The Lancet*. Retrieved from [https://doi.org/10.1016/S01406736\(16\)31599-9](https://doi.org/10.1016/S01406736(16)31599-9)
30. Gupta, Y. K., & Ramachandran, S. S. (2016). Fixed dose drug combinations in India: Issues and challenges. *Indian Journal of Pharmacology*. Retrieved from <https://doi.org/10.4103/0253-7613.186200>
31. World Health Organization. (2005). Health Action International methodology manual. Retrieved from Geneva: Author.
32. Ministry of Health and Family Welfare. (2015). National List of Essential Medicines. Government of India. Retrieved from <https://www.nhp.gov.in/NHPfiles/NLEM%202015.pdf>