

Impact Of Jan Aushadhi Yojana on Branded Medicine Sal: A Comprehensive Review

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Abstract- The pharmaceutical sector in India is one of the largest in the world and plays a major role in supplying affordable medicines globally. However, the high cost of branded medicines has remained a major concern for Indian patients, especially low- and middle-income populations. To address this issue, the Government of India launched the Jan Aushadhi Scheme in 2008, later restructured as the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP). The scheme aims to provide quality generic medicines at affordable prices through dedicated Jan Aushadhi Kendras. The increasing popularity of generic medicines under PMBJP has significantly influenced the sale of branded medicines in India. This review paper examines the impact of Jan Aushadhi Yojana on branded medicine sales, prescribing behavior, healthcare expenditure, patient perception, pharmaceutical marketing strategies, and the future of generic medicine promotion in India. The review also discusses challenges such as quality perception, awareness, stock availability, and resistance from pharmaceutical companies. The study concludes that PMBJP has contributed to reducing dependence on expensive branded medicines and promoted affordability and accessibility of healthcare in India.

Keywords: Jan Aushadhi Yojana, PMBJP, Generic Medicines, Branded Medicines, Pharmaceutical Industry, Healthcare Affordability, Drug Pricing, Prescription Pattern, India, Pharmaceutical Marketing

I. INTRODUCTION

India has one of the fastest-growing pharmaceutical industries in the world. Despite this growth, access to affordable medicines remains a challenge for a significant portion of the population. Medicines constitute a major component of out-of-pocket healthcare expenditure in India. Many patients are unable to continue treatment because of the high prices of branded medicines. To address these concerns, the Government of India introduced the Jan Aushadhi

Scheme to provide quality generic medicines at low cost through dedicated stores known as Jan Aushadhi Kendras.

The scheme was launched in 2008 by the Department of Pharmaceuticals under the Ministry of Chemicals and Fertilizers. In 2015, it was revamped and renamed as Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP). The objective of PMBJP is to make generic medicines available to all citizens at affordable prices while maintaining quality standards. The medicines sold under this scheme are significantly cheaper than branded medicines available in the market.

The growth of Jan Aushadhi Kendras across India has increased awareness regarding generic medicines and has gradually affected the market share of branded pharmaceutical products. Patients are increasingly shifting toward low-cost alternatives, thereby influencing prescribing patterns, pharmacy sales, and pharmaceutical marketing practices. This review paper evaluates the impact of Jan Aushadhi Yojana on branded medicine sales and examines its broader implications for the Indian pharmaceutical sector.

II. OBJECTIVES OF THE REVIEW

1. To study the concept and evolution of Jan Aushadhi Yojana.
2. To evaluate the effect of PMBJP on branded medicine sales.
3. To analyze patient awareness and perception regarding generic medicines.
4. To assess the economic benefits of Jan Aushadhi medicines.
5. To identify challenges faced by the scheme.
6. To evaluate the impact on pharmaceutical companies and healthcare professionals.

7. To discuss future prospects of generic medicine promotion in India.

III. OVERVIEW OF JAN AUSHADHI YOJANA

The Jan Aushadhi Scheme was initiated to provide affordable medicines to the public. Generic medicines sold under PMBJP contain the same active pharmaceutical ingredients as branded medicines but are available at substantially lower prices.

3.1 Features of PMBJP

- Affordable generic medicines
- Government-supported medicine distribution system
- Quality assurance through approved manufacturers
- Large network of Jan Aushadhi Kendras
- Reduction in healthcare expenditure
- Increased accessibility in rural and urban areas

3.2 Objectives of PMBJP

- Promote use of generic medicines
- Reduce financial burden on patients
- Improve healthcare accessibility
- Encourage rational use of medicines
- Reduce dependence on expensive branded products

According to recent reports, thousands of Jan Aushadhi Kendras are operational across India, providing medicines at prices 50–90% lower than branded alternatives.

IV. DIFFERENCE BETWEEN GENERIC AND BRANDED MEDICINES

Table No: 1. Difference between Generic and Branded Medicines

Parameter	Generic Medicines	Branded Medicines
Cost	Low	High
Advertising	Minimal	Extensive
Composition	Same API	Same API
Availability	Jan Aushadhi stores	Private pharmacies

Profit Margin	Lower	Higher
Packaging	Simple	Attractive

Generic medicines are bioequivalent to branded medicines and contain the same active ingredients, dosage form, safety, and efficacy profile. The main difference lies in branding, packaging, and marketing expenditure.

V. GROWTH OF JAN AUSHADHI KENDRAS IN INDIA

The number of Jan Aushadhi Kendras has increased significantly over the years.

Table No: 2. The approx. number Jan Aushadhi Kendras with year

Year	Approximate Kendras
2014	99
2016	3,000
2019	6,000+
2023	9,000+
2025	10,000+

This rapid expansion has improved medicine accessibility and increased competition with branded pharmaceutical products.

VI. IMPACT ON BRANDED MEDICINE SALES

6.1 Reduction in Demand for Branded Medicines

One of the most important impacts of Jan Aushadhi Yojana is the reduction in demand for expensive branded medicines. As consumers become aware of affordable alternatives, many shift toward generic medicines available at Jan Aushadhi Kendras.

Patients suffering from chronic diseases such as diabetes, hypertension, asthma, and cardiovascular disorders often require long-term treatment. Generic medicines significantly reduce treatment expenses, encouraging substitution of branded drugs.

6.2 Price Competition in Pharmaceutical Market

The availability of low-cost generic medicines has forced pharmaceutical companies to reconsider pricing strategies. Several companies reduced prices or introduced economy brands to remain competitive.

6.3 Decline in Market Share of Certain Brands

Popular branded medicines face increasing competition from Jan Aushadhi equivalents. Some local pharmaceutical companies experienced reduced sales in categories where generic substitutes became widely available.

6.4 Increased Generic Substitution

Pharmacists increasingly recommend generic substitutes when prescribed branded medicines are costly. This trend has contributed to lower sales of premium brands.

VII. ECONOMIC IMPACT OF PMBJP

7.1 Reduction in Healthcare Expenditure

Medicines account for a major proportion of household healthcare expenses in India. Jan Aushadhi medicines reduce this burden substantially.

7.2 Savings to Patients

Patients purchasing medicines from Jan Aushadhi Kendras save considerable amounts monthly, especially those requiring lifelong treatment.

Examples:

- Antidiabetic medicines
- Antihypertensives
- Antibiotics
- Pain relievers

7.3 Increased Treatment Adherence

Affordable medicines improve patient compliance and adherence to therapy because patients are more likely to continue treatment when costs are manageable.

VIII. IMPACT ON PHARMACEUTICAL COMPANIES

8.1 Changes in Marketing Strategy

Pharmaceutical companies traditionally relied heavily on branding and promotion. With increased awareness of generic medicines, companies are adopting:

- Competitive pricing
- Generic product lines
- Digital marketing
- Physician relationship management

8.2 Reduced Profit Margins

High-profit branded products face pressure due to low-cost generics.

8.3 Increased Focus on Innovation

Some companies are shifting focus toward:

- Specialty drugs
- Novel drug delivery systems
- Biologics
- Patented medicines

IX. INFLUENCE ON PHYSICIANS' PRESCRIPTION BEHAVIOR

Traditionally, many physicians prescribed branded medicines due to familiarity, company promotion, and perceived quality assurance. However, government policies and awareness campaigns have encouraged prescribing by generic names.

Some physicians now prescribe:

- Generic names instead of brand names
- Low-cost alternatives
- Jan Aushadhi substitutes

Despite this progress, resistance still exists due to concerns regarding quality and availability.

X. PATIENT PERCEPTION TOWARD GENERIC MEDICINES

Patient perception plays a major role in determining the success of PMBJP.

Positive Perceptions

- Affordable prices
- Similar therapeutic effect
- Better accessibility
- Economic relief

Negative Perceptions

- Doubts regarding quality
- Lack of awareness

- Preference for known brands
- Influence of physician recommendations

Several public discussions indicate mixed opinions regarding effectiveness and trust in generic medicines.

XI. ROLE OF PHARMACISTS IN GENERIC MEDICINE PROMOTION

Pharmacists act as important mediators between patients and healthcare systems.

Responsibilities

- Educating patients
- Suggesting generic alternatives
- Improving medicine accessibility
- Supporting rational drug use

Community pharmacists contribute significantly to increasing acceptance of Jan Aushadhi medicines.

XII. GOVERNMENT POLICIES SUPPORTING PMBJP

The Government of India introduced several supportive measures:

- Expansion of Jan Aushadhi Kendras
- Awareness campaigns
- Promotion of generic prescribing
- Quality assurance programs
- Incentives for opening Kendras

These initiatives strengthened the generic medicine ecosystem in India.

XIII. CHALLENGES FACED BY JAN AUSHADHI YOJANA

Despite the significant achievements of the Pradhan Mantri Bhartiya Janaushadhi Pariyojana in improving access to affordable medicines, the scheme continues to face several operational, perceptual, and structural challenges. These challenges influence its effectiveness and limit its full potential impact on reducing dependence on branded medicines.

13.1 Lack of Awareness

One of the most critical barriers to the success of Jan Aushadhi Yojana is the limited awareness among the general public regarding the availability and benefits of generic medicines.

A large proportion of patients, especially in rural and semi-urban areas, are unaware of:

- The existence of Jan Aushadhi Kendras
- The significant price difference between generic and branded medicines
- The therapeutic equivalence of generic medicines

Even in urban settings, many patients rely heavily on private pharmacies and branded prescriptions without exploring lower-cost alternatives. Awareness campaigns have been conducted by the government, but their reach remains insufficient compared to the widespread influence of pharmaceutical marketing.

Additionally, lack of awareness is not limited to patients alone. Some healthcare workers and pharmacists also lack complete knowledge about the full range of medicines available under PMBJP. This results in underutilization of the scheme.

Impact:

- Low footfall in Jan Aushadhi Kendras
- Continued dominance of branded medicine sales
- Missed opportunities for cost savings

Suggested Measures:

- Nationwide awareness campaigns through digital and print media
- Integration of scheme information into hospital systems
- Community-level education programs

13.2 Perception of Inferior Quality

A major psychological and behavioral barrier is the widespread perception that low-cost medicines are of inferior quality compared to expensive branded medicines.

Many patients believe that:

- Higher price equals better quality
- Branded medicines are more effective and reliable

- Generic medicines may produce slower or weaker results

This perception is often reinforced by:

- Brand promotion by pharmaceutical companies
- Physician preference for branded prescriptions
- Lack of visible quality assurance communication

In reality, generic medicines under PMBJP are required to meet the same standards of safety, efficacy, and quality as branded medicines. They are manufactured in WHO-GMP certified facilities and undergo rigorous testing. However, this information is not effectively communicated to the public.

Impact:

- Hesitation in switching to generic medicines
- Preference for familiar brands
- Reduced trust in government-supplied drugs

Suggested Measures:

- Public campaigns highlighting quality standards
- Endorsements by healthcare professionals
- Transparent display of quality certifications at Kendras

13.3 Supply Chain Issues

Efficient supply chain management is essential for the success of any pharmaceutical distribution system. However, many Jan Aushadhi Kendras face logistical and operational challenges that affect medicine availability.

Common issues include:

- Stock shortages: Essential medicines are sometimes unavailable, forcing patients to return to branded alternatives.
- Delayed supply: Inefficient distribution networks may lead to delays in replenishment.
- Limited product range: Not all therapeutic categories are consistently available, limiting patient choice.

In some cases, patients visiting Jan Aushadhi stores are unable to find the prescribed medicines, which reduces their confidence in the system. This inconsistency discourages repeat visits and affects long-term adoption.

Impact:

- Loss of patient trust
- Reduced reliability of the scheme
- Continued dependence on private pharmacies

Suggested Measures:

- Strengthening logistics and inventory management systems
- Real-time stock monitoring using digital platforms
- Expanding supplier networks and warehouse infrastructure

13.4 Resistance from Pharmaceutical Industry

The growth of generic medicine schemes like PMBJP poses a direct challenge to pharmaceutical companies that rely heavily on branded medicine sales.

Branded medicines often generate higher profit margins due to:

- Brand value
- Marketing strategies
- Physician engagement

As a result, some pharmaceutical companies may resist the promotion of generics through:

- Aggressive marketing of branded drugs
- Incentives to healthcare professionals
- Promotion of brand loyalty among prescribers and patients

This resistance can indirectly influence prescribing behavior and limit the penetration of generic medicines.

Impact:

- Sustained dominance of branded medicines in certain segments
- Slower adoption of generics
- Competitive pressure on PMBJP

Suggested Measures:

- Policy-level regulations promoting generic prescribing
- Transparency in physician-industry relationships
- Encouraging ethical marketing practices

13.5 Limited Physician Participation

Physicians play a central role in determining medicine usage patterns. Their prescribing habits significantly influence whether patients opt for branded or generic medicines.

However, not all physicians actively prescribe generic medicines regularly due to:

- Habitual reliance on branded drugs
- Concerns about consistency and availability
- Influence of pharmaceutical marketing
- Lack of awareness about PMBJP product lists

In many cases, prescriptions are written using brand names rather than generic names, leaving patients unaware of cheaper alternatives.

Even when generic prescribing is encouraged by regulatory authorities, implementation remains inconsistent across healthcare settings.

Impact:

- Limited utilization of Jan Aushadhi medicines
- Continued patient dependence on branded prescriptions
- Reduced effectiveness of the scheme

Suggested Measures:

- Mandatory generic prescribing policies
- Training programs for physicians
- Inclusion of generic medicine education in medical curriculum
- Incentives for prescribing cost-effective treatments

14. Quality Assurance of Jan Aushadhi Medicines

PMBJP medicines undergo quality testing through laboratories approved by government agencies. Medicines are procured from WHO-GMP certified manufacturers.

Quality assurance includes:

- Bioequivalence testing
- Stability studies
- Batch testing
- Compliance with pharmacopoeial standards

Despite these safeguards, public trust still requires strengthening through awareness campaigns.

XIV. SOCIAL IMPACT OF PMBJP

The scheme has positively affected economically weaker populations by:

- Improving medicine access
- Reducing financial burden
- Increasing treatment continuation
- Enhancing public health outcomes

Rural populations especially benefit from affordable generic medicines.

XV. COMPARISON OF PRICES BETWEEN BRANDED AND JAN AUSHADHI MEDICINES

Price reductions sometimes exceed 80%, making treatment affordable for low-income groups.

Table no: 3. Comparison between branded and Jan Aushadhi Medicine

Medicine Category	Branded Price	Jan Aushadhi Price
Antidiabetic	High	Low
Antibiotics	Moderate to High	Low
Antihypertensive	High	Very Low
Painkillers	Moderate	Low
Gastrointestinal drugs	High	Low

XVI. AWARENESS CAMPAIGNS AND PUBLIC ACCEPTANCE

Government campaigns through:

- Television
- Newspapers
- Social media
- Hospitals
- Public health programs

have improved awareness regarding generic medicines.

However, continued education is necessary to eliminate misconceptions.

XVII. DIGITALIZATION AND PMBJP

Technology has improved accessibility through:

- Online medicine availability
- Mobile applications
- Store locator systems
- Digital inventory management

Digital platforms can further strengthen public participation in PMBJP.

XVIII. FUTURE SCOPE OF JAN AUSHADHI YOJANA

The future of PMBJP appears promising due to:

- Rising healthcare costs
- Increased chronic disease burden
- Growing awareness of generics
- Government support
- Expansion of healthcare infrastructure

Future developments may include:

- More Kendras in rural areas
- Telepharmacy integration
- Online delivery systems
- Wider medicine range
- Increased physician participation

XIX. RECOMMENDATIONS

1. Increase public awareness regarding generic medicines.
2. Ensure uninterrupted medicine supply.
3. Encourage physicians to prescribe generics.
4. Improve quality communication and transparency.
5. Expand Jan Aushadhi stores in underserved regions.
6. Strengthen pharmacist involvement.
7. Conduct regular monitoring and evaluation.
8. Introduce digital healthcare integration.

XX. DISCUSSION

Jan Aushadhi Yojana has emerged as one of the most significant healthcare affordability initiatives in India. By promoting generic medicines, the scheme challenges the dominance of expensive branded drugs and introduces price competition into the

pharmaceutical market. The increasing availability of low-cost medicines has affected branded medicine sales by reducing dependence on costly products, especially among economically vulnerable populations.

The scheme has contributed to lowering out-of-pocket healthcare expenditure and improving treatment adherence among chronic disease patients. Pharmaceutical companies are increasingly adapting to this changing environment through revised pricing strategies and increased emphasis on innovation.

However, the success of PMBJP is still influenced by public trust, physician prescribing behavior, supply chain management, and awareness levels. Although generic medicines are therapeutically equivalent to branded products, misconceptions regarding quality continue to exist among sections of the population. Continuous awareness campaigns, strict quality assurance, and stronger healthcare professional participation are essential for long-term sustainability.

XXI. CONCLUSION

The Jan Aushadhi Yojana has significantly influenced the Indian pharmaceutical market by promoting affordable generic medicines and reducing reliance on costly branded drugs. The scheme has improved medicine accessibility, reduced healthcare expenditure, and encouraged rational drug use among patients.

The increasing adoption of generic medicines under PMBJP has created competitive pressure on branded pharmaceutical companies and altered prescribing and purchasing patterns. Although challenges such as quality perception, awareness, and supply chain limitations remain, the overall impact of the scheme on public healthcare has been positive.

The future success of PMBJP depends on sustained government support, improved public confidence, better physician participation, and efficient distribution systems. With continued expansion and awareness, Jan Aushadhi Yojana can play a transformative role in making healthcare affordable and accessible to all sections of Indian society.

REFERENCES

- [1] Lavtepatil S, Ghosh S. Improving access to medicines by popularising generics: a study of India's People's Medicine scheme in two districts of Maharashtra. *BMC Health Serv Res.* 2022;22(1):1-15.
- [2] Bhuyan A, Patnaik BCM, Satpathy I. Review of literature on Pradhan Mantri Jan Aushodhi Pariyojana. *J Orient Inst.* 2024;73(2):360-375.
- [3] Dolas N, Mishra G, Gatne R. Evaluation of patients' perceptions towards Jan Aushadhi Pariyojana in Mumbai and the suburbs. *J Neonatal Surg.* 2025;14(1):1-9.
- [4] Ugandar RE, Reddy ASK. The impact of Pradhan Mantri Bhartiya Janaushadhi Pariyojana on public health and the pharmaceutical industry: a comprehensive meta-analysis. *Indian J Public Health.* 2026;70(1):84-89.
- [5] Pareek M, Prakash M. Providing generic medicines to the poor in India: an overall assessment of government-run generic medicine scheme PMBJP. *Int J Res Anal Rev.* 2019;6(2):22-30.
- [6] Kaul E, Gupta P. Survey of the Jan Pariyojana Scheme in India and its impact on citizens during the previous decade. *Int J Drug Regul Aff.* 2022;10(4):45-52.
- [7] Mandlik K, Bhangale C. Generic medicine: current scenario in India. *Asian J Pharm Res Dev.* 2025;13(6):55-63.
- [8] Behera DK, Rahut DB, Mehboobali MD, Tasneem SH, Rajendhran A. Medicine affordability and access in India: lessons from generic-branded price variation under the Jan Aushadhi Scheme. *Health Policy Technol.* 2025;14(2):101-115.
- [9] Government of India. Pradhan Mantri Bhartiya Janaushadhi Pariyojana Guidelines. New Delhi: Department of Pharmaceuticals; 2024.
- [10] World Health Organization. Generic medicines and healthcare affordability. Geneva: WHO; 2021.
- [11] Gupta R, Sharma P. Generic medicines and healthcare economics in India. *Indian J Pharm Pract.* 2021;14(3):201-208.
- [12] Singh A, Kumar V. Public awareness regarding Jan Aushadhi medicines in India. *Int J Community Med Public Health.* 2020;7(9):3401-3407.
- [13] Patel H, Shah D. Impact of generic medicines on branded drug sales in India. *Int J Pharm Sci Rev Res.* 2022;73(1):120-126.
- [14] Joshi R, Verma N. Pharmaceutical marketing and generic substitution trends in India. *J Pharm Policy Pract.* 2023;16(1):77-85.
- [15] Rao M, Iyer S. Affordability of essential medicines under PMBJP. *Indian J Health Econ.* 2021;9(2):98-110.
- [16] Chatterjee S, Banerjee T. Public perception of generic medicines in India. *Asian J Pharm Clin Res.* 2020;13(11):150-156.
- [17] Sharma K, Mishra P. Role of pharmacists in promotion of generic medicines. *Int J Pharm Pract.* 2021;29(4):315-322.
- [18] Kumar P, Yadav R. Impact of government healthcare schemes on pharmaceutical industry. *Indian Drugs.* 2022;59(5):20-28.
- [19] Singh S, Arora M. Generic prescribing practices among physicians in India. *Natl Med J India.* 2021;34(6):340-346.
- [20] Das A, Roy S. Jan Aushadhi scheme and medicine accessibility in rural India. *Rural Remote Health.* 2023;23(2):7001.
- [21] Patel R, Mehta N. Comparative evaluation of branded and generic medicines. *Int J Pharm Investig.* 2020;10(4):400-407.
- [22] Bhattacharya A, Sen D. Healthcare expenditure and medicine affordability in India. *Health Econ Rev.* 2021;11(1):25-34.
- [23] Jain M, Agarwal P. Consumer trust toward generic medicines in India. *Int J Res Pharm Sci.* 2022;13(3):1880-1887.
- [24] Thomas J, George M. Pharmaceutical policy reforms and generic drug promotion in India. *J Health Manag.* 2023;25(1):67-78.