Government of Jammu & Kashmir
Health & Medical Education Department
Civil Secretariat – Jammu
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Subject: Adoption of policy on "Free Drugs" in the J&K State.

Reference: State Administrative Council Decision No. 25/4/2016 dated 11-03-2016.

Government Order No: 142-HME of 2016
Dated: 14-03-2016

Sanction is hereby accorded to the adoption of "Free Drugs Policy" in the J&K State as contained in Annexure-1 comprising free drug lists as at Annexure "A", "B" & "C" to be provided free of cost in various Government Health Institutions of the State as per the respective lists.

By Order

Sd/-
(Dr. M.K. Bhandari), IAS
Secretary to Govt.
Health & Medical Edu. Department

No: HD/Plan/31/2016 **Dated: 14-03-2016**

Copy to the:-

1. Financial Commissioner, Planning & Development Department.
2. Principal Secretary to Hon'ble Governor, Raj Bhawan, J&K, Jammu.
3. Commissioner Secretary to Govt. Finance Department.
4. Commissioner Secretary to Govt. General Administration Department.
5. Director SKIMS, Soura Srinagar.
6. Principal, Govt. Medical College, Jammu/ Srinagar.
7. Principal, Govt. Dental College, Jammu/ Srinagar.
8. Director General, ISM, J&K, Jammu.
9. Special Secretary to Govt. H&ME Department.
10. Director Finance, H&ME Department.
11. Director Health Services, Jammu/ Kashmir.
12. Managing Director, JKMSCL, J&K, Jammu.
13. Director, Family Welfare, J&K, Jammu.
14. Mission Director, NHM, J&K, Jammu.
15. Project Director, AIDS Control Society, J&K, Jammu.
16. Controller, Drug & Food Control, J&K, Jammu.
17. Pvt. Secy. to Chief Secretary for information.
18. Pvt. Secy. to Secretary, H&ME Department.
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14/03/16
(Madan Lal)
Joint Director (P&S)
Health & Medical Education Department

Annexure "1" to Govt. Order No. 142 – HME of 2016 dated 14-03-2016

FREE DRUGS POLICY IN JAMMU & KASHMIR

Abbreviations

Q.C	-	Quality Control
E.D.L	-	Essential Drug List
R.U.D	-	Rational Use of Drug
S.S.I	-	Small Scale Industries
E.M.L	-	Essential Medicine List
N.S.Q	-	Not of Standard Quality
D.D.C	-	Drug Distribution Centre
C.H.C	-	Community Health Care
D.D.W	-	District Drug Warehouse
R.D.W	-	Regional Drug Warehouse
D.R.A	-	Drug Regulatory Authority
W.H.O	-	World Health Organization
C.P.B	-	Central Purchasing Board
S.T.G	-	Standard Treatment Guidelines
N.L.E.M	-	National List of Essential Medicine
I.N.N	-	International Nonproprietary Names
C.P.D	-	Continuing Professional Development
I.E.C	-	Information Education & Communication
P.P.S.U	-	Pharmaceutical Public Sector Undertaking
J.K.M.S.C.L	-	J&K Medical Supplies Corporation Limited
D.V.D.M.S	-	Drugs & Vaccines Distribution management System
ARV	-	Anti rabies vaccine
ASV	-	Anti snake venom

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Introduction:

1.1 Health is a fundamental human right. Access to health care, which includes access to essential free drugs, is a prerequisite for realizing that right. Essential free drugs play a crucial role in many aspects of health care and reducing out of the pocket expenditure for common man. Good quality and properly used drugs can offer a simple and cost-effective answer to many health problems. In India, drug costs account for a large share of the total health budget. India has historically under-invested in public health. Public spending on health hovers around just 1% of the GDP, one of the lowest among all countries (Source: NHM website MoHFW, GoI-nrhm.gov.in).

1.2 Consequently, India is among countries with the higher out of pocket expenses on health care. According to one of the estimates, as a result of catastrophic health expenditure, over 2% population shifts from APL to BPL every year. Expenditure on drugs constitutes more than 70% of the health care cost (Source: NHM website MoHFW, GoI- nrhm.gov.in).

1.3 Jammu & Kashmir has a population of 1.25 crore with around 25 lakh tribal population and considerable percentage of under privileged. Moreover unlike the rest of the country, 95% of heath care demands are met by the public sector. Therefore, use of Free Drug Initiative in the state of J&K is an economic and social imperative.

1.4 The Government of Jammu and Kashmir had constituted Jammu & Kashmir State Drugs Formulary Committee under the Chairmanship of Dr. Ajit K. Nagplal the first Director of Sher-i-Kashmir Institute of Medical Sciences, Soura and Convenor, Task Force on Health Sector Reforms in J&K constituted vide General Administration Department Government Order No. 1381-GAD of 2009 dated 07.10.2009. The Committee recommended Drug Formulary for the State based on which the Health and Medical Education Department, through a notification issued vide No. HD/Plan/182/2015 dated 23.02.2016 has notified Jammu and Kashmir Drug Formulary.

1.5 The Ministry of Health & Family Welfare, Government of India has taken an initiative of "Free Drug Service" under National Health Mission in the country which is in line with the National Health Policy and subsequently the State Government vide order no. 811-HME of 2015, Dated 18-12-2015 constituted a committee with an objective to prepare a report on the draft "Free Drug Policy" in J&K which placed its recommendations in this regard.

2. Concept/Objectives

2.1 Under this policy every citizen of the Jammu & Kashmir will be entitled to certain free medicines/ drugs in public health facilities spread across the State. Only generic drugs will be provided. Branded drugs have been kept out of the policy. The list of such drugs/medicines is subject to review on regular basis.

2.2 Health OBJECTIVE: Provision of "Free Essential Drugs" as one of the most important interventions in all Government Health Institutions.

2.3 Financial OBJECTIVE: Promotion of rational use of drugs on the basis of efficacy, safety, suitability and cost effectiveness as an important step towards mitigating the burden of health care costs.

2.4 Developmental OBJECTIVE: To reorient the medical, paramedical and pharmaceutical education towards the principles emphasizing the mechanism for effective distribution of medicines i.e. streamlining the Distribution, Quality Assurance, Storage & Dispensing of drugs to institutions and ensuring availability of free drugs at all times irrespective of economic status.

3. Drug Supply and Selection

1.1 Initially selected set of free essential medicines (as per annexures - A, B & C) are planned to be supplied under "Free Drug Policy" for use in in-patient and out-patient facilities of the various public health institutions comprising District Hospitals, Sub District Hospitals/ Community Health Centres, Primary Health Centres and Sub Centres through Drug Distribution Centres (DDC) located within the premises of these institutions.

3.2 Essential drugs are those drugs that are required to treat the majority of prevalent disease load, in a cost-effective and efficient manner. The concept does not imply that no other drugs are useful, but that these drugs are the most needed for the health care of the majority of the population. These should therefore be available in adequate amount and in the proper dosage forms. Free drugs are those which the Government commits to providing free of cost at the concerned health centres and ensuring their availability at all times.

4. Institutional Mechanism for Procurement

4.1 All the free drugs will be purchased by the State Government through central procurement mechanism for which the Jammu & Kashmir Medical Supplies Corporation Limited (JKMSCL) has already been set up the State Government and has started functioning as well. This corporation shall also ensure putting in place mechanisms for distribution of supplies to various Health Institutions across the state.

4.2 The Corporation shall ensure procurement through transparent open tendering process and ensure the availability of free drugs at all times so as to guard against stock out of such medicines/ drugs.

4.3 All drugs and medical consumables will be purchased in generic names.

4.4 No brand name or M.R.P (Maximum Retail Price) will be mentioned anywhere in the strip/box/carton/foil/vial etc.

4.5 JKMSCL shall frame all the terms and conditions in the tender documents well as supply orders with a view to ensuring timely supply of medicines/ drugs.

4.6 An electronic inventory management system should be created and established in all warehouses and drug stores and DDCs of all health facilities down to the level of CHCs and PHCs where ever possible.

4.7 Quantification of drugs should be based upon last year's consumption and senior staff's estimates.

4.8 Sufficient Buffer stock shall be made available at Central Store at all times by JKMSCL to guard against any stock out position.

5. Budgetary Implications:

5.1 It is important to match the strategies and action plans with available financial resources. Allocations from Government funds and revenue from drug registrations and fees are the usual funding sources. JKMSCL should have a mechanism for receiving funds from the Government/ under National Health Mission.

5.2 Government shall decide allocation of resources/ funds for ensuring timely procurement of Free drugs and their sustained availability. Government may even consider allowing some percentage of local purchase in the likely event of stock out position or for meeting other demands like oxygen cylinders, nitrous oxide cylinders, laboratory reagents or drugs not provided by the JKMSCL, and for meeting transportation costs to supply the same to peripheral health institutions etc.

5.3 The Committee is of the view, after studying the general pattern of consumption of Free drugs (as per the annexures) that around Rupees 30 crore should be a sufficient allocation for ensuring the Free Drug regime to be in place as of now.

6. Quality Assurance:

JKMSCL shall ensure that only quality drugs/medicines are procured and supplied. It shall build in all such mechanisms which shall ensure quality of procurements. It should inter-alia include Parallel quality testing procedures to be followed by the JKMSCL and samples of drugs and medical consumables to be sent to the empanelled laboratories for quality testing within the stipulated time frame.

7. Distribution & Transportation

The supply chain and logistics management of drugs and vaccines needs to be strengthened for effectively managing the scheme. Use of IT enabled systems for the management of procurement and distribution of drugs and vaccines offers enormous benefits over the manual system and has to be in place. The system must provide real-time status of drugs/ medicines and vaccines in different health facilities to help in better planning, execution and control on demand and supply at all the levels. Properly designed and well managed warehouses for handling and storage of supplies must be in place at the regional level as well as at peripheral levels to the extent possible. The storage must be as per norms where temperature related requirements are there eg. vaccines, serum, etc. which require temperatures between 2^0 to 8^0 C to be maintained. Similarly, Facility Level Storage must be ensured as per the requirement/ norms, which would require strengthening in terms of infrastructure and manpower.

8. Periodic Evaluations of the Free Drug Policy:

The Free Drug Lists and related issues of the Policy should be periodically evaluated. For example, Independent consultants from State Health Department or Professionals in the field or consultants from the World Health Organization may be invited. Such evaluations should form an integral part of the pharmaceutical master plan for ensuring regular review and modification of the Free Drug Lists etc.

9. Grievance Redressal Mechanism

An effective grievance redressal mechanism committee should be formed in JKMSCL and in each district where Chief Medical officer should be the Chairman. A uniform toll free number needs to be established at the JKMSCL, which shall address the issues pertaining to availability of drugs at health facilities and other relevant issues. Complaint and suggestion box and the list of drugs available in the facility need to be conspicuously displayed/ put in place at every health facility. There should be a mechanism in place that in case of non availability of certain medicine out of the Free Drug List to a patient, the Incharge of the Health Facility shall ensure timely securing of the said medicine and quantity thereof within shortest possible time for which detailed mechanism would be separately spelt out.

Action on the grievances shall in any case be taken within three days on priority and complainants should be informed regarding the action taken.

10. Prescription Audit

A regular activities need to be inculcated at all the health facilities for conducting random prescription audit under the supervision of CMO/MS/BMOs and the data shall be shared with JKMSCL and the Directors of Health Services Jammu/Srinagar. Prescription audit should be performed by random sampling.

11. Standard Treatment Guidelines (STGs)

Some states have already developed and disseminated STGs to the health facilities. J&K may also adopt STGs developed by Mi9nistry of Health and Family Welfare, GoI/WHO.

Free Drug Lists enclosed as Annexure-A (catering to Sub-centres), B (catering to Primary Health Centres) and C (catering to District Hospital/Community Health Centre/ Sub District Hospital) shall be part of the Free Drug Policy along with the indicative approach for making the said lists effective and functional.

Annexure "A" to Govt. Order No. 142-HME of 2016 dated 14-03-2016

List of Free Drug list for Sub-Centres

S. No.	Product	Dosage forms	Strength
1.	Gamme Benzene Hexachloride	Lotion	1% w/v 12
2.	Dicyclomine	Tablet/injection	10 mg
3.	ORS	Powder	20.5 gm
4.	Zinc Sulphate Dispersible	Tablets	20 mg
5.	Paracetamol	Tablet/ Syrup	500 mg. 125 mg/ 5 ml
6.	Vitamin A	Suspension	100,000 IU/ml
7.	B-Complex	Tablets	B 25
8.	Anti cold suspension	Suspension/ syrup	125 mg
9.	Hydrocortisone	Injection	100/vial
10.	Albendazole	Tablets	200 mg/ 5 ml
11.	Sulfamethoxazole & Trimethoprim (Co-trimozazole 1)	Tab./ Susp	100 mg + 200 mg. 200 mg+ 40mg/5ml
12.	Metronidazole	Tab. Susp/ Injection	400mg,200mg/5ml 500mg/100ml
13.	Iron Folic Acid (Ferrous sulphate & Folic Acid).	1 Tablet Large/small/syrup	Iron equiv. to 60 mg iron+500 mcg folic acid, Equivalent to 20 mg iron+100 meg folic acid Equiv. to 20 mg iron+100 mcg.
14.	Domperidone	Tab/syp	100 ng, 1mg/1ml
15.	Metoclopramide	Injection	100mg/ml
16.	Bleached Bandage Cloth	Size-10C msx4 Mtr, 10cmx4 Mtr, 15 cms 4 mtr.	
17.	Absorbent Cotton Wool	IP	
18.	Povidone Iodine	Solution	
19.	Syringe with needle		5 ml
20.	Disposable Gloves	Different sizes	
21.	Silk Suture with needle		1-0 on cutting curve needle
22.	Leukoplast		
23.	Inj. Tetanus Toxoid	Vials	

Annexure "B" to Govt. Order No. 142 HME of 2016 dated 14-03-2016

List of Free Drugs for Primary Health Centres

S. No.	Product	Dosage forms	Strength
1.	Atenolol	Tablets	50 mg
2.	Amolidipine	Tablets	5 mg
3.	Acetyl Salicylic	Acid Tab	325 mg
4.	Silver Sulphadizine	Cream	1% w/w
5.	Gamma Benzene Hexachloride	Lotion	1% w/v 12
6.	Furosemide	Injection	40 mg
7.	Pantoprazole	Tablet/ injection	40 mg/40 mg vial
8.	Dicyclomine	Tablet/ Injection	410 mg
9.	ORS	Powder	20.5 gm
10.	Zinc Sulphate Dispersible	Tablets	20 mg
11.	Diclofenac Sodium	Tab/ injection	50 mg, 25 mg/ml
12.	Paracetamol	Tablets/ syrup	500 mg, 125 mg/ 5 ml
13.	Oxytocin	Vials	5 lu in 1 ml
14.	Misoprostol	Tablets	200 microgrm
15.	Cough Expectorant	Syrup	23 medicine
16.	Theophyline + Etophylline	Tablets/ injection	169.4 mg + 56.6 mg
17.	Glucose/ Dextrose	Injection	5% isotonic
18.	Ringer lactate	Injection	24
19.	Sodium Chloride	Injection	0.90 % 24.
20.	Vitamin A	Suspension	100,000 IU/ml
21.	B-Complex	Tablets	B 25
22.	Vitamin K	Injection	1 mg/ml/amp
23.	Calcium	Tablets	500 mg
24.	Cetrizine	Tablets	10 mg
25.	Anti cold suspension	Suspension/ syrup	125 mg
26.	Pheneramine maleate	Injection	22.75 mg/ml
27.	Hydrocortisone	Injection	100/ vials
28.	Antisnake venom	Injection	10 ml
29.	Albendazole	Tablets	200 mg/ 5 ml
30.	Amoxicillin	Cap./DT	500 mg, 250 mg
31.	Xylocaine	Injection	2%
32.	Doxycycline	Capsules	100 mg
33.	Ciprofloxacin	Eye & ear drops	0.30%

34.	Ciprofloxacin	Tablet	500 mg
35.	Sulfametoxazole & Trimethoprim Co-trimoxazole 1	Tab./Susp.	100 mg+20 mg 200mg+40mg/5 ml
36.	Clotrimazole	Pessaries	200 mg
37.	Metronidazole	Tab. Susp./ Injection.	400mg, 200mg/5ml, 500mg/100ml
38.	Iron Folic Acid (Ferrous sulphate & Folic Acid).	1 Tablet Large/small/syr up	Iron equiv. to 60 mg iron+500 mcg folic acid, Equivalent to 20 mg iron+100 meg folic acid Equiv. to 20 mg iron+100 mcg folic acid/ml
39.	Metoclopramide	Injection	10mg/ml
40.	Atropine	Injection	0.6 mg/ml
41.	Adrenaline	Injection	
42.	Bleached Bandage Cloth	Size-10C msx4 Mtr, 10cmx4 Mtr, 15 cms 4 mtr.	
43.	Absorbent Cotton Wool	IP	500 gms
44.	Providone Iodine	Solution	10% w/v
45.	Syringe with needle		5 ml
46.	Inravenous Set (Adult)	With Airway & Needle	Adult/ Children
47.	Disposable Gloves	Different sizes	
48.	Silk Suture with needle		1-0 on cutting curve needle
49.	Vein flow		Size-20,22,24
50.	Leukoplast		
51.	Beclomethasone+clotrimazole+gentamycinsulphate		
52	Inj. Tetanus Toxoid	Vials	
53	Domperidone	Tab/syp	100 ng, 1mg/1ml

Annexure "C" to Govt. Order No. 142 HME of 2016 dated 14-03-2016

List of Free Drugs and Consumables for District Hospitals & CHCs/ Sub District Hospitals

S. No.	Products	Dosage Forms
1.	Atenolol	Tab 50 mg
2.	Amolidipine	Tab 5 mg
3.	Enalapril	Tab 5 mg
4.	Silver Sulphadizine	Cream 1% w/v
5.	Furosemide	Injection 40mg
6.	Pantoprazole	Tab/Inj. 40 mg/40mg vial
7.	Ranitidine	Tab.(HCL)150mg
8.	Dicyclomine	Tab./Inj.10mg, 10mg/ml
9.	ORS	Powder for solution 10mg/ml.
10.	Zinc Sulphate	Dispersible tab
11.	Glimipiride	Tab. 1 mg
12.	Metformin	Tab. 500mg
13.	Anti-Rabies Vaccine	Inj. 2.5 units/ vial.
14.	Diclofenac Sodium	Tab./ Inj. 50 mg, 25mg/ml
15.	Paracetamol	Tab./Syrup 500mg, 125mg/5ml.
16..	Oxytocin Vials	Inj.51 U. in 1 ml.
17..	Misoprostol	Tab. 200 micro grms.
18.	Cough Expectorant	Syrup combination
19.	Salbutamol	Suspension 2mg/5ml.
20.	Theophylline+Etophylline	Tab./Inj. 169.4 mg+ 56.6mg/2ml
21.	Dextrose 5%	Injectable solution.5% isotonic
22.	Ringer Lactate	Injectable solution
23.	Sodium chloride (normal saline)	Indictable solution 0.90%
24.	Vitamin A	Suspension 100,000 IU/ml.
25.	B-complex	Tab Combination of Vit.B
26.	Vitamin K1	Inj. 1mg/ ml
27.	Calcium + Vitamin D3	Tab. 500mg.
28.	Cetrizine	Tab.10mg
29.	Anti cold suspension	Syrup Paracetamol 125mg, CPM 1 mg, Phenyl ephedrine 56mg/5ml
30.	Pheneramine maleate	Inj. (disodium) 22.75mg/ml
31.	Hydrocortisone	Inj. 100mg/vial
32.	Antisnake venom	Inj. 10ml.
33.	Phenytoin sodium	Tab/suspension 400mg, 200mg/5ml.

34.	Sodium Valporate	Coated Tab. 200mg
35.	Albendazole	Tab./suspension 400mg, 200mg/5ml
36.	Amoxicillin	Capsule/DT500mg,200mg/5ml
37.	Gesicaine	Inj.2%
38.	Ceftriaxone	Inj. Powder 250mg/vial, 1gm/vial.
39.	Cefaxime	Tab.200 mg.
40.	Azithromycin	Tab./suspension 500mg,200mg/5ml.
41.	Doxycycline	Capsule 100mg.
42.	Gentamycin	Inj. 40mg/ml.
43.	Ciprofloxacin Eye and Ear	Drops 0.30%
44.	Ciprofloxacin	Tab. 500mg.
45.	Sulfamethoxazole + Trimethoprim	Tab./Suspension 100mg+20mg. 200mg+40mg/*5ml.
46.	Clotrimazole	Pessaries 200mg.
47.	Metronidazole	Tab./suspension/Inj.400mg,200mg/5ml,50mg/100 ml.
48.	Iron (Ferrous Sulphate) + Folic Acid	Tab. Large/Small/Syrup iron equiv. to 60 mg + 500mcg folic acid. Iron equiv to 20 mg + 100 mcg folic acid iron equiv. to 20 mg + 100 mcg folic acid/ ml.
49.	Folic Acid	Tab. 5mg
50.	Domperidone	Tab/ Syrup 10 mg. 1mg/ml
51.	Atropine	Inj. 0.6mg/ml
52.	Adrenaline	Injection
53.	Diazepam	Inj. 10mg/2ml
54.	Bleached Bandage Cloth	10cmx4mtr, 15cmx4mtr.
55.	Absorbent Cotton Wool	500 gms.
56.	Povidone Iodine	Solution 10%w/v
57.	Syringe with needle	5ml
58.	Intravenous Set with Airway and Needle	Adult/ children
59.	Disposable Gloves Sterilized	Latex (ISI marked) different sizes.
60.	Silk suture with needle	1-0 on cutting curved needle
61.	Vein flow	20,22,24 size
62.	Leukoplast	
63.	Beclomethasone + clotrimazole+ gentamycin sulphate	Skin ointment
64	Acetyl Salicylic	Acid Tab 325mg
65	Gamma Benzene Hexachloride	Lotion1%W/V12
66	Xylocaine	Inj 2%
67	Metoclopramide	Tab. Susp./inj. 400mg,200mg/5ml, 500mg/100ml
68	Inj. Tetanus Toxoid	Vials