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Big Pharma's Patent Cliff Ahead

How are Indian Pharma companies poised to capitalize on the $236bn opportunity?

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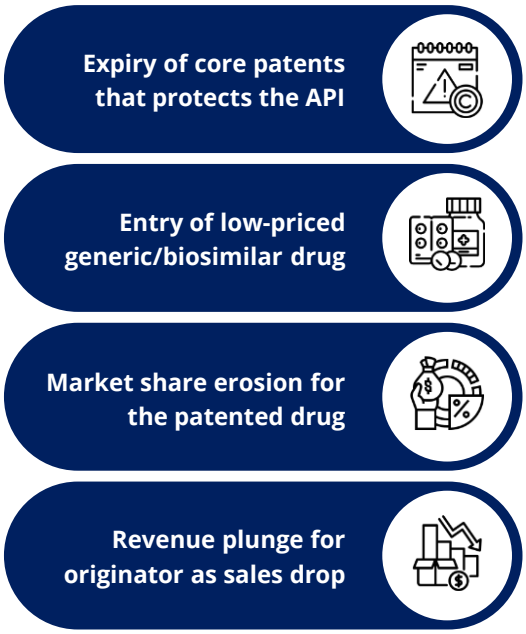
Introduction

The global pharmaceutical industry is entering one of its most disruptive phases. Industry experts & analysts estimate that approximately $236 billion of global drug sales will lose patent protection/**face Loss of Exclusivity** (LoE) by 2030, including dozens of blockbuster small-molecule drugs and biologics. The resulting "**patent cliff**" will flood markets with generics and biosimilars, driving down prices but opening a vast opportunity for makers of affordable medicines.

This monumental change will not just have financial implications. It's a decisive moment for the industry to shift away from dependence on ageing products and embrace lasting innovation. Indian pharma companies, already the world's leading generics suppliers, are uniquely positioned to seize this wave. **With 750+ FDA-approved plants** and growing strength in complex generics and biosimilars, India can expand its global market share and deliver strong returns for investors.

Decoding the Patent Cliff

Patent cliff refers to the sharp, often **precipitous decline in revenue** and profitability that a pharmaceutical company experiences when one or more of its leading, high-revenue products lose market exclusivity and face generic competition.



For a "**blockbuster drug**", one with **annual sales exceeding $1bn,** the financial impact can be significant. Upon the expiration of patent protections and market exclusivities, the competitive landscape undergoes an immediate transformation.

Generic manufacturers, capable of producing bioequivalent therapies at **substantially reduced costs**, enter the market assertively.

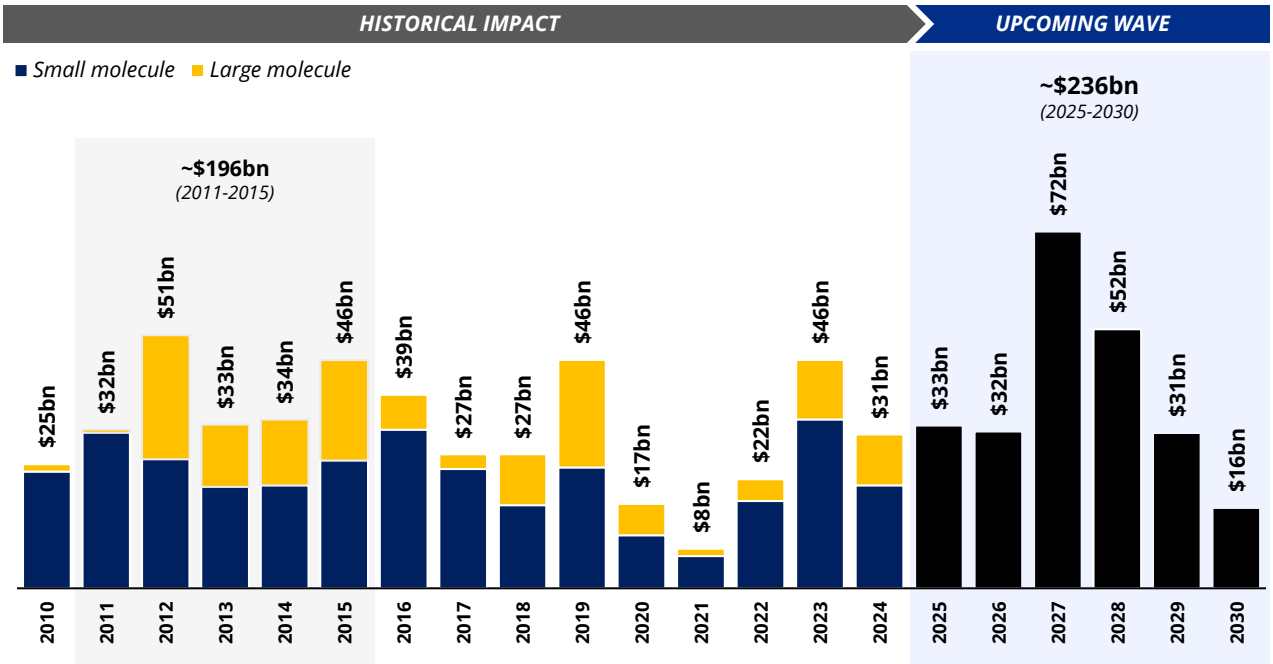
Driven by strong economic incentives, healthcare payers and providers **rapidly transition patients** to these lower-priced generics or biosimilars.

The resulting revenue decline for the originator product is both swift and severe, frequently reaching approximately **80% within the initial year post-patent loss**. Initial generic pricing typically starts near 30-50% of the branded drug's price. The subsequent entry of additional generic competitors intensifies price competition, frequently depressing prices to 10-30% of their original level.

Lessons from History

This sharp drop in revenue after patents expire is a well-known pattern in the pharmaceutical industry. It happens recurringly in a cyclic manner, often after a period of major transformational change in the pharma market, where multiple new drugs with novel modalities are launched within a short span of time. As patents of such drugs expire in proximity to each other, cumulative revenue erosion risk arises in parallel.

Exhibit A: Global revenue impacted/risk from LoE amidst patent cliffs



Source: *BCG, Bain & Company, Evaluate Pharma*

Exhibit B: Historical case studies on revenue erosion from entry of generics

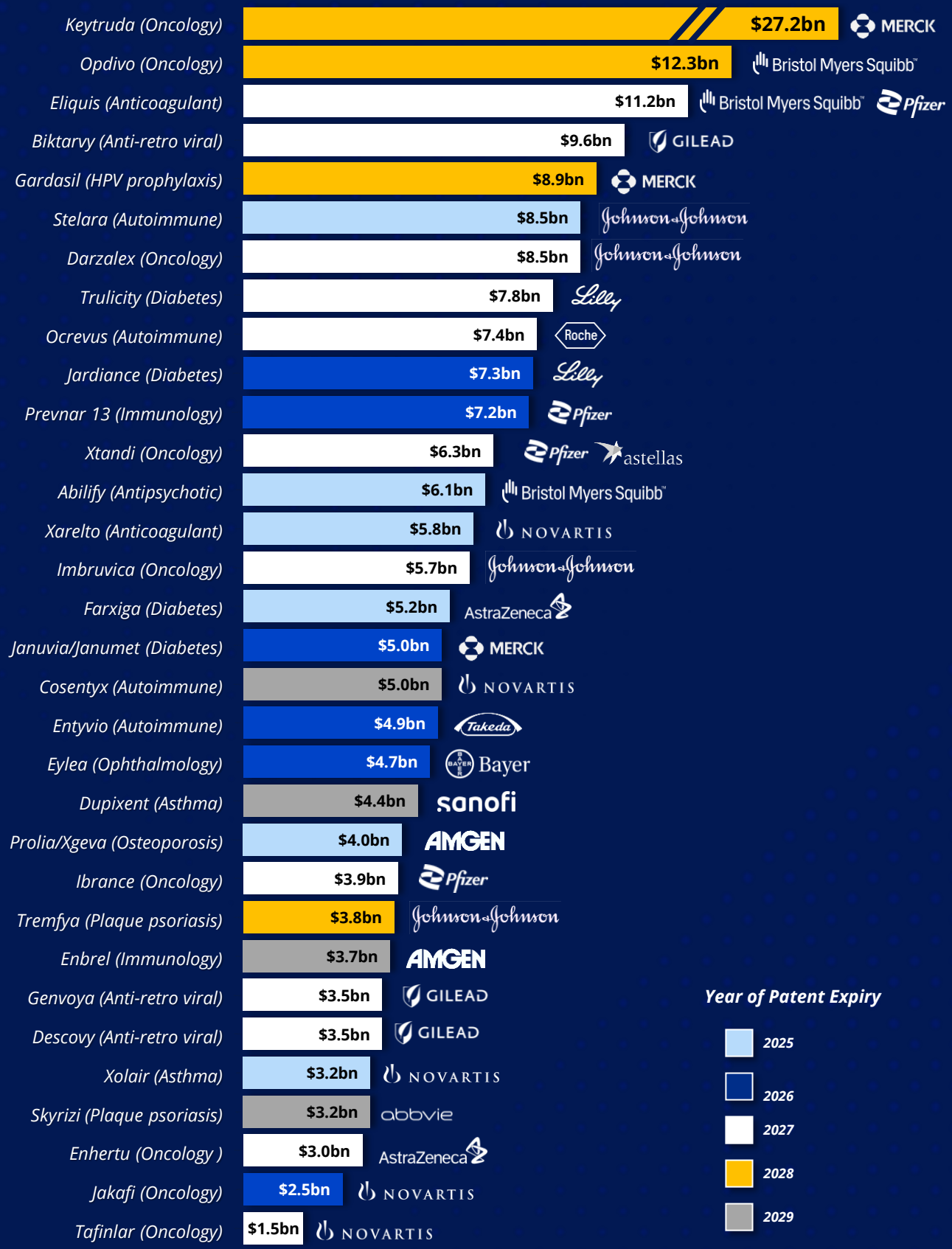
Patented drug	**Lipitor** (Atorvastatin)	**Zyprexa** (Olanzapine)	**Plavix** (Clopidogrel)	**Viagra** (Sildenafil)
Innovator	**Pfizer**	**Lily**	**Sanofi**	**Pfizer**
Utility	Cholesterol-lowering statin	Atypical antipsychotic	Cardiovascular blood thinner (antiplatelet)	Erectile dysfunction treatment
Peak Sales*	~$12.9bn *(2008)*	~$5.0bn *(2010)*	~$9.8bn *(2011)*	~$3.8bn *(2012)*
Patent Expiry	**2011**	**2011**	**2012**	**2017**
Post Expiry Sales	~$2.3bn *(2012)*	~$1.7bn *(2012)*	~$2.5bn *(2012)*	~$0.5bn *(2019)*
Value erosion velocity *(vs peak sales)*	**~82% decline** in market sales value within 48M of patent expiry	**~66% decline** in market sales value within 12M of generic entry This was a major factor in significant restructuring at Lilly	**~74% decline** in market sales value within 12M of generic entry Sharp erosion in US and EU markets from launch of generics	**~76% decline** in market sales value within 24M of generic entry Pfizer launched an authorized generic to capture some volume

**Refers to revenue generated during patent protection period*

Note:
1. *Small molecule drugs refer to low–molecular-weight compounds synthesized through chemical reactions*
2. *Large molecule drugs refer to high–molecular-weight therapeutic produced using living systems such as bacteria, yeast, or mammalian cells*

70+ blockbusters: ~$236bn value at risk

Exhibit C: Revenue at Risk from upcoming Loss of Exclusivity (LoE) of top drugs *(2025-2030)*



Key Insights from the Upcoming Cliff

A. Dominance of large-molecule drugs

The current patent cliff poses a fundamental seismic shift. Close to two-thirds of drugs at risk constitute biologics & specialty drugs, which come with higher manufacturing barriers and slower erosion rates.

As illustrated in Exhibit E, biologics bring different competitive pressures. Their development requires not only high capital investment but also deep scientific capabilities in areas such as cell-line engineering, bioprocessing, and advanced analytical characterization. These barriers limit the number of qualified biosimilar entrants, which in turn slows price erosion and extends revenue durability even after patents lapse.

These complexity of biologics/biosimilars creates a fundamentally different competitive dynamic compared to prior small-molecule patent cliffs, wherein companies with strong biologics portfolios face a more manageable cliff compared to past cycles dominated by small molecules.

B. Need for chronic-care alternatives

Particularly high concentration of drugs treating chronic diseases in this cycle, including oncology, diabetes, cardiovascular, autoimmune, and metabolic disorders, is set to have prominent market implications.

As these drugs are used by large, persistent patient populations, patent expiry of primary molecule will lead to continued demand for cost-effective generics post patent expiry.

This transition will significantly lower treatment costs, broaden access, and intensify competitive pressures on originator pharma companies, pushing them to diversify pipelines, accelerate M&A, and adopt new pricing strategies. Meanwhile, the biosimilars market, growing at over 20% CAGR, will become a key growth driver, supported by policy initiatives and regulatory reforms

Exhibit D: Share of large-molecule drugs in upcoming patent cliff *(by value)*

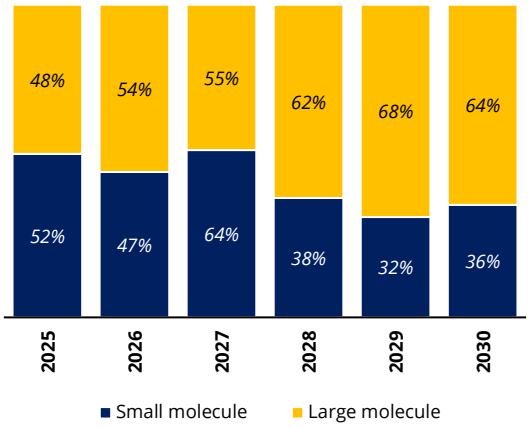
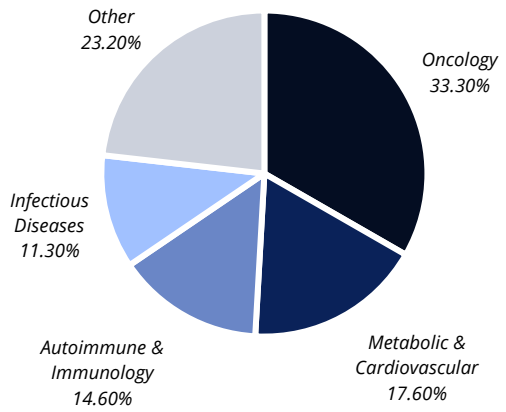


Exhibit E: Entry-barriers to development of biologics and large-molecule drugs

Skills & Capabilities	Highly specialized skills. Experience with complex technological platforms.
Development Cost	**~$50-200m**
Development Timeline	**~6-9 years**
Clinical Studies	Pharmacokinetic comparison studies in Phase 3 with ~100-500 subjects.
Manufacturing Investment	**Upwards of $150m**
Price Erosion Trajectory	Typically, less steep and more gradual

Exhibit F: Therapy-wise breakdown of estimated value at risk *(by value)*



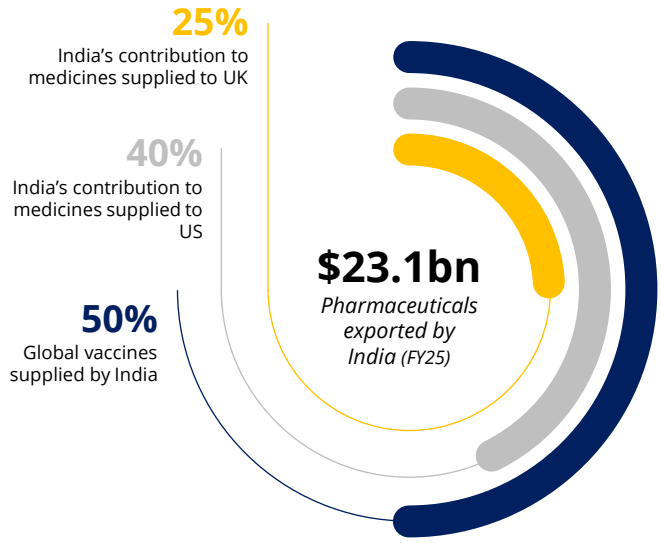
Deep Dive

Indian Pharma Firms are poised to capitalize on this opportunity

Quick Peek: India's Pharma Sector

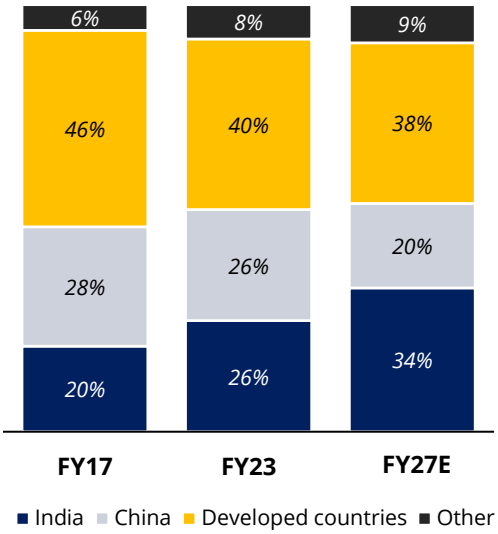
India's pharmaceutical sector has earned the moniker "**pharmacy of the world**" by supplying approximately 20% of all global generic drugs, making affordable medicine accessible from Africa to Latin America and beyond. As cost pressures, supply chain diversification, and the upcoming pharma cliff drive innovator and generic companies to reassess manufacturing footprints, India's share continues to grow. This structural reallocation underscores India's growing strategic relevance in global pharma supply chains and sets the foundation for sustained growth.

Exhibit G: India's contribution to global pharma needs



Source: *Bain & Company*

Exhibit H: Outsourcing choices illustrate a strategic shift of share to India



Growth drivers

India, the largest supplier of generic medicines in the world, lags from a value perspective in the global pharmaceutical market. This underscores the need to transition from a volume-based exporter to a value-driven leader in high-value products, such as biosimilars and innovative therapies.

Key trends that are shaping this sector include the drive for supply chain resilience, enhanced focus on R&D and quality, shift toward value through Contract Development and Manufacturing Organizations (CDMOs) and Contract Rresearch Organizations (CROs), increased regulatory harmonization, robust funding for Indian pharmaceuticals, the rise of digital and AI tools, and the push for sustainability.

Riding these trends, India's pharmaceutical **exports are projected to grow 10-15x**, reaching ~$350bn by 2047.

Policy Support
PLI schemes, API self-reliance incentives & expedited regulatory pathways

Manufacturing Edge
Backward-integrated API production, scalable facilities & export-ready infrastructure

Collaborative R&D
Growing co-development partnerships with Big Pharma for cost-efficient research

Capitalizing the Opportunity

From R&D to contract manufacturing, Indian Pharma players have already started undertaking multiple pathways to realize value from the upcoming cliff. Companies are adopting assertive tactics to ensure competitive visibility, focusing on enhancing capabilities and entering new global partnerships & collaborations to capitalize on the opportunity.

Decisive GTM strategies

Securing market share through aggressive positioning

For companies with strong existing capabilities for R&D and manufacturing, the strategy is attack & capture: moving with speed and precision to capture market share:

- **Securing First-to-File Positions**: For small molecules, the first generic to file an Abbreviated New Drug Application (ANDA) is often granted 180 days of market exclusivity in the US. This period of limited competition is extremely valuable, allowing for higher pricing and significant profit capture before other generics enter and drive down prices
- **Co-developing & Pre-selling in Emerging Markets**: Establishing distribution partnerships, filing for approvals, and building brand recognition in key emerging markets (e.g., Latin America, Asia) before patent expiry has allowed for a rapid and effective launch on day one. This pre-emptive move helps secure a dominant position in these high-growth but logistically complex regions

- **Biocon Biologics** launches Yesintek in the US, becoming one of the first entrants of Stelara biosimilar *(Feb 2025)*
- **Dr. Reddy's** has partnered with Bio-Thera Solutions for distribution of Stelara biosimilar in SEA markets and partnered with Alvotech to commercialize a Pembrolizumab biosimilar for global markets *(Mar 2025, Jun 2025)*
- **Cipla** and Alvotech partner for development, supply & commercialization for 5 biosimilars for South African markets *(Nov 2020)*

Tapping the Demand Surge

Building Capacities to match market needs

Pharma manufacturing is complex & costly with long lead times (3-5 years to build and validate a facility). With demand for generics on the rise, companies that secure production capacity in near-term, will be positioned to service demand uptick when patents expire, while those who delay will face competition & capacity constraints

- **Build/Acquire Capabilities & Capacity**: Invest early in skilled talent and manufacturing infrastructure for both small and large-molecule drugs. Companies can expand organically or use M&As to fast-track growth by acquiring facilities, product pipelines, or expertise, ensuring faster market entry and stronger positioning
- **Explore Contract Manufacturing Opportunities**: Partner with Big Pharma post-cliff to produce bulk KSMs, APIs, and intermediates via CDMO/CRAMS collaborations. These alliances secure steady volumes, improve capacity utilization, and position firms as cost-efficient global suppliers

- **Syngene International** acquires first US biologics facility for $36.5m, boosting capabilities in large molecule manufacturing *(Mar 2025)*
- **Sudarshan Pharma** acquires API facility in Telangana to produce complex molecules, offering immediate manufacturing scale-up *(Sep 2025)*
- **Bajaj Healthcare** signed a CDMO pact with UK/EU based company for 15 new APIs, with pipeline including off-Patent generic APIs as well as APIs that are still under patent *(Dec 2024)*
- **Bharat Biotech** sets up CRDMO arm to focus on cell and gene therapies *(Nov 2025)*

But Time & Tide Will Wait for None

Although this cliff will unlock universal opportunities across generics and biosimilars, but the ability to capitalize on it is not same for all. In an industry with elongated drug development cycles, only those who act early can capture meaningful value.

In the last significant cliff (2011-2015), only the players who had proactively upgraded manufacturing capabilities and had regulatory approvals ahead of expiries, managed to capture meaningful first-mover advantages. Late movers were left competing on wafer-thin margins or shut out of lucrative markets.

In the current opportunity, **some early-movers have already well-positioned themselves**. Companies like Zydus Lifesciences, Dr. Reddy's, Biocon, Lupin, and Cipla have already initiated development or filings for select small-molecule and biologic products, positioning themselves to lead the next generics wave. For instance:

Exhibit I: Indian Pharmaceutical companies developing near-patent expiry generics

Drug	Therapy	Molecule	Indian firms currently developing generics
Eliquis	*Anticoagulant*	Small	Zydus, Indoco
Stelara	*Autoimmune*	Large	Biocon Biologics
Jardiance	*Diabetes / Heart failure*	Small	Dr. Reddy's, Alkem, Glenmark, Lupin
Xarelto	*Anticoagulant*	Small	Lupin, Aurobindo, Alembic
Imbruvica	*Oncology*	Small	Zydus, Natco
Januvia	*Type 2 diabetes*	Small	Macleods, Zydus, Lupin
Prolia/ Xgeva	*Osteoporosis*	Large	Biocon Biologics, Lambda, CuraTeQ
Ibrance	*Oncology*	Small	Dr. Reddy's, Sun Pharma, MSN

Source: PharmaCompass, Evaluate Pharma

This demonstrates a clear divide between firms preparing now for post-2026 launches and those that risk entering the race too late. For biosimilars in particular, the lag effect is unforgiving: **development can take 6–9 years** with regulatory approvals adding another 12–18 months. The companies already investing in facilities, partnerships, and filings today are effectively the only ones positioned to commercialize products when the patent cliff hits full stride.

In short, the coming opportunity is not a promise for all; it is a **reward for foresight**. Those who anticipate, invest, and act early will emerge as the next generation of global pharma leaders. Those who wait for the tide to turn will simply watch it pass them by.

Challenges & Risks

As Indian pharmaceutical companies position themselves to benefit from the impending global patent cliff, they still need to navigate through distinct set of structural, regulatory, and competitive risks. Successfully capitalizing on this transition requires surpassing stringent global regulatory environment, complex intellectual property regimes, and heightened competitive intensity from both multinational and low-cost global peers. Some key risks include:

A. Regulatory & Compliance Risks

- Stringent Global Oversight: USFDA and EMA inspections remain unforgiving; any non-compliance can lead to import bans or delayed approvals
- Quality Perception Issues: Past warning letters have hurt credibility; sustaining compliance at scale remains critical

B. IP & Legal Barriers

- Patent Litigation: Para IV filings often trigger expensive, lengthy lawsuits in the US/EU
- Evergreening Strategies: Big Pharma's patent extensions & settlements may delay entry

C. Supply Chain & API Dependence

- China Dependency: 60–70 % of KSMs still sourced from China, posing geopolitical and pricing risks
- Logistics Disruptions: Global shipping volatility increases costs and delays

D. Competitive Intensity

- Global Generic Giants: Large-scale manufacturers aggressively pursuing the same opportunities
- Biosimilars Race: High R&D costs and complex regulatory pathways make entry slower and riskier

E. Talent & Cost Inflation

- R&D Talent Shortage: Biosimilar and complex generics development require highly skilled scientists, creating a hiring bottleneck
- Rising Operating Costs: Wage inflation and energy prices could erode India's cost advantage

Takeaways

The upcoming patent cliff is more than a simple repetition of history; it is a fundamental stress test for the pharma industry's strategic and operational resilience. However, the Pharma sector has dealt with these challenges of change many times before. The revenue pressures may be more powerful, but the opportunities, especially for transformative treatments and cures, are bigger than ever before. For those prepared, it is not just a threat but a catalyst for reinvention. By focusing their resources and efforts on therapeutic areas where they have the greatest strength, clear distinguishing capabilities and strongest strategies, Indian pharma companies can approach a fast-changing future with confidence.

The last significant patent cliff in 2011-2015 reshaped portfolios, shifted capital, and forced the industry into new categories. The 2025–2030 cycle is larger in value, more complex in composition, and geopolitically favourable to India. As we move decisively, India is set to transition from being the world's pharmacy to being its strategic manufacturing and innovation hub.

Appendix: Top Blockbusters Nearing Patent Expiry

Brand Name	Manufacturer	Molecule type	Primary Utility	Market Size ($bn)	Patent Expiry
Stelara	Johnson & Johnson	Large	Autoimmune (psoriasis, Crohn's)	8.5	2025
Abilify	Otsuka / BMS	Small	Antipsychotic	6.1	2025
Xarelto	Bayer / J&J	Small	Anticoagulant	5.8	2025
Farxiga	AstraZeneca	Small	Type 2 diabetes / heart failure	5.2	2025
Prolia/Xgeva	Amgen	Large	Osteoporosis	4.0	2025
Xolair	Novartis	Large	Asthma / allergic conditions	3.2	2025
Jardiance	Boehringer Ingelheim / Eli Lilly	Small	Type 2 diabetes / heart failure	7.3	2026
Prevnar 13	Pfizer	Large	Pneumococcal vaccine	7.2	2026
Januvia/Janumet	Merck & Co.	Small	Type 2 diabetes	5.0	2026
Entyvio	Takeda	Large	Autoimmune (Ulcerative colitis, Crohn's)	4.9	2026
Eylea	Regeneron / Bayer	Large	Ophthalmology (AMD, diabetic retinopathy)	4.7	2026
Jakafi	Novartis	Small	Myeloproliferative disorders	2.5	2026
Eliquis	BMS / Pfizer	Small	Anticoagulant	11.2	2027
Biktarvy	Gilead Sciences	Small	Anti-retro virals (HIV treatment)	9.6	2027
Darzalex	Johnson & Johnson	Large	Myeloproliferative disorders	8.5	2027
Trulicity	Eli Lilly	Large	Type 2 diabetes	7.8	2027
Ocrevus	Roche	Large	Multiple sclerosis (PPMS & RRMS)	7.4	2027
Xtandi	Pfizer/Astellas	Small	Oncology	6.3	2027
Imbruvica	AbbVie / Johnson & Johnson	Small	Oncology (Hematologic cancers)	5.7	2027
Ibrance	Pfizer	Small	Oncology (breast cancer)	3.9	2027
Genvoya	Gilead Sciences	Small	Anti-retro virals (HIV treatment)	3.5	2027
Descovy	Gilead Sciences	Small	Anti-retro virals (HIV treatment)	3.5	2027
Enhertu	AstraZeneca	Large	Oncology	3.0	2027
Tafinlar	Novartis	Small	Oncology	1.5	2027
Keytruda	Merck & Co.	Large	Oncology (multiple indications)	27.2	2028
Opdivo	Bristol-Myers Squibb	Large	Oncology (various cancers)	12.3	2028
Gardasil	Merck & Co.	Large	HPV prophylaxis	8.9	2028
Tremfya	Johnson & Johnson	Large	Plaque psoriasis	3.8	2028
Cosentyx	Novartis	Large	Autoimmune (psoriasis, psoriatic arthritis)	5.0	2029
Dupixent	Sanofi / Regeneron	Large	Asthma / atopic dermatitis	4.4	2029
Enbrel	Amgen	Large	Immunology	3.7	2029
Skyrizi	AbbVie	Large	Plaque psoriasis	3.2	2029
Others				~30.0	
Total				**~236.0**	

Source: PharmaCompass, Evaluate Pharma

Appendix: Indian Generics & Impact

Patented drug	Original manufacturer	Year patent loss / LOE (relevant market)	Generic/biosimilar name (example)	Indian generic manufacturer(s)	Year of Indian generic launch	% revenue or price drop (due to generics)
Humira *(Adalimumab)*	AbbVie	Major EU LOE 2018; US entry 2023 (US LOE led to big revenue hit 2023).	Exemptia (adalimumab) / Hulio / Hulio/Hulio variants	Zydus Cadila (Exemptia), Biocon (Hulio, Hulio partnership), others (Cadila, Hetero etc.)	Zydus — **2014 (India)**; Biocon — EU/US launches 2018/2023.	**AbbVie forecast / reported Humira sales decline ≈35–37% in 2023** after US biosimilar entry; Indian launches produced deep local price competition (large % drops in Indian procurement). (Exemptia, Reuters, AbbVie Investors)
Revlimid *(Lenalidomide)*	Bristol-Myers Squibb (BMS)	Major generic launches 2022 (US/EU generic entry began 2022).	Lenalidomide (generic)	Dr. Reddy's, Cipla, Natco, others	**2022** (Dr. Reddy's/others launched generics in 2022)	**BMS reported very large Revlimid revenue erosion — Revlimid sales fell ~38% year-over-year in quarters after generics (example: Revlimid quarterly/annual drops ~22–38% reported).** (company / FiercePharma coverage). (Managed Healthcare Executive, Fierce Pharma)
Eliquis *(Apixaban)*	BMS / Pfizer	Patent litigation; generic activity and Indian launches around **2019–2020** (India saw generic launches earlier under court outcomes).	Apigat / Apixazen / other generics	Natco (Apigat), Cipla and others	**2019** (Natco samples/distribution reported 2019)	Example price comparison (India): **branded Eliquis ~₹44.5/tablet vs Natco Apigat ~₹16.6/tablet → ≈62.8% price reduction (example Indian retail prices used for calc).** (Approx calc from Indian pharmacy listings.) (mint, 1mg, medplusmart.com)
Xarelto *(Rivaroxaban)*	Bayer / Janssen	Generic competition increased globally from ~2018–2021; Indian generics launched during this window.	Rivaroxaban (generic)	Several Indian makers (e.g., Cipla/Lupin/etc.)	~2019–2021 (Indian launches)	Example Indian price comparison (brand vs generic) indicates **~70–80% lower** retail price for many generic rivaroxaban products vs brand (computed from Indian pharmacy price listings — example: branded ≈₹58.7/tab vs generic ≈₹14 → ≈76% reduction). (European Pharmaceutical Review, 1mg)
Trastuzumab *(Herceptin)*	Roche	Major biosimilar entries 2014–2019 (India launches around 2014 onward)	Canmab / Trastuzumab biosimilars	Biocon (CANMAb), Cipla, Glenmark, Intas, others	**2014 onward (India)**	Multiple Indian biosimilar launches led to **very large local price cuts** (examples: 30–70%+ discounts cited for some launches / tenders); global biosimilar uptake caused meaningful revenue erosion for originator in many markets. (Biocon, PMC)
Bevacizumab *(Avastin)*	Roche	Biosimilar activity / Indian launches 2017–2020	Bevacizumab biosimilars (various)	Dr. Reddy's, Biocon, Intas, others	2017–2020 (India / ROW)	Example: published comparisons showed vials of some biosimilars priced **~60% lower** than historic innovator vial prices in procurement examples — large access/price effects in oncology procurement. (PMC, Médecins Sans Frontières Access Campaign)
Sitagliptin *(Januvia)*	Merck	Key patents lapsed around **2022** (context: combination Janumet, single-molecule patents)	Sitagliptin (generic) / Janumet generics	Sun Pharma, Glenmark, Zydus, Dr Reddy's, Torrent etc.	**2022** (and 2023 for combinations in some markets)	Indian generic entrants caused large price falls in the DPP-4 class — press reports estimate ~50–80% lower prices for many generic sitagliptin products vs the innovator
Palbociclib *(Ibrance)*	Pfizer	Patent / regulatory barriers cleared for India around **2023** (Indian launches after LOE / settlements)	Palbociclib (generic)	Sun Pharma (example), others planned	**Jan 2023** (Sun / other Indian launches/reports)	Company/market commentary and Indian company materials cite **very large price reductions** vs the branded Ibrance cost — an industry example (Cipla data point) reported **~94%** lower patient cost for generic palbociclib vs innovator in an Indian cost comparison (company disclosure / case example). (see source) (Fierce Pharma, ICICI Direct)
Olaparib *(Lynparza)*	AstraZeneca / Merck (collab)	Generics/biosimilars and non-infringing launches after patents/LOE in many markets mainly from **2023–2024**	Olaparib generics (Ibyra etc.)	Zydus (Ibyra)	**2024** (Zydus announced lower-cost launch / access programme timelines)	Reported Indian pricing examples: innovator yearly programme costs vs Indian generic pricing example **~95% lower** in a public company / press example (reported: innovator ₹~72L/yr vs Indian generic ₹~3L/yr in the cited release). (computed from press numbers). (The Pharma Letter, The Economic Times)
Ibrutinib *(Imbruvica)*	Pharmacyclics/J &J (now AbbVie) / Janssen involvement	Complex IP litigation in India; however Indian generics were launched / distributed in India starting ~**2019** (with legal pushbacks).	Ibrutinib (generic)	Natco, Alvogen, other Indian players (announced)	**~2019** (Natco / Indian generics distributed; court disputes followed)	Indian generics availability led to **very large cost reductions** in Indian market examples (press reports cite huge percentage reductions — e.g., generics priced an order of magnitude lower vs branded therapy in India). Note: ongoing litigation affected some launches. (PMC, SpicyIP)
Bortezomib *(Velcade)*	Takeda	Patent expiration / biosimilar entries 2022 (LOE led to EU/ROW generic entries)	Bortezomib generics	Natco (Bortenat), Dr Reddy's (Myezom), Intas etc.	**2022–2023** (Indian/ROW entries)	Market reports / procurement examples show **~50–75%** lower vial prices for generics/biosimilars vs the innovator in many procurement markets after LOE and biosimilar entry. (P Market Research, 1mg)
Tofacitinib *(Xeljanz)*	Pfizer	Generic introduced in India **Nov 2020** (generic tofacitinib entered India in late 2020)	Tofacitinib generics (various)	Multiple (Intas, Cipla, Alembic, others)	**Nov 2020 (India)**	Clinical / pharmaco studies and press note that **monthly therapy cost dropped substantially** after Indian generics — examples report **~50%** or more reduction (company press / local price reports; Alembic / others publicly cut prices). (PMC, YouTube)
Dasatinib *(Sprycel)*	BMS	Patent protections in India effectively exhausted/invalidated historically; Indian generic activity around **2012–2020** (Natco and others launched copies earlier and later).	Dasatinib generics (Natco, Shilpa etc.)	Natco, Shilpa, others	Natco (launched earlier; commercial reports around **2012**; other launches through 2020)	Press examples: **monthly cost reductions >90%** vs branded Sprycel reported in Indian press when Natco launched at ~₹9,000/month vs branded prices ~₹1.6 lakh/month (example reported in press) — large % drop. (The Times of India, Business Standard)
Dabigatran *(Pradaxa)*	Boehringer Ingelheim	US/EU patent expiries around 2017–2022 depending on jurisdiction; Indian generics available in last 6–8 years	Dabigatran generics	Natco and other Indian firms (exports/markets)	Indian generics available across the 2016–2022 window	Generic dabigatran pricing examples (international pharmacy data / GoodRx) show **large price falls** vs the branded product (examples of generics priced at single-dollar amounts per tablet in some international listings vs higher branded prices — i.e., large % reduction; Indian listings show major discounting). (PharmacyChecker.com, 1800rxonline.com)

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Anuj Kapoor

Founder & Partner | Investment Banking

Email: anuj@upwisery.com

Key Contributor

Ambuj Gupta

Associate | Lifesciences | Investment Banking

Email: ambuj@upwisery.com

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