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Russia's Self-Imposed Isolation Reaches a New Frontier: Medicine

By Tatyana Rybakova

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A pharmacy in Moscow. **Yevgeny Messman / TASS**

There are two contrasting opinions about Russia's pharmaceutical market.

A common sight on Russian-speaking forums across Europe is requests to find Russian medicines and alternative cures — or at least their local equivalents — from expats who are convinced it will solve their problem.

At the opposite extreme are people inside Russia suffering from serious chronic illnesses who try to get imported medication through whatever means necessary. They are convinced that any Russian-made drug, even one produced under license, is no better than "fuflomycin" — a quack cure.

I fall into this second group. I remember racing through Belarus, trying to reach the nearest pharmacy on the Polish side before an anaphylactic shock killed me. The allergy medicine I'd

bought in Moscow — supposedly identical to the one I take in Serbia — didn't work at all. In my mother's case, Serbian doctors prescribed her a lower (and more effective) dose than their Russian counterparts. I also remember that my medication cost eight times less in Serbia; hers, three and a half times less.

I say this to point out that Russia's medicine problem isn't new. Drug quality has been dubious since Soviet times, when satirist Mikhail Zhvanetsky joked about aspirin that worked worse than Swiss aspirin: "Maybe someone should wash their hands."

But now the problem has entered, dare I say it, a terminal stage.

Recently, State Duma Budget Committee member Airat Farrakhov suggested that Russia start selling pills individually to save money. In his view, it would be better to ship tablets in bulk bags or boxes and let pharmacies dispense as needed.

Honestly, it's hard to laugh at his proposal. I know how much my friend with heart disease spends his entire pension on medicine. If he didn't keep working, he'd probably die of hunger before a heart attack. I've also chipped in for fundraisers for sick friends and acquaintances — not only those with cancer or rare diseases.

To give some examples: one of my allergy medicines, Allegra, costs 877 rubles ($10.82) for a pack of 10 tablets. At one tablet per day, that's 2,631 rubles ($32.54) a month. The Parkinson's drug Madopar costs 5,500 rubles ($68.03) for a pack of 100 — barely enough for a month.

Now imagine an elderly person who, besides Parkinson's, has a dozen other ailments. Will their pension be enough? Sure, some medicine is subsidized. But that comes with the misery of constant doctor visits for prescriptions and the hunt for the right pharmacy that might actually have the drug.

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Imported medicines are increasingly disappearing, sometimes temporarily, sometimes for good. Diabetes drugs, epilepsy drugs, and many others are vanishing from shelves.

The Health Ministry's response is always the same: Russia has domestic equivalents. The problem is that chronic illnesses like diabetes or epilepsy often require trying different drugs to find what works best. Every person's body reacts differently; a drug may trigger severe side effects not just from the active ingredient but from fillers, binders or dyes.

The Health Ministry's logic is simple: if the active substance treats the disease, take it and stop complaining.

The issue that the Health Ministry and Russian pharma lobbyists call "foreign dominance" came up again at the Eastern Economic Forum. Dmitry Kudlai, vice president of the company Generium, complained that drugs made in "unfriendly countries" often outsell Russian ones despite sharing "the same indications." Deputy Health Minister Viktor Fisenko promised to "do everything necessary to ensure our resources stay inside the country."

Mr. Kudlai was unhappy that his company's Glurazym sells worse than the Irish-made Vpriv.

Both treat Gaucher's disease, but they use different active ingredients. Kudlai says that doesn't matter—and the ministry agrees.

The stakes are high: the state's fixed purchase price for Glurazym (sold only through government procurement) is 59,698 rubles ($736.34) before VAT. If it doesn't work well? You can buy Vpriv in a pharmacy for 76,315 rubles ($943.29) — if you can find it. Gaucher's disease affects roughly one person in half a million. In the first half of 2025, state agencies spent about 1.2 billion rubles ($14.83 million) on Vpriv, while Glurazym sales totaled 1.06 billion rubles in seven months. So if the Irish drug were banned, Generium's revenue would more than double.

And indeed, the ban is no longer hypothetical. Russia has implemented the "second is superfluous" rule for government drug tenders: if at least one Russian manufacturer participates, foreign companies are automatically excluded. As of January 2025, the rule covers "vital and essential" drugs; from 2026, it will extend to all "strategically significant" ones — meaning whatever the government says it is.

Money is the true driving force behind all this patriotic talk about "domestic pharmaceuticals." Let's go back to Glurazymand Vpriv. Add 20% VAT to Glurazym's state purchase price, and you get over 71,600 rubles ($885.10) per vial — meaning the Irish drug, even after markups, actually costs less than the Russian equivalent. That's not even touching on differences in efficacy or quality. Logically, regional governments would prefer the cheaper option. But it's easier for domestic firms to lobby "national interests" than to lower prices.

Regional officials are already grumbling: the drugs are too expensive and budgets are too tight. In Sverdlovsk Oblast, authorities even proposed offloading the burden of buying imported drugs onto charities. Local budgets, they say, should be spent on Russian-made medicine. As State Duma deputy Alexander Petrov grandly put it, "There is a drop of our soldiers' blood on every package of medicine from unfriendly countries."

The lofty rhetoric makes more sense once you learn that Petrov also founded Medsintez, a plant producing genetically engineered insulin. I find it hard to stay neutral here: a diabetic friend of mine lost both legs after being forced to switch to Russian insulin.

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Take this story of bureaucratic madness. In the Krasnodar region, a clinic held a tender for syringes. One requirement was a plastic needle cap — simple sleeves that prevent accidental scratches and help maintain sterility. Pretty basic, right?

Not according to the regional branch of the Federal Antimonopoly Service (FAS), which ruled that the clinic had violated the law because Russian syringe manufacturers don't make such caps. Therefore, said FAS, the clinic had discriminated against domestic producers. It concluded that "all medical syringes registered in Russia are high-quality, effective and safe, and there are no regulatory requirements to use syringes with protective mechanisms."

The clinic was fined and told not to "show off." You might think this was local overreach. But no: the Orenburg and Leningrad regional FAS offices have already adopted the same position.

Soon, syringes across Russia will end up without caps while the country faces a real HIV epidemic.

You can still bring your own syringe. But what about the Industry and Trade Ministry's plan to restrict imports of stents and catheters for state hospitals? A stent — used in emergency heart surgeries to reopen blocked arteries — often makes the difference between life and death. From July 2026, emergency operations with imported stents will no longer be possible in public hospitals. In private clinics, perhaps, but the stent alone will cost around $4,000.

What if you can't afford one? Pray that domestic manufacturers, giddy with joy, remember to wash their hands.

Some might say that the government is protecting domestic pharma to foster innovation. It may be painful now. But someday, maybe we'll have our own Pfizer or Novo Nordisk.

Sorry to disappoint: even if Russia banned all foreign medicines tomorrow, it would never produce its own Pfizer. Not just because such companies are the tip of an iceberg resting on thousands of small research labs and global investors, but because Russian pharma giants don't need any of that to stay profitable.

They operate by buying active ingredients — usually for drugs whose patents have expired — from India, China, or occasionally Germany. They then mix in fillers, compress tablets, bottle solutions, slap on (often imported) packaging and sell. Done.

Except not quite — because they still manage to mess even that up. Some batches contain too little of the active substance; others are improperly processed. According to RNC Pharma, 80–85% of Russian drugs are made from imported active ingredients. The rest are those same fuflomycins — drugs unrecognized anywhere else in the world (except maybe by "brotherly" Venezuela or North Korea). Counterfeit products also find their way into pharmacies.

Prices are higher than for imports, profits are enormous and it's far easier to lobby for import bans than to build real labs or train scientists. Occasionally, there are supply chain hiccups: when an imported ingredient shipment fails to arrive, even basic antibiotics vanish — like Amoxiclav or the cancer drug Tamoxifen.

But so what? You can always buy Kagocel, birch fungus tincture, or plantain extract — now available in capsules! Take your pick. Just don't forget your syringe. Without the unpatriotic cap, of course.

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