To,

The Secretary
Ministry of Health & Family Welfare,
Govt. of India,
Nirman Bhawan, New Delhi-110011.

16 APR 2015

Subject: Submission of report by Expert Committee in respect of FDCs categorized under category 'a' for manufacture for sale in the country without due approval from office of DCG (I)-regarding.

Sir,

This has reference to Ministry of Health and Family Welfare order No. X11035/53/2014-DFQC dated: 16.09.2014 whereby the Ministry has constituted the Committee under the Chairmanship of Prof. C.K. Kokate, VC, KLE University, Belgaum with the approval of Hon'ble Minister of Health and Family Welfare, Government of India.

As desired in meeting held in the Ministry on 04.03.2015, the evaluation of 963 FDCs categorized under **category 'a'** was deliberated by the Expert Committee in series of meetings and elaborative reasons were mentioned for each FDC.

The detailed report is enclosed, alongwith, Minutes of the Meetings as Annexures.

We acknowledge with thanks the support received from Dr. G.N. Singh, DCG (I) and his colleagues at CDSCO.

(Prof. C.K. Kokate)
Vice-Chancellor, KLE University,
Belgaum, Karnataka.

REPORT OF EXPERT COMMITTEE

ON

Applications of Fixed Dose Combinations (FDCs) received by CDSCO for proving safety and efficacy categorized under category 'a'

CENTRAL DRUGS STANDARD CONTROL ORGANIZATION

DIRECTORATE GENERAL OF HEALTH SERVICES

MINISTRY OF HEALTH & FAMILY WELFARE

GOVT. OF INDIA

Date: 16th April, 2015

PREFACE

The meeting of Expert Committee on Fixed Dose Combinations was aimed to screen the drug combinations based on rationality, safety and efficacy. For this, Ministry of Health and Family Welfare vide order no X11035/53//2014-DQC dated: 16.09.2014 constituted an Expert Committee under the chairmanship of Prof. C.K.Kokate,Vice-Chancellor, KLE University,Belgaum, Karnataka with the following members:

- Prof. (Dr.) Chandrakant Kokate (Chairman)
- Prof. C.L. Kaul,Ex-Director,NIPER (Mohali)
- Dr. C.D Tripathi Safdarjung Hospital
- Dr. Bikash Medhi,PGI Chandigarh
- Dr. Sanjeev Sinha,AIIMS
- Prof. Sanjay Singh,BHU
- Dr. R.K. Khar, Frmer Dean and Head, Jamia Hamdard, New Delhi

All the members are experts of their respective fields and from esteemed Institutes. The Committee has done an extensive work related to work assigned and tried to take decision on the basis of published literature and the evidence based search as follow:

- Pubmed, EMBASE, Cochrane and other libraries, different jurnals and website has been searched for references.
- Disscusion with clinician and expert of the respective field
- National and international standerd treatment guidelines have been considered for the same.

Total 6220 application were received by CDSCO. Out of 6220 applications, 702 applications (11.29%) were not evaluated by the committee due to the reasons as under:

- 40 applications belonged to Single drug formulations,
- 294 applications fall under 294 category,
- 73 applications were Veterinary products
- 295 applications were already discussed by 10 Expert Committees

The remaining applications were examined by the Committee which were categorized as "category "a, b, c and d" based on the evidence and scientific rational. The break up of these applications of FDCs as recommended by the Committee is as under:

- 963 applications considered as category "a" i.e. FDCs considerec Irrational (15.48%)
- 1629 applications considered as category " b" i.e. FDCs considered for further deliberation with Expert Committees (26.18%)
- 2617 applications considered as category "c" i.e. FDCs considered as Rational (42.07%)
- 309 applications considered as category 'd' i.e. FDCs needs further generation of Data (4.96%)

As per directions of Ministry of Health and Family Welfare, 963 applications (15.48%) of FDCs categorized under category 'a' were discussed again by the Committee and elaborative reasons with justification were given against each FDC. The minutes of the meetings conducted by the Committee on 7.4.2015 to 8.4.2015 and 16.4.2015 as well as detailed recommendations are annexed as **Annexure A**. List of Standard Text Books referred by the committee for completion of the assigned task is annexed as **Annexure B** and brief details with respect to the members of the Expert Committee are annexed as **Annexure C**.

Chairman and Members of Expert Committee

Minutes of the Meeting of Expert Committee held on 7.4.2015 to 8.4.2015 to review proposals and advice Drugs Controller General (India) in matters related to approval of the safety and efficacy of Fixed Dose Combinations (FDCs) permitted for manufacture for sale in the country without due approval from office of DCG (I)

Members present:

1. Prof. Chandrakant Kokate, Vice-Chancellor, KLE University, Belgaum, Karnataka & Ex-President of Pharmacy Council of India - Chairman
2. Dr. C. L. Kaul, Former Director, NIPER, Consultant, Clinical Research, Jamia Hamdard - Member
3. Dr. C. D. Tripathi, Director-Professor & HOD (Pharmacology), VMMC and Safdarjung Hospital, New Delhi – Member
4. Dr. Bikash Medhi, Department of Pharmacology, PGIMER, Chandigarh- Member
5. Prof. Sanjay Singh, Deptt. Of Pharmaceuticals, IIT, BHU, Varanasi - Member
6. Dr. Sanjeev Sinha, Addl. Prof. (Deptt. of Medicine), AIIMS, New Delhi – Member
7. Dr. R.K. Khar, Former Dean & Head, Jamia Hamdard, New Delhi - Member

The Chairman welcomed the members of Expert Committee for its seventh meeting organized to advise DCG(I) in matters related to approval of the safety and efficacy of Fixed Dose Combinations (FDCs) permitted for manufacture for sale in the country without due approval from office of DCG (I).

The Chairman briefed the members regarding the meeting held with the Secretary (Health) on 4.3.2015. He informed that Secretary (Health) in the said meeting requested the Committee to further discuss FDCs of category 'a' and give more elaborative reasons.

All the FDCs under category "a" were discussed thoroughly one by one in detail and elaborated reasons were mentioned against each FDC.

The Committee adopted the blinding procedure for evaluation of FDCs and members signed the "No Conflict of Interest" undertaking.

The Committee prepared the detailed report in respect of the FDCs categorized under category "a" for further submission to the Ministry of Health and Family Welfare which is annexed herewith.

The meeting ended with the vote of thanks to the chair.

8/4/15 8/4/15 8/4/15

(Prof. C.K. Kokate) **(Dr. C. L. Kaul)** **(Dr. C. D. Tripathi)**

8/4/2015 8/4/15

(Dr. Bikash Medhi) **(Prof. Sanjay Singh)** **(Dr. Sanjeev Sinha)** **(Dr. R.K. Khar)**

Minutes of the Meeting of Sub-Group of Expert Committee held on 16.04.2015 to review proposals and advice Drugs Controller General (India) in matters related to approval of the safety and efficacy of Fixed Dose Combinations (FDCs) permitted for manufacture for sale in the country without due approval from office of DCG (I)

Members present:

1. Prof. Chandrakant Kokate, Vice-Chancellor, KLE University, Belgaum, Karnataka & Ex-President of Pharmacy Council of India - Chairman
2. Dr. C. D. Tripathi, Prof. & HOD (Pharmacology), Safdarjung Hospital, New Delhi – Member
3. Dr. Bikash Medhi, Department of Pharmacology, PGIMER, Chandigarh- Member
4. Dr. R.K. Khar, Former Dean & Head, Jamia Hamdard, New Delhi - Member

As desired by the Dr. C.K. Kokate, Chairman of the Expert Committee, a meeting of the sub-group was conducted for examining the proposals categorized under category "a" for compiling, reviewing and further corrections, if any.

The group reviewed again each proposal in respect of elaborative reasons, its correctness etc. and made necessary corrections wherever required. The Committee used various standard text books, Medical and Pharmaceutical journals, National and International, Guidelines, CIMS/MIMS etc., as well as, their knowledge in present scenario for doing this exercise. The sub-group also arranged and compiled the whole report for onward submission to the Ministry.

The sub-group adopted the blinding procedure as per SOP for reviewing the FDCs. The Committee members also signed no Conflict of Interest.

The meeting ended with the vote of thanks to the Chair.

16/4/15 16/4/2015

(Prof. C.K. Kokate) (Dr. C. D. Tripathi) (Dr. Bikash Medhi) (Dr. R.K. Khar)

Recommendations of the Experts Committee in respect of applications of FDCs received by the O/O DCG(I) for proving safety and efficacy categorized under *category "a"*

Sr. No.	Name of FDC	Strength	Dosage Form	Categorization of the FDC by the Experts Committee as per Terms of references
6	Nimesulide BP + Tizanidine HCL IP Eq. to Tizanidine	100mg+2mg	Dispersible tablets	a, 1. Nimesulide in combination as a dispersible dosage form has potential of misuse in children. 2. The FDC is pharmacokinetically incompatible as both have different dosing schedule. *Rayasam SP et al., Int J Basic Clin Pharmacol.2013 Aug;2(4) : 452-457.*
10	Aceclofenac IP+Paracetamol IP+Rabeprazole Sodium IP	100mg+325 mg+10mg	Enteric Coated tablets	a, 1.There is pharmacokinetics incompatibility among the three drugs, as the dosing intervals are BD for aceclofenac, OD for rabeprazole and TDS/QID for paracetamol. 2.The FDC is not approved anywhere in the world 3.The literature regarding safety and efficacy of this combination is not available in Pubmed & Google scholar
12	Nimesulide BP + Diclofenac Sodium IP	100mg+50m g	Soft Gelatin Capsules	a, 1. Nimesulide in combination has potential of misuse and have documanted safety concern. 2. No additional advantage but hepatotoxic potential of nimesulide and adverse effects add up. 3.Pharmacodynamically irrationale FDC as both have same mechanism of action (both drugs acting on the same enzyme). Thus, combining two NSAIDs does not and cannot improve the efficacy of treatment. It only adds to the cost of therapy and more importantly, to the adverse effects *Chandler S. Gautam, Lekha Saha. Fixed dose drug combinations (FDCs): rational or irrational: a view point Br J Clin Pharmacol / 65:5 / 795–796.* *Kasarla Raju, A. Elumalai2, Eddla Srid. IRRATIONAL DRUG COMBINATIONS. Vol 3|Issue 2| 2013 | 52-56.*
13	Nimesulide BP + Cetirizine HCL IP+Caffeine IP	100mg+5mg +30mg	Tablets	a, 1. Nimesulide in combination has potential of misuse in indications for allergic conditions. 2. Nimesulide has documanted safety concern.
16	Nimesulide +Tizanidine	100mg+2mg	Tablets	a, 1. Nimesulide in combination form has potential of misuse. 2. The FDC is pharmacokinetically incompatible as both have different dosing schedule. 3. Safety concern with Nimesulide
24	Paracetamol + cetrizine hydrochloride + caffeine (anhydrous)	500mg+ 5 mg+ 15 mg	Tablet	a, 1. Pharmacokinetic incompatibility, as dosing interval for paracetamol is TDS/QID and for cetrizine it is OD/BD. 2. No trial could be found in PUBMED and google scholar. 3. An important safety debate concerning multi- ingredient, multi-symptom relief products for common cold and flu is that they commonly contain paracetamol (acetaminophen) and that users who may not be aware of this may accidentally overdose when they take the multi-ingredient product with other medicines also containing paracetamol. *Eccles, R., Fietze, I. and Rose, U.-B. (2014) Rationale for Treatment of Common Cold and Flu with Multi-Ingredient Combination Products for Multi-Symptom Relief in Adults. Open Journal of Respiratory Diseases, 4, 73-82.*

29	Cetirizine Hyrochloride IP+ Nimesulide BP+ Paracetamol+ Phenylephrine hydrochloride+ Caffeine	5 mg+ 100 mg+ 325 mg+ 10 mg+ 25 mg	Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible. 4.Nimesulide-safety concern.
39	Paracetamol IP+Caffeine IP+Phenylepherine HCl	500mg+32mg+10mg	Tablets	a, Pharmacodynamically irrelevant - misuse and overuse of one of the ingredient of FDC in case it is not indicated. *Eccles, R., Fietze, I. and Rose, U.-B. (2014) Rationale for Treatment of Common Cold and Flu with Multi-Ingredient Combination Products for Multi-Symptom Relief in Adults. Open Journal of Respiratory Diseases, 4, 73-82.*
42	Diclofenac Sodium IP + Tramadol HCL BP + Chlorzoxazone USP	50mg+37.5 mg+250mg	film coated tablets	a, 1. Tramadol is an opoid analgesic with abuse liability. 2. The combination will lead to additive sedation. *http://reference.medscape.com/drug-interactionchecker.*
43	Dicyclomine HCl IP+Paracetamol IP+Domperidone BP	20mg+500mg+10mg	Uncoated Bilayered Tablets	a, 1.Pharmacodynamic irrelevant as each ingredient has different therapeutic use and FDC will lead to misuse and toxicity. 2. Combining can result in dangerous elevation of the body temperature. *Chandler S. Gautam, Lekha Saha. Fixed dose drug combinations (FDCs): rational or irrational: a view point Br J Clin Pharmacol / 65:5 / 795–796* *Eccles, R., Fietze, I. and Rose, U.-B. (2014) Rationale for Treatment of Common Cold and Flu with Multi-Ingredient Combination Products for Multi-Symptom Relief in Adults. Open Journal of Respiratory Diseases, 4, 73-82.*
44	Paracetamol IP+Domperidone Maleate BP Eq. to Domperidone+Diclomine HCL IP	500mg+10mg+10mg	Uncoated Tablets	a, 1.Pharmacodynamic irrelevant as each ingredient has different therapeutic use and FDC will lead to misuse and toxicity. 2. Combining can result in dangerous elevation of the body temperature. *Chandler S. Gautam, Lekha Saha. Fixed dose drug combinations (FDCs): rational or irrational: a view point Br J Clin Pharmacol / 65:5 / 795–796* *Eccles, R., Fietze, I. and Rose, U.-B. (2014) Rationale for Treatment of Common Cold and Flu with Multi-Ingredient Combination Products for Multi-Symptom Relief in Adults. Open Journal of Respiratory Diseases, 4, 73-82.*
49	Diclofenac Sodium IP+Paracetamol IP+Magnesium Trisilicate IP+Chlorpheniramine Maleate IP	50mg+325mg+100mg+4mg	Uncoate Tablets	a, 1.Pharmacodynamic irrelevant - each ingredient has different therapeutic use and FDC will lead to misuse and toxicity (hepato and renal). *Eccles, R., Fietze, I. and Rose, U.-B. (2014) Rationale for Treatment of Common Cold and Flu with Multi-Ingredient Combination Products for Multi-Symptom Relief in Adults. Open Journal of Respiratory Diseases, 4, 73-82.*

51	Nimesulide BP+Paracetamol IP	100mg/100 mg+500mg/ 325mg	Dispersible tablets/Uncoated tablets	a, 1. Nimesulide in combination as a dispersible dosage form has potential of misuse in children. There are safety concerns with nimesuilide FDC with paracetamol. 2. Dose of paracetamol 500mg not approved in FDC with NSAIDs *Chandler S. Gautam, Lekha Saha. Fixed dose drug combinations (FDCs): rational or irrational: a view point Br J Clin Pharmacol / 65:5 / 795–796*
57	Aceclofenac+ Paracetamol+ Rabeprazole	100mg+ 325mg+ 10mg	Capsules	a, 1.There is pharmacokinetics incompatibility among the three drugs, as the dosing intervals are BD for aceclofenac, OD for rabeprazole and TDS/QID for paracetamol. 2.The FDC is not approved anywhere in the world 3.The literature regarding safety and efficacy of this combination is not available in Pubmed & Google scholar
58	Nimesulide+ Serratiopeptidase	100mg/100 mg+10mg/15mg	Tablets	a, 1. Safety concern with nimesulide 2.No evidence to support that Serratiopeptidase offer any particular advantage over Nimesulide. 3. On the other hand, the patient is exposed to greater risk of gastrointestinal (GI) irritation and serious bleeding from unsuspected peptic ulceration. *Chandler S. Gautam, Lekha Saha. Fixed dose drug combinations (FDCs): rational or irrational: a view point Br J Clin Pharmacol / 65:5 / 795–796.*
59	Diclofenac sodium+ Paracetamol+ Chlorpheniramine+ Magnesium	50mg+ 500mg+ 4mg+ 100mg	Tablets	a, 1.Pharmacodynamic irrelevant - each ingredient has different therapeutic use and FDC will lead to misuse and toxicity (hepato and renal). 2. dose of paracetamol is high. *Eccles, R., Fietze, I. and Rose, U.-B. (2014) Rationale for Treatment of Common Cold and Flu with Multi-Ingredient Combination Products for Multi-Symptom Relief in Adults. Open Journal of Respiratory Diseases, 4, 73-82.*
68	Paracetamol + Phenylephrine HCl + Caffeine	500mg +10mg + 32mg	Oral Tablets	a, Pharmacodynamically irrelevant - misuse and overuse of one of the ingredient of FDC in case it is not indicated.
72	Acetaminophen + Nimeusulide + Chlorzoxazone USP	325mg+100 mg+250mg	Uncoated Tablets	a, 1.Nimesulide in combination has potential of misuse and have documanted safety concern. 2.Pharmacodynamically irrationale FDC as two ingredients have same mechanism of action.
74	Diclofenac Sodium+Tramadol HCL+Paracetamol IP	50mg+37.5 mg+325mg	Film Coated Tablets	a, 1.Tramadol is itself a potent opoid analgesic. FDC is not rational as addition of Paracetamol and Diclofenac will not provide any additional benefit.

77	Acetaminophen IP+Nimeusulide BP+Chlorzoxazone USP	325mg+100 mg+250mg	Uncoated Tablets	a, 1.Nimesulide in combination has potential of misuse and have documanted safety concern. 2.Pharmacodynamically irrationale FDC as two ingredients have same mechanism of action.
82	Diclofenac potassium+ paracetamol + chlorzoxazone + famotidine	50 mg+ 325 mg+ 250 mg+ 20 mg	tablets	a, 1. Pharmacodynamic irrelevant as each ingredient has different dosing shedule/dosing requirement. 2. FDC will lead to misuse and toxicity.
85	Serratiopeptidase + nimesulide	15 mg+ 100 mg	Tablets	a, 1. Safety concern with nimesulide 2.No evidence to support that Serratiopeptidase offer any particular advantage over Nimesulide.
91	Paracetamol IP+Phenylephrine HCl IP+Caffeine IP	500mg/325 mg+10mg/5 mg+32mg/30mg	Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
98	Paracetamol IP + DL-Methionine BP	500mg/650 mg/1000mg/ 125mg/250 mg/100mg+ 50mg/50mg/ 100mg/12.5 mg/25mg/10 mg	Tablets	a, Pharmacodynamically irrelevant - misuse and overuse of one of the ingredients of FDC in case it is not indicated.
116	Serratiopeptidase + nimesulide	10 mg+ 100mg	tablets	a, 1. Safety concern with nimesulide 2.No evidence to support that Serratiopeptidase offer any particular advantage over Nimesulide. 3. On the other hand, the patient is exposed to greater risk of gastrointestinal (GI) irritation and serious bleeding from unsuspected peptic ulceration. *Chandler S. Gautam, Lekha Saha. Fixed dose drug combinations (FDCs): rational or irrational: a view point Br J Clin Pharmacol / 65:5 / 795–796.*
123	Nimesulide + serratiopeptidase	100mg+ 15 mg	film coated tablet	a, 1. Safety concern with nimesulide 2.No evidence to support that Serratiopeptidase offer any particular advantage over Nimesulide. 3. On the other hand, the patient is exposed to greater risk of gastrointestinal (GI) irritation and serious bleeding from unsuspected peptic ulceration. *Chandler S. Gautam, Lekha Saha. Fixed dose drug combinations (FDCs): rational or irrational: a view point Br J Clin Pharmacol / 65:5 / 795–796.*

133	Paracetamol IP+Diclofenac Potassium BP+Famotidine IP	500mg+50mg+20mg	Film Coated Tablets	a, 1.Pharmacodynamic irrelevant as each ingredient has different therapeutic use and FDC will lead to misuse. 2. Paracetamol dose is high 3. Both diclofenac and paracetamol hepatotoxic 4. An important safety debate concerning multi- ingredient, multi-symptom relief products for common cold and flu is that they commonly contain paracetamol (acetaminophen) and that users who may not be aware of this may accidentally overdose when they take the multi-ingredient product with other medicines also containing paracetamol. *Eccles, R., Fietze, I. and Rose, U.-B. (2014) Rationale for Treatment of Common Cold and Flu with Multi-Ingredient Combination Products for Multi-Symptom Relief in Adults. Open Journal of Respiratory Diseases, 4, 73-82.*
166	Paracetamol IP+Caffeine IP+Codeine Phosphate IP	325mg+15mg+5mg	Uncoated Tablets	a, Pharmacodynamically irrelevant. 1.Close Monitoring is required as codeine increases and caffeine decreases sedation. 2.Effect of interaction is not clear, Potential for drug-drug interaction. 3. An important safety debate concerning multi- ingredient, multi-symptom relief products for common cold and flu is that they commonly contain paracetamol (acetaminophen) and that users who may not be aware of this may accidentally overdose when they take the multi-ingredient product with other medicines also containing paracetamol. http://reference.medscape.com/drug-interactionchecker. *Eccles, R., Fietze, I. and Rose, U.-B. (2014) Rationale for Treatment of Common Cold and Flu with Multi-Ingredient Combination Products for Multi-Symptom Relief in Adults. Open Journal of Respiratory Diseases, 4, 73-82.*
173	Paracetamol IP+Diclofenac Potassium BP+Famotidine IP	500mg+50mg+20mg	Tablets	a, 1.Pharmacodynamic irrelevant as each ingredient has different therapeutic use and FDC will lead to misuse. 2. Paracetamol dose is high 3. Both diclofenac and paracetamol hepatotoxic 4. An important safety debate concerning multi- ingredient, multi-symptom relief products for common cold and flu is that they commonly contain paracetamol (acetaminophen) and that users who may not be aware of this may accidentally overdose when they take the multi-ingredient product with other medicines also containing paracetamol. *Eccles, R., Fietze, I. and Rose, U.-B. (2014) Rationale for Treatment of Common Cold and Flu with Multi-Ingredient Combination Products for Multi-Symptom Relief in Adults. Open Journal of Respiratory Diseases, 4, 73-82.*
187	Nimesulide + Pitofenone HCL+ Fenpiverinium bromide + benzyl alcohol	100mg + 2mg + 0.02mg + 4.0%v/v	Injection	a, 1.There are no evidences on safety and efficacy of the FDC. 2. Safety concern with nimesulide

199	Omeprazole Magnesium USP eq. to Omeprazole + Paracetamol IP+ Diclofenac Potassium	10mg+ 500mg +50mg	tablets	a, 1.Pharmacodynamic irrelevant as each ingredient has different therapeutic use and FDC will lead to misuse. 2. Paracetamol dose is high 3. Both diclofenac and paracetamol hepatotoxic 4. An important safety debate concerning multi- ingredient, multi-symptom relief products for common cold and flu is that they commonly contain paracetamol (acetaminophen) and that users who may not be aware of this may accidentally overdose when they take the multi-ingredient product with other medicines also containing paracetamol. *Eccles, R., Fietze, I. and Rose, U.-B. (2014) Rationale for Treatment of Common Cold and Flu with Multi-Ingredient Combination Products for Multi-Symptom Relief in Adults. Open Journal of Respiratory Diseases, 4, 73-82.*
202	Nimesulide BP + Paracetamol IP	30mg+195mg	Injection	a, 1.There are safety concerns with nimesuilide 2. Both ingredients are hepatotoxic
203	Paracetamol IP+Phenylephirine HCl IP+ Caffeine IP+Chlorpheniramine Maleate IP	500mg+5mg +30mg+4mg	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
213	Tamsulosin hydrochloride + diclofenac sodium	0.4 mg+ 50 mg	hard gelatin capsules	a, Pharmacodynamically irrelevant - misuse and overuse of one of the ingredient of FDC in case it is not indicated.
220	Paracetamol IP+Phenylephirine HCl IP+Chlorpheniramine Maleate IP+Caffeine IP	325mg+10mg+2mg+30mg	Uncoated tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
225	Paracetamol IP+Phenylephirine HCl Ip+Chlorpheniramine Maleate IP+Dextromethorphan Hydrobromide IP+Caffeine IP	650mg+10mg+4mg+15mg+30mg	Uncoated Tablets	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
232	Diclofenac Potassium BP+Zinc Carnosine	50mg+75mg	Film Coated Tablets	a, Pharmacodynamically irrelevant - misuse and overuse of one of the ingredient of FDC in case it is not indicated.
242	Dextromethorphan HBr + paracetamol+ phenyl phrine + chlorpheniramine maleate	15 mg + 650 mg+ 10 mg + 4 mg	uncoated tablet	a, Pharmacodynamically irrelevant - misuse and overuse of one of the ingredient of FDC in case it is not indicated. *Eccles, R., Fietze, I. and Rose, U.-B. (2014) Rationale for Treatment of Common Cold and Flu with Multi-Ingredient Combination Products for Multi-Symptom Relief in Adults. Open Journal of Respiratory Diseases, 4, 73-82.*

243	dextromethorphan + paracetamol+ phenylphrine+ chlorpheniramine maleate	10 mg+ 250 mg+ 5 mg+ 2 mg	suspension form	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
249	Diclofenac sodium + paracetamol+ chlorpheniramine maleate + magnesium trisillicate	50 mg+ 325 mg+ 4 mg+ 100 mg	tablets	a, 1.Pharmacodynamic irrelevant - each ingredient has different therapeutic use and FDC will lead to misuse and toxicity (hepato and renal). *Eccles, R., Fietze, I. and Rose, U.-B. (2014) Rationale for Treatment of Common Cold and Flu with Multi-Ingredient Combination Products for Multi-Symptom Relief in Adults. Open Journal of Respiratory Diseases, 4, 73-82.*
250	Paracetamol + pseudoephdrine + cetrizine dihydrochloride	325 mg + 30 mg+ 10 mg	film coated tablet	a, 1. Pharmacokinetic incompatibility, as dosing interval for paracetamol is TDS/QID and for cetrizine it is OD/BD. 2. No trial could be found in PUBMED and google scholar. 3. An important safety debate concerning multi- ingredient, multi-symptom relief products for common cold and flu is that they commonly contain paracetamol (acetaminophen) and that users who may not be aware of this may accidentally overdose when they take the multi-ingredient product with other medicines also containing paracetamol. *Eccles, R., Fietze, I. and Rose, U.-B. (2014) Rationale for Treatment of Common Cold and Flu with Multi-Ingredient Combination Products for Multi-Symptom Relief in Adults. Open Journal of Respiratory Diseases, 4, 73-82.*
263	Phenylbutazone+Sodium Salicylate	200mg+20mg	Injection	a, 1.Safety not established and FDC has high risk of toxicity 2. There is no synergism when two drugs acting on the same enzyme are combined. Thus combining two NSAIDs does not and cannot improve the efficacy of treatment. It only adds to the cost of therapy and more importantly, to the adverse effects 3. Already prohibited in the country for use in human. *Chandler S. Gautam, Lekha Saha. Fixed dose drug combinations (FDCs): rational or irrational: a view point Br J Clin Pharmacol / 65:5 / 795–796.*
270	Prochlorperazine Maleate+Paracetamol	5mg+325mg	Tablets	a, Pharmacodynamically irrelevant and overdose dose of Paracetamol.
281	Nimesulide+Serratiopeptidase	100mg+15mg	Tablets	a, 1. Safety concern with nimesulide 2.No evidence to support that Serratiopeptidase offer any particular advantage over Nimesulide. 3. On the other hand, the patient is exposed to greater risk of gastrointestinal (GI) irritation and serious bleeding from unsuspected peptic ulceration. *Chandler S. Gautam, Lekha Saha. Fixed dose drug combinations (FDCs): rational or irrational: a view point Br J Clin Pharmacol / 65:5 / 795–796.*

288	Nimesulide BP+Serratiopeptidase IP	100mg+10mg	Film Coated Tablets	a, 1. Safety concern with nimesulide 2.No evidence to support that Serratiopeptidase offer any particular advantage over Nimesulide. 3. On the other hand, the patient is exposed to greater risk of gastrointestinal (GI) irritation and serious bleeding from unsuspected peptic ulceration. *Chandler S. Gautam, Lekha Saha. Fixed dose drug combinations (FDCs): rational or irrational: a view point Br J Clin Pharmacol / 65:5 / 795–796.*
294	Serratiopeptidase IP+Nimesulide BP	15mg+100mg	Enteric Coated Tablets	a, 1. Safety concern with nimesulide 2.No evidence to support that Serratiopeptidase offer any particular advantage over Nimesulide. 3. On the other hand, the patient is exposed to greater risk of gastrointestinal (GI) irritation and serious bleeding from unsuspected peptic ulceration. *Chandler S. Gautam, Lekha Saha. Fixed dose drug combinations (FDCs): rational or irrational: a view point Br J Clin Pharmacol / 65:5 / 795–796.*
298	Nimesulide BP + Pitfenone HCl IP + Fenpiverinium Bromide IP	100mg+3mg +375mg	Injection	a, 1.There are no evidences on safety and efficacy of the FDC. 2. Safety concern with nimesulide
306	Nimesulide BP+ Serratiopeptidase IP	100mg+15mg	Uncoated Tablets	a, 1. Safety concern with nimesulide 2.No evidence to support that Serratiopeptidase offer any particular advantage over Nimesulide. 3. On the other hand, the patient is exposed to greater risk of gastrointestinal (GI) irritation and serious bleeding from unsuspected peptic ulceration. *Chandler S. Gautam, Lekha Saha. Fixed dose drug combinations (FDCs): rational or irrational: a view point Br J Clin Pharmacol / 65:5 / 795–796.*
310	Paracetamol IP + Diclofenac Potassium BP + Chlorpheniramine Maleate IP + Magnesium Trisilicate IP	325mg+50mg+4mg+100 mg	Uncoated Tablets	a, 1.Pharmacodynamic irrelevant - each ingredient has different therapeutic use and FDC will lead to misuse and toxicity (hepato and renal). *Eccles, R., Fietze, I. and Rose, U.-B. (2014) Rationale for Treatment of Common Cold and Flu with Multi-Ingredient Combination Products for Multi-Symptom Relief in Adults. Open Journal of Respiratory Diseases, 4, 73-82.*

316	Nimesulide BP + Dicyclomine HCl IP	100mg+20mg	Uncoated Tablets	a, 1.Pharmacodynamic irrelevant as each ingredient has different therapeutic use and FDC will lead to misuse and toxicity. 2. Combining can result in elevation of the body temperature. Chandler S. Gautam, Lekha Saha. Fixed dose drug combinations (FDCs): rational or irrational: a view point Br J Clin Pharmacol / 65:5 / 795–796 Eccles, R., Fietze, I. and Rose, U.-B. (2014) Rationale for Treatment of Common Cold and Flu with Multi-Ingredient Combination Products for Multi-Symptom Relief in Adults. Open Journal of Respiratory Diseases, 4, 73-82.
326	Paracetamol IP+DL-Methionine	650mg/500mg/250mg/125mg/250mg/125mg+50mg/50mg/25mg/12.5mg/25mg/12.5mg per 5 ml	Tablets and Suspension	a, Pharmacodynamically irrelevant - misuse and overuse of one of the ingredients of FDC in case it is not indicated.
339	Heparin Sodium IP+Diclofenac Sodium IP	200 IU+10mg per gm.	Gel	a, Pharmacodynamically irrelevant- Topical use of heparin is irrelevant.
342	Glucosamine Sulphate Potassium USP+Methyl Sulfonyl Methane+Vitamin D3 IP+Manganese Sulphate USP eq. to elemental Manganese+Sodium Borate BP eq. to elementaol Boron+Copper Sulpahte USP eq. to elemental Copper+Zinc Sulphate Monohydrate USP eq. to elemental Zinc	750mg+200mg+200 IU+9.3mg eq. to 3mg+4.4mg eq. to 0.5mg+2.0mg eq. to 0.5mg+8.24mg eq. to 3mg	Film Coated Tablets	a, 1. Pharmacodynamic irrelevant as each ingredient has different therapeutic use. 2. therapeutic efficacy of FDC not established and will lead to misuse.
346	Nimesulide BP+Serratiopeptidase IP	100mg+15mg	Film Coated Tablets	a, 1. Safety concern with nimesulide 2.No evidence to support that Serratiopeptidase offer any particular advantage over Nimesulide. 3. On the other hand, the patient is exposed to greater risk of gastrointestinal (GI) irritation and serious bleeding from unsuspected peptic ulceration. *Chandler S. Gautam, Lekha Saha. Fixed dose drug combinations (FDCs): rational or irrational: a view point Br J Clin Pharmacol / 65:5 / 795–796.*

350	Serratiopeptidase+Nimesulide BP	10mg+100mg	Film Coated Tablets	a, 1. Safety concern with nimesulide 2.No evidence to support that Serratiopeptidase offer any particular advantage over Nimesulide. 3. On the other hand, the patient is exposed to greater risk of gastrointestinal (GI) irritation and serious bleeding from unsuspected peptic ulceration. *Chandler S. Gautam, Lekha Saha. Fixed dose drug combinations (FDCs): rational or irrational: a view point Br J Clin Pharmacol / 65:5 / 795–796.*
365	Serratiopeptidase IP+Nimesulide BP	15mg+100mg	Uncoated Tablets	a, 1. Safety concern with nimesulide 2.No evidence to support that Serratiopeptidase offer any particular advantage over Nimesulide. 3. On the other hand, the patient is exposed to greater risk of gastrointestinal (GI) irritation and serious bleeding from unsuspected peptic ulceration. *Chandler S. Gautam, Lekha Saha. Fixed dose drug combinations (FDCs): rational or irrational: a view point Br J Clin Pharmacol / 65:5 / 795–796.*
373	Nimesulide BP+Serratiopeptidase IP	100mg+10mg	Uncoated Tablets	a, 1. Safety concern with nimesulide 2.No evidence to support that Serratiopeptidase offer any particular advantage over Nimesulide. 3. On the other hand, the patient is exposed to greater risk of gastrointestinal (GI) irritation and serious bleeding from unsuspected peptic ulceration. *Chandler S. Gautam, Lekha Saha. Fixed dose drug combinations (FDCs): rational or irrational: a view point Br J Clin Pharmacol / 65:5 / 795–796.*
386	Tranexamic Acid BP + Proanthocyanidin	250mg+100mg	Film Coated Tablets	a, Safety and efficacy of Proanthocyanidin in FDC is not established
391	Nimesulide+Serratiopeptidase EC	100mg+15mg	Tablets	a, 1. Safety concern with nimesulide 2.No evidence to support that Serratiopeptidase offer any particular advantage over Nimesulide. 3. On the other hand, the patient is exposed to greater risk of gastrointestinal (GI) irritation and serious bleeding from unsuspected peptic ulceration. *Chandler S. Gautam, Lekha Saha. Fixed dose drug combinations (FDCs): rational or irrational: a view point Br J Clin Pharmacol / 65:5 / 795–796.*
396	Diclofenac Sodium+Paracetamol +Magnesium Trisilicate	50mg+250mg+100mg	Uncoated tablet	a, 1.Pharmacodynamic irrelevant - each ingredient has different therapeutic use and FDC will lead to misuse and toxicity (hepato and renal) *Eccles, R., Fietze, I. and Rose, U.-B. (2014) Rationale for Treatment of Common Cold and Flu with Multi-Ingredient Combination Products for Multi-Symptom Relief in Adults. Open Journal of Respiratory Diseases, 4, 73-82.*

407	Benzoxonium Chloride+Lidocaine HCl	1mg+1mg	Chewable Tablets	a, Pharmacodynamic irrelevant - each ingredient has different therapeutic use and FDC will lead to misuse.
440	Diclofenac Sodium IP+Paracetamol IP+Magnesium trisilicate IP	50mg+325mg+100mg	Uncoated Tablets	a, 1.Pharmacodynamic irrelevant - each ingredient has different therapeutic use and FDC will lead to misuse and toxicity (hepato and renal). *Eccles, R., Fietze, I. and Rose, U.-B. (2014) Rationale for Treatment of Common Cold and Flu with Multi-Ingredient Combination Products for Multi-Symptom Relief in Adults. Open Journal of Respiratory Diseases, 4, 73-82.*
445	Paracetamol IP+DL-Methionine BP	650mg+50mg	Uncoated Tablets	a, Pharmacodynamically irrelevant - misuse and overuse of one of the ingredients of FDC in case it is not indicated.
451	Nimesulide BP+Tizanidine HCl IP	100mg+2mg	Tablets	a, 1. Nimesulide in combination as a dispersible dosage form has potential of misuse in children. 2. The FDC is pharmacokinetically incompatible as both have different dosing schedule. *Rayasam SP et al. Int J Basic Clin Pharmacol.2013 Aug;2(4) : 452-457*
459	Paracetamol IP+Domperidone IP+Caffeine(Anhydrous) IP	650mg+10mg+50mg	Uncoated Tablets	a, 1.Pharmacodynamic irrelevant as each ingredient has different therapeutic use and FDC will lead to misuse and toxicity. *Chandler S. Gautam, Lekha Saha. Fixed dose drug combinations (FDCs): rational or irrational: a view point Br J Clin Pharmacol / 65:5 / 795–796* *Eccles, R., Fietze, I. and Rose, U.-B. (2014) Rationale for Treatment of Common Cold and Flu with Multi-Ingredient Combination Products for Multi-Symptom Relief in Adults. Open Journal of Respiratory Diseases, 4, 73-82.*
477	Nimesulide+Tazanidine HCl	100mg+2mg	Uncoated tablet	a, 1. Nimesulide in combination as a dispersible dosage form has potential of misuse in children. 2. The FDC is pharmacokinetically incompatible as both have different dosing schedule. *Rayasam SP et al. Int J Basic Clin Pharmacol.2013 Aug;2(4) : 452-457*
481	Ofloxacin+Ornidazole	50mg+125mg	Oral Liquid	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.

486	Nimesulide+Diclofenac Sodium	100mg+50mg	soft gelatine capsules	a, 1. Nimesulide in combination has potential of misuse and have documanted safety concern. 2. No additional advantage but hepatotoxic potential of nimesulide and adverse effects add up. 3.Pharmacodynamically irrationale FDC as both have same mechanism of action (both drugs acting on the same enzyme). Thus, combining two NSAIDs does not and cannot improve the efficacy of treatment. It only adds to the cost of therapy and more importantly, to the adverse effects *Chandler S. Gautam, Lekha Saha. Fixed dose drug combinations (FDCs): rational or irrational: a view point Br J Clin Pharmacol / 65:5 / 795–796.* *Kasarla Raju, A. Elumalai2, Eddla Srid. IRRATIONAL DRUG COMBINATIONS. Vol 3|Issue 2| 2013 | 52-56.*
496	Serratiopeptidase EC+Nimesulide	15mg+100mg	Tablets	a, 1. Safety concern with nimesulide 2.No evidence to support that Serratiopeptidase offer any particular advantage over Nimesulide. 3. On the other hand, the patient is exposed to greater risk of gastrointestinal (GI) irritation and serious bleeding from unsuspected peptic ulceration. *Chandler S. Gautam, Lekha Saha. Fixed dose drug combinations (FDCs): rational or irrational: a view point Br J Clin Pharmacol / 65:5 / 795–796.*
500	Ammonium Chloride IP+Sodium Citrate IP+Chlorpheniramine Maleate IP+Menthol IP	100mg+50mg+4mg+1.25 mg	Oral Liquid	a, 1.Potential of misuse in peadiatric population. 2.Pharmaceutical incompatibility and also the dose of each ingredient is subtherapeutic.
502	Paracetamol IP+Prochlorperazine Maleate IP	325mg+5mg	Uncoated tablet	a, 1. Pharmacodynamically irrelevant and subtherapeutic dose of Paracetamol. 2. Both ingredients have different indications.
504	3 tablets of Serratiopeptidase (enteric coated 20000 units) IP + Diclofenac Potassium BP & 2 tablets of Doxycycline HCL IP	10mg+50mg & 100mg	Kit	a, 1.It will lead to antibiotic resistance. 2. Documented efficacy of Serratiopeptidase not available. 3. May lead to misuse 4. Do not offer any particular advantage over the individual drugs. On the other hand, the patient is exposed to greater risk of gastrointestinal (GI) irritation and serious bleeding from unsuspected peptic ulceration. *Chandler S. Gautam, Lekha Saha. Fixed dose drug combinations (FDCs): rational or irrational: a view point Br J Clin Pharmacol / 65:5 / 795–796*
505	Paracetamol IP+Dextromethorphan Hydrobromide IP+Phenylephirine HCl IP+Chlorpheniramine Maleate IP	325mg+15mg+5mg+2mg	Tablets	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug. 4.Paracetamol dose is subtherapeutic.

514	Nimesulide BP+Serratiopeptidase IP	100mg+10mg	Capsules	a, 1. Safety concern with nimesulide 2.No evidence to support that Serratiopeptidase offer any particular advantage over Nimesulide. 3. On the other hand, the patient is exposed to greater risk of gastrointestinal (GI) irritation and serious bleeding from unsuspected peptic ulceration. *Chandler S. Gautam, Lekha Saha. Fixed dose drug combinations (FDCs): rational or irrational: a view point Br J Clin Pharmacol / 65:5 / 795–796.*
532	Nimesulide BP+Paracetamol IP	50mg+125mg	Suspension	a, 1.Potential misuse in paediatric population 2.Hepatotoxicity
545	Nimesulide BP+Tizanidine HCl IP	100mg+2mg	Film Coated Tablets	a, 1. Nimesulide in combination as a dispersible dosage form has potential of misuse in children. 2. The FDC is pharmacokinetically incompatible as both have different dosing schedule. *Rayasam SP et al. Int J Basic Clin Pharmacol.2013 Aug;2(4) : 452-457*
559	Nimesulide BP+Dicyclomine Hydrochloride IP	100mg+10mg/20mg/40mg	Tablet	a, 1.Pharmacodynamic irrelevant as each ingredient has different therapeutic use and FDC will lead to misuse and toxicity. 2. Combining can result in elevation of the body temperature. *Chandler S. Gautam, Lekha Saha. Fixed dose drug combinations (FDCs): rational or irrational: a view point Br J Clin Pharmacol / 65:5 / 795–796* *Eccles, R., Fietze, I. and Rose, U.-B. (2014) Rationale for Treatment of Common Cold and Flu with Multi-Ingredient Combination Products for Multi-Symptom Relief in Adults. Open Journal of Respiratory Diseases, 4, 73-82.*
568	Paracetamol IP+DL-Methionine BP	125mg+12.5mg	Uncoated dispersible tablet	a, Pharmacodynamically irrelevant - misuse and overuse of one of the ingredients of FDC in case it is not indicated.
569	Diclofenac Sodium IP+Paracetamol IP+Magnesium Trisilicate IP	50mg+250mg+125mg	Expectorent (uncoated tablet)	a, 1.Pharmacodynamic irrelevant - each ingredient has different therapeutic use and FDC will lead to misuse and toxicity (hepato and renal). *Eccles, R., Fietze, I. and Rose, U.-B. (2014) Rationale for Treatment of Common Cold and Flu with Multi-Ingredient Combination Products for Multi-Symptom Relief in Adults. Open Journal of Respiratory Diseases, 4, 73-82.*
577	Aceclofenac IP+Paracetamol IP+Famotidine IP	100mg+500mg+20mg	Uncoated Tablets	a, 1. Pharmacodynamic irrelevant as each ingredient has different dosing shedule/dosing requirement. 2. FDC will lead to misuse and toxicity.
578	Aceclofenac IP+ Zinc Carnosine	100mg+75mg	Film Coated Tablets	a, There is no therapeutic benefit of adding zinc carnosine in FDC.
584	Paracetamol IP+DL-Methionine BP	650mg+50mg	Tablet	a, Pharmacodynamically irrelevant - misuse and overuse of one of the ingredients of FDC in case it is not indicated.

594	Paracetamol IP+Nimesulide BP+Cetirizine Hcl IP+Phenylephrine HclIP+Caffeine Anhydrous IP	325mg+100 mg+5mg+5 mg+25mg	Film Coated Tablets	a, 1. Nimesulide in combination has potential of misuse in indications for allergic conditions. Users who may not be aware of this paracetamol content and may accidentally overdose when they take the multi-ingredient product with other medicines also containing paracetamol. 2. There is pharmacokinetic incompatibility among the drugs. 3.Nimesulide has documanted safety concern. 4. Hepatotoxic potential of both the drugs Eccles, R., Fietze, I. and Rose, U.-B. (2014) Rationale for Treatment of Common Cold and Flu with Multi-Ingredient Combination Products for Multi-Symptom Relief in Adults. Open Journal of Respiratory Diseases, 4, 73-82.
596	Paracetamol IP+ disodium Hydrogen Citrate IP + Caffeine IP	130mg+750 mg+5mg	Oral	a, Pharmacodynamically irrelevant 1. Each ingredient has different therapeutic indication. 2. As Urine alkalizer, patients will be unnecessarily exposed to paracetamol and caffeine.
598	Paracetamol + DL Methionine BP	125mg+12.5 mg	Suspension	a, Pharmacodynamically irrelevant - misuse and overuse of one of the ingredients of FDC in case it is not indicated.
599	Paracetamol IP+ DL-Methionine BP	125mg+ 12.5mg	Oral Suspension	a, Pharmacodynamically irrelevant - misuse and overuse of one of the ingredients of FDC in case it is not indicated.
600	Disodium Hydrogen citrate BP+Paracetamol IP	750mg+125 mg	Oral	a, 1.Pharmacodynamically irrelevant combination-each ingredient has different therapeutic indication. 2.As Urine alkalizer, patients will be unnecessarily exposed to paracetamol.
602	Paracetamol IP+Di-Sodium Hydrogen Citrate BP	120mg+500 mg	Syrup	a, 1.Pharmacodynamically irrelevant combination-each ingredient has different therapeutic indication. 2.As Urine alkalizer, patients will be unnecessarily exposed to paracetamol.
603	Paracetamol IP+Disodium Hydrogen Citrate IP	125mg+500 mg	Syrup	a, 1.Pharmacodynamically irrelevant combination-each ingredient has different therapeutic indication. 2.As Urine alkalizer, patients will be unnecessarily exposed to paracetamol.

612	Nimesulide BP+Diclofenac Sodium IP	NA	Uncoated Tablets	a, 1. Nimesulide in combination has potential of misuse and have documanted safety concern. 2. No additional advantage but hepatotoxic potential of nimesulide and adverse effects add up. 3.Pharmacodynamically irrationale FDC as both have same mechanism of action (both drugs acting on the same enzyme). Thus, combining two NSAIDs does not and cannot improve the efficacy of treatment. It only adds to the cost of therapy and more importantly, to the adverse effects *Chandler S. Gautam, Lekha Saha. Fixed dose drug combinations (FDCs): rational or irrational: a view point Br J Clin Pharmacol / 65:5 / 795–796.* *Kasarla Raju, A. Elumalai2, Eddla Srid. IRRATIONAL DRUG COMBINATIONS. Vol 3|Issue 2| 2013 | 52-56.*
625	Aceclofenac IP + Paracetamol IP + Rabeprazole Sodium IP (EC)	100mg+ 325mg +10mg	Film Coated Tablets	a, 1.There is pharmacokinetics incompatibility among the three drugs, as the dosing intervals are BD for aceclofenac, OD for rabeprazole and TDS/QID for paracetamol. 2.The FDC is not approved anywhere in the world 3.The literature regarding safety and efficacy of this combination is not available in Pubmed & Google scholar
627	Nimesulide BP+Paracetamol IP+Phenylephirine HCl IP+Cetirizine HCl IP+Caffeine IP	100mg+325 mg+5mg+5 mg+25mg	Uncoated Tablets	a, 1. Nimesulide in combination has potential of misuse in indications for allergic conditions. Users who may not be aware of this paracetamol content and may accidentally overdose when they take the multi-ingredient product with other medicines also containing paracetamol. 2. There is pharmacokinetic incompatibility among the drugs. 3.Nimesuilide has documanted safety concern. 4. Hepatotoxic potential of both the drugs Eccles, R., Fietze, I. and Rose, U.-B. (2014) Rationale for Treatment of Common Cold and Flu with Multi-Ingredient Combination Products for Multi-Symptom Relief in Adults. Open Journal of Respiratory Diseases, 4, 73-82.
634	Nimesulide BP+Tizanidine HCl IP eq. to Tizanidine	100mg+2mg	Uncoated Bilayered Tablets	a, 1. Nimesulide in combination as a dispersible dosage form has potential of misuse in children. 2. The FDC is pharmacokinetically incompatible as both have different dosing schedule. *Rayasam SP et al. Int J Basic Clin Pharmacol.2013 Aug;2(4) : 452-457*
635	Nimesulide+Serratiop eptidase	100mg+15m g	Capsules	a, 1. Safety concern with nimesulide 2.No evidence to support that Serratiopeptidase offer any particular advantage over Nimesulide. 3. On the other hand, the patient is exposed to greater risk of gastrointestinal (GI) irritation and serious bleeding from unsuspected peptic ulceration. *Chandler S. Gautam, Lekha Saha. Fixed dose drug combinations (FDCs): rational or irrational: a view point Br J Clin Pharmacol / 65:5 / 795–796.*
644	Paracetamol IP+ Lignocaine Hydrochloride IP + Benzyl Alcohol IP	150mg+1.0 %+1%v/v	Injection	a, 1.Pharmacodynamically irrelevant FDC. 2.Hypersensitivity to lignocaine is also a safety concern.

645	Paracetamol IP + Caffeine (Anhydrous) IP + Codeine Phosphate IP	325mg+15mg+5mg	Uncoated Tablets	a, Pharmacodynamically irrelevant. 1.Close Monitoring is required as codeine increases and caffeine decreases sedation. 2.Effect of interaction is not clear, Potential for drug-drug interaction. 3. An important safety debate concerning multi- ingredient, multi-symptom relief products for common cold and flu is that they commonly contain paracetamol (acetaminophen) and that users who may not be aware of this may accidentally overdose when they take the multi-ingredient product with other medicines also containing paracetamol. *http://reference.medscape.com/drug-interactionchecker*
652	Aceclofenac IP (SR) + Paracetamol IP	200mg+325 mg	Uncoated bilayered modified release tablet	a, 1.Pharmocokinetic incompatibility-dosing shedule of aceclofenac (SR) and paracetamol are of different duration
658	Zinc Carnosine+Aceclofenac IP	37.5mg+100 mg	Film Coated Tablets	a, There is no therapeutic benefit of adding zinc carnosine in FDC.
683	Diclofenac Sodium IP+ Paracetamol IP & Inactive Polyethylene Glycol 400 USNF+ Lignocaine HCl IP+ Benzyl Alcohol IP (preservative)+ Sodium Metabisulphate IP	25mg + 75mg & 565.53mg 10mg 1.0% w/v+ 1mg	Injection	a, Hypersensitivity reaction with lignocaine.
690	Ofloxacin IP+Ornidazole IP	500mg+125 mg per 5ml	Oral suspension	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.
699	Cefixime IP As Trihydrous Eq. to Anhydrous Cefixime+Linezolid	200mg+600 mg	Tablets	a, 1.Use of antibiotic FDCs can rapidly give rise to resistant strains of organisms, which is a matter of serious concern to the health care situation in our resource poor country. 2.Lenizolid is a life saving drug to be used for MRSA infection and inappropriate use of lenizolid can lead to drug resistance.
703	Ofloxacin+ Nitazoxanide	50 mg + 100mg	oral liquid	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ofloxacin for indication of nitazoxanide will lead to emergence of antibiotic resistance and serious health care concern.
714	Ornidazole IP+Ofloxacin IP	125.0mg+50.0mg	Suspension	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.
717	Azitromycin dihydrate IP Eq. to Azithromycin + Ofloxacin IP	500mg+400 mg	Tablets	a, 1.Pharmacodynamically irrelevant FDC. 2. Increase risk of emergence of drug resistance due to misuse in FDC .

725	Cefixime+Linezolid	200mg+600 mg	Tablets	a, 1.Use of antibiotic FDCs can rapidly give rise to resistant strains of organisms, which is a matter of serious concern to the health care situation in our resource poor country. 2.Linezolid is a life saving drug to be used for MRSA infection and inappropriate use of linezolid can lead to drug resistance.
728	Ofloxacin+Ornidazole	50mg+125m g	Suspension	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.
735	Azithromycin + Ofloxacin	500mg+400 mg	Tablets	a, 1Ofloxacin is not safe in children. 2. Increased risk of emergence of drug resistance. 3. Patient may need only one ingredient and use of FDC may lead to misuse.
737	Norfloxacin+ metronidazole Benzoate	100mg+ 100mg	liquid suspension	a, 1.FDCs of quinolones and nitroimidazoles (e.g. norfloxacin + metronidazole, ciprofloxacin + tinidazole, ofloxacin + ornidazole) have not been recommended in children. 2.This FDC can rapidly give rise to resistant strains of organisms, which is a matter of serious concern to the health care situation in our resource poor country. *Kasarla Raju, A. Elumalai, Eddla Srid. IRRATIONAL DRUG COMBINATIONS. 2013;3(2):52-56.*
738	Anhydrous azithromycin +. anhydrous levofloxacin	250mg/500 mg+ 250mg/500 mg	Tablets	a, 1.Pharmacodynamically irrelevant FDC. 2. Increase risk of emergence of drug resistance due to misuse of FDC .
742	Cefpodoxime+ Levofloxacin	200mg+250 mg	Film Coated Tablets	a, 1.Pharmacodynamically irrelevant FDC. 2. Increase risk of emergence of drug resistance due to misuse of FDC .
744	Azithromycin Dihydrate IP eq. to Azithromycin + Levofloxacin hemi hydrate IP eq .to Levofloxacin	250mg+250 mg	Film Coated Tablets	a, 1.Pharmacodynamically irrelevant FDC. 2. Increase risk of emergence of drug resistance due to misuse of FDC .
745	Cefixime IP (as Trihydrate) Eq. to anhydrous Cefixime+Linezolid IP	200mg+600 mg	Tablets	a, 1.Use of antibiotic FDCs can rapidly give rise to resistant strains of organisms, which is a matter of serious concern to the health care situation in our resource poor country. 2.Lenizolid is a life saving drug to be used for MRSA infection and inappropriate use of lenizolid can lead to drug resistance.

746	Ofloxacin +Ornidazole+Lactic Acid Bacillus	200mg+500 mg+2.50 Billion Spores	Tablets	a, 1.FDCs of quinolones and nitroimidazoles (e.g. norfloxacin + metronidazole, ciprofloxacin + tinidazole, ofloxacin + ornidazole) have not been recommended. 2.This FDC can rapidly give rise to resistant strains of organisms, which is a matter of serious concern to the health care situation in our resource poor country. 3. There is no additional benefit of adding lactic acid bacillus. *Kasarla Raju, A. Elumalai, Eddla Srid. IRRATIONAL DRUG COMBINATIONS. 2013;3(2):52-56.*
747	Cefixime IP+Linezolid IP	200mg+600 mg	Film Coated Tablets	a, 1.Use of antibiotic FDCs can rapidly give rise to resistant strains of organisms, which is a matter of serious concern to the health care situation in our resource poor country. 2.Lenizolid is a life saving drug to be used for MRSA infection and inappropriate use of lenizolid can lead to drug resistance.
750	Ofloxacin IP+Nitazoxanide	50mg+100m g	suspension	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of nitrazoxanide will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.
751	Ofloxacin IP+Ornidazole IP	50mg+125m g	suspension	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.
753	ofloxacin+ nitazoxanide	50 mg+ 125 mg	suspension	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ofloxacin for indication of nitazoxanide will lead to emergence of antibiotic resistance and serious health care concern.
766	Ofloxacin IP+Ornidazole IP	50mg+125m g	Oral Liquid	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.
775	azithromycin dihydrate + secnidazole+ fluconazole	1 g+ 1 g+ 150 mg	tablets	a, 1. Pharmacodynamically irrelevant due to different therapeutic indications of ingredients. FDC may Increase risk of emergence of drug resistance. 2. Patient may require only one ingredient 3. Azithromycin and fluconazole both increase QTc interval, Potential cardiac toxicity. *http://reference.medscape.com/drug-interactionchecker.*
780	Oflaxacine IP+Ornidazole IP	50mg+125m g	Suspension	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.

781	Oflaxacine IP+Ornidazole IP	50mg/125mg	Suspension	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.
786	Norfloxacin+ Metronidazole Benzoate	100mg+150 mg	Suspension	a, 1.FDCs of quinolones and nitroimidazoles (e.g. norfloxacin + metronidazole, ciprofloxacin + tinidazole, ofloxacin + ornidazole) have not been recommended in children. 2.This FDC can rapidly give rise to resistant strains of organisms, which is a matter of serious concern to the health care situation in our resource poor country. *Kasarla Raju, A. Elumalai, Eddla Srid. IRRATIONAL DRUG COMBINATIONS. 2013;3(2):52-56.*
787	Ofloxacin IP+Ornidazole IP	50mg+125mg	Syrup	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.
790	Levofloxacin+Azithromycin	250mg/500mg+250mg/500mg	Tablets	a, 1.Pharmacodynamically irrelevant FDC. 2. Increase risk of emergence of drug resistance due to misuse of FDC .
793	Azithromycin Dihydrate IP eq. to Azithromycin + Neomycin Sulphate IP eq.to Neomycin	300mg+250 mg	5gm Intra Mammary Infusion Disposable Syringes	a, Veterinary FDC - no comments
795	Levofloxacin Hemihydrate IP+Ornidazole IP+Alpha Tocopherol Acetate IP	20mg+40mg +5mg	Solution	a, 1. Patient may need only one ingredient and the use of FDC may lead to misuse. 2. Increased risk of emergence of drug resistance due to misuse of FDC .
796	Levofloxacin Hemihydrate IP+Ornidazole IP+Alpha Tocopherol Acetate IP	20mg+25mg +5mg	Clear Solution	a, 1. Patient may need only one ingredient and the use of FDC may lead to misuse. 2. Increased risk of emergence of drug resistance due to misuse of FDC .
799	Ofloxacin+Ornidazole	50mg+125mg	Oral suspension	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.
805	Nimorazole+Ofloxacin	500mg+200 mg	Tablet	a, 1. Patient may need only one ingredient and the use of FDC may lead to misuse. 2. Increased risk of emergence of drug resistance due to misuse of FDC .
812	anhydrous azithromycin + ofloxacin	500m g+ 400 mg	tablets	a, 1.Pharmacodynamically irrelevant FDC. 2. Increased risk of emergence of drug resistance due to misuse of FDC .

815	Fluconazole IP+Azithromycin IP+Secnidazole IP	150mg+1000mg+1000mg	Kit Tablets	a, 1. Pharmacodynamically irrelevant due to different therapeutic indications of ingredients. FDC may Increase risk of emergence of drug resistance. 2. Patient may require only one ingredient 3. Azithromycin and fluconazole both increase QTc interval, Potential cardiac toxicity. *http://reference.medscape.com/drug-interactionchecker.*
828	Ofloxacin IP+Ornidazole IP	50mg+125mg	Suspension	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.
844	Azithromycin +ofloxacin	125mg+50mg	Suspension	a, 1Ofloxacin is not safe in children. 2. Increased risk of emergence of drug resistance. 3. Patient may need only one ingredient and use of FDC may lead to misuse.
845	Metronidazole benzoate+Norfloxacin	100mg+100mg	Suspension	a, 1.FDCs of quinolones and nitroimidazoles (e.g. norfloxacin + metronidazole, ciprofloxacin + tinidazole, ofloxacin + ornidazole) have not been recommended in children. 2.This FDC can rapidly give rise to resistant strains of organisms, which is a matter of serious concern to the health care situation in our resource poor country. *Kasarla Raju1, A. Elumalai2, Eddla Srid. IRRATIONAL DRUG COMBINATIONS. Vol 3|Issue 2| 2013 | 52-56*
846	Azithromycin+ ofloxacin	250mg+200mg	Tablet	a, 1.Pharmacodynamically irrelevant FDC. 2. Increased risk of emergence of drug resistance due to misuse of FDC .
848	Ornidazole+Ofloxacin +	125 mg+50mg	Suspension/oral liquid	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.
852	Cefixime+Levofloxacin Hemihydrate	400mg+500mg	Tablet	a, 1.Pharmacodynamically irrelevant FDC. 2. Increased risk of emergence of drug resistance due to misuse of FDC .
857	ofloxacin + beclomethasone dipropionate+ clotrimazole+ lignocaine HCL	0.3% + .025% + 1% + 2%	drops	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.

862	Praziquantel + Pyrantel Pamoate+ Fenbendazole	50mg +144mg +500mg	Tablets	a, 1. Patient may need only one ingredient and use of FDC may lead to misuse. 2.Dosing shedule mismatch amongst ingredients.
863	Doxycycline hyclate+Serratiopeptidase	100mg+10mg	Capsule	a, Pharmacodynamically irrelevant- 1. Increased risk of emergence of drug resistance. 2. Patient may need only one ingredient and use of FDC may lead to misuse.
869	Ofloxacin+Beclomethasone Dipropionate+Clotrimazole+Lignocaine HCL	0.3%w/v+0.025%w/v+1%w/v+2%w/v	Ear Drops	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
876	Cefpodoxine+Azithromycin	100mg+125mg	Dispersible tablet	a, 1. Increased risk of emergence of drug resistance. 2. Patient may need only one ingredient and use of FDC may lead to misuse. 3.Azithromycin decreases effects of cefpodoxime by pharmacodynamic antagonism. Significant interaction possible.Bacteriostatic ingredients may inhibit the effects of bactericidal ingredients. *http://reference.medscape.com/drug-interactionchecker.*
879	Cefpodoxime +Azithromycin	320mg+500mg	Tablets	a, 1. Increased risk of emergence of drug resistance. 2. Patient may need only one ingredient and use of FDC may lead to misuse. 3.Azithromycin decreases effects of cefpodoxime by pharmacodynamic antagonism. Significant interaction possible.Bacteriostatic ingredients may inhibit the effects of bactericidal ingredients. *http://reference.medscape.com/drug-interactionchecker.*
880	Ofloxacin+Ornidazole	50.0mg+125.0mg	Liquid oral	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.
881	Ofloxacin+Ornidazole	50.0mg+125.0mg	Liquid oral	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.

882	Ofloxacin+Ornidazole	50.0mg+125.0mg	Liquid oral	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.
883	Ofloxacin+Ornidazole	50.0mg125.0mg	Suspension	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.
885	Norfloxacin IP+Metronidazole Benzoate IP	100mg+100 mg	Suspension	a, 1.FDCs of quinolones and nitroimidazoles (e.g. norfloxacin + metronidazole, ciprofloxacin + tinidazole, ofloxacin + ornidazole) have not been recommended in children. 2.This FDC can rapidly give rise to resistant strains of organisms, which is a matter of serious concern to the health care situation in our resource poor country. *Kasarla Raju, A. Elumalai, Eddla Srid. IRRATIONAL DRUG COMBINATIONS. 2013;3(2):52-56.*
886	Ofloxacin IP+Ornidazole IP	50mg+125mg	Suspension	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.
887	Cefixime IP eq. to anhydrous Cefixime+levofloxacin Hemihydrate IP eq. to Levofloxacin	400mg+500 mg	Tablets	a, 1.Pharmacodynamically irrelevant FDC. 2. Increased risk of emergence of drug resistance due to misuse of FDC .
890	Levofloxacin+Azithromycin	250mg/500 mg+250mg/ 500mg	Tablets	a, 1.Pharmacodynamically irrelevant FDC. 2. Increase risk of emergence of drug resistance due to misuse of FDC .
893	Azithromycin IP+Levofloxacin Hemihydrate IP	500mg+250 mg/500mg	Film Coated Tablets	a, 1. Pharmacodynamically irrelevant FDC. Increase risk of emergence of drug resistance as patient may need only one ingredient. 2. Azithromycin and levofloxacin both increase QTc interval. *http://reference.medscape.com/drug-interactionchecker.*
894	Doxycycline HCL IP eq. to Doxycycline anhydrous+Tinidazole IP+Betacyclodextrin USP	100mg+600 mg+50mg	Film Coated Tablets	a, Pharmacodynamically irrelevant- 1. Patient may need only one ingredients and may lead to misuse 2.There is a risk of antibiotic resistance .

895	Doxycycline HCL IP eq. to Doxycycline anhydrous+Ornidazole IP+Betacyclodextrin USP	100mg+500 mg+50mg	Film Coated Tablets	a, Pharmacodynamically irrelevant- 1. Patient may need only one ingredients and may lead to misuse 2.There is a risk of antibiotic resistance .
900	Cefixime (As Trihydrate)+Azithromycin Drihydrate IP	200mg+250 mg	Film Coated Tablets	a, 1.Use of antibiotic FDCs can rapidly give rise to resistant strains of organisms, which is a matter of serious concern to the health care situation in our resource poor country. 2.Pharmacokinetic incopmpatibility
903	Ofloxacin IP+Metronidazole IP+Zinc Acetate USP	100mg+200 mg+10mg	Oral Suspension	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of metronidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.
906	Norfloxacin IP+Metronidazole IP	200mg+200 mg	Tablets	a, 1.FDCs of quinolones and nitroimidazoles (e.g. norfloxacin + metronidazole, ciprofloxacin + tinidazole, ofloxacin + ornidazole) have not been recommended in children. 2.This FDC can rapidly give rise to resistant strains of organisms, which is a matter of serious concern to the health care situation in our resource poor country. *Kasarla Raju, A. Elumalai, Eddla Srid. IRRATIONAL DRUG COMBINATIONS. 2013;3(2):52-56.*
908	Ofloxacin IP+nitazoxanide	50mg+100mg	Oral Suspension	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of nitrazoxanide will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.
913	Norfloxacin IP + Metronidazole Benzoate IP	100mg+100 mg	Suspension	a, 1.FDCs of quinolones and nitroimidazoles (e.g. norfloxacin + metronidazole, ciprofloxacin + tinidazole, ofloxacin + ornidazole) have not been recommended in children. 2.This FDC can rapidly give rise to resistant strains of organisms, which is a matter of serious concern to the health care situation in our resource poor country. *Kasarla Raju, A. Elumalai, Eddla Srid. IRRATIONAL DRUG COMBINATIONS. 2013;3(2):52-56.*
916	Diphenoxylate HCL+Atropine Sulphate+Furazolidone	2.5mg+0.025mg+50mg	Tablets	a, Pharmacodynamically irrelevant- 1. Patient may need only one ingredient which may lead to misuse and adverse effect. 2. Use of two antispasmodic can develop more risk of adverse effect. 3. Use of antibacterial in FDC is irrelevant.
922	Fluconazole IP Tablets+One Azithromycin Tablets IP+Two Ornidazole Tablets IP	150mg+1000mg+750mg	Kit (Film Coated Tablets)	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.

923	Norfloxacin IP+Metronidazole Benzoate IP	100mg+120 mg	Suspension	a, 1.FDCs of quinolones and nitroimidazoles (e.g. norfloxacin + metronidazole, ciprofloxacin + tinidazole, ofloxacin + ornidazole) have not been recommended in children. 2.This FDC can rapidly give rise to resistant strains of organisms, which is a matter of serious concern to the health care situation in our resource poor country. *Kasarla Raju, A. Elumalai, Eddla Srid. IRRATIONAL DRUG COMBINATIONS. 2013;3(2):52-56.*
924	Ofloxacin IP+Ornidazole IP	50mg+125m g	Suspension	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.
926	Ornidazole IP+Ofloxacin IP	125mg+50m g	Suspension	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.
929	Ofloxacin IP+Ornidazole IP	200mg+500 mg	Suspension	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.
930	Ofloxacin IP+Ornidazole IP	50mg+125m g	Oral Liquid	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.
933	Ofloxacin IP+Ornidazole IP	50mg+125m g	Oral Suspension	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.
939	Ofloxacin+Ornidazole	50mg+120m g	Suspension	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.
950	Ofloxacin+Azithromycin Dihydrate	100mg+100 mg	Uncoated dispersible tablet	a, 1Ofloxacin is not safe in children. 2. Increased risk of emergence of drug resistance. 3. Patient may need only one ingredient and use of FDC may lead to misuse.
959	Cefixime Trihydrate IP eq. to Cefixime+Linezolide IP	200mg+600 mg	Film Coated Tablets	a, 1.Use of antibiotic FDCs can rapidly give rise to resistant strains of organisms, which is a matter of serious concern to the health care situation in our resource poor country. 2.Lenizolid is a life saving drug to be used for MRSA infection and inappropriate use of lenizolid can lead to drug resistance.

960	Ofloxacin IP+Ornidazole IP	50mg+125mg	Oral Suspension	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.
966	Ofloxacin IP+Ornidazole IP	50mg+125mg	Oral Liquid	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.
976	Ornidazole IP+Ofloxacin IP	50mg+125mg	Oral Liquid	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.
979	Ofloxacin IP+Ornidazole IP	50mg+125mg	Syrup	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.
981	Lignocaine+Clotrimazole+Ofloxacin+Beclomethasone Dipropionate	2%w/v+1%w/v+0.3%w/v+0.025%w/v	Ear Drops	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
985	Cafuroxime Axetil+ Linezolid	500mg+600mg	Film Coated Tablets	a, 1.Use of antibiotic FDCs can rapidly give rise to resistant strains of organisms, which is a matter of serious concern to the health care situation in our resource poor country. 2.Lenizolid is a life saving drug to be used for MRSA infection and inappropriate use of lenizolid can lead to drug resistance.
987	Cafuroxime Axetil+Linezolid	500mg+600mg	Film Coated Tablets	a, 1.Use of antibiotic FDCs can rapidly give rise to resistant strains of organisms, which is a matter of serious concern to the health care situation in our resource poor country. 2.Lenizolid is a life saving drug to be used for MRSA infection and inappropriate use of lenizolid can lead to drug resistance.
989	Ofloxacin+Ornidazole	50mg+125mg	Suspension	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.
990	Ofloxacin+Ornidazole	50mg+125mg	Suspension	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.

1003	Clobetasol Propionate+Neomycin Sulpahte+Miconazole Nitrate	0.05%w/w+ 0.1%w/w+2. 00%w/w	cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
1004	Clobetasol Propionate+Neomycin Sulpahte+Miconazole Nitrate	0.05%w/w+ 0.5%w/w+2. 00%w/w	cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
1010	Clobetasol Propioinate BP+Miconazole Nitrate IP+Neomycin Sulphate IP	0.05%w/w + 2.0%w/w + 0.5%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
1021	Ofloxacin IP+Ornidazole IP+Zinc bisglycinate	50mg+125m g+50mg	Suspension	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.
1026	Norfloxacin IP+Metronidazole	100mg+100 mg	Suspension	a, 1.FDCs of quinolones and nitroimidazoles (e.g. norfloxacin + metronidazole, ciprofloxacin + tinidazole, ofloxacin + ornidazole) have not been recommended in children. 2.This FDC can rapidly give rise to resistant strains of organisms, which is a matter of serious concern to the health care situation in our resource poor country. *Kasarla Raju, A. Elumalai, Eddla Srid. IRRATIONAL DRUG COMBINATIONS. 2013;3(2):52-56.*
1027	Ofloxacin IP+Ornidazole IP	50mg+125m g	Oral Liquid	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.
1028	Levofloxacin Hemihydrate+Azithro mycin Dihydrate IP	250mg/500 mg+250mg/ 500mg	Film Coated Tablets	a, 1.Pharmacodynamically irrelevant FDC. 2. Increase risk of emergence of drug resistance due to misuse of FDC .

1030	Norfloxacin IP+Metronidazole IP	400mg+400 mg	Film Coated Tablets	a, 1.FDCs of quinolones and nitroimidazoles (e.g. norfloxacin + metronidazole, ciprofloxacin + tinidazole, ofloxacin + ornidazole) have not been recommended in children. 2.This FDC can rapidly give rise to resistant strains of organisms, which is a matter of serious concern to the health care situation in our resource poor country. *Kasarla Raju, A. Elumalai, Eddla Srid. IRRATIONAL DRUG COMBINATIONS. 2013;3(2):52-56.*
1038	Metronidazole Benzoate IP eq. to Metronidazole+Norfloxacin IP	100mg+100 mg	Liquid Oral	a, 1.FDCs of quinolones and nitroimidazoles (e.g. norfloxacin + metronidazole, ciprofloxacin + tinidazole, ofloxacin + ornidazole) have not been recommended in children. 2.This FDC can rapidly give rise to resistant strains of organisms, which is a matter of serious concern to the health care situation in our resource poor country. Kasarla Raju1, A. Elumalai2, Eddla Srid. IRRATIONAL DRUG COMBINATIONS. Vol 3|Issue 2| 2013 | 52-56
1043	Clobetasol+Neomycin +Clotrimazole	0.05%w/w + 0.50%w/w + 1%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
1045	Norfloxacin USP+Metronidazole	100mg+100 mg	Liquid Oral	a, 1.FDCs of quinolones and nitroimidazoles (e.g. norfloxacin + metronidazole, ciprofloxacin + tinidazole, ofloxacin + ornidazole) have not been recommended in children. 2.This FDC can rapidly give rise to resistant strains of organisms, which is a matter of serious concern to the health care situation in our resource poor country. *Kasarla Raju, A. Elumalai, Eddla Srid. IRRATIONAL DRUG COMBINATIONS. 2013;3(2):52-56.*
1055	Ofloxacin IP+Ornidazole IP	50mg+125m g	Suspension	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.
1061	Ofloxacin USP+Ornidazole	50mg+125m g	Suspension	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.
1063	Ofloxacin IP+Ornidazole IP	50mg+125m g	Suspension	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.

1067	Amoxicillin Trihydrate IP eq. to Amoxicillin+Bromhexine Hydrochloride IP	250mg+8mg	Hard Gelatin Capsule	a, Pharmacodynamically irrelevant- 1. Combining amoxycillin (antibiotic) with other ingredient which has different indication is irrational and will lead to emergence of resistance. 2. There is no justification in combining mucolytic ingredient with antibacterial, as thick secretions in respiratory tract are always not due to respiratory infections. Also the antibacterial therapy always does not require an associated dose of mucolytic ingredient. *Kasarla Raju, A. Elumalai, Eddla Srid. IRRATIONAL DRUG COMBINATIONS. Vol 3|Issue 2| 2013 | 52-56.*
1073	Clobetasole Propionate USP+Neomycin Sulphate IP+Miconazole Nitrate IP+Chlorocresol IP	0.05%w/w + 0.5%w/w + 2.00%w/w + 0.1%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
1075	Ciprofloxacin Hydrochloride IP eq. to Cirofloxacin+Fluticasone Acetonide IP+Clotrimazole IP+Neomycin Sulphate IP	0.5%w/w+ 0.025%w/w + 1.0%w/w + 0.5%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
1091	Metronidazole IP+Furazolidone IP+ Loperamide IP	1gm+200mg +4mg	Uncoated Tablets	a, 1.antimotility drug will cause toxic megacolon in infective diarrhoea. 2. Loperamide is contra-indicated in infective diarrhea and in patients with bacterial enterocolitis caused by invasive organisms including Salmonella, Shigella, and Campylobacter as it reduces the clearance of pathogens. Hence there is no rationale for combining with antibiotic in an FDC. 3. In bacterial diarrhoea only anti-bacterial drug is effective and antiamoebic drug is useless. Similarly, in intestinal amoebiasis only antiamoebic drug is effective while antibacterial drug is useless. 4.Amoebiasis and bacterial diarrhoea rarely coexist. 5. Only one drug of the combination would be effective and the other one would be useless.
1093	Doxycycline HCl IP eq. to Doxycycline Base+Lacto Acid Bacillus IH	100mg+60 Million spores	Uncoated Tablets	a, Pharmacodynamically irrelevant- 1. Patient may need only one ingredients and may lead to misuse 2.There is a risk of antibiotic resistance .
1095	Metronidazole IP+Tetracycline HCl IP	300mg+250 mg	Film Coated Tablets	a, Pharmacodynamically irrelevant- **May lead to misuse and antibiotic resistance**
1099	Tetracycline HCl IP+Metronidazole IP	333mg+400 mg	Oral Film Coated Tablet	a, Pharmacodynamically irrelevant. 1. Patient may need only one ingredient. 2.Misuse may lead to development of resistance.

1100	Ofloxacin USP+ Ornidazole IP	50mg+125mg	Oral Suspension	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.
1103	Ofloxacin IP+Ornidazole IP	50mg+125mg	Suspension	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.
1104	Ofloxacin IP+Ornidazole IP	50mg+125mg	Suspension	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.
1111	Ofloxacin IP+Ornidazole IP	50mg+125mg	Oral Liquid	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.
1112	Cephalexin IP+ Neomycin Sulphate IP+Prednisolone	100mg+100 mg+10mg	Injection	a, Pharmacodynamically irrelevant- 1.May lead to misuse and neomycin is a potent nephrotoxic. It is no longer indicated by parentral route.
1117	Ofloxacin IP+Ornidazole IP	50mg+125mg	Oral Liquid Syrup	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.
1118	Norfloxacin IP+Metronidazole Benzoate IP	100mg+120 mg	Oral Liquid Syrup	a, 1.FDCs of quinolones and nitroimidazoles (e.g. norfloxacin + metronidazole, ciprofloxacin + tinidazole, ofloxacin + ornidazole) have not been recommended in children. 2.This FDC can rapidly give rise to resistant strains of organisms, which is a matter of serious concern to the health care situation in our resource poor country. *Kasarla Raju, A. Elumalai, Eddla Srid. IRRATIONAL DRUG COMBINATIONS. 2013;3(2):52-56.*
1122	Doxycycline Hydrochloride IP eq. to Doxycycline+Tinidazole	100mg+300 mg	Film coated tablets	a, Pharmacodynamically irrelevant- 1. Increased risk of emergence of drug resistance. 2. Patient may need only one ingredient and use of FDC may lead to misuse.

1126	Azithromycin (As Dihydrate) IP eq. To Anhydrous Azithromycin + Ambroxol Hydrochloride IP	250mg/500 mg+60mg	Film Coated Tablets	a, Pharmacodynamically irrelevant- 1. Combining Azithromycin (antibiotic) with other ingredient which has different indication is irrational and will lead to emergence of resistance. 2. There is no justification in combining mucolytic ingredient with antibacterial, as thick secretions in respiratory tract are always not due to respiratory infections. Also the antibacterial therapy always does not require an associated dose of mucolytic ingredient. *Kasarla Raju, A. Elumalai, Eddla Srid. IRRATIONAL DRUG COMBINATIONS. Vol 3|Issue 2| 2013 | 52-56.*
1127	Azithromycin (As Dihydrate) IP eq. To Anhydrous Azithromycin + Ambroxol Hydrochloride IP	250mg/500 mg+60mg	Film Coated Tablets	a, Pharmacodynamically irrelevant- 1. Combining Azithromycin (antibiotic) with other ingredient which has different indication is irrational and will lead to emergence of resistance. 2. There is no justification in combining mucolytic ingredient with antibacterial, as thick secretions in respiratory tract are always not due to respiratory infections. Also the antibacterial therapy always does not require an associated dose of mucolytic ingredient. *Kasarla Raju, A. Elumalai, Eddla Srid. IRRATIONAL DRUG COMBINATIONS. Vol 3|Issue 2| 2013 | 52-56.*
1146	Azithromycin (As Dihydrate) IP eq. To Anhydrous Azithromycin +Ambroxol Hydrochloride IP (In sustained release form)	500mg+60m g	Uncoated bilayered tablets	a, Pharmacodynamically irrelevant- 1. Combining Azithromycin (antibiotic) with other ingredient which has different indication is irrational and will lead to emergence of resistance. 2. There is no justification in combining mucolytic ingredient with antibacterial, as thick secretions in respiratory tract are always not due to respiratory infections. Also the antibacterial therapy always does not require an associated dose of mucolytic ingredient. *Kasarla Raju, A. Elumalai, Eddla Srid. IRRATIONAL DRUG COMBINATIONS. 2013;3(2):52-56.*
1147	Azithromycin (As Dihydrate) IP eq. To Anhydrous Azithromycin +Ambroxol Hydrochloride IP (In sustained release form)	250mg+60m g	Uncoated bilayered tablets	a, Pharmacodynamically irrelevant- 1. Combining Azithromycin (antibiotic) with other ingredient which has different indication is irrational and will lead to emergence of resistance. 2. There is no justification in combining mucolytic ingredient with antibacterial, as thick secretions in respiratory tract are always not due to respiratory infections. Also the antibacterial therapy always does not require an associated dose of mucolytic ingredient. *Kasarla Raju, A. Elumalai, Eddla Srid. IRRATIONAL DRUG COMBINATIONS. Vol 3|Issue 2| 2013 | 52-56.*
1208	cilnidipine + metroprolol succinate + metroprolol tartrate	10 mg+ 47.5 mg+ 50 mg	Tablets	a, Pharmacodynamically irrelevant,there is no .scientific justification for two derivatives of metoprolol. Same compound in differerent salt form don't make any pharmacodynamic (Synergistic/additive) hence dose of metoprolol selected in the combination is questionable
1220	Flunarizine+Elemental Magnesium	10mg+100m g	Uncoated tablets	a, Pharmacodynamically irrelevant- As there is no published literature supporting use of Elemental Magnesium.
1229	L-Arginine IP+Sildenafil Citrate IP eq. to Sildanifil	3gm+50mg	Sachet/Film Coated Tablets	a, Pharmacodynamically irrelevant as there is lack of synergism or additive effect and also the dose selection is questionable

1246	atorvastatin calcium + vitamin D3 + folic acid + vitamin B12 + pyridoxine HCL	5/10/20 mg+ 1000 IU/1000 IU/1000 IU + 2.5 mg/2.5 mg/2.5 mg+ 200 mcg/200 mcg/200 mcg+ 20 mg/20 mg/20 mg	film coated tablet	a, Pharmacodynamically irrelevant- 1.Atovastatin has definite indication and combining it with vitamins has no additional benefit. 2. Misuse of FDC as vitamin supplement will cause serious adverse effects of atorvastatin.
1270	Clindamycin+Telmisartan	10mg+40mg	Tablet	a, Pharmacodynamically irrelevant- 1. Use of antibiotic with angiotensin receptor blocker is not rational
1273	Olmesartan+Hydrochlorothiazide IP+Chlorthalidone IP	20mg/40mg +12.5mg+6.25mg	Hard Geletin Capsules	a, 1. Both diuretics present in the FDC have same mechanism of action. 2. Dose trituration will be difficult in FDC. 3. Chlorthalidone will increase the level or effect of hydrochlorothiazide by acidic (anionic) drug competition for renal tubular clearance.
1376	Prochloperazine Maleate + Paracetamol	5mg+ 650 mg	tablet	a, Pharmacodynamically irrelevant and overdose dose of Paracetamol.
1379	Betahistine HCl IP+Ginkgo biloba Extract+Vinpocetin+Piracetam	16mg+60mg +5mg+400mg	Tablets	a, Pharmacodynamic irrelevant - each ingredient has different therapeutic use and FDC will lead to misuse.
1390	Promethazine HCl IP+Paracetamol IP	5mg+125mg	Oral Syrup	a, Pharmacodynamically irrelevant 1. Both ingredients have different therapeutic uses.
1396	Phenytoin Sodium+Phenobarbitone	100mg+30mg	Tablets	a, Pharmacodynamically irrelevant. 1. Phenobarbital will decrease the level or effect of phenytoin by affecting hepatic enzyme CYP2C9/10 metabolism. Significant interaction possible. 2. Phenobarbital decreases levels of phenytoin by increasing metabolism. 3. Phenobarbital may occasionally not change or even increase (via competitive inhibition) phenytoin levels. *http://reference.medscape.com/drug-interactionchecker.*
1397	L-5-Methylterahydrofolate calcium+Escitalopram Oxalate	7.5mg+10mg	Tablets	a, Pharmacodynamically irrelevant- 1. No supporting published literature available on the combination. 2. Both ingredients have different indications.

1398	Flupenthixol dihydrochloride+Escitalopram Oxalate	0.5mg+10mg	Tablets	a, Pharmacodynamically irrelevant- 1. No supporting published literature for this FDC. 2. The combination will aggravate the adverse effects.
1408	Promethazine HCl IP+Pholcodine IP	1.5mg+1.5mg	Cough Syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
1409	Promethazine HCl IP+Dextromethorphan Hydrobromide IP	5mg+10mg	Oral Liquid	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
1413	promethazine HCL+ paracetamol	5 mg + 125 mg	syrup	a, Pharmacodynamically irrelevant 1. Both ingredients have different therapeutic uses.
1414	pholcodine +Promethazine Hydrochloride	1.5mg+1.5mg	Oral Syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
1415	Paracetamol IP+Promethazine HCL IP	125mg+5mg	Suspension	a, 1. Pharmacodynamically irrelevant. 2. Both ingredients have different indications.
1417	Flupenthixol dihydrochloride+Escitalopram Oxalate	0.5mg+10mg	Tablets	a, Pharmacodynamically irrelevant- 1. No supporting published literature for this FDC. 2. The combination will aggravate the adverse effects.
1435	Betahistine HCl+Ginkgo Biloba Extract+Vinpocetine+ Piracetam	16mg+60mg +5mg+400mg	Film Coated tablets	a, Pharmacodynamic irrelevant - each ingredient has different therapeutic use and FDC will lead to misuse.
1436	Sodium Fluoride IP+Procaine HCl IP	1%w/v + 2% w/v	injection	a, Pharmacodynamically irrelevant- No published literature in support of this FDC.
1437	Cetirizine Dihydrochloride IP+Diethyl Carbamazine Citrate IP	5mg+150mg	Tablets	a, 1. Patient may need only one ingredient and use of FDC may lead to misuse.

1459	Doxylamine Succinate+Pyridoxine HCl+Mefenamic Acid+Paracetamol	10mg+50mg +250mg+32 5mg	Tablets	a, Pharmacodynamically irrelevant- 1. No published literature supporting the FDC. 2. Users who may not be aware of this mefanamic acid content and may accidentally overdose when they take the multi- ingredient product with other medicines also containing paracetamol. 3. If misused for morning sickness, it is teratogenic. *Eccles, R., Fietze, I. and Rose, U.-B. (2014) Rationale for Treatment of Common Cold and Flu with Multi-Ingredient Combination Products for Multi-Symptom Relief in Adults. Open Journal of Respiratory Diseases, 4, 73-82.*
1477	Imipramine HCl IP + Diazepam IP	25mg+2mg	Film Coated Tablets	a, Pharmacodynamically irrelevant- 1. Diazepam and imipramine both increase sedation. 2. Potential for interaction. *http://reference.medscape.com/drug-interactionchecker.*
1482	Imipramine HCl IP + Diazepam IP	25mg+5mg	Film Coated Tablets	a, Pharmacodynamically irrelevant- 1. Diazepam and imipramine both increase sedation. 2. Potential for interaction. *http://reference.medscape.com/drug-interactionchecker.*
1522	Flupentixol Di-HCl+Escitalopram oxalate	0.5mg+10m g	Film Coated Tablets	a, Pharmacodynamically irrelevant- 1. No supporting published literature for this FDC. 2. The combination will aggravate the adverse effects.
1530	Imipramine Hcl+diazepam	25mg+2.0m g	Film Coated Tablets	a, Pharmacodynamically irrelevant- 1. Diazepam and imipramine both increase sedation. 2. Potential for interaction. *http://reference.medscape.com/drug-interactionchecker.*
1537	Pholcodine IP+Promethazine HCl IP	1.5mg+1.5m g	Liquid Oral	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
1542	Flupentixol Dihydrochloride BP eq. to Flupentixol+Melitrace n Hydrochloride eq. to Melitracen	0.50mg+10 mg	Film Coated Tablets	a, Already banned
1546	Paracetamol IP + Prochloperazine Maleate IP	500mg+5mg	Uncoated Tablets	a, 1. Pharmacodynamically irrelevant. 2. Both ingredients have different indications.

1548	Imipramine, Chlordiazepoxide, Trifluoperazine & Trihexyphenidyl	25mg+10mg +1.5mg+0.5 mg	Film Coated Tablets	a, Pharmacodynamically irrelevant- 1.Trifluoperazine and imipramine both increase QTc interval. 2. High likelihood serious or life-threatening interaction. 3.Trihexyphenidyl and imipramine both decrease cholinergic effects/transmission. 4.chlordiazepoxide and trifluoperazine both increase sedation. 5.Trihexyphenidyl decreases levels of trifluoperazine by pharmacodynamic antagonism. *http://reference.medscape.com/drug-interactionchecker.*
1550	Paracetamol IP+Promethazine HCl IP	125mg+5mg	Oral Liquid Drop	a, 1. Pharmacodynamically irrelevant. 2. Both ingredients have different indications.
1571	Gabapentin USP+Mecobalamin JP+Pyridoxine IP+Thiamine IP	37.5 mg+500mcg +10mg+25m g	Film Coated tablets	a, Pharmacodynamically irrelevant- gabapentin decreases levels of cyanocobalamin by inhibition of GI absorption. *http://reference.medscape.com/drug-interactionchecker.*
1579	Imipramine Hydrochloride +Chlordiazepoxide IP+Trifluoperazine Hydrochloride IP eq. to Trifluoperazine+Trihexyphenidyl Hydrochloride IP	25mg+10mg +1.5mg+0.5 mg	Film Coated Tablets	a, Pharmacodynamically irrelevant- 1.Trifluoperazine and imipramine both increase QTc interval. 2. High likelihood serious or life-threatening interaction. 3.Trihexyphenidyl and imipramine both decrease cholinergic effects/transmission. 4.chlordiazepoxide and trifluoperazine both increase sedation. 5.Trihexyphenidyl decreases levels of trifluoperazine by pharmacodynamic antagonism. *http://reference.medscape.com/drug-interactionchecker.*
1590	ChlorpromazineHCl IP+Trihexyphenidyl HCl IP	100mg+2mg	Tablets	a, Pharmacodynamically irrelevant- 1.In current scenerio chlorpromazine is not a drug of choice for the treatment of depression. 2. dose adjustment of Trihexyphenidyl to counteract the adverse effect of chlorpromazine is not possible in FDC formulation 3.There is a risk of potential abuse
1591	Chlopromazine USP+Trihexyphenidyl Hcl IP	200mg+2mg	Tablets	a, Pharmacodynamically irrelevant- 1.In current scenerio chlorpromazine is not a drug of choice for the treatment of depression. 2. dose adjustment of Trihexyphenidyl to counteract the adverse effect of chlorpromazine is not possible in FDC formulation 3.There is a risk of potential abuse
1605	Ursodeoxycholic Acid + Silymarine	300mg +140mg	Bilayered Tablets	a, Pharmacodynamically irrelevant- 1. UDCA is used for PBC and silymarin is a hepatoprotective. 2. Silymarin does not provide any benefit to patients with Primary Biliary Cirrhosis.
1617	Gliclazide + metformin hydrochloride	80 mg + 325 mg	Tablets	a, Sub-therapeutic dose of metformin.

1629	Voglibose+ Metformin HCL IP+ Chromium Picolinate USP	0.3mg+850 mg+400mcg	Uncoated bilayered tablets	a, Pharmacodynamically irrelevant- 1.No published literature supporting the superior efficacy of combination of these drugs. 2. Therapeutic use of chromium is doubtfull.
1630	Glimpepiride + pioglitazone HCL+ metformin hydrochloride	1mg/2mg+ 7.5 mg/7.5 mg+ 500 mg/500 mg	tablets	a, 1. There is no published literature supporting this FDC. 2. The Pioglitazone has safety concerns.
1632	Pioglitazone HCL+Metformin HCL	7.5/7.5mg+500/1000mg	Bilayed Tablet	a, 1. Subtherapeutic dose of Pioglitazone. 2. Safety issue with Pioglitazone especially as FDC.
1634	Glimepiride+Pioglitazone HCl+Metformin HCl	1mg/2mg/3mg+15mg+1000mg	Tablets	a, 1. There is no published literature supporting this FDC. 2. The Pioglitazone has safety concerns.
1637	glimepiride+ pioglitazone hydrochloride + metformin hydrochloride	1mg/2mg+ 15mg/15 mg+ 850 mg/ 850 mg	tablets	a, 1. There is no published literature supporting this FDC. 2. The Pioglitazone has safety concerns.
1645	Pioglitazone HCL+Metformin HCL	7.5mg+500 mg	Tablet	a, 1. Subtherapeutic dose of Pioglitazone. 2. Safety issue with Pioglitazone especially as FDC.
1650	pioglitazone hydrochloride + metformin hydrochloride	15 mg+ 850 mg	film coated tablet	a, 1. Safety issue with Pioglitazone especially as FDC.
1659	Metformin HCl+Gliclazide SR+Pioglitazone	500mg+30mg/60mg+7.5 mg	Tablets	a, Pharmacodynamically irrelevant- 1. Subtherapeutic dose of Pioglitazone. 2. Pioglitazone has safety concerns.
1662	Voglibose+Pioglitazone+Metformin HCl IP	0.2mg/0.3mg+7.5mg/15 mg+500mg	Uncoated Tablets	a, Pharmacodynamically irrelevant- 1. Subtherapeutic dose of pioglitazone. 2. Safety concerns of pioglitazone. 3. No published literature supporting this FDC.
1663	Metformin HCl IP+bromocriptine Mesylate IP	500mg+0.8 mg	Uncoated Tablets	a, Pharmacodynamically irrelevant- 1. No published literature supporting the use of combination. 2. Both ingredients have different indication.
1670	Metformin HCl IP+Glimepiride IP+Methylcobalamin JP	500mg/500 mg+1mg/2mg+750mcg/750mcg	Uncoated bilayered tablets	a, Pharmacodynamically irrelevant- 1. No published literature supporting the superior efficacy of combination of three drugs. 2. Use of methylcobalamine as prophylaxis in FDC is not documented.
1671	Pioglitazone HCL+Metformin HCl IP	30mg+500mg	Uncoated Tablets	a, Safety issue with Pioglitazone especially as FDC.
1672	Glimepiride IP+Pioglitazone HCl IP+Metformin HCl IP	2mg+30mg+ 500mg	Uncoated Tablets	a, 1. There is no published literature supporting this FDC. 2. The Pioglitazone has safety concerns.
1681	Pioglitazone HCL IP+Metformin HCl IP	7.5mg+500 mg/1000mg	Uncoated tablet	a, 1. Subtherapeutic dose of Pioglitazone. 2. Safety issue with Pioglitazone especially as FDC.
1686	Pioglitazone HCL IP+Metformin HCl IP	15mg+850mg	Uncoated Tablets	a, Safety issue with Pioglitazone especially as FDC.
1687	Pioglitazone HCL IP+Metformin HCl IP	7.5mg+500 mg	Uncoated Tablets	a, 1. Subtherapeutic dose of Pioglitazone. 2. Safety issue with Pioglitazone especially as FDC.
1689	Pioglitazone HCL IP+Metformin HCl IP	7.50mg+1000mg	Uncoated bilayered tablets	a, 1. Subtherapeutic dose of Pioglitazone. 2. Safety issue with Pioglitazone especially as FDC.

1708	Chromium Polynicotinate+Metformin Hydrochloride IP	200mcg+500mg	Uncoated Tablets	a, Pharmacodynamically irrelevant- 1.No published literature supporting the superior efficacy of combination of these drugs. 2.There is a controversy regarding the use of chromium.
1709	Metformin Hydrochlopride IP+Gliclazide IP+Piogllitazone Hydrochloride IP eq. to Pioglitazone+Chromium Polynicotinate	500mg+80mg+15mg+200mcg	Uncoated Tablets	a, Pharmacodynamically irrelevant- 1. There is no published literature supporting this FDC. 2. The Pioglitazone has safety concerns. 3. It is at variance from the concept and purpose of FDC.
1710	Metformin Hydrochloride IP+Gliclazide IP+Chromium Polynicotinate	500mg+80mg+200mcg	Uncoated Tablet	a, Pharmacodynamically irrelevant- 1. No published literature is available supporting the superior efficacy of combination of three drugs 2. there is a controversy regarding the use of chromium.
1720	Metformin Hydrochloride IP (SR)+Pioglitazone Hydrochloride+Glimipride	500mg+7.5mg+1	Uncoated bilayered tablets	a, Pharmacodynamically irrelevant- 1. Subtherapeutic dose of Pioglitazone. 2. Pioglitazone has safety concerns.
1724	Glibenclamide IP+ Metformin Hydrochloride IP(SR)+ Pioglitazone Hydrchloride IP eq. to Pioglitazone	5mg+500mg+15mg	Uncoated Bilayered tablets	a, 1. There is no published literature supporting this FDC. 2. The Pioglitazone has safety concerns.
1731	Metformin Hydrochloride IP (sustainded release)+Pioglitazone Hydrochloride IP eq. to Pioglitazone+Glimepride IP	500mg+15mg+3mg	Uncoated bilayered tablets	a, Pharmacodynamically irrelevant- 1. There is no published literature supporting this FDC. 2. The Pioglitazone has safety concerns. 3. It is at variance from the concept and purpose of FDC.
1732	Metformin Hydrochloride IP (sustainded release)+Pioglitazone Hydrochloride IP eq. to Pioglitazone+Glimepride IP	1000mg+15mg+1mg	Uncoated bilayered tablets	a, Pharmacodynamically irrelevant- 1. There is no published literature supporting this FDC. 2. The Pioglitazone has safety concerns. 3. It is at variance from the concept and purpose of FDC.
1735	Metformin Hydrochloride IP (SR)+Pioglitazone Hydrochloride IP+Glimipride IP	500mg+7.5mg+1mg	Uncoated Bilayered Tablets	a, Pharmacodynamically irrelevant- 1. Subtherapeutic dose of Pioglitazone. 2. Pioglitazone has safety concerns.
1736	Metformin Hydrochloride IP (SR)+Pioglitazone Hydrochloride IP eq. To Pioglitazone	500mg+7.5mg	Uncoated Bilayered Tablets	a, Pharmacodynamically irrelevant- 1. Subtherapeutic dose of Pioglitazone. 2. Pioglitazone has safety concerns.

1739	Chloramphenicol IP+Beclomethasone Dipropionate IP+Clomitrimazole IP+Lignocaine HCl IP	5% w/v + 0.025% w/v + 1% w/v + 2% w/v	Ear Drops	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
1740	Ofloxacin IP+Beclomethazone Dipropionate IP+Clotrimazole IP+Lignocaine HCl IP	0.3% w/v + 0.025% w/v + 1% w/v + 2% w/v	Ear Drops	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
1741	Ofloxacin+Beclometh asone Dipropionate + Clotrimazole+ Lignocaine HCl	0.3%w/v + 0.025% w/v + 1% w/v + 2% w/v	Ear Drops	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
1742	Clotrimazole + Ofloxaxin + Lignocaine + glycerine and propylene glycol	1%w/v+ 0.3w/v + 2% w/v + q.s	Ear drops	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal,in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
1743	Clotrimazole + Ofloxaxin +Beclomethasone Dipropionate+ Lignocaine + glycerine and propylene glycol	1% w/v+ 0.3% w/v+ 0.025%w/v+ 2%w/v q.s	otobiotic Plus ear drops	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
1749	Ofloxacin+Beclometh asone Dipropionate+Clotrim azole+Lignocaine HCl	0.3%w/v+0. 025%w/v+1. 0%w/v+2.0 %w/v	Ear Drops	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.

1753	Ofloxacin+Beclomethasone Dipropionate+Clotrimazole+Lignocaine HCL in Glycerine & Propylene Glycol	0.3%w/v+0.025%w/v+1%w/v+2%w/v	Ear Drops	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
1756	Chloramphenicol+Beclomethasone Dipropionate IP+Clotrimazole IP+Lignocaine HCl IP in Glycerine IP & Propylene Glycol IP	5% w/v + 0.025% w/v + 1% w/v + 2% w/v	Ear drops	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
1760	Chloramphenicol+Beclomethasone Dipropionate IP+Clotrimazole IP+Lignocaine HCl IP+Propylene Glycol IP & Glycerin IP	5.0%w/v + 0.025%w/v + 1.0%w/v + 2.0%w/v	Ear Drops	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
1761	ofloxacin + beclomethasone+ clotrimazole + lignocaine hydrochloride + glycerine + propylene glycol	.3%w/v + .025% w/v + 1% w/v + 2% w/v	ear drops	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
1762	ofloxacin+ clotrimazole+ beclomethasone dipropionate+lignocaine hydrochloride	0.3% w/v + 1.0% w/v+ .025%w/v + 2.0%w/v	ear drops	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
1763	Ofloxacin+beclomethasone dipropropionate+Clotrimazole+Lignocaine HCL	0.3%w/v+0.025%w/v+1%w/v+2%w/v	Ear drops	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.

1767	Clotrimazole IP+Ofloxacin IP+Betamethasone Dipropionate USP+Lignocaine HCl IP	1%w/v + 0.3%w/v + 0.025%w/v + 2%	Ear drops	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
1780	Chloramphennicol+Lignocain+Betamethasone+Clotrimazole+Ofloxacin+Antipyrine	5% / 5% / + 2% / 2% / 2% / 1.4% + 0.025% / 0.025% + 1% / 1% + 0.3% + 5.4%	Ear Drops	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
1783	Chloramphenicol IP+Beclomethasone Dipropionate IP+Clotrimazole IP+Lidocaine BP	5%w/v + 0.025%w/v + 1%w/v + 1.73%w/v	Ear Drops	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
1786	Ofloxacin IP+Beclomethasone Dipropionate IP+Clotrimazole IP+Lignocaine HCl IP	0.3%w/v + 0.025%w/v + 1.0%w/v + 0.2%w/v	Ear Drops	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
1789	Ofloxacin IP+Clotrimazole IP+Betamethasone Dipropionate USP+Lignocaine HCl IP	0.3%w/v + 1.0%w/v + 0.025%w/v + 2.0%w/v	Ear Drops	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
1791	Gentamicin Sulphate IP+Clotrimazole IP+Betamethasone Dipropionate USP+Lignocaine HCl IP	0.3%w/v + 1.0%w/v + 0.025%w/v + 2.0%w/v	Ear Drops	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.

1793	Ofloxacin IP+Beclomethasone Dipropionate IP+Clotrimazole IP+Lignocaine HCl IP	0.3%w/v + 0.025%w/v + 1.0%w/v + 2.0%w/v	Ear Drops	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
1798	Ofloxacin+Beclomethasone Dipropinate+Clotrimazole+Lignocaine HCl	0.3%w/v+0.025%w/v+1.0%w/v+2.0%w/v	Ear Drops	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
1806	Lidocaine BP+Clotrimazole IP+Ofloxacin IP+Beclomethasone Dipropionate IP	1.73%w/v + 1.00%w/v + 0.30%w/v + 0.025%w/v	Ear Drops	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
1807	Chloramphenicol+Beclomethasone Dipropionate+Clotrimazole+Lidocaine HCl	5%w/v+0.25%w/v + 1.0%w/v + 1.73%w/v	Ear Drops	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
1810	Beclomethasone Dipropionate IP+Chloramphenicol IP+Clotrimazole IP+Lignocaine HCl IP	0.025%w/v+ 5%w/v + 1%w/v+ 2%w/v	Ear Drops	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
1811	Clotrimazole IP+Beclomethasone Dipropionate IP+Ofloxacin IP+Lignocaine HCl IP	1%w/v + 0.025%w/v + 0.3%w/v + 2%w/v	Ear Drops	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.

1812	Beclomethasone Dipropionate IP+Clotrimazole IP+Chloramphenicol IP+Lignocaine HCl IP	0.025%w/v + 1%w/v + 5%w/v + 2%w/v	Ear Drops	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
1814	Chloramphenicol+Beclomethasone Dipropionate+Clotrimazole+Lignocaine HCl	5%w/v+0.025%w/v+1%w/v+2%w/v	Ear Drops	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
1816	Becloemthasone Dipropionate+Clotrimazole+Chloramphenicol+Gentamycin Sulpahte+Lignocaine Hcl	0.025%w/v+1%w/v+5%w/v+0.3%w/v+2%w/v	Ear Drops	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
1817	Clotrimazole+Beclomethasone Dipropionate+Ofloxacin+Lignocaine HCl	1%w/v+0.025%w/v+0.3%w/v+2%w/v	Ear Drops	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
1818	Ofloxacin IP+Beclomethasone Dipropionate IP+Clotrimazole IP+Lignocaine HCl IP	0.3%w/v + 0.025%w/v + 1.0%w/v + 0.2%w/v	Ear Drops	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
1823	Clotrimazole IP+Ofloxacin IP+Beclomethasone Dipropionate IP+Lignocaine HCl IP	1% + 0.30% + 0.03% + 2%	Ear drops	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.

1833	Flunarizine dihydrochoride + Paracetamole+ Domperidone +Maleate	5mg+ 500mg+ 10 mg	Tablet	a, Pharmacodynamically irrelevant- 1. Indication for each drug is different. 2. There is no common condition in which all three drugs are useful. 3. In case of migraine, flunarizine is used for prophylaxis, whereas paracetamol and domperidone are used for acute attack treatment.
1836	Rabeprazole sodium + cinitrapride hydrgen tartrate	20 mg+ 3 mg	tablets	a, 1. Pharmacokinetic incompatibility. 2. No published literature support this FDC.
1842	Flunarizine dihydrochoride + Paracetamole+ Domperidone	5mg+325mg +10mg	Tablets	a, Pharmacodynamically irrelevant- 1. Indication for each drug is different. 2. There is no common condition in which all three drugs are useful. 3. In case of migraine, flunarizine is used for prophylaxis, whereas paracetamol and domperidone are used for acute attack treatment.
1847	Zinc Carnosine+Diclofenac Potassium BP	37.5mg+50 mg	Tablets	a, There is no therapeutic benefit of adding zinc carnosine in FDC.
1850	Rabeprazole Sodium IP+Zinc carnosine	20mg+75mg	Capsules	a, Pharmacodynamically irrelevant- 1.No published literature supporting the FDC. 2.Potential for adverse effects.
1874	magaldrate + famotidine + simethicone	400 mg+ 10 mg+25 mg	tablets	a, Pharmacodynamically irrelevant- 1. Subtherapeutic dose of Famotidine. 2. No evidence of efficacy exists supporting the use of triple drug combination.
1876	cyproheptadine + thiamine citrate	2mg+ 275 mg	syrup	a, 1. Pharmacodynamically irrelevant. 2..No publish literature is available to support the FDC.
1877	Ranitidine HCl IP eq. to Ranitidine+ Magaldrate IP	150mg+200 mg	Fim Coated Tablets	a, Pharmacodynamically irrelevant- No published literature supporting the FDC.
1878	Magaldrate IP+Ranitidine +Pancreatin Ip+Domperidone IP	400mg+150 mg+125mg+ 10mg	Tablets	a, Pharmacodynamically irrelevant- 1. There is no use of combining an antiemetic ingredient (domperidone) with drugs for peptic ulcer as vomiting may not always be associated with it. 2. Pharmacokinetic incompatibility.
1880	Rabeprazole Sodium IP+Zinc Carnosine	20mg+150m g	Hard Gelatin Capsule	a, Pharmacodynamically irrelevant- 1.No published literature supporting the FDC. 2.Potential for adverse effects.
1912	Ranitidine HCL IP+Magaldrate IP+simethicone IP	150mg+200 mg+20mg	Film Coated Tablet	a, Pharmacodynamically irrelevant- No published literature supporting the FDC.
1914	Flunarizine+Domperi done+Paracetamol	5mg+10mg+ 325mg	Tablet	a, Pharmacodynamically irrelevant- 1. Indication for each drug is different. 2. There is no common condition in which all three drugs are useful. 3. In case of migraine, flunarizine is used for prophylaxis, whereas paracetamol and domperidone are used for acute attack treatment.
1929	rabeprazole sodium+ zinc carnosine	20 mg+ 75 mg	film caoted tablet	a, Pharmacodynamically irrelevant- 1.No published literature supporting the FDC. 2.Potential for adverse effects.

1934	magaldrate + papain+ fungul diastase + simethicone	400 mg+ 60mg+ 20 mg+ 25 mg	film coated tablet	a, Pharmacodynamically irrelevant- 1. Papain and fungal diastase are digestive enzymes. Simethicone an anti foaming ingredient is used to reduce bloating sensation due to excessive gas production. 2. No published literature supporting the mechanism of action or efficacy for the combination is available
1944	Rabeprazole sodium+ zinc carnosine+ domperidone	20 mg+ 75 mg/37.5 mg+ 10 mg/20 mg	hard gelatin capsules	a, Pharmacodynamically irrelevant- 1.No published literature supporting the FDC. 2.Potential for adverse effects.
1945	Rabeprazole sodium+ zinc carnosine	20 mg+ 75 mg	hard gelatin capsules	a, Pharmacodynamically irrelevant- 1.No published literature supporting the FDC. 2.Potential for adverse effects.
1954	Famotidine BP+ oxytacaine BP+ Magaldrate IP	20mg+5mg+ 400mg	Uncoated Tablets	a, Pharmacodynamically irrelevant- No published literature supporting the FDC.
1964	Ranitidine+Domperid one+Semithicone	150mg+10m g+20mg	Tablet	a, Pharmacodynamically irrelevant- No published literature supporting the FDC.
1966	Rabeprazole sodium+domperidone +zinc sulphate	20mg+30mg +75mg	Capsule	a, Pharmacodynamically irrelevant- 1.No published literature supporting the FDC. 2.Potential for adverse effects.
2013	Clidinium Bromide USP+Paracetamol IP+Dicyclomine HCl IP+Activated Dimethicone IP	2.5mg+500 mg+10mg+2 5mg	Uncoated Tablets	a, Pharmacodynamic irrelevant- 1.Each ingredients have different therapeutic use and FDC will lead to misuse. 2.Pain of petic ulcer is not due to spasm and hence there is no rationale for combining with dicyclomine
2034	Furazolidone IP+Metronidazole IP+Loperamide HCl IP	500mg+100 0mg+7.5mg	Uncoated Tablets	a, Pharmacodynamically irrelevant- 1.antimotility drug will cause toxic megacolon in infective diarrhoea. 2. Loperamide is contra-indicated in infective diarrhea and in patients with bacterial enterocolitis caused by invasive organisms including Salmonella, Shigella, and Campylobacter as it reduces the clearance of pathogens. Hence there is no rationale for combining with antibiotic in an FDC. 3. In bacterial diarrhoea only anti-bacterial drug is effective and antiamoebic drug is useless. Similarly, in intestinal amoebiasis only antiamoebic drug is effective while antibacterial drug is useless. 4.Amoebiasis and bacterial diarrhoea rarely coexist. 5. Only one drug of the combination would be effective and the other one would be useless.
2075	Rabeprazole Sodium IP+Diclofenac Potassium BP+Paracetamol IP	10mg+50mg +325mg	Hard gelatin capsules	a, 1.Pharmacokinetic/Pharmacodynamic incompatibility. 2.Subtherapeutic dose of rabeprazole. 3.No published literature support combination of rabeprazole with diclofenac and paracetamol.
2099	Ranitidine HCl Ip+Magaldrate IP	300mg+200 mg	Film Coated Tablets	a, Pharmacodynamically irrelevant- No published literature supporting the FDC.
2114	Ranitidine HCl+Magaldrate	150mg+200 mg	Tablets	a, Pharmacodynamically irrelevant- No published literature supporting the FDC.
2120	Rabeprazole Sodium IP+Domperidone IP+Zinc Carnosine	20mg+30mg +75mg	Hard gelatin capsules	a, Pharmacodynamically irrelevant- 1.No published literature supporting the FDC. 2.Potential for adverse effects.

2124	Paracetamol IP+Domperidone IP+Flunarizine HCl IP	325mg+10mg+5mg	Tablets	a, Pharmacodynamically irrelevant- 1. Indication for each drug is different. 2. There is no common condition in which all three drugs are useful. 3. In case of migraine, flunarizine is used for prophylaxis, whereas paracetamol and domperidone are used for acute attack treatment.
2130	Norfloxacin+ Metronidazole Benzoate + zinc Acetate	100mg+200mg+10mg	oral suspension	a, 1.FDCs of quinolones and nitroimidazoles (e.g. norfloxacin + metronidazole, ciprofloxacin + tinidazole, ofloxacin + ornidazole) have not been recommended in children. 2.This FDC can rapidly give rise to resistant strains of organisms, which is a matter of serious concern to the health care situation in our resource poor country. *Kasarla Raju, A. Elumalai, Eddla Srid. IRRATIONAL DRUG COMBINATIONS. 2013;3(2):52-56.*
2141	Pancreatin IP+Activated Dimethicone IP	170mg+80mg	Enteric Coated Tablets	a, 1. Pharmacokinetic incompatibility. 2. Pancreatin is made up of the pancreatic enzymes trypsin, amylase, and lipase. Dimethicone is antiflatulent. No published literature supports the use of combination
2142	Zinc Carnosine+Rabeprazole Sodium IP+Domperidone IP	75mg+20mg+30mg	Hard Gelatin Capsules	a, Pharmacodynamically irrelevant- 1. No published literature supporting this FDC. 2. Fdc will enhance the risk of adverse effects.
2143	Zinc Carnosine+Pantoprazole sodium	75mg+40mg	Hard gelatin capsules	a, Pharmacodynamically irrelevant- 1. No published literature supporting this FDC.
2161	Zinc Carnosine+Oxetacaine BP	50mg+10mg	Liquid	a, Pharmacodynamically irrelevant- 1. No published literature supporting this FDC.
2167	Diethyl Carbamazine Citrate IP+Chlorpheniramine Maleate IP+Guaiphenesin IP	100mg+2mg+60mg	Film Coated Tablets	a, Pharmacodynamic irrelevant - 1. Patient may need only one ingredient and use of FDC may lead to misuse. 2.Guaiphenesin is not indicated for eosinophillia, as it is a mucolytic which increases mucus secretion and should not be given in combination with antihistaminic with anti cholinergic properties.
2168	Oxetacaine BP+Magaldrate IP+Famotidine IP	5mg+400mg+20mg	Uncoated Tablet	a, Pharmacodynamically irrelevant- No published literature supporting the FDC.
2169	Zinc Carnosine+Sucralfate USP	75mg+500mg	Uncoated Tablet	a, Pharmacodynamically irrelevant- 1. No published literature supporting this FDC.
2230	Mebeverine Hydrochloride IP+Streptococcus faecalis T-110 JPC+Clostridium butyricum TO-A+Bacillus mesentericus TO-A JPC+Lactic Acid Bacillus	135mg+60 Million+4 Million+2 Million+100 Million	Capsules(Powder for inhalation)	a, Pharmacodynamically irrelevant- 1. No published literature supporting the use of combination. 2. Mebeverine is used for relieving spasm in treatment of irritable bowel syndrome (IBS) and the associated abdominal cramping. 3. Therapeutic indication of Mebeverine and Probiotic are different.

2239	Pantoprazole Sodium sesquihydrate eq. to Pantoprazole (as EC Tablet)+Zinc Carnosine (as FC Tablets)	40mg+75mg	Film Coated Tablets	a, Pharmacodynamically irrelevant- No published literature supporting the FDC.
2240	Pantoprazole Sodium sesquihydrate eq. to Pantoprazole (as EC Tablet)+Zinc Carnosine (as FC Tablets)	40mg+75mg	Film Coated Tablets	a, Pharmacodynamically irrelevant- No published literature supporting the FDC.
2241	Pantoprazole Sodium sesquihydrate eq. to Pantoprazole (as EC Tablet)+Zinc Carnosine (as FC Tablets)	40mg+75mg	Film Coated Tablets	a, Pharmacodynamically irrelevant- No published literature supporting the FDC.
2249	Rabeprazole Sodium IP+Domperidone IP+Zinc Carnosine	20mg+30mg +37.5mg	Hard Gelatin Capsules	a, Pharmacodynamically irrelevant- 1.No published literature supporting the FDC. 2.Potential for adverse effects.
2251	Zinc Carnosine+Magnesium Hydroxide IP+Dried Aluminium Hydroxide IP+Simethicone IP	50mg+250mg+250mg+50mg	Oral Liquid - Suspension	a, Pharmacodynamically irrelevant- 1. No published literature supporting this FDC.
2252	Zinc Carnosine+Sucralfate IP	50mg+500mg	Oral Liquid - Suspension	a, Pharmacodynamically irrelevant- 1. No published literature supporting this FDC.
2253	Zinc Carnosine+Oxetacaine BP	50mg+10mg	Oral Liquid - Suspension	a, Pharmacodynamically irrelevant- 1. No published literature supporting this FDC.
2255	Zinc Carnosine+Pantoprazole Sodium sesquihydrate IP eq. to Pantoprazole(as enteric coated tablets)	75mg+40mg	Film coated Tablets	a, Pharmacodynamically irrelevant- 1. No published literature supporting this FDC.
2256	Zinc Carnosine+Sucralfate USP	75mg+500mg	Uncoated Tablets	a, Pharmacodynamically irrelevant- 1. No published literature supporting this FDC.
2274	Mebeverine Hydrochloride IP & Inner HPMC capsule (Streptococcus Faecalis T-110 JPC+Clostridium butyricum TO-A+Bacillus mesentricus TO-A JPC+Lactic Acid Bacillus)	135mg+60 Million+4 Million+2 Million+ 100 Million	capsules	a, Pharmacodynamically irrelevant- 1. No published literature supporting the use of combination. 2. Mebeverine is used for relieving spasm in treatment of irritable bowel syndrome (IBS) and the associated abdominal cramping. 3. Therapeutic indication of Mebeverine and Probiotic are different.
2317	Sildenafil Citrate eq. to Sildenafil+Estradiol Valerate	25mg+1mg	Tablets	a, Pharmacodynamically irrelevant- 1. Both ingredients have different indications. 2. No clinical studies are found supporting this combination.

2323	Clomifene Citrate IP+Ubidecarenone USP+Zinc Sulphate IP+Folic Acid IP+Methylcobalamin JP+Pyridoxine Hydrochloride IP+Lycopene USP+Selenium+Levo carnitine Tartrate+L-Arginine USP	25mg+60mg +66mg+5mg +1500mcg+ 1.5mg+4mg +200mcg+5 0mg+20mg	Film coated Tablets	a, No published literature supporting this combination of a ovulation inducing ingredient(clomiphene) with multivitamins and antioxidants
2334	Dehydroepiandrostero ne (DHEA) (micronized)+Calcium Carbonate IP eq. to elemental Calcium+Cholecalcife rol IP+Methylcobalamin+ L-Methylfolate Calcium+PyridoxL 5 Phosphate	50mg+500m g+2000 IU+1500mc g+1mg+0.6 mg	Film Coated Tablets	a, 1. Pharmacodynamically irrelevant. 2. No published literature supporting this combination of DHEA with multivitamins and minerals
2336	Thyroxine Sodium IP Eq. to 0.045 mg of anhydrous thyroxine sodium+ Pyridoxine Hydrochloride IP+ Folic Acid IP	0.05mg+ 1mg+1.5mg	Oral Tablet	a, No clinical studies found supporting the use of this combination
2431	Gentamycin+Dexamet hasone+Chloramphenicol+Tobramycin+Oflo xacin	0.3%+0.1% / 0.1% / 0.1% / 0.1%+0.5% +0.3%+0.3 %	Eye drops	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
2493	Enrofloxacin+Bromhe xine HCl	200mg+15m g per ml	Oral Solution	a, Pharmacodynamically irrelevant- 1.Enrofloxacin is not approved for human use.
2497	Dextromethorphan Hydrobromide IP+Bromhexine HCl+Menthol IP+Ammonium Chloiride IP	5mg+4mg+2 .5mg+50mg/ 5ml	Syrup	a, Pharmacodynamically irrelevant. 1.Mucolytic increases mucus secretion and antihistaminic with anti cholinergic properties dry up secretions. 2.Dosing schedule is incompatible.
2503	Dextromethorphan Hydrobromide+ Levocetirizine Hcl IP+Phenylephrine Hcl IP+Zinc Gluconate USP Eq. to Elemental Zinc	10mg+2.5m g+5mg+7.5 mg per 5ml	Syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2504	Diphenhydramine Hcl IP+Guaiphenesin IP+Bromhexine HCl IP+Ammonium Chloride IPMenthol IP	8mg+50mg+ 100mg+1mg per 5ml	Syrup	a, Pharmacodynamically irrelevant. • Anticholinergic property of diphenhydramine will lead to drying up of secretions while mucolytics increase.

2505	Nimesulide BP+Loratadine USP+Phenylephrine HCl IP+Ambroxol HCl	100mg+2.5 mg10mg+15 mg	Tablets	a, Pharmacodynamic irrelevant- 1.Each ingredient has different therapeutic use and FDC will lead to misuse and toxicity. 2. Pharmacokinetic mismatch. *Chandler S. Gautam, Lekha Saha. Fixed dose drug combinations (FDCs): rational or irrational: a view point Br J Clin Pharmacol / 65:5 / 795–796* *Eccles, R., Fietze, I. and Rose, U.-B. (2014) Rationale for Treatment of Common Cold and Flu with Multi-Ingredient Combination Products for Multi-Symptom Relief in Adults. Open Journal of Respiratory Diseases, 4, 73-82.*
2507	Paracetamol IP+Guaiphenesin IP+Ambroxol HCl IP+Phenylephrine HCl IP+Chlorpheniramine Maleate	325mg+100 mg+30mg+1 0mg+2mg	Tablets	a, Pharmacodynamically irrelevant. 1.Mucolytic increases mucus secretion and antihistaminic with anti cholinergic properties dry up secretions. 2.Dosing schedule is incompatible. 3. Paracetamol dose is subtherapeutic.
2510	Ambroxol Hcl IP+Guaiphenesin IP+Chlorpheniramine Maleate IP+Phenylephirine HCl IP+Menthol IP	15mg+50mg +2mg+5mg+ 1mg	Syrup	a, 1. Pharmacodynamically irrelevant-Patients may not need all the ingredients and use of FDC may lead to misuse and adverse effects. 2.Pharmacokinetically irrelevant-different dosing shedule
2511	Paracetamol IP+Phenylephrine HCl IP+Ambroxol HCl IP+Chlorpheniramine Maleate	125mg+2.5 mg+7.5mg+ 1.0mg	Oral Drops	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Potential for drug-drug interaction. 4.Dosing shedule of the ingredients is incompatible. 5.Mucolytic increases mucus secretion and antihistaminic with anti cholinergic properties dry up secretions.
2513	Paracetamol IP+Ambroxol HCl IP+Phenylephrine HCl IP+Chlorpheniramine Maleate IP	125mg+15m g+5mg+2mg	Oral Syrup	a, Pharmacodynamically irrelevant 1. Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Potential for drug-drug interaction.
2514	Bromhexine HCl IP+Phenylephrine HCl IP+Chlorepheniramin e Maleate IP	4mg+5mg+2 mg	Oral Solution	a, Pharmacodynamically irrelevant- 1.chlorpheniramine + phenylephrine chlorpheniramine increases and phenylephrine decreases sedation. Effect of interaction is not clear, use caution. 2.Dosing shedule of the ingredients are not compatible
2516	Dextromethorphan Hydrobromide+ bromhexine hydrochloride+Guaiph enesin	10mg+ 2 mg+ 100mg	Soft gel capsule	a, Pharmacodynamically irrelevant- 1. Guiaphenesin: a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up. 2. Dextromethorphan: it decreases the cough impulse so expulsion of secretion would be hampered 3.Patients may need only one ingredient and use of FDC may lead to misuse. 4.Dosing shedule of the ingredients is incompatible.
2518	Levocetirizine Hydrochloride + Paracetamol + caffeine (anhydrous)+ Phenylephrine Hydrochloride	2.5mg+ 500mg+ 15 mg+ 10 mg	tablet	a, 1. Pharmacodynamically irrelevant-Patients may not need all the ingredients and use of FDC may lead to misuse and adverse effects. 2.Pharmacokinetically irrelevant-different dosing shedule.

2520	Paracetamol + Loratadine + phenylephrine Hydrochloride + Dextromethorphan Hydrochloride + caffeine	325mg+ 3.3 mg+ 10 mg+ 10 mg+ 30 mg	Tablet	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse.
2521	Nimesulide + Phenylephrine hydrochloride + Ceffeine(anhydrous) + levocetirizine Dihydrous	100mg+ 10 mg+ 30 mg+ 5 mg	Tablet	a, 1. Pharmacodynamically irrelevant-Patients may not need all the ingredients and use of FDC may lead to misuse and adverse effects. 2.Pharmacokinetically irrelevant-different dosing shedule. 3. Nimesuilide- Safety concern
2527	Azithromycin IP as dihydrate eq to Anhydrous Azithromycin+ acebrophyline	250 mg /50 mg + 100mg/ 100mg	tablet	a, 1. Pharmacodynamically irrelevant-combining anti-bacterial with bronchodialator is not indicated. 2. Potential misuse as bronchodialator with anti-bacterial will increase the emergence of drug resistance to azithromycin and its adverse effects .
2528	Dextromethorphan Hydrobromide + Paracetamol + clorpheniramine Maleate + phenylephrine hydrochloride	5mg+ 125 mg+ 1 mg+ 5 mg	oral syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2531	ambroxol hydrochloride + guaiphenesin Ip+ phenylepherine Hydrochloride + chlorpheniramine maleate + menthol flavoured	15 mg+ 50 mg + 5 mg+ 2mg +	Syrup	a, 1. On the basis of current scientific understanding the FDC is pharmacodynamically irrelevant. 2. Patients may not need all the ingredients and use of FDC may lead to misuse and adverse effects.
2536	Levoctirizine HCL IP+Paracetamol IP+Phenylephrine HCL IP+Caffeine (anhydrous) IP	2.5mg+325 mg+10mg+15mg	Tablets	a, 1. Pharmacodynamically irrelevant-Patients may not need all the ingredients and use of FDC may lead to misuse and adverse effects. 2.Pharmacokinetically irrelevant-different dosing shedule. 3. Subtherapeutic dose of paracetamol.
2542	Levocetrizine HCl+Phenylephrine HCl+Paracetamol IP+Caffeine	2.5mg+10mg+500mg+30mg	Tablets	a, 1. Pharmacodynamically irrelevant-Patients may not need all the ingredients and use of FDC may lead to misuse and adverse effects. 2.Pharmacokinetically irrelevant-different dosing shedule.
2543	Paracetamol IP+Cetirizine HCL IP+Phenylephrine HCl IP+Zinc Gluconate USP Eq. to Elemental Zinc	250mg+2.5 mg+5.0mg+ 26.14mg eq. to 3.75mg	Suspension	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible. 4. Potential for drug-drug interaction.

2545	Dextromethorphan Hydrobromide IP+Tripolidine HCL IP+Phenylephrine HCl IP	10mg+1.25 mg+5mg	Syrup	a, Pharmacodynamically irrelevant- 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2547	Dextromethorphan Hydrobromide IP+Chlorpheniramine Maleate IP	10mg+4mg	Syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2548	Diphenhydramine HCl IP+Terpine Hydrate USP+Ammonium Chloride IP+Sodium Chloride IP+Menthol IP	12.5mg+7.5 mg+125mg+ 55mg+1.5m g	Oral Liquid	a, Pharmacodynamically irrelevant. No published literature supporting the combination
2549	Paracetamol IP+Phenylephrine HCl IP+Chlorpheniramine Maleate IP+Caffeine IP	500mg+5mg +4mg+30mg	Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
2550	Paracetamol IP+Phenylephrine HCl IP+Chlorpheniramine Maleate IP+Caffeine IP	5mg+325mg +2mg+30mg	Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
2553	Paracetamol IP+Phenylephrine HCl IP+Cetirizine HCl IP+Caffeine IP	500mg+10m g+5mg+30m g	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
2554	Nimesulide BP+ Chlorpheniramine Maleate IP+ Phenylephrine HCL IP+ Caffeine IP	100mg+4mg +10mg+30m g	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse.
2558	Paracetamol IP+Chlorpheniramine Maleate IP+Phenylephrine HCl IP+Caffeine IP	500mg/500 mg+2mg/2m g+10mg/5m g+30mg/30 mg	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
2560	Paracetamol+Phenyle phrine HCl+Chlorpheniramin e maleate+Caffeine	500mg+10m g+2mg+30m g	Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
2563	Ambroxol HCl+Levocetrizine Di-HCl+Phenylephrine HCl+Guaiphenesin	15mg+0.8m g+5mg+50m g	Oral Liquid	a, 1. Pharmacodynamically irrelevant-Patients may not need all the ingredients and use of FDC may lead to misuse and adverse effects. 2.Pharmacokinetically irrelevant-different dosing shedule
2565	Dextromethorphan HCL+Bromhexine HCL+Guaphensin+Ch lorpheniramine Maleate	10mg+8mg+ 100mg+2mg	Tablets	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.

2566	Nimesulide+Paracetamol+Cetrizine HCl+Phenylephrine HCL	100mg+325mg+5mg+5mg	Tablets	a, 1. Nimesulide in combination has potential of misuse in indications for allergic conditions. Users who may not be aware of this paracetamol content and may accidentally overdose when they take the multi-ingredient product with other medicines also containing paracetamol. 2. There is pharmacokinetic incompatibility among the drugs. 3.Nimesuilide has documanted safety concern. 4. Hepatotoxic potential of both the drugs *Eccles, R., Fietze, I. and Rose, U.-B. (2014) Rationale for Treatment of Common Cold and Flu with Multi-Ingredient Combination Products for Multi-Symptom Relief in Adults. Open Journal of Respiratory Diseases, 4, 73-82.*
2570	Nimesulide+Phneylephrine HCl+Chlorpheniramine Maleate+Caffeine	100mg/100mg10mg/5mg+4mg/4mg+30mg/30mg	Tablets	a, 1. Nimesulide in combination has potential of misuse in indications for allergic conditions. Users who may not be aware of this paracetamol content and may accidentally overdose when they take the multi-ingredient product with other medicines also containing paracetamol. 2. There is pharmacokinetic incompatibility among the drugs. 3.Nimesuilide has documanted safety concern. 4. Hepatotoxic potential of both the drugs *Eccles, R., Fietze, I. and Rose, U.-B. (2014) Rationale for Treatment of Common Cold and Flu with Multi-Ingredient Combination Products for Multi-Symptom Relief in Adults. Open Journal of Respiratory Diseases, 4, 73-82.*
2578	Paracetamol+Phenylepherine+Caffeine+Levocetirizine	500mg+10mg+30mg+2.5mg	Tabelts	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
2579	Salbutamol Sulphate+ Etofylline HCl+Bromhexine HCl	1mg+50mg+4mg	Syrup	a, 1. On the basis of current scientific understanding the FDC is pharmacodynamically irrelevant. 2. Use of Mucolytic alongwith anti-asthamatic drugs is liable to be misused as expectorant and exposing the patients unnecessary to the drugs and their adverse effects.
2583	bromhexine HCL +guaiphenesin +phenylephrine HCL +chlorpheniramine maleate +paracetamol IP and paracetamol IP + chlorpheniramine maleate +bromhexine HCL+ guaiphenesin IP++phenylephrine HCL	8mg/8mg/8mg+100mg/50mg/50mg+5mg/5mg/5mg+2mg/4mg/2mg+325mg/325mg/325mg	film coated tablet/uncoated tablet	a, Pharmacodynamically irrelevant- 1. Guiaphenesin: a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up. 2. Chlorpheniramine :H1 antagonist are said to decrease rhinorrhea but the drying effect may do more harm because of their tendency to induce somnolence 3.Multiple ingredients with diverse pharmacological profile susceptible to pharmaceutically incompatibility

2584	Paracetamol+Phenylephrine HCL+Cetirizine HCL+Caffeine	500mg/500 mg/325mg+ 10mg/10mg/ 10mg+2.5m g/5mg/5mg+ 30mg/30mg/ 30mg	Film coated tablet	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
2586	Levocetirizine HCL+ Paracetamol+Caffeine + Phenylephrine HCL	5mg/2.5mg/ 2.5mg+500 mg/325mg/5 00mg+30mg /30mg/15mg + 5mg/10mg/2 .5mg	Tablets	a, Pharmacodynamically irrelevant- 1. Patients may not need all the ingredients and use of FDC may lead to misuse and adverse effects. 2.Pharmacokinetically irrelevant-different dosing shedule.
2588	Phenylephrine HCL+Chlorpheniramine Maleate+Caffeine (Anhydrous)	10mg+2mg+ 30mg	Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
2591	paracetamol + chlorpheniramine maleate + phenylephrine Hcl + caffiene	650 mg+ 2 mg+ 10 mg + 30 mg	tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse.
2592	paracetamol + cetirizine hydrochloride + dextromethorphan hydrochloride + pseudoephedrine hydrochloride	250 mg+ 2.5 mg+ 5 mg+ 15 mg	syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2593	paracetamol+ loratadine + dextromethophan + pseudoepheridine HCL + caffeine	650 mg+ 3.3. mg+ 10 mg+ 60 mg+ 30 mg	Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
2597	Ambroxol HCL + guaiphenesin+ Phenylephrine HCL + chloroheniramine Maleate + menthol	15 mg+ 50 mg+ 10 mg+ 2 mg+ 1 mg	Syrup	a, 1. Pharmacodynamically irrelevant-Patients may not need all the ingredients and use of FDC may lead to misuse and adverse effects. 2.Pharmacokinetically irrelevant-different dosing shedule
2598	paracetamol + levocetrizine Di HC Phenylephrine HCL + Caffeine Anhydrous	325 mg+ 2 .5 mg+ 5 mg+ 30 mg	Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse.
2599	chlorpheniramine maleate + ammonium chloride + sodium citarte+	2.5 mg+ 125 mg+ 55 mg	Syrup	a, Pharmacodynamically irrelevant- 1. Chlorpheniramine :H1 antagonist are said to decrease rhinorrhea but the drying effect may do more harm because of their tendency to induce somnolence 2. Ammonium Chloride: increase the mucus secretion in respiratory tract
2600	chlorpheniramine maleate + dextromethophan hydrobromide	4 mg+ 10 mg	syrup	a, 1. Potential of misuse in paediatric population 2. Concurrent use of Centrally acting anti-tussive and anti-histaminic is not rational.
2604	Ambroxol HCl IP+Levocetirizine HCl IP+Guaiphenesin+Phenylephrine HCl IP+Menthol IP	15mg+0.8mg+50mg+5mg	Syrup	a, 1. Pharmacodynamically irrelevant-Patients may not need all the ingredients and use of FDC may lead to misuse and adverse effects. 2.Pharmacokinetically irrelevant-different dosing shedule

2606	Paracetamol+Phenylphrine HCl IP+Chlorpheniramine Maleate IP+Caffeine	325mg+10mg+4mg+20mg	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
2608	Bromhexine HCl IP+Paracetamol IP+Phenylephrine HCl IP+Chlorpheniramine Maleate IP+Guaiphenesin IP	8mg+650mg+5mg+2mg+50mg	Uncoated tablets	a, Pharmacodynamically irrelevant- 1. Guiaphenesin: a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up. 2. Chlorpheniramine :H1 antagonist are said to decrease rhinorrhea but the drying effect may do more harm because of their tendency to induce somnolence 3.Multiple ingredients with diverse pharmacological profile susceptible to pharmaceutically incompatibility 4.Over dose and misuse of paracetamol.
2611	Nimesulide BP+Paracetamol IP+Cetirizine HCl IP+Phenylephrine HCl IP+Caffeine IP	100mg/100mg+325mg/325mg+5mg/5mg+10mg/5mg+25mg/25mg	Tablets	a, 1. Nimesulide in combination has potential of misuse in indications for allergic conditions. Users who may not be aware of this paracetamol content and may accidentally overdose when they take the multi-ingredient product with other medicines also containing paracetamol. 2. There is pharmacokinetic incompatibility among the drugs. 3.Nimesuilide has documanted safety concern. 4. Hepatotoxic potential of both the drugs Eccles, R., Fietze, I. and Rose, U.-B. (2014) Rationale for Treatment of Common Cold and Flu with Multi-Ingredient Combination Products for Multi-Symptom Relief in Adults. Open Journal of Respiratory Diseases, 4, 73-82.
2612	Chlorpheniramine Maleate+Ammonium Chloride+Sodium Citrate	4mg+125mg+65mg	Syrup	a, Pharmacodynamically irrelevant- 1. Chlorpheniramine :H1 antagonist are said to decrease rhinorrhea but the drying effect may do more harm because of their tendency to induce somnolence 2. Ammonium Chloride: increase the mucus secretion in respiratory tract
2616	Paracetamol IP+Phenylephrine HCL IP+Chlorpheniramine Maleate IP+Caffeine IP	325mg+10mg+2mg+30mg	Uncoated tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
2617	Cetirizine HCl IP+Phenylephrine HCl IP+Paracetamol IP+Zinc Gluconate	5mg+5mg+325mg+52.25mg+7.5mg	Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
2626	Chlorpheniramine Maleate IP+Codeine Phosphate IP	4mg/4mg/4mg+10mg/10mg/10mg	Syrup	1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug. 4.There is also a risk of abuse potential.
2628	Paracetamol BP+Chlorpheniramine Maleate BP+Phenylephrine BP+Caffeine Anhydrous BP	500mg+2mg+10mg+30mg	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse.

2630	Dextromethorphan Hydrobromide+Cetirizine HCl+Zinc+Menthol	7.5m+2.5mg +7.5mg+1.5 mg	Syrup	1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2632	Ambroxol HCl IP+Guaiphenesin IP+Ammonium Chloride IP+Phenylephrine HCl IP+Chlorpheniramine Maleate IP+Menthol IP	15mg+50mg +100mg+2.5 mg+2mg+0. 1mg	Syrup	a, 1. Pharmacodynamically irrelevant-Patients may not need all the ingredients and use of FDC may lead to misuse and adverse effects. 2.Pharmacokinetically irrelevant-different dosing shedule
2637	Paracetamol IP+Phenylephrine HCl IP+Cetirizine HCl IP+Caffeine IP	650mg+10m g+5mg+25m g	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
2638	cetirizine hydrochloride+ paracetamol + phenylephrine hydrochloride + caffeine (anhydrous)	5 mg+ 650 mg+ 10 mg + 30 mg	tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
2640	cetirizine hydrochloride+ paracetamol+ phenylephrine HCl+ zinc gluconate	2.5 mg+ 125 mg+ 2 5 mg+ 3.75 mg	syrup	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
2642	dextromethophen HBr + bromhexine hydrochloride + chlorpheniramine maleate + guaiphenesin	10 mg+ 8 mg+ 2 mg + 100 mg	tablets	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2644	Paracetamol+ Phenylephrine hydrochloride + Chlorpheniramine maleate + Caffiene	325mg + 10 mg + 2 mg + 30 mg	uncoated tablet	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
2646	enrofloxacin + bromhexin hydrochloride + glacial acetic acid + polysorbate + 2-pyrrolidinone	200mg + 15 mg	injection	a, Pharmacodynamically irrelevant- 1.Enrofloxacin is not approved for human use.
2648	dextromethophen HBr + bromhexine hydrochloride + chlorpheniramine maleate + guaiphenesin	10mg+ 8 mg+ 2 mg+ 100 mg	tablets	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2650	levocetirizine dihydrochloride + ambroxol hydrochloride + phenylephrine hydrochloride +guaiphenesin	0.8 mg+ 15 mg+ 5 mg+ 50 mg	syrup	a, 1. Pharmacodynamically irrelevant-Patients may not need all the ingredients and use of FDC may lead to misuse and adverse effects. 2.Pharmacokinetically irrelevant-different dosing shedule

2654	dextromethophen HBr + chlorpheniramine hydrochloride + chlorpheniramine maleate +	15 mg+ 5 mg+ 2 mg	syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2655	cetirizine Di HCL+ ambroxol HCL+ Guaiphenesin + ammonium chloride+ phenylephrineHCL+ menthol	2.5 mg+ 30 mg+ 50 mg+ 100 mg+ 5 mg+ 1 mg	syrup	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse.
2658	codiene phasphate+ chlorpheniramine maleate	10 mg+ 4 mg	oral liquid	1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug. 4.There is also a risk of abuse potential.
2659	chlorpheniramine Maleate + phenylephrine HCL+ caffiene	500mg+ 2 mg+ 10 mg+ 30 mg	uncoated tablet	a, 1.Pharmacodynamically irrationale FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse.
2660	dextromethorphan + triprolidine + phenylephrine	10 mg+ 1.25 mg+ 5 mg	oral liquid	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2662	Terpinhydrate+ dextromethorphan HBr+ menthol	10 mg+ 10 mg+ 3.75 mg	liquid oral dosage	a, Pharmacodynamically irrelevant. No published literature supporting the combination.
2664	dextromethorphan HCL+ phenylephrine HCL+ zinc gluconate+ menthol	2.5 mg+ 5 mg+ 2.5 mg+ 7 .5 mg+ 2.5 mg	syrup	a, Pharmacodynamically irrelevant- 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes.
2665	chlorpheniramine Maleate+ codeine phosphate + sodium citarte + menthol	2 mg+ 10 mg+ 1.5 mg+ 1.5 mg	oral liquid	1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug. 4.There is also a risk of abuse potential.
2666	paracetamol + phenylephrine HCL+ chlorpheniramine Maleate + caffeine	325mg+ 10 mg+ 2 mg+ 30 mg	tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse.
2671	Codeine Phosphate IP+Chlorpheniramine Maleate IP	10mg+4mg	Oral Syrup	1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug. 4.There is also a risk of abuse potential.
2672	Enrofloxacin + bromhexin hydrochloride	100mg+7.5 mg	Solution	a, Pharmacodynamically irrelevant- 1. Enrofloxacin is not approved for human use.

2673	Bromhexine HCl IP+Dextromethorphan Hydrobromide IP+Phenylephrine HCl IP+Menthol IP	4mg+5mg+5 mg+2.5mg	Oral Liquid	a, Pharmacodynamically irrelevant- 1. Dextromethorphan: it decreases the cough impulse so expulsion of secretion would be hampered 2. Bromhexine:a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up.
2676	Levofloxacin Hemihydrate IP+Bromhexine HCl IP	100mg+7.5 mg	Solution	a, Pharmacodynamically irrelevant- 1. Patient may need only one ingredient and the use of FDC may lead to misuse. 2. Increased risk of emergence of drug resistance due to misuse of FDC .
2678	Levocetirizine HCl IP+Ranitidine HCl IP	5mg+150mg	Film Coated Tablets	a, Pharmacodynamically irrelevant as both ingredients are indicated for different indications.
2682	Paracetamol IP+Phenylephrine HCl IP+Cetirizine HCl IP+Dextromethorphan Hydrobromide IP+Caffeine IP	650mg+5mg +5mg+10mg +30mg	Film Coated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
2687	Bromhexine Hcl IP+Dextromethorphan Hydrobromide IP+Ammonium Chloride IP	4mg+5mg+5 0mg	Syrup	a, Pharmacodynamically irrelevant- 1. Dextromethorphan: it decreases the cough impulse so expulsion of secretion would be hampered 2. Bromhexine:a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up.
2688	Levocetirizine HCl IP+Phenylephrine HCl IP+Ambroxol IP+Guaiphenesin IP+Paracetamol IP	2.5mg+10m g+60mg+10 0mg+325mg	Uncoated Tablets	a, Pharmacodynamically irrelevant- 1. Patients may not need all the ingredients and use of FDC may lead to misuse and adverse effects. 2.Pharmacokinetically irrelevant-different dosing shedule. 3.Potential drug interactions.
2689	Dextromethorphan Hydrobromide+Pheny lephrine HCl IP+Chlorpheniranime Maleate IP	10mg+5mg+ 2mg	Syrup	1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2690	Paracetamol IP+Chlorpheniramine Maleate IP+Phenylephrine HCl IP+Caffeine IP	500mg+2mg +5mg+16mg	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
2695	cetirizine hydrochloride+ dextromethorphan hydrobromide+ phenylephrine hydrochloride + zinc gluconate + paracetamol+ menthol	2.5 mg+ 7.5 mg+ 5mg+7.5 mg+ 125 mg+ 2.5 mg	60 ml syrup	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.

2696	paracetamol+ pseudoephedrine hydrochloride + dextromethorphan hydrobromide+ cetirizine hrdrochloride	500mg+ 60 mg+10 mg+ 5mg	tablets	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2700	dextromethorphan+ cetirizine HCL+ phenylephrine+ menthol	5 mg + 2.5 mg+ 5.0 mg+ 1 mg	syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2701	diphenhydamine HCL+ guaiphenesin + ammonium chloride + bromhexine HCL	8 mg+ 50 mg+ 100 mg+ 4 mg + 1 mg	syrup	a, Pharmacodynamically irrelevant. • Anticholinergic property of diphenhydramine will lead to drying up of secretions while mucolytics increase.
2702	cetirizine hydrochloride+ phenylephrine HCl+ paracetamol+ Nimusulide+ caffiene	5 mg+ 10 mg+ 325mg+ 100 mg+ 25 mg	tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible. 4.Nimesulide-safety concern.
2703	chlorpheniramine maleate + codiene phosphate	4 mg+ 10 mg	syrup	1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug. 4.There is also a risk of abuse potential.
2708	Chlorpheniramine Maleate +Dextromethorphan Hydrobromide +Phenylephrine HCL+Paracetamol	2mg+10mg+ 5mg250mg	Oral Liquid Suspension	a, 1 Dosing schedule is incompatible. 2.Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2709	Dextromethorphen HBr IP+Promethazine HCL IP	15mg+5mg	oral liquid (syrup)	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes
2710	Paracetamol+Phenylephrine HCL+Chlorpheniramine Maleate + caffeine	500/500/325/325/325/325mg+5/5/5/10/10/10mg+2/2/2/4/2/4mg+15/20/30/16/30/15mg	Tablet	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
2711	Diethylcabamazine citrate IP+Cetrizine HCL IP +Guaiphenesin IP	100mg+3.33 mg+50mg	Tablet	a, Pharmacodynamic irrelevant - 1. Patient may need only one ingredient and use of FDC may lead to misuse. 2.Guaiphenesin is not indicated for eosinophillia, as it is a mucolytic which increases mucus secretion and should not be given in combination with antihistaminic with anti cholinergic properties.
2712	Pseudoephedrine+Dextromethorphan HBr+Cetirizine HCL	60mg+10mg +5mg	Tablet	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.

2716	Paracetamol+Chlorpheniramine Maleate+Phenylephrine HCL+Caffeine	250mg+1mg+5mg+15mg	Tablet	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
2718	Paracetamol IP+Guaiphenesin IP+Ambroxol HCl IP+Phenylepherine HCl IP+Chlorpheniramin Maleate	325mg+100mg+30mg+10mg+2mg	Tablets	a, Pharmacodynamically irrelevant. 1.Mucolytic increases mucus secretion and antihistaminic with anti cholinergic properties dry up secretions. 2.Dosing schedule is incompatible. 3. Paracetamol dose is subtherapeutic.
2719	Ambroxol HCl IP+Guaiphenesin IP+Ammonium Chloride IP+Phenylephirine HCl IP+Chlorpheniramine Maleate IP+Menthol IP	15mg+50mg+100mg+2.5mg+2mg+0.1mg	Syrup	a, 1. Pharmacodynamically irrelevant-Patients may not need all the ingredients and use of FDC may lead to misuse and adverse effects. 2.Pharmacokinetically irrelevant-different dosing shedule
2721	Phenylephrine HCl IP+Chlorpheniramine Maleate IP+Caffeine IP+Paracetamol IP	5mg+2mg+20mg/30mg+325mg	Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
2722	Dextromethorphan Hydrobromide+Guaiphenesin IP+Phenylephrine HCl IP+Chlorpheniramine Maleate IP	10mg+100mg+5mg+4mg	Syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2725	Phenylephrine HCl iP+Triprolidine HCl IP	5mg+0.625mg	Syrup	a, 1.Pharmacodynamically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse and sedation. 3.Potential for drug-drug interaction.
2726	Bromhexine HCl IP+Dextromethorphan Hydrobromide+Ammonium Chloride+Menthol IP	4mg+5mg+50mg+2.5mg per 5ml	Syrup	a, Pharmacodynamically irrelevant- 1. Dextromethorphan: it decreases the cough impulse so expulsion of secretion would be hampered 2. Bromhexine:a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up.
2727	Chlorpheniramine Maleate IP+Phenylephrine HCl IP+Dextromethophan Hydrobromide IP+Menthol IP	2mg+5mg+10mg+0.5mg	Syrup	a, 1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2728	Ambroxol HCl IP+ Terbutaline Sulphate IP+ Dextromethorphan Hydrobromide IP	15mg+1.25mg+7.5mg	Syrup	a, 1. On the basis of current scientific understanding the FDC is pharmacodynamically irrelevant. 2. Use of Mucolytic alongwith anti-asthamatic drugs is liable to be misused as expectorant and exposing the patients unnecessary to the drugs and their adverse effects.

2729	Dextromethorphan Hydrobromide IP+Chlorpheniramine Maleate IP+Guaiphenesin IP	10mg+4mg+ 100mg per 5ml	Syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2730	Terbutaline Sulphate+Bromhexine HCl+Guaiphenesin+Dextromethorphan Hydrobromide	2.5mg+8mg +100mg+10 mg	Uncoated tablets	a, Pharmacodynamically irrelevant- 1. Guiaphenesin: a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up. 2. Dextromethorphan: it decreases the cough impulse so expulsion of secretion would be hampered 3.Patients may need only one ingredient and use of FDC may lead to misuse. 4.Dosing shedule of the ingredients is incompatible.
2733	Dextromethorphan Hydrobromide IP+Tripolidine HCL IP+Phenylephirine HCl IP	10mg+1.25 mg+5mg	Uncoated Tablets	a, Pharmacodynamically irrelevant- 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2734	Paracetamol IP+Dextromethorphan Hydrobromide+Chlorpheniramine Maleate IP	125mg+5mg +1mg	Syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2735	Chlorpheniramine Maleate IP+Codeine Phosphate IP	4mg+10mg	Syrup	1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug. 4.There is also a risk of abuse potential.
2738	Codeine Phosphate IP+Chlorpheniramine Maleate IP	10mg+4mg	Oral Liquid	1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug. 4.There is also a risk of abuse potential.
2745	Pholcodine+Phenylephrine HCL+Promethazine HCL	1.5mg+2.5mg+1.5mg	Oral Syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2746	Bromhexine HCL+Dextromethorphan HBr+Ammonium Chloride+Menthol	4.0mg+5 mg+50mg+2 .5mg	Liquid Dosage Form	a, Pharmacodynamically irrelevant- 1. Dextromethorphan: it decreases the cough impulse so expulsion of secretion would be hampered 2. Bromhexine:a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up.

2752	Bromhexine hydrochloride + Phenylephrine hydrochloride+ Guaiphenesin + Chlorpheniramine maleate+ Paracetamol	8 mg + 5 mg+ 100 mg+ 2 mg+ 325 mg	tablets	a, Pharmacodynamically irrelevant- 1. Bromhexine :a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up. 2. Chlorpheniramine :H1 antagonist are said to decrease rhinorrhea but the drying effect may do more harm because of their tendency to induce somnolence 3. Paracetamol dose is subtherapeutic and potential misuse in FDC formualtion is likely to be hepatotoxic .
2755	dextromethorphan + chlorpheniramine	10 mg + 4 mg	oral liquid	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2757	codeine phosphate+ levocetirizine HCL + menthol	10 mg+ 1.67 mg+ .1 mg	syrup	1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug. 4.There is also a risk of abuse potential.
2759	Paracetamol+Phenylephrine HCL+Dextromethorphan Hydrobromide+Caffeine+Chlorampheniramine Maleate	500mg+5mg+10mg+25mg+2mg	Tablet	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
2760	Nimesulide+paracetamol+cetirizine HCL+Phenylephrine HCL+Caffeine	100mg+325 mg+5mg+25 mg	Tablet	a, 1. Nimesulide in combination has potential of misuse in indications for allergic conditions. Users who may not be aware of this paracetamol content and may accidentally overdose when they take the multi-ingredient product with other medicines also containing paracetamol. 2. There is pharmacokinetic incompatibility among the drugs. 3.Nimesuilide has documanted safety concern. 4. Hepatotoxic potential of both the drugs *Eccles, R., Fietze, I. and Rose, U.-B. (2014) Rationale for Treatment of Common Cold and Flu with Multi-Ingredient Combination Products for Multi-Symptom Relief in Adults. Open Journal of Respiratory Diseases, 4, 73-82.*
2761	nimesulide+loratadine +Ambroxol HCL+Phenyleprine HCL	100mg+5mg +30mg+20mg	Tablet	a, Pharmacodynamic irrelevant- 1.Each ingredient has different therapeutic use and FDC will lead to misuse and toxicity. 2. Pharmacokinetic mismatch. *Chandler S. Gautam, Lekha Saha. Fixed dose drug combinations (FDCs): rational or irrational: a view point Br J Clin Pharmacol / 65:5 / 795–796* *Eccles, R., Fietze, I. and Rose, U.-B. (2014) Rationale for Treatment of Common Cold and Flu with Multi-Ingredient Combination Products for Multi-Symptom Relief in Adults. Open Journal of Respiratory Diseases, 4, 73-82.*

2766	Nimesulide+paracetamol+cetirizine HCL+Phenylphrine+caffeine anhydrous	100mg+325 mg+5mg+10 mg+25mg	Tablet	a, 1. Nimesulide in combination has potential of misuse in indications for allergic conditions. Users who may not be aware of this paracetamol content and may accidentally overdose when they take the multi-ingredient product with other medicines also containing paracetamol. 2. There is pharmacokinetic incompatibility among the drugs. 3.Nimesuilide has documanted safety concern. 4. Hepatotoxic potential of both the drugs Eccles, R., Fietze, I. and Rose, U.-B. (2014) Rationale for Treatment of Common Cold and Flu with Multi-Ingredient Combination Products for Multi-Symptom Relief in Adults. Open Journal of Respiratory Diseases, 4, 73-82.
2767	Cetrizine HCL+Dextromethorphan HBr++Acetaminophen+Phenylephrine HCL+zinc gluconate+Menthol	2.5mg+7.5mg+125mg+5mg+7.5mg+2.5mg	Syrup	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2768	paracetamol+ phenylephrine hydrochloride+ chlorpheniramine maleate + caffeine	650 mg+ 10 mg+ 4 mg+ 30 mg	tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
2771	chlorpheniramine maleate+ codeine phosphate	4 mg+ 10 mg	liquid oral dose	1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug. 4.There is also a risk of abuse potential.
2772	paracetamol + phenylephrine hydrochloride + caffeine+ chlorpheniramine maleate	500 mg+ 10 mg+ 30 mg+ 2mg	uncoated tablet	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse.

2777	dextromethorphan HBR+ ambroxol hydrochloride + guaifenesin + phenylephrine hydrochloride+ chlorpheniramine maleate	10 mg+ 15 mg+ 100 mg+ 10 mg+ 2 mg	uncoated tablet	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2784	Cetirizine HCl IP+Phenylephrine HCL IP+ Dextromethorphan Hydrobromide IP+ Menthol IP	5mg+ 5mg+ 10mg+ 1.5mg	syrup	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2785	Roxithromycin IP+ Serratiopeptidase	150mg+10mg	Film Coated Tablets	a, Pharmacodynamically irrelevant- May lead to misuse and drug resistance
2786	Paracetamol IP+Phenylephrine HCl IP+Triprolidine HCl IP	325mg+5mg +2.5mg	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
2789	Montelukast Sodium IP+Levocetirizine Dihydrochloride IP+Acibrophyllin	10mg+5mg+ 200mg	Film coated Tablets	a, Pharmacodynamically irrelevant- 1. There is no published literature supporting FDC of three drugs. 2. Pharmacokinetic imcompatibilty.
2791	Bromohexine HCL+Dextromethorphan hydrobromide+Ammonium chloride+menthol	4mg+5mg+50mg+2.5mg	Syrup	a, Pharmacodynamically irrelevant- 1. Dextromethorphan: it decreases the cough impulse so expulsion of secretion would be hampered 2. Bromhexine:a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up.

2792	Acetaminophen+Loratadine+ambroxol HCL+Phenylephrine HCL	325mg+5mg+30mg+20mg	Tablet	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse.
2793	Cetirizine HCL+Acetaminophen+Dextromethorphan HBr+Phenyephrine HCL+Zinc gluconate	5mg+325mg+15mg+5mg+7.5mg	Tablet	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2798	diethylcarbamazine citrate+ cetirizine hydrochloride + guaifenesin	150 mg+ 5 mg+ 100 mg	film coated tablet	a, Pharmacodynamic irrelevant - 1. Patient may need only one ingredient and use of FDC may lead to misuse. 2.Guaiphenesin is not indicated for eosinophillia, as it is a mucolytic which increases mucus secretion and should not be given in combination with antihistaminic with anti cholinergic properties.
2800	Dextromethophan Hydrobromide IP+Chlorpheniramine Maleate IP+Guaiphenesin IP+Ammonium Chloride IP	5mg+2.5mg+50mg+60mg	Syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2802	Diphenhydramine HCL IP+Guaifenesin IP+Bromhexine HCl IP+Ammonium Chloride IP+Menthol IP	8mg+50mg+4mg+100mg+1mg	Syrup	a, Pharmacodynamically irrelevant. • Anticholinergic property of diphenhydramine will lead to drying up of secretions while mucolytics increase.
2804	Chlorpheniramine Maleate IP+ Ammonium Chloride IP+ Sodium Citrate IP+Menthol IP	4mg+100mg+40mg+1mg	Cough Syrup	a, Pharmacodynamically irrelevant- 1. Chlorpheniramine :H1 antagonist are said to decrease rhinorrhea but the drying effect may do more harm because of their tendency to induce somnolence 2. Ammonium Chloride: increase the mucus secretion in respiratory tract
2805	Chlopheniramine Maleate+Codeine Phosphate	4mg+10mg	Liquid Syrup	1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug. 4.There is also a risk of abuse potential.
2808	Cetirizine HCl IP+Dextromethorphan Hydrobromide IP+Zinc Gluconate +Menthol IP	2.5mg+5mg+7.5mg+2.5mg	Oral Liquid	a, Pharmacodynamically irrelevant. 1.Patients may need only one ingredient and use of FDC may lead to misuse. 2..Pharmacokinetic incompatibility amongst ingredients. 3..Use of anti-histamine with centrally acting anti- tussive ingredient is not rationale

2809	Paracetamol IP+Phenylephrine HCl IP+Desloratadine+Zinc Gluconate USP+Ambroxol HCl IP	250mg+5.0 mg+1.25mg +10.0mg+15 mg	Suspension	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
2810	Levocetirizine Dihydrochloride+Paracetamol+Phenylephrine HCL+Caffeine IP	2.5mg+325 mg+10mg+15mg	Film Coated Tablets	a, 1. Pharmacodynamically irrelevant-Patients may not need all the ingredients and use of FDC may lead to misuse and adverse effects. 2.Pharmacokinetically irrelevant-different dosing shedule.
2816	Paracetamol IP+Caffeine IP+Chlorpheniramine Maleate IP+Phenylephrine HCl IP	325mg/325 mg+16mg/30mg+1.5mg/2mg+5mg/10mg	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
2820	levocetirizine HCL+ montelukast + acebrophylline	5mg + 10 mg+ 200 mg	tablets	a, Pharmacodynamically irrelevant- 1. There is no published literature supporting FDC of three drugs. 2. Pharmacokinetic imcompatibilty.
2834	Dextromethorphan hydrobromide+bromhexine HCL+Guaiphenesin+menthol	5mg+4mg+100mg+2.5mg	Syrup	a, Pharmacodynamically irrelevant- 1. Guiaphenesin: a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up. 2. Dextromethorphan: it decreases the cough impulse so expulsion of secretion would be hampered 3.Patients may need only one ingredient and use of FDC may lead to misuse. 4.Dosing shedule of the ingredients is incompatible.
2836	Dextromethorphan hydrobromide+bromhexine HCL+Phenylephrine HCL+Menthol	5mg+4mg+5mg+2.5mg	Syrup	a, Pharmacodynamically irrelevant. • Bromhexine: a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up. • Dextromethorphan: it decreases the cough impulse so expulsion of secretion would be hampered
2837	cetirizine HCL+phenylephrine HCL+Paracetamol+caffeine	5mg+5mg+500mg+30mg	Tablet	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
2845	Acrivastine+ Paracetamol IP+ Caffeine IP+ Phenylephrine HCl IP	8mg+325mg +25mg+5mg	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse.
2846	Paracetamol IP+Phenylephrine HCl IP+Caffeine IP+Chlorpheniramine Maleate IP	500mg/500 mg+10mg/10mg+32mg+2mg	Combikit (Film Coated Tablets)	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
2847	Naphazoline HCl USP+C.M.C. IP+Menthol IP+Camphor IP+Phenylephrine HCl IP	0.056% + 0.5% + 0.005% + 0.01% + 0.012%	Drops	a, Pharmacodynamically irrelevant- 1. Therapeutic area not clear 2. Multiple ingredients with diverse pharmacological profile susceptible to pharmaceutically incompatibility

2853	Dextromethorphan Hydrobromide IP+Cetirizine HCl IP	10mg+2.5mg	Syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2856	nimesulide + paracetamol + levocetirizine HCL+ phenylephrine HCL+ caffeine	100 mg+ 325 mg+ 2.5 mg + 5 mg+ 25 mg	tablet	a, 1. Pharmacodynamically irrelevant-Patients may not need all the ingredients and use of FDC may lead to misuse and adverse effects. 2.Pharmacokinetically irrelevant-different dosing shedule. 3. Nimesuilide- Safety concern
2857	dextromethorphan HBr + phenylephrine HCL+ chlorpheniramine	10 mg+ 5 mg+ 2 mg	syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2864	bromhexine HCL+ dextromethophan HBr+ ammonium chloride	4 mg+ 5 mg + 50 mg+ 2.5 mg	syrup	a, Pharmacodynamically irrelevant- 1. Dextromethorphan: it decreases the cough impulse so expulsion of secretion would be hampered 2. Bromhexine:a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up.
2867	Terbutaline Sulphate+Ambroxol HCl+Guaiphenesin+Zinc+Menthol	1.5mg+15mg+50mg+7.5mg+0.5mg	Syrup	a, 1. On the basis of current scientific understanding the FDC is pharmacodynamically irrelevant. 2. Use of Mucolytic alongwith anti-asthamatic drugs is liable to be misused as expectorant and exposing the patients unnecessary to the drugs and their adverse effects.
2868	Paracetamol+Phenylephrine HCl+Chlorpheniramine Maleate+Caffeine	325mg+5mg+2mg+30mg	Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
2869	Codeine Phosphate+Chlorpheniramine Maleate+AlcoholIP+Alcohol	10mg+4mg+0.15ml+3%v/v	Syrup	1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug. 4.There is also a risk of abuse potential.
2878	Dextromethorphan HCl+Phenylephrine HCl+Guaifenesin+Triprolidine HCl	10mg+5mg+100mg+1.25mg	Syrup	a, Pharmacodynamically irrelevant- 1. Guiaphenesin: a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up. 2. Dextromethorphan: it decreases the cough impulse so expulsion of secretion would be hampered 3.Patients may need only one ingredient and use of FDC may lead to misuse. 4.Dosing shedule of the ingredients is incompatible.

2888	Ammomium Chloride+Bromhexine HCl+Dextromethorphan HBR	50.0mg+4.0 mg+5.0mg	Dekogest syrup	a, Pharmacodynamically irrelevant- 1. Bromhexine: a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up. 2. Dextromethorphan decreases the cough impulse so expulsion of secretion would be hampered
2889	Bromhexine HCl+Dextromethorphan Hydrobromide+Ammonium Chloride	4.0mg+5.0mg+50.0mg	Alvex cough syrup	a, Pharmacodynamically irrelevant- 1. Dextromethorphan: it decreases the cough impulse so expulsion of secretion would be hampered 2. Bromhexine:a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up.
2894	Bromhexine HCl+Ammonium Chloride+Dextromethorphan Hydrobromide	4.0mg+50.0 mg+5.0mg	Syrup	a, Pharmacodynamically irrelevant- 1. Dextromethorphan: it decreases the cough impulse so expulsion of secretion would be hampered 2. Bromhexine:a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up.
2904	Paracetamol IP+Dextromethorphan Hydrobromide+Phenylephrine HCl IP+Chlorpheniramine Maleate IP	170mg+5mg +2.5mg+1.5 mg	Syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2907	Chlorpheniramine Maleate IP+Sodium Citrate IP+Ammonium Chloride IP+Menthol IP	4mg+50mg+ 100mg+1mg	Syrup	a, Pharmacodynamically irrelevant- 1. Chlorpheniramine :H1 antagonist are said to decrease rhinorrhea but the drying effect may do more harm because of their tendency to induce somnolence 2. Ammonium Chloride: increase the mucus secretion in respiratory tract
2908	Diethylcarbamazine Citrate IP+Cetirizine HCL IP+Ambroxol HCL IP	150mg+5mg +30mg	Film Coated Tablets	a, Pharmacodynamic irrelevant - 1. Patient may need only one ingredient and use of FDC may lead to misuse. 2.Ambroxol is not indicated for eosinophillia, as it is a mucolytic which increases mucus secretion and should not be given in combination with antihistaminic with anti cholinergic properties.
2909	Montelukast Sodium+Levocetirizine HCl IP+Acebrophylline	10mg+5mg+ 200mg	Film Coated Bilayered Tablets	a, Pharmacodynamically irrelevant- 1. There is no published literature supporting FDC of three drugs. 2. Pharmacokinetic imcompatibilty.
2914	Ethylmorphine HCl IP+ Noscapine BP+ Chlorpheniramine Maleate IP	7.5mg+7.5mg+2.5mg	Uncoated Tablets	a, Pharmacodynamically irrelevant- 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.

2917	Cetirizine HCl IP+Dextromethorphan Hydrobromide IP+Ambroxol HCl IP	5mg+15mg	Syrup	a, 1. Ambroxol: a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up. 2. Dextromethorphan decreases the cough impulse so expulsion of secretion would be hampered 3.Patients may need only one ingredient and use of FDC may lead to misuse. 4.Pharmacokinetic incompatibility amongst ingredients. 5.Use of anti-histamine with centrally acting anti- tussive ingredient is not rationale
2918	Chlorepheniramine Maleate IP+Codeine Phosphate IP	4.00mg+10.00mg	Syrup	1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug. 4.There is also a risk of abuse potential.
2919	Bromhexine HCl IP+Phenylephrine HCl IP+Chlorpheniramine Maleate IP+Guaifenesin IP+Paracetamol IP	8mg+5mg+2mg+100mg+325mg	Uncoated Tablets	a, Pharmacodynamically irrelevant- 1. Guiaphenesin: a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up. 2. Chlorpheniramine :H1 antagonist are said to decrease rhinorrhea but the drying effect may do more harm because of their tendency to induce somnolence 3.Multiple ingredients with diverse pharmacological profile susceptible to pharmaceutically incompatibility
2920	Guaifenesin IP+Dextromethorphan Hydrobromide IP+Phenylephrine HCl IP+Chlorpheniramine Maleate IP	100mg+10mg+5mg+2mg	Syrup	a, Pharmacodynamically irrelevant- 1. Guaiphenesin:a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up. 2. Dextromethorphan: it decreases the cough impulse so expulsion of secretion would be hampered 3. Chlorpheniramine :H1 antagonist are said to decrease rhinorrhea but the drying effect may do more harm because of their tendency to induce somnolence 4. All ingredients have different therapeutic indications.
2921	Cetirizine Hcl IP+Phenylephrine HCl IP+Caffeine IP+Paracetamol IP	5mg+10mg+20mg+325mg	Film Coated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse.
2922	Bromhexine HCl IP+Dextromethorphan Hydrobromide IP+Ammonium Chloride IP+Menthol IP	8mg+10mg+100mg+5mg	Syrup	a, Pharmacodynamically irrelevant- 1. Dextromethorphan: it decreases the cough impulse so expulsion of secretion would be hampered 2. Bromhexine:a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up.
2923	Promethazine HCl IP+Pholcodine IP	1.5mg+1.5mg	Syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.

2925	Ambroxol HCl IP+ Guaifenesin IP+ Phenylephrine HCl IP+ Chlorpheniramine Maleate IP	15mg+50mg +5mg+2mg	Syrup	a, 1. Pharmacodynamically irrelevant-Patients may not need all the ingredients and use of FDC may lead to misuse and adverse effects. 2.Pharmacokinetically irrelevant-different dosing shedule
2927	Cetirizine HCl IP+Paracetamol IP+Phenylephirine HCl IP+Caffeine (anhydrous) IP	5mg+325mg +10mg+30m g	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse.
2928	Dextromethorphan Hydrobromide IP+Chlorpheniramine Maleate IP+Guaiphenesin IP+Ammonium Chloride IP	5mg+2.5mg +50mg+60m g	Syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2932	Dextromethorphan Hydrobromide IP+Bromhexine HCl IP+Guaifenesin IP+Chlorpheniramine Maleate IP	10mg+4mg+ 50mg+2.5m g	Syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2933	Bromhexine HCl IP+Dextromethorphan Hydrobromide IP+Phenylephrine Hydrochloride IP+Menthol IP	4mg+5mg+2 .5mg+2.5mg	Syrup	a, Pharmacodynamically irrelevant- 1. Dextromethorphan: it decreases the cough impulse so expulsion of secretion would be hampered 2. Bromhexine:a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up.
2934	Paracetamol IP+Phenylephrine HCl IP+Chlorpheniramine Maleate IP+Zinc Gluconate USP	125mg+2.5 mg+1mg+5 mg	Suspension	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
2937	Paracetamol IP+Caffeine IP+Phenylephrine HCl IP	500mg+25m g+5mg	Film Coated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
2939	Dextromethorphan Hydrobromide IP+Bromhexine HCL IP+Phenylephrine HCl IP+Menthol IP	5mg+4mg+5 mg+2.5mg	Syrup	a, Pharmacodynamically irrelevant. 1.Mucolytic increases mucus secretion and antihistaminic with anti cholinergic properties dry up secretions. 2.Dosing schedule is incompatible.
2940	Dextromethorphan Hydrobromide IP+Chlorpheniramine Maleate IP+Guaifenesin IP+Ammonium Chloride IP	5mg+2.5mg +50mg+60m g	Oral Liquid	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.

2943	Dextromethorphan Hydrobromide IP+Phenylephrine HCl IP+Cetirizine HCl IP+Paracetamol IP+Caffeine Anhydrous IP	10mg+5mg+ 5mg+325mg +30mg	Uncoated Tablets	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2949	Paracetamol IP+Chlorpheniramine Maleate IP+Phenylephrine HCl IP+Bromhexine HCl IP	125mg+1.25 mg+2.5mg+ 4.0mg	Oral Liquid	a, Pharmacodynamically irrelevant. • Mucolytic increases mucus secretion and antihistaminic with anti cholinergic properties dry up secretions. • Dosing schedule is incompatible.
2954	Paracetamol IP+Chlorpheniramine Maleate IP+Phenylephrine HCl IP+Bromhexine HCl IP	125mg+1.25 mg+2.5mg+ 4.0mg	Oral Liquid	a, Pharmacodynamically irrelevant. • Mucolytic increases mucus secretion and antihistaminic with anti cholinergic properties dry up secretions. • Dosing schedule is incompatible.
2958	Dextromethorphan Hydrobromide IP+Cetirizine HCl IP	10mg+2.5m g	Syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2959	Dextromethophan Hydrobromide IP+Chlorpheniramine Maleate IP+Guaifenesin IP+Ammonium Chloride IP	5mg+2.5mg +50mg+60m g	Syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2961	Dextromethorphan Hydrobromide IP+Bromhexine HCL IP+Ammonium Chloride IP+Menthol IP	5mg+4mg+5 0mg+2.5mg	Syrup	a, Pharmacodynamically irrelevant. 1.Mucolytic increases mucus secretion and antihistaminic with anti cholinergic properties dry up secretions. 2.Dosing schedule is incompatible.
2965	Levocetirizine HCl IP+Dextromethorphan Hydrobromide IP+Zinc elemental	0.8mg+10.0 mg+7.5mg	Syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2967	Dextromethorphan Hydrobromide IP+Cetirizine HCl IP	10mg+2.5m g	Syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2969	Paracetamol IP+Phenylephrine HCL IP+Levocetirizine IP+Caffeine IP	325mg+5mg +2.5mg+30 mg	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.

2970	Dextromethorphan Hydrobromide IP+Chlorpheniramine Maleate IP+Ammonium Chloride IP+Sodium Citrate IP+Menthol IP	10mg+4mg+ 240mg+240 mg+1.25mg	Syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2971	Dextromethorphan Hydrobromide IP+Chlorpheniramine Maleate IP+Guaifenesin IP+Ammonium Chloride IP	5mg+2mg+5 0mg+75mg	Liquid	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2973	Chlorpheniramine Maleate IP+Ammonium Chloride IP+Sodium Chloride IP	2.5mg+125 mg+55mg	Syrup	a, Pharmacodynamically irrelevant- 1. Chlorpheniramine :H1 antagonist are said to decrease rhinorrhea but the drying effect may do more harm because of their tendency to induce somnolence 2. Ammonium Chloride: increase the mucus secretion in respiratory tract
2974	Dextromethorphan HBR IP+Guaiphenesin IP+Phenylephrine HCl IP+CPM	10mg+100m g+5mg+4mg	Syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2978	Dextromethorphan Hydrobromide IP+Phenylephrine HCL IP+Paracetamol IP+Chlorpheniramine Maleate IP	5mg+5mg+2 50mg+2mg	Syrup	a, Pharmacodynamically irrelevant- 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
2982	Paracetamol IP+Dextromethorphan Hydrobromide IP+Bromhexine HCl IP+Phenylephrine HCL IP+Diphenhydramine HCL IP	325mg+10m g+8mg+5mg +15mg	Uncoated Tablets	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug. 4.Paracetamol dose is subtherapeutic.
2986	Salbutamol Sulphate IP eq. to Salbutamol+Bromhexi ne HCl IP+Guaiphenesin IP+Menthol IP	1mg+2mg+5 0mg+0.5mg	Syrup	a, 1. On the basis of current scientific understanding the FDC is pharmacodynamically irrelevant. 2. Use of Mucolytic alongwith anti-asthamatic drugs is liable to be misused as expectorant and exposing the patients unnecessary to the drugs and their adverse effects.

2988	Nimesulide IP+Paracetamol IP+Cetirizine HCl IP+Phenylephrine HCl IP+Caffeine anhydrous IP	100mg+325 mg+5mg+5 mg+30mg	Enteric Coated Tablets	a, 1. Nimesulide in combination has potential of misuse in indications for allergic conditions. Users who may not be aware of this paracetamol content and may accidentally overdose when they take the multi-ingredient product with other medicines also containing paracetamol. 2. There is pharmacokinetic incompatibility among the drugs. 3.Nimesuilide has documanted safety concern. 4. Hepatotoxic potential of both the drugs *Eccles, R., Fietze, I. and Rose, U.-B. (2014) Rationale for Treatment of Common Cold and Flu with Multi-Ingredient Combination Products for Multi-Symptom Relief in Adults. Open Journal of Respiratory Diseases, 4, 73-82.*
2990	Paracetamol IP+Phenylephrine HCl IP+Caffeine IP+Chlorpheniramine Maleate IP	325mg+5mg +16mg+2mg	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
2997	Chlorpheniramine Maleate BP+Codeine Phosphate BP	4mg+10mg	Oral Liquid	1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug. 4.There is also a risk of abuse potential.
2998	Codeine Phosphate IP+Chlorpheniramine Maleate IP	10mg+4mg	Syrup	1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug. 4.There is also a risk of abuse potential.
2999	Dextromethorphan Hydrobromide IP+Bromhexine HCl IP+Guaifenesin IP+Chlorpheniramine Maleate IP	10mg+8mg+ 100mg+2mg	Uncoated Tablets	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3002	Paracetamol IP+Levocetirizine HCl IP+Phenylephrine HCl IP+Caffeine anhydrous IP	325mg+2.5 mg+10mg+1 5mg	Film Coated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3003	Codeine Phosphate IP+Chlorpheniramine Maleate IP	10mg+4mg	Syrup	1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug. 4.There is also a risk of abuse potential.
3004	Chlorpheniramine Maleate IP+Ammonium Chloride IP+Sodium Citrate IP+Menthol IP	5mg+125mg +56mg+1mg	Syrup	a, Pharmacodynamically irrelevant- 1. Chlorpheniramine :H1 antagonist are said to decrease rhinorrhea but the drying effect may do more harm because of their tendency to induce somnolence 2. Ammonium Chloride: increase the mucus secretion in respiratory tract
3005	Chlorpheniramine Maleate IP+Ammonium Chloride IP+Noscapine IP+Sodium Citrate IP	2mg+28mg+ 7mg+3.25m g	Syrup	a, Pharmacodynamically irrelevant- 1. Chlorpheniramine :H1 antagonist are said to decrease rhinorrhea but the drying effect may do more harm because of their tendency to induce somnolence 2. Ammonium Chloride: increase the mucus secretion in respiratory tract

3006	Chlorpheniramine Maleate IP+Codeine Phosphate IP	4mg+10mg	Syrup	1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug. 4.There is also a risk of abuse potential.
3009	Chlorpheniramine Maleate IP+Codeine Phosphate IP	4mg+10mg	Syrup	1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug. 4.There is also a risk of abuse potential.
3010	Cetirizine Dihydrochloride IP+Dextromethorphan Hydrobromide IP+Bromhexine HCl IP+Guaifenesin IP	5mg+10mg+ 8mg+100mg	Uncoated Tablets	a, 1. Dextromethorphan: it decreases the cough impulse so expulsion of secretion would be hampered 2. Bromhexine:a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up. 3.Pharmacokinetic incompatibility amongst ingredients. 4.Use of anti-histamine with centrally acting anti- tussive ingredient is not rationale
3011	Diethyl Carbamazine Citrate IP+Chlorpheniramine Maleate IP+Guaifenesin IP	150mg+4mg +100mg	Uncoated Tablets	a, Pharmacodynamic irrelevant - 1. Patient may need only one ingredient and use of FDC may lead to misuse. 2.Guaiphenesin is not indicated for eosinophillia, as it is a mucolytic which increases mucus secretion and should not be given in combination with antihistaminic with anti cholinergic properties.
3013	Paracetamol IP+Phenylephrine HCl IP+Chlorpheniramine Maleate IP+Caffeine IP	500mg+10m g/5mg+2mg +30mg	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3017	Dextromethorphan Hydrobromide IP+Chlorpheniramine Maleate IP+Guaifenesin IP+Ammonium Chloride IP	5mg+2.5mg +50mg+60m g	Syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3019	Codeine Phosphate+Chlorphen iramine Maleate IP+	10mg+4mg	Syrup	1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug. 4.There is also a risk of abuse potential.
3020	Bromhexine HCl+Guaifenesin IP+Phenylephrine HCl IP+Chlorpheniramine Maleate IP+Paracetamol IP	8mg+100mg +5mg+2mg+ 325mg	Uncoated Tablets	a, Pharmacodynamically irrelevant- 1. Bromhexine :a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up. 2. Chlorpheniramine :H1 antagonist are said to decrease rhinorrhea but the drying effect may do more harm because of their tendency to induce somnolence 3. Paracetamol dose is subtherapeutic and potential misuse in FDC formualtion is likely to be hepatotoxic .

3025	Ambroxol HCl IP + Guaiphenesin IP+ Phenylephrine HCl IP + Chlorpheniramine Maleate IP + Menthol IP	15mg+ 50mg+ 2.5mg+ 2mg+1mg	Syrup	a, 1. Pharmacodynamically irrelevant-Patients may not need all the ingredients and use of FDC may lead to misuse and adverse effects. 2.Pharmacokinetically irrelevant-different dosing shedule
3026	Dextromethorphan Hydrobromide IP+Phenylephrine HCl IP+Chlorpheniramine Maleate IP	15mg+5mg+ 2.5mg	Syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3027	Ketotifen Fumarate IP+Cetirizine Dihydrochloride IP	1mg+10mg	Uncoated Tablets	a, 1. No supporting published literature available on the combination. 2. Pharmakokinetic incompatibility,
3033	Paracetamol IP+Phenylephrine HCl IP+Chlorpheniramine Maleate IP+Dextromethorphan Hydrobromide IP	250mg/170 ml+5.0mg/2. 5mg+2.0mg/ 1.5mg+50.m g	Suspension	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3035	Terbutaline Sulphate IP+Bromhexine HCl IP+Etofylline BP	2.5mg+200 mg+8mg	Uncoated Tablets	a, 1. On the basis of current scientific understanding the FDC is pharmacodynamically irrelevant. 2. Use of Mucolytic alongwith anti-asthamatic drugs is liable to be misused as expectorant and exposing the patients unnecessary to the drugs and their adverse effects.
3038	Paracetamol IP+Phenylephrine HCl IP+Cetirizine HCl IP+Zinc Gluconate USP	125mg+2.5 mg+2.5mg+ 7.5mg	Syrup	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3041	Paracetamol IP+Guaifenesin IP+Bromhexine HCl IP+Chlorpheniramine Maleate IP	200mg+50m g+2mg+2mg	Uncoated Tablets	a, Pharmacodynamically irrelevant. 1.Mucolytic increases mucus secretion and antihistaminic with anti cholinergic properties dry up secretions. 2.Dosing schedule is incompatible. 3. Paracetamol dose is subtherapeutic.
3042	Paracetamol IP+Cetirizine HCL IP+Phenylephrine HCl IP+Caffeine IP	325mg+5mg +5mg+30mg	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3044	Ketotifen Fumarate IP+Theophylline (Anhydrous)	1mg+200mg	Tablets	a, Pharmacodynamically irrelevant- 1. Theophylline has narrow therapeutic index, and in FDC the toxicity of drug is major concern. 2. Pharmakokinetic incompatibility.
3045	Chlorpheniramine Maleate IP+Dextromethorphan Hydrobromide IP	4mg+10mg	Syrup	a, 1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.

3046	Ambroxol HCl IP+Salbutamol Sulphate IP+Theophylline IP	30mg+2mg+ 100mg	Tablets	a, 1. On the basis of current scientific understanding the FDC is pharmacodynamically irrelevant. 2. Use of Mucolytic alongwith anti-asthamatic drugs is liable to be misused as expectorant and exposing the patients unnecessary to the drugs and their adverse effects.
3048	Bromhexine HCl IP+Dextromethorphan Maleate IP+Ammonium Chloride IP+Menthol IP	4mg+5mg+5 0mg+2.5mg	Syrup	a, Pharmacodynamically irrelevant- 1. Dextromethorphan: it decreases the cough impulse so expulsion of secretion would be hampered 2. Bromhexine:a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up.
3053	Paracetamol IP+Caffeine IP+Phenylephrine HCl IP+Chlorpheniramine Maleate IP	325mg+5mg +5mg+25mg	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3054	Paracetamol IP+Caffeine IP+Phenylephrine HCl IP+Cetirizine HCl IP+Nimesulide BP	325mg+25m g+5mg+5mg +100mg	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3055	Cetirizine HCL IP+Nimesulide BP+Phenylephrine HCL IP	5mg+100mg +10mg	Uncoated Tablets	a, 1.Pharmacodynamically irrelevant as different ingredients have different therapeutic indication 2. Nimesulide: safety concern
3060	Montelukast+Levoceti rizine HCl+Acebrophylline SR	10mg+5mg+ 200mg	Tablets	a, Pharmacodynamically irrelevant- 1. There is no published literature supporting FDC of three drugs. 2. Pharmacokinetic imcompatibilty.
3062	Paracetamol+Phenyle phrine+Caffeine	325mg+10m g+32mg	Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3063	Levocetirizine HCl+Phenylephrine HCl+Ambroxol HCl+Paracetamol	5mg+5mg+3 0mg+ 325mg	Tablets	a, Pharmacodynamically irrelevant- 1.Multiple ingredient and diverse pharmacodynamic activity 2.Potential drug interaction. 3. Subtherapeutic dose of paracetamol.
3064	Paracetamol+Phenyle phrine HCl+Chlorpheniramin e Maleate+Caffeine	325mg+10m g+2mg+30m g	Uncoated tablet	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3065	Cetrizine HCl+Paracetamol+Ph enylephrine+Zinc Gluconate	2.5mg+125 mg+5mg+7. 5mg	Syrup	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse.
3067	Paracetamol+Phenyle phrine+Cetrizine+Zin c Gluconate	325mg+5mg +5mg+7.5m g	Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.

3068	CPM+Phenylephrine+ Paracetamol+Zinc Gluconate	1mg+2.5mg +325mg+7.5 mg	Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 4.Dosing shedule of the ingredients is incompatible.
3070	Paracetamol+Chlorop heniramine maleate+Phenylephrin e+Dextromethorphan Hydrobromide+Caffei ne	650mg+4mg +10mg+15m g+30mg	Sachet	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3072	Chlorpheniramine maleate+Dextrometho rphan HBr+Paracetamol+Ph enylephrine HCl	2mg+10mg+ 250mg+5mg	Suspension	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3077	Paracetamol+Phenyle phrine HCl+Caffeine+Chlorp heniramine Maleate	325mg+10m g+30mg+2m g	Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3078	Acetaminophen+Guai fenesin+Dextromethor phan Hydrobromide+Chlor pheniramine Maleate	125mg+25m g+7.5mg+5 mg+1mg	Syrup	a, 1. Use of anti-histamine with centrally acting anti- tussive ingredient is not rationale 2. Patients may need only one ingredient and use of FDC may lead to misuse. 3.Different mechanism of action without synergistic action.
3081	Chlorpheniramine maleate+Dextrometho rphan HBr+Paracetamol+Ph enylephrine HCl	2mg+10mg+ 250mg+5mg	Suspension	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3082	Paracetamol+Bromhe xine HCl+Guaiphenesin+C hlorpheniramine Maleate+Phenylephrin e HCl	325mg+8mg +50mg+2mg +5mg	Tablets	a, Pharmacodynamically irrelevant. 1.Mucolytic increases mucus secretion and antihistaminic with anti cholinergic properties dry up secretions. 2.Dosing schedule is incompatible. 3. Paracetamol dose is subtherapeutic.
3086	Cetirizine Dihydrochloride+Dext romethorphan Hydrobromide+Pheny lephrine HCl+Tulsi	5mg+10mg +5mg + 0.1%v/v	Syrup	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Use of anti-histamine with centrally acting anti- tussive ingredient is not rationale
3087	Cetirizine HCl+Dextromethorph am Hydrobromide+Ambr oxol HCl	5mg+10mg+ 15mg	Oral Liquid	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3088	Terbutaline Sulphate+Bromhexine HCl+Etofylline	2.5mg+100 mg+8mg	Uncoated tablet	a, 1. On the basis of current scientific understanding the FDC is pharmacodynamically irrelevant. 2. Use of Mucolytic alongwith anti-asthamatic drugs is liable to be misused as expectorant and exposing the patients unnecessary to the drugs and their adverse effects.

3089	Dextromethrpahn Hydrobromide+Cetirizine Dihydrochloride+Phenylephrine HCl+Menthol	10mg+5mg+5mg+1.5mg	Syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3092	Ceterizine HCl+Phenylephrine HCl+Paracetamol+Ambroxol HCl+Caffeine anhydrous	5mg+10mg+325mg+30mg+20mg	Film Coated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse.
3093	Guaifenesin+Dextromethorphan Hydrobromide	100mg+10mg	5ml syrup	a, Pharmacodynamically irrelevant- 1. Guaiphenesin :a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up. 2. Dextromethorphan: it decreases the cough impulse so expulsion of secretion would be hampered
3094	Paracetamol+Phenylephrine HCl+Caffeine+Chlorpheniramine Maleate	500mg+10mg+30mg+2mg	Film Coated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3096	Paracetamol+Bromhexine HCl+Chlorpheniramine maleate+Guaiphenesin+Phenylephrine HCl	325mg+8mg+2mg+100mg+5mg	Tablets	a, Pharmacodynamically irrelevant. 1.Mucolytic increases mucus secretion and antihistaminic with anti cholinergic properties dry up secretions. 2.Dosing schedule is incompatible. 3. Paracetamol dose is subtherapeutic.
3098	Levocetirizine Dihydrochloride IP+Paracetamol IP+Phenylephirine HCl IP+Caffeine Anhydrous IP	2.5mg+325mg+10mg+30mg	Film Coated Tablets	a, 1. Pharmacodynamically irrelevant-Patients may not need all the ingredients and use of FDC may lead to misuse and adverse effects. 2.Pharmacokinetically irrelevant-different dosing shedule.
3099	Dextromethorphan Hydrobromide IP+Paracetamol IP+Phenylephirine HCl IP+Chlorpheniramine Maleate IP	10mg+250mg+5mg+2mg	Oral Liquid	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3102	Paracetamol IP+Dextromethorphan Hydrobromide IP+Phenylephrine HCL IP+Chlorpheniramine Maleate IP	125mg+5mg+2.5mg+1mg	Oral Liquid	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3103	Paracetamol IP+Dextromethorphan Hydrobromide IP+Phenylephrine HCL IP+Chlorpheniramine Maleate IP	250mg+10mg+5mg+2mg	Oral Liquid	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.

3105	Paracetamol IP+Phenylephrine HCl+Chlorpheniramine Maleate IP+Caffeine (Anhydrous)	325mg+5mg +2mg+15mg	Uncoated tablet	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3106	Dextromethorphan Hydrobromide IP+Ammonium Chloride IP+Bromhexine HCl IP+Menthol IP	5mg+50mg+ 2mg+2.5mg	Syrup	a, Pharmacodynamically irrelevant. 1.Mucolytic increases mucus secretion and antihistaminic with anti cholinergic properties dry up secretions. 2.Dosing schedule is incompatible.
3108	Caffeine (Anhydrous) IP+Paracetamol IP+Phenylephrine HCl IP+ Chlorpheniramine Maleate IP	30mg+35mg +2.5mg+2m g	Uncoated tablet	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3109	Paracetamol (Acetaminophen) IP+Dextromethorphan Hydrobromide IP+Phenylephrine HCl IP+Chlorpheniramine Maleate IP	170mg+5mg +2.5mg+1.5 mg	Syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3111	Ketotifen Fumarate IP+Levocetrizine Dihydrochloride IP	1mg+5mg	Film Coated Tablets	a, 1. No supporting published literature available on the combination. 2. Pharmakokinetic incompatibility
3112	Paracetamol IP+Levocetirizine HCl IP+Phenylephirine HCl IP+Zinc Gluconate USP	325mg+2.5 mg+10mg+7 .5mg	Film Coated tablets	a, 1. Paracetamol dose is subtherapeutic. 2. Pharmacokinetic incompatibility. 3. Potential for drug-drug interaction. 4. No published literature supporting addition of Zinc in this FDC.
3114	Paracetamol IP+Phenylephrine HCl IP+Triprolidine HCl IP+Caffeine IP	500mg+5mg +1.25mg+15 mg	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3115	Dextromethorphan Hydrobromide IP+Phenylephrine HCl IP+Paracetamol IP+Cetirizine HCl IP	5mg+5mg+1 25mg+2mg	Syrup	a, Pharmacodynamically irrelevant-1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3119	Dextromethorphan Hydrobromide IP+Guaiphenesin IP+Bromhexine HCl IP+Chlorpheniramine Maleate IP	10mg+100m g+8mg+2mg	Uncoated Tablets	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3120	Caffeine (Anhydrous) IP+Paracetamol IP+Phenylephrine HCl IP+Cetirizine HCl IP	30mg+325m g+10mg+5m g	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse.

3121	Dextromethorphan Hydrobromide IP+Phenylephirine HCl IP+Guaifenesin IP	10mg+4mg+ 5mg+100mg	Syrup	a, Pharmacodynamically irrelevant- 1. Guiaphenesin: a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up. 2. Dextromethorphan: it decreases the cough impulse so expulsion of secretion would be hampered 3.Patients may need only one ingredient and use of FDC may lead to misuse. 4.Dosing shedule of the ingredients is incompatible.
3123	Bromhexine HCl IP+Ammonium Chloride IP+Dextromethorphan Hydrobromide IP	4mg+50mg+ 5mg	Syrup	a, 1.Pharmacologically no synergistic effect 2. Multiple ingredients with diverse pharmacological profile susceptible to pharmaceutically incompatibility
3125	Paracetamol IP+Caffeine IP+Phenylephrine HCl+Chlorpheniramine Maleate IP	500mg+30m g+10mg+4m g	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3127	Dextromethorphan Hydrobromide IP+Triprolidine HCl IP+Phenylephrine HCL	10mg+1.25 mg+5mg	Syrup	a, Pharmacodynamically irrelevant- 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3129	Guaiphenesin IP+Dextromethorphan Hydrobromide IP+Phenylephrine HCl IP+Chlorpheniramine Maleate IP	100mg+10m g+5mg+4mg	Syrup	a, Pharmacodynamically irrelevant- 1. Guiaphenesin: a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up. 2. Dextromethorphan: it decreases the cough impulse so expulsion of secretion would be hampered 3.Patients may need only one ingredient and use of FDC may lead to misuse. 4.Dosing shedule of the ingredients is incompatible.
3133	Ambroxol HCl IP+ Levocetirizine HCl IP+ Phenylephrine HCl IP+ Guaiphenesin IP+ Menthol IP	15mg+0.8m g+5mg+50m g	Syrup	a, 1. Pharmacodynamically irrelevant-Patients may not need all the ingredients and use of FDC may lead to misuse and adverse effects. 2.Pharmacokinetically irrelevant-different dosing shedule
3135	Levocetirizine HCl IP+Paracetamol IP+Phenylephrine HCl IP+Caffeine IP	5mg+325mg +5mg+30mg	Uncoated Tablets	a, Pharmacodynamically irrelevant- 1. Patients may not need all the ingredients and use of FDC may lead to misuse and adverse effects. 2.Pharmacokinetically irrelevant-different dosing shedule.
3138	Chlorpheniramne Maleate IP+Ammonium Chloride +Sodium Citrate	2.5mg+125 mg+55mg per 5ml	Syrup	a, Pharmacodynamically irrelevant- 1. Chlorpheniramine :H1 antagonist are said to decrease rhinorrhea but the drying effect may do more harm because of their tendency to induce somnolence 2. Ammonium Chloride: increase the mucus secretion in respiratory tract
3143	Pseudoephedrine HCl IP+Cetirizine HCl IP	60mg+5mg	Uncoated Tablets	a, Pharmacodynamically irrelevant. 1.Both increase the sedation as adverse effect. 2.Dosing schedule is incompatible.

3146	Dextromethorphan Hydrobromide IP+Guaifenesin IP+Bromhexine HCl IP+Chlorpheniramine Maleate IP	10mg+100mg+8mg+2mg	Uncoated Tablets	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3147	Dextromethorphan Hydrobromide IP+Chlorpheniramine Maleate IP+Ammonium Chloride IP+Menthol IP	5mg+2mg+50mg+2.5mg	Syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3151	Cetirizine HCl IP+Paracetamol IP+Caffeine IP+Phenylephirine HCl IP	5mg+325mg+30mg+5mg	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse.
3154	Ambroxol HCl IP+Guaiphenesin IP+Chlorpheniramine Maleate IP+Phenylephirine HCl IP+Menthol IP	15mg+50mg+2mg+2.5mg+1mg	Liquids	a, 1. Pharmacodynamically irrelevant-Patients may not need all the ingredients and use of FDC may lead to misuse and adverse effects. 2.Pharmacokinetically irrelevant-different dosing shedule
3155	Nimesulide BP+Paracetamol IP+Cetirizine HCl IP+Phenylephrine HCl IP+Caffeine IP	100mg+325mg/500mg+5mg+5mg+30mg	Tablets	a, 1. Nimesulide in combination has potential of misuse in indications for allergic conditions. Users who may not be aware of this paracetamol content and may accidentally overdose when they take the multi-ingredient product with other medicines also containing paracetamol. 2. There is pharmacokinetic incompatibility among the drugs. 3.Nimesuilide has documanted safety concern. 4. Hepatotoxic potential of both the drugs *Eccles, R., Fietze, I. and Rose, U.-B. (2014) Rationale for Treatment of Common Cold and Flu with Multi-Ingredient Combination Products for Multi-Symptom Relief in Adults. Open Journal of Respiratory Diseases, 4, 73-82.*
3157	Levocetirizine Dihydrochloride IP+Paracetamol IP+Phenylephrine HCl IP+Caffeine Anhydrous IP	2.5mg+500mg+10mg+30mg	Uncoated Tablets	a, 1. Pharmacodynamically irrelevant-Patients may not need all the ingredients and use of FDC may lead to misuse and adverse effects. 2.Pharmacokinetically irrelevant-different dosing shedule.
3158	Paracetamol IP+Caffeine Anhydrous IP+Phenylephrine HCl IP+Chlorpheniramine Maleate IP	325mg+25mg+5mg+2mg	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3161	Salbutamol Sulphate IP eq. to Salbutamol+Aminophylline IP+Guaifenesin IP	2mg+105mg+100mg	Oral Liquid	a, 1. On the basis of current scientific understanding the FDC is pharmacodynamically irrelevant. 2. Use of Mucolytic alongwith anti-asthamatic drugs is liable to be misused as expectorant and exposing the patients unnecessary to the drugs and their adverse effects.

3163	Salbutamol Sulphate IP eq. to Salbutamol +Thoephylline IP+Bromhexine HCl IP	2mg+100mg +8mg	Uncoated Tablets	a, 1. On the basis of current scientific understanding the FDC is pharmacodynamically irrelevant. 2. Use of Mucolytic alongwith anti-asthamatic drugs is liable to be misused as expectorant and exposing the patients unnecessary to the drugs and their adverse effects.
3165	Dextromethorphan Hydrobromide IP+Guaiphenesin IP+Bromhexine HCl IP+Chlorpheniramine Maleate IP	10mg+100mg+8mg+2mg	Uncoated Tablets	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3166	Paracetamol IP+Guaiphenesin IP+Ambroxol HCl IP+Phenylephrine HCl IP+Chlorpheniramine Maleate IP	325mg+100 mg+30mg+10mg+2mg	Film Coated tablets	a, Pharmacodynamically irrelevant. 1.Mucolytic increases mucus secretion and antihistaminic with anti cholinergic properties dry up secretions. 2.Dosing schedule is incompatible. 3. Paracetamol dose is subtherapeutic.
3167	Codeine Phosphate+Chlorpheniramine Maleate IP	10mg+4mg	Oral Liquid	1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug. 4.There is also a risk of abuse potential.
3169	Nimesulide BP+Paracetamol IP+Cetirizine HCl IP+Phenylephirine HCl IP+Caffeine IP	100mg+325 mg+5mg+10 mg+25mg	Film Coated Tablets	a, 1. Nimesulide in combination has potential of misuse in indications for allergic conditions. Users who may not be aware of this paracetamol content and may accidentally overdose when they take the multi-ingredient product with other medicines also containing paracetamol. 2. There is pharmacokinetic incompatibility among the drugs. 3.Nimesuilide has documanted safety concern. 4. Hepatotoxic potential of both the drugs Eccles, R., Fietze, I. and Rose, U.-B. (2014) Rationale for Treatment of Common Cold and Flu with Multi-Ingredient Combination Products for Multi-Symptom Relief in Adults. Open Journal of Respiratory Diseases, 4, 73-82.
3171	Ambroxol HCl IP+Chlorpheniramine Maleate IP+Guaiphenesin IP+Phenylephrine HCl IP+Menthol IP	15mg+2mg+ 50mg+5mg+ 1mg	Oral Liquid	a, 1. Pharmacodynamically irrelevant-Patients may not need all the ingredients and use of FDC may lead to misuse and adverse effects. 2.Pharmacokinetically irrelevant-different dosing shedule
3172	Chlorpheniramine maleate IP+Dextromethorphan Hydrobromide IP+Guaifenesin IP+Phenylephrine HCl IP	4mg+5mg+100mg+5mg	Oral Liquid	a, 1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3173	Paracetamol IP+Phenylephrine HCl IP+Chlorpheniramine Maleate IP+Caffeine anhydrous IP	325mg+5mg +2mg+30mg	Film Coated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.

3178	Paracetamol IP+Phenylephrine HCl IP+Chlorpheniramine Maleate IP+Caffeine anhydrous IP	325mg+5mg +2mg+30mg	Film Coated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3179	Dextromethorphan Hydrobromide IP+Cetirizine HCl IP+Ambroxol HCl	10mg+5mg+ 15mg	Syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3181	Paracetamol IP+Dextromethorphan Hydrobromide IP+Chlorpheniramine Maleate IP+Phenylephrine HCl IP	125mg+5mg +2mg+5mg per 5ml	Oral Suspension	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3186	Chlorpheniramine Maleate IP+Dextromethorphan Hydrobromide IP+Paracetamol IP+Phenylephrine HCl IP	2mg+15mg+ 325mg+5mg	Film Coated Tablets	a, 1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3193	Paracetamol+Phenylepherine HCl+Chlorpheniramine Maleate+Caffeine	500mg+5mg +2mg+30mg	Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3194	Dextromethorphan HBr+BromohexineHCl+Chlorpheniramine maleate+Guaiphensin	10mg+8mg+ 2mg+100mg	Uncoated tablet	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3195	Codeine Phosphate+Chlorpheniramine maleate	10mg+4mg	Oral Liquid	1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug. 4.There is also a risk of abuse potential.
3196	Caffeine anhydrous+ Paracetamol+ Chlorpheniramine maleate	25mg+325mg+2mg	Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3199	Dextromethorphan Hydrobromide+ Sodium Citrate+ Chlorpheniramine maleate	7.5mg+130 mg+2.5mg	Syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3200	Paracetamol+Phenylephrine HCl+Dextromethorphan Hydrobromide+chlorpheniramine maleate	325mg+10mg+15mg2.0mg	Uncoated tablet	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.

3201	Dextromethorphan Hydrobromide+ Guaiphenesin+ Phenylephrine HCl+ Chlorpheniramine maleate	10mg+100mg+5.0mg+4.0mg	Syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3203	Ammonium Chloride+Dextromethophan+Cetirizine HCl+Menthol	50mg+5mg+2.5mg+2.5mg	Syrup	a, 1. Pharmacodynamically irrelevant. 2. Pharmacokinetic incompatiblity amongst the ingredients 3.Use of anti-histamine with centrally acting anti- tussive ingredient is not rationale
3204	Paracetamol+Phenylephrine HCl+Levocetirizine HCl+Caffeine anhydrous	500mg+10mg+2.5mg+30mg	Uncoated tablet	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3205	Nimesulide+Chlorpheniramine maleate+Phenylephrine HCl+Caffeine anhydrous	100mg+4mg+10mg+30mg	Uncoated tablet	a, 1. Nimesulide in combination has potential of misuse in indications for allergic conditions. Users who may not be aware of this paracetamol content and may accidentally overdose when they take the multi-ingredient product with other medicines also containing paracetamol. 2. There is pharmacokinetic incompatibility among the drugs. 3.Nimesuilide has documanted safety concern. 4. Hepatotoxic potential of both the drugs Eccles, R., Fietze, I. and Rose, U.-B. (2014) Rationale for Treatment of Common Cold and Flu with Multi-Ingredient Combination Products for Multi-Symptom Relief in Adults. Open Journal of Respiratory Diseases, 4, 73-82.
3207	Dextromethorphan HBr+Paracetamol+Cetirizine HCl+Phenylephrine HCl	10mg+325mg/500mg+5mg+5mg	Uncoated tablet	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3210	Chlorpheniramine maleate+Terpin Hydrate+Antimony Potassium Tartrate+Ammonium chloride+Sodium Citrate+Menthol	4mg+8mg+0.6mg+100mg+100mg+1mg	Syrup	a, Pharmacodynamically irrelevant- 1. Chlorpheniramine :H1 antagonist are said to decrease rhinorrhea but the drying effect may do more harm because of their tendency to induce somnolence 2. Ammonium Chloride: increase the mucus secretion in respiratory tract
3221	Bromhexine HCl+Dextromethorphan Hydrobromide+Ammonium Choride+Menthol	8mg+10mg+100mg	Oral liquid	a, Pharmacodynamically irrelevant- 1. Dextromethorphan: it decreases the cough impulse so expulsion of secretion would be hampered 2. Bromhexine:a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up.
3222	Codeine Phosphate+Chlorpheniramine maleate	10mg+4mg	Oral liquid	1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug. 4.There is also a risk of abuse potential.

3224	Paracetamol+Bromhexine HCl+Chlorpheniramine maleate+Phenylephrine HCl+Guaiphenesin	325mg+8mg+2mg+5mg+100mg	Film Coated Tablets	a, Pharmacodynamically irrelevant. 1.Mucolytic increases mucus secretion and antihistaminic with anti cholinergic properties dry up secretions. 2.Dosing schedule is incompatible. 3. Paracetamol dose is subtherapeutic.
3225	Promethazine HCl+Pholcodine	1.5mg+1.5mg	Oral liquid	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3226	Terbutaline Sulphate+Etofylline+Ambroxol HCl	2.50mg+100mg+30mg	Uncoated tablet	a, 1. On the basis of current scientific understanding the FDC is pharmacodynamically irrelevant. 2. Use of Mucolytic alongwith anti-asthamatic drugs is liable to be misused as expectorant and exposing the patients unnecessary to the drugs and their adverse effects.
3227	Dextromethorphan Hydrobromide+Bromhexine HCl+Ammonium Chloride+Menthol	5.0mg+4.0mg+50mg+2.5mg	Syrup	a, Pharmacodynamically irrelevant. • Bromhexine:a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up. • Dextromethorphan: it decreases the cough impulse so expulsion of secretion would be hampered • Ammonium Chloride: increase the mucus secretion in respiratory tract
3232	Phenylephrine HCl IP+Bromhexine Hydrobromide IP+Guaiphenesin IP+Chlorpheniramine Maleate IP+Paracetamol IP	5mg+8mg+100mg+2mg+325mg	Tablets	a, Pharmacodynamically irrelevant. 1.Mucolytic increases mucus secretion and antihistaminic with anti cholinergic properties dry up secretions. 2.Dosing schedule is incompatible. 3. Paracetamol dose is subtherapeutic.
3233	Paracetamol IP+Phenylephrine HCl IP+Cetirizine Dihydrochloride IP+Caffeine anhydrous IP	325mg+10mg+5mg+30mg	Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3234	Paracetamol IP+Phenylephrine HCl IP+Chlorpheniramine Maleate IP+Caffeine anhydrous IP	325mg+10mg+2mg+30mg	Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3237	Dextromethorphan Hydrobromide IP+Phenylephrine HCl IP+Cetirizine HCl IP+Menthol IP	10mg+5mg+5mg+1.5mg	Oral Liquid	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.

3238	Nimesulide BP+Paracetamol IP+Phenylephrine HCl IP+Cetirizine HCl IP+Caffeine IP	100mg+325 mg+5mg+5 mg+30mg	Tablets	a, 1. Nimesulide in combination has potential of misuse in indications for allergic conditions. Users who may not be aware of this paracetamol content and may accidentally overdose when they take the multi-ingredient product with other medicines also containing paracetamol. 2. There is pharmacokinetic incompatibility among the drugs. 3.Nimesuilide has documanted safety concern. 4. Hepatotoxic potential of both the drugs Eccles, R., Fietze, I. and Rose, U.-B. (2014) Rationale for Treatment of Common Cold and Flu with Multi-Ingredient Combination Products for Multi-Symptom Relief in Adults. Open Journal of Respiratory Diseases, 4, 73-82.
3244	Dextromethophan Hydrobromide IP+Bromhexine HCl IP+Ammonium Chloride IP	5mg+4mg+5 0mg	Liquids	a, Pharmacodynamically irrelevant-. • Dextromethorphan: it decreases the cough impulse so expulsion of secretion would be hampered • Ammonium Chloride: increase the mucus secretion in respiratory tract • Bromhexine:a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up.
3247	Paracetamol IP+Chlorpheniramine Maleate IP+Phenylephrine HCl IP+Dextromethorphan Hydrobromide IP	250mg/250 mg+2mg/2m g+2.5mg/5m g+5mg/5mg	Liquids	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3248	Paracetamol IP+Chlorpheniramine Maleate IP+Phenylephrine HCl IP+Caffeine IP	325mg/500 mg+2mg+5 mg+30mg	Uncoated tablet	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3251	Phenylephrine HCl IP+Paracetamol IP+Bromhexine HCl IP+Chlorpheniramine Maleate IP	2.5mg+125 mg+2.0mg+ 1mg	Liquids	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible. 4.Mucolytic increases mucus secretion and antihistaminic with anti cholinergic properties dry up secretions.
3252	Cetirizine HCl IP+ Phenylephirine HCl IP+ Paracetamol IP+ Caffeine anhydrous IP	5mg+5mg+3 25mg+30mg	Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse.
3257	Promethazine HCl+Pholcodine+Phe nylephrine HCl	1.5mg+1.5m g+2.5mg	Oral liquid	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3267	Phenylephrine HCl IP+Paracetamol IP+Caffeine IP+Chlorpheniramine Maleate IP	5mg+325mg +15mg+2mg	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.

3268	Dextromethorphan Hydrobromide IP+Tripolidine HCl IP+Phenylephirine HCl IP	10mg+1.25 mg+5mg	Uncoated Tablets	a, Pharmacodynamically irrelevant- 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3273	Triprolidine HCl IP+Phenylephrine IP+Paracetamol IP	0.625mg+5 mg+125mg	Syrup	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3277	Bromhexine HCl IP+Dextromethorphan Hydrobromide IP+Ammonium Chloride IP+Menthol IP	8mg+10mg+ 100mg+5mg	Syrup	a, Pharmacodynamically irrelevant- 1. Dextromethorphan: it decreases the cough impulse so expulsion of secretion would be hampered 2. Bromhexine:a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up.
3278	Paracetamol IP+Caffeine Anhydrous IP+Phenylephrine HCl IP+Chlorpheniramine Maleate IP	325mg+30m g+10mg+2m g	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3279	Chlorpheniramine Maleate IP+Ammonium Chloride IP+Sodium Citrate IP+Menthol IP	2.5mg+125 mg+55mg+1 mg	Syrup	a, Pharmacodynamically irrelevant- 1. Chlorpheniramine :H1 antagonist are said to decrease rhinorrhea but the drying effect may do more harm because of their tendency to induce somnolence 2. Ammonium Chloride: increase the mucus secretion in respiratory tract
3282	Paracetamol IP+Caffeine Anhydrous IP+Chlorpheniramine Maleate IP	320mg+20m g+4mg	Uncoated Tablets	a, Pharmacodynamically irrelevant- 1. Paracetamol dose is subtherapeutic. 2. Potential for drug-drug interaction.
3283	Guaifenesin IP+Dextromethorphan Hydrobromide IP+Ammonium Chloride IP+Chlorpheniramine Maleate IP	50mg+5mg+ 60mg+2.5m g	Syrup	a, Pharmacodynamically irrelevant- 1. Guaiphenesin:a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up. 2. Dextromethorphan: it decreases the cough impulse so expulsion of secretion would be hampered 3. Ammonium Chloride: increase the mucus secretion in respiratory tract 4. Chlorpheniramine :H1 antagonist are said to decrease rhinorrhea but the drying effect may do more harm because of their tendency to induce somnolence 5. All ingredients have different therapeutic indications.
3288	Phenylephrine HCl IP+Paracetamol IP+Caffeine IP+Chlorpheniramine Maleate IP	5mg+325mg +15mg+2mg	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.

3289	Paracetamol IP+Caffeine (Anhydrous) IP+Phenylephrine HCl IP+CetirizineDihydro chloride IP	325mg+30mg+10mg+5mg	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse.
3290	Paracetamol IP+Codeine Phosphate IP+Chlorpheniramine Maleate IP	325mg+10mg+2mg	Uncoated Tablets	a, 1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Paracetamol dose is subtherapeutic. 4.There is also a risk of abuse potential.
3292	Codeine Phosphate IP+Chlorpheniramine Maleate IP	10mg+4mg	Liquid Oral	1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug. 4.There is also a risk of abuse potential.
3296	Dextromethorphan Hydrobromide IP+Chlorpheniramine Maleate IP+Guaiphenesin IP+Ammonium Chloride IP	5mg+2.5mg+50mg+60mg	Oral Liquid	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3299	Paracetamol IP+Pseudoephedrine HCl IP+Cetirizine HCl IP+Caffeine (Anhydrous) IP	500mg+60mg+5mg+30mg	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Caffeine is CNS stimulant where as Pseudoephedrine leads to sedation. 4.Dosing shedule of the ingredients is incompatible.
3302	Ambroxol HCl IP+Guaiphenesin IP+Phenylephrine HCL IP+Chlorpheniramine Maleate IP	15mg+50mg+5mg+2mg	Syrup	a, 1. Pharmacodynamically irrelevant-Patients may not need all the ingredients and use of FDC may lead to misuse and adverse effects. 2.Pharmacokinetically irrelevant-different dosing shedule
3304	Paracetamol IP+Phenylephrine HCl IP+Chlorpheniramine Maleate IP+Caffeine IP	500mg+5mg+2mg+30mg	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3305	Dextromethorphan Hydrobromide IP+Ammonium Chloride IP+Chlorpheniramine Maleate IP+Guaifenesin IP	5mg+60mg+2.5mg+50mg	Liquid Oral	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3307	Ambroxol Hcl IP+ Guaifenesin IP+ Chlorpheniramine Maleate IP+ Phenylephrine HCl IP	15mg+50mg+2mg+5mg	Liquid Oral	a, 1. Pharmacodynamically irrelevant-Patients may not need all the ingredients and use of FDC may lead to misuse and adverse effects. 2.Pharmacokinetically irrelevant-different dosing shedule
3309	Paracetamol IP+Ambroxol HCl IP+Phenylephrine HCl IP+Chlorpheniramine Maleate IP	125mg+15mg+5mg+2mg	Syrup	a, Pharmacodynamically irrelevant 1. Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Potential for drug-drug interaction.

3310	Codeine Phosphate IP+Chlorpheniramine Maleate IP	10mg+4mg	Syrup	1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug. 4.There is also a risk of abuse potential.
3312	Paracetamol IP+Phenylephrine HCl IP+Desloratadine+Zinc Gluconate USP+Ambroxol HCL IP	250mg+5mg +1.25mg+10 mg+15mg	Oral Liquid	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3313	Paracetamol IP+Phenylephrine HCl IP+Desloratadine+Zinc Gluconate USP+Ambroxol HCl IP	125mg+2.5 mg+0.5mg+ 5mg+7.5mg	Oral Liquid	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3323	Dextromethorphan Hydrobromide IP+Bromhexine HCl IP+Ammonium Chloride IP	5mg+4mg+5 0mg	Liquid Oral	a, Pharmacodynamically irrelevant. 1.Mucolytic increases mucus secretion and antihistaminic with anti cholinergic properties dry up secretions. 2.Dosing schedule is incompatible.
3327	Phenylephrine HCl+Paracetamol IP+Caffeine Anhydrous+Chlorpheniramine Maleate	5mg+500mg +30mg+2.0 mg	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3329	Paracetamol IP+Phenylephrine HCl IP+Caffeine (anhydrous) IP	500 mg + 10 mg + 32 mg	Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3330	Chlorpheniramine Maleate IP+Ammonium Chloride IP+Sodium Citrate IP+Menthol IP	2.5mg+125 mg+55mg+0 .5mg	Syrup	a, Pharmacodynamically irrelevant- 1. Chlorpheniramine :H1 antagonist are said to decrease rhinorrhea but the drying effect may do more harm because of their tendency to induce somnolence 2. Ammonium Chloride: increase the mucus secretion in respiratory tract
3333	Chlorpheniramine Maleate IP+Ammonium Chloride IP+Menthol IP	2.5mg+125 mg+1.25mg	Oral Liquid	a, Pharmacodynamically irrelevant- 1. Chlorpheniramine :H1 antagonist are said to decrease rhinorrhea but the drying effect may do more harm because of their tendency to induce somnolence 2. Ammonium Chloride: increase the mucus secretion in respiratory tract
3334	N-Acetyl Cysteine USP+ Ambroxol Hydrochloride IP+ Phenylephrine Hydrochloride IP+ LevocetirizineHydrochloride IP	200mg + 30mg +2.5mg +2.5mg	Film Coated Tablet	a, Pharmacodynamically irrelevant- 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3. Potential for Drug-Drug interaction. 4. Indication of N-acetyl cystine in the FDC is irrelevant.
3341	Dextromethorphan Hydrobromide IP+Phenylephrine Hcl IP+Tripolidine Hcl IP+Menthol IP	10.0mg+2.5 mg+1.25mg +1.50mg	Syrup	a, Pharmacodynamically irrelevant- 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.

3345	Dextromethorphan Hydrobromide IP+AmmoniumChloride IP+Bromhexine Hydrochloride IP+Menthol IP	5mg+50mg+2mg+2.5mg	Syrup	a, Pharmacodynamically irrelevant. 1.Mucolytic increases mucus secretion and antihistaminic with anti cholinergic properties dry up secretions. 2.Dosing schedule is incompatible.
3350	Chlorpheniramine maleate Ip+Codeine Phosphate Ip	4mg+10mg	Liquid Oral	1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug. 4.There is also a risk of abuse potential.
3351	Paracetamol IP+Phenylephrine HydrochlorideIP+Cetirizine Hydrochloride IP+Caffeine Anhydrous IP	325mg+10mg+5mg+30mg	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3353	Bromhexine Hydrochloride IP+Dextromethorphan Hydrobromide IP+Ammonium Chloride IP+Menthol IP	4mg+5mg+50mg+2.5mg	Liquid Orals	a, Pharmacodynamically irrelevant- 1. Dextromethorphan: it decreases the cough impulse so expulsion of secretion would be hampered 2. Bromhexine:a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up.
3354	Paracetamol IP+Chlorpheniramine Maleate IP+Caffeine(Anhydrous) IP	300mg+4mg+15mg	Expectorent (uncoated tablet)	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Paracetamol dose is subtherapeutic. 4.Dosing shedule of the ingredients is incompatible. 5. Potential for drug-drug interaction.
3355	Chlorpheniramine Maleate IP+Codeine Phosphate IP	4mg+10mg	Oral Liquid	1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug. 4.There is also a risk of abuse potential.
3357	Paracetamol IP+Phenylephrine Hydrochloride IP+Cetirizine Hydrochloride IP+Caffeine (anhydrous) IP	650mg/500mg+5mg/5mg+5mg/5mg+30mg/30mg	Film Coated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3358	Salbutamol Sulphate IP eq. to Salbutamol+Cetirizine Hydrochloride IP+Ambroxol Hydrochloride IP	2mg+5mg+30mg	Film Coated Tablets	a, 1. On the basis of current scientific understanding the FDC is pharmacodynamically irrelevant. 2. Use of Mucolytic alongwith anti-asthamatic drugs is liable to be misused as expectorant and exposing the patients unnecessary to the drugs and their adverse effects.

3360	Paracetamol IP+Phenylephrine Hydrochloride IP+Levocetirizine Hydrochloride IP+Caffeine (anhydrous) IP	500mg+5mg +5mg+30mg	Film Coated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3363	Dextromethorphan Hydrobromide IP+Phenylephrine Hydrochloride IP+Bromhexine Hydrochloride IP+Guaifenesin IP9 Chlorpheniramine Maleate IP	10mg+5mg+ 8mg+50mg+ 2mg	Uncoated Tablet	a, Pharmacodynamically irrelevant- 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3364	Paracetamol IP+Phenylephirine Hydrochloride IP+Chlorpheniramine Maleate IP+Caffeine (anhydrous) IP	500mg+10m g+2mg+30m g	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3367	Dextromethorphan Hydrobromide IP+Triprolidine Hydrochloride IP+Phenylephrine Hydrochloride IP	10mg+1.25 mg+5mg	Oral Liquid	a, Pharmacodynamically irrelevant- 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3368	Dextromethorphan Hydrobromide IP+Chlorpheniramine Maleate IP	10mg+4mg	Syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3369	Dextromethorphan Hydrobromide+Chlor pheniramine Maleate+Phenylephrin e Hydrochloride	5mg+5mg+5 mg	Oral Liquid	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3379	Paracetamol IP+Bromhexine HCl IP+Chlorpheniramine maleate ip+Guaiphenesin IP	300mg+8mg +2mng+50m g	Uncoated Tablets	a, Pharmacodynamically irrelevant. • Mucolytic increases mucus secretion and antihistaminic with anti cholinergic properties dry up secretions. • Dosing schedule is incompatible.
3381	Salbutamol Sulphate IP eq. to Salbutamol+Theophyl line Anhydrous IP+Bromhexine HCl IP	2mg+100mg +8mg	Uncoated Tablets	a, 1. On the basis of current scientific understanding the FDC is pharmacodynamically irrelevant. 2. Use of Mucolytic alongwith anti-asthamatic drugs is liable to be misused as expectorant and exposing the patients unnecessary to the drugs and their adverse effects.
3383	Nimesulide BP+Cetirizine Hcl IP+Phenylephrine Hcl IP	100mg+5mg +5mg	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Potential for nimesulide toxicity and misuse in FDC. 4.Potential for drug-drug interaction.

3384	Dextromethorphan Hydrobromide IP+bromhexine Hcl IP+Chlorpheniramine Maleate IP+Guaiphenesin IP	10mg+8mg+ 2mg+100mg	Uncoated Tablets	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3385	Naphazoline Hcl USP+Chlorpheniramine Maleate IP+Zinc Sulphate IP+Boric Acid Ip+Sodium chloride IP+chlorobutol IP (As Preservative)	0.056% w/v + 0.01% w/v + 0.12% w/v + 1.25% w/v + 0.05% w/v + 0.035% w/v	Eye Drops	a, Pharmacodynamically irrelevant- 1. Therapeutic area not clear 2. Multiple ingredients with diverse pharmacological profile susceptible to pharmaceutically incompatibility
3386	Paracetamol IP+Phenylephrine Hcl IP+Chlorpheniramine Maleate IP+Caffeine (anhydrous) IP	325mg+10mg+2mg+30mg	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3387	ParacetamolIP+Bromhexine HclIP+Phenylephrine Hcl IP+Chlorpheniramine Maleate IP+Guaifenesin IP	325mg+4mg+5mg+4mg+50mg	Uncoated Tablets	a, Pharmacodynamically irrelevant. 1.Mucolytic increases mucus secretion and antihistaminic with anti cholinergic properties dry up secretions. 2.Dosing schedule is incompatible. 3. Paracetamol dose is subtherapeutic.
3388	ParacetamolIP+Levocetirizine Hcl IP+Caffeine (anhydrous) IP+Phenylephrine Hcl IP	500mg+2.5mg+30mg+10mg	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3389	Salbutamol Sulphate IP eq. to Salbutamol+Bromhexine HydrochlorideIP	2mg+8mg	Uncoated Tablets	a, 1. On the basis of current scientific understanding the FDC is pharmacodynamically irrelevant. 2. Use of Mucolytic alongwith anti-asthamatic drugs is liable to be misused as expectorant and exposing the patients unnecessary to the drugs and their adverse effects.
3390	ParacetamolIP+Phenylephrine Hcl IP+Chlorpheniramine Maleate IP+Caffeine (anhydrous) IP	325mg+5mg+2mg+15mg	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3391	Dextromethorphan Hydrobromide IP+Phenylephrine Hcl IP+Guaifenesin IP+Cetirizine Hcl IP+Acetaminophen IP	10mg+5mg+50mg+5mg+325mg	Uncoated Tablets	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.

3392	Guaifenesin+ Bromhexine HCL+ Chlorpheniramine HCL+ Paracetamol	100 mg+ 8 mg+ 5 mg+ 2 mg	tablet	a, Pharmacodynamically irrelevant- 1. Guaiphenesin:a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up. 2. paracetamol : addition of paracetamol express the consumers to the hepatotoxic effect of antipyretic unnecessarily 3. Chlorpheniramine :H1 antagonist are said to decrease rhinorrhea but the drying effect may do more harm because of their tendency to induce somnolence 4.All ingredients present in the FDC have different indications.
3395	Paracetamol IP+Phenylephrine HCl Chlorpheniramine Maleate IP+Caffeine IP(Anhydrous)	500mg+10mg+2mg+30mg	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3399	Phenylephrine HCl+Chlorpheniramine Maleate+Caffiene+Paracetamol	5mg+2mg+16mg+500mg	Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3403	Chlorpheniramine Maleate IP+Ammonium Chloride IP+Chloroform IP+Menthol IP	3mg+110mg+18.5mg+0.9mg	Solution	a, Pharmacodynamically irrelevant- 1. Chlorpheniramine :H1 antagonist are said to decrease rhinorrhea but the drying effect may do more harm because of their tendency to induce somnolence 2. Ammonium Chloride: increase the mucus secretion in respiratory tract
3404	Betholite-PD (Salbutamol Sulphate IP+Choline Theophylinate BP+Ambroxol HCl IP	1mg+50mg+15mg	Oral Liquid	a, 1. On the basis of current scientific understanding the FDC is pharmacodynamically irrelevant. 2. Use of Mucolytic alongwith anti-asthamatic drugs is liable to be misused as expectorant and exposing the patients unnecessary to the drugs and their adverse effects.
3405	Guaiphenesin IP+Dextromethophan Hydrobromide+Chlorpheniramine Maleate IP+Phenylephirine HCl IP	10mg+10mg+4mg+5mg	Oral Liquid	a, Pharmacodynamically irrelevant- 1. Guiaphenesin: a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up. 2. Dextromethorphan: it decreases the cough impulse so expulsion of secretion would be hampered 3.Patients may need only one ingredient and use of FDC may lead to misuse. 4.Dosing shedule of the ingredients is incompatible.
3406	Salbutamol Sulphate IP eq. to salbutamol IP+Choline Theophylinate BP+Ambroxol HCl BP	1mg+50mg+15mg	Oral Liquid	a, 1. On the basis of current scientific understanding the FDC is pharmacodynamically irrelevant. 2. Use of Mucolytic alongwith anti-asthamatic drugs is liable to be misused as expectorant and exposing the patients unnecessary to the drugs and their adverse effects.
3409	Chlorpheniramine Maleate + Codeine Phosphate IP	4mg+10mg	Oral Liquid	a, 1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug. 4.There is also a risk of abuse potential.

3410	Dextromethorphan Hydrobromide+Guaifenesin+Chlorpheniramine Maleate+Phenylephrine Hcl	10mg+4mg+100mg+5mg	Oral Liquid	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3411	Codeine Phosphate IP+Chlorpheniramine Maleate IP	10mg+4mg	Syrup	1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug. 4.There is also a risk of abuse potential.
3415	Codeine Phosphate IP+Chlorpheniramine Maleate IP	10mg+4mg	Syrup	1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug. 4.There is also a risk of abuse potential.
3420	Chlorpheniramine Maleate IP+Codeine Phosphate IP+Menthol IP	4mg+10mg+0.1mg	Nil	1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug. 4.There is also a risk of abuse potential.
3424	Dextromethorphan Hydrobromide+Guaifenesin+Chlorpheniramine Maleate+Ammonium Chloride IP	5mg+50mg+2.5mg+60mg	Syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3432	Dextromethorphan Hydrobromide+Cetirizine HCl IP+Phenylephirine Hcl IP+Menthol IP	10mg+5mg+5mg+1.5mg	Syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3433	Chlorpheniramine Maleate IP+Ammonium Chloride IP+Sodium Citrate IP+Menthol IP	5mg+100mg+40mg+1mg	Syrup	a, Pharmacodynamically irrelevant- 1. Chlorpheniramine :H1 antagonist are said to decrease rhinorrhea but the drying effect may do more harm because of their tendency to induce somnolence 2. Ammonium Chloride: increase the mucus secretion in respiratory tract
3439	Chloropheniramine Maleate IP+Phenylephrine HCl IP+Dextromethorphan Hydrobromide IP	2mg+5mg+10mg	Syrup	a, 1 Dosing schedule is incompatible. 2.Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3443	Chlorpheniramine Maleate IP+Ammonium Chloride IP+Sodium Citrate IP+Menthol IP	3mg+130mg+65mg+0.5mg	Oral Liquid	a, Pharmacodynamically irrelevant- 1. Chlorpheniramine :H1 antagonist are said to decrease rhinorrhea but the drying effect may do more harm because of their tendency to induce somnolence 2. Ammonium Chloride: increase the mucus secretion in respiratory tract
3445	Chlorpheniramine Maleate IP+Codeine Phosphate IP	4mg+10mg	Oral Liquid	1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug. 4.There is also a risk of abuse potential.

3448	Chlorpheniramine Maleate IP+Ammonium Chloride IP+Sodium Citrate IP+Menthol IP	3mg+130mg +65mg+0.5 mg	Oral Liquid	a, Pharmacodynamically irrelevant- 1. Chlorpheniramine :H1 antagonist are said to decrease rhinorrhea but the drying effect may do more harm because of their tendency to induce somnolence 2. Ammonium Chloride: increase the mucus secretion in respiratory tract
3449	Diphenyhydramine HCl IP+Terpine Hydrate USP+Ammonium Chloride IP+Sodium Citrate IP	12.5mg+7.5 mg+125mg+ 55mg+1.5m g	Oral Liquid	a, Pharmacodynamically irrelevant. No published literature supporting the combination
3451	Chlorpheniramine Maleate IP+Codeine Phosphate IP	4mg+10mg	Oral Liquid	1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug. 4.There is also a risk of abuse potential.
3452	Pseudoephedrine HCl IP+Bromhexine HCl IP	60mg+8mg	Uncoated Tablets	a, Pharmacodynamically irrelevant. 1.Mucokinetic increases mucus secretion and decongestant will dry up secretions. 2.Dosing schedule is incompatible.
3453	Cetirizine HCl IP+Phenylephrine HCl IP+Paracetamol IP+Caffeine (Anhydrous) IP+Nimesulide BP	5mg+10mg+ 325mg+25m g+100mg	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3455	Dextromethorphan Hydrobromide IP+Bromhexine HCl IP+Ammonium Chloride IP+Menthol IP	5mg+4mg+5 0mg+50mg	Syrup	a, Pharmacodynamically irrelevant. 1.Mucolytic increases mucus secretion and antihistaminic with anti cholinergic properties dry up secretions. 2.Dosing schedule is incompatible.
3456	Guaifenesin IP+Dextromethorphan Hydrobromide IP+Phenylephrine HCl IP+Chlorpheniramine Maleate IP	100mg+10m g+5mg+4mg	Syrup	a, Pharmacodynamically irrelevant- 1. Guaiphenesin:a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up. 2. Dextromethorphan: it decreases the cough impulse so expulsion of secretion would be hampered 3. Chlorpheniramine :H1 antagonist are said to decrease rhinorrhea but the drying effect may do more harm because of their tendency to induce somnolence 4. All ingredients have different therapeutic indications.
3459	Dextromethorphan Hydrobromide+Levoc etirizine HCl IP+Phenylephrine HCl IP+Zinc Gluconate eq. to elemental Zinc	10mg+2.5m g+5mg+7.5 mg	Expectorent	1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3463	Dextromethorphan Hidrobromide IP+Cetirizine Di HCl IP+Guaifenesin IP+Ammonium Chloride IP	10ml+5mg+ 50mg+60mg	Syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.

3468	Levocetirizine+Paracetamol+Phenylephrine+Caffeine	5mg+325mg+5mg+25mg	Uncoated Tablets	a, 1. Pharmacodynamically irrelevant-Patients may not need all the ingredients and use of FDC may lead to misuse and adverse effects. 2.Pharmacokinetically irrelevant-different dosing shedule. 3. Subtherapeutic dose of paracetamol.
3472	Levocetirizine Hcl IP+Ambroxol HCl IP+Guaifenesin IP+Phenylephirine HCl IP+Menthol IP	0.8mg+15mg+50mg+5mg	Oral Suspension	a, 1. Pharmacodynamically irrelevant-Patients may not need all the ingredients and use of FDC may lead to misuse and adverse effects. 2.Pharmacokinetically irrelevant-different dosing shedule
3473	Paracetamol IP+Phenylephrine HCl IP+Levocetirizine HCl IP+Sodium Citrate IP	250mg+5mg+1.25mg+60mg	Oral Suspension	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible. 4. Potential for drug-drug interaction.
3476	Ambroxol HCl IP+ Salbutamol Sulphate IP eq. to Salbutamol+ Choline Theophyllinate BP+ Menthol IP	15mg+1mg+55mg+1mg	Oral Liquid Syrup	a, 1. On the basis of current scientific understanding the FDC is pharmacodynamically irrelevant. 2. Use of Mucolytic alongwith anti-asthamatic drugs is liable to be misused as expectorant and exposing the patients unnecessary to the drugs and their adverse effects.
3489	Paracetamol IP+Chlorpheniramine maleate IP+Caffeine Anhydrous IP	325mg+2mg+25mg	Uncoated tables	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Paracetamol dose is subtherapeutic. 4.Dosing shedule of the ingredients is incompatible. 5. Potential for drug-drug interaction.
3504	Paracetamol IP+Phenylephrine Hydrochloride IP+Chlorpheniramine Maleate IP+Caffeine IP	500mg+10mg+2mg+25mg	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3506	Paracetamol IP+Chlorpheniramine Maleate IP+Ambroxol Hydrochloride IP+Guaifenesin IP+Phenylephrine Hydrochloride IP	500mg+2mg+30mg+100mg+10mg	Film Coated Tablets	a, Pharmacodynamically irrelevant. • Mucolytic increases mucus secretion and antihistaminic with anti cholinergic properties dry up secretions. • Dosing schedule is incompatible.
3507	Levocetirizine Hydrochloride IP+Phenylephrine Hydrochloride IP+Ambroxol Hydrochloride IP+Guaiphenesin IP+Paracetamol IP	2.5mg+10mg+60mg+100mg+325mg	Uncoated tablets	a, 1. Pharmacodynamically irrelevant-Patients may not need all the ingredients and use of FDC may lead to misuse and adverse effects. 2.Pharmacokinetically irrelevant-different dosing shedule. 3.Potential drug interation. 4. Subtherapeutic dose of paracetamol.
3509	Levocetirizine Hydrochloride IP+Paracetamol IP+Phenylephrine Hydrochloride IP+Caffeine anhydrous eq. to caffeine	2.5mg+500mg+10mg+30mg	Uncoated tablets	a, 1. Pharmacodynamically irrelevant-Patients may not need all the ingredients and use of FDC may lead to misuse and adverse effects. 2.Pharmacokinetically irrelevant-different dosing shedule.
3511	ChlorpheniramineMaleate IP+Codeine Phosphate IP+Menthol IP	4mg+10mg+0.1mg	Oral Liquid	1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug. 4.There is also a risk of abuse potential.

3512	Chlorpheniramine Maleate IP+Vasaka Extract eq. to Vasaka IP '66+Tolubalsm IP+Ammonium Chloride IP+Sodium Citrate IP+Menthol IP	4mg+133mg +6.25mg+10 0mg+60mg+ 1mg	Oral Liquid	a, Pharmacodynamically irrelevant- 1. Chlorpheniramine :H1 antagonist are said to decrease rhinorrhea but the drying effect may do more harm because of their tendency to induce somnolence 2. Ammonium Chloride: increase the mucus secretion in respiratory tract.
3513	Bromhexine Hcl IP+Cetrizine Hcl IP+Phenylephrine HCl IP+Guaifenesin IP+Menthol IP	4mg+2.5mg +5mg+50mg +1mg	Oral Liquid	a, 1.Pharmacologically no synergistic effect 2. Multiple ingredients with diverse pharmacological profile susceptible to pharmaceutically incompatibility. 3. Pharmacokinetically incompatibiliy.
3514	DextromethorphanHy drobromide IP+Ambroxol Hcl IP+Ammonium Chloride IP+Chlorpheniramine Maleate IP+Menthol IP	5mg+15mg+ 50mg+2mg+ 2.5mg	Syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3515	Ambroxol Hcl IP+Chlorpheniramine Maleate IP+Phenylephrine Hcl IP+Guaifenesin IP+Menthol IP	15mg+2mg+ 5mg+50mg+ 1mg	Oral Liquid-Syrup	a, 1. Pharmacodynamically irrelevant-Patients may not need all the ingredients and use of FDC may lead to misuse and adverse effects. 2.Pharmacokinetically irrelevant-different dosing shedule
3518	Dextromethorphan Hydrobromide IP+PhenylephrineHCl IP+Cetirizine HCl IP+Zinc Gluconate USP as elemental Zinc+Menthol IP	10mg+5mg+ 5mg+7.5mg +1.5mg	Oral Liquid-Syrup	a, Pharmacodynamically irrelevant- 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3520	Diethylcarbamazine Citrate IP+Guaiphenesin IP+Chlorpheniramine Maleate	100mg+60m g+2mg	Film Coated Tablets	a, Pharmacodynamic irrelevant - 1. Patient may need only one ingredient and use of FDC may lead to misuse. 2.Guaiphenesin is not indicated for eosinophillia, as it is a mucolytic which increases mucus secretion and should not be given in combination with antihistaminic with anti cholinergic properties.
3521	Diethylcarbamazine Citrate IP+Guaiphenesin IP+Chlorpheniramine Maleate	50mg+50mg +1mg	Film Coated Tablets	a, Pharmacodynamic irrelevant - 1. Patient may need only one ingredient and use of FDC may lead to misuse. 2.Guaiphenesin is not indicated for eosinophillia, as it is a mucolytic which increases mucus secretion and should not be given in combination with antihistaminic with anti cholinergic properties.
3522	Diethylcarbamazine Citrate IP+Guaifenesin IP+Chlorpheniramine Maleate	250mg+150 mg+4mg	Film Coated Tablets	a, Pharmacodynamic irrelevant - 1. Patient may need only one ingredient and use of FDC may lead to misuse. 2.Guaiphenesin is not indicated for eosinophillia, as it is a mucolytic which increases mucus secretion and should not be given in combination with antihistaminic with anti cholinergic properties.

3523	Terbutaline Sulphate IP+ N-Acetyl L-Cysteine USP+ Guaifenesin IP	2.5mg+200 mg+100mg	Sachets	a, 1. On the basis of current scientific understanding the FDC is pharmacodynamically irrelevant. 2. Use of Mucolytic alongwith anti-asthamatic drugs is liable to be misused as expectorant and exposing the patients unnecessary to the drugs and their adverse effects.
3524	Calcium Gluconate IP+Levocetirizine Dihydrochloride IP	500mg+5mg	Film Coated Tablets	a, Pharmacodynamically irrelevant- 1.Each ingredients have different indication. 2.This combination does not follow the concept and purpose of FDC
3528	Paracetamol IP+Levocetirizine Di hydrochloride IP+Pseudoephedrine Hcl IP	650mg+2.5 mg+60mg	Film Coated Tablets	a, 1. Paracetamol dose high 2. Pharmacokinetic incompatibility. 3. Potential for drug-drug interaction.
3536	Dextromethorphan Hydrobromide IP+Chlorpheeniramin e Maleate IP+Guaifenesin IP+Ammonium Chloride IP	5mg+2.5mg +50mg+60m g	Liquid Orals	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3548	Chloropheniramine maleate IP+Codeine Phosphate IP	4mg+10mg	Syrup	1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug. 4.There is also a risk of abuse potential.
3550	Dextromethorphan Hydrobromide IP+Cetirizine Hcl IP+Phenylephrine HCl IP+Menthol IP	10mg+5mg+ 5mg+1.5mg	Syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
3553	Salbutamol Sulphate eq. to Salbutamol IP+Choline Theophylinate BP+Carbocisteine BP	1mg+50mg+ 50mg	Liquids Oral	a, 1. On the basis of current scientific understanding the FDC is pharmacodynamically irrelevant. 2. Use of Mucolytic alongwith anti-asthamatic drugs is liable to be misused as expectorant and exposing the patients unnecessary to the drugs and their adverse effects.
3560	Paracetamol IP+Chlorpheniramine Maleate IP+Caffeine Anhydrous IP+Phenylephrine HCl IP	500mg+2mg +30mg+10m g	Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3561	Chlorpheniramine maleate IP+Vitamin C IP	2mg+30mg	Syrup	a, Pharmacodynamically irrelevant FDC
3562	Calcium Gluconate IP+Chlorpheniramine Maleate IP+Vitamin C IP	500mg+4mg +50mg	Solid Oral	a, Pharmacodynamically irrelevant- 1.Each ingredients have different indication. 2.This combination does not follow the concept and purpose of FDC

3566	Paracetamol IP+Phenylephrine HCl IP+Chlorpheniramine Maleate IP+Caffeine IP	500mg+5mg +2mg+30mg	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3568	ChlorpheniramineMaleate IP+Paracetamol IP+Pseudoephedrine HCl IP+Caffeine (anhydrous) IP	2mg+500mg +60mg+30mg	Film Coated Tablets	a, 1.Pharmacodynamically irrationale FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Caffeine is CNS stimulant where as Pseudoephedrine leads to sedation.
3569	Guaifenesin IP+Bromhexine HCl IP+Chlorpheniramine Maleate IP+Phenylephrine HCl IP+Paracetamol IP+Serratiopeptidase IP(as enteric coated granules)10000 SP Unts	50mg+4mg+ 2mg+5mg+3 25mg+5mg	Film Coated Tablets	a, Pharmacodynamically irrelevant- 1. Guaiphenesin :a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up. 2. Chlorpheniramine :H1 antagonist are said to decrease rhinorrhea but the drying effect may do more harm because of their tendency to induce somnolence 3. paracetamol : as cough and cold not allows accompanied by fever, addition of paracetamol express the consumers to the hepatotoxic effect of antipyretic unnecessarily 4. All ingredients have different therapeutic indications.
3570	Paracetamol IP+Pheniramine Maleate IP	500mg+12.5 mg	Uncoated Tablets	a, Pharmacodynamically irrelevant- 1. Both ingredients have different indications. 2. Misuse and toxicity of paracetamol.
3571	Paracetamol IP+Phenylephrine HCl IP+Caffeine anhydrous IP+Chlorpheniramine Maleate IP	500mg+5mg +15mg+2mg	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
3575	Clobetasol Propionate+Ofloxacin +Ornidazole+Terbinafine HCl	0.05% w/w + 0.75% w/w + 2.0% w/w + 1.0% w/w	Cream base	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3579	Beclomethasone Dipropionate+Clotrimazole+Neomycin Sulphate	0.025% w/w + +1% w/w + 0.5% w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.

3593	Betamethasone Dipropionate Ip Eq. to Betamethasone+Gentamicin Sulphate IP Eq. to Gentamicin+Miconazole Nitrate IP	0.05% w/w + 0.1% w/w + 2.0% w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3600	Betamethasone Valerate +Fusidic Acid+Gentamycin Sulphate+Tolnaftate+Iodochlorhydroxyquinoline(ICHQ)	1gm/0.61mg +20mg+1mg +10mg+10mg	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3603	Miconazole Nitrate + clorocresol + neomycin Sulphate	2.00%w/w + 0.10%w/w +0.50%w/w	cream	a, Pharmacodynamically irrelevant- • Patient may need only one ingredient • Drug may be misused as it has both antifungal and antibacterial ingredients. • In advertent use of antimicrobials may lead to emergence of resistence.
3606	Beclomethasone Dipropionate IP+Clotrimazole IP+Neomycin Sulphate IP Eq. to Neomycin+Chlorocresol IP	0.025% w/w + 1.00% w/w + 0.50% w/w + 0.10% w/w	Cream base	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3615	Clotrimazole IP+Beclomethasone Dipropionate IP+Neomycin Sulphate IP eq. to Neomycin	1.00% w/w + 0.025% w/w + 0.5% w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3622	Beclomethasone Dipropionate IP+Clotrimazole IP+Neomycin Sulphate IP Eq. to Neomycin+Chlorocresol IP	0.025% w/w + 1% w/w + 0.5% w/w +0.1% w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.

3632	Clobetasol Proionate+Ofloxacin+ Miconazole Nitrate+Zinc Sulphate	0.025%w/v+ 0.1%w/v+2. 0%w/v+3.0 %w/v	Lotion	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3635	Betamethasone+Genta mycin Sulphate+Miconazole	0.10%w/w+ 0.10%w/w+ 2.0%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3638	Ofloxacin+ Ornidazole + Terbutaline HCl + Clobetasol Propionate + Methyl Paraben + Propyl Paraben	0.75%w/w+ 2.0%w/w+1. 0%w/w+0.0 5%w/w+0.2 0%w/w+0.0 2%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3641	beclomethasone Dipropionate + clotrimazole + neomycin sulphate + chlrocresol	0.025 % w/w + 1% w/w + 0.5 % w/w + 0.1 % w/w	cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3642	clobetasol propionate+ neomycin sulphate + clotrimazole	0.05%w/w + 0.5 % w/w + 1.0%w/w	cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3649	Clotrimazole IP+beclomethasone Dipropionate IP+Neomycin Sulphate IP+Methylparaben IP+Propylparaben IP	1% w/w + 0.025% w/w + 0.5% w/w + 0.15% w/w + 0.08% w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.

3653	Ofloxacin IP +Ornidazole IP+Terbinafine HCl BP+Clobetasol Propionate BP+Methyl Paraben IP+Propyl Paraben IP	0.75% w/w + 2.0% w/w + 1.0% w/w +0.05% w/w + 0.20% w/w + 0.02% w/w	Topical Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3654	Clobetasole Propionate USP+Gentamicin IP+Miconazole Nitrate IP+Zinc Sulphate IP	0.05% w/w + 0.1% w/w + 2.0% w/w + 2.5%w/w	Topical Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3659	Clobetasol Propionate USP+Miconazole Nitrate IP+Neomycin Sulphate IP+Chlorocresol IP	0.05% w/w + 2% w/w + 0.5% w/w + 0.1% w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3660	Bethamethasone Valerate IP+Gentamicin Sulphate IP eq. to Gentamicin+Tolnaftate+Idochlorhydroxyquinoline IP+Borax BP+Chlorocresol IP	0.061% w/w + 0.1% w/w + 1.5% w/w + 1.5% w/w + 0.05% w/w + 0.1% w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid , iodochlorohydroxyquinone in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3663	terbinafine+ ofloxacin+ orniazole + clobetasole propioanate + methylparaben + propylparaben	1% w/w + 0.75% w/w+ 2% w/w+ 0.05% w/w+ 0.20% w/w + 0.02% w/w	cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3669	ofloxacin + ornidazole+ terbinafine HCL+ clobetasole propionate + methylparaben+ propylparaben	0.75%w/w+ 2.0% w/w + 1.0%w/w+ .05% w/w+ .20% w/w+.02%w/w	cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.

3670	levocetirizine HCL+ ambroxol HCL+ phenylephrine HCL + paracetamol	2.5 mg+ 60 mg+ 5 mg+ 325 mg	tablets	a, 1 Dosing schedule is incompatible. 2. Patients may need only one or two ingredients and use of FDC may lead to misuse.
3673	clobetasol propionate + gentamycin sulphate + miconazole nitarte+ borax+ chlorocresol	.05% w/w+ .1% w/w+ 2,0 % w/w+ 2.5 % w/w+ .05 % w/w+ .1% w/w	cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3678	Permethrin + Cetrimide IP + Menthol IP	1.0%w/w + 0.5%w/w + 1.0%w/w	Soap	a, 1.This FDC has no therapeutic value.
3679	Clobetasol Propionate BP+Neomycin Sulphate IP+Miconazole Nitrate IP+Chlorocresol IP	0.05%w/w + 0.5% w/w + 2.0% w/w + 0.1%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3680	Clobetasol Propionate BP + Ofloxacin IP+Miconazole Nitrate IP+Zinc Sulphate BP	0.025%w/v + 0.1%w/v + 2.0%w/v +3.0%w/v	Topical Lotion	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3686	beclomethasone dippropionate+ clotrimazole + neomycin sulphate	0.025%w/w + 1% w/w + .5% w/w	cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3687	Clotrimazole + beclomethasone dipropionate + neomycin sulphate	1% w/w.+ .025% w/w + .5% w/w	cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.

3691	Clobetasol Propionate + Clotrimazole + Neomycin Sulphate + Chlorocresol	0.05%w/w+ 1.00%w/w+ 0.5%w/w+0. 10%w/w	Topical Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3695	Clindamycin + Nicotinamide + Allantoin	1.0%w/w+4. 0%w/w+0.5 0%w/w	Gel	a, Pharmacodynamically irrelevant- 1. Study did not show any added advantage of clindamycin phosphate 1% in combination with nicotinamide gel 4% over clindamycin phosphate 1 % alone. *Dos SK, Barbhuiya JN, Jana S, Dey SK Comparative evaluation of clindamycin phosphate 1% and clindamycin phosphate 1% with nicotinamide gel 4% in the treatment of acne vulgaris. Year : 2003 | Volume : 69 | Issue : 1 | Page : 8-9*
3701	Clotrimazole IP+Beclomethasone Dipropionate IP+Neomycin eq. to Neomycin	1.0% w/w + 0.025%w/w +0.5%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3707	Ofloxacin + Ornidazole + Terbutaline HCl+Clobetasol Propionate	0.75%w/w + 2%w/w + 1%w/w + 0.05%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3723	Clobetasole Propionate BP + Neomycin Sulphate IP + Miconazole Nitrate IP + Imidurea USPNF	0.05%w/w + 0.5%w/w + 2.0%w/w + 0.3%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3727	Clobetasol Propionate BP+Gentamicin+Mico nazole Nitrate IP+Chlorocresol IP	0.05%w/w + 0.1%w/w + 2.0%w/w + 0.1%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.

3734	beclomethasone dipropionate + clotimazole + neomycin sulphate + iodochlorohydroxyquinone	.025% w/w + 10 % w/w + 5 % w/w + 1% w/w	cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid , iodochlorohydroxyquinone in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3736	clobetasol propionate + miconazole nitrate + neomycin sulphate + chlorocresol	.05% w/w + 2% w/w + .5 % w/w + .10 % w/w	topical cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3744	Clobetasol Propiionate BP+Ofloxacin IP+Miconazole Nitrate IP	0.025%w/w + 0.1%w/w + 2.0%w/w	Lotion	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3746	Neomycin Sulphate + Doxycycline HCl	100mg+100 mg	Powder	a, Pharmacodynamically irrelevant- 1. Patient may need only one ingredient 2. Drug misuse should not be there for diagnostic uncertainty 3. Inadvertent use of antimicrobials may lead to emergence of resistence 4. No published literature supporting this combination of products found
3748	Ciprofloxacin Cl + Fluocinolone Acetonide + Clotrimazole + Neomycin Sulphate + Chlorocresol	0.5%w/w+0.25%w/w+1.0%w/w+0.5%w/w+0.1% w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3749	Clobetasol Propionate + Ofloxacin + Ketoconazole + Zinc Sulphate	0.025%w/v+0.1%w/v+2.0%w/v+3.0 %w/v	Lotion	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.

3752	Clobetasol Propionate + Neomycin Sulphate + Miconazole Nitrate + Chlorocresol	0.05%w/w+ 0.5%w/w+2 %w/w+0.1% w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3757	Clotrimazole+Beclom ethasone Dipropionate+Neomy cin Sulphate+Methyl Paraben+Propyl Paraben	1%w/w+0.0 25%w/w+0. 5%w/w+0.1 5%w/w+0.0 8%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3762	Fluocinolone Acetonide+Miconazol e Nitrate+Neomycin Sulphate	0.025%w/w +2.0%w/w+ 0.5%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3768	Clobetasol Propionate+Neomycin Sulphate+Miconazole Nitrate	0.05%w/w+ 0.5%w/w+2 %w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3772	Clotrimazole+Beclom ethasone Dipropionate+Neomy cin Sulphate+Methyl Paraben+Propyl Paraben	1.00%w/w+ 0.025%w/w +0.500%w/ w+0.150%w /w+0.080% w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3777	Clobetasol Propionate+ Neomycin Sulphate+ Miconazole Nitrate	0.5%+0.5% +2.0%	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.

3782	Clobetasol Propionate+ Ofloxacin+ Miconazole Nitrate+ Zinc Sulphate+ P-Chlorocresol	0.025%w/w +0.1%w/w+ 2.0%w/w+3. 0%w/w+0.1 %w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3795	Miconazole Nitrate IP+Gentamicin Sulphate IP+Clobetasone Butyrate BP	2.0%w/w + 0.1%w/w + 0.05%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3802	Clotrimazole IP+Beclomethasone Dipropionate IP+Gentamicin Sulphate IP	1.00%w/w + 0.025%w/w + 0.10%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3807	Clotrimazole IP+Beclomethasone Dipropionate IP+Clindamycin Phosphate BP	1%w/w + 0.025%w/w + 1%w/w	Cream for external use	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3810	Beclomethasone Dipropionate IP+Clotrimazole IP+Neomycin Sulphate IP Eq. to Neomycin	0.025%w/v + 1.0%w/v + 0.5%w/v	Lotion	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3814	Clotrimazole IP+Beclomethasone Dipropionate IP+Neomycin Sulphate IP	1.00%w/w + 0.025%w/w + 0.50%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.

3821	Betamethasone Valerate IP+Gentamicin Sulphate IP+Tolnaftate IP+Iodochlorhydroxyquinoline IP	0.50mg+1.00mg+15.00mg+15.00mg	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid , iodochlorohydroxyquinone in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3822	Clotrimazole IP+Dexamethasone Acetate USP+Fradiomycin Sulphate JP (Neomycin Sulphate IP)+Methyl Paraben IP+Propyl Paraben IP	1.00%w/w + 0.10%w/w + 0.50%w/w + 0.08%w/w + 0.04%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3839	Clobetasol Propioinate BP+Miconazole Nitrate IP+Neomycin Sulphate IP	0.05%w/w + 2.0%w/w + 0.5%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3843	Clobetasol Propionate USP+Gentamicin Sulphate IP+Tolnaftate IP+Idochlorhydroxyquinone IP+Ketoconazole IP	0.05%w/w + 0.10%w/w + 1.00%w/w + 1.00%w/w + 2.00%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3847	Miconazole Nitrate IP+Neomycin Sulphate IP+Fluocinolone Acetonide IP	2%w/w + 0.5%w/w + 0.1%w/w	Topical Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3851	Beclomethasone Dipropionate IP+Neomycin Sulphate IP+Clotrimazole IP+Chlorocresol IP	0.025%w/w + 0.5%w/w + 1%w/w + 0.1%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.

3852	Clobetrasol Propionate BP+Neomycin Sulphate IP+Miconazole Nitrate IP+Zinc Sulphate IP	0.05%w/w + 0.5%w/w + 2.0%w/w + 2.0%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3863	Flucinolone Acetonide IP+Gentamicin Sulphate IP+Clotrimazole IP	0.01%w/w + 0.10%w/w + 1.00%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3865	Clobetasol Propionate USP+Neomycin Sulphate IP+Miconazole Nitrate IP+Chlorocresol IP	0.05%w/w + 0.5%w/w + 2.0%w/w + 0.1%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3875	Clobetasol Propionate IP+Neomycin Sulphate IP+Miconazole Nitrate IP	0.05%w/w + 0.50%w/w + 2.00%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3898	Ofloxacin+Ornidazole +Terbinafine HCl+Clobetasol Propionate	0.75%w/w+ 2.0%w/w+1.0%w/w+0.05%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3901	Ketoconazole+Becloe mthasone+Neomycin	2%+0.025% +0.5%	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.

3908	Fluocinolone Acetonide+Miconazole Nitrate+Neomycin Sulphate	0.025%w/w +2.0%w/w+ 0.5%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3937	Betamethasone Dipropionate IP+Neomycin Sulphate IP+Tolnaftate USP+Iodo Chloro Hydroxy Quinoline IP+Cholorocresol IP	0.61mg+0.5 mg+5mg+15 mg+1.0mg	Topical Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid , iodochlorohydroxyquinone in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3938	Clobetasole Propionate Usp+Neomycin Sulphate IP+Miconazole Nitrate IP+Chlorocresol IP	0.05%w/w + 0.5%w/w + 2.0%w/w + 0.1%w/w	Topical Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3971	Ofloxacin IP+Ornidazole IP+Terbinafine HCL BP+Clobetasol Propionate BP+Methyl Paraben IP+Propyl Paraben IP	0.75%w/w + 2.0%w/w + 1.0%w/w + 0.05%w/w +0.20%w/w + 0.02%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3974	Clobetasol Propionate USP+Neomycin Sulphate IP+Miconazole Nitrate IP+Chlorocresol IP	0.05%w/w + 0.5%w/w 2.0%w/w + 0.1%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3994	Clotrimazole IP+Clindamycin Phosphate+Benzyl Alcohol IP	2%w/w + 2%w/w + 2%w/w	Gel	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.

3995	Clotrimazole IP+beclomethasone Dipropionate IP+Neomycin Sulphate IP+Methylparaben IP+Propylparaben IP	1%w/w + 0.025%w/w + 0.5%w/w + 0.15%w/w + 0.08%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3996	Clobetasol Propionate BP+Miconazole Nitrate IP+Neomycin Sulphate IP+Glycerin IP+Cetrimide IP	0.05%w/w + 2%w/w + 0.5%w/w + 3%w/w + 0.6%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
3998	Beclomethasone Dipropionate USP+Clotrimazole IP+Neomycin Sulphate IP+Chlorocresol IP	0.025%w/w + 1%w/w + 0.5%w/w + 1.0%w/w	Topical cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
4002	Clobetasol Propionate USP+Neomycin Sulphate IP+Miconazole Nitrate IP	0.05%w/w + 0.1%w/w + 2.0%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
4004	Beclomethasone Dipropionate +Gentamicin Sulphate IP+Miconazole Nitrate IP	0.03%w/w + 0.10%w/w + 2%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
4005	Clotrimazole+Beclomethasone Dipropionate+Neomycine sulpahte	1.0%w/w+0.025%w/w+0.5%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.

4006	clobetasol Propionate+Neomycin Sulpahte+Miconazole Nitrate+Clotrimazole	0.05%w/w+ 0.1%w/w+2. 0%w/w+1.0 %w/w	topical cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
4007	Fluocinolone Acetonide+Neomycin sulpahte+Clotimazole	0.01%+0.5% +1.0%	topical cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
4010	Ketoconazole+Tea Tree oil+Allantion+zinc Oxide+Aloe Vera+Jojoba oil+Lavander oil+Soap noodles	2.0%w/w+1. 5%w/w+0.2 %w/w+0.5% w/w+0.5%w /w+1.0%w/ w+1.0%w/w +0.25%w+1 00%w/w	External	a, Pharmacodynamically irrelevant as the combination does not give any therapeutic benefit.
4018	Clobetasol Propionate IP+Ofloxacin IP+Ornidazole IP+Terbutaline HCl IP	0.05%w/w + 0.75%w/w + 2.00%w/w + 1.00%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
4025	Ofloxacin IP+Ornidazole IP+Terbinafine HCL BP+Clobetasol Propionate BP+Methyl Paraben IP+Propyl Paraben IP	0.75%w/w + 2.00%w/w + 1.00%w/w + 0.05%w/w + 0.20%w/w + 0.02%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
4027	Clobetasol Propionate USP+Neomycin Sulphate IP+Miconazole Nitrate IP+Zinc Sulphate	0.05%w/w + 0.5%w/w + 2.00%w/w + 2.00%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.

4036	Clobetasol propionate+Miconazole nitrate+Neomycin sulpahte+chlorocresol	0.05%w/w+ 2.0%w/w+0.5%w/w+0.1 %w/w	cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
4040	Miconazole nitrate+Neomycin Sulpahte+clobetasol propionate+chlorocresol	2%w/w+0.5 %w/w+0.05 %w/w+0.1% w/w	Topical cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
4041	Beclomthasone Dipropionate+ Clotrimazole+Chloramphenicol+Gentamycin Sulpahte+Lignociane Hcl	0.025%w/v+ 1%w/v+5% w/v+0.3%w/v+2%w/v	cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
4042	Beclomethasone dipropionate+clotrimazole+Neomycin sulphate+Methylparaben+Propylparaben	0.025%w/w +1.0%w/w+ 0.25%w/w+ 0.025%w/w	cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
4066	Clotrimazole IP+Beclomethasone Dipropionate IP+Neomycin Sulphate IP+Methyl Paraben IP+Propyl Paraben IP	1.0%w/w + 0.025%w/w + 3500 units per g+0.15%w/w + 0.08%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
4100	Clobetasole Propionate USP+Neomycin Sulphate IP+Miconazole Nitrate IP+Chlorocresol IP	0.05% w/w + 0.5%w/w + 2.0%w/w + 0.10%w/w	Ointment	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.

4101	Beclomethasone Dipropionate IP+Neomycin Sulphate IP+Tolnaftate USP+Iodochlorhydroxyquinoline IP+Chlorocresol IP	0.25mg+0.5mg+15mg+15mg+1mg	Ointment	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid , iodochlorohydroxyquinone in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
4106	Betamethasone Di-Propionate eq. to Betamethasone BP+Gentamycin Sulphate eq. to Gentamycin BP+Miconazole Nitrate eq. to Miconazole BP	0.05% w/w + 0.1% w/w + 2% w/w	Topical Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
4107	Betamethasone Di-Propionate eq. to Betamethasone BP+Gentamycin Sulphate eq. to Gentamycin BP+Zinc Sulphate IP+Clotrimazole IP+Chlorocresol IP(As preservative)	0.05% w/w + 0.1%w/w + 2.5% w/w + 1.0% w/w + 0.1% w/w	Topical Lotion	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
4121	Clobetasole Propionate USP+Clotrimazole IP+Neomycin Sulphate IP	0.005% w/v + 2.0% w/v + 3500 units/ml	Suspension	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
4132	Benfotiamine+Vitamin A Acetate IP+Riboflavin IP+Pyridoxine Hcl IP+Cyanocobalamin IP+Ascorbic Acid IP+Vitamin D3 IP+Vitamin E Acetate IP+Folic acid IP+Nicotinamide IP+Calcium Pantotenate IP+Biotin USP+Selenium Dioxide USP+Chromium Picolinate USP+Magnesium Oxide USP+Colliodal Silicon Dioxide IP eq. to Silica+ Potassium Iodine IP eq. to Iodine+Copper Sulphate	2mg+5000 IU+10mg+2mg+7.5mcg+75mg+400 IU+15mg+1.5mg+50mg+50mg+150mcg+70mcg+250mcg+30mg+2.5mg+1mg+150mcg+2mg+63mg+25mcg	Tablets	a, Pharmacodynamically irrelevant- 1. Therapeutic area not clear 2. Multiple ingredients with diverse pharmacological profile.

4143	Clobetasol Propionate BP+Neomycin Sulphate IP+Clotrimazole IP	0.05%w/w+ 0.50%w/w+ 1%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
4155	Paracetamol IP+Phenyephrine Hydrochloride IP+Caffeine (anhydrous) IP	500mg+2.5 mg+30mg	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
4161	Paracetamol IP+Caffeine IP+Chlorpheniramine Maleate IP	325mg+30m g+2mg	Uncoated tablets	a, Pharmacodynamically irrelevant- 1. Subtherapeutic dose of paracetamol. 2. Caffeine causes stimulation whereas, Chlorpheniramine causes sedation.
4162	Paracetamol IP+Promethazine Hydrochloride IP	250mg+2.5 mg	Suspension	a, 1. Pharmacodynamically irrelevant. 2. Both ingredients have different indications.
4169	Borax BP+Boric acid IP+Naphazoline Hydrochloride BP+Menthol IP+Camphor IP66+Sodium methyl hydroxy benzoate eqvi. IP to methyl hydroxy banzoate	0.050%w/v + 3% w/v + 3% w/v + 0.0025%w/v + 0.0025w/v + 0.023%w/v	Eye Drops	a, Pharmacodynamically irrelevant- 1. Therapeutic area not clear 2. Multiple ingredients with diverse pharmacological profile susceptible to pharmaceutically incompatibility
4170	Beclomethasone dipropionate IP+Clotrimazole IP+Lignocaine Hydrochloride IP+Chloramphenicol IP (In propylene glycol IP and Glycerine IP base)	0.025%w/v + 1%w/v + 2%w/v + 5%w/v	Ear Drops	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
4176	Hydrocortisone acetate IP+Atropine sulphate IP+Chlorbutol IP	0.5%w/v + 1%w/v + 0.5%w/v	Eye Drops	a, Pharmacodynamically irrelevant- Indication of both ingredients are different.

4177	Codeine phosphate IP+Chlorpheniramine Maleate IP	10mg+4mg	Syrup	1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug. 4.There is also a risk of abuse potential.
4179	Bromhexine Hydrochloride IP+Dextromethorphan Hydrobromide IP	4mg+5mg	Syrup	a, Pharmacodynamically irrelevant- 1. Dextromethorphan: it decreases the cough impulse so expulsion of secretion would be hampered 2. Bromhexine:a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up.
4182	Paracetamol IP+DL-Methionine BP	325mg+50mg	Uncoated Tablets	a, Pharmacodynamically irrelevant - misuse and overuse of one of the ingredients of FDC in case it is not indicated.
4204	Salbutamol(as Salbutamol Sulphate IP)+Hydroxyethyltheophylline IP 85(Etofylline)+Bromhexine Hydrochloride IP	2mg+200mg+8mg	Uncoated Tablets	a, 1. On the basis of current scientific understanding the FDC is pharmacodynamically irrelevant. 2. Use of Mucolytic alongwith anti-asthamatic drugs is liable to be misused as expectorant and exposing the patients unnecessary to the drugs and their adverse effects.
4207	Paracetamol IP+DL-Methionine BP	125mg+12.5mg	Suspension	a, Pharmacodynamically irrelevant - misuse and overuse of one of the ingredients of FDC in case it is not indicated.
4213	Chloramphenicol IP+Beclomethasone Dipropionate IP+Clotrimazole IP+Lignocaine Hydrochloride IP	5%w/v + 0.025%w/v + 1%w/w + 2%w/v	Ear Drops	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
4214	Salbutamol IP+Etofyline+ Bromhexine HCI IP	2mg+200mg+8mg	Uncoated Tablets	a, 1. On the basis of current scientific understanding the FDC is pharmacodynamically irrelevant. 2. Use of Mucolytic alongwith anti-asthamatic drugs is liable to be misused as expectorant and exposing the patients unnecessary to the drugs and their adverse effects.
4221	Dextromethophan Hydrobromide IP+Chlopheniramine Maleate IP+Bromhexine Hydrochloride IP	10mg+2mg+4mg	Uncoated Tablets	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.

4228	Guaifenesin IP+Bromhexine Hydrochloride IP+Phenylephrine Hydrochloride IP+Chlopheniramine Maleate IP+Paracetamol IP	100mg+8mg +5mg+2mg+ 325mg	Tablets	a, Pharmacodynamically irrelevant- 1. Guaiphenesin :a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up. 2. Chlorpheniramine :H1 antagonist are said to decrease rhinorrhea but the drying effect may do more harm because of their tendency to induce somnolence 3. paracetamol : as cough and cold not allows accompanied by fever, addition of paracetamol express the consumers to the hepatotoxic effect of antipyretic unnecessarily 4. All ingredients have different therapeutic indications.
4237	Menthol IP+Anesthetic Ether IP	0.1% w/v + 1% v/v	Spirit	a, Pharmacodynamically irrelevant- 1. No published literature supporting the use of combination.
4242	Ferric ammonium Citrate IP+L-Lysine Hydrochloride USP+Niacinamide IP+D-Panthenol IP+Pyridoxine Hydrochloride IP+Folic Acid IP+Cyanocobalamine IP+Elemental Zinc	150mg+50m g+45mg+5m g+1.5mg+1 mg+7.5mg+ 10mg	Syrup	a, • Overdose of vitamin B12
4244	Dextrometharphan Hydrobromide IP+Chlopheniramine Maleate IP+Ammonium Chloride IP+Sodium Citrate IP+Menthol IP	10mg+4mg+ 240mg+240 mg+1.25mg	Syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
4256	Clobetasol+Neomycin +Clotrimazole	0.05%w/w + 0.50%w/w + 1%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
4262	Beclomethasone dipropionate IP+Miconazole Nitrate IP+Neomycin sulphate IP+Chlorocresol (as preservative) IP	0.025%w/w + 2%w/w + 0.5%w/w + 0.250%w/w	Ointment	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.

4264	Clobetasole Propionate BP+Neomycin sulphate IP+Miconazole Nitrate IP+Chlorocresol (As Preservatives) IP Chlorocresol (as preservative) IP	0.05%w/w + 0.5%w/w + 2%w/w + 0.1%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
4269	Bromhexine hydrochloride IP+Guaifenesin IP+Phenylephrine hydrochloride IP+Chlorpheniramine Maleate IP+Paracetamol IP	8mg+100mg +5mg+2mg+ 325mg	Uncoated Tablets	a, Pharmacodynamically irrelevant- 1. Bromhexine :a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up. 2. Chlorpheniramine :H1 antagonist are said to decrease rhinorrhea but the drying effect may do more harm because of their tendency to induce somnolence 3. Paracetamol dose is subtherapeutic and potential misuse in FDC formualtion is likely to be hepatotoxic .
4270	Ergotamine Tartrate IP+Belladona dry extract IP+Caffeine (anhydrous) IP+Paracetamol IP	1mg+10mg+ 100mg+250 mg	Uncoated Tablets	a, Pharmacodynamically irrelevant- 1. Belladona dry extract not indicated for migraine. 2. Dose of paracetamol is subtherapeutic.
4275	Dextromethorphan hydrobromide IP+Chlorpheniramine Maleate IP	10mg+4mg	Syrup	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
4277	Phenytoin IP+Phenobarbitone sodium IP	100mg+50m g	Uncoated Tablets	a, Pharmacodynamically irrelevant. 1. Phenobarbital will decrease the level or effect of phenytoin by affecting hepatic enzyme CYP2C9/10 metabolism. Significant interaction possible. 2. Phenobarbital decreases levels of phenytoin by increasing metabolism. 3. Phenobarbital may occasionally not change or even increase (via competitive inhibition) phenytoin levels. http://reference.medscape.com/drug-interactionchecker.
4284	Imipramine hydrochloride IP+Diazepam IP	25mg+2mg	Film Coated Tablets	a, Pharmacodynamically irrelevant- 1. Diazepam and imipramine both increase sedation. 2. Potential for interaction. *http://reference.medscape.com/drug-interactionchecker.*

4296	Nimesulide BP+Serratiopeptidase (enteric coated)(30,000 serratiopeptidase units) (30,000 serratiopeptidase units)	100mg+15mg	Film Coated Tablets	a, 1. Safety concern with nimesulide 2.No evidence to support that Serratiopeptidase offer any particular advantage over Nimesulide. 3. On the other hand, the patient is exposed to greater risk of gastrointestinal (GI) irritation and serious bleeding from unsuspected peptic ulceration. *Chandler S. Gautam, Lekha Saha. Fixed dose drug combinations (FDCs): rational or irrational: a view point Br J Clin Pharmacol / 65:5 / 795–796.*
4299	Gliclazide IP+Metformin HCL IP	40mg+400mg	Uncoated Tablets	a, Sub-therapeutic dose of metformin.
4307	Clotrimazole IP+Neomycin Sulphate IP eqvt. To Neomycin+Beclomethasone dipropionate IP	1%w/w + 0.5% w/w + 0.025%w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
4317	Paracetamol IP+Ambroxol HCL IP+Phenylephrine HCL IP+Chlorpheniramine Maleate IP	250mg+15mg+5mg+2mg	Syrup	a, Pharmacodynamically irrelevant 1. Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Potential for drug-drug interaction.
4320	Paracetamol IP+ Ambroxol Hydrochloride IP+ Phenylephrine Hydrochloride IP+Chlorpheniramine Maleate	125mg+7.5 mg+2.5mg+ 1mg	Drops	a, Pharmacodynamically irrelevant 1. Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Potential for drug-drug interaction.
4322	Paracetamol IP+Ambroxol Hydrochloride IP+ Phenylephrine Hydrochloride IP+Chlorpheniramine Maleate	500mg+30mg+10mg+2mg	Film Coated Tablets	a, Pharmacodynamically irrelevant 1. Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Potential for drug-drug interaction.
4344	Dextromethorphan Hydrobromide IP+Chlorpheniramine Maleate IP+Pheylephrine Hydrochloride IP+Paracetamol IP	5mg+1.5mg +2.5mg170 mg	Oral	a, 1 Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
4345	Oflaxacin IP+ Ornidazole IP	50mg+125mg	Suspension	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.
4357	Albuterol Sulphate IP eq. to Albuterol+ Etofylline IP+ Bromhexine HCl IP+ Menthol IP	1mg+ 50mg+ 4mg+1mg	Liquid	a, 1. Etofylline is a narrow therapeutic indexed drug and requires close monitoring. 2.Patients may need only one ingredient and use of FDC may lead to misuse.

4358	Albuterol Sulphate IP eq. to Albuterol+ Bromhexine HCl IP+ Theophylline anhydrous IP	2mg+8mg+100mg	Hard Gelatin Capsules	a, 1. Theophylline is a narrow therapeutic indexed drug and requires close monitoring. 2.Patients may need only one ingredient and use of FDC may lead to misuse.
4359	Clobetasole Propionate USP+Gentamycin Sulphate IP eq. to Gentamycin+Miconazole Nitrate IP+Chlorocresol (as Preservative) IP	0.05% w/vw + 0.10% w/w + 2.00% w/w + 0.10% w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
4385	Salbutamol (As Salbutamol Sulphate IP)+ Hydroxyethyltheophylline IP 85' (Etofylline)+ Bromhexine HCl IP	1mg+50mg+4mg	Syrup	a, 1. On the basis of current scientific understanding the FDC is pharmacodynamically irrelevant. 2. Use of Mucolytic alongwith anti-asthamatic drugs is liable to be misused as expectorant and exposing the patients unnecessary to the drugs and their adverse effects.
4403	Phenylephrine HCl IP+Paracetamol IP+Chlorpheniramine Maleate IP+Caffeine Anhydrous IP	5mg+325mg+2mg+30mg	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
4416	Paracetamol Ip+Ambroxol Hcl IP+Phenylephrine Hcl IP+Chlorpheniramine Maleate IP	125mg+15mg+5mg+2mg	Syrup	a, Pharmacodynamically irrelevant 1. Dosing schedule is incompatible. 2. Ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Potential for drug-drug interaction.
4417	Phenylephrine HCl IP+Paracetamol IP+Chlorpheniramine Maleate IP+Caffeine Anhydrous IP	5mg+325mg+2mg+15mg	Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
4431	Codeine Phosphate IP+Chlorpheniramine MaleateIP	10mg+4mg	Oral Liquid	1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug. 4.There is also a risk of abuse potential.
4443	Levocetirizine HclIP+Phenylephrine Hcl IP+Paracetamol IP+Caffeine (Anhydrous)	2.5mg+10mg+325mg+30mg	Uncoated tablets	a, 1. Pharmacodynamically irrelevant-Patients may not need all the ingredients and use of FDC may lead to misuse and adverse effects. 2.Pharmacokinetically irrelevant-different dosing shedule.
4448	Ofloxacin IP+Ornidazole IP	50mg+125mg	Syrup	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.

4472	Levocetirizine HCl IP+Ambroxol Hcl IP+Guaifenesin IP+Phenylephrine Hcl IP	0.8mg+15mg+50mg+5mg	Oral Suspension	a, Pharmacodynamically irrelevant- 1.Patients may not need all the ingredients and use of FDC may lead to misuse and adverse effects. 2.Pharmacokinetically irrelevant-different dosing shedule.
4473	Paracetamol IP+Phenylephrine Hcl IP+Levocetirizine HCl IP+Sodium Citrate IP	250mg+5mg+1.25mg+60mg	Oral Suspension	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible. 4. Potential for drug-drug interaction.
4482	Paracetamol IP+Propyphenazone IP+Caffeine (Anhydrous) IP	300mg+150mg+50mg	Uncoated Tablets	a, Pharmacodynamically irrelevant- 1. Paracetamol dose is subtherapeutic. 2. Suceptibility of adverse drug reaction is very high. 3. Misuse potential.
4485	Chlorpheniramine Maleate IP+Phenylephrine Hcl IP+Guaifenesin IP+Dextromethorphan Hcl IP	4mg+5mg+100mg+10mg	Liquid Orals	a, 1 Dosing schedule is incompatible. 2. Both the ingredients will aggravate the adverse effects of sedation and drowsiness and also will interefere with the reflexes. 3.Centrally acting anti-tussive not to be combined with anti-histaminic drug.
4492	Phenytoin Sodium IP+Phenobarbitone IP	100mg+30mg	Uncoated tablets	a, Pharmacodynamically irrelevant. 1. Phenobarbital will decrease the level or effect of phenytoin by affecting hepatic enzyme CYP2C9/10 metabolism. Significant interaction possible. 2. Phenobarbital decreases levels of phenytoin by increasing metabolism. 3. Phenobarbital may occasionally not change or even increase (via competitive inhibition) phenytoin levels. *http://reference.medscape.com/drug-interactionchecker.*
4527	Guaifenesin IP+Diphenhydramine Hcl IP+Bromhexine Hydrochloride IP+Phenylephrine Hydrochloride IP	50mg+10mg+4mg+5mg	Syrup	a, Pharmacodynamically irrelevant- • Anticholinergic property of diphenhydramine will lead to drying up of secretions while mucolytics increase.
4535	Paracetamol IP+Caffeine (Anhydrous) IP+Chlorpheniramine Maleate IP	325mg+20mg+2mg	Uncoated tablets	a, Pharmacodynamically irrelevant- 1. Paracetamol dose is subtherapeutic. 2. Potential for drug-drug interaction.
4536	Dried Alumnium Hydroxide Gel IP+Propantheline Bromide IP+Diazepam IP	100mg+15mg+2mg	Capsules	a, Pharmacodynamically irrelevant- 1. No published literature supporting the FDC. 2. In present scenario Propanthaline has safety concerns. 3. Use of diazepam is irrational.

4570	Bromhexine Hcl IP+PhenylephrineHcl IP+Chlorpheniramine Maleate IP+Paracetamol IP	8mg+5mg+2 mg+ 325mg	Uncoated Tablets	a, Pharmacodynamically irrelevant- 1. Bromhexine :a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up. 2. Chlorpheniramine :H1 antagonist are said to decrease rhinorrhea but the drying effect may do more harm because of their tendency to induce somnolence 3. Paracetamol dose is subtherapeutic and potential misuse in FDC formualtion is likely to be hepatotoxic .
4571	Bromhexine Hcl IP+PhenylephrineHcl IP+Chlorpheniramine Maleate IP+Paracetamol IP	4mg+2.5mg +2mg+125m g	Suyrup	a, Pharmacodynamically irrelevant- 1. Bromhexine :a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up. 2. Chlorpheniramine :H1 antagonist are said to decrease rhinorrhea but the drying effect may do more harm because of their tendency to induce somnolence 3. Potential misuse in FDC formualtion is likely to be hepatotoxic .
4573	Beclomethasone Dipropionate+Clotrim azole+Gentamicin Sulphate+Iodo-Chlorhydroxyquinolin e	0.025% w/w + 1% w/w + 0.1% w/w + 1% w/w	Cream	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid , iodochlorohydroxyquinone in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
4590	Paracetamol IP+Phenylephrine Hcl IP+Chlorpheniramine maleate IP+Caffeine (anhydrous) IP	325mg+10m g+2mg+30m g	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
4591	Paracetamol IP+PhenylephrineHcl IP+Caffeine (anhydrous) IP	325mg+10m g+32mg	Uncoated Tablets	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible.
4592	Bromhexine Hcl IP+Phenylephrine Hcl IP+Guaifenesin IP+Chlorpheniramine Maleate IP+Paracetamol IP	8mg+5mg+1 00mg+2mg+ 325mg	Film Coated Tablets	a, Pharmacodynamically irrelevant- 1. Guiaphenesin: a mucolytic which increases mucus secretion should not given in combination with antihistaminic with anti cholinergic properties, because due to anti cholinergic properties mucus secretions is dried up. 2. Chlorpheniramine :H1 antagonist are said to decrease rhinorrhea but the drying effect may do more harm because of their tendency to induce somnolence 3.Multiple ingredients with diverse pharmacological profile susceptible to pharmaceutically incompatibility 4.Misuse of paracetamol.

4623	Betamethasone Propionate IP eq. to Betamethasone+Gentamycin Sulphate IP eq. to Gentamycin+Miconazole Nitrate IP	0.05% w/w + 0.1% w/w + 2% w/w	External Preparation	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
4643	Ofloxacin IP+Ornidazole IP	50mg+125mg	Oral suspension	a, 1. Both ingredients of the FDC have different therapeutic indcations 2.Inappropriate use of ornidazole will lead to emergence of antibiotic resistance against quinalones. 3. Safety concerns in paediatric patients.
4644	Glibenclamide IP+Metformin Hcl IP (In sustained release form)+ Pioglitazone Hcl IP eq. to Pioglitazone	5mg+500mg +15mg	Uncoated bilayered tablets	a, 1. There is no published literature supporting this FDC. 2. The Pioglitazone has safety concerns.
4651	Telmisartan + Metformin	40 mg + 1000 mg	Tablet	a, Pharmacodynamically irrelevant as no study supports this combination.
4873	Allantoin BP+ Vitamin-E Acetate+ Tea tree oil	0.25%/w/w+ 0.25w/w+0.50%w/w	Medicated Soap	a, 1.This FDC has no therapeutic value.
4874	Allantoin BP+Vitamin-E Acetate+Tea tree oil+Titanium Dioxide IP	0.20%w/w+ 0.25%w/w+ 0.25%w/w+ 0.50%w/w	Medicated Soap	a, 1.This FDC has no therapeutic value.
4906	Ammonium Citrate+Vitamin B 12+Folic Acid+Zinc Sulphate Monohydrate	160mg+7.5 mg+0.5mg+ 20.61mg	Soft Gelatin Capsules	a, Pharmacodynamically irrelevant- 1. Therapeutic area not clear 2. ingredients susceptible to pharmaceutically incompatibility
4981	methylcobalamin+ folic acid+ pyridoxine HCL+ inositol + alpha lipoic acid+ chromium+ vanadyl sulphate+ seleniuos acid+ zinc sulphate	2000mcg+ 1500mcg 3 mg+ 200 mg+ 200 mg+ 200 mcg+ 10 mcg+ 100 mc+ 10 mg	hard gelatin capsule	a, 1. Over dose of metylcobalamin 2. Multiple ingredient susceptible to pharmaceutically incompatibility and susceptible dose
4988	levothyroxine Sodium+ pyridoxineHCL+ nicotinamide	25 mg+ 1 mg+ 25 mg	tablets	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC.

5135	beta carotene + nicotinamide + pyridoxine hydrochloride+ cholecalciferol + folic acid+ cyanocobalamin +light magnesium oxide+ zinc sulphate+ manganese sulphate+ copper sulphate+ chromium picolinate+ selenious acid + sodium molybdenum+ alpha lipoic acid	30 mg+ 1.5 mg+ 1000 IU+ 1000 mcg+ 5 mcg + 100 mg+ 22.5 mg + 2.5 mg+ 2 mg + .2 mg_ .055 mg+ .05 mg + .01 mg + 100 mg	soft gelatin capsules	a, Pharmacodynamically irrelevant- 1. Therapeutic area not clear 2. Multiple ingredients with diverse pharmacological profile susceptible to pharmaceutically incompatibility 3.Dose of Folic acid & nicotinamide sub-therapeutic.
5158	pyridoxine HCL+ niacinamide + thiamine HCL+ calcium pantothenate+ ascorbic acid+ methionine+	9mg+ 22.5 mg+ 2.75 mg+ 2.5 mg+ 37.5 mg+ 2 mg	syrup	a, 1. exceeds therapeutic dose of pyridoxine. 2. ingredients susceptible to pharmaceutically incompatibility 3. dose selection is not accurate
5275	Biotin USP+Vitamin B6 IP+Niacinamide IP+Folic Acid IP+Cyanocobalamin IP+Calcium Pantothenate IP+Zinc Sulphate IP+Lactic Acid Bacilli	100mcg+1.5 mg+45mg+5 mcg+20mcg +50mg+100 Lacs spores	Film Coated Tablets	a, Pharmacodynamically irrelevant- 1. Therapeutic area not clear 2. Multiple ingredients with diverse pharmacological profile susceptible to pharmaceutically incompatibility
5617	Calcium Orotate+Zinc Sulfate+Folic Acid+Cyanocobalamin	740mg+7.5 mg+50mcg+ 0.5mcg	Tablets	a, Pharmacodynamically irrelevant- 1.Each ingredients have different indication. 2.This combination does not follow the concept and purpose of FDC 3. Sub-therapeutic dose of Vit-B12
5659	Protein Hydrolysate+Iron Choline Citrate+Thiamine HCl+Riboflavin+Pyridoxine HCl+Folic Acid+Cyanocobalmain	500mg+150 mg+0.5mg+ 0.5mg+0.25 mg+25mcg+ 0.5mcg	Syrup	a, sub-therapeutic dose of vitamin B12
5807	Proteine Hydrolysate eq. to Nitrogen+Iron Choline Citrate eq. to elemental Iron+Zinc Sulphate IP+Niacinamide IP+Thiamine HCl IP+Riboflavin IP+Pyridoxine HCl IP+Cyanocobalamin IP	10mg+20.0 mg+15mg+7 .5mg+0.5mg +0.5mg+0.2 5mg+0.25m cg	Syrup	a, sub-therapeutic dose of vitamin B12

5837	Thyroid IP'85 +Thiamine Mononitrate IP+ Riboflavin IP+ Pyridoxine HCl IP+ Calcium Pantothenate IP+ Tocopheryl Acetate IP+Nicotinamide IP	15mg+ 2.5mg+ 2.5mg 1mg+ 5mg+ 10mg+25mg	Film Coated Tablets	a, No clinical studies found supporting the use of this combination
5958	Ascorbic Acid IP+ Manadione Sodium Bisulphate+ Rutin NF, XI + Dibasic Calcium Phosphate IP + Adrenochrome Mono Semicarbazone	150mg+10mg+ 50mg+ 132mg+0.5 mg	Uncoated Tablets	a, Pharmacodynamically irrelevant- 1. Therapeutic area not clear 2. Multiple ingredients with diverse pharmacological profile.
5973	Lactic Acid Bacillus + Folic Acid IP+ Cyanocobalamin IP	180 Million +1500 mcg +15mcg	Uncoated Dispersible tablet	a, 1. Pharmacodynamically irrelevant. 2. Role of lactic acid in this combination is not clear
6189	Phenylephrine Hcl IP+Chlorpheniramine Maleate IP+Paracetamol IP+Bromhexine Hcl IP	2.5mg+1.0mg+125mg+4 mg	Syrup	a, Pharmacodynamically irrelevant. 1.Mucolytic increases mucus secretion and antihistaminic with anti cholinergic properties dry up secretions. 2.Dosing schedule is incompatible.
6191	Phenylephrine Hcl IP+Chlorpheniramine Maleate IP+Paracetamol IP+Bromhexine Hcl IP+Caffeine (anhydrous) IP	5mg+2mg+500mg+8mg+ 15mg	Uncoated Caplet	a, 1.Pharmacodynamically and phamacokinetically irrational FDC. 2.Patients may need only one ingredient and use of FDC may lead to misuse. 3.Dosing shedule of the ingredients is incompatible. 4.Mucolytic increases mucus secretion and antihistaminic with anti cholinergic properties dry up secretions.
6198	Clotrimazole IP+Beclomethasone Dipropionate IP+Lignocaine HCl IP+Ofloxacin IP+Acitic Acid IP+(Preservatives) Sodium Methyl Paraben IP+Propyl Paraben IP	1% w/v + 0.025% w/v + 2% w/v + 0.3% w/v + 2.0% w/v + 0.1% w/v + 0.02% w/v	Ear Drops	a, Pharmacodynamically irrelevant- 1.Each ingredients of FDC has different therapeutic indication and is at variance from the concept and purpose of FDC. 2. Combining antibiotic , antifungal, steroid in the present FDC is liable to be misuse and emergence of resistance and adverse effects. 3.Use of steroid in case of fungal infection might actually worsen the treatment as it encourages fungal growth. NO study is found supporting the combined use of an antibacterial with an antifungal ingredient.
6211	Thiamine Mononitrate IP+Riboflavin Sodium Phosphate eq. to Riboflavin (Vitamin B2)+ Nacinamide IP+ Pyridoxine Hcl IP+ Vitamin A concentrate (Oily form) (As Palmitate)+ Cholecalciferol + Ascorbic Acid IP + D-Panthenol IP +Tocopheryl Acetate IP	2mg+1mg +10mg +1.0mg +3000 IU+ 400 IU+ 40mg +3.0mg +5.0 IU	Oral	a, Pharmacodynamically irrelevant- 1 Multiple ingredient of diverse group 2 Sub therapeutic combinations 3 Pharmacodynamic role is not clear

6214	Zinc Sulphate IP eq. to elemental Zinc+Vitamin A Palimate IP+Vitamin D3 IP+Vitamin B1 IP+Vitamin B2 IP+Vitamin B6 IP+Niacinamide IP	25mg+5.7mg+1600 IU+200 IU+1.5mg+1.5mg+1.0mg +15mg	Oral	a, Pharmacodynamically irrelevant- 1. Therapeutic area not clear 2. Combination irrational. 3. Element are of different class hence have diverse activity

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BRIEF DETAILS ABOUT THE EXPERT COMMITTEE

Prof. C. K. Kokate
(Chairman)

Prof. (Dr.) Chandrakant Kokate is a Vice-Chancellor, KLE UNIVERSITY, BELGAUM. Karnataka. He is also serving in Chairman-Expert Panel Committee for approval of Fixed Dose Combinations, (FDC's) Ministry of Health and also a Chairman/ Member of UGC Committees for Universities. He is also a scientific coordinator in EDUCON, SAKAAL Group, Pune and National Adviser in Society of Pharmacognosy. Dr Kokate has completed his Ph.D degree in 1972 followed by Post Doctoral Research at Bundesanstalt Fuer Fett Forschung, Germany. He was also a Visiting Scientist in Germany (1986) on invitation by DAAD.

He held numerous of prestigious and influential positions, notably President of Pharmacy Council of India, Indian Pharmaceutical Association, and Indian Society of Pharmacognosy. He also served as executive Committee Member of All India Council for Technical Education (AICTE) and Chairman of All Indian Board of Pharmacy, AICTE. He was also a member of UGC Standing Committee for Projection of Indian Higher Education Abroad (PIHEAD), Review and Plan Grant Committees and National Board of Accreditation of AICTE and Task Force of Department of Biotechnology, Government of India. He has 31 national and international awards and fellowships. He has guided **17** students for Ph.D programme and **40** students for PG in Pharmacy. He is also credited to authored Seven Books in Pharmacognosy / Pharmacy and published about **115** research papers in National and International Journals.

Prof. C.L. Kaul (Member)

Dr. C. L. Kaul retired as a founder Director of National Institute of Pharmaceutical Education and Research (NIPER).He had his earlier education in Punjab and graduated in pharmacy from the university of Gujarat. He proceeded to U.K. for his post Graduate studies in Pharmacology at the Chelsea College of Science and Technology, University of London and then moved to University of Glasgow from where he was awarded the Doctorate degree in Pharmacology in1964. Apart from carrying out research at Ciba and Boots in India, he has worked at several research centers abroad in U, K. and Switzerland.

His work spanning over a period of more than 4 decades has centered around development and pre-clinical studies of new drugs, stability studies, bioavailability, pharmaceutical formulations, quality control and chemical development. Dr. kaul is associated with many universities and pharmacy institutions and is on the governing body of many institutes. Dr. kaul was the President of Indian Pharmaceutical Association, Editor Indian Journal of Pharmaceutical sciences. The Indian Pharmaceutical association conferred on him the Eminent Pharmacist Award 2003. Dr. Kaul has travelled extensively, has published 150 papers in peered review journals, 20 patents and 4 book chapters.

Dr. C. D. Tripathi
(Member)

Dr. C. D. Tripathi is a Director-Professor and Head Department of Pharmacology and also Academic Registrar at Vardhman Mahavir Medical College and Safdarjung Hospital New Delhi. He has completed his MBBS degree and M.D. in Pharmacology from B.R.D. Medical College, Gorakhpur. He is the member of Sub-committee for preparing "Guidelines for Clinical Evaluation Of Drugs, Devices, Diagnostics and Vaccines and also held the post of Co-investigator for ICMR project on Monitoring of Adverse Effects of Drugs Editor, DSPRUD Medical Newsletter. He is also the Chairman of Ethical Committee of Central Insecticides Laboratory, Ministry of Agriculture, Govt. of India and Therapeutic Use Exemption Committee, NADA.

He is a life member of Indian Pharmacological Society Member Institutional Ethical committee of VMMC and SJ Hospital Associate Editor of Indian Journal of Pharmacology. Dr Tripathi is an awardee of Palepu Perindevi Surya kumar award and O.D. Gulati awards. Around nine projects are undergoing in his supervision. He is credited for 35 publications and 3 books.

Dr. Bikash Medhi is Additional Professor& Joint Medical Superintendent in PGIMER, Chandigarh. He is also Coordinate the Pharmacovigilance Centre and Regional Resource Centre for Northern Region for Training and Technical Support at PGIMER, Chandigarh. He completed his MBBS degree from Assam Medical College (AMC) and M.D in Pharmacology from A.I.I.M.S, New Delhi. Dr. Medhi has garnered with numerous of prestigious awards, few of them are Dr. D N Prasad memorial award, Bharat Joti Award, Dr V K Bhargava Award etc. He was elected as Fellow of International Medical Sciences Academy (FIMSA) and also a Member of National Medical Academy (MAMS).

Dr. Bikash Medhi (Member)

He is a member of Investigational New Drug committee in Ministry of Health. He is a secretary of Clinical Pharmacology of Indian Pharmacology Society. Selected as Core panel of expert for Task Force to frame guidelines for submission of dossiers or proposals for regulation of biotech products (R& D product), Govt of India. Dr Medhi elected for National advisory board member in JK science, Journal of Medical Education and research and for editorial Board member of World Journal of Gastroenterology, Journal of Neuroscience and Behavioral Hèalth. He is also a trained GLP as well as GCP inspector. Dr Medhi contributed a lot in research also. He has more than 200 national and international publications and author of two books. He headed more than 15 extramural projects and guided about 75 students including DM/MCh/PhD/MD/MS/M,Sc.

Prof. Sanjay Singh did his graduation, post-graduation and doctoral degree in Pharmacy from Dept. of Pharmaceutics, Institute of Technology, Banaras Hindu University in the year 1985, 1987 and 1992, respectively. He has been awarded Best Research Paper by Indian Drug Manufacturer Association in 50th annual meeting, Mumbai. He has authored/co-authored for 102 research and review papers in peer-reviewed international and national journals, presented 83 papers in various national and international conferences and has also published three chapters in book. He is also the deputy coordinator of the Special Assistance Program, University Grants Commission, New Delhi awarded to Dept. of Pharmaceutics, IIT, BHU.

Prof. Sanjay Singh (Member)

Prof. Singh is also a member of various bodies like AICTE, PCI and UPTU which grant approval for running of pharmacy courses in different colleges in India. He is a member of the Publication and Information Technology Committee of Indian Pharmacopoeial Commission and also the working group member of the PvPI, Ministry of Health and Family Welfare, Govt. of India. Recently, he has also honored with membership of NASI, India. He has supervised 7 Ph.D. and 30 M. Pharm. students of Pharmaceutics and Pharmacology specialization and 1 M.D. and presently 1 P.D.F, 7 Ph. D. and 10 M. Pharm. students are registered under his guidance. His current area of research focused on design and conducts pharmacological and toxicological evaluation of nanoparticulate formulations of various drugs with an objective to reduce their dose and cost of therapy, improve patient compliance and enhances their therapeutic efficacy

Dr. Sanjeev Sinha, Professor, Department of Medicine, All India Institute of Medical Sciences, New Delhi is an expert physician. He has contributed a lot in research. He has more than 50 national and international research articles in peer reviewed journals. Currently he has involved in more than 10 clinical studies. He is member of Editorial board of "Cases Journal" and Association of Physician of India, Member of Indiaclen, Member of Medical Board Antarctica Expedition, Govt. of India, Goa and Member of National Academy of Medical Sciences (MNAMS).

Dr. Sanjeev Sinha (Member)

Prof. R. K. Khar is the Principal of B. S. Anangpuria Inst. of Pharmacy, (Pt BD Sharma University of Health Sciences) Alampur, Faridabad. Prof. Roop Krishen Khar is a renowned academician and a research scientist. Dr. Khar has served in various Administrative and Academic positions for more than 35 years at Jamia Hamdard (Hamdard University) in the capacities of DEAN and HOD of Faculty of Pharmacy, Dean Students Welfare, Placement officer and Proctor of Jamia Hamdard. He was selected by Ministry of H.R.D. Govt. of India for a Ph.D. fellowship under Indo-Bulgaria cultural exchange programme during 1982-86.

Prof. Roop Krishen Khar
(Co-opted Member)

Dr. Khar has received several prestigious award, few of them are University Gold Medal for standing first at B. Pharm., Awarded Motan Devi Dandiya Prize for the year 2002-2003 best paper, First prize for best poster in poster session at the 5th International Symposium of Controlled Release Society Indian Chapter on Advances in Technology and Business Potential of New Drug Delivery Systems, Awarded "Best Pharmacy Teacher of the Year 2002 by Association of Pharmacy Teachers of India, Fellow Indian Pharmaceutical Association etc. He is the Chairman of various National & International Conferences. He is the member of Fixed Dose Combination by Ministry of Health, DCGI, and Govt. of India 2015. He also sits in the recruitment Board Member Selection Committees of Universities, Regional Research Laboratories, UPSC & other Institutions. He is also examiner of pharmacy courses. Dr. Khar was elected for Research Board of Advisors of the American Biographical Institute. He has supervised 55 PhD, 85 M.Pharm. theses and published more than 255 research papers in International & National journals with cumulative impact factor of more than 378; H index of 43 and citation of 7394. He is the life member of different professional and academic bodies.

Minutes of the Meeting of Expert Committee held on 17.08.2015 to review proposals and advice Drugs Controller General (India) in matters related to approval of the safety and efficacy of Fixed Dose Combinations (FDCs) permitted for manufacture for sale in the country without due approval from office of DCG (I)

Members present:

1. Prof. Chandrakant Kokate, Vice-Chancellor, KLE University, Belgaum, Karnataka & Ex-President of Pharmacy Council of India - Chairman
2. Dr. C. L. Kaul, Former Director, NIPER, Consultant, Clinical Research, Jamia Hamdard - Member
3. Prof. Sanjay Singh, Deptt. Of Pharmaceuticals, IIT, BHU, Varanasi - Member
4. Dr. C. D. Tripathi, Prof. & HOD (Pharmacology), Safdarjung Hospital, New Delhi – Member
5. Dr. Bikash Medhi, Department of Pharmacology, PGIMER, Chandigarh- Member
6. Dr. Sanjeev Sinha, Addl. Prof. (Medicine), AIIMS, New Delhi – Member
7. Dr. R.K. Khar, Former Dean & Head, Jamia Hamdard, New Delhi - Member

Dr. G. N. Singh, Drugs Controller General (India) welcomed the members of Expert Committee. He thanked all the members of the Committee for their remarkable efforts in categorization of various FDCs, applications of which were received by CDSCO for proving safety and efficacy under 18 month policy decision.

The Committee was apprised that based on the recommendations of the Committee, CDSCO has communicated all the firms regarding approval or otherwise in respect of the FDCs falling under category 'a', 'c' and 'd'. Committee was also apprised that 30 days timeline has been given to the companies for submitting their reply in respect of the FDCs falling under category 'a'. Further 4 months timeline has been assigned for submitting CT protocol in respect of FDCs falling under category 'd' which would be evaluated in consultation with SECs.

During the meeting, following issues including issues raised by IDMA in their representation were place before the Committee for deliberation:-

1. To provide 6 months time for submitting reply to the showcause notices issued.
2. To provide reasons for declaring certain FDCs as Irrational.
3. To give an opportunity to present their case for the FDCs declared irrational.
4. Not to insist for clinical trials, when product has already been consumed over years.
5. Not to reject FDCs on the ground that their availability leads to abuse potential.

6. Evaluators must be appropriately empowered with regulatory realties such that their assessment is scientific but balanced with current prescription practices.

   - FDCs combining ingredients, which are similar to DCG(I) approved formulations like vitamins preparations, Topical preparations etc. may be labeled as rational.
   - FDCs if seemingly doubtful, may be rationalized in view of they definitely not combining any obviously irrelevant blend of ingredients.
   - Not being available in any overseas market should not be a guiding criterion to determine the suitability of FDC being categorized as rational.
   - Additionally, a combination of drugs not being recommended by any worldwide scientific body, or a medical association need not form the basis of judging rationality of the FDC.
   - For antimicrobial combinations the same should be considered permitting if: (a) a particular pathogen that needs to be eliminated has a known incidence of frequent resistance; (b) a disease gas reported incidence of Multidrug Resistant (MDR) pathogens prevalent. Permitting the use of combination for such situations would, contrary to prevailing worries, eliminate the bacteria more assuredly and, in fact, avoid making them resistant. The examples of antimicrobial combinations for tuberculosis, HIV, campylobacter infections, etc. are all widely known and for such diseases it is a norm to combine antibacterial with the very same motive in mind.

7. To discuss the information required from the companies in respect of FDCs which have been categorized under category 'b'.

8. To discuss various modalities to be followed for further examination of applications falling under category 'a' after receipt of reply to showcause notices from the firms.

9. To finalize the recommendations in respect of certain FDCs as certain discrepancies have been observed among the recommendations. List of such FDCs is attached herewith for discussion and further finalization.

10. To decide any other issues of relevance for early disposal of proposals of such FDCs

Committee went through the representations and opined to decide on the basis of rationality, safety and efficacy and also shown its willingness to consider the methods or criteria proposed by the IDMA while ensuring the safety of patients.

Secondly, as regard to the extension of time for submitting reply to the various showcause notices issued by CDSCO, Committee opined that further time for reply is justifiable and may be given based on representation. However, Committee opined that instead of giving six months, a further period of 3 months may be given for submission of reply to the showcause notices issued as the sufficient opportunity is needed to submit proper scientific data.

Committee was apprised that Ministry while approving the report of the Committee has suggested to seek information from industry in respect of FDCs categorized under category 'b' and to place the same before the Committee in which other experts will be associated on as required basis. Committee after detailed deliberation suggested that asking further information from the industry at this point of time for these FDCs is not required, as such as it will not serve any additional purpose. As suggested by the Ministry, Committee opined that subject experts can be invited to the meetings of Committee for detailed deliberation and further categorization of these FDCs. It was decided that the meetings can take place as per therapeutic category, if required and 2 subject experts of that therapeutic area can be invited to deliberate. The subject experts will be from the list of experts already available in Subject Expert Committees, Technical Committees or other committees, any other suitable experts from Govt. institutes as proposed by the Chairman, FDC Committee.

As it will take time to receive reply, collate and compilation of FDCs falling under category 'a' for which showcause notices have been issued by CDSCO, Committee desired that further meetings shall be conducted with subject experts with respect to FDCs falling under category 'b' so that these FDCs can be categorized appropriately. Committee opined that FDCs falling under "Medicine" therapeutic area can be discussed during next meeting and two subject experts can be invited to participate in the meeting.

As regard to the various discrepancies observed among the recommendations with respect to certain FDCs, these FDCs were examined again by the Committee and accordingly final recommendations made by the Committee are annexed herewith as **Annexure A.** Committee opined that CDSCO can issue letters with respect to these FDCs accordingly.

The meeting ended with the vote of thanks to the chair.

(Dr. C. L. Kaul) (Dr. R.K. Khar) (Dr. Bikash Medhi)

(Dr. C.D. Tripathi) (Prof. Sanjay Singh) (Dr. Sanjeev Sinha)

(Prof. Chandrakant Kokate)

Annexure A

List of FDCs where discrepancy observed among recommendations.		
S.No	**Name of FDC**	**Final Recommendations by Expert committee**
1	Beclomethasone + Clotrimazole + Neomycin	a, Pharmacodynamically irrelevent
2	Calcium Orotate 740 mg + Zinc Sulphate 7.5 mg + Folic acid 50 mcg+ Cyanocobalamin 0.5 mcg tablet	a, Due to subtherapeutic dose of Vit-B12
3	Propanolol + Clonazepam	b
4	Aluminium + Magnesium + Simethicone suspension per 10ml	Already discussed by the earlier Committee
5	Paracetamol + Phenylephrine + Caffeine	a, Pharmacodynamically irrelevent
6	Drotaverine +Clidinium + Chlordiazepoxide	Already discussed by the earlier Committee
7	Levocetirizine + Phenylephrine + Ambroxol + Paracetamol	a, Pharmacodynamically irrelevent
8	Alginine Acid + Sodium Bicarbonate + Aluminium Hydroxide + Magnesium Hydroxide tablet.	Already discussed by the earlier Committee
9	Cetrimide 0.5gm + Thymol 5mg + Acriflavine 0.12gm cream	Already discussed by the earlier Committee
10	Taurine + Acetylcysteine tablet	b
11	Paracetamol + Dicyclomine	c, if PCM dose is 500 mg
12	Beclomethasone + Gentamicin + Clotrimazole	a, Pharmacodynamically irrelevent
13	Dextromethorphan + Chlorpheniramine + Phenylephrine	c
14	Aceclofenac + Paracetamol + Serratiopeptidase	Subjudice
15	Atorvastatin + Metformin	Already discussed by the earlier Committee
16	Naproxen + Domperidone	Subjudice
17	Paracetamol + Phenylephrine + Chlorpheniramine + Caffeine	a, Pharmacodynamically irrelevent
18	Flunirizine + Paracetamol + Domperidone	a, PK and PD irrelevant
19	Benfothiamine + Metformin	Already discussed by the earlier Committee
20	Silymarin + Urosochlorodoxy acid	b
21	Tapentadol + Paracetamol	Already discussed by the earlier Committee
22	Dextromethorpahn + Chlorpheniramine	c
23	Paracetamol 650mg + Diclofenac 50mg	c, if PCM dose is 325 mg
24	Chloramphenicol + Dexamethasone eye drop	c
25	Aceclofenac + Paracetamol + Trypsin + Chymo trypsin	d
26	Diphenhydramine + Ammichloride + Sodium Citrate + Terpine Hydrate + Menthol syrup/suspension	a, Pharmacodynamically irrelevent
27	Beclomethaosne + Miconazole + Neomycin	a, Pharmacodynamically irrelevent

28	Calcium Citrate 1000mg + Elemental Magnesium 100mg (as magnesium hydrate) + Elemental Zinc 4mg (as zinc Sulphate) +vitamin D3 200 IU	b
29	Paracetamol + Chlorpheniramine	b
30	Amlodipine + Hydrochlorothiazide + Losartan	d
31	Mometasone + Hydroquinone + Tretinoin cream	c
32	Beclomethasone + Gentamicin + Miconazole	a, Pharmacodynamically irrelevent
33	Lornoxical +Paracetamol + Tramadol	Already discussed by the earlier Committee
34	Chlorpheniramine Maleate IP 3 mg+Ammonium Chloride IP 130 mg+Sodium Citrate IP65 mg+Menthol IP 0.5 mg oral liquid	a, there is a potential of misuse in peadiatric population
35	Lactic acid bacillus 180 million +Folic acid 1500mcg +cyanocobalamin 15mcg tablet	b