

Nil

File No. 4-146/2007-DC  
Government of India  
Directorate General of Health Services  
Central Drugs Standard Control Organization  
(FDC Division)

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FDA Bhawan, Kotla Road  
New Delhi-110002

Dated: 25 FEB 2019

To,  
All State/UTs Drugs Controller

**Subject:** Manufacture and market FDC of Atenolol + Losartan + Hydrochlorthaizide-  
regarding.

Sir,

The office of Drugs Controller General (India) received complaints from Consumer Associations in year 2007 regarding Fixed Dose Combinations (FDC) not approved by DCG(I) but marketed in the country. As a part of follow up action of complaints, the office of DCG(I) prepared a list of 294 FDCs and directions were issued to all State/UT Drugs Controllers to withdraw these 294 FDCs which were licensed without approval of DCG(I). The manufacturers association, however, got stay from the Hon'ble High Court of Madras on the directions issued in the matter.

The matter was then placed in DTAB in the 56<sup>th</sup> meeting dated 16.01.2008. A Sub-Committee was constituted by DTAB to examine these FDCs. Accordingly, the Sub-Committee examined these FDCs and submitted its report to the DTAB. DTAB in its meeting held on 16.02.2015 agreed with the recommendations of Sub-Committee of DTAB. The Hon'ble Supreme Court as per its judgement dated 15.12.2017 has accepted the recommendations of DTAB.

It is pertinent to mention here that based on recommendations of DTAB, one of the FDC of Atenolol + Losartan + Hydrochlorthaizide was examined by Subject Expert Committee (SEC) (Cardiovascular and Renal) in its 57<sup>th</sup> meeting held on 27.11.2018 for deliberation. After detailed deliberation, the committee recommended that the use of Beta blocker- Atenolol in this FDC with diuretic (Ref: ASCOT-BPLA trial) is not appropriate. However, the applicant may present their scientific justification with supportive evidence, if any for further consideration.

In view of above, you are requested to inform the above said recommendations of the SEC to all the manufacturers situated under your jurisdiction and direct them to submit the scientific justification with supportive evidence if any in the annexed format for further consideration, at the earliest to this Directorate so that further decision can be taken in the matter.

Yours faithfully,



(Dr. S. Eswara Reddy)  
Drugs Controller General (India)

Encl: As above

Copy to:-

1. All Zonal/Sub Zonal offices of CDSCO.
2. All Association in Indian Drug/Pharmaceuticals Association Forum.
3. Website of CDSCO

**Annexure A**

**Format for submission of information by  
appellant/petitioner/manufacturer/marketing company on FDC to DTAB  
Sub-Committee**

(Submit information as hard copy as well as soft copy)

S. No.	Item	Response	
1.	(a) Composition of Product: (Details of all strengths/dosage forms)		
	(b) Brand name/s, if any:		
	(c) Name of the Applicant, specify if i. Manufacturer: ii. Marketer : iii. Petitioner/appellant		
	(d) Approving authority with year of approval	Name of the Authority	Year of Approval

Signature of the Authorized representative: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Communication (Address, Telephone, Email) Details:

Company Seal:

<b>For Office Use:</b>	
Identification No. Company	

<b>Identification No. (Office Use)</b>	
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S. No.	Item	Response
2.	Particulars of the drug: Dosage form, composition of the formulation (including all active ingredients, pharmacological classification)	
3.	Indication(s)	
4.	Provide a copy of Package insert as per Schedule Y of Drugs & Cosmetics Rules.	
5.	State the category (as per Appendix VI) under which FDC approval is claimed	
6.	a) Therapeutic justification / rationale for each ingredient and quantity in the FDC	
	b) Therapeutic value claimed or purported to be claimed of the FDC (Postulated advantage/ value of FDC)  (Submit a one-page summary with highest level of evidence, supporting the claim of postulated advantage/rationale. The evidence should be enclosed in the form of maximum of five relevant full text articles in peer-reviewed journals/ relevant pages from textbooks)  [Tick (✓) appropriate option(s)]	
	i. Increased efficacy	
	ii. Reduced incidence and/or severity of adverse effects	
	iii. Dose reduction	
	iv. Reduced cost	
	v. Booster for another drug	
	vi. Improved patient adherence/ Convenience	
	vii. Minimization of abuse of other actives	
	viii. Simpler logistics of procurement and/ or distribution	
	ix. Reduced development of microbial resistance	
x. Any other (please specify)		

<b>Identification No. (Office Use)</b>	
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S. No.	Item	Response
7.	Pharmacokinetic/ pharmacodynamics rationality with half-life details of individual ingredients, dosage schedule of individual drugs (Submit a one-page summary with highest level of evidence, supporting the claim of postulated advantage/rationale. The evidence should be enclosed in the form of maximum of five relevant full text articles in peer-reviewed journals/ relevant pages from textbooks)	
8.	Published data regarding safety and efficacy of FDC (Submit a one-page summary with highest level of evidence, supporting the claim of postulated advantage/rationale. The evidence should be enclosed in the form of maximum of five relevant full text articles in peer-reviewed journals/ relevant pages from textbooks)	
9.	Original Safety & Efficacy data if any, regarding the FDC, generated by the applicant (Submit a one-page summary. Also submit the article based on these data, if published or one-page abstract of each study if unpublished with CTRI number, if available)	
10.	Regulatory status of the FDC in other countries	
10.1	Countries where the drug is:	
	(a) Marketed	
	(b) Approved	
	(c) Approved as IND	
	(d) withdrawn, if any, with reasons	
10.2	Restrictions on use, if any, in countries where marketed/approved	
11	Specimen of labels and cartons	
12	Any other relevant information	
13	Submit PPT of presentation in hard copy (Maximum 7 slides) which the company will present to the committee	

**(Note: Individual Form shall be submitted for each FDC and all above information shall be provided for each strength/ dosage form for an FDC in the same form or separate form if required )**