File No.04-01/2013-DC(Misc. 13-PSC Part-III) Government of India Directorate General of Health Services Central Drugs Standard Control Organization (FDC Division)

FDA Bhawan, Kotla Road New Delhi-110002

Dated: 3

1 MAR 2023

NOTICE

Subject: Evaluation of 16 Fixed Dose Combinations (FDCs) by DTAB Sub-committee which were earlier considered as irrational in the Expert Committee report of the Prof. Kokate committee-regarding.

The 86th meeting of the Drugs Technical Advisory Board (DTAB) was held under the Chairmanship of the Director General of Health Services. It deliberated on the report of Prof. Kokate Committee with respect to Fixed Dose Combinations (FDCs) considered as irrational in the Expert Committee report of the committee.

DTAB examined the Expert Committee report of Prof. Kokate dated 12.03.2021 in its 86th DTAB meeting and in principle agreed to the recommendations of the Prof. Kokate Committee and recommended that the sub-committee under Dr. Nilima Kshirsagar, Emeritus Scientist, Former Chair in Clinical Pharmacology, ICMR, Mumbai, shall examine the 16 irrational FDCs in details as per the earlier procedures.

In order to give an opportunity to the manufacturers of said FDCs and the concerned stakeholders for presenting the precise data with respect to these FDCs, the Subcommittee has desired that the manufacturers and other stakeholders submit the information in the prescribed format as per **Annexure 'A'** (along with supporting documents) which is enclosed herewith for further action.

Accordingly, all the manufacturers of said FDCs and the concerned stakeholders are hereby requested to submit the information in the prescribed format and the relevant supporting documents in hard copy as well as soft copy (i.e. in C. D.Form) to this office latest by 30th April 2023 till 5:00 PM.

(B.K.Samantaray)
Deputy Drugs Controller (India)

Copy to:

- 1. Dr. Nilima Kshirsagar, the Chairperson, Sub-Committee of DTAB
- 2. Indian Drug/Pharmaceuticals Association Forum
- 3. Website of CDSCO for information and necessary action by manufacturers of said FDCs and concerned stakeholders

Annexure A - March 2023

FDC Identification number as on the website:

Format for submission of information on FDC to DTAB Sub-Committee

(Submit all the information including full text of references as hard copy as well as soft copy)

S.	Itom		
No.	Item	Response	
140.	() 6		
1	(a) Composition of Product		1
1a.	(FDC):		•
	(Details of all ingredients,		
	strengths /dosage forms)		
	(b) Brand name/s if any:		
	(c) Name and Address of		
	the Applicant		
	Whether the applicant is		
	i. Manufacturer:		
	ii. Marketer:		
	iii. Any other (please		
- 5- 1	specify):		
	iv		
1b.	Licensing authority with	Name and Designation of the licensing	Date & Year of
	year of license and	Authority	Product License
	informations, if any	rumonty	1 Toduct License
	submitted to Licensing		
	Authority while obtaining		
	the License		
1c.	Whether the FDC is		
10.			
	approved by DCGI, If so		
1 1	details/evidence thereof		
1d.	Whether the FDC is Pre		
	1988, If so details/evidence		
	thereof		

S. No.	Item	Response	
2.	Particulars of the drug: Dosage form, composition of the formulation (including all active ingredients)		
3.	Indication(s)		
4.	Provide a copy of the approved Package insert that is currently provided		
5.	State the category under which FDC approval is claimed as per Drugs and Cosmetics Rules.		
6.	Pharmacological classification		
7.	a) Therapeutic justification / rationale for each ingredient and quantity contained in the FDC	unit	
	b) Therapeutic value claimed or purported to be claimed of the FDC (Postulated advantage/ Therapeutic value of FDC)[Tick (√) appropriate option(s)]	aperi are i cangilari	
	i. Increased efficacy	STREET COST RESIDENCE OF	
	ii. Reduced incidence of adverse effects		
	iii. Dose reduction	Carried and Carried	
	iv. Reduced cost	The Control of the Co	
	v. Booster for another drug		
	vi. Improved patient adherence/ Convenience	army about the executive	
	vii. Minimization of abuse of other actives		
	viii. Reduced development of microbial resistance		
	ix. Any other (please specify)	paratity of the art of the second	
	c) 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 information from textbooks		
8.	Pharmacokinetic/ pharmacodynamics rationality with half-life details of individual ingredients, dosage schedule of individual drugs and dosage schedule 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 most relevant full text articles in peer-reviewed journals/ relevant information from textbooks)	Contained in the contained of the contai	

S. No.	Item	Response
9.	Published data regarding safety and efficacy of FDC	
	(Submit a one-page summary with highest level of evidence, supporting the claim of postulated	
*	, it is beautiful of postulated	
35	advantage/rationale. The evidence should be enclosed in	
39	the form of maximum of five most relevant full text	
	articles in peer-reviewed journals/ relevant information	
	from textbooks)	
10.	Safety & Efficacy data if any, regarding the FDC,	
81.0	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)	
11.	Please specify the guidelines National/international/	
	professional Association/Chapters/bodies) if any, that	
	have recommended the use of the above FDC or use of	
	the ingredients thereof concurrently	
12.	a) Whether marketed in EU, UK, Canada, Australia,	
	Japan and the USA?	
	supul and the OSA:	
	b) If yes, which country/countries?	
	c) Specify country-wise product brand name, ingredients,	
	dosage form, its strength, amount of usual ingredients	
	per dosage form, indication/s and dosage frequency	
13.	Regulatory status of the FDC in other countries	
13.1	Countries where the drug is:	*
	(a) Marketed	
	(b) Approved	
	(c) Approved as IND	→
	(d) withdrawn, if any, with reasons	
3.2	Restrictions on use, if any, in countries where	
	marketed/approved	
4.	Specimen of labels and cartons	
5.	Any other relevant information	
6.	Submit one page summary of grounds and reasons in	
	support of FDC with not more than 5 relevant references	
	Submit PPT of presentation in hard copy (Maximum 7	
7.	outlift I I of proscritation in that the trible in the trible is	
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 in the same Form of FDC)

Name:	entative:
Ivame.	
Designation:	
Date:	
	The state of the s
Place:	
For Office Use:	
Identification No.	
-	
6	
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List of 16 FDCs in 294 FDCs recommended as irrational by Prof. Kokate Committee.

SI.no.	Name of FDC
1.	Acetyl salicylic acid + Ethoheptazine
2.	Aloe extract + Allantoin + Alphatocopherol acetate + D-Panthenol +
	Vitamin A
3.	Aloe extract + Vitamin E + Dimethicone + Glycerine
4.	Aloe vera + Jojoba oil + Vitamin E
5.	Aloe vera + Orange oil
6.	Aloe vera + Jojoba oil + Wheat germ oil + Tea tree oil
7.	Aloe vera + Vitamin E + Herbal
8.	Dicyclomine + Paracetamol + Clidinium Bromide
9.	Dicyclomine + Paracetamol + Clidinium Bromide +
	Chlordiazepoxide
10.	Gliclazide + Chromium Picolinate
11.	Paracetamol + Lignocaine
12.	Amoxicillin + Serratiopeptidase + Lactobacillus Sporogens
13.	Amoxicillin + Cloxacillin + Lactic acid bacillus + Serrapeptase
14.	Amoxicillin + Serratiopeptidase
15.	Cefadroxyl + Probenecid
16.	Cefuroxime + Serratiopeptidase