List of Irrational Fixed dose Combination

	Fixed Dose Combinations	Justification
1	Acetaminophen + Guaifenesin + Dextromethorphan + Chlorpheniramine	1. Contradictory combination of expectorant/Mucolytic and Antitussive. (Expectorants (e.g., Guaifenesin, Ammonium Chloride, Sodium Citrate) loosen and promote expulsion of mucus. Antitussives (Dextromethorphan, Diphenhydramine) suppress the cough reflex, which is required for effective mucus clearance. This results in retained secretions, reduced airway clearance, and may worsen congestion or infection. 2. The combination of several drug molecules increases the risk of adverse drug reactions.
2	Dextromethorphan + Phenylephrine + Bromhexine + Guaifenesin + Chlorpheniramine	
3	Diphenhydramine +Terpine +Ammonium Chloride +Sodium Chloride +Menthol	
4	ChlorpheniramineMaleate+AmmoniumChloride+Sodium Citrate	
5	Dextromethorphan + Phenylephrine + Guaifenesin + Cetirizine + Acetaminophen	
6	Dextromethorphan + Phenylephrine + Guaifenesin	
7	Dextromethorphan + Chlorpheniramine + Ammonium Chloride + Menthol	
8	Diphenhydamine + guaiphenesin + ammonium chloride + bromhexine	
9	Ambroxol + Terbutaline + Dextromethorphan	
10	Dextromethorphan +Chlorpheniramine +Guaiphenesin	
11	Terbutaline +Bromhexine +Guaiphenesin+Dextromethorphan	
12	Dextromethorphan + Cetirizine + Guaifenesin + Ammonium Chloride	
13	Guaifenesin + Bromhexine + Chlorpheniramine + Paracetamol	
14	Ammonium Chloride + Dextromethophan + Cetirizine + Menthol	
15	Chlorpheniramine + Dextromethorphan + Guaifenesin + Phenylephrine	
16	Dextromethorphan + Ambroxol + Ammonium Chloride + Chlorpheniramine + Menthol	
17	Dextrometharphan + Chlopheniramine + Ammonium Chloride + Sodium Citrate + Menthol	
18	Bromhexine + Dextromethorphan	

19	Chlorpheniramine maleate+ dextromethophan+ dextromethorphan + guaiphenesin + ammonium chloride + menthol	
20	Dextromethophan + Chlopheniramine + Bromhexine	
21	Aceclofenac +Paracetamol +Famotidine	1. Limited scientific evidence of therapeutic superiority 2. No proven benefit over individual component administration. 3. Lack of clinical evidence to justify combination in a single formulation 4.Absence of robust clinical trials or regulatory approvals supporting combined use. 5.Limited dosing flexibility for co-morbid conditions 6.Potential for increased adverse effects or drug interactions 7.Combination may heighten risk without corresponding benefit. 8.Not supported by standard treatment guidelines or pharmacopeias 9.Lacks endorsement from credible medical or regulatory bodies
22	Aceclofenac + Paracetamol + Rabeprazole	
23	Aceclofenac + Zinc Carnosine	
24	Paracetamol + disodium Hydrogen Citrate + Caffeine	
25	Fixed dose combinations of antihistamine with antidiarrheals.	
26	Fixed dose combinations of Vitamins with Anti TB drugs except combination of Isoniazid with Pyridoxine Hydrochloride (Vitamin B6).	
27	Fixed dose combination of laxatives and/or anti-spasmodic drugs in enzyme preparations.	
28	Paracetamol + DL Methionine	
29	Fixed dose combination of Cyproheptadine with Lysine or Peptone.	
30	Betahistine +Ginkgo BilobaExtract+Vinpocetine+Piracetam	
31	Cetirizine Dihydrochloride +Diethyl Carbamazine	
32	Doxylamine +Pyridoxine +MefenamicAcid+Paracetamol	
33	Atorvastatin + vitamin D3 + folic acid + vitamin B12 + pyridoxine	
34	Paracetamol + Prochloperazine	
35	Gabapentin +Mecobalamin +Pyridoxine +Thiamine	
36	Disodium Hydrogen citrate +Paracetamol	
37	Paracetamol + Caffeine + Codeine Phosphate	
38	Diclofenac + Paracetamol injection	
39	Aceclofenac (SR) + Paracetamol	
40	Dicyclomine +Paracetamol +Domperidone	
41	Tamsulosin + diclofenac	
42	Paracetamol +Phenylephirine +Chlorpheniramine +Dextromethorphan +Caffeine	
43	Diclofenac +Zinc Carnosine	
44	Diclofenac + paracetamol + chlorpheniramine maleate + magnesium trisilicate	
45	Metformin+Atorvastatin	

46	Doxycycline +Serratiopeptidase	
47	Paracetamol +Promethazine	
48	L-5-Methylterahydrofolate calcium + Escitalopram	
49	Fixed dose combinations of Atropine in Analgesics and Antipyretics.	
50	Azithromycin + Levofloxacin	1. High Risk of Antimicrobial resistance: - Inappropriate or unnecessary combinations promote resistance development. - Broad-spectrum combinations used without microbial sensitivity data increase resistance selection pressure. 2. Increased risk of Adverse Drug Reaction 3. Combination of Azithromycin and Fluconazole, both can prolong the QT interval, increasing the risk of cardiac arrhythmia. 4. Lack of clinical evidence to support therapeutic superiority over Mono therapy.
51	Cefixime +Linezolid	
52	Amoxicillin +Cefixime +Potassium Clavulanic Acid	
53	Ofloxacin +Nitazoxanide	
54	CefpodoximeProxetil +Levofloxacin	
55	Combikit of Azithromycin dihydrate, secnidazole and fluconazole	
56	Levofloxacin +Ornidazole +Alpha Tocopherol Acetate	
57	Nimorazole+Ofloxacin	
58	Azithromycin + ofloxacin	
59	Amoxycillin + tinidazole (use other than in H.Pylori)	
60	Azithromycin+Cefixime	
61	Cefixime +levofloxacin	
62	Ofloxacin +Metronidazole +Zinc Acetate	
63	Amoxicillin +Dicloxacillin	
64	Azithromycin +Cefpodoxime	
65	Combikit of Fluconazole Tablet, Azithromycin Tablet and Ornidazole Tablets	
66	Cefuroxime + Linezolid	
67	Ofloxacin +Ornidazole +Zinc bisglycinate	
68	Metronidazole +Norfloxacin	
69	Neomycin + Doxycycline	
70	Norfloxacin+ Metronidazole + zinc Acetate	
71	Oflaxacin + Ornidazole suspension	
72	Paracetamol +Domperidone +Caffeine	
73	Chloramphennicol+Lignocain+Betamethasone+Clotrimazole+ Ofloxacin+Antipyrine	1. Redundant Combination of Antimicrobials 2. Increased risk of Antimicrobial resistance 3.Unnecessary use of Steroids 4. Increased Adverse Drug Reaction
74	Ofloxacin +Clotrimazole +Betamethasone +Lignocaine	
75	Gentamicin Sulphate +Clotrimazole +Betamethasone +Lignocaine	
76	Clotrimazole +Beclomethasone +Ofloxacin +Lignocaine	

77	Beclomethasone +Clotrimazole+Chloramphenicol+Gentamycin +Lignocaine Ear drops	
78	Lignocaine+Clotrimazole+Ofloxacin+Beclomethasone	
79	Betamethasone + FusidicAcid + Gentamycin + Tolnaftate + Iodochlorhydroxyquinoline(ICHQ)	
80	Clobetasol + Ofloxacin + Miconazole + Zinc Sulphate	
81	Clobetasole + Gentamicin + Miconazole + Zinc Sulphate	
82	Beclomethasone + clotrimazole + neomycin + iodochlorohydroxyquinone	
83	Ciprofloxacin + Fluocinolone + Clotrimazole + Neomycin + Chlorocresol	
84	Clobetasol + Ofloxacin + Ketoconazole + Zinc Sulphate	
85	Clobetasol + Gentamicin + Tolnafrate + Idochlorhydroxyquinone + Ketoconazole	
86	Betamethasone + Neomycin + Tolnafrate + IodoChloroHydroxyQuinoline + Cholorocresol	
87	Clobetasol + Neomycin + Miconazole + Clotrimazole	
88	Clobetasol + Ofloxacin + Ornidazole + Terbinafine	
89	Gentamycin+Dexamethasone+Chloramphenicol+Tobramycin+ Ofloxacin	
90	Cephalexin + Neomycin +Prednisolone	
91	Nimesulide +Loratadine +Phenylephrine +Ambroxol	1. All Nimesulide combination must be restricted due to its association with serious hepatotoxicity 2. Nimesulide is banned in the US,UK, and Australia. In India Nimesulide is banned for Paediatric use.
92	Nimesulide + Cetirizine + Phenylephrine	
93	Cetirizine + Phenylephrine + Paracetamol + Caffeine + Nimesulide	
94	Nimesulide + Diclofenac	
95	Nimesulide + Cetirizine +Caffeine	
96	Nimesulide +Tizanidine	
97	Nimesulide +Paracetamol dispensable tablets	
98	Nimesulide + serratiopeptidase	
99	Nimesulide + Paracetamol injection	
100	Nimesulide + Pitofenone + Fenpiverinium + benzyl alcohol	
101	Nimesulide + Dicyclomine	
102	Nimesulide + paracetamol + levocetirizine + phenylephrine + caffeine	
103	Nimesulide +Paracetamol suspension	

104	Fixed Dose Combinations Of Nimesulide + Levocetrizine	
105	Nimesulide + Phenylephrine + Ceffeine+ levocetirizine	
106	Cetirizine + Nimesulide + Phenylephrine	
107	Nimesulide+Paracetamol+Cetrizine +Phenylephrine	
108	Dextromethorphan + Paracetamol + Cetirizine + Phenylephrine	1. Lack of Scientific Evidence 2. Lack of Regulatory Approval in reference authorities. 3. Dosing Inflexibility
109	Chlorpheniramine + Terpin + Antimony Potassium Tartrate + Ammoniumchloride + SodiumCitrate + Menthol	
110	TerbutalineSulphate + Etofylline + Ambroxol	
111	Paracetamol + Codeine + Chlorpheniramine	
112	Paracetamol + Pseudoephedrine + Cetirizine + Caffeine	
113	Naphazoline + Chlorpheniramine + Zinc Sulphate + Boric Acid Ip + Sodium chloride + chlorobutol	
114	Ambroxol + Salbutamol + Choline Theophyllinate + Menthol	
115	Chlorpheniramine + Vasaka + Tolu Balsam + Ammonium Chloride + Sodium Citrate + Menthol	
116	Rabeprazole +Zinc carnosine	
117	Bromhexine + Cetrizine + Phenylephrine + Guaifenesin + Menthol	
118	Dextromethorphan + Phenylephrine + Cetirizine + Zinc + Menthol	
119	Terbutaline + N-Acetyl L-Cysteine + Guaifenesin	
120	Calcium Gluconate + Levocetirizine	
121	Paracetamol + Levocetirizine + Pseudoephedrine	
122	Salbutamol + Choline Theophyllinate + Carbocisteine	
123	Chlorpheniramine + Ammonium Chloride + Chloroform + Menthol	
124	Salbutamol + Choline Theophyllinate + Ambroxol	
125	Chlorpheniramine + Codeine phosphate + Menthol syrup	
126	Chlorpheniramine + Ammonium Chloride + Menthol	
127	Dextromethorphan + Phenylephrine + Tripolidine + Menthol	

128	Salbutamol + Cetirizine + Ambroxol	
129	Paracetamol + pseudoephedrine + cetirizine	
130	Phenylbutazone+Sodium Salicylate	
131	Glucosamine +Methyl SulfonylMethane+Vitamin D3 + Manganese + Boron+ Copper +Zinc	
132	Paracetamol +Tapentadol	
133	Tranexamic Acid + Proanthocyanidin	
134	BenzoxoniumChloride+Lidocaine	
135	Lornoxicam +Paracetamol +Tramadol	
136	Lornoxicam +Paracetamol +Serratiopeptidase	
137	Amoxicillin+Bromhexine	No clinical and scientific justification for such a combination into a single formulation.
138	Azithromycin + Ambroxol	No clinical and scientific justification for such a combination into a single formulation.
139	Fixed dose combinations of Strychnine and Caffeine in tonics.	Strychnine is a potent neurotoxin and a NTI drug. caffeine increases the toxicity of Strychnine. .
140	Fixed dose combinations of Yohimbine and Strychnine with Testosterone and Vitamins.	Use of strychnine in any therapeutic FDC is not justified given its toxicity.
141	Fixed dose combinations of Iron with Strychnine, Arsenic and Yohimbine.	Irrational combination with no added benefit and increased risk.
142	Fixed dose combinations of Penicillin with Sulphonamides.	Antagonizing effect reducing treatment effectiveness
143	Fixed dose combinations of Vitamins with Analgesics.	No therapeutic justification
144	Fixed dose combinations of any other Tetracycline with Vitamin C.	Known Drug-drug interactions:Vitamin C (Ascorbic Acid) reduces tetracycline absorption. Vitamin C is acidic, and it can chelate tetracycline in the stomach and intestines. This chelation forms insoluble complexes, significantly reducing the oral bioavailability of tetracycline.
145	Fixed dose combinations of Hydroxyquinoline group of drugs with any other drug except for preparations meant for external use.	Hydroxyquinolines have been associated with neurotoxicity, optic atrophy and blindness.
146	Fixed dose combinations of Corticosteroids with any other drug for internal use except for preparations meant for meter dose inhalers and dry powder inhalers.	Need for systemic corticosteroids to be used cautiously as they cause severe metabolic and hormonal disturbances
147	Fixed dose combinations of Chloramphenicol with any other drug for internal use.	Chloramphenicol causes fatal aplastic anemia and combination increase toxicity risk
148	Fixed dose combinations of crude Ergot preparations except those containing Ergotamine, Caffeine, analgesics, antihistamines for the treatment of migraine, headaches.	Crude ergot and cause severe vasoconstriction , only regulated combinations for migraine treatment allowed

149	Fixed dose combination of Histamine H-2 receptor antagonists with antacids	Antacids can reduce the absorption and effectiveness of H2-receptor antagonists.
150	Fixed dose combination containing more than one antihistamine.	Pharmacological redundancy, increased adverse effects, lack of evidence for added benefit
151	Fixed dose combination of Salbutamol or any other bronchodilator with centrally acting anti-tussive and/or antihistamine.	Lead to adverse effects such as excessive sedation, respiratory depression
152	Fixed dose combination of centrally acting, antitussive with antihistamine, having high atropine like activity in expectorants.	These combinations because they can impair respiratory function, suppress the protective cough reflex, and increase the risk of side effects without offering additional therapeutic benefit.
153	Fixed dose combination containing Pectin and/or Kaolin with any drug which is systemically absorbed from GI tract except for combinations of Pectin and/or Kaolin with drugs not systemically absorbed.	To prevent reduced efficacy of drugs that are intended for systemic action.
154	Fixed dose combination of antidiarrheals with electrolytes.	To ensure that the focus remains on addressing the underlying cause of diarrhea and providing appropriate hydration without risk of masking or prolonging the condition.
155	Fixed dose combination of Oxyphenbutazone or Phenylbutazone with any other drug.	To minimize the risk of toxicity and adverse drug reactions, ensuring safer and more effective treatments for patients.
156	Fixed dose combination of Analgin with any other drug.	The CDSCO restricts the use of Analgin in FDCs due to its safety profile, which includes a risk of severe blood disorders. The combination with other drugs does not provide sufficient therapeutic benefit to outweigh the safety concerns.
157	Fixed dose combination of dextropropoxyphene with any other drug other than antispasmodics and/or nonsteroidal antiinflammatory drugs (NSAIDS).	Risk of misuse, overdose, and potential toxicity.
158	Fixed dose combination of Diazepam and Diphenhydramine Hydrochloride	Due to the high risk of excessive CNS depression and sedation, which outweighs any potential benefits. It is considered an unsafe combination that could lead to serious health risks.
159	Parenteral Preparations fixed combination of streptomycin with Penicillin	Due to concerns over reduced efficacy and increased risk of toxicity, especially in patients with compromised renal function.
160	Fixed dose combination of haemoglobin in any form (natural or synthetic).	no proven therapeutic benefit of hemoglobin directly in fixed dose.
161	Fixed dose combination of Nitrofurantoin and trimethoprim.	Lacks proven superiority over monotherapy
162	Fixed dose combination of Phenobarbitone with Hyoscin and/or Hyoscyamine	Phenobarbitone (a sedative) with Hyoscine/Hyoscyamine (anticholinergics) can cause excessive CNS depression, confusion, dizziness, and constipation.
163	Fixed dose combination of Haloperidol with any anticholinergic agent including Propantheline Bromide.	increases the risk of cognitive impairment, hallucinations, and tachycardia, especially in elderly patients.
164	Fixed dose combination of Nalidixic Acid with any antiamoebic including Metronidazole.	lacks scientific evidence of added benefit and can increase neurotoxicity, seizures, and gastrointestinal side effects.

165	Fixed dose combination of Loperamide Hydrochloride with Furazolidone	High risk of masking infections. Loperamide reduces gut motility, which can trap pathogens or toxins inside the intestines, potentially worsening or prolonging infections. Furazolidone is less commonly used due to safety concerns (potential carcinogenicity, side effects) and limited efficacy against many pathogens.
166	Diclofenac + Tramadol + Chlorzoxazone	High risk of sedation and liver toxicity
167	Paracetamol + Phenylephrine + Caffeine	Increased the risk of heart issues
168	Diclofenac +Tramadol +Paracetamol	Increased risk of liver disease, potential for opioid addiction
169	Diclofenac + paracetamol + chlorzoxazone + famotidine	All have hepatoxicity potential and shows no additional benefit
170	Paracetamol +Diclofenac +Famotidine	Leads to potential liver toxicity and no additive benefit over other safer alternatives
171	Omeprazole + Paracetamol + Diclofenac	Therapeutic redundancy of two NSAIDs along with a PPI where there is limited clinical justification for general use.
172	Fixed dose combination of Ethambutol with INH other than the following: INH Ethambutol 200 mg. 600 mg. 300 mg. 800 mg.	The combination of Isoniazid (INH) and Ethambutol outside the specified doses was found to be either subtherapeutic (leading to resistance) or toxic.
173	Lornoxicam+Paracetamol+Trypsin	Redundant Combination of two NSAIDs with limited benefit with increased risk of Adverse drug reaction.
174	Paracetamol +Mefenamic Acid +Ranitidine +Dicyclomine	
175	Heparin +Diclofenac	Heparin is an anticoagulant (blood thinner) that prevents blood clotting. Diclofenac is an NSAID that also has antiplatelet effects and can impair platelet function. Combining both increases the risk of serious bleeding, including gastrointestinal bleeding, hemorrhage, or bleeding complications at other sites.
176	Fixed dose combination of any anthelmintic with cathartic/purgative	The combination of anthelmintics with cathartics does not offer significant therapeutic advantages and may pose safety risks, including dehydration and electrolyte imbalances.
177	Diclofenac +Paracetamol +Magnesium trisilicate	Antacids like magnesium trisilicate are not effective in preventing NSAID-induced gastric ulcers or bleeding and may lead to masking of GI induced GI irritation
178	Combikit of 3 tablets of Serratiopeptidase (enteric coated 20000 units) + Diclofenac Potassium & 2 tablets of Doxycycline	High risk of antibiotic misuse, due to short term use case
179	Fixed dose combinations of vitamins with anti-inflammatory agents and tranquilizers.	Mixing tranquilizers with vitamins can lead to unnecessary sedation.
180	Fixed dose combination of Phenobarbitone with any antiasthmatic drugs.	Phenobarbitone is a central nervous system (CNS) depressant, while antiasthmatic drugs, such as beta-agonists and theophylline, have CNS stimulant effects. Combining them may cause opposing pharmacological actions, leading to reduced efficacy and increased risk of side effects like respiratory depression, drowsiness, and seizures.

181	Fixed dose combination of Rifampicin, isoniazid and Pyrazinamide, except those which Provide daily adult dose given below: Drugs Minimum Maximum Rifampicin 450 mg 600 mg Isoniazid 300 mg 400 mg Pyrazinamide 1000 mg 1500 mg	Incorrect dosing combinations increase the risk of resistance and reduce effectiveness of TB treatment.
182	Diphenoxylate +Atropine +Furazolidone	Slowing GI motility can prolong infection or toxin retention.
183	Ciprofloxacin +Phenazopyridine	Lacks clinical evidence and Risks masking serious conditions.
184	Amoxycillin +Dicloxacillin +Serratiopeptidase	Overlapping antibiotic spectra and limited evidence for enzyme addition
185	Fixed dose combination of Phenobarbitone with Ergotamine and/or Belladona	Ergotamine (used for migraines) and Belladonna (anticholinergic) can have significant vasoconstrictive and sedative effects, leading to increased risk of ischemia, severe hypertension, and respiratory depression when combined with Phenobarbitone.
186	Ciprofloxacin +Fluticasone +Clotrimazole +Neomycin	High risk of antimicrobial Resistance, Misuse of Steroids and Increased Adverse Drug Reaction
187	Metronidazole +Tetracycline	Combination only rational under established Therapy (H.Pylori).
188	Cilnidipine + metoprolol succinate + metoprolol tartrate	Unnecessary combination of Metoprolol salt forms (tartrate is Immediate release form while Succinate is extended release form). Not Therapeutic Benefit over any of the single form
189	L-Arginine +Sildenafil	Increased Adverse Drug Reaction (High risk of Hypotension)
190	Clindamycin+Telmisartan	Unnecessary antibiotic use, increased resistance risk, and lack of pharmacological rationale.
191	Olmesartan+Hydrochlorothiazide +Chlorthalidone	Redundant combination (HCTZ and Chlorthalidone), higher risk of adverse effects
192	Pholcodine +Promethazine	Both drugs cause central nervous system (CNS) depression, increasing risk of sedation, respiratory depression
193	Drotaverine + Clidinium + Chlordiazepoxide	Increased risk of sedation, drowsiness, and CNS depression
194	Imipramine + Diazepam	Risk of additive CNS depression
195	Flupentixol +Escitalopram	Increased risk of side effects: extrapyramidal symptoms (EPS), sedation, QT prolongation.
196	Imipramine +Chlordiazepoxide +Trifluoperazine +Trihexyphenidyl	Carries significant risk of side effects when combined in a single formulation.
197	Chlorpromazine +Trihexyphenidyl	Trihexyphenidyl’s anticholinergic action can interfere with chlorpromazine’s therapeutic effects, potentially reducing its antipsychotic efficacy and additive side effects.
198	Ursodeoxycholic Acid + Silymarin	Silymarin does not improve outcomes in patients already treated with UDCA, and the combination may raise concerns about drug interactions without added benefit, discouraging further combined use in such patients.

199	Metformin 1000/1000/500/500mg +Pioglitazone 7.5/7.5/7.5/7.5mg + Glimepiride 1/2/1/2mg	The combination of metformin, pioglitazone, and glimepiride at high doses is not recommended because it significantly raises the risk of hypoglycemia and side effects like weight gain and fluid retention without clear extra benefit.
200	Gliclazide 80 mg + metformin 325 mg	Clinical studies show that combining gliclazide with metformin significantly reduces HbA1c (a measure of long-term blood glucose) more than either drug alone. (risk of hypoglycemia)
201	Voglibose+ Metformin + Chromium Picolinate	Moderate interaction between chromium picolinate and metformin can increase risk of hypoglycemia and metabolic issues. Combined gastrointestinal side effects from all three drugs can be severe and reduce patient adherence.
202	Pioglitazone 7.5/7.5mg+Metformin 500/1000mg	Pioglitazone can worsen or cause heart failure due to fluid retention. Metformin carries a risk of lactic acidosis, which can be life-threatening. The combination increases risks of edema, weight gain, and other side effects.
203	Glimepiride 1mg/2mg/3mg+Pioglitazone 15mg/15mg/15mg+Metformin 1000mg/1000mg/1000mg	Glimepiride increases insulin; hypoglycemic risk is amplified with metformin and pioglitazone. Pioglitazone causes fluid retention; risk of Heart Failure & Edema increases with combination, especially in elderly.
204	Telmisartan + Metformin	Risk of lactic acidosis with metformin can increase with hypotension or renal impairment, which telmisartan might exacerbate.
205	glimepiride 1mg/2mg+ pioglitazone 15mg/15mg + metformin 850mg/850mg	The combination of glimepiride, pioglitazone, and metformin is not recommended because it significantly increases the risk of hypoglycemia, fluid retention, and heart failure, especially in vulnerable populations. It also raises the risk of lactic acidosis (due to metformin), anemia, and gastrointestinal side effects.
206	Metformin 850mg+Pioglitazone 7.5 mg+Glimepiride 2mg	High cumulative risk of hypoglycemia, heart failure, fluid retention, bone fractures, potential bladder cancer risk, and other side effects, which often outweigh the glucose-lowering benefits, particularly when safer and potentially more beneficial alternatives are available.
207	Metformin 850mg+Pioglitazone 7.5 mg+Glimepiride 1mg	Combined risk of hypoglycemia, fluid retention, and side effects, requiring close medical supervision.
208	Metformin 500mg/500mg+Gliclazide SR 30mg/60mg+Pioglitazone 7.5mg/7.5mg	Combined risk of hypoglycemia, fluid retention, and side effects, requiring close medical supervision.
209	Voglibose+Pioglitazone+Metformin	The combination offers limited extra benefit but increases side effects like gas, diarrhea, weight gain, and risk of heart issues
210	Metformin +bromocriptine	It raises the risk of low blood sugar and side effects. The added benefit for blood sugar control is not well proven.
211	Metformin +Glimepiride +Methylcobalamin	This trio combines unnecessary risks (hypoglycemia, weight gain) with unproven benefits.
212	Pioglitazone 30 mg+Metformin 500mg	risks like weight gain and heart-related concerns.

213	Glimepiride +Pioglitazone +Metformin	Pharmacologically redundant, risk-amplifying,no robust clinical evidence
214	Glipizide 2.5mg+Metformin 400mg	Subtherapeutic dosing issue
215	Pioglitazone 15mg+Metformin 850 mg	Limited data show superior outcomes with this FDC compared to individual dose-adjusted therapy or newer combinations, reducing its justification for use.
216	Metformin ER+GliclazideMR+Voglibose	This FDC combines drugs with overlapping risks (hypoglycemia, GI issues), lacks dosing flexibility, and offers no proven advantages over newer recommended therapies.
217	Fixed dose combination of Sedatives/ hypnotics/anxiolytics with analgesics-antipyretics.	The combination of sedatives with painkillers can lead to excessive sedation, respiratory depression, and addiction potential.
218	Chromium Polynicotinate+Metformin Hydrochloride	Scientific evidence supporting the consistent benefit of chromium in managing type 2 diabetes is not robust
219	Metformin Hydrochlopride +Gliclazide +Piogllitazone +Chromium Polynicotinate	This FDC combines high-risk medications (Gliclazide, Pioglitazone) with an unproven supplement (Chromium), offering no clear advantage over safer, guideline-backed therapies. It increases risks of hypoglycemia, heart failure, and gastrointestinal side effects while limiting dose adjustments.
220	Metformin +Gliclazide +Chromium Polynicotinate	This triple combination offers no proven advantage over standard dual therapies (e.g., Metformin + Gliclazide) while introducing additional risks.
221	Glibenclamide + Metformin (SR)+ Pioglitazone	Compounded risks of severe hypoglycemia, heart failure exacerbation, lactic acidosis, multiple drug interactions, and adverse effects. The lack of dose flexibility further complicates individualized patient management.
222	Metformin (sustained release) 500mg+Pioglitazone 15 mg+Glimepride 3mg	Polypharmacy, compounded side effects and lack dose flexibility.
223	Metformin (SR) 500mg+Pioglitazone 5mg	Both metformin and pioglitazone can cause or worsen CHF.
224	Gliclazide 40mg + Metformin 400mg	Subtherapeutic doses of both drugs
225	Benfotiamine + metformin	Lack of therapeutic synergy and dosing flexibility.
226	Chloramphenicol +Beclomethasone +Clomitrimazole +Lignocaine	different therapeutic targets and AMR concerns
227	Clotrimazole + Ofloxaxin + Lignocaine + glycerine and propylene glycol	Unnecessary combination of antibiotic/antifungal and risk of resistance and over-medication.
228	Flunarizine + Paracetamole+ Domperidone	The FDC of Flunarizine, Paracetamol and Domperidone is irrational because it combines preventive and symptomatic drugs with different dosing needs. Rational migraine management favors separate use of prophylactic (flunarizine) and acute treatment (paracetamol ± antiemetics).
229	Paracetamol + Bromhexine + Phenylephrine + Chlorpheniramine + Guaifenesin	Lacks a consistent, shared therapeutic indication. There’s no strong clinical evidence to prove the benefit of the combination over single therapy.

230	Salbutamoll + Bromhexine	Lacks a consistent, shared therapeutic indication. There's no strong clinical evidence to prove the benefit of the combination over single therapy.
231	Pseudocphedrine + Bromhexine	These two drugs have opposing mechanisms where one dries secretions (pseudoephedrine), and the other promotes mucus breakdown and clearance (bromhexine).
232	Paracetamol + Chlorpheniramine + Ambroxol + Guaifenesin + Phenylephrine	Chlorpheniramine + Vasaka + Tolu Balsam + Ammonium Chloride + Sodium Citrate + Menthol
233	Chlorpheniramine + Vitamin C	insufficient scientific evidence that combining vitamin C with chlorpheniramine offers any additional benefit over chlorpheniramine alone in treating allergic conditions or the common cold.
234	Calcium Gluconate + Chlorpheniramine + Vitamin C	It lacks pharmacological or clinical justification. It treats unrelated conditions, leading to potential misuse. It impairs dosing flexibility and risks adverse effects without clear benefit
235	Chlorpheniramine + Paracetamol + Pseudoephedrine + Caffeine	Lack of clinical and scientific evidence to justify combination in a single formulation
236	Guaifenesin + Bromhexine + Chlorpheniramine + Phenylephrine + Paracetamol + Serratiopeptidase (as enteric coated granules)10000 SP Units	Lack of clinical evidence to justify combination in a single formulation
237	Levocetirizine + ambroxol + phenylephrine + paracetamol	Pharmacological antagonism and dangerous cardiovascular side effects
238	Betamethasone + Gentamicin + Tolnafrate + Iodochlorhydroxyquinoline	Obsolete toxic combinations, Antimicrobial resistance
239	Acriflavine + Thymol + Cetrimide	Outdated formulation and clear toxicity risk
240	Ketoconazole + Tea Tree oil + Allantion + zincOxide + AloeVera + Jojobaoil + Lavanderoil + Soap noodles	No diagnostic specificity, Increased risk of Antimicrobial resistance
241	Clobetasol + Neomycin + Miconazole + Zinc Sulphate	Clobetasol can worsen bacterial/fungal infections, Neomycin should never be used prophylactically, Zinc ions inactivate Miconazole. Can lead to resistance development.
242	Beclomethasone + Neomycin + Tolnafrate + Iodochlorhydroxyquinoline + Chlorocresol	Violates principle of definitive therapeutic diagnosis and five active ingredients with a harsh preservative has high risk of allergic reactions
243	Betamethasone + Gentamycin + Zinc Sulphate + Clotrimazole + Chlorocresol	Violates principle of definitive therapeutic diagnosis and five active ingredients with a harsh preservative has high risk of allergic reactions
244	Borax + Boric acid + Naphazoline + Menthol + Camphor + methyl hydroxy benzoate	No therapeutic synergy and mucosal damage risk It can cause systemic toxicity
245	Menthol + Anesthetic Ether	Life threatening respiratory depression, Obsolete ingredients with no therapeutic indication
246	Ergotamine Tartrate + Belladona dry extract + Caffeine + Paracetamol	No synergistic mechanism, ergotamine combinations carry black box warning and causes fibrotic complications
247	Phenyltoin + Phenobarbitone sodium	It can lead to dangerous interaction and increased side effect

248	Paracetamol + Ambroxol + Phenylephrine + Chlorpheniramine	Chlorpheniramine's anticholinergic effect opposes the secretive action of Ambroxol. No evidence of combination superiority.
249	Albuterol + Etofylline + Bromhexine + Menthol	Albuterol and Etophylline have overlapping bronchodilating effect without any additive effect.Combined cardiovascular effects
250	Albuterol + Bromhexine + Theophylline	Albuterol works rapidly while Theophylline has sustained action. Concerns of safety as Theophylline is NTI.
251	Paracetamol + Phenylephrine + Levocetirizine + Sodium Citrate	No pharmacological synergy levo cetirizine 24 hour action does not require combination with short acting phenylephrine
252	Paracetamol + Propyphenazone + Caffeine	Propyphenazone is outdated and high risk(causing agranulocytosis and hepatotoxicity) and no proven added benefit.
253	Guaifenesin + Diphenhydramine + Bromhexine + Phenylephrine	Conflicting MOA: Diphenhydramine dries secretion and guaphenesin/bromhexine increases secretion and overlapping side effects.
254	Dried Aluminum Hydroxide Gel + Propantheline Bromide + Diazepam	Unnecessary use of Diazepam in GI issue and high anticholinergic effects.
255	Bromhexine + Phenylephrine + Chlorpheniramine + Paracetamol	Both phenylephrine and chlorpheniramine can cause CNS depression and anticholinergic Side effects. Increased side effects without added benefit.
256	Beclomethasone + Clotrimazole + Gentamicin + Iodo-Chlorhydroxyquinoline	Gentamicin and clioquinol used together may increase the risk of skin sensitization, contact dermatitis, or ototoxicity. Clioquinol also causes neurotoxicity and combination leads to additional toxicity.
257	Ammonium Citrate + Vitamin B 12 + Folic Acid + Zinc Sulphate	Vitamin B12, folic acid, and zinc need individualized dosing based on deficiency levels.FDC can lead to over or under dosing.
258	Levothyroxine pyridoxine + nicotinamide	Adding non-essential vitamins (B6, B3) in fixed doses interferes with the ability to titrate levothyroxine safely. It will lead to inappropriate Thyroid dosing.
259	Thyroid + Thiamine + Riboflavin + Pyridoxine + Calcium Pantothenate + Tocopheryl Acetate + Nicotinamide	Increased risk of thyrotoxicosis, cardiovascular side effects, or endocrine imbalance increases with improper use.
260	Ascorbic Acid + Manadione Sodium Bisulphate + Rutin + Dibasic Calcium Phosphate + Adrenochrome Mono Semicarbazone	Unnecessary drug exposure due to combining multiple agents with unclear mechanisms
261	Phenylephrine + Chlorpheniramine + Paracetamol + Bromhexine + Caffeine	Increased risk of adverse effects, and potential misuse
262	Clotrimazole + Beclomethasone + Lignocaine + Ofloxacin + Acetic Acid + Sodium Methyl Paraben + Propyl Paraben	Unsafe combination lacking therapeutic justification to combine all these drugs.
263	Fixed Dose Combinations Of Ofloxacin + Ornidazole Injection	Does not follow standard treatment guidelines. Ofloxacin acts on gram negative bacteria while Ornidazole is an antihelminth, promotes AMR
264	Fixed Dose Combinations Of Gemifloxacin + Ambroxol	Lack of proven synergistic effect of combining a broad spectrum antibiotic with a mucolytic. The combination can lead to an increase in toxicity.

265	Fixed Dose Combinations Of Glucosamine + Ibuprofen	Lacks therapeutic justification
266	Fixed Dose Combinations Of Etodolac + Paracetamol	Both the drugs have similar action which may lead to duplication of action and increased toxicity.
267	Magaldrate + famotidine + simethicone	Lack of clinical evidence and limited need for all components in every patient.
268	Cyproheptadine + thiamine	Cyproheptadine is often used for appetite stimulation or allergies, while thiamine is dosed based on deficiency levels or risk factors
269	Magaldrate +Ranitidine +Pancreatin +Domperidone	Magaldrate (an antacid) and Ranitidine (an H2 blocker) have opposing mechanisms .Magaldrate neutralizes acid,While ranitidine reduces its production. Co-administration without proper spacing reduces the effectiveness of both. The dosing frequency and timing of these drugs differ. For example, Pancreatin should be taken with meals, while Domperidone is usually given before meals, and Ranitidine is given once or twice daily. A fixed-dose combination removes dosing flexibility.
270	Ranitidine +Magaldrate +simethicone	Magaldrate (an antacid) and Ranitidine (an H2 blocker) have opposing mechanisms .Magaldrate neutralizes acid,While ranitidine reduces its production. Co-administration without proper spacing reduces the effectiveness of both.
271	Magaldrate + papain+ fungal diastase + simethicone	Combining acid-neutralizing and acid-dependent agents(papain, Fungal diastase) in one formulation leads to reduced efficacy of the enzymes. Simethicone is inert and safe but does not justify inclusion in an FDC with pharmacologically conflicting components.
272	Ranitidine+Domperidone+Semithicone	The combination of Ranitidine + Domperidone + Simethicone is irrational due to incompatible dosing schedules, lack of synergy, risk of unnecessary polypharmacy, and lack of clinical guideline endorsement
273	Clidinium +Paracetamol +Dicyclomine +Activated Dimethicone	Clidinium and Dicyclomine both act as anticholinergics with similar mechanisms, leading to redundancy and increased risk of side effects. There’s no single condition that clearly justifies using all four agents together.
274	Furazolidone +Metronidazole +Loperamide	Any combination with Furazolidone is no longer recommended due to serious safety issues, including potential carcinogenicity, and MAO inhibitor properties.
275	Rabeprazole +Diclofenac +Paracetamol	Therapeutic redundancy and lack of dosing flexibility,
276	Ranitidine +Magaldrate	Ranitidine reduces acid production, while magaldrate neutralizes acid already present. Using both simultaneously may reduce the efficacy of ranitidine because antacids can raise gastric pH, which may alter absorption or effectiveness of ranitidine.
277	Zinc Carnosine+Oxetacaine	Lack of evidence and dose inflexibility
278	Oxetacaine +Magaldrate +Famotidine	Lack of evidence and dose inflexibility

279	Pantoprazole (as Enteric Coated Tablet)+Zinc Carnosine (as Film Coated Tablets)	Lack of evidence and dose inflexibility
280	Zinc Carnosine+MagnesiumHydroxide +Dried Aluminium Hydroxide +Simethicone	Lack of evidence and dose inflexibility
281	Sildenafil +Estradiol Valerate	Sildenafil is mainly for male erectile dysfunction. Estradiol valerate is for female hormone replacement or related estrogen deficiencies.
282	Clomifene Citrate +Ubidecarenone +Zinc +Folic Acid +Methylcobalamin +Pyridoxine +Lycopene +Selenium+LevocarnitineTartrate+L-Arginine	lack of clinical and scientific justification supporting the combined use of all these agents in one formulation.
283	Thyroxine + Pyridoxine + Folic Acid	No established therapeutic rationale - No synergism between the three APIs. Additionally, Thyroxine dosing is highly individualized and must be titrated based on TSH levels and such Fixed-dose combinations limit flexibility in adjusting thyroxine.
284	Fixed dose combination of Pancreatin or Pancrelipase containing amylase, protease and lipase with any other enzyme	Pancreatin and pancrelipase are used for pancreatic insufficiency, but combining them with other enzymes may lead to unpredictable enzyme activity, affecting digestion and absorption. Additionally, these combinations lack clinical justification and may cause gastrointestinal irritation.
285	Dextromethorphan + bromhexine +Guaiphenesin	Conflicting mechanism of Bromhexine(loosens mucus to promote clearance) and Dextromethorphan(suppresses cough reflex - useful in dry coughs but harmful if mucus is present) possibly leading to risk of mucus retention and worsened congestion.
286	Paracetamol + Loratadine + phenylephrine + Dextromethorphan + caffeine	-Unnecessary exposure to multiple medicines with risk of increased side effects -Lacks clinical justification and scientific evidence to prove superiority. Separate, individualized therapy is preferable.
287	Paracetamol+ loratadine + dextromethorphan + pseudoephedrine + caffeine	Lacks clinical justification and scientific evidence to prove superiority. Separate, individualized therapy is preferable.
288	Cetirizine +Phenylephrine +Paracetamol +Zinc Gluconate	Lacks clinical justification and scientific evidence to prove superiority. Separate, individualized therapy is preferable.
289	Ambroxol +Guaiphenesin +Ammonium Chloride +Phenylephrine +Chlorpheniramine Maleate +Menthol	Overload with triple expectorant action (ambroxol + guaifenesin + ammonium chloride) is excessive exposure with no added benefit.
290	dextromethorphan + bromhexine + chlorpheniramine maleate + guaiphenesin	Conflicting mechanism of Bromhexine(loosens mucus to promote clearance) and Dextromethorphan(suppresses cough reflex - useful in dry coughs but harmful if mucus is present) possibly leading to risk of mucus retention and worsened congestion. Additionally, Dextromethorphan (Suppress cough) and chlorpheniramine (thickens mucus) have conflicting mechanisms which could result in mucus plugging.
291	Levocetirizine + ambroxol + phenylephrine +guaiphenesin	Levocetirizine dries secretions conflicting with action of ambroxol/guaifenesin(which aim to loosen mucus) - Counterproductive for productive coughs. Overload with double expectorant action (ambroxol + guaifenesin) is excessive exposure with no added benefit.

292	Dextromethorphan + chlorpheniramine + chlorpheniraminemaleate	Dextromethorphan (Suppress cough) and chlorpheniramine (thickens mucus) have conflicting mechanisms and could result in mucus plugging. Also, the presence of both Chlorpheniramine and chlorpheniraminemaleate provide no added benefit but increase side effects.
293	Cetirizine + ambroxol + Guaiphenesin + ammonium chloride+ phenylephrine+ menthol	Cetirizine dries secretions conflicting with action of ambroxol/guaifenesin/ammonium chloride (which aim to loosen mucus) - Counterproductive for productive coughs. Overload with triple expectorant action (ambroxol + guaifenesin + ammonium chloride) is excessive exposure with no added benefit.
294	Chlorpheniramine + phenylephrine + caffeine	-Unnecessary exposure to multiple medicines with risk of increased side effects -Overmedication for One Condition;This combination is often marketed for cold or flu, but not all patients need all three drugs.
295	Terpinhydrate+ dextromethorphan + menthol	Conflicting mechanism of Terpinhydrate(loosens mucus to promote clearance) and Dextromethorphan(suppresses cough reflex - useful in dry coughs but harmful if mucus is present) possibly leading to risk of mucus retention and worsened congestion.
296	Dextromethorphan + phenylephrine + zinc gluconate+ menthol	Unnecessary exposure to multiple medicines with risk of increased side effects. Overmedication for One Condition. This combination is often marketed for cold or flu, but not all patients need all four drugs.
297	Chlorpheniramine + codeine + sodium citrate + menthol syrup	Illogical pairing of an antitussive + weak expectorant - Chlorpheniramine dries up secretions and counteracts sodium citrate's expectorant effect.
298	Bromhexine +Dextromethorphan +Phenylephrine +Menthol	Conflicting mechanism of Bromhexine(loosens mucus to promote clearance) and Dextromethorphan(suppresses cough reflex - useful in dry coughs but harmful if mucus is present) possibly leading to risk of mucus retention and worsened congestion. This combination is self-defeating because: If cough is productive (with mucus): Dextromethorphan is harmful. If cough is dry: Bromhexine is unnecessary.
299	Levofloxacin +Bromhexine	Potentially irrational - limited evidence on the benefits of the combination.
300	Levocetirizine +Ranitidine	Obsolete combination - Historically used for treatment of refractory urticaria in some cases however no longer used since better alternatives exist for allergies (high-dose H_1 blockers, omalizumab)
301	Levocetirizine +Phenylephrine +Ambroxol +Guaiphenesin +Paracetamol	-Unnecessary exposure to multiple medicines with risk of increased side effects -Overmedication for One Condition;This combination is often marketed for cold or flu, but not all patients need all five drugs.

302	Cetirizine + dextromethorphan + phenylephrine + zinc gluconate + paracetamol+ menthol	-Unnecessary exposure to multiple medicines with risk of increased side effects (Increased sedation by dextromethorphan and Cetirizine, weak phenylephrine efficacy, and unclear benefit of zinc) -Overmedication for One Condition;This combination is often marketed for cold or flu, but not all patients need all six drugs.
303	Paracetamol+ pseudoephedrine + dextromethorphan +cetirizine	-Pseudoephedrine is a CNS stimulant, while cetirizine has sedative effects. Using both together can counteract each other, reducing therapeutic clarity and leading to unpredictable effects -Overmedication for One Condition;This combination is often marketed for cold or flu, but not all patients need all four drugs.
304	Chlorpheniramine +Dextromethorphan +Phenylephrine+Paracetamol	-Overlapping sedative effects (Chlorpheniramine + Dextromethorphan)
305	Dextromethorphen +Promethazine	Excessive CNS depression (both suppress cough and cause sedation). Risk of respiratory depression in high doses.
306	Diethylcabamazine +Cetrizine +Guaiphenesin	- Diethylcarbamazine (anti-filarial) has no role in cough/cold.
307	Pseudoephedrine+Dextromethorphan +Cetirizine	-Stimulant (Pseudoephedrine) and Sedative (Cetirizine) counteract each other.
308	Chlorpheniramine +Phenylephrine +Dextromethophan +Menthol	Limited clinical and scientific evidence to justify combination.
309	Dextromethorphan +Tripolidine +Phenylephirine	Additive Side Effects of Sedation, dizziness and CNS depression.
310	Paracetamol +Dextromethorphan +Chlorpheniramine	Lack of clinical evidence to justify combination in a single formulation
311	Pholcodine+Phenylephrine +Promethazine	Suppressing cough reflex (pholcodine) while thickening secretions (promethazine) can impair mucus clearance, increasing the risk of mucus retention, airway obstruction, and respiratory infections.
312	Codeine + levocetirizine + menthol	Increased risk of sedation
313	Dextromethorphan + ambroxol + guaifenesin + phenylephrine + chlorpheniramine	Contradictory Mechanisms: Dextromethorphan stops coughing, while Ambroxol & Guaifenesin promote coughing to clear mucus
314	Cetirizine +Phenylephrine + Dextromethorphan + Menthol	-Overlapping sedative effects (Cetirizine + Dextromethorphan) can cause excessive drowsiness. -Mismatched mechanisms : Antihistamines (Cetirizine) dry up mucus, while Phenylephrine is meant for nasal congestion, making the combination unnecessarily complex for a common cold.
315	Roxithromycin + Serratiopeptidase	No therapeutic synergy: Serratiopeptidase (enzyme) lacks evidence for enhancing antibiotic efficacy
316	Paracetamol +Phenylephrine +Triprolidine	Counteracting effects: Phenylephrine (stimulant) and Triprolidine (sedating antihistamine)
317	Acetaminophen+Loratadine+ambroxol +Phenylephrine	-Pharmacological Mismatch: Loratadine reduces secretions (drying effect), while Ambroxol is used to loosen and expel mucus (wet, productive cough). -No Justified Need for All Four Drugs Together

318	Cetirizine +Acetaminophen+Dextromethorphan +Phenyephrine +Zinc gluconate	-Drug overload: Excessive ingredients for common cold -Sedation risk: Cetirizine and Dextromethorphan synergy
319	Diphenhydramine +Guaifenesin +Bromhexine +Ammonium Chloride +Menthol	-Therapeutic conflict: Diphenhydramine suppresses the cough reflex, while Guaifenesin, Bromhexine, and Ammonium Chloride aim to promote mucus clearance through coughing. - Redundant mucolytics: Guaifenesin + Bromhexine + Ammonium chloride
320	Chlopheniramine Maleate +Codeine syrup	Dangerous CNS depression: Both are strong sedatives
321	Cetirizine +Dextromethorphan +Zinc Gluconate +Menthol	Conflicting actions: Cetirizine dries secretions, Dextromethorphan suppresses cough (which may be needed to clear mucus)
322	Paracetamol +Phenylephrine +Desloratadine+Zinc Gluconate +Ambroxol	Combining a mucolytic (Ambroxol) with a decongestant (Phenylephrine) and an antihistamine (Desloratadine) is contradictory:Ambroxol increases mucus clearance (productive cough),while Desloratadine and Phenylephrine reduce secretions and nasal discharge (drying effect)
323	Levocetirizine + montelukast + acebrophylline	Lack of proven therapeutic justification: This combination lacks strong, published evidence showing added benefit of combining all three
324	Dextromethorphan + phenylephrine + ammonium chloride + menthol	Pharmacological Contradiction: Dextromethorphan suppresses the cough reflex, useful for dry cough and Ammonium chloride is an expectorant, meant to enhance cough for mucus clearance.
325	Dextromethorphan +bromhexine +Guaiphenesin+menthol	Pharmacologically contradictory actions: Dextromethorphan is a cough suppressant (used in dry cough). While Bromhexine and Guaiphenesin are expectorant/mucolytic (used in wet/productive cough) used for suppressing cough while trying to loosen and expel mucus.
326	Fixed dose combinations of Sodium Bromide/chloral hydrate with other drugs.	Sodium bromide and chloral hydrate are sedatives with potential for dependence and adverse effects. Their combinations with other drugs lack therapeutic justification.
327	Acrivastine+ Paracetamol + Caffeine + Phenylephrine	No clinical studies show that combining these 4 drugs works better than taking them separately as needed.
328	Naphazoline +carboxy Methyl cellulose +Menthol +Camphor +Phenylephrine	Therapeutic Duplication (Naphazoline + Phenylephrine). Both are vasoconstrictors acting on alpha receptors. Combining them offers no added benefit but increases the risk of rebound hyperemia, tachyphylaxis, and ocular side effects like irritation or even ischemia in chronic use.
329	Dextromethorphan +Cetirizine	No studies prove this combo works better than using either drug alone when needed.
330	Terbutaline +Ambroxol +Guaiphenesin+Zinc+Menthol	Risk of Overmedication: Terbutaline can cause tachycardia, tremors, and hypokalemia unnecessary risks for a simple cough. Double expectorants (Ambroxol + Guaifenesin) offer no extra benefit but increase side effects (nausea, GI upset).Lack of scientific evidence of enhanced efficacy from combining all five molecules while the risk of increased side effects are clear.

331	Codeine +Chlorpheniramine +Alcohol syrup	Codeine (an opioid) and chlorpheniramine (a first-generation antihistamine) cause sedation, drowsiness, and CNS depression. Excessive sedation,Dizziness, Impaired cognitive and motor functions, Respiratory depression, which can be life-threatening
332	Dextromethorphan +Phenylephrine +Guaifenesin+Triprolidine	Contradictory Mechanisms: Dextromethorphan suppresses coughing while guaifenesin and ammonium chloride promotes coughing to clear mucus.
333	Ammonium Chloride+Bromhexine +Dextromethorphan	Contradictory Mechanisms: Dextromethorphan stops coughing while bromhexine and ammonium chloride promotes coughing to clear mucus.
334	Diethylcarbamazine +Cetirizine +Ambroxol	Lack of therapeutic relevance and absence of clinical evidence supporting the need for such a combination.
335	Ethylmorphine + Noscapine + Chlorpheniramine Maleate	Ethylmorphine and Noscapine are both centrally acting cough suppressants. Their mechanisms overlap and do not offer additive benefits. Combining them does not increase efficacy significantly but increases risk of CNS side effects, especially in children and elderly.
336	Cetirizine +Dextromethorphan +Ambroxol	Contradictory Mechanisms: Dextromethorphan stops coughing while ambroxol promotes coughing to clear mucus.
337	Bromhexine +Dextromethorphan +Ammonium Chloride +Menthol	Contradictory Mechanisms: Dextromethorphan stops coughing while Bromhexine and ammonium chloride promotes coughing to clear mucus
338	Ambroxol + Guaifenesin + Phenylephrine + Chlorpheniramine	Ambroxol and Guaifenesin are used to loosen and clear mucus (productive cough). Chlorpheniramine has anticholinergic and drying effects, which oppose the actions of mucolytics and expectorants, potentially worsening mucus retention.
339	Paracetamol +Phenylephrine +Chlorpheniramine +Zinc Gluconate	Lack of clinical evidence for zinc in this combination resulting in unnecessary polypharmacy..
340	Dextromethorphan + Phenylephrine + Cetirizine + Paracetamol + Caffeine	Combining a stimulant (caffeine), a sedating antihistamine (cetirizine may still cause drowsiness), a decongestant (phenylephrine), and CNS-active cough suppressant (dextromethorphan) increases risk of CNS side effects (e.g., dizziness, restlessness, somnolence)
341	Dextromethophan + Chlorpheniramine + Guaifenesin + Ammonium Chloride	Contradictory Mechanisms: Dextromethorphan stops coughing while Guaifenesin and ammonium chloride promote coughing to clear mucus
342	Levocetirizine + Dextromethorphan + Zinc	Lack of clinical evidence for zinc in this combination resulting in unnecessary polypharmacy..
343	Paracetamol + Phenylephrine + Levocetirizine + Caffeine	No Proven Synergy: No clinical evidence supports combining these four drugs.
344	Chlorpheniramine + Ammonium Chloride + Sodium Chloride	Therapeutic Contradiction: Chlorpheniramine (dries mucus) opposes Ammonium Chloride (loosens mucus). Also no studies show this combo works better than single drugs.

345	Paracetamol + Dextromethorphan + Bromhexine + Phenylephrine + Diphenhydramine	Pharmacological Conflicts: Dextromethorphan (suppresses cough) and Bromhexine (promotes mucus clearance) leading to direct opposition of mechanism. Diphenhydramine dries secretions, making Bromhexine less effective.
346	Salbutamol + Bromhexine + Guaiphenesin + Menthol	Non-specific symptom targeting: Salbutamol is bronchodilator (used in asthma, bronchospasm), Bromhexine and Guaiphenesin are mucolytic/expectorant (used in productive cough) and Menthol only provides a cooling sensation, not therapeutic.
347	Chlorpheniramine + Ammonium Chloride + Noscapine + Sodium Citrate	-Lack of strong evidence: This combination lacks clinical studies showing superior efficacy over single or more focused treatments. -Conflicting actions: Noscapine is Cough suppressant (for dry cough) whereas Ammonium Chloride and Sodium Citrate are Expectorants (for wet/productive cough).Suppressing and promoting cough at the same time is pharmacologically contradictory.
348	Cetirizine + Dextromethorphan + Bromhexine + Guaifenesin	Conflicting drug actions: Dextromethorphan is cough suppressant (used in dry cough) while Bromhexine and Guaifenesin are mucolytic/expectorant (used in productive/wet cough).Suppressing the cough while trying to loosen and expel mucus is contradictory.
349	Diethyl Carbamazine + Chlorpheniramine + Guaifenesin	Unrelated therapeutic goals: Diethylcarbamazine (DEC): Anti-filarial drug (used to treat filariasis). Chlorpheniramine: Antihistamine (for allergic symptoms like sneezing, itching). Guaifenesin: Expectorant (used in productive cough). These drugs treat entirely different conditions, not a single disease entity.
350	Ketotifen + Cetirizine	Same class of drugs: Ketotifen and Cetirizine are both antihistamines (H_1 receptor antagonists).Using two antihistamines does not provide additive benefit and increases the risk of side effects like drowsiness, dry mouth, and dizziness
351	Terbutaline + Bromhexine + Etofylline	Overlapping bronchodilator effects: Terbutaline is a β2-agonist bronchodilator while Etofylline is a Xanthine derivative bronchodilator. Combining both increases the risk of additive side effects (e.g., palpitations, tremors, insomnia, arrhythmias) without proven added benefit.
352	Ketotifen + Theophylline	There is no strong clinical evidence or trials showing that: Ketotifen and Theophylline together provide superior asthma control or reduce symptoms better than each drug alone or in separate therapy or that the combination results in faster or more effective symptom relief.
353	Ambroxol + Salbutamol + Theophylline	Overlapping bronchodilator action: Salbutamol is a β2-agonist bronchodilator (rapid-acting) whereas Theophylline is a Xanthine derivative bronchodilator with a narrow therapeutic index. Combining both increases risk of side effects (e.g. palpitations, tremors, arrhythmias) without clear evidence of synergistic benefit.

354	Chloropheniramine + Phenylephrine + Paracetamol + Zinc Gluconate	Therapeutic Conflicts: Chlorpheniramine (dries mucus) counteracts Phenylephrine (decongestant) giving a net zero benefit for nasal congestion.
355	Cetirizine + Dextromethorphan + Phenylephrine + Tulsi	Unstandardized Herbal Additive: Tulsi has traditional use but lacks standardized dosing or strong clinical evidence in combination with synthetic drugs. Its inclusion adds uncertainty in efficacy and safety, especially in regulated formulations.
356	Cetirizine + Phenylephrine + Paracetamol + Ambroxol + Caffeine	Contradictory Mechanisms of Action Mucolytic (Ambroxol) and Secretory-Drying (Cetirizine): Ambroxol increases bronchial secretions while cetirizine reduces them. Vasoconstriction (Phenylephrine) + Vasodilation (Caffeine): Opposing cardiovascular effects
357	Guaifenesin + Dextromethorphan	Therapeutic Antagonism: Guaifenesin works by promoting mucus clearance through coughing, while dextromethorphan prevents coughing
358	Levocetirizine + Paracetamol + Phenylephirine + Caffeine	Unnecessary Polypharmacy: Contains 4 drugs when typically only 1 (antihistamine) is needed for allergic rhinitis. No condition requires simultaneous treatment of allergies, pain, and congestion.
359	Caffeine + Paracetamol + Phenylephirine + Chlorpheniramine	Dangerous Cardiovascular Effects Phenylephrine (vasoconstrictor) and Caffeine (stimulant) poses Hypertension risk Also the combination is inappropriate Polypharmacy.
360	Ketotifen + Levocetirizine	Antihistamine Duplications (Therapeutic Overlap):Dual antihistamines (H1-blockers) with no additive benefit, increased sedation risk
361	Paracetamol + Levocetirizine + Phenylephirine + Zinc Gluconate	Polypharmacy Without Individualization: Not every patient needs all four drugs. FDCs like this reduce flexibility and increase the risk of unnecessary exposure and side effects
362	Paracetamol + Phenylephrine + Triprolidine + Caffeine	Lack of clinical evidence to justify combination in a single formulation while risk of adverse drug reactions are increased
363	Caffeine + Paracetamol + Phenylephrine + Cetirizine	Lack of clinical evidence to justify combination in a single formulation while risk of adverse drug reactions are increased
364	Ambroxol + Levocetirizine + Phenylephrine + Guaiphenesin + Menthol	Levocetirizine dries secretions conflicting with action of ambroxol/guaifenesin (which aim to loosen mucus) - Counterproductive for productive coughs. Overload with double expectorant action (ambroxol + guaifenesin) is excessive with no added benefit.
365	Paracetamol + Caffeine + Phenylephrine + Chlorpheniramine	Contradictory components and inappropriate polypharmacy.
366	Salbutamol + Aminophylline + Guaifenesin	Redundant bronchodilation: Salbutamol is β2-agonist bronchodilator and Aminophylline is a xanthine derivative bronchodilator. Both act to relax bronchial smooth muscle. Their combination increases side

		effects (e.g., palpitations, tremors, arrhythmias) with no proven synergistic benefit.
367	Salbutamol + Thoophylline + Bromhexine	Dangerous Bronchodilator Overlap: Salbutamol (β2-agonist) and theophylline (xanthine) both are bronchodilator, leading to additive cardiovascular toxicity (tachycardia, arrhythmias), increased risk of hypokalemia, tremors and nervousness
368	Caffeine + Paracetamol + Chlorpheniramine	Contradictory Effects: Chlorpheniramine causes sedation, while caffeine is a stimulant.Combining them is pharmacologically opposing and may lead to unpredictable CNS effects like restlessness, insomnia, or confusion especially in children or the elderly. Also these combinations are unnecessary polypharmacy.