PharmaSuitables
February 2019

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Richard Price, MD
Disclosures

• Rich, Zach, and Steve work for Rocky Mountain Health Plans.
• We do not have any financial interest in the medications we are discussing today.
• We have no intention to malign any person, business or product.
Question

• Which best describes you...
  – A) Physician
  – B) Pharmacist
  – C) Physician Assistant/Nurse Practitioner
  – D) Nurse
  – E) Other
  – F) I’m indescribable
Question

• Choose...
  – A) I have attended many PharmaSuitables before
  – B) I have attended 1 or 2 PharmaSuitables before
  – C) This is my first time attending PharmaSuitables
  – D) I’m not sure what I’m attending
Question

• Prescriber Specialty
  – A) Family Practice
  – B) Internal Medicine
  – C) Pediatrician
  – D) Other prescriber specialty
  – E) Not a prescriber
Fishy question

• Choose one:
  – A) I commonly prescribe or recommend fish oil to my patients for cardiovascular benefits
  – B) I sometimes prescribe or recommend fish oil to my patients for cardiovascular protection
  – C) I never prescribe or recommend fish oil to my patients for cardiovascular protection
The (dubious) benefits of omega-3 fatty acids

- There is a lot of conflicting information out there on the benefits (or not) of fish oil supplements on CV health
- Complicating this are the Rx fish oil products vs. the OTC products
  - Vascepa (purified EPA)
  - Lovaza (EPA + DHA)
The (dubious) benefits of omega-3 fatty acids

1° prevention
- The results of the highly anticipated VITAL trial are in
- Results:
The (dubious) benefits of omega-3 fatty acids

• The VITAL trial, funded by NIH
  – U.S. based, primary prevention trial
  – n=25,871
  – Participants were healthy, average age 67
  – Daily fish oil capsules, 1 gram (460mg EPA + 380mg DHA) vs. placebo
    • This is the dose recommended by the AHA for cardioprotection
  – 5.3 year trial
The (dubious) benefits of omega-3 fatty acids

- The VITAL trial, funded by NIH
  - 1° endpoint: CV endpoints (MI, stroke, CV death), incidence of cancer
  - 2° endpoint: individual components of the 1° endpoint, coronary revascularization, death from cancer.
  - Results: no significant difference between the groups in 1° endpoint
  - Subgroup analysis, 2° endpoint: MI incidence was slightly lower in fish oil group, 1.1% vs. 1.5% (NNT=250)
- Bottom line: There are no studies to date that support the use of omega-3 FA to prevent CV morbidity or mortality
The (dubious) benefits of omega-3 fatty acids

• 2° prevention
  – Fair number of studies have assessed the benefit in patients with established CV disease/risk factors
  – Results:
The (dubious) benefits of omega-3 fatty acids

- 2° prevention
- American Heart Association recommendations for omega-3 FA therapy:
  - Prevention of CVD in diabetes
    - Not recommended
    - Available data doesn’t support efficacy
  - Prevention of CHD in patients at high CVD risk
    - Not recommended
    - 4 large RCT’s show no benefit
  - Secondary prevention of CHD and SCD in patients with established CHD
    - Treatment is reasonable
    - 2 large RCT’s, one showed benefit
    - 3 small RCT’s, one showed benefit
  - Secondary prevention of stroke
    - no recommendation
  - Secondary prevention of outcomes in HF
    - Treatment is reasonable
    - Based on 1 large RCT
- Primary prevention of anything
  - Not recommended
The (dubious?) benefits of omega-3 fatty acids

In statin-treated adults with well-controlled LDL-C and CV risk factors including TG ≥135 mg/dL and either established CVD or diabetes and other CV risk factors\(^1,2\)

**VASCEPA® DEMONSTRATED UNPRECEDENTED REDUCTIONS IN CV EVENTS**\(^1\)
The (dubious?) benefits of omega-3 fatty acids

**Primary endpoint:** 5-POINT MACE*
- **RRR:** 25%
- **NNT:** 21
- **HR:** 0.75 (95% CI, 0.68-0.83)
- **P:** 0.00000001

**Secondary endpoint:** COMPOSITE CV DEATH, MI, STROKE
- **RRR:** 26%
- **NNT:** 28
- **HR:** 0.74 (95% CI, 0.65-0.83)
- **P:** 0.00000006
The REDUCE-IT Trial

Hazard ratio, 0.75 (95% CI, 0.68–0.83)
P<0.001
The REDUCE-IT Trial

• Recently completed trial published in NEJM (Jan 3, 2019)
  – Randomized, DB, PC trial
• 8,179 patients enrolled (71% for 2° prevention of CV event)
• Patients had established CV disease or diabetes and other risk factors
• All were on maximized statin therapy with TG 135-499
• Patients received 2g BID of Vascepa (icosapent ethyl) or placebo
• 1° endpoint: composite of CV death, MI, stroke, revascularization, or unstable angina
The REDUCE-IT Trial

• Results
  – At five years, 1° endpoint was
    17.2% on Vascepa, 22.0% on placebo (mineral oil)
  – NNT = 21 patients treated for 5 years
  – Cost: $3 per 1g pill, so $360/month
  – Cost for one patient to avoid CV event, $453,600
    • How about we REDUCE-THAT?
Itchy, Dark Urine
• 46y m
  – Chronic pain
  – Depression
  – Disability
  – Trying to wean from opiates

• Jaundice
  – Itchy skin
  – Bilirubinuria
  – Subtle confusion

Causes of Jaundice
- Conditions like yellow fever, tuberculosis, malaria
- Glucose deficiency
- Various drugs
- Liver problems
- Malformations of bile duct
- Pregnancy.
• AST 1500
• ALT 1800
• INR 5
• Serum Bilirubin 10
• BUN 100
• CR 5 (base line 1.0)
# Liver Failure

<table>
<thead>
<tr>
<th>Cause</th>
<th>Examples</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drugs and Toxins</td>
<td>Acetaminophen</td>
<td>Acetaminophen poisoning is the overall leading cause of ALF in the US</td>
</tr>
<tr>
<td></td>
<td>Amanita phalloides</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Isoniazid</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Halothane</td>
<td></td>
</tr>
<tr>
<td>Viral Infection</td>
<td>Hepatitis A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hepatitis B (±/D)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hepatitis E</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Herpes simplex virus</td>
<td></td>
</tr>
<tr>
<td>Vascular problems</td>
<td>Shock</td>
<td>Most often seen after cardiac arrest, major blood loss, or iatrogenic</td>
</tr>
<tr>
<td></td>
<td>Heat stroke</td>
<td>ligation of the major blood vessels feeding the liver</td>
</tr>
<tr>
<td></td>
<td>Tumor infiltrating the liver</td>
<td></td>
</tr>
<tr>
<td>Metabolic/Miscellaneous</td>
<td>Wilson Disease</td>
<td>Family screening is appropriate for many metabolic/genetic causes of</td>
</tr>
<tr>
<td></td>
<td>Acute fatty liver of pregnancy</td>
<td>ALF</td>
</tr>
<tr>
<td></td>
<td>Alpha-1 antitrypsin deficiency</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Autoimmune hepatitis</td>
<td></td>
</tr>
<tr>
<td>Indeterminate</td>
<td>Unknown</td>
<td>Approximately 15%-20% of adult ALF cases, and up to 50% of ALF in</td>
</tr>
<tr>
<td></td>
<td></td>
<td>children, cannot be attributed to a specific cause.</td>
</tr>
</tbody>
</table>
Mitragyna speciosa

Kratom

• Herb- leaves
• Tropical Evergreen tree, Coffee Family
• Opiate, stimulant
• Liver injury 2-8 week
• Cause unknown- multiple alkaloids
Kratom (mitragyna speciosa)

- In 2016 – The DEA attempted to classify as Schedule 1 drug
- More than 142,000 people signed a petition asking for a reconsideration
- 15 deaths related to Kratom use between 2014-2016
- 132 people in 38 states (3 in CO) have been infected with salmonella that has been attributed to Kratom
- Psychoactive compounds – mitragynine and 7-hydroxymitragynine
Local
1. Mad Max's Postapocalyptic Smokeshop & Armory
2. Discontent
References

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5810870/

Question

According to the latest CDC numbers, what percentage of adults age 65 and older take more than 5 prescription drugs?

A) 25%
B) 40%
C) 60%
D) 65%
Cheers to new Beers

2019 Beers Criteria Updates

2019 AGS Beers Criteria Intro

- Polypharmacy
  - Defined as taking ≥ 5 prescription drugs daily.

- CDC data on average prescription drugs by age

<table>
<thead>
<tr>
<th>Sex, race and Hispanic origin,¹ and age</th>
<th>At least one prescription drug in past 30 days</th>
<th>Three or more prescription drugs in past 30 days</th>
<th>Five or more prescription drugs in past 30 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both sexes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 18 years</td>
<td>20.5</td>
<td>2.4</td>
<td>3.9</td>
</tr>
<tr>
<td>18–44 years</td>
<td>31.3</td>
<td>5.7</td>
<td>9.7</td>
</tr>
<tr>
<td>45–64 years</td>
<td>54.8</td>
<td>20.0</td>
<td>36.4</td>
</tr>
<tr>
<td>65 years and over</td>
<td>73.6</td>
<td>35.3</td>
<td>66.8</td>
</tr>
</tbody>
</table>

¹Percent of population

<table>
<thead>
<tr>
<th></th>
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<tr>
<td>Under 18 years</td>
<td>20.5</td>
<td>23.8</td>
<td>24.0</td>
<td>21.5</td>
<td>2.4</td>
<td>4.1</td>
<td>3.8</td>
<td>3.9</td>
<td></td>
<td></td>
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<td>31.3</td>
<td>35.9</td>
<td>38.7</td>
<td>37.1</td>
<td>5.7</td>
<td>8.4</td>
<td>9.7</td>
<td>10.1</td>
<td>1.2</td>
<td>2.3</td>
<td>3.1</td>
<td>3.9</td>
<td></td>
</tr>
<tr>
<td>45–64 years</td>
<td>54.8</td>
<td>64.1</td>
<td>66.2</td>
<td>69.0</td>
<td>20.0</td>
<td>30.8</td>
<td>34.4</td>
<td>36.4</td>
<td>7.4</td>
<td>13.3</td>
<td>16.8</td>
<td>18.3</td>
<td></td>
</tr>
<tr>
<td>65 years and over</td>
<td>73.6</td>
<td>84.7</td>
<td>89.7</td>
<td>90.6</td>
<td>35.3</td>
<td>51.8</td>
<td>66.6</td>
<td>66.8</td>
<td>13.8</td>
<td>27.1</td>
<td>39.7</td>
<td>40.7</td>
<td></td>
</tr>
</tbody>
</table>
2019 AGS Beers Criteria Changes

The 2019 AGS Beers Criteria now includes:

- 30 individual medications or medication classes to avoid for most older adults;
- 40 medications or medication classes to use with caution or avoid when someone lives with certain diseases or conditions; and,
- Several changes to medications previously identified as potentially inappropriate, which include twenty-five medications or medication classes that were dropped from the last update to the AGS Beers Criteria in 2015, while several others were moved to new categories or had guidance revised based on new evidence.
Drugs to Avoid in General

• Addition to 2019 include
  – Glimepiride
    • Severe hypoglycemia
  – SNRIs (Cymbalta/Effexor)
    • Increased risk of falls
  – Tramadol
    • risk of SIADH/hyponatremia
  – Bactrim
    • risk of hyperkalemia in combo with ACEi/ARB
  – Opioid + gabapentin/pregabalin (Lyrica)
    • Increased risk of overdose
Drugs to Avoid in General

• Removed in 2019
  – $H_2$-receptor antagonists (Pepcid/Zantac)
    • Evidence did not support continued inclusion for dementia
  – Stimulants (amphetamine/Provigil/Nuvigil)
    • Insomnia side effect is not unique to older adults
  – Oral decongestants (pseudoephedrine)
    • Insomnia side effect is not unique to older adults
Summary

- Polypharmacy continues to increase based on most recent CDC data
- STOPP & START criteria potential tools

<table>
<thead>
<tr>
<th>STOPP</th>
<th>START</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Screening Tool of Older Person's Prescriptions</td>
<td>□ Screening Tool to Alert doctors to the Right Treatment</td>
</tr>
<tr>
<td>□ Addresses potentially inappropriate medications</td>
<td>□ Addresses potential errors of omission or underutilization</td>
</tr>
<tr>
<td>□ 65 rules or criteria</td>
<td>□ 22 rules or criteria</td>
</tr>
<tr>
<td>□ Each criteria given concise explanation</td>
<td>□ Lists medication therapy that should be utilized in patients with specific medical conditions</td>
</tr>
<tr>
<td>□ Most criteria related to drug-drug or drug-disease interactions</td>
<td>□ Defines renal failure as GFR 20-50 mL/min</td>
</tr>
<tr>
<td>□ Sets maximum doses for digoxin (125 mcg) and aspirin (150 mg)</td>
<td>□ Other criteria address: indication, place in therapy, duration of use,</td>
</tr>
<tr>
<td>□ Other criteria address: indication, place in therapy, duration of use,</td>
<td>□ Defines renal failure as GFR 20-50 mL/min</td>
</tr>
</tbody>
</table>

Gallagher et al. *Int J Clin Pharm Ther* 2008; 45:72-83
Rynn et al. *Ann Pharmacother* 2009; 43M157e1-3
Advair Diskus update

• Mylan Pharmaceuticals has launched the first generic to Advair Diskus.
• This bologna has a first name, and its...
• Wait for it
• **Wixela™ Inhub™**
  • Price: 70% discount to Advair Diskus
    – $93 for the 100mcg/50mcg inhaler
    – $116 for the 250mcg/50mcg inhaler
    – $153 for the 500mcg/50mcg inhaler
• Prasco Labs has released an authorized generic as well, (fluticasone/salmeterol), which will also likely have a steep price discount vs. Advair
Question

How many patients do you have on lidocaine patches?

A) A few patients that have had shingles
B) I would use them as opioid alternative if not for Medicare restrictions
C) Several
D) None
E) If only there was another branded patch I would recommend them more
# New lidocaine patch – Say What?!

![ZTlido logo](https://www.ztlido.com/prescribing-information.pdf)

<table>
<thead>
<tr>
<th>Similarities to lidocaine 5% patch</th>
<th>Differences from lidocaine 5% patch</th>
</tr>
</thead>
<tbody>
<tr>
<td>FDA approved indication is post-herpetic neuralgia</td>
<td>Can be worn during moderate exercise</td>
</tr>
<tr>
<td>Patches are worn for up to 12 hours at a time</td>
<td>7x lighter than other lidocaine patches</td>
</tr>
<tr>
<td>Up to 3 patches may be used at one time</td>
<td>&gt;50% thinner than other lidocaine patches</td>
</tr>
<tr>
<td>Delivers the bioequivalent dose of lidocaine</td>
<td></td>
</tr>
</tbody>
</table>

[https://www.ztlido.com/prescribing-information.pdf](https://www.ztlido.com/prescribing-information.pdf)
Ztlido (Zee-Tee-Lido)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Cost/30 patches</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ztlido 1.8%</td>
<td>$323</td>
</tr>
<tr>
<td>Lidocaine 5% patch</td>
<td>$194</td>
</tr>
<tr>
<td>Lidoderm</td>
<td>$429</td>
</tr>
<tr>
<td>OTC lidocaine 4% patch</td>
<td>$60</td>
</tr>
</tbody>
</table>
WE MIST YOU!
OTC Asthma Care

• Primatine Mist is back!
• Taken off the market in 2011 because it used CFC propellant
• Now reformulated with HFA propellant, FDA has cleared for marketing, “temporary relief of mild, intermittent asthma” down to age 12
• Active ingredient is 0.125mg epinephrine/spray
OTC Asthma Care

• In 2014 the FDA denied Amphastar’s application, citing safety concerns with the device, and concerns over patients self treating a serious illness.

• In 2016, Amphastar was instructed to conduct a “Human Factor validation study” to assess consumer’s ability to use the product without the guidance of a physician or pharmacist.

• In November 2018, FDA was satisfied that most patients would be able to safely use the device, while acknowledging the risks that remain.
OTC Asthma Care

• The inhaler must be shaken and a dose dispensed into the air before each inhalation
• Max labeled dose is 8 inhalations per day, “see your doctor if you have 3 or more asthma attacks per week”
• The inhaler must be cleaned every day to prevent clogging and/or medication buildup
OTC Asthma Care

• The ACAAI, ACCP, ALA, ATS, and the American Assoc. of Asthma Educators have each individually protested FDA’s decision to approve, and sent a joint letter to FDA

• Epinephrine is not a recommended asthma treatment under the NIH’s Guidelines for the Diagnosis and Management of Asthma

• Asthma care should be under the guidance of a healthcare professional and is not suitable for self-care
OTC Asthma Care

• It’s available in pharmacies now, and cost is about $25 per inhaler
• [https://www.primatene.com/dosing.aspx](https://www.primatene.com/dosing.aspx)
• Thoughts???
Primatine Mist

• A) I think the benefit of Primatine Mist outweighs the risk to asthma patients
B) I do not agree with the approval of Primatine Mist and think this could lead to delay in asthma treatment for patients and/or overuse of quick reliever inhalers
C) I don’t have an opinion on this
Question

What is your “go to” treatment for patients with acute uncomplicated cough?

A) Guaifenesin
B) Benzonatate capsules
C) Cough syrup with codeine
D) One of those OTC combination products that has at least 3 ingredients
E) Inhaled corticosteroid (ICS)
Cough Products

• Spoiler Alert
  – Data is conflicting at best
  – Most the evidence comes from CLS (crappy little studies)
  – Looking at evidence in acute cough
    • < 3 weeks duration
  – The vast majority are self limiting
  – Over $3.5 billion in annual sales on OTC cough products in the USA

Published online 2016 Aug 5. doi: 10.1136/bmjresp-2016-000137
Dextromethorphan

• First reported in 1953
• NMDA receptor antagonist
  – suppresses the cough reflex in the central nervous system
• Common products
  – Dayquil, Nyquil, Robitussin, Tussin, Delsym, and any product with “DM” in the name
• May reduce cough severity
• Clinical Evidence
  – Trials compared to codeine have been mixed
  – Effects on cough frequency range from no different than placebo to up to 15% reduction over 3 hours
• Approved for ages 4 and up
• Maximum recommended adult dosing is 120mg/24 hours
  – Higher doses cause effects similar to PCP or ketamine
Codeine/Hydrocodone

• Opioid agonist
• Common products
  – Tussionex, Tussicaps, Vituz, Zutripro, FlowTuss, Tuzistra XR, and many generics
• Can help with painful cough
• Clinical evidence
  – Some studies showed small benefit for urge to cough
  – Other studies have shown no difference versus placebo
• Use for patients 18 and older only
• Codeine is a prodrug and dependent on CYP450 2D6 enzyme
  – About 10% of patients are poor metabolizers = no effect
  – Rapid metabolizers risk toxicities
Benzonatate

• Approved in 1958
• Polyglycol derivative
  – Structurally related to procaine and tetracaine
  – Deactivates stretch receptors in lower respiratory tract
• Common products
  – Tessalon Perles and generic
• Clinical evidence
  – Scarce
  – Currently enrolling a phase 3 trial?
    • 220 patients with results expected in July 2019
• Use in patients 10 years or older
• Must swallow capsules whole
  – Breaking the capsule can cause bronchospasm and circulatory collapse
Guaifenesin

• Approved 1952 (ER formulation in 2002)
• Expectorant
  – Increases volume of secretions to facilitate removal of viscous mucus
• Common products
  – Mucinex, Geri-Tussin, G-Fenesin, Liquituss GG, Coughtab, and many many more
• Clinical evidence
  – Comparisons to placebo have shown mixed results
  – Patients are likely better off using saline nasal spray, especially kids
• Generally well tolerated
• ER formulation is only for patients 12 years of age or older
Decongestants

• Pseudoephedrine/ephedrine/phenylephrine
• \( \text{Alpha}_1 \) agonist
  – Vasoconstriction of skin, mucous membranes, and mucosa
• Common products
  – Sudafed, Bronkaid, Sudafed PE, and many more
• Clinical evidence
  – Works to decrease cough by decreasing postnasal drip
  – Phenylephrine was no better than placebo
• Use in patients aged 4 and up
• Restricted quantity due to abuse potential
  – 3.6 grams/day
  – 9 grams/month
SABA/SAMA

- Albuterol/ipratropium
- Vasodilation
  - Relaxation of smooth muscle
- Common products
  - ProAir, Ventolin, Atrovent, and generic albuterol
- Clinical evidence
  - May be effective in patients with bronchospasm components to cough
OCS/ICS

• Corticosteroids
• Decrease inflammation
• Common products
  – Prednisone, Medrol dosepack, Flovent, and more
• Clinical evidence
  – RCT of 401 patients without asthma and with acute lower respiratory infection
    • Oral prednisolone was not statistically better than placebo
  – ICS trials give conflicting results
• Potential adverse effects
  – Insomnia, altered mental status, thrush, etc.
Alternatives

• Honey
  – Single dose at bedtime (10 g or 2 teaspoons)
  – Shown to be as effective as dextromethorphan
  – Appropriate for patients >1 year

• Nasal Saline
  – Two sprays at bedtime
  – Removes cause of irritation

• Humidifier
  – Warm or cold mist

• Per the AAP
  – Chicken noodle soup, rest, and TLC are just as good
Recall Alert

• Infant ibuprofen – 50mg/1.25mL
• Tris Pharma
• Starting in December 2018
• Expanded January 30, 2019 to include 3 more lots
  – Lots sold at CVS, Family Dollar, Walmart, etc.
• May contain more ibuprofen than listed on bottle
  – Up to 10% higher concentrations
  – Reports that say “Up to 700%” are misinterpreting the press release
• Currently no adverse events reported
• Patients should check their on hand quantities and return/discard if the lot number has been recalled

https://www.fda.gov/Safety/Recalls/ucm630112.htm
<table>
<thead>
<tr>
<th>Lot No.</th>
<th>NDC</th>
<th>EXPIRATION</th>
<th>DESCRIPTION</th>
<th>COMPANY</th>
</tr>
</thead>
<tbody>
<tr>
<td>4718</td>
<td>59779-925-23</td>
<td>12/19</td>
<td>CVS Health: Infants' Ibuprofen Concentrated Oral Suspension, USP, 50 mg per 1.25 mL, in 0.5 oz. bottle</td>
<td>CVS Pharmacy</td>
</tr>
<tr>
<td>00717005A</td>
<td>49035-125-24</td>
<td>02/19</td>
<td>Equate: Infants' Ibuprofen Concentrated Oral Suspension, USP, 50 mg per 1.25 mL, in 1.0 oz. bottle</td>
<td>Wal-Mart Stores Inc.</td>
</tr>
<tr>
<td>00717006A (Labeled as: 50428-1252-4)</td>
<td>59779-925-24</td>
<td>02/19</td>
<td>CVS Health: Infants' Ibuprofen Concentrated Oral Suspension, USP, 50 mg per 1.25 mL, in 1.0 oz. bottle</td>
<td>CVS Pharmacy</td>
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<tr>
<td>00717009A (Previously announced)</td>
<td>49035-125-23</td>
<td>02/19</td>
<td>Equate: Ibuprofen Oral Suspension Drops, USP, 50 mg per 1.25 ml, in 0.5 oz. bottle</td>
<td>Wal-Mart Stores Inc</td>
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<tr>
<td>00717015A (Previously announced)</td>
<td>49035-125-23</td>
<td>04/19</td>
<td>Equate: Ibuprofen Oral Suspension Drops, USP, 50 mg per 1.25 ml, in 0.5 oz. bottle</td>
<td>Wal-Mart Stores Inc</td>
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<td>00717024A (Previously announced)</td>
<td>49035-125-23</td>
<td>08/19</td>
<td>Equate: Ibuprofen Oral Suspension Drops, USP, 50 mg per 1.25 ml, in 0.5 oz. bottle</td>
<td>Wal-Mart Stores Inc</td>
</tr>
<tr>
<td></td>
<td>59779-925-23</td>
<td></td>
<td>CVS Health: Ibuprofen Oral Suspension Drops, USP, 50 mg per 1.25 ml, in 0.5 oz. bottle</td>
<td>CVS Pharmacy</td>
</tr>
<tr>
<td></td>
<td>55319-250-23</td>
<td></td>
<td>Family Wellness: Ibuprofen Oral Suspension Drops, USP, 50 mg per 1.25 ml, in 0.5 oz. bottle</td>
<td>Family Dollar Services Inc.</td>
</tr>
</tbody>
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