Must medicine time always involve a game of tag?

Parents ask their pediatricians all sorts of things.

Teaching kids to take medicine and parents about medication safety—two of the many topics that may not have been covered in your textbooks. Our resources can help, which is why pediatricians have ranked us #1 in value-added services. In fact, we offer a variety of programs in the areas that most concern parents—such as giving kids their medicine.

Call us at 1-800-PED-2323 or contact your Pfizer representative for literature that will help you talk to your patients and their parents about medicine. (Soon “medicine time” will make the kids come running.)
In asthma therapy
TO YOU—NEBULIZED SINGLE-ISOMER β-AGONIST THERAPY.
TO HER—LIFE’S JUST RIGHT.

Devote of the unnecessary left isomer, (S)-albuterol

Safe at a low, effective dose

Convenient TID dosing

Xopenex®—the #1 Branded Nebulized β-Agonist in the US®

Inhalation Solution, 0.63 mg and 1.25 mg*

*Potency expressed as levalbuterol.

Important Safety Information
Adverse events occurring in ≥2% of patients treated with 0.63 mg and 1.25 mg Xopenex, respectively, included flu syndrome (4.2%; N/A), tachycardia or increased heart rate (2.7%; 2.7%), nervousness (2.9%; 9.6%), tremor (N/A; 6.9%). Xopenex Inhalation Solution at a dose of 1.25 mg produced a slightly higher rate of systemic β-adrenergic adverse effects than 2.5 mg dose of racemic albuterol sulfate inhalation solution.

Xopenex is contraindicated in patients with a history of hypersensitivity to levalbuterol HCl or racemic albuterol.

*Source IMS Health, NPA.

Nebulized inhalation solution market share expressed as a percentage of total prescriptions as of April, 2001.

*Less than 0% reported.

See adjacent page for Xopenex prescribing information and important safety information concerning β-agonists.
Streptococcus pneumoniae...

The leading cause of bacterial meningitis and bacteremia in infants and toddlers

Wyeth Lederle Vaccines
CPT code# 90669: Pneumococcal conjugate vaccine, polyvalent, for children under five years, for intramuscular use

Risks are associated with all vaccines, including Prevnar®. Hypersensitivity to any vaccine component is a contraindication to its use. Prevnar® does not provide 100% protection against vaccine serotypes or protect against nonvaccine serotypes. See Brief Summary of Prescribing Information on the last page for indications and usage, dosage and administration, and safety information.
Approved for routine administration at 2, 4, 6, and 12 to 15 months of age

- AAP & ACIP recommend immunization against pneumococcal disease

- Proven efficacy in a large-scale clinical trial (N=37,816) against invasive pneumococcal disease in infants and toddlers
  
  — Efficacy against vaccine serotypes: 100%
  
  (95% CI: 75.4% to 100%)

- In prelicensure clinical trials (n=18,168), the most frequently reported adverse events included injection site reactions, fever (≥38°C/100.4°F), irritability, drowsiness, restless sleep, decreased appetite, vomiting, diarrhea, and rash or hives

- Available for children ≤59 months of age through VFC program

Over 16 million doses distributed in the U.S.

Visit www.PREVNAR.com

Prevnar®

Pneumococcal 7-valent Conjugate Vaccine (Diphtheria CRM197 Protein)

The first pneumococcal conjugate vaccine
If you knew what serious RSV disease could do to your preemie, it would take your breath away.

A common and contagious virus
Each year, more than 125,000 babies are hospitalized with RSV (respiratory syncytial virus) disease. Sadly, one in 50 of these babies die. RSV infects nearly all children by the age of two, usually causing mild “cold-like” symptoms. In premature infants the infection is more serious because their lungs are not fully developed and they don’t have enough natural immunity to fight the virus.

Your premature infant is at especially high risk for serious RSV disease if any of the following are true:
- Your baby was born with pre-existing lung disease
- Your baby had an extended hospitalization following birth
- Your baby weighed less than 4 lbs, 6 oz at birth
- Your baby will be attending child care, or has school-age brothers or sisters at home

You can help prevent RSV disease in your premature infant
Serious RSV disease is preventable. As the parent of a premature infant, you can help make certain your baby does not become hospitalized with RSV disease.
- Keep other children away from your baby during the RSV season (Fall through Spring in most areas of the U.S.).
- Don’t allow smoking in your home.
- Always wash your hands with soap and warm water before touching your baby.
- Ask your health care provider about a medication that helps prevent RSV disease.

For more information, please call the RSV hotline at 1-877-848-8510 or visit our website: www.rsvprotection.com
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Just right.

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Adverse events occurring in ≥2% of patients treated with 0.63 mg and 1.25 mg Xopenex, respectively, included flu syndrome (4.2%; N/A), tachycardia or increased heart rate (2.8%; 2.7%), nervousness (2.8%; 9.6%), tremor (N/A; 6.9%). Xopenex Inhalation Solution at a dose of 1.25 mg produced a slightly higher rate of systemic β-adrenergic adverse effects than 2.5 mg dose of racemic albuterol sulfate inhalation solution.

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