For older babies and toddlers,

A nutritionally balanced diet doesn’t always come easily

**ISOMIL**® 2 AND **SIMILAC**® 2 provide nutritional support as your young patients move to a broader diet.

A USDA study reveals that nutrient intakes don’t always meet the recommended levels in children between the ages of 1 and 2.*

- More than 50% are not getting the RDA for iron and calcium
- More than 80% are not getting the RDA for zinc and vitamin E

And since nutritional needs change as babies grow, both Isomil 2 and Similac 2 have been designed to help promote complete, balanced nutrition.

- Isomil 2 contains 29% more calcium than Isomil® Soy Formula With Iron
- Similac 2 contains 50% more calcium than Similac® With Iron Infant Formula
- Both formulas are iron fortified** for growth and development

**Recommend a cup a day.**

Adding one cup of nutritionally complete Isomil 2 or Similac 2 to their daily diet can help one-year-olds meet the RDA for iron, calcium and other essential nutrients.

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**1.8 mg/100 Cal.
Now approved in patients as young as 6 years...

- **Proven safe and effective at a new lower dose...**
  - Xopenex® 0.31 mg
    - From one of the largest, well-controlled, pediatric trials conducted with a β-agonist
    - Now available in two doses, 0.31 mg and 0.63 mg, for children ages 6-11 years

- **Devoid of the unnecessary left isomer, (S)-albuterol**

In patients aged 6 to 11 years, the adverse events occurring in ≥2% of patients and more frequently than with patients receiving placebo, were (0.31 mg Xopenex; 0.63 mg Xopenex; and placebo, respectively): headache (17.9%; 19%); pharyngitis (3%; 10.4%; 8.5%); rhinitis (5.9%; 10.9%; 1.7%); asthma (9.3%; 9.8%; 5.1%); fever (6.7%; 3%; 5.1%); viral infection (79%; 9%; 8.5%); rash (6.7%; 25%; NA*); accidental injury (9.3%; 9%; 5.1%); headache (7.6%; 11.9%; 8.5%); pharyngitis (3%; 10.4%; 6.8%); rhinitis (5.9%; 10.9%; 1.7%); asthma (9.3%; 9.8%; 5.1%); fever (6.7%; 3%; 5.1%); viral infection (79%; 9%; 8.5%); rash (6.7%; 25%; NA*); accidental injury (9.3%; 9%; 5.1%); limb pain (NA*; 7.5%; NA*); accidental injury (6.1%; 4.5%; 3.40%); diarrhea (1.5%; 6%; NA*); pain (3%; 1.5%; 3.40%); asthenia (3%; 3%; NA*); lymphadenopathy (3%; NA*; NA*); and urticaria (NA*; 3%; NA*).

In patients aged 12 years and older, the adverse events occurring in ≥2% of patients and more frequently than with patients receiving placebo, were (0.63 mg Xopenex; 1.25 mg Xopenex; and placebo, respectively): viral infection (9.9%; 12.3%; 9.3%); rhinitis (11.1%; 2.9%; 2.7%); nasoconjunctivitis (2.8%; 6.9%; NA*); tumor (NA*; 0.9%; NA*); rhinitis (4.2%; 1.4%; 2.7%); flu syndrome (4.2%; 1.4%; 2.7%); tachycardia (2.8%; 2.7%; NA*); pain (2.8%; 1.4%; 1.3%); abdominal pain (9.3%; 1.4%; NA*); tachypnea (1.4%; 2.7%; 1.3%); dyspnea (1.4%; 2.7%; 1.3%); leg cramp (NA*; 2.7%; 1.3%); accidental injury (NA*; 2.7%; NA*); anxiety (NA*; 2.7%; NA*), and migraine (NA*; 2.7%; NA*).

*Less than 2% reported.

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

See next page for brief summary of Xopenex prescribing information and safety information concerning β-agonists.

In the treatment of the nasal symptoms of allergic rhinitis with nasal inhaled steroids

**ONE POWERFUL CHOICE COVERS THEM ALL**

- The only nasal steroid indicated in patients as young as 3 years of age
- Studied in geriatrics up to age 85
- Proven efficacy and safety profile for all ages in between

**WARNING:** The replacement of a systemic corticosteroid with a topical corticosteroid can be accompanied by signs of adrenal insufficiency.

In clinical trials, using the recommended dose, the overall incidence of adverse events was comparable to vehicle placebo. The most commonly reported adverse events, not necessarily drug related, were, for NASONEX® and vehicle placebo, respectively: headache (17-26% vs 18-22%), viral infection (8-14% vs 9-11%), pharyngitis (10-12% vs 10%), epistaxis/blood-tinged mucus (8-11% vs 6-9%), and coughing (7-13% vs 6-15%).

Note: Controlled clinical studies have shown intranasal corticosteroids may cause a reduction in growth velocity in pediatric patients. The growth of pediatric patients receiving intranasal corticosteroids, including NASONEX® Nasal Spray, 50 mcg, should be monitored routinely (eg, via stadiometry). The potential of NASONEX® to cause growth suppression in susceptible patients or when given at higher doses cannot be ruled out.

**WWW.NASONEX.COM**

For more information, please see your Schering representative. Please see accompanying brief summary of Prescribing Information on adjacent page.
NASONEX® (mometasone furoate monohydrate)
Nasal Spray, 50 mcg*
FOR INTRanasAL USE ONLY
*calculated on the anhidrotic basis

BRIEF SUMMARY (For full Prescribing Information, see package insert.)
NASONEX® SPRAY. SEVERAL NASONEX® Nasal Sprays, 50 mcg. is indicated for the treatment of the nasal symptoms of seasonal allergic rhinitis and perennial allergic rhinitis.
NASONEX® Nasal Spray, 50 mcg is indicated for the prophylaxis of the nasal symptoms of seasonal allergic rhinitis in patients with a known allergy to chicory. When used with a nasal corticosteroid nasal spray, NASONEX® Nasal Spray, 50 mcg is recommended 2 to 4 weeks prior to the anticipated start of the pollen season. Safety and effectiveness of NASONEX® Nasal Spray, 50 mcg in pediatric patients less than 3 years of age have not been established.

CONTRAINDICATIONS: Responders to any of the components of this preparation should not use NASONEX® Nasal Spray. The use of antibiotics should not be considered as a substitute for symptomatic relief of rhinitis. Administration of nasal corticosteroids is not recommended for use in pregnancy or lactation.

ADVERSE EFFECTS: The only adverse effect reported during clinical studies was atrophy of the nasal septum and/or turbinates. Other adverse effects reported during clinical studies were: nasal discomfort, epistaxis, burning, redness, or irritation.

DRUG INTERACTIONS: None were evaluated. One case of anaphylaxis has been reported.

OVERDOSAGE: An overdose of NASONEX Nasal Spray, 50 mcg has not been reported in clinical studies. If an overdose does occur, patients should be treated symptomatically.

NASENEX® Clinical Trials
Several clinical trials have been conducted to evaluate the safety and efficacy of NASONEX Nasal Spray, 50 mcg. In all trials, this medication was shown to be safe and effective in the treatment of nasal symptoms.}

The effects of NASONEX Nasal Spray, 50 mcg on the nasal septum and/or turbinates have been observed. In a 12-month study conducted in patients with seasonal allergic rhinitis, the nasal septum and/or turbinates were observed to be atrophied in 10% of patients treated with NASONEX Nasal Spray, 50 mcg. No other adverse effects were reported.

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GOODTIME MEDICAL 5410 W. Roosevelt Chicago, IL 60644 773-626-5000 Fax 773-626-5015
When you want or need to avoid corticosteroids for your mild to moderate patients*

**ELIDEL**
in control.

- ELIDEL effectively relieves the itch, redness, inflammation, and excoriation of eczema flares
- ELIDEL is proven safe in patients aged 2 years through adult
- ELIDEL is an odor-free, easy-to-use cream that may be used on the face, around the eyes, neck, hands, and other sensitive skin areas
- ELIDEL should be used twice daily at the earliest signs or symptoms and for as long as they persist**
- In a 1-year pediatric safety study, 57% of ELIDEL patients had no flares requiring a corticosteroid†

*ELIDEL is indicated for short-term and intermittent long-term therapy for mild to moderate atopic dermatitis in non-immunocompromised patients 2 years of age and older, in whom the use of alternative, conventional therapies is deemed inadvisable because of potential risks, inadequate clinical response, or patient intolerance of such therapies.

ELIDEL is contraindicated in patients who are hypersensitive to pimecrolimus or any of the components of the cream. It should not be applied to areas of active cutaneous infections. Use should be carefully evaluated if varicella zoster virus, herpes simplex virus, or eczema herpeticum infections are present.

If patients have lymphadenopathy that is unresolved or of unclear etiology, discontinuation should be considered. Patients should minimize or avoid natural or artificial sunlight exposure. **ELIDEL should not be used with occlusive dressings.**

The most common adverse events seen in clinical studies included application-site burning, headache, pharyngitis, nasopharyngitis, cough, influenza, pyrexia, and viral infection.

In clinical studies, skin papilloma or warts were observed in 1% of ELIDEL patients.

The efficacy and safety of ELIDEL have not been studied beyond 1 year.

† Treatment should be discontinued upon resolution of disease.

† Patients should be re-evaluated if symptoms persist beyond 6 weeks.

‡ Data from a 1-year, randomized, multicenter, double-blind, placebo-controlled study in patients aged 2 to 17 years. An increased incidence of skin infections, rhinitis, and urticaria was found in patients using ELIDEL sequentially with topical corticosteroids as compared to ELIDEL alone.

Please see brief summary of Prescribing Information.
INDICATIONS AND USAGE

FLOXIN® Otic (ofloxacin otic solution) 0.3% is indicated for the treatment of infections caused by susceptible strains of the designated microorganisms in the specific conditions listed below.

Otitis Externa in adults and pediatric patients, one year and older, due to Staphylococcus aureus and Pseudomonas aeruginosa.

Chronic Suppurative Otitis Media in patients 12 years and older with perforated tympanic membranes due to Staphylococcus aureus, Proteus mirabilis, and Pseudomonas aeruginosa.

Acute Otitis Media in pediatric patients one year and older with tympanic membranes due to Staphylococcus aureus, Streptococcus pneumoniae, Haemophilus influenzae, Moraxella catarrhalis, and Pseudomonas aeruginosa.

CONTRAINDICATIONS

FLOXIN® Otic (ofloxacin otic solution) 0.3% is contraindicated in patients with a history of hypersensitivity to ofloxacin, to other quinolones, or to any of the components in this medication.

WARNINGS

NOT FOR OPHTHALMIC USE.

NOT FOR INJECTION.

Serious and occasionally fatal hypersensitivity (anaphylactic) reactions, some following a single dose, have been reported in patients receiving systemic quinolones, including ofloxacin. Some reactions were accompanied by cardiovascular collapse, syncope, wheezing, dyspnea, urticaria, and anaphylactic shock. If an allergic reaction to ofloxacin is suspected, stop the drug. Serious acute hypersensitivity reactions may require immediate emergency treatment.

PRECAUTIONS

General: As with other anti-infective preparations, prolonged use may result in overgrowth of non-susceptible organisms including fungi. If the infection is not improved after one week, cultures should be obtained to guide further treatment. If otitis persists after a full course of therapy or if two or more episodes of otitis occur within six months, further evaluation is recommended to exclude an underlying condition such as cholesteatoma, foreign body, or a tumor.

The systemic administration of quinolones, including ofloxacin at doses much higher than those absorbed by the otic route, has led to lesions or erosions of the cartilage in weight-bearing joints and other signs of arthropathy in immature animals of various species.

Young growing guinea pigs dosed in the middle ear with 0.3% ofloxacin otic solution showed no systemic effects. Lesions or erosions of the cartilage in weight-bearing joints, or other signs of arthropathy No drug-related structural or functional changes of the cochlea and no lesions in the sacculae were noted in the guinea pigs following otic administration of 0.3% ofloxacin for one month. No signs of local irritation were found when 0.3% ofloxacin was applied topically in the rabbit eye. Ofloxacin was also shown to lack dermal sensitizing potential in the guinea pig maximization study.

Information for Patients: Avoid contaminating the applicator tip with material from the fingers or other sources. This precaution is necessary if the identity of the drops is to be preserved. Systemic quinolones, including ofloxacin, have been associated with hypersensitivity reactions, even following a single dose. Discontinue use immediately and contact your physician at the first sign of a rash or allergic reaction.

Otitis Externa

Prior to administration of FLOXIN® Otic in patients with otitis externa, the solution should be warmed by holding the bottle in the hand for one or two minutes to avoid stinging which may result from the instillation of a cold solution. The patient should be with the affected ear upward, and then the drops should be instilled. This position should be maintained for five minutes to facilitate penetration of the drops into the ear canal. Repeat, if necessary, for the opposite ear.

DOSAGE AND ADMINISTRATION

Acute Otitis Media and Chronic Suppurative Otitis Media

In pediatric patients (1 to 12 years old) with acute otitis media with tympanostomy tubes and in patients with chronic suppurative otitis media with perforated tympanic membranes, prior to administration, the solution should be warmed by holding the bottle in the hand for one or two minutes to avoid stinging which may result from the instillation of a cold solution. The patient should be with the affected ear upward, and then the drops should be instilled. The instigus should then be pumped 4 times by pushing inward to facilitate penetration of the drops into the middle ear. This position should be maintained for five minutes. Repeat, if necessary, for the opposite ear (see DOSAGE AND ADMINISTRATION).

Drug Interactions: Specific drug interaction studies have not been conducted with FLOXIN® Otic.

Carcinogenesis, Mutagenesis, Impairment of Fertility

Long-term studies to determine the carcinogenic potential of ofloxacin have not been conducted. Ofloxacin was not mutagenic in the Ames test, the sister chromatid exchange assay (Chinese hamster and human cell lines), the unscheduled DNA synthesis (UDS) assay using human fibroblasts, the dominant lethal assay, or the mouse micronucleus assay. Ofloxacin was positive in the rat hepatocyte UDS assay, and in the mouse lymphoma assay in rats, ofloxacin did not affect male or female reproductive performance at oral doses up to 100 mg/kg/day. This would be more than the maximum human dose for women when extrapolated to body surface area, assuming total absorption of ofloxacin from the ear of a patient treated with FLOXIN® Otic twice per day.

Pregnancy

Teratogenic effects: Pregnancy Category C. Ofloxacin has been shown to have an embryocarcinogenic effect in rats at a dose of 810 mg/kg/day and in rabbits at 180 mg/kg/day. These doses resulted in decreased fetal body weights and increased fetal mortality in rats and rabbits, respectively. Minor fetal skeletal variations were reported in rats receiving doses of 500 mg/kg/day. Ofloxacin has not been shown to be teratogenic at doses as high as 810 mg/kg/day and 180 mg/kg/day when administered to pregnant rats and rabbits, respectively.

Ofloxacin has not been shown to have any adverse effects on the developing embryo or fetus at doses relevant to the amount of ofloxacin that will be delivered systemically at the recommended clinical doses.

Nonteratogenic Effects: Additional studies in the rat demonstrated that doses up to 350 mg/kg/day during late gestation had no adverse effects on late fetal development, labor delivery, lactation, neonatal viability, or growth of the newborn. There are, however, no adequate and well-controlled studies in pregnant women. FLOXIN® Otic should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers: In nursing women, a single 200 mg oral dose resulted in concentrations of ofloxacin in milk which were similar to those found in plasma. It is not known whether ofloxacin is excreted in human milk following topical otic administration. Because of the potential for serious adverse reactions from ofloxacin in nursing infants, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

Pediatric Use: No changes in hearing function occurred in 30 pediatric subjects treated with ofloxacin otic and tested for audiometric parameters. Although safety and efficacy have been demonstrated in pediatric patients one year and...
Power to relieve pain as fast as Cortisporin® otic solution, but without a steroid

FLOXIN® Otic (ciprofloxacin otic solution 0.3%) has been shown in studies to be effective in the treatment of otitis externa due to Staphylococcus aureus and Pseudomonas aeruginosa with fewer side effects than other quinolones. It is safe and well-tolerated.

Adverse Reactions

Common adverse reactions in clinical trials were:

1. Pruritus (4%)
2. Application site reaction (3%)
3. Earache (1%)
4. Vertigo (1%)
5. Vertigo

Other reported adverse reactions were:

1. Tinnitus
2. Hyperplasia
3. Vertigo
4. Vertigo
5. Vertigo
6. Vertigo
7. Vertigo
8. Vertigo
9. Vertigo
10. Vertigo

Please see brief summary below.

B Only

DOSAGE AND ADMINISTRATION

Otitis Externa: The recommended dosage regimen for the treatment of otitis externa is 0.3% ciprofloxacin otic solution (0.5 mL) applied twice daily for three days. For infants younger than 1 year of age, 0.25% ciprofloxacin otic solution (0.5 mL) applied twice daily for three days.

Please see brief summary below.
A common and contagious virus

Each year, more than 125,000 babies are hospitalized with RSV (respiratory syncytial virus) disease. Sadly, some of these babies will die. RSV infects nearly all children by the age of two, usually causing mild "cold-like" symptoms. In premature infants, the infection can be more serious because their lungs are not fully developed and they don't have enough natural immunity to fight the infection.

Your premature infant is at especially high risk for serious RSV disease if he or she:

- Has lung disease, or
- Was born more than four weeks early and has any of the following risk factors:
  - Attends child care
  - Has school-age brothers and sisters at home
  - Is exposed to tobacco smoke in the home
  - Hospital care for severe respiratory illness is not readily available

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 to protect your baby from being 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
Premature babies need extra care in the hospital and when they go home...especially in the "Cold and Flu" season.

Preemies, up to age two, are at high risk from a potentially serious virus called RSV.

Thousands are hospitalized every year.

It can be prevented.

Help protect your preemie from serious RSV disease.

Call 1-877-848-8511
Or learn more at www.rsvprotection.com

MedImmune, Inc.

Call your pediatrician today.
an alternative to steroids

the first nonsteroid topical immunomodulator (TIM) for moderate to severe atopic dermatitis

- for short-term and intermittent long-term therapy
- 0.1% and 0.03% for adults; 0.03% for children aged 2 to 15 years
- for patients who:
  - should avoid the potential risks of conventional therapies
  - are not adequately responsive to conventional therapies
- apply anywhere—including face, neck, sensitive areas

The most common adverse events associated with the use of Protopic Ointment included the sensation of skin burning, pruritus, flu-like symptoms, and headache. Local symptoms are most common during the first few days of application and typically improve as lesions heal.

Protopic Ointment is contraindicated in patients who are hypersensitive to tacrolimus or any of the other ingredients of Protopic.

Please see brief summary of prescribing information on the following page.