New Children’s Benadryl® Single-Ingredient Fastmelt Tablets!

Quick-dissolving tablets help the medicine go down...

- Single active ingredient: 19 mg diphenhydramine citrate (equivalent to 12.5 mg diphenhydramine HCl)
- Great-tasting cherry flavor
- Dissolves quickly without water, no spills or mess
- Exact dosing, no measurement required
  - Children 6 to under 12 years of age take 1–2 tablets every 4–6 hours
  - Children 12 years of age and older take 2–4 tablets every 4–6 hours
- For the relief of sneezing, runny nose, itchy/watery eyes, and itchy throat

Also available: Children’s Benadryl® Allergy/Cold Fastmelt® Tablets (antihistamine/nasal decongestant/cough suppressant combination)

Visit www.benadrylusa.com for local pollen counts

Use as directed.

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MDPZ3967
Alimentum® Advance® the
Performula™ for difficult tolerance problems

Alimentum Advance provides fast colic† relief: In just 24 hours,
Alimentum Advance starts reducing colic symptoms in most infants‡

- Alimentum Advance contains levels of DHA and ARA† typically found in U.S. breast milk²³
- DHA and ARA, two nutrients found in breast milk, are important for cognitive and visual development

"Due to protein sensitivity and food allergies.
†Due to protein sensitivity.
‡Based on a clinical study with Alimentum®. Alimentum and Alimentum Advance contain the same oils except for the addition of DHA and ARA.
§Alimentum Advance has DHA and ARA levels based on studies with Similac® Advance®.


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B1087/3080

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Alimentum ADVANCE™
Protect Hydrolysate Formula
The formula that performs
You can’t predict which child will develop protein sensitization: about half of those who become sensitized have no family history. Your choice of routine formula, however, can reduce your patients’ risk.

Nestlé® Good Start® Supreme (formerly Good Start) is the only routine formula made with 100% whey, partially hydrolyzed to reduce the risk of protein sensitization and intolerance.1,3,6,7

Now, a recent study of over 2,000 infants shows that a partially hydrolyzed whey formula like Good Start Supreme can reduce the risk of protein sensitization and intolerance by one-third compared to a whole-protein formula.3

Why should parents settle for any routine formula, when you can recommend one that really makes a difference?

Breastfeeding is best. But when formula is chosen, recommend Good Start Supreme right from the start.

Questions? Call the Nestlé Professional Information Line at 1-800-628-2229 from Monday to Friday, 8:00 AM to 8:00 PM Eastern Time.

* Good Start Supreme is not intended as a therapeutic formula like more extensively hydrolyzed specialty formulas. FDA has not authorized any disease claims relating to this formula.
1 When fed exclusively, as soon as formula feeding begins.

Whole protein (non-hydrolyzed)

Whole-protein molecules can actually increase the risk of protein sensitization in some infants compared to hydrolysates.

All routine starter formulas except Good Start Supreme are non-hydrolyzed and contain whole-protein molecules.

Partially hydrolyzed whey protein

Partial hydrolysis breaks down whole proteins into smaller peptides

Hydrolysis can substantially reduce the risk of protein sensitization.1,2

Good Start Supreme is the only formula made with 100% whey protein, partially hydrolyzed

THE NEXT GENERATION IS CHANGING ALL THE RULES.

New 4th generation VIGAMOX™ solution takes bacterial conjunctivitis treatment to new heights.

Next generation VIGAMOX™ solution combines a broad spectrum of coverage with quick kill rates and low MICs for greater efficacy. All in a therapy that’s safe and BAC*-free. And, kids will flip for the convenient dosing. Get on board with new VIGAMOX™.

* Benzalkonium chloride

VIGAMOX™ solution is indicated for the treatment of bacterial conjunctivitis. In vitro data are not always indicative of clinical success or microbiological eradication in a clinical setting. The dosing of VIGAMOX™ solution is one drop in the affected eye(s) 3 times daily for 7 days.

VIGAMOX™
(moxifloxacin HCl ophthalmic solution) 0.5% as base

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Please see brief summary of prescribing information on adjacent page.
DHA and ARA are vital nutrients, essential for proper infant brain and eye development.* Both are naturally found in breast milk and are now available in most major U.S. infant formula brands. **Ask your formula representative about the DHA and ARA levels in their brand.**


Breastfeeding is best, but if a mother cannot or chooses not to, then the formula recommended should be as close as possible to breast milk.

To receive a free medical professional’s guide to the importance of DHA and ARA, call toll free: 1-888-652-7246

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Quality Medical Equipment

Goodtime Medical offers a variety of pediatric and general treatment tables to meet your needs and put your patients at ease. All tables are shipped fully assembled and are available in 14 different colors. Table pads can be ordered in white, grey or slate grey. Optional table heights and locks and stirrups available on most tables. Visit our website for products and information @ www.examtables.com

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Important Safety Information

Xopenex is contraindicated in patients with a history of hypersensitivity to levalbuterol HCl or racemic albuterol. Patients receiving the highest dose of Xopenex Inhalation Solution should be monitored closely for adverse effects and the risks of such effects should be balanced against the potential for improved efficacy.

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 (7.9%; 11.9%; 8.9%); pharyngitis (3%; 10.4%; 6.6%); rhinitis (6.1%; 10.4%; 1.7%); asthma (9.1%; 9%; 5.1%); fever (9.1%; 3%; 5.1%); viral infection (7.6%; 9%; 5.1%); rash (NR; 75%; NR); accidental injury (6.1%; 4.5%; 3.4%); diarrhea (1.5%; 6%; NR); pain (3%; 1.5%; 3.4%); asthenia (3%; 3%; NR); lymphadenopathy (3%; NR; NR); and urticaria (NR; 3%; NR).

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): nervousness (2.8%; 9.6%; NR); tremor (NR; 6.6%; NR); flu syndrome (4.2%; NR%; NR); and tachycardia or increased heart rate (2.8%; 2.7%; NR). *The mean duration of effect, as measured by a >15% increase from baseline FEV1, was approximately 5 hours after administration of 0.63 mg of levalbuterol and approximately 6 hours after administration of 1.25 mg of levalbuterol after 4 weeks of treatment. In some patients, the duration of effect was as long as 8 hours.
*Less than 2% reported.

Please see brief summary of prescribing information on adjacent page.

IMPORTANT DATA VALIDATE THE VALUE OF XOPENEX

- Greater peak mean % change in FEV₁ in severe asthmatics with Xopenex 1.25 mg*¹
- Long duration of action: TID dosing for greater patient convenience*¹,²
- Well-established safety profile across the dosing range, supported by over 250 million doses prescribed*³-⁴

*FEV₁ <60% of predicted.

Xopenex® (levalbuterol HCl) Inhalation Solution, 0.31 mg, 0.63 mg and 1.25 mg*

Breathing is Believing

*Potency expressed as levalbuterol.
Save time. Reduce paperwork.
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