NEW arrivals from Nestlé.

The only partially hydrolyzed routine soy formula. Enhanced with DHA and ARA.

The only partially hydrolyzed, calcium-enriched formula for older infants. Enhanced with DHA and ARA.

Now there are 2 more reasons to recommend the unique benefits of GOOD START® SUPREME, the only line of formulas partially hydrolyzed for easy digestion. The result: a positive feeding experience – right from the start.

Questions or comments? Call the Nestlé Medical Professional Information Line at 1-800-628-BABY (2229). Our nutrition experts are ready to assist you from Monday to Friday, 8:00 AM to 8:00 PM Eastern Time.

Breastfeeding is best. But when formula is chosen, recommend GOOD START® SUPREME formulas right from the start.
Freedom to breathe

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 convenience1,2
- Well-established safety profile across the dosing range, supported by over 250 million doses prescribed1,4

*FEV1, % of predicted.

Xopenex® (levalbuterol HCl)
Inhalation Solution, 0.31 mg, 0.63 mg and 1.25 mg
*Potency expressed as levalbuterol.

Breathing is Believing

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 (79%; 11.9%; 8.5%); pharyngitis (3.8%; 10.4%; 8.9%); rhinitis (8.1%; 10.4%; 1.7%); asthma (8.1%; 9.9%; 5.1%); fever (9.1%; 3%; 5.1%); viral infection (7.8%; 9%; 5.1%); rash (NR); 750; NR); accidental injury (0.1%; 4.5%; 3.4%); diarhea (1.5%; 8%; NR); pain (3%; 1.5%; 3.4%); asthenia (9%; 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 (2.9%; 9.9%; NR); tremor (4.2%; 8.9%; NR); flu syndrome (4.2%; NR; NR); and tachycardia or increased heart rate (2.8%; 8.9%; NR).

The mean duration of effect, as measured by a >19% 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.