



help billy get better sooner*

The only antiviral medication for adults and children aged ≥1 year effective against influenza types A and B

TREAT AND PREVENT WITH TAMIFLU

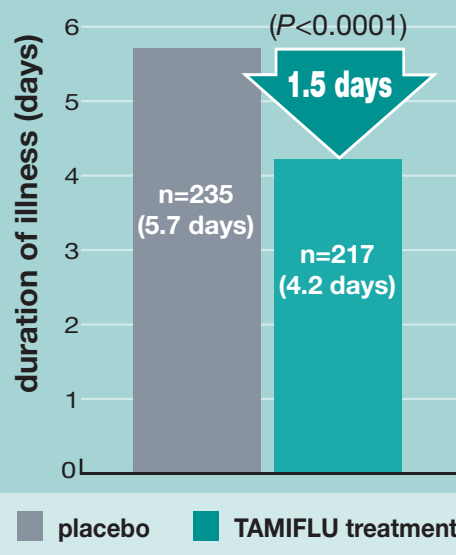
- Significantly reduces duration of flu illness in children aged 1 to 12 years—1.5 days faster
• Postexposure prophylaxis helps prevent flu transmission in children and adults1,2
• Generally well tolerated in children since 2000

*1.5 days faster



help billy get better sooner — treat early*

TAMIFLU SIGNIFICANTLY REDUCES DURATION OF FLU IN CHILDREN AGED 1 TO 12 YEARS3



A randomized, double-blind, placebo-controlled study in which 695 children aged 1 to 12 years with fever 100°F (≥38°C) and a history of cough or coryza <48 h duration received oseltamivir 2 mg/kg/dose or placebo twice daily for 5 days.

Primary efficacy endpoint was the time to resolution of illness, including mild/absent cough and mild/absent coryza, return to normal activity and euthermia. Incidence calculated for Study Day 2; N=452.

- TAMIFLU resolves illness in children 1.5 days faster than placebo when administered within 48 hours3
• In children, TAMIFLU reduces median duration of fever by 25 hours3
• Serious bacterial infections may begin with influenza-like symptoms or may coexist with or occur as complications during the course of influenza. TAMIFLU has not been shown to prevent such complications

*Within 2 days of symptom onset.

SAFETY INFORMATION

There is no evidence for efficacy against any illness caused by agents other than influenza types A and B.

Treatment efficacy in subjects with chronic cardiac and/or respiratory disease has not been established. No difference in the incidence of complications was observed between the treatment and placebo groups in this population. No information is available regarding treatment of influenza in patients at imminent risk of requiring hospitalization. Efficacy of TAMIFLU has not been established in immunocompromised patients.

Safety and efficacy of repeated treatment or prophylaxis courses have not been studied.

Influenza can be associated with a variety of neurologic and behavioral symptoms, which can include events such as hallucinations, delirium and abnormal behavior, in some cases resulting in fatal outcomes. These events may occur in the setting of encephalitis or encephalopathy but can occur without obvious severe disease. There have been postmarketing reports (mostly from Japan) of delirium and abnormal behavior leading to injury, and in some cases resulting in fatal outcomes, in patients with influenza who were receiving TAMIFLU. Because these events were reported voluntarily during clinical practice, estimates of frequency cannot be made but they appear to be uncommon based on TAMIFLU usage data. These events were reported primarily among pediatric patients and often had an abrupt onset and rapid resolution. The contribution of TAMIFLU to these events has not been established. Patients with influenza should be closely monitored for signs of abnormal behavior. If neuropsychiatric symptoms occur, the risks and benefits of continuing treatment should be evaluated for each patient.

In postmarketing experience, rare cases of anaphylaxis and serious skin reactions, including toxic epidermal necrolysis, Stevens-Johnson syndrome and erythema multiforme, have been reported with TAMIFLU.

The most common adverse events reported >1% of patients treated with TAMIFLU and more commonly than in patients treated with placebo are:

- Treatment of adult and pediatric patients – nausea, vomiting.
• Prophylaxis of adult and pediatric patients – nausea, vomiting, abdominal pain.

Vaccination is considered the first line of defense against influenza.

Please see accompanying complete Prescribing Information.



ryan could have gotten better sooner
ashley could have been protected*

The only antiviral medication for adults and children aged ≥1 year effective against influenza types A and B

*1.5 days faster

treat. prevent. protect. **Tamiflu**[®]
oseltamivir phosphate

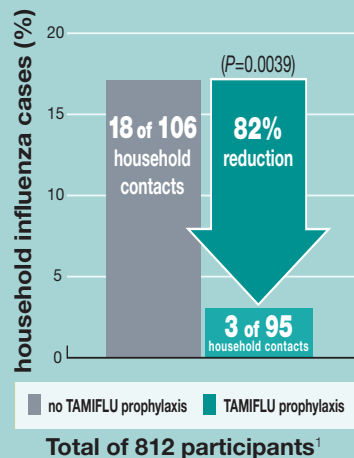


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act sooner to help protect ashley*

POSTEXPOSURE PROPHYLAXIS WITH TAMIFLU

TAMIFLU provides protective efficacy against flu in children 1 to 12 years old



TAMIFLU IS GENERALLY WELL TOLERATED IN CHILDREN

- Generally well tolerated when administered for prophylaxis¹
- Low incidence of adverse events in treatment; incidence comparable to placebo³
- Discontinuation rate low (1.8% [n=6]) and comparable to placebo (1.1% [n=4])³

A prospective, open-label, randomized, parallel-group trial conducted in Europe and North America during the 2000-2001 influenza season with a total of 812 participants aged ≥1 year. Household contacts of index cases received PEP with oseltamivir for 10 days or treatment at the time of developing illness (expectant treatment) during the postexposure period. All index cases received oseltamivir treatment for 5 days.¹

The primary efficacy variable was the percentage of households with at least 1 secondary case of laboratory-confirmed influenza illness during the 10-day period after the start of treatment in the index case(s).¹

INDICATIONS

TAMIFLU is indicated for the treatment of uncomplicated influenza caused by viruses types A and B in patients 1 year and older who have been symptomatic for no more than 2 days.

TAMIFLU is also indicated for the prophylaxis of influenza in patients 1 year and older.

TAMIFLU is not a substitute for early and annual vaccination.

Prescribers should consider available information on influenza drug susceptibility patterns and treatment effects when deciding whether to use TAMIFLU.

TREATMENT

- TAMIFLU is not indicated for treatment of influenza in pediatric patients younger than 1 year
- Treatment should begin within 2 days of symptom onset

POSTEXPOSURE PROPHYLAXIS

- The safety and efficacy of TAMIFLU for prophylaxis of influenza in pediatric patients younger than 1 year have not been established
- Prophylaxis in patients 1 to 12 years has not been evaluated for longer than 10 days' duration
- Prophylaxis therapy should begin within 2 days of exposure

EASY TO TAKE, EASY TO PRESCRIBE

- Available in capsules or oral suspension
- Pediatric dosing is based on patient weight. Please refer to Prescribing Information for appropriate dose

References

1. Hayden FG, Belshe R, Villanueva C, et al. Management of influenza in households: a prospective, randomized comparison of oseltamivir treatment with or without postexposure prophylaxis. *J Infect Dis.* 2004;189(3):440-449.
2. Welliver R, Monto AS, Carewicz O, et al, for the Oseltamivir Post Exposure Prophylaxis Investigator Group. Effectiveness of oseltamivir in preventing influenza in household contacts. A randomized clinical trial. *JAMA.* 2001;285(6):748-754.
3. Whitley RJ, Hayden FG, Reisinger KS, et al. Oral oseltamivir treatment of influenza in children. *Pediatr Infect Dis J.* 2001;20(2):127-133.

Please see accompanying complete Prescribing Information.

Please see Important Safety Information on reverse.

*Within 2 days of symptom exposure.