Exhibit H

Debtors' Marketing Materials

About Zyclara™ Cream

How does Zyclara Cream work?

- Zyclara Cream works from within by activating your body's own immune system
- AKs that may be hidden under the surface of your skin keratosis (AK) growths, but also reveals and treats Zyclara Cream not only helps clear visible actinic

How often do I apply Zyclara Cream?

The Zyclara dosing schedule is

2 weeks on: Apply Zyclara Cream once a day for 14 days

2 weeks off: No treatment for 14 days

2 weeks on: Resume once-a-day application for 14 days

A.S.

of dosing to help you get the most out of your treatment. It is important to follow and complete the final 14 days

- Use up to 2 packets for each application
- Discard any open packets when finished

For additional tips on applying Zyclara Cream, visit www.ZyclaraCream.com Zyclara Cream is a prescription medicine for use on the face or balding scalp only (a topical medicine) to When using Zyclara Cream, the most common side effects involve skin reactions in the application area. These include redness, scabbing or crusting, flaking, scaling or dryness, swelling, sores or blisters, and treat actinic keratosis (AK). Do not use Zyclara Cream in or on your eyes, nostrils, mouth or vagina. draining (weeping).

When using Zyclara Cream do not use sunlamps or tanning beds, and avoid sunlight as much as possible. Use sunscreen and wear protective clothing if you go outside during daylight.

Please see Full Prescribing Information.



Physician's Instructions





INTRODUCING



GRACEWAY PHARMACEUTICALS

BRINGING SCIENCE TO LIFE

The scientific and technological innovations that are advancing medicine hold vast promise for improving the quality of life for patients. Graceway is dedicated to bringing the medical community advanced products with unique benefits, enabling health care professionals to better help patients live healthier lives.

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ASTHMA RESCUE THERAPY ...SIMPLIFIED Here's how it works:

Lift lever to snap in place. Shake. MAXAIR AUTOHALER is ready for use Upon inhalation, chamber door opens triggering release of pirbuterol Pirbuterol is delivered via patented soft-puff technology

Delivers the benefits of a spacer—without the spacer

 Eliminates the need to coordinate pressing with breathing—a problem for up to 65% of patients²

Demonstrated improvement in pulmonary function³

- Rapid onset—improvement within 5 minutes in most patients as determined by forced expiratory volume in 1 second (FEV₁)
- 5-hour duration of action in a substantial number of patients, based on a 15% or greater increase in FEV₁



Just breathe in.

IMPORTANT SAFETY INFORMATION: MAXAIR AUTOHALER is contraindicated in patients with a history of hypersensitivity to pirbuterol or any of its ingredients. MAXAIR AUTOHALER, like other inhaled beta-adrenergic agonists, can produce a clinically significant cardiovascular effect in some patients, as measured by pulse rate, blood pressure, and/or other symptoms. Although such effects are uncommon after administration of MAXAIR AUTOHALER at recommended doses, if they occur, the drug may need to be discontinued. In addition, beta-agonists have been reported to produce ECG changes; such as flattening of the T wave, prolongation of the QTc interval, and ST segment depression. The clinical significance of these findings is unknown. Therefore, MAXAIR AUTOHALER, like all sympathomimetic amines, should be used with caution in patients with cardiovascular disorders, especially coronary insufficiency, cardiac arrhythmias, and hypertension.

MAXAIR AUTOHALER can produce paradoxical bronchospasm, which can be life threatening. If paradoxical bronchospasm occurs, MAXAIR AUTOHALER should be discontinued immediately and alternative therapy instituted. It should be recognized that paradoxical bronchospasm, when associated with inhaled formulations, frequently occurs with the first use of a new canister or vial.

The use of beta-adrenergic agonist bronchodilators alone may not be adequate to control asthma in many patients. Early consideration should be given to adding anti-inflammatory agents, eg, corticosteroids. The following adverse reactions were reported more frequently than 1 in 100 patients: nervousness (6.9%), tremor (6.0%), headache (2.0%), dizziness (1.2%), palpitations (1.7%), tachycardia (1.2%), cough (1.2%), and nausea (1.7%).

References: 1. Grossman J, Tinkelman DG, Ziment I. Pirbuterol acetate administered via breath-actuated inhaler compared with albuterol administered via MDI with a spacing device. Medscape General Medicine. 1999;1(2). http://www.medscape.com/viewarticle/408722. Accessed February 8, 2008. 2. Larsen JS, Hahn M, Ekholm, B, Wick KA. Evaluation of conventional press-and-breathe metered-dose inhaler technique in 501 patients. J Asthma. 1994;31(3):193-199. 3. Maxair Autohaler (pirbuterol acetate inhalation aerosol) manufacturer's Prescribing Information.

Please see Full Prescribing Information enclosed.



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is pleased to announce that



has been approved as a Preferred Drug on the

New York State Preferred Medicaid Drug Formulary



The only rescue inhaler that eliminates the need to



AVAILABLE BEYOND 2008 Not subject to albuterol CFC deadline

MAXAIR AUTOHALER is indicated for prevention and reversal of bronchospasm in patients aged 12 years and older with reversible bronchospasm including asthma. It may be used with or without concurrent theophylline and/or corticosteroid therapy.

IMPORTANT SAFETY INFORMATION: MAXAIR AUTOHALER is contraindicated in patients with a history of hypersensitivity to pirbuterol or any of its ingredients. MAXAIR AUTOHALER, like other inhaled beta-adrenergic agonists, can produce a clinically significant cardiovascular effect in some patients, as measured by pulse rate, blood pressure, and/or other symptoms. Although such effects are uncommon after administration of MAXAIR AUTOHALER at recommended doses, if they occur, the drug may need to be discontinued. In addition, beta-agonists have been reported to produce ECG changes, such as flattening of the T wave, prolongation of the QTc interval, and ST segment depression. The clinical significance of these findings is unknown. Therefore, MAXAIR AUTOHALER, like all sympathomimetic amines, should be

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Please see accompanying brief summary of full Prescribing Information www.maxairautohaler.com

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www.maxairautohaler.com—and watch for additional mailings To find out more about the benefits of Maxair Autohaler, visit

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BREATHE IN BULLETIN

Resource For Asthma Practitioners

Volume 1 July/August, 2009

MISSION STATEMENT

Welcome to the first issue of *Breathe In Bulletin*, a quarterly publication intended for health care professionals who treat and educate people with asthma. It is sponsored by Graceway Pharmaceuticals, LLC.

Each issue of Breathe In Bulletin presents timely information relevant to asthma practitioners in multiple specialties and fosters communication between specialists. Pulmonologists, allergists, immunologists, and primary care physicians alike know the toll that uncontrolled symptoms can take on patients. Improved care and quality of life for asthma patients is a shared goal that creates common ground for discussion among health care professionals, regardless of specialty. To submit suggestions for topics of interest to you, email your comments to:

Breathe-In-Bulletin@gracewaypharma.com.

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TEACHABLE MOMENTS

Tips to help integrate education into every patient visit

Ask questions to forge an effective therapeutic partnership

ome patients with asthma, who appear to understand their condition, are still unable to achieve good asthma control. Adult and adolescent patients who may grasp the concepts of self-management, medication use, and triggers, may fail to adapt them to their everyday lives. Education without effective skills training and adoption often results in less than optimal asthma control.¹

As demonstrated in clinical research, practitioners can change the behavior of patients who have frequent, preventable exacerbations of their chronic asthma. One proven, successful approach is to forge a therapeutic partnership through shared decision making. In randomized, controlled trials, benefits of this approach included improved symptom control, better quality of life, and greater adherence to long-term controller medications.¹

Key features of a therapeutic partnership:1

- Identifying the patient's goals and preferences
- Shared decision making regarding treatment
- Negotiating a treatment regimen to best accommodate patient goals and preferences

The National Asthma Education and Prevention Program, *Expert Panel Report 3*, recommends ways to use the initial visit to establish a partnership.

The initial visit should focus on: expectations for the visit; defining asthma control;



determining patients' goals for treatment; medications; and quality of life. Assessment questions should be asked during the first and second visits to facilitate a partnership.¹¹

Questions to assess expectations¹:
"What worries you most about your asthma?"
"What do you want to accomplish at this visit?"
"What do you expect from treatment?"

The patient's answers should be recorded and addressed at every visit. For example, a patient states: "I worry about my symptoms keeping me awake and I won't make it to work." Less awakening becomes a shared treatment goal. To achieve the goal, develop a specific plan for the patient. In this case, the patient can be reminded that regular use of controller medications can reduce nighttime exacerbations. For example, use the following questions to enlist their participation:

"Do you see how taking your medication regularly can stop you from waking at night? Do you agree to try that for the next few weeks and see how it works?"

(continued on page 3)

Compliments of





To the Pharmacist

This instant savings coupon is part of a Graceway Pharmaceuticals, LLC point-of-sale program.

- Valid only for Maxair® Autohaler® (400 inhalations) NDC-0089-0815-21 or NDC-29336-815-21
- For pharmacy processing questions, please call the Help Desk at 1-866-291-1621
- No substitutions permitted. Program may be cancelled at any time without notice

If patient does NOT have third-party coverage

- Submit as a primary claim to WellPoint NextRx using the claim processing information on this instant savings coupon
- · Please charge the patient the balance due

If the patient has third-party coverage

- Submit claim to patient's primary insurance first. Then submit this rebate as a secondary claim for the co-pay balance, using COB fields
- · Please charge the patient the balance due

If you cannot submit this claim electronically

- · Pharmacy can deduct up to \$25.00 from patient copay
- Pharmacy can mail in this completed form with pharmacy prescription receipt
 OR -
- Please have the patient complete and mail this instant savings coupon form
- Patient must include a copy of the pharmacy receipt, indicating drug name and amount paid, with the form. Submission must be postmarked by 12/31/2010
- Any personal information provided in association with this coupon will remain confidential and will not be shared with any third party

Address for Redemption

To receive reimbursement, all items must be included & completed.

Maxair® Autohaler® Instant Savings Offer
P.O. Box 42255

Cincinnati, OH 45242-0255

Patient/Pharmacy

| Name:_ | | | | |
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