



DAVA

Pharmaceuticals, Inc.

110
(Already Submitted)

December 9, 2005

VoSpire ER[®]
(Albuterol Sulfate)
Extended-Release Tablets

John Q. Sample
123 Any Road
Anywhere, US 12345

Dear Physician:

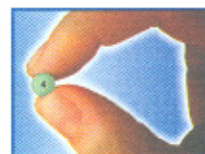
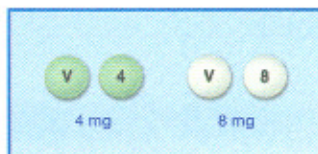
As a preferred physician for asthma treatment, you are invited to receive an **exclusive sample offer** for **VoSpire ER**[®] (Albuterol Sulfate Extended-Release Tablets).

Recently, VoSpire ER[®] tablets were purchased by DAVA Pharmaceuticals, Inc., a specialty pharmaceutical company based in New Jersey. VoSpire ER[®] tablets are specially formulated to maintain plasma levels in patients with reversible obstructive airway disease by utilizing a controlled release of albuterol sulfate.

As a trusted healthcare provider, we would like to provide you the opportunity to order **samples and information** about this long-acting bronchodilator, indicated for the relief of bronchospasm in adults and children 6 years of age and older.

Features

- Twice-daily dosing in an easy-to-swallow tablet
- Extended-release tablet formulation
- Two available strengths: 4-mg and 8-mg



Benefits

- Simple therapy utilizing a well-known active ingredient – albuterol sulfate
- One tablet provides up to 12 hours of bronchospasm control
- Compliance is enhanced by convenient twice daily oral administration

A fax-back order form is enclosed. Please fill it out and fax it back to **place your sample order** for VoSpire ER[®] tablets. Order fulfillment will begin in January 2006. We will also be faxing additional forms to your office for your convenience.

We look forward to working with you to treat your asthma patients.

Sincerely,

Lenora Gavalas Klein
Executive Vice President
Sales & Marketing
DAVA Pharmaceuticals, Inc.

REQUEST FOR SAMPLES

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ATTENTION

Please deliver this form to the physician so that requested samples may be delivered promptly.

Deliver To:

XXXXXXXX-DM1
John Q. Sample
123 Any Road
Anywhere, US 12345

From: DAVA Pharmaceuticals, Inc.**Fax:** 1-800-233-9141**Date:** December 9, 2005

Phone: (999) 999-9999
Fax: (999) 999-9999
State License #: XXXXXX

Address Changes:

INSTRUCTIONS FOR REQUESTING SAMPLES:

To obtain samples of the products listed below, complete the following:

(1) sign your name, (2) indicate professional designation, (3) date, and (4) fax this form back to 1-800-233-9141, or mail to:

Triple i's Customer Service Center, PO Box 2072 Morrisville, PA 19067-9759

VoSpire ER™
(Albuterol Sulfate)
Extended-Release Tablets

Tablet 4 mg
4 Bottles of 6 tablets
NDC# 68774-600-01

- * I have requested the drug(s) listed above in the quantities designated.
- * I certify that I am a licensed practitioner eligible to receive and prescribe these samples.
- * If I am a Nurse Practitioner or Physician Assistant, I certify that I am authorized and eligible in the state within which I am currently practicing, to request and receive these samples and that I have my supervising Physician's approval to do so.
- * My signature on this form certifies that I recognize that sample products are for the needs of my patients and will not be sold, traded, bartered, returned for credit or utilized to seek or obtain reimbursement.

X

Practitioner Signature
(no signature stamps, please)

Professional Designation

Date

Please confirm your address listed above before faxing back this original document.

**FAX COMPLETED FORM (no cover sheet needed) TO:
FAX# 1-800-233-9141**