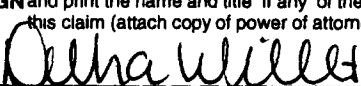


| UNITED STATES BANKRUPTCY COURT<br>FOR THE DISTRICT OF DELAWARE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                 | PROOF OF CLAIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <br>YOUR CLAIM IS SCHEDULED AS |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |                                                                             |                                             |                                |                                                                            |                                       |                                                         |                                |  |  |                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------|--------------------------------|----------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|--------------------------------|--|--|---------------------------------------------------------------------------------|
| In re<br><br><b>Women First HealthCare, Inc ,<br/>Debtor</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Case Number<br><br><b>04-11278 (MFW)</b>                                                                                                                                                                                                        | s2881<br>\$144 251 66 Unsecured Contingent Disputed<br>Unliquidated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |                                                                             |                                             |                                |                                                                            |                                       |                                                         |                                |  |  |                                                                                 |
| NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                 | The amounts reflected above constitute your claim as scheduled by the Debtor. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.<br><br>If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.<br><br>If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.<br><br><b>THIS SPACE IS FOR COURT USE ONLY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |                                                                             |                                             |                                |                                                                            |                                       |                                                         |                                |  |  |                                                                                 |
| <b>Name of Creditor and Address</b><br><br> 06509440005502<br><br>CARDINAL HEALTH INC<br>PO BOX 182516<br>COLUMBUS OH 43218 2516                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.<br><br><input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court. |                                                         |                                                                             |                                             |                                |                                                                            |                                       |                                                         |                                |  |  |                                                                                 |
| Creditor Telephone Number (     )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 | Check here <input type="checkbox"/> replaces<br>if this claim <input type="checkbox"/> or a previously filed claim dated _____<br><input type="checkbox"/> amends                                                                                                                                                                                                                                                          |                                                         |                                                                             |                                             |                                |                                                                            |                                       |                                                         |                                |  |  |                                                                                 |
| ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR<br><br>2655                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |                                                                             |                                             |                                |                                                                            |                                       |                                                         |                                |  |  |                                                                                 |
| <b>1 BASIS FOR CLAIM</b><br><table style="width:100%;"><tr><td><input checked="" type="checkbox"/> Goods sold</td><td><input type="checkbox"/> Personal injury/wrongful death</td><td><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)</td></tr><tr><td><input type="checkbox"/> Services performed</td><td><input type="checkbox"/> Taxes</td><td><input type="checkbox"/> Wages, salaries and compensation (Fill out below)</td></tr><tr><td><input type="checkbox"/> Money loaned</td><td><input type="checkbox"/> Other (describe briefly) _____</td><td>Last four digits of SS # _____</td></tr><tr><td colspan="2"></td><td>Unpaid compensation for services performed from _____ to _____<br/>(date) (date)</td></tr></table> |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 | <input checked="" type="checkbox"/> Goods sold                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Personal injury/wrongful death | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) | <input type="checkbox"/> Services performed | <input type="checkbox"/> Taxes | <input type="checkbox"/> Wages, salaries and compensation (Fill out below) | <input type="checkbox"/> Money loaned | <input type="checkbox"/> Other (describe briefly) _____ | Last four digits of SS # _____ |  |  | Unpaid compensation for services performed from _____ to _____<br>(date) (date) |
| <input checked="" type="checkbox"/> Goods sold                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Personal injury/wrongful death                                                                                                                                                                                         | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |                                                                             |                                             |                                |                                                                            |                                       |                                                         |                                |  |  |                                                                                 |
| <input type="checkbox"/> Services performed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Taxes                                                                                                                                                                                                                  | <input type="checkbox"/> Wages, salaries and compensation (Fill out below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |                                                                             |                                             |                                |                                                                            |                                       |                                                         |                                |  |  |                                                                                 |
| <input type="checkbox"/> Money loaned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Other (describe briefly) _____                                                                                                                                                                                         | Last four digits of SS # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |                                                                             |                                             |                                |                                                                            |                                       |                                                         |                                |  |  |                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                 | Unpaid compensation for services performed from _____ to _____<br>(date) (date)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |                                                                             |                                             |                                |                                                                            |                                       |                                                         |                                |  |  |                                                                                 |
| <b>2 DATE DEBT WAS INCURRED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                 | <b>3 IF COURT JUDGMENT, DATE OBTAINED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |                                                                             |                                             |                                |                                                                            |                                       |                                                         |                                |  |  |                                                                                 |
| <b>4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b><br>\$ <u>543,685</u> (unsecured)     \$ _____ (secured)     \$ <u>543,685</u> (unsecured priority)     \$ <u>543,685</u> (Total)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |                                                                             |                                             |                                |                                                                            |                                       |                                                         |                                |  |  |                                                                                 |
| If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.<br><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |                                                                             |                                             |                                |                                                                            |                                       |                                                         |                                |  |  |                                                                                 |
| <b>5 SECURED CLAIM</b><br><br><input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br><br>Brief description of collateral:<br><br><input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle<br><br><input type="checkbox"/> Other _____<br><br>Value of Collateral \$ _____<br><br>Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                 | <b>7 UNSECURED PRIORITY CLAIM</b><br><br><input type="checkbox"/> Check this box if you have an unsecured priority claim.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:<br><br><input type="checkbox"/> Wages, salaries or commissions (up to \$4,925) earned within 90 days before filing of the bankruptcy petition or cessation of the Debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(3)<br><br><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(4)<br><br><input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(6)<br><br><input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child. 11 U.S.C. § 507(a)(7)<br><br><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)<br><br><input type="checkbox"/> Other: Specify applicable paragraph of 11 U.S.C. § 507(a) (     )<br><small>Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small> |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |                                                                             |                                             |                                |                                                                            |                                       |                                                         |                                |  |  |                                                                                 |
| <b>6 UNSECURED NONPRIORITY CLAIM \$ 543,685</b><br><br><input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim; or b) your claim exceeds the value of the property securing it; or c) none or only part of your claim is entitled to priority.                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |                                                                             |                                             |                                |                                                                            |                                       |                                                         |                                |  |  |                                                                                 |
| <b>8 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |                                                                             |                                             |                                |                                                                            |                                       |                                                         |                                |  |  |                                                                                 |
| <b>9 SUPPORTING DOCUMENTS</b> <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. <b>DO NOT SEND ORIGINAL DOCUMENTS.</b> If the documents are not available, explain. If the documents are voluminous, attach a summary.                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |                                                                             |                                             |                                |                                                                            |                                       |                                                         |                                |  |  |                                                                                 |
| <b>10 DATE-STAMPED COPY</b> To receive an acknowledgment of your claim, please enclose a self-addressed, stamped envelope and an additional copy of this proof of claim.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |                                                                             |                                             |                                |                                                                            |                                       |                                                         |                                |  |  |                                                                                 |
| The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 4:00 pm, Eastern Time on August 31, 2004.<br><br><b>BY MAIL TO</b><br>Women First HealthCare, Inc.<br>c/o BMC Group, f/k/a Bankruptcy Management Corp.<br>PO Box 983<br>El Segundo, CA 90245-0983                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                 | <b>THIS SPACE FOR COURT USE ONLY</b><br><br><div style="text-align: center; font-size: 2em; font-weight: bold;">FILED</div> <div style="text-align: center; font-size: 1.5em; font-weight: bold;">SEP 24 2004</div> <div style="text-align: center; font-size: 2em; font-weight: bold;">BMC</div> <div style="text-align: center; font-size: 0.8em;">Women First Healthcare Inc</div> <div style="text-align: center;"><br/>00184</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |                                                                             |                                             |                                |                                                                            |                                       |                                                         |                                |  |  |                                                                                 |
| DATE SIGNED<br>9/23/04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).<br><br> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |                                                                             |                                             |                                |                                                                            |                                       |                                                         |                                |  |  |                                                                                 |

**Breakdown of Amounts Owed by Debtor to Cardinal Health as of 4/29/04  
(Adjusted for the Sale of Vaniqua)**

|                                            |                   |                                                     |
|--------------------------------------------|-------------------|-----------------------------------------------------|
| Cardinal Merchandising Department Billback | \$219,962         | (\$282,144 62 minus \$62,182 91 (Vaniqua Returns))* |
| Miscellaneous                              | (14,089)          |                                                     |
| 3 <sup>rd</sup> Party Returns              | 2,967             |                                                     |
| PRG Return                                 | 1,062             |                                                     |
| Division Returns                           | 355,962           |                                                     |
| Hospital Chargeback                        | 8,417             |                                                     |
| Accounts Payable                           | (30,597)          |                                                     |
|                                            | <u>          </u> |                                                     |
| Total due from manufacturer                | <u>\$543,685</u>  |                                                     |

**\*Attached hereto and incorporated herein, is the Invoice for the Cardinal Merchandise Department Billback, which was adjusted by Exhibit B, for monies the Debtor paid to Cardinal Health related to the sale of Vaniqua**

**\*\*Attached hereto as Exhibit C and D and incorporated herein are the Wholesale Service Agreement and Rx Advantage Agreement, respectively**

**EXHIBIT A**

CARDINAL HEALTH  
PHARMACEUTICAL DISTRIBUTION  
7000 CARDINAL PLACE  
DUBLIN, OH 43017

|                |            |
|----------------|------------|
| INVOICE NUMBER | 182689     |
| DUE DATE       | 04/22/04   |
| TOTAL DUE \$   | 282,144 62 |

TO 2655 WOMEN FIRST HEALTHCARE INC  
12220 EL CAMINO REAL SUITE 400  
SAN DIEGO, CA 92130

Invoice Date 03/25/04  
Invoice ID Flat Fee  
Period 03/12/04 to 03/12/04  
Contract ID A05232

ATTN Patti Consilvio

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Deal 16738

|                             |               |
|-----------------------------|---------------|
| Non Product Fee( Admin Fee) | 282,144 62    |
| Deal 16738 Subtotal         | 282,144 62    |
| Total Amount                | \$ 282,144 62 |

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**IMPORTANT!**

If payment differs from invoice amount, please send explanation

Please remit payment to

CARDINAL HEALTH  
PHARMACEUTICAL DISTRIBUTION  
PO BOX 641231  
PITTSBURGH PA 15264-1231

Please direct questions regarding this invoice to  
Merchandising Margin Analyst or

Voice (614) 757-2778  
Fax (614) 757-3778  
Email [CMDSupplierservice@cardinal.com](mailto:CMDSupplierservice@cardinal.com)

Payment is due 04/22/04 Deductions will be taken immediately thereafter

③

|                  |         |                        |          |          |          |      |      |       |             |
|------------------|---------|------------------------|----------|----------|----------|------|------|-------|-------------|
| 16738 55187 010D | 1047612 | ORTHO EST 0 625MG 100  | 2655 062 | 20030925 | 20031003 | 36   | 36   | 42 74 | \$1 538 64  |
| 16738 69590 016D | 1047612 | ORTHO-EST 0 625MG 100  | 2655 062 | 20030925 | 20031002 | 24   | 24   | 42 74 | \$1 025 76  |
| 16738 57660 018D | 1047612 | ORTHO-EST 0 625MG 100  | 2655 062 | 20030925 | 20031001 | 48   | 48   | 42 74 | \$2 051 52  |
| 16738 54476 019D | 1047612 | ORTHO-EST 0 625MG 100  | 2655 062 | 20030925 | 20030929 | 12   | 12   | 42 74 | \$512 88    |
| 16738 15730 029D | 1047612 | ORTHO-EST 0 625MG 100  | 2655 062 | 20030925 | 20031002 | 12   | 12   | 42 74 | \$512 88    |
| 16738 08890 034D | 1047612 | ORTHO-EST 0 625MG 100  | 2655 062 | 20030925 | 20031003 | 24   | 24   | 42 74 | \$1 025 76  |
| 16738 83064 036D | 1047612 | ORTHO-EST 0 625MG 100  | 2655 062 | 20030925 | 20031003 | 12   | 12   | 42 74 | \$512 88    |
| 16738 78477 003D | 1047703 | ORTHO EST 1 25MG 100   | 2655 062 | 20030925 | 20031002 | 36   | 36   | 57 87 | \$2 083 32  |
| 16738 70153 009D | 1047703 | ORTHO-EST 1 25MG 100   | 2655 062 | 20030925 | 20031003 | 36   | 36   | 57 87 | \$2 083 32  |
| 16738 57660 018D | 1047703 | ORTHO EST 1 25MG 100   | 2655 062 | 20030925 | 20031001 | 24   | 24   | 57 87 | \$1 388 88  |
| 16738 54476 019D | 1047703 | ORTHO-EST 1 25MG 100   | 2655 062 | 20030925 | 20030929 | 36   | 36   | 57 87 | \$2 083 32  |
| 16738 13910 027D | 1047703 | ORTHO-EST 1 25MG 100   | 2655 062 | 20030925 | 20030929 | 12   | 12   | 57 87 | \$694 44    |
| 16738 29413 037D | 1047703 | ORTHO-EST 1 25MG 100   | 2655 062 | 20030925 | 20030930 | 12   | 12   | 57 87 | \$694 44    |
| 16738 14196 053D | 1047703 | ORTHO-EST 1 25MG 100   | 2655 062 | 20030925 | 20031006 | 36   | 36   | 57 87 | \$2 083 32  |
| 16738 21442 055D | 1047703 | ORTHO-EST 1 25MG 100   | 2655 062 | 20030925 | 20031006 | 72   | 72   | 57 87 | \$4 166 64  |
| 16738 78477 003D | 2919744 | ESCLIM 0 025MG/24HR 8  | 2655 062 | 20030925 | 20031002 | 80   | 80   | 24 66 | \$1 972 80  |
| 16738 02017 006D | 2919744 | ESCLIM 0 025MG/24HR 8  | 2655 062 | 20030925 | 20031008 | 64   | 64   | 24 66 | \$1 576 24  |
| 16738 71907 008D | 2919744 | ESCLIM 0 025MG/24HR 8  | 2655 062 | 20030925 | 20031001 | 508  | 508  | 24 66 | \$12 527 28 |
| 16738 70153 009D | 2919744 | ESCLIM 0 025MG/24HR 8  | 2655 062 | 20030925 | 20031003 | 120  | 120  | 24 66 | \$2 959 20  |
| 16738 55187 010D | 2919744 | ESCLIM 0 025MG/24HR 8  | 2655 062 | 20030925 | 20031003 | 196  | 196  | 24 66 | \$4 833 36  |
| 16738 34139 011D | 2919744 | ESCLIM 0 025MG/24HR 8  | 2655 062 | 20030925 | 20031003 | 152  | 152  | 24 66 | \$3 748 32  |
| 16738 69175 015D | 2919744 | ESCLIM 0 025MG/24HR 8  | 2655 062 | 20030925 | 20031006 | 364  | 364  | 24 66 | \$8 976 24  |
| 16738 69590 016D | 2919744 | ESCLIM 0 025MG/24HR 8  | 2655 062 | 20030925 | 20031002 | 40   | 40   | 24 66 | \$986 40    |
| 16738 57660 018D | 2919744 | ESCLIM 0 025MG/24HR 8  | 2655 062 | 20030925 | 20031001 | 92   | 92   | 24 66 | \$2 268 72  |
| 16738 54476 019D | 2919744 | ESCLIM 0 025MG/24HR 8  | 2655 062 | 20030925 | 20030929 | 108  | 108  | 24 66 | \$2 663 28  |
| 16738 68767 024D | 2919744 | ESCLIM 0 025MG/24HR 8  | 2655 062 | 20030925 | 20031016 | 84   | 84   | 24 66 | \$2 071 44  |
| 16738 11062 026D | 2919744 | ESCLIM 0 025MG/24HR 8  | 2655 062 | 20030925 | 20031006 | 164  | 164  | 24 66 | \$4 044 24  |
| 16738 13910 027D | 2919744 | ESCLIM 0 025MG/24HR 8  | 2655 062 | 20030925 | 20030929 | 112  | 112  | 24 66 | \$2 761 92  |
| 16738 43210 028D | 2919744 | ESCLIM 0 025MG/24HR 8  | 2655 062 | 20030925 | 20031001 | 168  | 168  | 24 66 | \$4 142 88  |
| 16738 15730 029D | 2919744 | ESCLIM 0 025MG/24HR 8  | 2655 062 | 20030925 | 20031002 | 24   | 24   | 24 66 | \$591 84    |
| 16738 46737 032D | 2919744 | ESCLIM 0 025MG/24HR 8  | 2655 062 | 20030925 | 20030926 | 44   | 44   | 24 66 | \$1 085 04  |
| 16738 70026 033D | 2919744 | ESCLIM 0 025MG/24HR 8  | 2655 062 | 20030925 | 20030929 | 28   | 28   | 24 66 | \$690 48    |
| 16738 08890 034D | 2919744 | ESCLIM 0 025MG/24HR 8  | 2655 062 | 20030925 | 20031003 | 116  | 116  | 24 66 | \$2 880 56  |
| 16738 01834 035D | 2919744 | ESCLIM 0 025MG/24HR 8  | 2655 062 | 20030925 | 20030930 | 44   | 44   | 24 66 | \$1 085 04  |
| 16738 83064 036D | 2919744 | ESCLIM 0 025MG/24HR 8  | 2655 062 | 20030925 | 20031003 | 108  | 108  | 24 66 | \$2 663 28  |
| 16738 29413 037D | 2919744 | ESCLIM 0 025MG/24HR 8  | 2655 062 | 20030925 | 20030930 | 8    | 8    | 24 66 | \$197 28    |
| 16738 43562 043D | 2919744 | ESCLIM 0 025MG/24HR 8  | 2655 062 | 20030925 | 20031003 | 8    | 8    | 24 66 | \$197 28    |
| 16738 21442 055D | 2919744 | ESCLIM 0 025MG/24HR 8  | 2655 062 | 20030925 | 20031006 | 160  | 160  | 24 66 | \$3 945 60  |
| 16738 78477 003D | 2919751 | ESCLIM 0 0375MG/24HR 8 | 2655 062 | 20030925 | 20031002 | 340  | 340  | 24 9  | \$8 466 00  |
| 16738 02017 006D | 2919751 | ESCLIM 0 0375MG/24HR 8 | 2655 062 | 20030925 | 20031008 | 228  | 228  | 24 9  | \$5 677 20  |
| 16738 71907 008D | 2919751 | ESCLIM 0 0375MG/24HR 8 | 2655 062 | 20030925 | 20031001 | 192  | 192  | 24 9  | \$4 780 80  |
| 16738 70153 009D | 2919751 | ESCLIM 0 0375MG/24HR 8 | 2655 062 | 20030925 | 20031003 | 196  | 196  | 24 9  | \$4 880 40  |
| 16738 55187 010D | 2919751 | ESCLIM 0 0375MG/24HR 8 | 2655 062 | 20030925 | 20031003 | 168  | 168  | 24 9  | \$4 183 20  |
| 16738 34139 011D | 2919751 | ESCLIM 0 0375MG/24HR 8 | 2655 062 | 20030925 | 20031003 | 392  | 392  | 24 9  | \$9 760 80  |
| 16738 69175 015D | 2919751 | ESCLIM 0 0375MG/24HR 8 | 2655 062 | 20030925 | 20031006 | 396  | 396  | 24 9  | \$9 860 40  |
| 16738 69590 016D | 2919751 | ESCLIM 0 0375MG/24HR 8 | 2655 062 | 20030925 | 20031002 | 160  | 160  | 24 9  | \$3 984 00  |
| 16738 57660 018D | 2919751 | ESCLIM 0 0375MG/24HR 8 | 2655 062 | 20030925 | 20031001 | 144  | 144  | 24 9  | \$3 585 60  |
| 16738 54476 019D | 2919751 | ESCLIM 0 0375MG/24HR 8 | 2655 062 | 20030925 | 20030929 | 176  | 176  | 24 9  | \$4 382 40  |
| 16738 68767 024D | 2919751 | ESCLIM 0 0375MG/24HR 8 | 2655 062 | 20030925 | 20031016 | 156  | 156  | 24 9  | \$3 884 40  |
| 16738 11062 026D | 2919751 | ESCLIM 0 0375MG/24HR 8 | 2655 062 | 20030925 | 20031006 | 248  | 248  | 24 9  | \$6 175 20  |
| 16738 13910 027D | 2919751 | ESCLIM 0 0375MG/24HR 8 | 2655 062 | 20030925 | 20030929 | 104  | 104  | 24 9  | \$2 589 60  |
| 16738 43210 028D | 2919751 | ESCLIM 0 0375MG/24HR 8 | 2655 062 | 20030925 | 20031001 | 184  | 184  | 24 9  | \$4 581 60  |
| 16738 15730 029D | 2919751 | ESCLIM 0 0375MG/24HR 8 | 2655 062 | 20030925 | 20031002 | 116  | 116  | 24 9  | \$2 888 40  |
| 16738 70026 033D | 2919751 | ESCLIM 0 0375MG/24HR 8 | 2655 062 | 20030925 | 20030929 | 12   | 12   | 24 9  | \$298 80    |
| 16738 08890 034D | 2919751 | ESCLIM 0 0375MG/24HR 8 | 2655 062 | 20030925 | 20031003 | 100  | 100  | 24 9  | \$2 490 00  |
| 16738 83064 036D | 2919751 | ESCLIM 0 0375MG/24HR 8 | 2655 062 | 20030925 | 20031003 | 100  | 100  | 24 9  | \$2 490 00  |
| 16738 29413 037D | 2919751 | ESCLIM 0 0375MG/24HR 8 | 2655 062 | 20030925 | 20030930 | 172  | 172  | 24 9  | \$4 282 80  |
| 16738 43562 043D | 2919751 | ESCLIM 0 0375MG/24HR 8 | 2655 062 | 20030925 | 20031003 | 576  | 576  | 24 9  | \$14 342 40 |
| 16738 21442 055D | 2919751 | ESCLIM 0 0375MG/24HR 8 | 2655 062 | 20030925 | 20031006 | 92   | 92   | 24 9  | \$2 290 80  |
| 16738 78477 003D | 2919769 | ESCLIM 0 05MG/24HR 8   | 2655 062 | 20030925 | 20031002 | 436  | 436  | 25 38 | \$11 065 68 |
| 16738 02017 006D | 2919769 | ESCLIM 0 05MG/24HR 8   | 2655 062 | 20030925 | 20031008 | 280  | 280  | 25 38 | \$6 598 80  |
| 16738 71907 008D | 2919769 | ESCLIM 0 05MG/24HR 8   | 2655 062 | 20030925 | 20031001 | 340  | 340  | 25 38 | \$8 629 20  |
| 16738 70153 009D | 2919769 | ESCLIM 0 05MG/24HR 8   | 2655 062 | 20030925 | 20031003 | 300  | 300  | 25 38 | \$7 614 00  |
| 16738 55187 010D | 2919769 | ESCLIM 0 05MG/24HR 8   | 2655 062 | 20030925 | 20031003 | 152  | 152  | 25 38 | \$3 857 76  |
| 16738 69175 015D | 2919769 | ESCLIM 0 05MG/24HR 8   | 2655 062 | 20030925 | 20031006 | 780  | 780  | 25 38 | \$19 796 40 |
| 16738 69590 016D | 2919769 | ESCLIM 0 05MG/24HR 8   | 2655 062 | 20030925 | 20031002 | 128  | 128  | 25 38 | \$3 248 64  |
| 16738 57660 018D | 2919769 | ESCLIM 0 05MG/24HR 8   | 2655 062 | 20030925 | 20031001 | 272  | 272  | 25 38 | \$6 903 36  |
| 16738 54476 019D | 2919769 | ESCLIM 0 05MG/24HR 8   | 2655 062 | 20030925 | 20030929 | 516  | 516  | 25 38 | \$13 096 08 |
| 16738 68767 024D | 2919769 | ESCLIM 0 05MG/24HR 8   | 2655 062 | 20030925 | 20031016 | 144  | 144  | 25 38 | \$3 654 72  |
| 16738 11062 026D | 2919769 | ESCLIM 0 05MG/24HR 8   | 2655 062 | 20030925 | 20031006 | 1144 | 1144 | 25 38 | \$29 034 72 |
| 16738 13910 027D | 2919769 | ESCLIM 0 05MG/24HR 8   | 2655 062 | 20030925 | 20030929 | 736  | 736  | 25 38 | \$18 679 68 |
| 16738 43210 028D | 2919769 | ESCLIM 0 05MG/24HR 8   | 2655 062 | 20030925 | 20031001 | 792  | 792  | 25 38 | \$20 100 96 |
| 16738 15730 029D | 2919769 | ESCLIM 0 05MG/24HR 8   | 2655 062 | 20030925 | 20031002 | 84   | 84   | 25 38 | \$2 131 92  |

|       |       |      |         |                       |      |     |          |          |      |      |       |             |
|-------|-------|------|---------|-----------------------|------|-----|----------|----------|------|------|-------|-------------|
| 16738 | 46737 | 032D | 2919769 | ESCLIM 0 05MG/24HR 8  | 2655 | 062 | 20030925 | 20030926 | 56   | 56   | 25 38 | \$1 421 28  |
| 16738 | 08890 | 034D | 2919769 | ESCLIM 0 05MG/24HR 8  | 2655 | 062 | 20030925 | 20031003 | 68   | 68   | 25 38 | \$1 725 84  |
| 16738 | 01834 | 035D | 2919769 | ESCLIM 0 05MG/24HR 8  | 2655 | 062 | 20030925 | 20030930 | 324  | 324  | 25 38 | \$8 223 12  |
| 16738 | 83064 | 036D | 2919769 | ESCLIM 0 05MG/24HR 8  | 2655 | 062 | 20030925 | 20031003 | 244  | 244  | 25 38 | \$6 192 72  |
| 16738 | 29413 | 037D | 2919769 | ESCLIM 0 05MG/24HR 8  | 2655 | 062 | 20030925 | 20030930 | 236  | 236  | 25 38 | \$5 989 68  |
| 16738 | 43562 | 043D | 2919769 | ESCLIM 0 05MG/24HR 8  | 2655 | 062 | 20030925 | 20031003 | 660  | 660  | 25 38 | \$16 750 80 |
| 16738 | 14196 | 053D | 2919769 | ESCLIM 0 05MG/24HR 8  | 2655 | 062 | 20030925 | 20031006 | 164  | 164  | 25 38 | \$4 162 32  |
| 16738 | 21442 | 055D | 2919769 | ESCLIM 0 05MG/24HR 8  | 2655 | 062 | 20030925 | 20031006 | 532  | 532  | 25 38 | \$13 502 16 |
| 16738 | 02017 | 066D | 2919777 | ESCLIM 0 075MG/24HR 8 | 2655 | 062 | 20030925 | 20031008 | 52   | 52   | 25 85 | \$1 344 20  |
| 16738 | 71907 | 008D | 2919777 | ESCLIM 0 075MG/24HR 8 | 2655 | 062 | 20030925 | 20031001 | 144  | 144  | 25 85 | \$3 722 40  |
| 16738 | 70153 | 009D | 2919777 | ESCLIM 0 075MG/24HR 8 | 2655 | 062 | 20030925 | 20031003 | 48   | 48   | 25 85 | \$1 240 80  |
| 16738 | 55187 | 010D | 2919777 | ESCLIM 0 075MG/24HR 8 | 2655 | 062 | 20030925 | 20031003 | 64   | 64   | 25 85 | \$1 654 40  |
| 16738 | 34139 | 011D | 2919777 | ESCLIM 0 075MG/24HR 8 | 2655 | 062 | 20030925 | 20031003 | 68   | 68   | 25 85 | \$1 757 80  |
| 16738 | 69175 | 015D | 2919777 | ESCLIM 0 075MG/24HR 8 | 2655 | 062 | 20030925 | 20031006 | 832  | 832  | 25 85 | \$21 507 20 |
| 16738 | 69590 | 016D | 2919777 | ESCLIM 0 075MG/24HR 8 | 2655 | 062 | 20030925 | 20031002 | 60   | 60   | 25 85 | \$1 551 00  |
| 16738 | 57660 | 018D | 2919777 | ESCLIM 0 075MG/24HR 8 | 2655 | 062 | 20030925 | 20031001 | 24   | 24   | 25 85 | \$620 40    |
| 16738 | 54476 | 019D | 2919777 | ESCLIM 0 075MG/24HR 8 | 2655 | 062 | 20030925 | 20030929 | 32   | 32   | 25 85 | \$827 20    |
| 16738 | 11062 | 026D | 2919777 | ESCLIM 0 075MG/24HR 8 | 2655 | 062 | 20030925 | 20031006 | 120  | 120  | 25 85 | \$3 102 00  |
| 16738 | 13910 | 027D | 2919777 | ESCLIM 0 075MG/24HR 8 | 2655 | 062 | 20030925 | 20030929 | 28   | 28   | 25 85 | \$723 80    |
| 16738 | 43210 | 028D | 2919777 | ESCLIM 0 075MG/24HR 8 | 2655 | 062 | 20030925 | 20031001 | 132  | 132  | 25 85 | \$3 412 20  |
| 16738 | 15730 | 029D | 2919777 | ESCLIM 0 075MG/24HR 8 | 2655 | 062 | 20030925 | 20031002 | 24   | 24   | 25 85 | \$620 40    |
| 16738 | 08890 | 034D | 2919777 | ESCLIM 0 075MG/24HR 8 | 2655 | 062 | 20030925 | 20031003 | 12   | 12   | 25 85 | \$310 20    |
| 16738 | 01834 | 035D | 2919777 | ESCLIM 0 075MG/24HR 8 | 2655 | 062 | 20030925 | 20030930 | 52   | 52   | 25 85 | \$1 344 20  |
| 16738 | 83064 | 036D | 2919777 | ESCLIM 0 075MG/24HR 8 | 2655 | 062 | 20030925 | 20031003 | 12   | 12   | 25 85 | \$310 20    |
| 16738 | 29413 | 037D | 2919777 | ESCLIM 0 075MG/24HR 8 | 2655 | 062 | 20030925 | 20030930 | 24   | 24   | 25 85 | \$620 40    |
| 16738 | 43562 | 043D | 2919777 | ESCLIM 0 075MG/24HR 8 | 2655 | 062 | 20030925 | 20031003 | 16   | 16   | 25 85 | \$413 60    |
| 16738 | 21442 | 055D | 2919777 | ESCLIM 0 075MG/24HR 8 | 2655 | 062 | 20030925 | 20031006 | 24   | 24   | 25 85 | \$620 40    |
| 16738 | 78477 | 003D | 2919785 | ESCLIM 0 1MG/24HR 8   | 2655 | 062 | 20030925 | 20031002 | 44   | 44   | 25 85 | \$1 137 40  |
| 16738 | 02017 | 006D | 2919785 | ESCLIM 0 1MG/24HR 8   | 2655 | 062 | 20030925 | 20031008 | 2564 | 2564 | 25 85 | \$66 279 40 |
| 16738 | 71907 | 008D | 2919785 | ESCLIM 0 1MG/24HR 8   | 2655 | 062 | 20030925 | 20031001 | 92   | 92   | 25 85 | \$2 378 20  |
| 16738 | 70153 | 009D | 2919785 | ESCLIM 0 1MG/24HR 8   | 2655 | 062 | 20030925 | 20031003 | 128  | 128  | 25 85 | \$3 308 80  |
| 16738 | 55187 | 010D | 2919785 | ESCLIM 0 1MG/24HR 8   | 2655 | 062 | 20030925 | 20031003 | 476  | 476  | 25 85 | \$12 304 60 |
| 16738 | 34139 | 011D | 2919785 | ESCLIM 0 1MG/24HR 8   | 2655 | 062 | 20030925 | 20031003 | 388  | 388  | 25 85 | \$10 029 80 |
| 16738 | 69175 | 015D | 2919785 | ESCLIM 0 1MG/24HR 8   | 2655 | 062 | 20030925 | 20031006 | 532  | 532  | 25 85 | \$13 752 20 |
| 16738 | 69590 | 016D | 2919785 | ESCLIM 0 1MG/24HR 8   | 2655 | 062 | 20030925 | 20031002 | 516  | 516  | 25 85 | \$13 338 60 |
| 16738 | 57660 | 018D | 2919785 | ESCLIM 0 1MG/24HR 8   | 2655 | 062 | 20030925 | 20031001 | 120  | 120  | 25 85 | \$3 102 00  |
| 16738 | 54476 | 019D | 2919785 | ESCLIM 0 1MG/24HR 8   | 2655 | 062 | 20030925 | 20030929 | 436  | 436  | 25 85 | \$11 270 60 |
| 16738 | 11062 | 026D | 2919785 | ESCLIM 0 1MG/24HR 8   | 2655 | 062 | 20030925 | 20031006 | 484  | 484  | 25 85 | \$12 511 40 |
| 16738 | 13910 | 027D | 2919785 | ESCLIM 0 1MG/24HR 8   | 2655 | 062 | 20030925 | 20030929 | 312  | 312  | 25 85 | \$8 065 20  |
| 16738 | 43210 | 028D | 2919785 | ESCLIM 0 1MG/24HR 8   | 2655 | 062 | 20030925 | 20031001 | 164  | 164  | 25 85 | \$4 239 40  |
| 16738 | 15730 | 029D | 2919785 | ESCLIM 0 1MG/24HR 8   | 2655 | 062 | 20030925 | 20031002 | 368  | 368  | 25 85 | \$9 512 80  |
| 16738 | 46737 | 032D | 2919785 | ESCLIM 0 1MG/24HR 8   | 2655 | 062 | 20030925 | 20030926 | 40   | 40   | 25 85 | \$1 034 00  |
| 16738 | 70026 | 033D | 2919785 | ESCLIM 0 1MG/24HR 8   | 2655 | 062 | 20030925 | 20030929 | 28   | 28   | 25 85 | \$723 80    |
| 16738 | 08890 | 034D | 2919785 | ESCLIM 0 1MG/24HR 8   | 2655 | 062 | 20030925 | 20031003 | 116  | 116  | 25 85 | \$2 998 60  |
| 16738 | 01834 | 035D | 2919785 | ESCLIM 0 1MG/24HR 8   | 2655 | 062 | 20030925 | 20030930 | 220  | 220  | 25 85 | \$5 687 00  |
| 16738 | 83064 | 036D | 2919785 | ESCLIM 0 1MG/24HR 8   | 2655 | 062 | 20030925 | 20031003 | 80   | 80   | 25 85 | \$2 068 00  |
| 16738 | 29413 | 037D | 2919785 | ESCLIM 0 1MG/24HR 8   | 2655 | 062 | 20030925 | 20030930 | 52   | 52   | 25 85 | \$1 344 20  |
| 16738 | 43562 | 043D | 2919785 | ESCLIM 0 1MG/24HR 8   | 2655 | 062 | 20030925 | 20031003 | 460  | 460  | 25 85 | \$11 891 00 |
| 16738 | 14196 | 053D | 2919785 | ESCLIM 0 1MG/24HR 8   | 2655 | 062 | 20030925 | 20031006 | 56   | 56   | 25 85 | \$1 447 60  |
| 16738 | 21442 | 055D | 2919785 | ESCLIM 0 1MG/24HR 8   | 2655 | 062 | 20030925 | 20031006 | 360  | 360  | 25 85 | \$9 306 00  |
| 16738 | 78477 | 003D | 2976108 | VANIQA 13 9% 30GM     | 2655 | 062 | 20030925 | 20031002 | 552  | 552  | 38 47 | \$21 235 44 |
| 16738 | 02017 | 006D | 2976108 | VANIQA 13 9% 30GM     | 2655 | 062 | 20030925 | 20031008 | 1200 | 1200 | 38 47 | \$46 164 00 |
| 16738 | 71907 | 008D | 2976108 | VANIQA 13 9% 30GM     | 2655 | 062 | 20030925 | 20031001 | 1104 | 1104 | 38 47 | \$42 470 88 |
| 16738 | 70153 | 009D | 2976108 | VANIQA 13 9% 30GM     | 2655 | 062 | 20030925 | 20031003 | 384  | 384  | 38 47 | \$14 772 48 |
| 16738 | 55187 | 010D | 2976108 | VANIQA 13 9% 30GM     | 2655 | 062 | 20030925 | 20031003 | 144  | 144  | 38 47 | \$5 539 68  |
| 16738 | 34139 | 011D | 2976108 | VANIQA 13 9% 30GM     | 2655 | 062 | 20030925 | 20031003 | 648  | 648  | 38 47 | \$24 928 56 |
| 16738 | 69175 | 015D | 2976108 | VANIQA 13 9% 30GM     | 2655 | 062 | 20030925 | 20031006 | 240  | 240  | 38 47 | \$9 232 80  |
| 16738 | 69590 | 016D | 2976108 | VANIQA 13 9% 30GM     | 2655 | 062 | 20030925 | 20031002 | 696  | 696  | 38 47 | \$26 775 12 |
| 16738 | 57660 | 018D | 2976108 | VANIQA 13 9% 30GM     | 2655 | 062 | 20030925 | 20031001 | 720  | 720  | 38 47 | \$27 698 40 |
| 16738 | 54476 | 019D | 2976108 | VANIQA 13 9% 30GM     | 2655 | 062 | 20030925 | 20030929 | 432  | 432  | 38 47 | \$16 619 04 |
| 16738 | 68767 | 024D | 2976108 | VANIQA 13 9% 30GM     | 2655 | 062 | 20030925 | 20031016 | 192  | 192  | 38 47 | \$7 386 24  |
| 16738 | 13910 | 027D | 2976108 | VANIQA 13 9% 30GM     | 2655 | 062 | 20030925 | 20030929 | 120  | 120  | 38 47 | \$4 616 40  |
| 16738 | 43210 | 028D | 2976108 | VANIQA 13 9% 30GM     | 2655 | 062 | 20030925 | 20031001 | 552  | 552  | 38 47 | \$21 235 44 |
| 16738 | 15730 | 029D | 2976108 | VANIQA 13 9% 30GM     | 2655 | 062 | 20030925 | 20031002 | 324  | 324  | 38 47 | \$12 484 28 |
| 16738 | 46737 | 032D | 2976108 | VANIQA 13 9% 30GM     | 2655 | 062 | 20030925 | 20030926 | 360  | 360  | 38 47 | \$13 849 20 |
| 16738 | 70026 | 033D | 2976108 | VANIQA 13 9% 30GM     | 2655 | 062 | 20030925 | 20030929 | 48   | 48   | 38 47 | \$1 846 56  |
| 16738 | 08890 | 034D | 2976108 | VANIQA 13 9% 30GM     | 2655 | 062 | 20030925 | 20031003 | 288  | 288  | 38 47 | \$11 079 36 |
| 16738 | 01834 | 035D | 2976108 | VANIQA 13 9% 30GM     | 2655 | 062 | 20030925 | 20030930 | 60   | 60   | 38 47 | \$2 308 20  |
| 16738 | 83064 | 036D | 2976108 | VANIQA 13 9% 30GM     | 2655 | 062 | 20030925 | 20031003 | 120  | 120  | 38 47 | \$4 616 40  |
| 16738 | 29413 | 037D | 2976108 | VANIQA 13 9% 30GM     | 2655 | 062 | 20030925 | 20030930 | 96   | 96   | 38 47 | \$3 693 12  |
| 16738 | 43562 | 043D | 2976108 | VANIQA 13 9% 30GM     | 2655 | 062 | 20030925 | 20031003 | 2016 | 2016 | 38 47 | \$77 555 52 |
| 16738 | 14196 | 053D | 2976108 | VANIQA 13 9% 30GM     | 2655 | 062 | 20030925 | 20031006 | 216  | 216  | 38 47 | \$8 309 52  |
| 16738 | 21442 | 055D | 2976108 | VANIQA 13 9% 30GM     | 2655 | 062 | 20030925 | 20031006 | 264  | 264  | 38 47 | \$10 156 08 |

|       |       |      |         |                             |    |      |     |          |          |     |     |        |             |
|-------|-------|------|---------|-----------------------------|----|------|-----|----------|----------|-----|-----|--------|-------------|
| 16738 | 78478 | 003D | 3344132 | MIDRIN 100                  | C4 | 2655 | 062 | 20030925 | 20031002 | 12  | 12  | 42 9   | \$514 80    |
| 16738 | 02018 | 006D | 3344132 | MIDRIN 100                  | C4 | 2655 | 062 | 20030925 | 20031008 | 528 | 528 | 42 9   | \$22 651 20 |
| 16738 | 71908 | 008D | 3344132 | MIDRIN 100                  | C4 | 2655 | 062 | 20030925 | 20031001 | 144 | 144 | 42 9   | \$6 177 60  |
| 16738 | 70154 | 009D | 3344132 | MIDRIN 100                  | C4 | 2655 | 062 | 20030925 | 20031003 | 108 | 108 | 42 9   | \$4 633 20  |
| 16738 | 55188 | 010D | 3344132 | MIDRIN 100                  | C4 | 2655 | 062 | 20030925 | 20031003 | 72  | 72  | 42 9   | \$3 088 80  |
| 16738 | 34140 | 011D | 3344132 | MIDRIN 100                  | C4 | 2655 | 062 | 20030925 | 20031003 | 192 | 192 | 42 9   | \$8 236 80  |
| 16738 | 69176 | 015D | 3344132 | MIDRIN 100                  | C4 | 2655 | 062 | 20030925 | 20031006 | 504 | 504 | 42 9   | \$21 621 60 |
| 16738 | 69591 | 016D | 3344132 | MIDRIN 100                  | C4 | 2655 | 062 | 20030925 | 20031002 | 48  | 48  | 42 9   | \$2 059 20  |
| 16738 | 57661 | 018D | 3344132 | MIDRIN 100                  | C4 | 2655 | 062 | 20030925 | 20031001 | 180 | 180 | 42 9   | \$7 722 00  |
| 16738 | 54477 | 019D | 3344132 | MIDRIN 100                  | C4 | 2655 | 062 | 20030925 | 20030929 | 120 | 120 | 42 9   | \$5 148 00  |
| 16738 | 11063 | 026D | 3344132 | MIDRIN 100                  | C4 | 2655 | 062 | 20030925 | 20031006 | 360 | 360 | 42 9   | \$15 444 00 |
| 16738 | 15731 | 029D | 3344132 | MIDRIN 100                  | C4 | 2655 | 062 | 20030925 | 20031002 | 12  | 12  | 42 9   | \$514 80    |
| 16738 | 46738 | 032D | 3344132 | MIDRIN 100                  | C4 | 2655 | 062 | 20030925 | 20030926 | 48  | 48  | 42 9   | \$2 059 20  |
| 16738 | 08891 | 034D | 3344132 | MIDRIN 100                  | C4 | 2655 | 062 | 20030925 | 20031003 | 24  | 24  | 42 9   | \$1 029 60  |
| 16738 | 01835 | 035D | 3344132 | MIDRIN 100                  | C4 | 2655 | 062 | 20030925 | 20030930 | 48  | 48  | 42 9   | \$2 059 20  |
| 16738 | 83065 | 036D | 3344132 | MIDRIN 100                  | C4 | 2655 | 062 | 20030925 | 20031003 | 324 | 324 | 42 9   | \$13 899 60 |
| 16738 | 29414 | 037D | 3344132 | MIDRIN 100                  | C4 | 2655 | 062 | 20030925 | 20030930 | 24  | 24  | 42 9   | \$1 029 60  |
| 16738 | 43563 | 043D | 3344132 | MIDRIN 100                  | C4 | 2655 | 062 | 20030925 | 20031003 | 864 | 864 | 42 9   | \$37 065 60 |
| 16738 | 14197 | 053D | 3344132 | MIDRIN 100                  | C4 | 2655 | 062 | 20030925 | 20031006 | 216 | 216 | 42 9   | \$9 266 40  |
| 16738 | 21443 | 055D | 3344132 | MIDRIN 100                  | C4 | 2655 | 062 | 20030925 | 20031006 | 228 | 228 | 42 9   | \$9 781 20  |
| 16738 | 78477 | 003D | 3381258 | BACTRIM DS 800-160MG 100    |    | 2655 | 062 | 20030925 | 20031002 | 396 | 396 | 148 03 | \$58 619 88 |
| 16738 | 02017 | 006D | 3381258 | BACTRIM DS 800-160MG 100    |    | 2655 | 062 | 20030925 | 20031008 | 132 | 132 | 148 03 | \$19 539 96 |
| 16738 | 71907 | 008D | 3381258 | BACTRIM DS 800-160MG 100    |    | 2655 | 062 | 20030925 | 20031001 | 360 | 360 | 148 03 | \$53 290 80 |
| 16738 | 55187 | 010D | 3381258 | BACTRIM DS 800-160MG 100    |    | 2655 | 062 | 20030925 | 20031003 | 24  | 24  | 148 03 | \$3 552 72  |
| 16738 | 34139 | 011D | 3381258 | BACTRIM DS 800-160MG 100    |    | 2655 | 062 | 20030925 | 20031003 | 36  | 36  | 148 03 | \$5 329 08  |
| 16738 | 69175 | 015D | 3381258 | BACTRIM DS 800 160MG 100    |    | 2655 | 062 | 20030925 | 20031006 | 408 | 408 | 148 03 | \$60 396 24 |
| 16738 | 69590 | 016D | 3381258 | BACTRIM DS 800-160MG 100    |    | 2655 | 062 | 20030925 | 20031002 | 24  | 24  | 148 03 | \$3 552 72  |
| 16738 | 57660 | 018D | 3381258 | BACTRIM DS 800-160MG 100    |    | 2655 | 062 | 20030925 | 20031001 | 12  | 12  | 148 03 | \$1 776 36  |
| 16738 | 54476 | 019D | 3381258 | BACTRIM DS 800-160MG 100    |    | 2655 | 062 | 20030925 | 20030929 | 24  | 24  | 148 03 | \$3 552 72  |
| 16738 | 11062 | 026D | 3381258 | BACTRIM DS 800-160MG 100    |    | 2655 | 062 | 20030925 | 20031006 | 96  | 96  | 148 03 | \$14 210 88 |
| 16738 | 13910 | 027D | 3381258 | BACTRIM DS 800-160MG 100    |    | 2655 | 062 | 20030925 | 20030929 | 24  | 24  | 148 03 | \$3 552 72  |
| 16738 | 43210 | 028D | 3381258 | BACTRIM DS 800-160MG 100    |    | 2655 | 062 | 20030925 | 20031001 | 48  | 48  | 148 03 | \$7 105 44  |
| 16738 | 08890 | 034D | 3381258 | BACTRIM DS 800 160MG 100    |    | 2655 | 062 | 20030925 | 20031003 | 60  | 60  | 148 03 | \$8 881 80  |
| 16738 | 29413 | 037D | 3381258 | BACTRIM DS 800 160MG 100    |    | 2655 | 062 | 20030925 | 20030930 | 48  | 48  | 148 03 | \$7 105 44  |
| 16738 | 43562 | 043D | 3381258 | BACTRIM DS 800-160MG 100    |    | 2655 | 062 | 20030925 | 20031003 | 672 | 672 | 148 03 | \$99 476 16 |
| 16738 | 21442 | 055D | 3381258 | BACTRIM DS 800-160MG 100    |    | 2655 | 062 | 20030925 | 20031006 | 120 | 120 | 148 03 | \$17 763 60 |
| 16738 | 71907 | 008D | 3381274 | BACTRIM 400-80MG 100        |    | 2655 | 062 | 20030925 | 20031001 | 24  | 24  | 82 03  | \$1 968 72  |
| 16738 | 34139 | 011D | 3381274 | BACTRIM 400 80MG 100        |    | 2655 | 062 | 20030925 | 20031003 | 12  | 12  | 82 03  | \$984 36    |
| 16738 | 69175 | 015D | 3381274 | BACTRIM 400-80MG 100        |    | 2655 | 062 | 20030925 | 20031006 | 24  | 24  | 82 03  | \$1 968 72  |
| 16738 | 69590 | 016D | 3381274 | BACTRIM 400-80MG 100        |    | 2655 | 062 | 20030925 | 20031002 | 60  | 60  | 82 03  | \$4 921 80  |
| 16738 | 78478 | 003D | 3381308 | EQUAGESIC 200-325MG 100     | C4 | 2655 | 062 | 20030925 | 20031002 | 312 | 312 | 94 46  | \$29 471 52 |
| 16738 | 70154 | 009D | 3381308 | EQUAGESIC 200-325MG 100     | C4 | 2655 | 062 | 20030925 | 20031003 | 96  | 96  | 94 46  | \$9 068 16  |
| 16738 | 55188 | 010D | 3381308 | EQUAGESIC 200-325MG 100     | C4 | 2655 | 062 | 20030925 | 20031003 | 84  | 84  | 94 46  | \$7 934 64  |
| 16738 | 34140 | 011D | 3381308 | EQUAGESIC 200-325MG 100     | C4 | 2655 | 062 | 20030925 | 20031003 | 48  | 48  | 94 46  | \$4 534 08  |
| 16738 | 69176 | 015D | 3381308 | EQUAGESIC 200-325MG 100     | C4 | 2655 | 062 | 20030925 | 20031006 | 396 | 396 | 94 46  | \$37 406 16 |
| 16738 | 69591 | 016D | 3381308 | EQUAGESIC 200 325MG 100     | C4 | 2655 | 062 | 20030925 | 20031002 | 12  | 12  | 94 46  | \$1 133 52  |
| 16738 | 57661 | 018D | 3381308 | EQUAGESIC 200 325MG 100     | C4 | 2655 | 062 | 20030925 | 20031001 | 96  | 96  | 94 46  | \$9 068 16  |
| 16738 | 54477 | 019D | 3381308 | EQUAGESIC 200-325MG 100     | C4 | 2655 | 062 | 20030925 | 20030929 | 24  | 24  | 94 46  | \$2 267 04  |
| 16738 | 68768 | 024D | 3381308 | EQUAGESIC 200-325MG 100     | C4 | 2655 | 062 | 20030925 | 20031016 | 48  | 48  | 94 46  | \$4 534 08  |
| 16738 | 11063 | 026D | 3381308 | EQUAGESIC 200-325MG 100     | C4 | 2655 | 062 | 20030925 | 20031006 | 132 | 132 | 94 46  | \$12 468 72 |
| 16738 | 13911 | 027D | 3381308 | EQUAGESIC 200-325MG 100     | C4 | 2655 | 062 | 20030925 | 20030929 | 84  | 84  | 94 46  | \$7 934 64  |
| 16738 | 43211 | 028D | 3381308 | EQUAGESIC 200-325MG 100     | C4 | 2655 | 062 | 20030925 | 20031001 | 48  | 48  | 94 46  | \$4 534 08  |
| 16738 | 15731 | 029D | 3381308 | EQUAGESIC 200 325MG 100     | C4 | 2655 | 062 | 20030925 | 20031002 | 24  | 24  | 94 46  | \$2 267 04  |
| 16738 | 46738 | 032D | 3381308 | EQUAGESIC 200-325MG 100     | C4 | 2655 | 062 | 20030925 | 20030926 | 24  | 24  | 94 46  | \$2 267 04  |
| 16738 | 43563 | 043D | 3381308 | EQUAGESIC 200-325MG 100     | C4 | 2655 | 062 | 20030925 | 20031003 | 204 | 204 | 94 46  | \$19 269 84 |
| 16738 | 14197 | 053D | 3381308 | EQUAGESIC 200-325MG 100     | C4 | 2655 | 062 | 20030925 | 20031006 | 108 | 108 | 94 46  | \$10 201 68 |
| 16738 | 21443 | 055D | 3381308 | EQUAGESIC 200-325MG 100     | C4 | 2655 | 062 | 20030925 | 20031006 | 12  | 12  | 94 46  | \$1 133 52  |
| 16738 | 78478 | 003D | 3381746 | SYNALGOS-DC 16-356-30MG 100 | C3 | 2655 | 062 | 20030925 | 20031002 | 12  | 12  | 105 28 | \$1 263 36  |
| 16738 | 02018 | 006D | 3381746 | SYNALGOS DC 16-356-30MG 100 | C3 | 2655 | 062 | 20030925 | 20031008 | 108 | 108 | 105 28 | \$11 370 24 |
| 16738 | 71908 | 008D | 3381746 | SYNALGOS-DC 16-356 30MG 100 | C3 | 2655 | 062 | 20030925 | 20031001 | 36  | 36  | 105 28 | \$3 790 08  |
| 16738 | 70154 | 009D | 3381746 | SYNALGOS-DC 16 356-30MG 100 | C3 | 2655 | 062 | 20030925 | 20031003 | 12  | 12  | 105 28 | \$1 263 36  |
| 16738 | 55188 | 010D | 3381746 | SYNALGOS-DC 16-356-30MG 100 | C3 | 2655 | 062 | 20030925 | 20031003 | 24  | 24  | 105 28 | \$2 526 72  |
| 16738 | 34140 | 011D | 3381746 | SYNALGOS DC 16-356 30MG 100 | C3 | 2655 | 062 | 20030925 | 20031003 | 48  | 48  | 105 28 | \$5 053 44  |
| 16738 | 69176 | 015D | 3381746 | SYNALGOS-DC 16-356-30MG 100 | C3 | 2655 | 062 | 20030925 | 20031006 | 96  | 96  | 105 28 | \$10 106 88 |
| 16738 | 69591 | 016D | 3381746 | SYNALGOS DC 16-356-30MG 100 | C3 | 2655 | 062 | 20030925 | 20031002 | 120 | 120 | 105 28 | \$12 633 60 |
| 16738 | 57661 | 018D | 3381746 | SYNALGOS-DC 16-356-30MG 100 | C3 | 2655 | 062 | 20030925 | 20031001 | 24  | 24  | 105 28 | \$2 526 72  |
| 16738 | 11063 | 026D | 3381746 | SYNALGOS DC 16 356-30MG 100 | C3 | 2655 | 062 | 20030925 | 20031006 | 12  | 12  | 105 28 | \$1 263 36  |
| 16738 | 13911 | 027D | 3381746 | SYNALGOS-DC 16-356-30MG 100 | C3 | 2655 | 062 | 20030925 | 20030929 | 12  | 12  | 105 28 | \$1 263 36  |
| 16738 | 43211 | 028D | 3381746 | SYNALGOS DC 16 356-30MG 100 | C3 | 2655 | 062 | 20030925 | 20031001 | 36  | 36  | 105 28 | \$3 790 08  |
| 16738 | 46738 | 032D | 3381746 | SYNALGOS-DC 16-356-30MG 100 | C3 | 2655 | 062 | 20030925 | 20030926 | 24  | 24  | 105 28 | \$2 526 72  |
| 16738 | 29414 | 037D | 3381746 | SYNALGOS DC 16-356-30MG 100 | C3 | 2655 | 062 | 20030925 | 20030930 | 96  | 96  | 105 28 | \$10 106 88 |
| 16738 | 43563 | 043D | 3381746 | SYNALGOS-DC 16-356 30MG 100 | C3 | 2655 | 062 | 20030925 | 20031003 | 48  | 48  | 105 28 | \$5 053 44  |
| 16738 | 14197 | 053D | 3381746 | SYNALGOS-DC 16 356-30MG 100 | C3 | 2655 | 062 | 20030925 | 20031006 | 24  | 24  | 105 28 | \$2 526 72  |

|       |       |      |         |                                                     |      |     |          |          |    |    |        |                       |
|-------|-------|------|---------|-----------------------------------------------------|------|-----|----------|----------|----|----|--------|-----------------------|
| 16738 | 21443 | 055D | 3381746 | SYNALGOS-DC 16-356-30MG 100 C3                      | 2655 | 062 | 20030925 | 20031006 | 36 | 36 | 105 28 | \$3 790 08            |
| 16738 | 02017 | 006D | 3387792 | WFHC PH PAPER 1/4X180IN DSPN                        | 2655 | 062 | 20030925 | 20031008 | 24 | 24 | 26 41  | \$633 84              |
| 16738 | 71907 | 008D | 3387792 | WFHC PH PAPER 1/4X180IN DSPN                        | 2655 | 062 | 20030925 | 20031001 | 36 | 36 | 26 41  | \$950 76              |
| 16738 | 68767 | 024D | 3387792 | WFHC PH PAPER 1/4X180IN DSPN                        | 2655 | 062 | 20030925 | 20031016 | 12 | 12 | 26 41  | \$316 92              |
| 16738 | 13910 | 027D | 3387792 | WFHC PH PAPER 1/4X180IN DSPN                        | 2655 | 062 | 20030925 | 20030929 | 36 | 36 | 26 41  | \$950 76              |
| 16738 | 08890 | 034D | 3387792 | WFHC PH PAPER 1/4X180IN DSPN                        | 2655 | 062 | 20030925 | 20031003 | 48 | 48 | 26 41  | \$1 267 68            |
| 16738 | 29413 | 037D | 3387792 | WFHC PH PAPER 1/4X180IN DSPN                        | 2655 | 062 | 20030925 | 20030930 | 12 | 12 | 26 41  | \$316 92              |
| 16738 | 70026 | 033D | 3387800 | W/DSPN                                              | 2655 | 062 | 20030925 | 20030929 | 12 | 12 | 89 69  | \$1 076 28            |
|       |       |      |         | <b>Total Orders Per Brad Budreau for Deal 16738</b> |      |     |          |          |    |    |        | <b>\$1,880,964 12</b> |
|       |       |      |         | <b>Billback Allowance</b>                           |      |     |          |          |    |    |        | <b>15%</b>            |
|       |       |      |         | <b>Total Due for Deal 16738</b>                     |      |     |          |          |    |    |        | <b>282,144 618</b>    |
|       |       |      |         |                                                     |      |     |          |          |    |    |        |                       |
|       |       |      |         |                                                     |      |     |          |          |    |    |        |                       |
|       |       |      |         | <b>Total Vaniqua</b>                                |      |     |          |          |    |    |        | <b>\$414 552 72</b>   |
|       |       |      |         |                                                     |      |     |          |          |    |    |        | <b>15 00%</b>         |
|       |       |      |         | <b>Billback</b>                                     |      |     |          |          |    |    |        | <b>\$ 62,182 91</b>   |



# EXHIBIT C



ORIGINAL

## WHOLESALE SERVICE AGREEMENT

This Agreement is made \_\_\_\_\_ 1996 between Cardinal Health\* ( Cardinal ) whose address for purposes of this Agreement is 5555 Glendon Court Dublin Ohio 43016 and WOMEN FIRST HEALTHCARE, INC ( Supplier ) whose address is set forth under its name on the signature page of this Agreement

### Background Information

- A Supplier is in the business of manufacturing and/or marketing healthcare products
- B Cardinal is a broad line wholesale distributor of healthcare products
- C Supplier desires to appoint Cardinal as an authorized distributor of those healthcare products manufactured and/or marketed by Supplier (the Products) and agrees to sell the Products to Cardinal (Cardinal desires to accept such appointment and agrees to purchase the Products from Supplier on the terms and subject to the conditions described in this Agreement)

### Statement of Agreement

Supplier and Cardinal hereby agree as follows



- §1 Appointment of Cardinal Supplier hereby appoints Cardinal as a non-exclusive authorized distributor of the Products and Cardinal hereby accepts that appointment on the terms and subject to the conditions described in this Agreement. As an authorized distributor Cardinal may purchase such quantities of the Products as Cardinal deems necessary or appropriate to fill its customers' orders from time to time subject to the order cutback procedures described below. Cardinal will not be required to provide any particular level of promotion or marketing activities with respect to or on behalf of any Product and will not be prohibited from providing customized promotional or marketing services with respect to any other products or on behalf of other suppliers.
- §2 Orders for the Products Cardinal will transmit orders for the Products to Supplier using a mutually acceptable automated order entry system or such other means as may be agreed upon by the parties. All of Cardinal's orders for the Products are subject to acceptance and approval by Supplier. If the Products are in limited supply or otherwise unavailable in the quantities requested by Cardinal Supplier may elect to cutback Cardinal's order and instead allocate such limited supply or availability among Cardinal and its other wholesaler customers in a commercially reasonable manner which does not place Cardinal at a competitive disadvantage. Cardinal shall have no obligation to accept automatic shipments of any Product.
- §3 Terms of Sale and Shipment Supplier shall sell the Products to Cardinal at Supplier's published wholesale prices in effect on the date of Cardinal's order and deliver the Products F O B to those distribution centers specified in Cardinal's order or such other location as may be agreed upon by the parties in the case of drop shipment orders in either such case freight prepaid. Supplier shall give Cardinal notice at least one full business day prior to the effective date of an increase in Supplier's published wholesale price of any Product. Title and risk of loss to the Products shall remain with Supplier until shipment is received at the specified destination. If Cardinal requests special routing of a shipment which results in a higher transportation cost than would be incurred as a result of the routing selected by Supplier then the extra cost incurred by Supplier shall be added to Supplier's invoice. Cardinal shall report any damage, defect, loss in transit or other shipping errors promptly following Cardinal's discovery of the same. Any rebates or similar promotional incentives will be based on Supplier's published wholesale price without reduction for cash or off invoice discounts.
- §4 Payment Term Unless otherwise agreed by both parties all orders for the Products shall be invoiced by Supplier on the date shipped. Cardinal shall pay all Supplier's invoices in accordance with the due dates specified therein provided that such terms shall not be less favorable to Cardinal than the terms offered to any other wholesaler customer of Supplier.



Cardinal will provide Supplier with its most recent audited year-end consolidated financial statements and quarterly or to-date updates to such financial statements promptly following Supplier's request from time to time during the term of this Agreement. If Supplier establishes so-called credit limits for Cardinal's purchases from Supplier, it will inform Cardinal of such limits promptly following such determination and in any event not less than 10 business days in advance of cutting back orders or otherwise acting upon such limits and will consult in good faith with Cardinal as to the appropriateness of such limits in light of Cardinal's overall creditworthiness, sales growth rate and other relevant factors.

- §5 Inventory. If at any time during the term of this Agreement Supplier's published wholesale price for any Product is decreased, then Supplier shall issue a credit to Cardinal in an amount equal to the difference between (a) the published wholesale acquisition price of Cardinal's then-current inventory of that Product as of the date Cardinal purchased that Product and (b) the value of Cardinal's then-current inventory of that Product determined using the decreased price for all such inventory. For purposes of this section, Cardinal's then-current inventory shall include all inventory held in Cardinal's distribution centers and all Product in transit to or from such distribution centers on the effective date of such price decrease. Cardinal will notify Supplier of the amount of any credit due pursuant to this section within 90 days following the effective date of such price decrease.

- §6 Returned Goods and Recalls. Cardinal will have the right to return to Supplier and receive full credit for both outdated Products and Products still in date but within six months of their expiration date. No special procedures or prior approval from Supplier will be required to authorize such returns. Products with more than six months remaining dating are not eligible for return absent prior authorization from Supplier, provided that (a) such authorization will not be unreasonably withheld and (b) Cardinal will have the right during the twelve-month period following introduction of a new Product in which to return that Product without regard to the remaining dating. These return guidelines will be in effect for all Products originally purchased by Cardinal from Supplier, exclusive only of specialty or promotional program purchases specifically exempted by mutual written consent of the parties.

Supplier shall reimburse Cardinal for the full amount of all reasonable costs and expenses incurred by Cardinal in connection with Cardinal's performance of any recall services or assistance relating to the Products.

- §7 Contract Administration and Chargeback Procedures. Cardinal will recognize and administer those contracts between Supplier and customers of Cardinal (Supplier Contracts) pursuant to which Supplier and such customers have established prices at which the customer may purchase certain Products, subject to the continued validity of Supplier Contracts in accordance with applicable law. Cardinal's Standard Policy on Chargeback Reversals and Audits (a copy of which has been made available to Supplier, the Chargeback Policy) will govern the administration of the Supplier Contracts under this Agreement.

- §8 Setoff Rights. If and to the extent either party fails to pay, reimburse, or credit the other for any amount owed when due under this Agreement, then the party to whom such amount is owed will have the right to setoff such amount against amounts otherwise due from it.

- §9 Confidential Information. In connection with the ongoing business relationship between Supplier and Cardinal, each party may gain access to proprietary information of the other which may be considered confidential by the party providing such information, and each party shall use the same care to prevent disclosure, publication, or dissemination to any third party of the other party's confidential information as is used to protect its own confidential information, but not less than reasonable care. However, information generated, compiled or stored by Cardinal reflecting the purchase and resale of Products to its customers does not constitute the confidential information of Supplier, and Cardinal will be entitled to utilize all such information in any manner deemed appropriate by it. Supplier understands and agrees that Cardinal may, in its sole discretion, elect to sell warehouse with digital files and other data to IMS/DDD and/or other third parties without contribution to Supplier.

- §10 Warranty and Indemnification. Supplier hereby warrants that the Products are and shall be manufactured and delivered to Cardinal in conformity with the Federal Food, Drug and Cosmetic Act, as amended, and all other applicable laws, rules, and regulations.

Supplier shall defend, indemnify and hold harmless Cardinal and its affiliates, directors, officers, employees and representatives from and against any and all claims, liabilities, losses, damages, costs and expenses (including without limitation reasonable attorneys' fees) arising directly or indirectly out of (a) injury or death to person or property alleged to have been caused by any defect in the Products (exclusive of defects shown to be solely attributable to Cardinal's negligence in handling such Products) and (b) class or trade pricing, if any, maintained by Supplier from and after the effective date of this Agreement, including without limitation those arising out of Cardinal's administration of Supplier Contracts. Cardinal shall notify Supplier of any such indemnifiable claim promptly following Cardinal's receipt of written notice of such claim. The warranty and indemnification provisions of this section shall survive any termination or expiration of this Agreement.

§11 Insurance During the term of this Agreement and thereafter as may be necessary to cover claims associated with Products purchased by Cardinal (whether before, during or after such term), Supplier shall obtain, pay for and keep in full force and effect comprehensive general liability insurance with one or more reputable insurance carriers (including coverage for product liability and personal injury damages) in an amount not less than \$10 million per claim made. Cardinal shall be designated as an additional insured under all such insurance policies and Supplier shall deliver to Cardinal certificates evidencing the existence and continuation of such insurance from time to time upon Cardinal's request.

§12 Term and Termination The initial term of this Agreement shall begin on the date of this Agreement and shall continue until the one year anniversary date of this Agreement (the "Initial Term"). At the expiration of the Initial Term, this Agreement shall renew automatically for successive one-year periods upon the same terms and conditions, unless or until terminated in accordance with this section. Any reference in this Agreement to the term of this Agreement shall include the Initial Term and any such renewal periods.

Notwithstanding the foregoing, either party may terminate this Agreement for any reason or without reason at any time by giving the other party not less than 90 days written notice prior to the specified termination date.

§13 Compliance With Laws Each party shall comply in all material respects with all federal, state and local laws (and any regulations promulgated thereunder) which are now or hereafter become applicable to the manufacture, purchase, handling, sale or distribution of the Products.

§14 Arbitration Prior to submission to arbitration, the parties will negotiate in good faith any disagreements or controversies arising out of or relating to this Agreement. The disputing party shall give the other party written notice of the dispute. Within 20 days after receipt of that notice, the receiving party shall submit to the other a written response. If the matter has not been resolved within 90 days of receipt of the disputing party's notice, or if either party will not meet within 30 days of receipt of the disputing party's notice, either party may initiate arbitration in accordance with the terms of this Agreement.

Any and all disagreements or controversies arising out of or relating to this Agreement not resolved by the foregoing negotiation procedure, shall be settled by binding arbitration pursuant to the then-current rules of the American Arbitration Association. The arbitration shall be held before a panel of three arbitrators, one to be selected by Supplier, one to be selected by Cardinal, and the third to be selected by agreement of the two arbitrators selected by the parties. The determination made in accordance with such rules shall be delivered in writing to the parties and shall be final, binding and conclusive on the parties. Each party shall pay its own legal, accounting and other fees in connection with such arbitration, along with the fees and expenses of the arbitrator selected by that party and one-half of the fees and expenses of the third arbitrator. Notwithstanding any of the foregoing to the contrary, either party may seek from any court having jurisdiction any interim measures or provisional remedies (including without limitation temporary or preliminary injunctive relief) pending the establishment of the arbitration panel and until the panel's final award has been satisfied.

§15 Audit and Inspection During the term of this Agreement, upon reasonable prior notice and during normal business hours, either party shall be entitled to audit and inspect those relevant records which are maintained by the other party in direct connection with its performance under this Agreement, provided, however, the audit or inspection shall be performed by bona fide permanent employees of the party conducting such audit or inspection and in no event shall any such audit or inspection relate to any transaction or event which occurred more than twelve months prior to the date of such audit or inspection. Supplier chargeback audits shall be governed by the additional terms and conditions contained in the Chargeback Policy.

§16 Relationship of the Parties The relationship among the parties is and shall be that of independent contractors. This Agreement does not establish or create a partnership or joint venture among the parties.

- §17 Notices. Any notice or other communication required or desired to be given to any party under this Agreement shall be in writing and shall be deemed given when (a) deposited in the United States mail first class postage prepaid and addressed to that party at the address for such party set forth at the end of this Agreement, (b) delivered to Federal Express Airborne, or any other similar express delivery service for delivery to that party at that address or (c) sent by facsimile transmission with electronic confirmation, to that party at its facsimile number set forth at the end of this Agreement. Any party may change its address or facsimile number for notices under this Agreement by giving the other party notice of such change.
- §18 Governing Law. All questions concerning the validity or meaning of this Agreement or relating to the rights and obligations of the parties with respect to performance under this Agreement shall be construed and resolved under the laws of the State of Ohio.
- §19 Severability. The intention of the parties is to comply fully with all laws and public policies and this Agreement shall be construed consistently with all laws and public policies to the extent possible. If and to the extent that any arbitration panel or any court of competent jurisdiction determines that it is impossible to construe any provision of this Agreement consistently with any law or public policy and consequently holds that provision to be invalid such holding shall in no way affect the validity of the other provisions of this Agreement which shall remain in full force and effect.
- §20 Force Majeure. If the performance of any part of this Agreement by any party shall be affected for any length of time by fire or other casualty, government restrictions, war, riots, strikes or labor disputes, lock out, acts of God or any other causes which are beyond its control, such party shall not be responsible for delay or failure of performance of this Agreement for such length of time, provided, however, that the obligation of either party to pay amounts due to the other party shall not be subject to the provisions of this section.
- §21 Complete Agreement. With the exception of any existing agreement relating to CardinalSOURCE Rx Advance or other similar marketing programs of Cardinal, this Agreement contains the entire agreement between the parties and supersedes all prior or contemporaneous discussions, negotiations, representations, warranties or agreements relating to the subject matter of this Agreement, including without limitation any previous wholesale distribution agreement entered into between Supplier and any of the individual companies comprising Cardinal. No changes to this Agreement will be made or be binding on either party unless made in writing and signed by each party.
- §22 Assignment. Neither party shall have the right to assign this Agreement to any third party without the prior written consent of the other party.

Whitmore First Healthcare  
(Name of Supplier)

By JEFF RYSEK VP Sales  
(Name) (Title)

12220 31 Camino Real

SAN DIEGO, CA 92130  
(Address of Supplier)

619-509-1553  
(Facsimile Number)

Cardinal Health\*

By [Signature] VP  
(Name) (Title)

5555 Glendon Court  
Dublin, Ohio 43016  
Facsimile Number (614) 717 6000

\*The term Cardinal Health shall include the following affiliated operating companies: Whitmore Distribution Corporation, a Delaware corporation (Folsom, California); James W. Daly, Inc., a Massachusetts corporation (Peabody, Massachusetts); Cardinal Syracuse, Inc., a New York corporation (Syracuse, New York); Ellicott Drug Company, a New York corporation (Buffalo, New York); Bailey Drug Company, a Delaware corporation (Zanesville, Ohio); Marmac Distributors, Inc., a Connecticut corporation (Hartford, Connecticut); Ohio Valley-Clarkeburg, Inc., a Delaware corporation (Wheeling, West Virginia); Chapman Drug Company, a Tennessee corporation (Knoxville, Tennessee); Leader Drugstores, Inc., a Delaware corporation (Dublin, Ohio); National PharmPak Services, Inc., an Ohio corporation (Zanesville, Ohio); Cardinal Florida, Inc., a Florida corporation (Lakeland, Florida); Cardinal Mississippi, Inc., a Mississippi corporation (Richland, Mississippi); Solomon's Company, a Georgia corporation (Savannah, Georgia); Humston Keeling, Inc., an Illinois corporation (Calumet City, Illinois); Behrens, Inc., a Texas corporation (Waco, Texas); and any other subsidiary of Cardinal Health, Inc., an Ohio corporation (CHI) as may be designated by CHI.

**EXHIBIT 0**

# Rx Advantage Agreement

Rx Advantage Agreement for Esclim transdermal Estrogens between Women First Healthcare, 12220 El Camino Real, Suite 400, San Diego, CA 92130, and Cardinal Health\* ("Cardinal"), 7000 Cardinal Place Dublin, OH 43017

WHEREAS, Women First Healthcare is a manufacturer of Pharmaceuticals,

WHEREAS, Cardinal is a wholesaler acting on behalf of the participating pharmacies ("Pharmacies") listed in Appendix A, and

WHEREAS, Women First Healthcare desires to make its products available to the Pharmacies on the terms and conditions set forth herein,

NOW THEREFORE, the parties hereto agree as follows

## Contract Pricing

Esclim Transdermal Estrogens will be offered to Cardinal at a contract price on sales out to Participating Pharmacies (Appendix A). The market share contract cost to participating Pharmacies will be 10% off of current Wholesale Acquisition Cost (WAC). Cardinal Health will invoice Women First Healthcare and Women First Healthcare will reimburse to Cardinal within 45 days of the invoice date, the total amount of the discount for all Participating Pharmacies during the immediately preceding quarter.

## Joint Marketing programs for Participating in Rx Advantage<sup>SM</sup>

Cardinal Health and Women First Healthcare have outlined a product launch strategy for Program. The program includes the following elements:

- Service Flash-Upon the signature of this agreement and the introduction of the Esclim Transdermal Estrogen product, Cardinal will provide a one time advertisement in the Service Flash. The Service Flash is a communication vehicle that reached all 32,000 Cardinal customer outlets.

- Sales Data-Cardinal further agrees to provide customer outlet level data ("spin reports") quarterly to Women First Healthcare. This report will provide the name, address, and unit sales for outlets that have purchased the Esclim Transdermal Estrogen product.

In consideration for participant in the Rx Advantage<sup>SM</sup> programs, Cardinal will make the following marketing program opportunities available to your company for \$20,000

- \_\_\_\_\_ First Fax to Leader Stores-Cardinal will provide a one time fax blast to all Leader Drug Stores with a fax number on file (approx. 2,000) notifying them of the opportunity to purchase Esclim Transdermal Estrogen at preferred contract pricing.
- \_\_\_\_\_ Targeted Telemarketing-Cardinal has the capability to continuously look at the sales history for all of the participating Pharmacies. We could then Target Telemarket Pharmacies that have not purchased the Esclim Transdermal Estrogens product with a phone call explaining the benefits of your product and the new contract.
- \_\_\_\_\_ Screen Saver Program-The screen saver will be downloaded to all Leader members with a Prestige Value Pack screensaver advertisement and will run for one month during the contract period. The screen saver will be seen approximately 200-250 times throughout the day for thirty days.

#### Medicare and Medicaid Compliance

The parties shall comply with the provision of 42 U.S.C. 1320a-7b and the rules and regulations there under. Women's First Healthcare shall provide documentation to Cardinal with respect to discounts and rebates provided under this Agreement. Cardinal will maintain discount and rebate documentation and make it available to federal or state officials upon request, and to the extent applicable, will disclose such discounts and rebates as may be required to comply with applicable safe harbor regulations.

Women First Healthcare Represents and warrants that the discounts to be paid to Cardinal Health pursuant to this Agreement comply with all applicable provisions of federal and state health care reimbursement, funding and pharmacy laws and regulations and will indemnify and hold Cardinal Health harmless for any violation of any such law or regulation resulting in connection with this Agreement.

#### Term

This Agreement shall take effect April 1, 2003 and shall continue in effect through April 1, 2004. Thereafter, this Agreement will automatically renew for periods of one year each, unless either party gives notice of termination at least sixty days prior to the end of the then current term. Notwithstanding the foregoing, either party may terminate this Agreement, with or without cause, upon thirty (30) days before the end of the quarter notice to the other party.

Governing Law

This Agreement shall be governed by the laws of the state of Ohio, without regard to conflict of laws provisions

Cardinal Health

By 

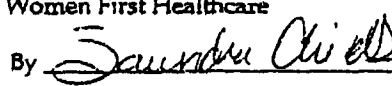
Craig Cowman

Vice President/Rx Product Management

Date 3/6/03

\*Insert attached

Women First Healthcare

By Name Sandra ChildsTitle VP PharmaceuticalDate 3/05/03

**EXHIBIT A**

Leader Drug Stores, Ahold, Drug Fair, Food City, Hannaford Brothers, Happy Harry's, Harris Tector, HLB, Hi School, Kerr Drug, Kinney Drug, Kmart, Marc's, Marsh Supermarkets, Medicine Shoppe (including Kash n Karry) NeighborCare (Retail), Penn Traffic, Price Chopper, Rosauer's, Shaw's, Shoppers Food Warehouse/Metro Foods, Value Merchandisers, Wakefern, Weis Markets, and Winn Dixie



\*The term "Cardinal Distribution" will include the following affiliated operating companies: Cardinal Syracuse, Inc., a New York corporation (Syracuse, New York); Williams Drug Distributors, Inc., a Delaware corporation (Zanesville, Ohio); Marmac Distributors, Inc., a Connecticut corporation (Hartford, Connecticut); James W. Daly, Inc., a Massachusetts corporation (Peabody, Massachusetts); National PharmPak Services, Inc., an Ohio corporation (Zanesville, Ohio); Ohio Valley-Clarksburg, Inc., a Delaware corporation (Wheeling, West Virginia); Cardinal Southeast, Inc., a Mississippi corporation (Madison, Mississippi); Whitmire Distribution Corporation, a Delaware corporation (Folsom, California); Cardinal Health Systems, Inc., an Ohio corporation, and any other subsidiary of Cardinal Health, Inc., an Ohio corporation ("CHI"), as may be designated by CHI.



Cardinal Health  
7000 Cardinal Place  
Dublin OH 43017  
614 757 5000 main

[www.cardinal.com](http://www.cardinal.com)

September 23, 2004

**VIA AIRBORNE EXPRESS**

Women First HealthCare, Inc  
c/o BMC Group  
f/k/a Bankruptcy Management Corp  
1330 East Franklin Ave  
El Segundo, CA 90245

**Re: Women First Healthcare, Inc.  
Case No. 04-11278 (MFW)**

Dear Clerk

Enclosed please find an original and two (2) copies of the Proof of Claim to be filed on behalf of Cardinal Health, Inc. Please file the above-referenced claim and return one (1) file-stamped copies to the undersigned in the enclosed self-addressed, stamped envelope for our records.

Thank you for your assistance in this matter. Should you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink that reads "Debra Willet".

Debra A. Willet  
Senior Counsel,  
Bankruptcy

Enclosures

Direct dial 614-757-3428  
Facsimile 614-757-2243  
Email [debra.willet@cardinal.com](mailto:debra.willet@cardinal.com)