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"Efficiency is doing things right; effectiveness is doing the right things."

Peter F. Drucker

"If you can imagine it, you can achieve it; if you can dream it, you can become it."

William Arthur Ward

Best Wishes for Safe and Happy Holidays to you and yours from all of us at Meritain Health !

Welcome to the Egyptian Area Schools Employee Benefit Trust:

Cerro Gordo C.S.D. 100

Cobden U.S.D. 17

Dependent Status Forms Due January 1, 2010

Action Required if you have a Covered Dependent age 19 or older

If you have a dependent child age 19 or older enrolled in any of the Egyptian Trust Health, Dental, or Vision plans you must submit an updated Dependent Status Form before any claims incurred January 1, 2010 or after will be considered for reimbursement. **Keep in mind, this includes coverage for prescription drugs.** Until the form is received and updated and entered in the Meritain Health claims system your dependent children age 19 or older will be denied prescription drug coverage.

Important Dates to Remember in 2010

- If your age 19 or older dependent is more than 50% dependent on the employee for support, the next update will be due **April 1, 2010.**
- If your age 19 or older dependent is a Full Time Student, the next update will be due **September 1, 2010.**

You may obtain a copy of the form by visiting www.egtrust.org or following the link: http://www.egtrust.org/Dependent%20Status%20Form_7-09.pdf

If you have any questions please contact Meritain Health at (800) 844-7979. Send your updated Dependent Status Form to:

Meritain Health
300 Corporate Parkway
Amherst, NY 14226

Or fax to:
(888) 525-2799

Bronze Health Plan Benefit Changes Effective January 1, 2010 Health Savings Account Limits Effective January 1, 2010

The Bronze Plan is a High Deductible Health Plan (HDHP) designed to qualify for use with a Health Savings Account (HSA). All charges except charges for preventive care (as defined under IRS rules) are subject to the Calendar Year Deductible. All benefits, unless otherwise specified, are based on Usual, Customary, and Reasonable (UCR) charges, or the network contracted amounts, and are subject to the deductibles, benefit percentages and maximum amounts shown in the Schedule of Benefits. You may obtain a copy of the Bronze Plan Schedule of Benefits by visiting the Egyptian Trust website at www.egtrust.org and clicking on Benefits Summary.

You may not make any changes to your Health Plan or coverage elections on January 1, 2010 unless you have a qualifying event. See the Plan Document for details about qualifying events.

Health Savings Account Maximums for 2010

For 2010, up to \$3,050 may be contributed to an HSA on behalf of an eligible individual for individual coverage and up to \$6,150 for family coverage. An account owner may contribute an additional \$1,000 for 2010 if the account owner will reach at least age 55 in 2010.

If you have any questions concerning this Health Plan please contact:
 Meritain Health
 Customer Service Department
 (800) 844-7979

Maximums	January 1, 2009 Bronze Plan				January 1, 2010 Bronze Plan			
	Tier 1	Tier 2	Tier 3	Tier 4	Tier 1	Tier 2	Tier 3	Tier 4
Individual Deductible	\$1,150	\$1,550	\$1,550	\$1,550	\$1,200	\$1,600	\$1,600	\$1,600
Family Deductible	\$2,300	\$3,100	\$3,100	\$3,100	\$2,400	\$3,200	\$3,200	\$3,200
Individual Out of Pocket	\$3,450	\$4,650	\$5,800	\$5,800	\$3,600	\$4,800	\$5,950	\$5,950
Family Out of Pocket	\$6,900	\$9,300	\$11,600	\$11,600	\$7,200	\$9,600	\$11,900	\$11,900

In compliance with IRS rules, the following depicts the current deductibles and out of pockets and the deductibles and out of pockets which become effective January 1, 2010.

Bronze Plan Prescription Drug Card Benefit

Under a High Deductible Health Plan (HDHP), most prescription drug charges are subject to the Calendar Year Deductible. For covered drugs classified under IRS guidelines as preventive drugs you will pay the Copayments shown below. For a list of drugs considered preventive please visit:

www.express-scripts.com or www.egtrust.org.

Prescription Drug Copayments	Retail 30 day supply	Retail 60 day supply	Retail and Mail Order 90 day supply
Generic	\$20	\$35	\$45
Preferred Brand	\$30	\$50	\$70
Non-Preferred	\$45	\$75	\$110
Injectables	Copay plus 3%	Copay plus 3%	Copay plus 3%

Message to Covered Members:

The Egyptian Trust makes every effort to keep you informed of the benefits of each of the programs endorsed by the Trust including the Health Plans, Voluntary Dental Plans, Vision Plan, and Life Insurance and Voluntary Life Insurance Plans. All benefits, plan, premium changes, program explanations and other important information are reported in the newsletters that are published quarterly. In addition to communicating this information via the newsletter, the Egyptian Trust website is your best source for documents such as:

- ✓ Plan Documents and Schedule of Benefits for Health, Dental, and Vision Plans
- ✓ Frequently Asked Questions about all Egyptian Programs
- ✓ Enrollment Change Forms
- ✓ Dependent Status Forms
- ✓ Historical Newsletters
- ✓ Medical, Dental, and Prescription Drug Claim Forms
- ✓ Prescription Drug Formulary Lists
- ✓ Life Insurance Claim Forms
- ✓ Life Insurance Brochure and Conversion Charts

The website also contains the links to all of the organizations contracted with the Egyptian Trust who provide your benefit programs. Please visit us at www.egtrust.org.

Express Scripts 2010 Formulary List with Step Therapy

The following 2 pages is the Formulary List that becomes effective January 1, 2010 for all of the Egyptian Trust Health Plans. You may visit the Express Scripts website at www.express-scripts.com to read about how the Step Therapy program works.

Vendor/Consultant Websites/Phone**Health & Dental**

View your protected claims and eligibility and more at:
www.myMeritain.com

Member Services Phone
 800-844-7979

Prescription Drugs

View your protected prescription drug claims history and more at:
www.express-scripts.com

Member Services Phone
 800-451-6245

Egyptian Trust

View information about Egyptian Trust, programs offered by the Trust, historical newsletters, and more at:
www.egtrust.org

HealthLink Providers

Find a Tier 1 or Tier 2 Participating Provider, create a Customized Directory, and more at:
www.healthlink.com

Member Services Phone
 800-624-2356

UniView Vision Plan

To find a participating Uniview provider go to:
www.unicare.com

Member Services Phone
 888-884-8428

Lincoln Financial Group

Member Services Phone
 800-423-2765



EXPRESS SCRIPTS®

2010 Express Scripts National Preferred Formulary

A

ABILIFY (excluding Discmelt & solution)
acarbose
ACCU-CHEK
MULTICLIX lancets
acebutolol
acetaminophen w/codeine
acetazolamide
ACTONEL, with calcium
ACTOPLUS MET
ACTOS
ACULAR, LS*
acyclovir
ADVAIR DISKUS, HFA
ADVICOR
AGGRENOL
albuterol
alendronate sodium
ALPHAGAN P*
ALTBAX
amantadine
AMBIEN CR*
aminophylline
amitriptyline
amlodipine besylate
amox tr/potassium clavulanate
amoxicillin
amphetamine salt combo
anagrelide
ANALPRAM-HC
ANDRODERM
ANDROGEL
antipyrine w/benzocaine
apri
aranelle
ARANESP [INJ]
ARICEPT, ODT
ARIMIDEX*
ARIXTRA [INJ]
ASACOL, HD
ASCENSIA AUTODISC, BREEZE/2
ASCENSIA CONTOUR SYSTEM
ASCENSIA ELITE
ASTELIN*
ASTEPRO
atenolol, -chlorthalidone
atropine sulfate
AUGMENTIN XR
AVANDAMET
AVANDARYL
AVANDIA
AVELOX
aviane
AVODART
AXID solution only
AZASITE
azathioprine
AZILECT
azithromycin
AZOR

B

balsalazide disodium
balziva

benazepril, /hctz
BENZACLIN
(excluding carekit)*
benzonatate
benzoyl peroxide
betamethasone dp, valerate
BETASERON [INJ]
bisoprolol fumarate/hctz
BONIVA TAB
brimonidine tartrate
bupropion, sr
butalbital/apap/caffeine
BYETTA [INJ]

C

calcipotriene
calcitriol
camila
CANASA
captopril, /hctz
carbamazepine, xr
carbidopa-levodopa, er
CARDIZEM LA*
carisoprodol
carvedilol
cefaclor, er
cefadroxil
cefdinir
cefepodoxime
cefprozil
cefuroxime
CELEBREX
CELLCEPT oral susp*
cephalexin
cesia
CETROTIDE [INJ]
chlorzoxazone
cholestyramine
choline, mag trisalicylate
chorionic gonadotropin [INJ]
ciclopirox
cilostazol
cimetidine
CIPRODEX
ciprofloxacin, er
citalopram
clarithromycin, er
CLIMARA PRO
clidinium-clindiazepoxide
clindamycin phosphate
clobetasol propionate
clomiphene citrate
clotrimazole troche
clozapine
colestipol
COMBIPATCH
CONCERTA*
COPAXONE [INJ]
COREG CR*
COZAAR*
CREON
CRESTOR
CRINONE
cryselle
cyclobenzaprine hcl
cyclosporine, modified
CYMBALTA

D

desmopressin acetate
desonide
desoximetasone
dexmethylphenidate
dextroamphetamine-amphetamine
dextroamphetamine sulfate
diclofenac sodium
dicyclomine hcl
DIFFERIN*
diflunisal
diltiazem, extended release
DIOVAN, HCT
diphenhydramine
dipyridamole
divalproex sodium
dorzolamide, -timolol
doxepin hcl
DUAC CS
DUETACT
DYNACIRC CR*

E

econazole
EFFEXOR XR*
ELIDEL
eliphos
ENABLEX
enalapril, hctz
ENBREL [INJ]
enpresse
enulose
EPIPEN, JR [INJ]
erin
erythromycin
erythromycin/benzoyl perox.
ESTRADERM
estradiol, tds
estropipate
etidronate disodium
etodolac
EUFLEXXA [INJ]
EVAMIST
EXELON
EXFORGE, HCT

F

famciclovir
famotidine
felodipine er
fenofibrate
fentanyl citrate
fexofenadine
FINACEA, PLUS
finasteride
FLECTOR
FLOMAX*
FLOVENT DISKUS, HFA
fluconazole
fluocinonide
fluorouracil
fluoxetine hcl
fluphenazine
flurazepam
fluticasone nasal spray

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list (formulary) that is at the core of your prescription-drug benefit plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

PLEASE NOTE: The symbol * next to a drug signifies that it is subject to nonformulary status when a generic is available throughout the year. Not all the drugs listed are covered by all prescription-drug benefit programs; check your benefit materials for the specific drugs covered and the copayments for your prescription-drug benefit program. For specific questions about your coverage, please call the phone number printed on your ID card.

fluvoxamine maleate
folic acid
FORADIL
FORTEO [INJ]
fortical
fosinopril, /hctz
FOSRENOL

G

gabapentin
gemfibrozil
GENOTROPIN [INJ]
gentamicin sulfate
glimepiride
glipizide, er, xl
glipizide/metformin
GLUCAGEN [INJ]
glyburide, micronized
glyburide/metformin
GONAL-F, RFF [INJ]
granisetron

H

HALFLYTELY, -BISACODYL
haloperidol
HUMALOG [INJ]
HUMATROPE [INJ]
HUMIRA [INJ]
HUMULIN [INJ]
hydrochlorothiazide
hydrocodone/acetaminophen
hydrocortisone
hydromorphone
hydroxyurea
hyoscyamine sulfate
HYZAAR*

I

ibuprofen
imipramine
indomethacin
INTAL inh
ipratropium bromide
ipratropium-albuterol
isosorbide mononitrate
isotretinoin
itraconazole

J

JANUMET
JANUVIA
jolessa
jolivet
junel, fe

K

kariva
kelnor
KEPPRA XR
ketoconazole

L

labetalol hcl
lactulose
lamotrigine

LANTUS, SOLOSTAR [INJ]
leena
leflunomide
lessina
LETAIRIS
leucovorin
leuproline acetate [INJ]
LEVAQUIN
LEVEMIR, FLEXPEN [INJ]
levetiracetam
levora
levothyroxine sodium
levoxyl
LEXAPRO
LIALDA
LIDODERM
LIPITOR
lisinopril, /hctz
LOTEMAX
LOTREL*
lovastatin
LOVAZA
LOVENOX* [INJ]
low-ogestrel
LUMIGAN
lutera
LYRICA

M

MAXALT, MLT
meclizine hcl
medroxyprogesterone acetate
megestrol
meloxicam
MENEST
mercaptapurine
MERIDIA
METANX
metaproterenol
metformin, er
methocarbamol
methotrexate
methylphenidate hcl
methylprednisolone
metoclopramide hcl
metolazone
metoprolol, hctz
METROGEL
metronidazole
microgestin, fe
MIRAPEX*
mirtazapine, soltab
moexipril/hctz
mometasone
mononessa
morphine sulfate
MOVIPREP
MUSE
mycophenolate mofetil

N

nabumetone
nadolol
NAMENDA
naproxen
NASACORT AQ
NASONEX
nateglinide
necon

NEEVO
neomycin/polymyxin/dexamethasone
neomycin/polymyxin/hc
NEVANAC
NEXIUM
NIASPAN
nifedipine er
nisoldipine
nitrofurantoin
macrocrystal
nitroglycerin
NITROLINGUAL SPRAY
nizatidine
nora-be
nortrel
NOVOFINE
NOVOLIN [INJ]
NOVOLOG [INJ]
NUTROPIN, AQ [INJ]
nystatin

O

ofloxacin
ogestrel
omeprazole
ondansetron
ONETOUCH BASIC
ONETOUCH FASTAKE
ONETOUCH SURESTEP
ONETOUCH ULTRA,-2,
-SMART
ONETOUCH ULTRAMINI
OPANA ER
orphenadrine citrate
ORTHO TRI-CYCLEN LO
OSMOPREP
oxcarbazepine
oxybutynin, er
oxycodone
w/acetaminophen
OXYCONTIN
OXYTROL

P

paroxetine
PATADAY
PATANOL
peg 3350/electrolyte
PEGASYS [INJ]
PEG-INTRON,
REDIPEN [INJ]
penicillin v potassium
PERFORMIST
perphenazine
phentermine hcl
phenytoin sodium,
extended
pilocarpine hcl
pindolol
PLAVIX
polymyxin b sul/
trimethoprim
portia
PRAMOSONE
PRANDIMET
PRANDIN*
pravastatin
PRECISION SURE DOSE
PRECISION XTRA

(continued)

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2010 THROUGH DECEMBER 31, 2010. THIS LIST IS SUBJECT TO CHANGE.

You can get more information and updates to this document at our web site at www.express-scripts.com.

Examples of Nonformulary Medications With Selected Formulary Alternatives

The following is a list of some nonformulary brand-name medications with examples of selected alternatives that are on the formulary.

Column 1 lists examples of nonformulary medications.
Column 2 lists some alternatives that can be prescribed.

Thank you for your compliance.

Nonformulary	Formulary Alternative	Nonformulary	Formulary Alternative
ACCOLATE	Singular	FREESTYLE	Ascensia, OneTouch
ACCU-CHEK	Ascensia, OneTouch	FROVA	sumatriptan tab, Maxalt/MLT, Zomig/ZMT
meters/strips		GELNIQUE	oxybutynin er, Oxytrol
ACIPHEX	omeprazole, Nexium	GEODON	risperidone, Abilify (regular tabs), Seroquel/XR, Zyprexa (non-Zydis)
ADDERALL XR	dextroamphetamine-amphetamine	HYALGAN	Euflexxa
AEROBID, M	Flovent Diskus/HFA, Pulmicort Flexhaler, Qvar	IMITREX Nasal	Zomig Nasal
ALAMAST	Pataday, Patanol	INVEGA	risperidone, Abilify (regular tabs), Seroquel/XR, Zyprexa (non-Zydis)
ALOCRIL	Pataday, Patanol	IQUIX	ciprofloxacin, Vigamox, Zymar*
ALOMIDE	Pataday, Patanol	KADIAN	morphine sulfate er
ALORA	Generic patches, Estraderm, Vivelle-Dot	KAPIDEX	omeprazole, Nexium
ALTOPREV	lovastatin, pravastatin, simvastatin, Crestor, Lipitor	LESCOL, XL	lovastatin, pravastatin, simvastatin, Crestor, Lipitor
ALVESCO	Flovent Diskus/HFA, Pulmicort Flexhaler, Qvar	LEVITRA	Viagra
AMERGE	sumatriptan tab, Maxalt/MLT, Zomig/ZMT	LIPOFEN	fenofibrate, Trilipix
ANGELIQ	Prempro/Premphase	LUNESTA	zolpidem tartrate, Ambien CR*
ANTARA	fenofibrate, Trilipix	MAXAIR AUTOHALER	ProAir HFA, Ventolin HFA
APIDRA	Humalog, Novolog	MENOSTAR	Generic patches, Estraderm, Vivelle-Dot
APRISO	balsalazide, Asacol/HD, Lialda	METADATE CD	dextroamphetamine-amphetamine, methylphenidate, Concerta*, Vyvanse
ASMANEX	Flovent Diskus/HFA, Pulmicort Flexhaler, Qvar	MICARDIS	Cozaar*, Diovan
ATACAND	Cozaar*, Diovan	MICARDIS HCT	Diovan HCT, Hyzaar*
ATACAND HCT	Diovan HCT, Hyzaar*	NORDITROPIN	Genotropin, Humatrope, Nutropin/AQ
ATRALIN	tretinoin, Differin*	NOROXIN	ciprofloxacin/er, ofloxacin, Avelox, Levaquin
AVALIDE	Diovan HCT, Hyzaar*	NUVARING	Ortho Tri-Cyclen Lo, Yaz
AVAPRO	Cozaar*, Diovan	OMNARIS	flunisolide, fluticasone, Nasacort AQ, Nasonex, Veramyst
AVINZA	morphine sulfate er	OPTIVAR	Genotropin, Humatrope, Nutropin/AQ
AVITA	tretinoin, Differin*	ORTHOVISC	Pataday, Patanol
AXERT	sumatriptan tab, Maxalt/MLT, Zomig/ZMT	PATANASE	Ortho Tri-Cyclen Lo, Yaz
AZMACORT	Flovent Diskus/HFA, Pulmicort Flexhaler, Qvar	PRECISION PCX, QID	Euflexxa
AZOPT	brimonidine tartrate, dorzolamide, Alphagan P*	PREFFEST	Astelin*, Astepro
BECONASE AQ	flunisolide, fluticasone, Nasacort AQ, Nasonex, Veramyst	PREVACID	Ascensia, OneTouch
BENICAR	Cozaar*, Diovan	PREVPAC	Prempro/Premphase
BENICAR HCT	Diovan HCT, Hyzaar*	PROVENTIL HFA	omeprazole, Nexium
BESIVANCE	ciprofloxacin, Vigamox, Zymar*	PROZAC WEEKLY	Pylera
BRAVELLE	Gonal-F/RFF	QUIXIN	ProAir HFA, Ventolin HFA
BROVANA	Perforomist	RAPAFLO	fluoxetine (daily), citalopram, paroxetine, sertraline, Lexapro
CARDENE SR	amlodipine, felodipine er, nifedipine er, Dynacirc CR*, Sular	RELPAK	ciprofloxacin, Vigamox, Zymar*
CEDAX	amox tr/potassium clavulanate, cefdinir, Augmentin XR	RETIN-A MICRO	doxazosin, Flomax*, Uroaxtral
CENESTIN	estradiol, Menest, Premarin	RHINOCORT AQUA	sumatriptan tab, Maxalt/MLT, Zomig/ZMT
CETRAXAL	Ciprodex	RITALIN LA	tretinoin, Differin*
CIALIS	Viagra	SAIZEN	flunisolide, fluticasone, Nasacort AQ, Nasonex, Veramyst
CIMZIA	Enbrel, Humira	SANCTURA, XR	dextroamphetamine-amphetamine, methylphenidate, Concerta*, Vyvanse
CIPRO HC	Ciprodex	SIMPONI	Genotropin, Humatrope, Nutropin/AQ
CLARINEX	feofenadine, Xyzal	SOF-TACT	oxybutynin/er, Enablex, Vesicare
DETROL, LA	oxybutynin/er, Enablex, Vesicare	SPECTRACEF	Enbrel, Humira
DIVIGEL	Generic patches, Evamist	STARLIX	Ascensia, OneTouch
DUREZOL	Generic steroids, Lotemax	SUMATRIPTAN Nasal	amox tr/potassium clavulanate, cefdinir, Augmentin XR
EDEX	Caverject, Muse	SUPARTZ	nataglinide
EDLUAR	zolpidem tartrate, Ambien CR*	SYNTHROID	Zomig Nasal
ELESTAT	Pataday, Patanol	SYNVISC, ONE	Euflexxa
ELESTRIN	Generic patches, Evamist	TESTIM	levothyroxine sodium, levoxyol
EMADINE	Pataday, Patanol	TEVETEN	Euflexxa
ENJUVA	estradiol, Menest, Premarin	TEVETEN HCT	Androderm, Androgel
EPOGEN	Aranesp, Procrit	TEV-TROPIN	Cozaar*, Diovan
ESTRASORB	Generic patches, Evamist	TOVIAZ	Diovan HCT, Hyzaar*
ESTROGEL	Generic patches, Evamist	TRAVATAN, Z	Genotropin, Humatrope, Nutropin/AQ
FACTIVE	ciprofloxacin/er, ofloxacin, Avelox, Levaquin	TRICOR	oxybutynin/er, Enablex, Vesicare
FemHRT	Prempro/Premphase	TRIGLIDE	Lumigan, Xalatan
FEMTRACE	estradiol, Menest, Premarin	VENLAFAXINE ER	fenofibrate, Trilipix
FENOGLIDE	fenofibrate, Trilipix	XYBROM	fenofibrate, Trilipix
FERTINEX	Gonal-F/RFF	XOPENEX HFA	Cymbalta, Effxor XR*, Pristiq
FML FORTE	Generic steroids, Lotemax	ZEGERID	simvastatin, Crestor, Lipitor
FOCALIN, XR	dexmethylphenidate, dextroamphetamine-amphetamine, Concerta*, Vyvanse		diclofenac sodium, Acular/LS*, Nevanac
FOLLISTIM AQ	Gonal-F/RFF		ProAir HFA, Ventolin HFA
			omeprazole, Nexium

KEY
The symbol [INJ] next to a drug name indicates that the drug is available in injectable form only.
For the member: Generic medications contain the same active ingredients as their corresponding brand-name medications, although they may look different in color or shape. They have been FDA-approved under strict standards.
For the physician: Please prescribe preferred products and allow generic substitutions when medically appropriate. Thank you.
Brand-name drugs are listed in CAPITAL letters.
Generic drugs are listed in lower case letters.

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You can get more information and updates to this document at our web site at www.express-scripts.com.

prednisolone
prednisolone acetate
prednisone
PREMARIN
PREMPHASE
PREMPRO
PRENATE ELITE
previfem
PRISTIQ
PROAIR HFA
PROCHIEVE
prochlorperazine
PROCRIPT [INJ]
promethazine
promethazine w/codeine
promethazine w/dm
PROMETRIUM
propranolol hcl, w/hctz
PROTOPIC*
pseudoephedrine
w/chlorpheniramine
PULMICORT FLEXHALER
PYLERA

Q

quasense
quinapril
quinaretic
QVAR

R

ramipril
RANEXA
ranitidine
REBIF [INJ]
reclipsen
RELENZA
RENAGEL
REVELA
reprexain
REQUIP XL
RESTASIS
ribasphere
ribavirin
risperidone, odt
ropinirole
RYTHMOL SR

S

salsalate
selenium sulfide
SEREVENT DISKUS
SEROQUEL, XR
sertraline
SIMCOR
simvastatin
SINGULAIR
SKELAXIN*
sodium sulfacetamide/
sulfur
SOFT TOUCH lancets
SOFTCLIX lancets
solia
SOMATULINE DEPOT [INJ]
SPIRIVA
sprintec
sronyx
STRATTERA
STRIANT
SULAR
sulfacetamide sodium
sulfasalazine
sumatriptan tab, inj
SYMBICORT
SYMBYAX
SYMLIN, SYMLINPEN [INJ]

T

TAMIFLU
tamoxifen
TAZORAC
TEKTURN, HCT

temazepam
terbinafine hcl
terbutaline sulfate
theophylline,
anhydrous, er
thioridazine hcl
thyroid
tilia fe
timolol maleate
tobramycin sulfate
topiramate
TRACLEER
trandolapril
trazodone hcl
tretinoin
TREMIMET
triamcinolone acetonide
triazolam
tri-legest fe
TRILIPIX
trimethobenzamide
trimethoprim
trinessa
tri-previfem
tri-sprintec
trivora
TUSSICAPS
TUSSIONEX
TWINJECT [INJ]

U

ULTRASE, -MT
UROXATRAL
ursodiol

V

VAGIFEM
VALTRES*
VECTICAL
velivet
venlafaxine
(immediate release)
VENTOLIN HFA
VERAMYST
verapamil hcl
veripred
VESICARE
VIAGRA
VIGAMOX
VIMPAT
VIVELLE-DOT
VOLTAREN GEL
VYVANSE

W

warfarin
WELCHOL

X

XALATAN
XOPENEX neb solution
XYZAL

Y

YAZ

Z

zaleplon
zamicet
zenchent
ZETIA
zolpidem tartrate
ZOMIG, ZMT
zonisamide
zovia
ZYLET
ZYMAR*
ZYPREXA
(excluding Zydis)



Know The Differences Between Cold, Flu And H1N1

How do cold, seasonal flu and H1N1 flu compare?

Symptom	Cold	Seasonal Flu	H1N1 Flu
Fever	Fever is rare with a cold.	Fever is common with the seasonal flu.	Fever is usually present with H1N1 in up to 80% of all flu cases (temperature of 101°).
Coughing	A hacking, productive (mucus-producing) cough is often present with a cold.	A dry and hacking cough is often present with the seasonal flu.	A non-productive (non-mucus-producing) cough is usually present with H1N1 (sometimes referred to as a dry cough).
Aches	Slight body aches and pains can be part of a cold.	Moderate body aches are common with the seasonal flu.	Severe aches and pains are common with H1N1.
Stuffy Nose	Stuffy nose is commonly present with a cold and typically resolves spontaneously within a week.	A runny nose is commonly present with the seasonal flu.	Stuffy nose is not commonly present with H1N1.
Chills	Chills are uncommon with a cold.	Chills are mild to moderate with the seasonal flu.	60% of people who have H1N1 experience chills.
Tiredness	Tiredness is fairly mild with a cold.	Tiredness is moderate and more likely referred to as a lack of energy with the seasonal flu.	Tiredness is moderate to severe with H1N1.
Sneezing	Sneezing is commonly present with a cold.	Sneezing is commonly present with the seasonal flu.	Sneezing is not commonly present with H1N1.
Sudden Symptoms	Cold symptoms tend to develop over a few days .	Symptoms tend to develop over a few days and include flushed face, loss of appetite, dizziness and/or vomiting/nausea. Symptoms last 4-7 days, depending on the individual. Diarrhea is common.	H1N1 has a rapid onset within 3-6 hours. H1N1 hits hard and includes sudden symptoms like high fever, aches and pains. Symptoms usually last 4-7 days, depending on the individual. Diarrhea is common.
Headache	A headache is fairly uncommon with a cold.	A headache is fairly common with the seasonal flu.	A headache is very common with H1N1 and present in 80% of cases.
Sore Throat	Sore throat is commonly present with a cold.	Sore throat is commonly present with the seasonal flu.	Sore throat is not commonly present with H1N1.
Chest Discomfort	Chest discomfort is mild to moderate with a cold.	Chest discomfort is moderate with the seasonal flu. If it turns severe, seek medical attention immediately.	Chest discomfort is often severe with H1N1.

Sources: CDC (Centers for Disease Control and Prevention) and NIAID (National Institute of Allergy and Infectious Diseases)