

**AU Adult Screening and Immunization Documentation Form
2009 H1N1 Influenza Monovalent Vaccination Program**

*******CLINICAL VOLUNTEER GUIDE*******

(For Physicians, Pharmacists, Nurses, and Healthcare Students)

Patient Information:

Last Name:

Please make sure the patient records their name. We will be filing records for each vaccination date and the records will be filed in alphabetical order based on the patient's last name.

First Name:

Again, please make sure the patient records their name.

Date of Birth:

Date of birth is required. We must have at least one patient identifier other than name.

AU Banner ID Number:

Auburn employees and students will have a Banner ID number. Dependents will not. If a patient does not have their ID card in their possession, or if they do not know their Banner ID number, then this field can be left blank. We will not withhold vaccine from the patients if they cannot provide proof of AU affiliation.

E-mail Address and Phone #:

We need a method of contacting the patient if there is any recall on the lot number of the vaccine that they received. Please obtain an e-mail address and / or a phone number of their choice to facilitate this process. If the patient asks, their contact information will not be shared or sold. It is simply in case we need to contact them after the screening. The AUPCC rules for protection of protected health information (PHI) is outlined in the AUPCC privacy policies that are provided for patient review before vaccination, and a copy is available for the patients to take home for their records.

Please Carefully Read and Answer the Following Questions: (circle your answer)

1	Are you between the ages of 10 and 49 years?	Yes	No
	<p>The H1N1 live intranasal vaccine is approved to be administered to patients between the ages of 2 and 49 years of age who meet specific criteria. However, patients between the ages of 2 and 9 require two doses, the initial dose and a booster that is administered a month apart. AU Crisis Management made the decision to only offer the LAIV vaccine to students, employees, and dependents that are between the ages of 10 and 49 years. If an employee's child is under the age of 10 (6 months to 9 years), the child should be referred to the Public Health Department or the child's pediatrician for vaccine administration. If the child is aged 10 to 13 years, parental written consent is required before we can administer the vaccine. Any minor who is 14 years of age or older, or has graduated from high school, or is married, or having been married is divorced or is pregnant may give effective consent to any legally authorized medical, dental, health or mental health services for himself or herself, and the consent of no other person shall be necessary. Individuals over the age of 49 years will need to take the H1N1 injection which should be available in mid November. We will be keeping the AU family updated on the availability of all vaccine received from the ADPH, and it will be distributed as quickly as possible.</p> <p>Patients between the ages of 6 months and 2 years should receive the injectable H1N1 vaccine. Caregivers of children under the age of 6 months should be vaccinated since their baby cannot be vaccinated. The parents can receive the LAIV nasal dosage</p>		

form or injectable dosage form based on the parent's patient-specific factors such as age, concomitant disease states, pregnancy status, and current medications. Each of these exclusions will be outlined in detail through the questions in this clinical volunteer guide..

Summary:

Patient Characteristics:	Action:
0 to 5 months and 6 days of age (less than 6 months)	No LAIV or Inactivated Injection can be given. Do not immunize!
6 months through 1 years of age (from 6 months through date of second birthday) AU will not be vaccinating this age range.	No LAIV. Injectable vaccine only. Two doses are required given one month apart.
2 years of age through 9 years of age AU will not be vaccinating this age range.	LAIV or injectable as indicated on patient-specific factors Two doses are required given one month apart.
10 years to 49 years AU will be providing LAIV vaccine to students, employees, and dependents in this age range that meet patient-specific criteria for the live vaccine after careful screening for appropriateness and patient education by a healthcare provider.	LAIV or injectable as indicated based on patient-specific factors. Only one dose is required.
Above 49 years and patients who are excluded from receiving the LAIV due to age, pregnancy, immunosuppression, medications, close contacts, etc.	Inactivated, injectable H1N1 vaccine. Only one dose required for patients aged 10 and above. The ADPH is anticipating that the vaccine will be released in mid to late November. AU will be offering it as soon as possible when it is delivered. An action plan for delivery is already being created.
Any chance of current pregnancy	NO live LAIV nasal vaccine! Wait until negative pregnancy test or wait on inactivated vaccine.
Current breastfeeding	Is not an exclusion for LAIV,
Parents with a child less than 6 months of age at home (daycare workers, teachers, etc. of children less than 6 months.)	Since we cannot provide any form of vaccine to babies less than 6 months of age, it is very important that the child's caregivers get vaccinated. They can receive live or inactivated vaccine based on their personal criteria. For instance, if a woman has a baby that is 5 months old, and she is pregnant again, she cannot receive the live vaccine. If a man has a 3 month old, but he has severe asthma, he cannot receive the live vaccine. In these cases, the parents should be counseled to return for the

injection as soon as it is available.

Again, we will only be vaccinating students, employees, and dependents between 10 years and 49 years of age that meet the criteria for live vaccine administration. Anyone in the Auburn family can receive the free vaccine (TES employees, contractors, volunteers, and anyone else who routinely comes in contact with our students) if they meet the screening criteria for live vaccine administration.

2 If you are between the ages of 10 and 17 years, do you take aspirin or aspirin containing medications daily? (Please inform the healthcare provider of any medications you take daily so we can carefully screen for any aspirin containing products)

Yes No

Pediatric and adolescent patients who take chronic aspirin (or salicylate containing medications) are at increased risk of Reye's syndrome since the LAIV intranasal vaccine is live. Therefore, if we have any patients between the ages of 10 and 17 who take any of the following medications on a daily basis should not receive the LAIV today. This list is published by the Reye's Syndrome Foundation. Also be aware that some labels for OTC medications might not say "aspirin" but might say ASA, acetylsalicylate, acetylsalicylic acid, salicylic, salicytamide, phenyl salicylate, etc. If you have any questions concerning whether a pediatric patient between the ages of 10 to 17 is taking a medication that which might make LAIV contraindicated, **consult a faculty preceptor immediately!**

NON-PRESCRIPTION PRODUCTS

PRESCRIPTION PRODUCTS

PRESCRIPTION PRODUCTS (Cont.)

Alka-Seltzer*	Bayer	Acuprin 81 Adult Low Dose Aspirin	Richwood	Magsal Tablets	U.S. Pharmaceutical
Anacin*	Whitehall Robins	Aggrenox Capsules	Boehringer-Ingelheim	Methocarbamol & Aspirin Tablets	Par
Ascriptin*	Novartis	Butalbital, Aspirin, Caffeine & Codeine		Mono-Gesic Tablets	Schwarz
Bayer Aspirin*	Bayer	Phosphate Capsules, USP	Watson	Myogesic	U.S. Pharmaceutical
BC Powder*	Block	Carisoprodol and Aspirin Tablets	Par	Norgesic Forte Tablets	3M
Bufferin*	Bristol-Myers	Damason-P 5		Norgesic Tablets	3M
CVS Aspirin*	CVS Pharmacy	Darvon Compound-65 9	Lily	Oxycodone and Aspirin Tablets C-II	Watson
Doan's*	Novartis	Disaloid Capsules and Tablets	3M	Panasal 5/500 5 PC Cap 9	
Ecotrin*	SK Beecham	Easprin Delayed-Released Tablets	Lotus Biochemical	Percodan Tablets	Endo Labs
Excedrin*	Bristol-Myers	Empirin with Codeine No.3 2		Propoxyphene Compound 65	
Goody's Aspirin*	Block	Endodan Tablets, USP CII	Endo Generics	Capsules (CIU)	Teva
Kaopectate*	Pharmacia	Equagesic Tablets	Wyeth-Ayerst	Robaxial Tablets	Robins
Maalox*	Novartis	Fiorinal Capsules and Tablets	Novartis	Roxiprin Tablets	Roxane
Norwich Aspirin*	Chattem	Fiorinal with Codeine Capsules	Novartis	Salflex Tablets	Carrick
Rite Aid Aspirin*	Rite Aid	Fiortal with Codeine Capsules	Geneva	Salsalate Tablets	Duramed
Pamprin*	Chattem	Gelpirin Tablets	Alra	Soma Compound Tablets	Wallace
Pepto-Bismol*	Proctor and Gamble	Halfprin Tablets	Kramer	Synalgos-DC Capsules	Wyeth-Ayerst
St. Joseph*	Schering-Plough	Helidac therapy	Prometheus Labs	Talwin Compound	Sanofi-Winthop
Vanquish*	Bayer	Lortab ASA Tablets	UCB	Trilistate Liquid & Tablets	Purdue Frederick
YSP*	Carlsbad Technology	Magan Tablets	Savage		

3 Have you received the 2009-2010 seasonal influenza vaccine? If so, did you receive the nasal _____ or injection _____. How long has it been since this vaccination? _____ (days)

Yes No

Live vaccines should not be given at the same time. So, if the patient received an intranasal seasonal flu vaccination (live) or (any other live vaccine) within the past 4 weeks, or if they plan to get any live vaccine within the next 4 weeks, they should not receive the LAIV today. It is okay to give the H1N1 LAIV today if the patient has recently received the seasonal flu vaccine injection (inactivated). The injectable

	<p>seasonal injection (inactivated) and the injectable H1N1 (inactivated) can be given on the same day.</p> <p style="text-align: center;">Live vaccines that should not be given at the same time or within 4 weeks (before or after) of the LAIV vaccine are listed below:</p> <p>Measles, Mumps, Rubella (MMR) Oral polio vaccine (OPV) Varicella Smallpox Yellow fever Typhoid GBS (Tuberculosis Vaccine) Live seasonal intranasal influenza (FluMist®).</p> <p>Most vaccines are inactivated. The most common vaccines that have been questioned so far are in our immunization effort have been the following (all inactivated and not contraindications for LAIV administration): If you have any questions at all about whether the LAIV vaccine can be given today due to a recent vaccine the patient has received or a vaccine they are scheduled to receive, call a faculty preceptor now for assistance!</p> <p>Td Tdap Rabies HPV</p>		
4	<p>Do you currently feel sick or have a fever?</p> <p>If the patient has a mild cold or minor illness, then there is no need to wait to receive the vaccine. However, if the patient is moderately or severely ill; running a temperature above 99.9 degrees F; feels ill enough to seek medical care for the condition.....then the patient should postpone receiving the vaccine until they feel better.</p>	Yes	No
5	<p>Are you taking any prescription medications to prevent or treat influenza? (Amantadine, Rimantidine, Tamiflu®, Relenza®) Have you taken any antivirals in the past 48 hours?</p> <p>Recent use of antiviral medication might decrease the immune response to the vaccine. If the patient has taken a dose of an antiviral medication in the past 48 hours, the vaccine administration should be postponed. Also, the patient should be instructed not to initiate antivirals after the vaccine administration in order to allow the body to develop an immune response to the attenuated virus.</p>	Yes	No
6	<p>Have you ever had a serious reaction to the flu vaccine? Please describe: _____</p> <p>A serious reaction would be an allergic reaction characterized by a drop in blood pressure; rash; trouble breathing; shortness of breath; swelling of the tongue, throat, or face; or trouble swallowing. Fainting due to needles or fear of injections is not considered a severe reaction. Mild flu like symptoms including low fever, muscle aches and pains; fatigue; and malaise are anticipated effects and would not be considered severe adverse reactions. If the patient has ever had a severe reaction to a vaccine, especially the seasonal flu vaccine, please call a faculty preceptor now!</p>	Yes	No
7	<p>Do you have an allergy to any of the following: eggs, chicken or egg protein, gentamicin, gelatin, arginine, neomycin, polymyxin B, thimerosal,</p>	Yes	No

	<p>formaldehyde? List any allergies:_____</p> <p>If the patient has a severe allergy to eggs (rash, swelling, SOB, dyspnea, anaphylaxis, etc.) then this vaccine should not be administered. If the patient does not like eggs or does not eat eggs, this is usually not a problem. If the patient can eat egg containing foods such as cake, cookies, cornbread, etc. without an allergic reaction, then they can receive the vaccine. Also screen for other ingredients listed above. If the patient has any questions about possible allergy, has a history of allergies to foods or medications, please call a faculty preceptor now!</p>		
8	<p>Do you have a chronic health problem such as: heart disease, lung disease, asthma, kidney disease, diabetes, anemia, or other blood disorder?</p> <p>If a patient has any of these health problems, please call a faculty preceptor now to assist you!</p> <p style="text-align: center;">DIABETES</p> <p>If the patient has been diagnosed with diabetes (DM), then the LAIV should not be given, however, it is highly encouraged that they receive the injectable dosage form. Patients are bringing their medication lists. Screen for any DM medications:</p> <p style="text-align: center;">ORAL DM MEDICATIONS</p> <ul style="list-style-type: none"> • Metformin (Glucophage) • Rosiglitazone (Avandia) • Pioglitazone (Actos) • Glyburide (Micronase, Diabeta, Glynase) • Glipizide (Glucotrol) • Glimepiride (Amaryl) : • Repaglinide (Prandin) • Nateglinide (Starlix) • Acarbose (Precose) • Miglitol (Glyset) • Sitagliptin (Januvia) • Glyburide/Metformin (Glucovance) • Glipizide/Metformin (Metaglip) • Rosiglitazone/Metformin (Avandamet) • Rosiglitazone/Glimepiride (Avandaryl) • Pioglitazone/Metformin (ActosplusMet) • Pioglitazone/Glimepiride (Duetact) • Sitagliptin/Metformin (Janument) <p style="text-align: center;">INJECTABLE DM MEDICATIONS</p> <ul style="list-style-type: none"> • Exenatide (Byetta) • Pramlintide (Symlin) • Aspart (Novolog) • Lispro (Humalog) • Glulisine (Apidra) • Humulin R • Novolin R • Humulin N • Novolin N • Detemir (Levemir) • Glargine (Lantus) • 70/30 (70% NPH + 30% Regular) • 50/50 (50% NPH + 50% Regular) • Humalog Mix 75/25 • Humalog Mix 50/50 • NovoLog Mix 70/30 <p style="text-align: center;">ASTHMA</p> <p>Patients with a diagnosis of asthma; who take chronic medications for asthma (inhaled corticosteroids); or who have recurrent wheezing should not receive the live vaccine. However, these patients are in the high priority group to receive the inactivated H1N1 injectable as soon as it comes available.</p> <ul style="list-style-type: none"> ○ Influenza A (H1N1) vaccine live, intranasal, or FluMist should not be administered to any individuals with asthma or children <5 years of age with recurrent 	Yes	No

	<p>wheezing because of the potential for increased risk of wheezing post vaccination unless the potential benefits outweighs the potential risk</p> <ul style="list-style-type: none"> Do not administer Influenza A (H1N1) vaccine live, intranasal, or FluMist to individuals with severe asthma or active wheezing because these individuals have not been studied in clinical trials. <p>Also do not give if patient has liver or kidney disease, chronic anemia, or other blood disorders.</p>		
9	<p>Do you have an active neurological disease (a disease of the brain, nervous system, etc.)?</p> <p>Do not give the live vaccine to patients with certain musculoskeletal disorders that can lead to trouble breathing or trouble swallowing. Screen for history of paralysis, nerve conduction disorders, cerebral palsy, myasthenia gravis, or Guillain-Barre Syndrome (GBS). If a patient has a neurological disorder, call a faculty preceptor now for guidance. It might be acceptable to give the vaccine today to some patients with some neurological illnesses such as migraine headaches and seizures, but this must be reviewed by a faculty preceptor before the patient is cleared. Call a faculty preceptor now!</p>	Yes	No
10	<p>Do you have a history of Guillain-Barre Syndrome (GBS)?</p> <p>Do not give the vaccine to any patient who has a history of paralysis or paralytic disorder such as GBS. In 1976, an earlier version of inactivated swine flu was associated with an increased incidence of GBS. However, this has not been observed with the LAIV. Call a faculty preceptor now!</p>	Yes	No
11	<p>Has your doctor ever told you that you have an immune system disorder? Are you currently taking long-term corticosteroids (prednisone, methylprednisolone, etc.); immunosuppressants; chemotherapy; biologic immune modulating medications such as Remicaide®, Enbrel®, Humira®, etc? If you have an inflammatory condition such as arthritis, asthma, psoriasis, inflammatory intestinal disease, etc.</p> <p>Please tell the healthcare provider now.</p> <p><i>General categories of medications that are considered immunosuppressive</i></p> <ul style="list-style-type: none"> Alkylating agents Antimetabolites, or High-dose corticosteroids (≥ 2 mg/kg body weight or 20 mg/day of prednisone for ≥ 2 weeks). Other immunosuppressive medications, immune suppressing antibodies and interferons <p>SEE APPENDIX A.</p> <p>If you have any questions concerning a patient's eligibility due to immunosuppressive medications, please call a preceptor now.</p>	Yes	No
12	<p>Do you have HIV, cancer, or have you received an organ transplant?</p> <p>Patients who have HIV, Cancer, or who have received an organ transplant are</p>	Yes	No

	immunosuppressed and should not receive the LAIV nasal vaccine. Most are candidates for the inactivated virus (unless they have a vaccine allergy, etc.).		
13	<p>Do you live with, care for, or have close contact with anyone who is severely immunocompromised or someone who has to be in protective environment (such as transplant patients)?</p> <p>The live nasal vaccine deposits in the nose and there is virus shedding for 3 to 7 days after the dose. The virus can shed when the patient coughs, sneezes, etc., so they should cover their cough and use tissues. If patients who receive LAIV come in contact with a severely immunocompromised patient, then the immunocompromised individual could become seriously ill. Therefore, do not give the live vaccine to caretakers or contacts of these individuals.</p> <p>After receiving the live vaccine, patients should avoid visiting hospitals, nursing homes, organ transplant units, dialysis units, critical care units, high risk nurseries, and special care nurseries for 7 days. Also, they should avoid any friends or family who are severely immunocompromised such as patients who are post organ transplant, on chemotherapy, receiving radiation therapy, etc.</p> <p>The most common question that we are receiving is "I know someone who takes an immunosuppressive drug such as Remicaide, Enbrel, Humira, high dose steroids, chemotherapy, etc. Should I not receive this medication if there is a chance I will see this person over the next week." Generally, this is not a contraindication to receiving the vaccine. Casual contact with someone who is on an immunosuppressive is not a problem (like going to class, attending social functions, riding in a car, etc.). However, if someone lives for or routinely cares for a patient who takes one of these medications, then they might choose to wait to receive the injectable dosage form to err on the side of caution.</p>	Yes	No
14	<p>Have you received any vaccines in the past 30 days or do you plan to receive any vaccines in the next 4 weeks?</p> <p>Screen for any live vaccines. The LAIV should not be given within 4 weeks of another live vaccine. (See Above in number 3 for more detailed information). Provide patient counseling on this issue.</p>	Yes	No
15	<p>Is there any chance that you are currently pregnant?</p> <p>Live vaccine is contraindicated in pregnancy. Vaccination is recommended with the injectable, inactivated vaccine. If there is any question about pregnancy, the vaccination with the live vaccine should be postponed until the patient's pregnancy status is confirmed (pregnancy is ruled out).</p>	Yes	No
16	<p>Please list all of the medications that you currently take for any disease state (so the healthcare provider administering the vaccine can conduct a medication screening to ensure you are a candidate)?</p> <p>Screen for DM medications, asthma medications, immunosuppressants, etc. as outlined above. Please take note if the patient is taking a beta blocker because if an allergic / anaphylactic reaction developed post immunization, a higher dose of epinephrine is required in patients who take beta blockers.</p>		

"I have read (or have had explained to me) the information in the 2009 H1N1 Influenza Monovalent Information Statement (VIS). I have also had an opportunity to ask questions and they were answered to my satisfaction. I understand the benefits and risks of the influenza vaccine, and I consent to receive the vaccine. I have also been provided a copy of the Auburn University Pharmaceutical Care Center (AUPCC) privacy policy for my review before vaccine administration and offered a copy for my records."

Signature _____ Date: _____

Make sure the patient has read the VIS and the Privacy Statement and been offered a copy for their personal records. Make sure the patient has printed his or her name above, and then signs and dates the consent form.

ASSESSMENT BY IMMUNIZATION CERTIFIED HEALTHCARE PROVIDER:

Give <u>injectable</u> H1N1 flu vaccine today	Vaccine Information Statement (VIS) Provided: _____ Inactivated, H1N1 Influenza Monovalent Vaccine _____ Live, H1N1 Influenza Monovalent Vaccine	
Give <u>intranasal</u> Live H1N1 flu vaccine today		
Do NOT give either H1N1 vaccine today Mark one of these 3 boxes for your clinical assessment of if the patient should receive the H1N1 LAIV today.	<i>Interviewer's Signature:</i> Clinical screener must sign and date after reviewing each question with the patient and verifying eligibility to receive the LAIV vaccine.	Date

DOCUMENTATION OF VACCINE ADMINISTRATION

Live Intranasal H1N1 Influenza (MedImmune) NDC# 66019-200-10 Lot #: 500757 Expiration Date: January 25, 2010 Dose: 0.2 ml Route: Intranasal Check lot number of dose administered and match to the form used. This will be important if a recall of a specific lot is issued. We must know which lot each patient received.	Inactivated H1N1 Influenza: Manufacturer: (circle) Sanofi-Pasteur Novartis CSL NDC# _____ Lot#: _____ Exp Date: _____ Dose: 0.5 ml Route: IM Site: Left/ Right Deltoid	
Administered By: _____ Be sure to print name of immunizer, sign, and date. Date: _____	Preceptor: If a student, have your clinical preceptor co-sign.	

APPENDIX A

General categories of medications that are considered immunosuppressive

- Alkylating agents
- Antimetabolites, or
- High-dose corticosteroids (≥ 2 mg/kg body weight or 20 mg/day of prednisone for ≥ 2 weeks).
- Other immunosuppressive medications, immune suppressing antibodies and interferons

Immunosuppressive Agents			
GENERIC DRUG	BRAND NAME DRUG	CATEGORY	*EQUIVALENCY NUMBER TO PREDNISONE
Abacavir	Ziagen®	T	
Abacavir/Lamivudine	Epzicom	T	
Abacavir/Lamivudine/ Zidovudine	Trizivir	T	
Abciximab	ReoPro®	M	
Adalimumab	Humira	DMARD	
Aldesleukin	Interleukin 2®	A	
Altretamine	Hexalen	A	
Aminoglutethimide	Cytadren	A	
Amprenavir	Agenerase®	T	
Anakinra	Kineret®	D	
Anastrozole	Arimidex	A	
Asparaginase	Elspar®	A	
Atazanavir	Reyataz	T	
Azathioprine	Imuran®	I	
Basiliximab	Simulect®	M	
Betamethasone	Celestone®	C	0.12
Betamethasone	Valisone®	C	0.12
Bleomycin	Blenoxane®	A	
Busulfan	Myleran®	A	
Capecitabine	Xeloda	A	
Carboplatin	Paraplatin®	A	
Carmustine	BiCNU® (BCNU)	A	
Chlorambucil	Leukeran®	A	
Cidofovir	Vistide®	T	
Cisplatin	cis-diamminedichloroplatinum II	A	

	[cDDP]		
Cisplatin	Platinol®	A	
Cladribine	Leustatin®	A	
Cortisone	Cortone®	C	5
Cyclophosphamide	CTX	A	
Cyclophosphamide	Cytoxan®	A	
Cyclophosphamide	Neosar	A	
Cyclosporine	Neoral®	I	
Cyclosporine	Sandimmune®	I	
Cytarabine	ara-C	A	
Cytarabine	Cytosar-U®	A	
Cytarabine	DepoCyt	A	
Dacarbazine	DTIC-Dome®	A	
Dacarbazine	Imidazole Carboxamide	A	
Daclizumab	Zenopax	M	
Dactinomycin	Cosmegen®	A	
Darunavir	Prezista	T	
Daunorubicin	Cerubidine®	A	
Daunorubicin	Daunomycin	A	
Daunorubicin	Daunoxome®	A	
Daunorubicin	Rubidomycin	A	
Delavirdine	Rescriptor®	T	
Denileukin diftitox	Ontak	A	
Dexamethasone	Decadron®	C	
Didanosine	Videx®	T	
Docetaxel	Taxotere	A	
Doxorubicin	Adriamycin	A	
Doxorubicin	Doxil®	A	
Doxorubicin	Hydroxydaunorubicin	A	
Doxorubicin	Rubex	A	
Efavirenz	Sustiva®	T	
Efavirenz/Emtricitabine/ Tenofovir	Atripla	T	
Emtricitabine	Emtriva	T	
Emtricitabine/Tenofovir	Truvada	T	
Enfuvirtide	Fuzeon	T	
Epirubicin	Ellence	A	

Estramustine	Emcyt	A	
Etanercept	Enbrel®	D	
Etoposide	Etopophos®	A	
Etoposide	VePesid®	A	
Etravirine	Intelence	T	
Exemestane	Aromasin	A	
Floxuridine	Fluorodeoxyuridine	A	
Floxuridine	FUDR®	A	4
Fludarabine	FAMP	A	4
Fludarabine	Fludara®	A	4
Fluorouracil	5-FU®	A	
Fluorouracil	Adrucil	A/Derm	4
Fluorouracil	Efudex®	A/Derm	
Flutamide	Eulexin®	A	
Fosamprenavir	Lexiva	T	
Gemcitabine	Gemzar	A	
Gemtuzumab ozogamicin	Mylotarg	AI	
Hydrocortisone	Cortef®	C	
Hydrocortisone	Hydrocortone®	C	
Hydroxychloroquine	Plaquenil®	T	
Hydroxyurea	Hydrea®	A	
Idarubicin	Idamycin	A	
Ifosphamide	Ifex®	A	
Indinavir	Crixivan®	T	
Infliximab	Remicade®	M	
Interferon alfa-2a	Roferon-A®	A	
Interferon alfa-2b	Intron-A®	A	
Interferon beta-1a	Avonex®	AV	
Interferon beta-1b	Betaseron®	AV	
Interferon gamma-1b	Actimmune®	A	
Interleukin-2	Aldesleukin	AI	
Interleukin-2	Proleukin	AI	
Irinotecan	Camptosar	A	
Isotretinoin	Accutane	Aderm	
Lamivudine	Epivir®	T	
Lamivudine & Zidovudine	Combivir®	T	

Leflunomide	Arava®	D	
Letrozole	Femara	A	
Leuprolide	Lupron®	A	
Lomustine	CeeNu® (CCNU)	A	
Lopinavir/Ritonavir	Kaletra	T	
Maraviroc	Selzentry	T	
Mechlorethamine HCl	Mustargen®	A	
Mechlorethamine HCl	Nitrogen Mustard	A	
Megestrol	Megace®	A	
Melphalan	Alkeran®	A	0.8
Melphalan	L-Phenylalanine Mustard	A	
Melphalan	L-Sarcosine	A	
Mercaptopurine	Purinethol®	A	
Methotrexate	Amethopterin	A	
Methotrexate	Mexate	A	
Methotrexate	Rheumatrex®	D	
Methotrexate	Trexall™	D	
Methylprednisolone	Medrol®	C	
Mitomycin	Mutamycin®	A	
Mitotane	Lysodren®	A	
Mitoxantrone	Dihydroxyanthracenedione	A	
Mitoxantrone	Novantrone	A	
Muromonab-CD3	Orthoclone-OKT3	M	
Mycophenolate	Cellsept®	I	
Nelfinavir	Viracept®	T	
Nevirapine	Viramune®	T	
Paclitaxel	Taxol®	A	
Pegaspargase	Oncaspar®	A	1
Peginterferon alfa- 2a	Pegasys	AV	
Peginterferon alfa -2b	Pegintron	AV	
Penicillamine	Cuprimine®	D	1
Pentostatin	Nipent®	A	1
Pimecrolimus	Elidel	Derm	
Pipobroman	Vercyte®	A	1
Plicamycin	Mithracin®	A	1
Prednisolone	Pediapred®	C	1
Prednisolone	Prelone®	C	

Prednisone	DeltaCortef®	C	
Prednisone	Deltasone®	C	
Prednisone	Meticorten®	C	
Prednisone	Sterapred®	C	
Priliximab	Centara	M	
Procarbazine	Matulane®	A	
Procarbazine	Natulanar	A	
Procarbazine	N-Methylhydrazine	A	
Raltegravir	Isentress	T	
Ritonavir	Norvir®	T	
Rituximab	Rituxan	AI	
Saquinavir	Fortovase®	T	
Saquinavir	Invirase®	T	
Sargramostim	Leukine	I	
Sargramostim	Leukomax	I	
Stavudine	Zerit®	T	
Streptozocin	Zanosar®	A	
Tacrolimus	Prograf®	I	
Temozolomide	Temodar	A	
Teniposide	VM-26®	A	
Teniposide	Vumon®	A	
Tenofovir	Viread	T	
Testolactone	Teslac®	A	
Thioguanine	6-TG®	A	
Thioguanine	Aminopurine-6-Thiol-Hemihydrate	A	
Thioguanine	Lavis	A	0.8
Thioguanine	Tabloid	A	
Thiotepa	TESPA (TSPA)	A	
Thiotepa	Thioplex®	A	
Thiotepa	Triethylenethiophosphoramidate	A	
Tipranavir	Aptivus		
Trastuzumab	Herceptin	AI	
Tretinoin	All-Trans Retinoic Acid	A	
Tretinoin	Vesanoid	A	
Triamcinolone	Kenalog®	C	
Uracil mustard	Uracil Mustard	A	
Valrubicin	Valstar®	A	

Vinblastine	Velban®	A	
Vinblastine	Velsar	A	
Vincristine	Oncovin®	A	
Vinorelbine	Navelbine®	A	
Zalcitabine	Hivid®	T	
Zidovudine	AZT®	T	
Zidovudine	Retrovir®	T	

KEY

A = Antineoplastic Agent

AV = Antiviral Agent

C = Corticosteroid

D = DMARD (Disease Modifying Anti-Rheumatic Drug)

I = Immunosuppressive

M = Monoclonal Antibody Drug

T = treats immunosuppressive diseases or used for them prophylactically

Derm = Dermatologic use

*Equivalency Number To Prednisone = represents a number which when divided into the dose of a similar drug will yield a dose that is approximately equal to the prednisone dosage.

http://www.bt.cdc.gov/agent/smallpox/vaccination/immuno_suppress_meds.asp