



Force Health Protection Prescription Products (FHPPP)

Mass Distribution and Return

Capt Katelyn Zeringue
23 Jun 20



Attendance Code

To obtain CPE credit for this activity, you are required to actively participate in this session. You will need this attendance code in order to access the evaluation and CPE form for this activity. Your CPE must be filed by **September 23, 2020, at 1700 EST** in order to receive credit.



CPE Information and Disclosures

Capt Katelyn Zeringue: “declare(s) no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.” or declare disclosures.



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CPE Information

Target Audience: Pharmacists and Pharmacy Technicians

ACPE#: 0575-0000-20-091-L04-P

0575-0000-20-091-L04-T

Activity Type: Knowledge



Learning Objectives

- Identify Force Health Protection Prescription Products (FHPPP) items and why they are distributed
- Recognize when the FHPPP items are to be distributed and what the initial steps are
- Define who should be receiving and distributing
- Recall where would be the best places for distribution
- Describe the process on how to get the items distributed



Questions

1. The following medication is considered a Force Health Protection Prescription Products (FHPPP) item
 - a) Potassium Iodide
 - b) Primaquine
 - c) Doxycycline
 - d) All of the above

2. How long are pyridostigmine tablets good for out of refrigeration?
 - a) 1 year
 - b) 3 months
 - c) 6 months
 - d) Manufacture Expiration Date

3. What nerve agent is P-Tabs useful against?
 - a) Soman
 - b) Sarin
 - c) Chlorine Gas
 - d) Soman and Sarin



FHPPP Description and Requirements (What)

- FHPPP include medications, vaccines, and other medical products useful for protecting the health of deployed personnel.
 - ATNAA (Antidote Treatment - Nerve Agent, Auto-Injector)
 - Atropine and pralidoxime chloride)
 - CANA (Convulsant Antidote for Nerve Agent)
 - Diazepam autoinjectors
 - P-Tabs (Pyridostigmine bromide)
 - RSDL (Reactive Skin Decontamination Lotion)
 - Antimicrobials
 - Antimalarials



FHPPP Requirements (What)

- All FHPPP shall be issued under prescription by qualified personnel who have been instructed on the exclusion criteria and other medical guidance applicable to the products
- The medical record and CHCS drug file of all patients issued FHPPP will be documented with the drug name, strength, quantity, directions and name of ordering provider.



Deployment Requirements - INDOPACOM

Accessed on Air Force Reporting Instructions Tool

- Select a COCOM
 - INDOPACOM
 - USINDOPACOM FY19 Force Health Protection Guidance





Deployment Requirements - INDOPACOM

6.F. (U) IAW REF (G), ROTATIONAL AND DEPLOYED FORCES AND INDIVIDUALS TRAVELING OR DEPLOYING TO THE REPUBLIC OF KOREA FOR 30 DAYS OR GREATER ARE REQUIRED TO BRING AND MAINTAIN APPROPRIATE MEDICAL COUNTERMEASURES SUCH AS CHEMICAL WARFARE ANTIDOTES AND ANTI-MICROBIAL PROPHYLAXIS/POST-EXPOSURE MEDICINES. FOR ALL OTHER LOCATIONS, THERE IS NO INDICATION FOR THE USE OF MEDICAL COUNTER DEFENSE MEASURES FOR CHEMICAL, BIOLOGICAL, RADIOLOGICAL, NUCLEAR AND EXPLOSIVES (CBRNE) THREATS, BUT THE RISK AND NEED SHOULD BE CONTINUALLY ASSESSED.



Deployment Requirements - INDOPACOM

6.A. (U) MALARIA CHEMOPROPHYLAXIS. MALARONE OR DOXYCYCLINE ARE THE DRUGS OF CHOICE; WITH THE EXCEPTION OF KOREA WHERE CHLOROQUINE IS APPROPRIATE AGAINST VIVAX MALARIA IN THE DEMILITARIZED ZONE (DMZ), BUT ONLY WHEN MALARIA RISK IS DETERMINED ELEVATED BY SPECIFIC MEDICAL AUTHORITIES, SEE REF (G). PROVIDER GUIDANCE SHOULD DETERMINE INDIVIDUAL DRUG SELECTION FOR EACH SERVICE MEMBER PER REF (Q). FOR CURRENT RECOMMENDATIONS FOR THE SPECIFIC COUNTRY/REGION OF INTEREST, CONSULT MALARIA RESOURCES FROM REFS (H-J) TO INCLUDE [HTTPS\(DOUBLE SLASH\)WWW.NCMI.DETRICK.ARMY.MIL/DOCUMENT.PHP?ID=99003](https://www.ncmi.detrick.army.mil/document.php?id=99003).





Deployment Requirements - CENTCOM

Accessed on Air Force Reporting Instructions Tool

- **Select your COCOM**
 - CENTCOM
 - General Policies
 - AFCENT Medical Pre-deployment Requirements





Deployment Requirements - CENTCOM

BW/CW Antidotes

- **Pre-positioned at AFCENT bed down locations:** Al Dhafra; Al Jaber; Al Udeid; Ali Al Salem; Bagram; Kandahar.
- Personnel must hand-carry antidotes to any site NOT listed above. **JET/IA** Airmen or Airmen supporting Army units must hand carry kits regardless of location. Prescribe each person (or bulk ship with troop commander) from home station:
 - Three Antidote Treatment Nerve Agent Auto-injectors (ATNAA);
 - One Diazepam (CANA) Auto-injector;
 - Six Ciprofloxacin 500mg tablets - or - Doxycycline 100mg tablets;
 - Forty-two Pyridostigmine Bromide (SNAPP) tablets;
 - Fourteen Potassium Iodide 130mg tablets;
 - One Reactive Skin Decontamination Lotion (RSDL) pouch (three packets).



FHPPP Medication Examples for Exercises



SIMULATED PYRIDOSTIGMINE BROMIDE Tablets 30mg

This simulates an initial issue of 42 P-Tabs.*
Take 1 tablet every 8 hours when Command directed. Do not take after exposure to nerve agents.
Pyridostigmine is taken before exposure to nerve agents. If exposed to nerve agent and have symptoms, you must use your nerve agent antidotes (ATNAA).



*The number of days are simulated for the duration of exercise only.

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
Initial Dose				
Date _____	Date _____	Date _____	Date _____	Date _____
Dose 1 _____	Dose 1 _____	Dose 1 _____	Dose 1 _____	Dose 1 _____
Dose 2 _____	Dose 2 _____	Dose 2 _____	Dose 2 _____	Dose 2 _____
Dose 3 _____	Dose 3 _____	Dose 3 _____	Dose 3 _____	Dose 3 _____
DAY 6	DAY 7	DAY 8	DAY 9	DAY 10
Date _____	Date _____	Date _____	Date _____	Date _____
Dose 1 _____	Dose 1 _____	Dose 1 _____	Dose 1 _____	Dose 1 _____
Dose 2 _____	Dose 2 _____	Dose 2 _____	Dose 2 _____	Dose 2 _____
Dose 3 _____	Dose 3 _____	Dose 3 _____	Dose 3 _____	Dose 3 _____

PYRIDOSTIGMINE BROMIDE ORAL TABLETS

How to use: Pretreatment for Soman nerve gas exposure (military use)

Oral: 30 mg every 8 hours beginning several hours prior to exposure; discontinue at first sign of nerve agent exposure, then begin atropine and pralidoxime (ATNAA pen)

What are some side effects of this drug?

- Upset stomach or throwing up. Many small meals, good mouth care, sucking hard, sugar-free candy, or chewing sugar-free gum may help.
- Belly pain.
- Loose stools (diarrhea).

When is it not safe to use this drug?

- If you have an allergy to pyridostigmine or any other part of this drug.
- Tell your doctor if you are allergic to any drugs. Make sure to tell about the allergy and what signs you had. This includes telling about rash; hives; itching; shortness of breath; wheezing; cough; swelling of face, lips, tongue, or throat; or any other signs.
- If you have bowel block or trouble passing urine.

Are there any precautions when using this drug?

- If you have seizures, talk with your doctor.
- If you have a slow heartbeat, talk with your doctor.



SIMULATED
Antidote Treatment Nerve Agent Auto-Injector
(ATNAA)/Diazepam

ATNAA INJECTIONS

**SEE BACK SIDE OF THE CARD FOR SYMPTOMS
AND PROPER USAGE**

1st DOSE
Date/Time

2nd DOSE
Date/Time

3rd DOSE
Date/Time

()

()

()

DIAZEPAM

This card simulates the distribution of one diazepam auto injector.

It is to be used when there is a presence of severe nerve agent poisoning symptoms, and all three sets of ATNAA have been administered. It is used to prevent convulsions. Do not use your injector on somebody else. The diazepam is for buddy care:

1. Remove the grey safety cap. Do not touch the black tip of the injector until you are ready to inject.
2. Place the black end of the injector against the mid-outer portion of the thigh. Push hard against the thigh. Inject through clothing.
3. Wait 10 seconds. Then remove needle with a quick pull.

Date Used: _____ Time: _____

Buddy-Care List with Severe Symptoms
-Determine if any ATNAAs have already been used
-Administer all 3 ATNAAs followed by the CANA injector to prevent convulsions. Do not wait between administering ATNAA kits. In cold weather, store kits in an inside clothing pocket to protect the antidote from freezing.
WARNING: DO NOT USE MORE THAN 3 ATNAAs. THE CANA IS TO BE USED WHEN ALL THREE ATNAAs HAVE BEEN ADMINISTERED. NEVER USE YOUR INJECTORS ON SOMEBODY ELSE!
- Severe symptoms:
- Severe symptoms from the Self-Aid list
- Strange or confused behavior
- Pinpoint pupils
- Red, watery eyes
- Very weak feeling
- Loss of bladder or bowel control
- Seizures (fits)
- Unconsciousness
- Not breathing
-Hook the used ATNAAs to your buddy's front or sleeve pocket of outermost upper body piece of IPE

Self-Aid List

- Put on protective mask and hood
- If you have any of the following symptoms, Inject yourself with one (1) ATNAA right away.
 - runny nose
 - headache
 - drooling
 - vision problems
 - tight feeling
 - breathing problems
 - wheezing or coughing
 - sweating
 - muscle twitching
 - stomach cramps
 - nausea or vomiting
 - heart rate changes from fast to slow

WARNING: IF WITHIN 5-10 MINUTES AFTER ADMINISTRATION, YOUR HEART BEATS VERY QUICKLY AND YOUR MOUTH BECOMES DRY, DO NOT INJECT A SECOND ATNAA
-If mild symptoms persist after 10-15 minutes, administer a second ATNAA
-Seek medical help

How to use the Antidote Treatment Nerve Agent Auto-Injector
(Delivers 2.1mg atropine and 600mg pralidoxime chloride)

1 Pull gray safety cap off of the injector. Do not touch the green end.

2 Gather clothing away from the injection site (the meaty part of the thigh). Push the injector firmly against the thigh.

3 Hold in place for 10 seconds.

4 Bend needle into a hook by pushing it against a hard surface.

5 Hook bent needle onto pocket flap.



Activation and Initial Steps (When)

Activation

- Will not occur until activated by CAT-D (Crisis Action Team – Directive) Order
- CAT-D orders should be pre-developed by pharmacy

Initial Steps

- MCC will inform pharmacy team that FHPPP distribution has been directed



CAT-D Message Example ****IMPORTANT****

CAT-D for Initial FHPPP pick-up (Chemical Warfare)

1. (U//FOUO) Pick up chemical warfare Force Health Protection Prescription Products (FHPPP) (ATNAA & Diazepam Injectors, Pyridostigmine P-Tabs, Reactive Skin Decontamination Lotion) from Bldg. #777 (DSN 784-2833). **If medically appropriate, biological warfare FHPPP (ciprofloxacin/doxycycline) will be issued at a later date/time.**
2. (U//FOUO) Identify the name(s) of the member(s) that will picking up FHPPP through your UCC representatives. UCCs report names to EOC representatives in CENTRIXS-K FHPPP chatroom. FHPPP will not be issued to unauthorized individuals, and CAC will be required for identification. If units are unable to send names through to the MCC an MFR signed by their commander can authorize the appointed members to pick up their units FHPPP. An alpha roster for the squadron should be provided by the UCC representative to be turned into the pharmacy at the time of pick up.



CAT-D Message Example ****IMPORTANT****

CAT-D for Initial FHPPP pick-up (Chemical Warfare)

3. (U//FOUO) Units with more than 50 members are advised to bring a flatbed truck for pick-up. Footprint of FHPPP for 50 members is 20”L x 24”H x 24”W. Units with 300 members will have one tri-wall to transport. The tri-wall dimensions are 40”L x 46”H x 48”W, and each tri-wall weighs 200-300 pounds. Two tri-walls will fit in the back of a bongo truck.
4. (U//FOUO) Report completion to your UCC representatives. UCCs report completion to EOC representatives through CENTRIXS-K FHPPP chatroom.



Activation and Initial Steps (Who)

- Identify the name(s) of the member(s) that will picking up FHPPP through UCC representatives.
- UCCs report names to EOC representatives in CENTRIXS-K FHPPP chatroom. FHPPP will not be issued to unauthorized individuals, and CAC will be required for identification.
- If units are unable to send names through to the MCC an MFR signed by their commander can authorize the appointed members to pick up their units FHPPP using an alpha roster.



Sample MFR



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS 51ST FIGHTER WING (PACAF)
UNIT 2067
APO AP 96278-2067



MEMORANDUM FOR 51MDSS/SGSA

FROM: 25 FS/CC

SUBJECT: Authorization to receive BWCW from the Pharmacy

- Force Health Protection Prescription Product (FHPPP), such as the Biological/Chemical Warfare (BW/CW) antidotes, are pharmaceuticals that are issued to each member to counter the adverse effects of biological/chemical agents.
- I AW DODI 6490.03, Deployment Health, and AFI 44-102, Medical Care Management, FHPPP antidotes are prescribed by the senior physician of the base Medical Treatment Facility (MTF) or the Surgeon, and dispensed by the pharmacy for issuance to the service member through the unit's appointed personnel below. The issuing pharmacy then documents the FHPPP issue in the service member's medical record, as identified in the unit's alpha roster.
- The following individuals are the only members authorized to pick up BW/CW antidotes for __ personnel in 25 FS/CC

PRIMARY (2 names-1 for each shift)

Rank/Name	DEROS	DUTY PHONE
Capt/Skywalker	June 2020	777-7785
Col/Vader	June 2020	777-7785

- I understand that my unit alpha roster (which includes member's names, dates of birth and last four of SSAN) must be presented with this memo. The number of personnel in my unit, as shown in the alpha roster, is the number of BW/CW antidotes my unit will receive.
- If you have any questions, please contact my POC RANK/NAME at 784-0203.
- I understand that my designee can contact the MTF POC in the Pharmacy regarding this matter at 784-2185
- This letter supersedes all previous letters, same subject.

NAME, RANK, USAF
Commander



Distribution (How)

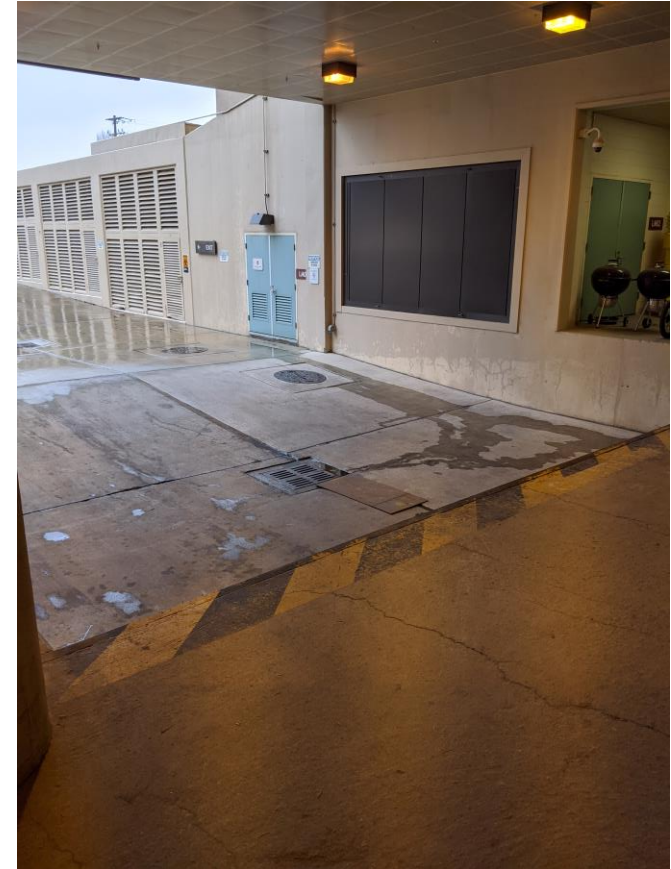
- Currently at Osan AB BW/CW are kept on wire racks and not in the usual triwalls
 - SLEP and inventory ease
- Pharmacy and logistics personnel will rearrange movable wire racks to increase accessibility and move P-tabs from fridge
- Unit representatives will sign for FHPPP on locally created tracker





Distribution (How)

- If primary logistics building is open, unit representatives will be directed to pull their vehicle directly to the logistics loading dock. If buildings are locked down, unit representatives will be directed into the facility and to the logistics warehouse.
- Keep in mind the extra manpower that may be needed due to weight of full battle rattle and gear. (Logistics)





Transport Requirements

- CAT-D should advise units on appropriate vehicles for pick-up
- Units with more than 50 members are advised to bring a flatbed truck for pick-up.
- Footprint of FHPPP for 50 members is 20”L x 24”H x 24”W.
- Units with 300 members will have one tri-wall to transport.
- The tri-wall dimensions are 40”L x 46”H x 48”W, and each tri-wall weighs 200-300 pounds.
- Report completion to your UCC representatives. UCCs report completion to EOC representatives through CENTRIXS-K FHPPP chatroom.





Mass Units Member Distribution

1. Personnel involved: Pharmacy team, logistics team, CAT, EOC, MCC, PACOM leadership
2. Time estimation: 24 hours (distribution to day and night shifts)
3. PACOM SG will issue a blanket prescription for BW/CW for all AD personnel per HA Policy 03-007
 - (NOTE: AFI 41-209 only requires physician prescription; PACOM SG prescription may be unrealistic considering demands of COCOM during contingency)
4. CAT-D will direct units to pick up kits and then distribute BW/CW kits to their members and return notated alpha roster to MCC
5. Pharmacy team will request names of authorized personnel from the MCC
6. Unit representative arrive to designated pick-up point
7. If unit representative is not on the authorized list, and cannot produce an authorization letter the pharmacy team will request the MCC contact the unit through the EOC to verify member's authorization



Mass Units Member Distribution

8. Pharmacy will verify their identity (CAC) and provide an educational briefing on member distribution
9. Units will distribute to members and provide patient education. (AFI 41-209)
10. Unit representatives will utilize an alpha roster to record when members receive BW/CW kits. This roster will be turned in to the pharmacy team (through UCC – EOC – MCC) for documentation in the medical record.
11. If alpha roster not received, pharmacy team will utilize the rosters requested from FSS at the beginning of contingency to annotate patient records
12. Units will confirm distribution through the FHPPP chatroom or other means if comm out
13. Pharmacy team will annotate medications in the patient record using the BPE (Batch Prescription Entry) function in CHCS (**Slideshow available**)



Kit Returns

- Once the threat of BW/CW has diminished and the CAT directs return of kits, units will collect unused BW/CW kits from their members
- Collection of the FHPPP in bulk will be done at the squadron/group level and inventoried
- An accurate count of each item is required and will be verified upon return
- Units will return FHPPP kits to the Medical Logistics loading dock where they were issued
- Once counts have been verified with Medical Logistics the BW/CW will be signed over to transfer ownership of the items
- Medical Logistics will process returns in the Defense Medical Logistics Standard Support (DMLSS) system and then conduct appropriate destructions



What about Biological Warfare?

WHY NOT CIPRO?

- FHPPP are modified to meet the threats that are being faced, it does not have to be all items (BW, CW, Radioactive, or malaria, etc.)
- Biological products are not very effective at disabling a force thanks to current antidotes, antibiotics, and vaccinations
- Threat of biological warfare is most likely pre/post-contingency, but very low overall
- Incubation period of biological agents is often a week or longer, so immediate prophylaxis is not required

Addition of ciprofloxacin to FHPPP will:

- Increase prep time by 15-20 hours to allow for counting of ciprofloxacin/doxycycline (#60 per person)
- Increase time for unit distribution due to allergy checks required for each patient



What about Biological Warfare?

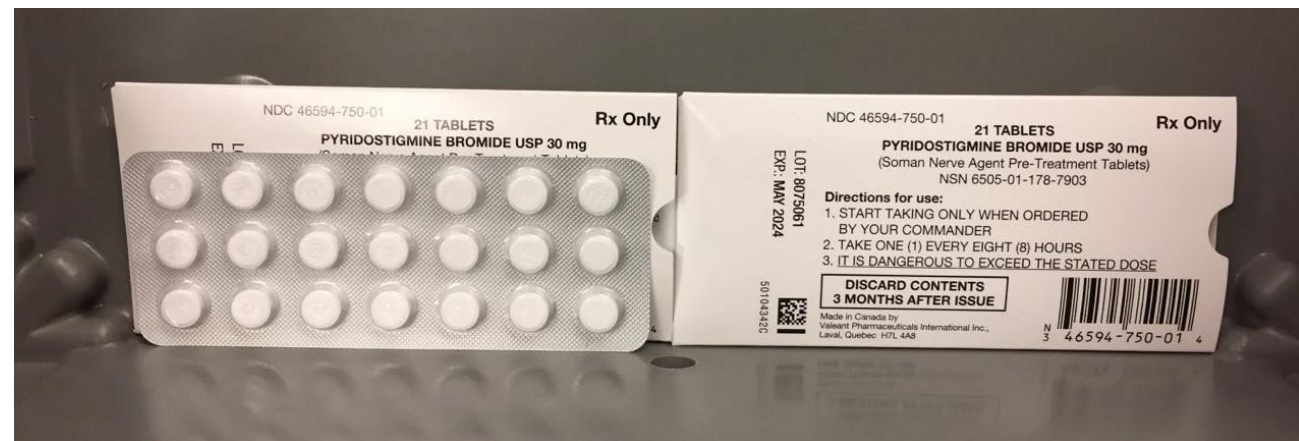
Distribution Plan

- Pre/post-contingency: Set up POD consistent with the DCP
- During contingency: Targeted distribution
 - Start distribution at site where contamination most likely or identified
 - Continue distribution based on contaminated locations and mission-essential considerations



Pre-treatment...Harmful or Beneficial?

- The labeled use for Pyridostigmine Bromide tablets is indicated for pre-treatment before exposure to the organophosphorus nerve agent, Soman ONLY.
- After review by the Department of the Army Surgeon General and agreement from the FDA on 23 May 2017 utilizing Pyridostigmine Bromide in any circumstance concerning the threat of exposure to a chemical nerve agent is recommended and an on-label indication.
 - There is currently no detection capability that can accurately dismiss the threat of specifically Soman among other chemical nerve agents.





Are P Tabs stable outside of refrigeration?

- A/O 5 Feb 2019 - The FDA approved the Department of the Army Surgeon General's Supplemental New Drug Application that requested a change in storage conditions for Pyridostigmine Bromide tablets utilized for operational use.

Change in Storage Conditions
(2°C - 8°C) → (20°C - 25°C)



Helpful Hints

- **Use the scale to weigh the papers**
- **Order from a paper company**
- **See if logistics want to move the supplies onto the movable wire racks**
- **Suggest to GCCs to announce when people need take their prophylactic treatment (All mark at the same time)**



Key Points

- Identify Force Health Protection Prescription Products (FHPPP) items and why they are distributed
- Recognize when the FHPPP items are to be distributed and what the initial steps are
- Define who should be receiving and distributing
- Recall where would be the best places for distribution
- Describe the process on how to get the items distributed



Questions

1. The following medication is considered a Force Health Protection Prescription Products (FHPPP) item
 - a) Potassium Iodide
 - b) Primaquine
 - c) Doxycycline
 - d) **All of the above**

2. How long are pyridostigmine tablets good for out of refrigeration?
 - a) 1 year
 - b) 3 months
 - c) 6 months
 - d) **Manufacture Expiration Date**

3. What nerve agent is P-Tabs useful against?
 - a) **Soman**
 - b) Sarin
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