Deployment Guidance for Clinical Pharmacists: Case Studies

MAJ Travis E. Whiteside

PharmD, MBA, BCPS 44th Medical Brigade Fort Liberty, NC





Disclosures

Travis E. Whiteside 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.

The views expressed herein are those of the presenter and do not necessarily reflect the official policy of the Department of the Army, Defense Health Agency, Department of Defense, nor the US Government.





Learning Objectives

- Review the undetected deployment limiting medical conditions (DLMC) medical readiness dilemma.
- Explore Individual Medical Readiness (IMR), Geographic Combatant Commands (GCC) deployment medical eligibility, and the Deployed Prescription Program (DPP).
- Apply existing data tools to proactively address undetected DLMCs.





Questions

- a. Which of the following is NOT a medical readiness platform used to track individual medical readiness?
 - a. Aeromedical Services Information Management System
 - b. Medical Readiness Reporting System
 - c. Readiness Health System Platform
- b. What is the Department of Defense's medical readiness goal?
 - a. 95%
 - b. 80%
 - c. 90%
- c. Which CarePoint content can be used to build filters to generate reports to identify potentially undressed deployment limiting medical conditions?
 - ORION Trauma Tracker
 - b. Military Health System Patient Health Portal
 - c. Referral Management Suite



23%

Observed: 80%



The Department of Defense is overestimating its ability to project force due to undetected Deployment Limiting Medical Conditions







Clinical Pharmacists can help address the unmet need of undetected Deployment Limiting Medical Conditions if we understand deployment medical eligibility criteria, leverage data analytics, and integrate with Readiness Providers.

Deployment Limiting Medical Conditions (DLMC)

Deployment Limiting Health Conditions Deployment Limiting Medications (DLHC) (DLM) Behavioral health conditions (depression, **Hypnotics** anxiety, insomnia, ADHD, etc.) Stimulants Respiratory conditions (Obstructive Sleep Apnea Pain (gabapentinoids, opioids, etc.) (OSA), asthma, etc.) Immunosuppressants/ Immunomodulators Migraines Androgens Endocrine disorders (hypothyroidism, diabetes, Injectables Temperature Controlled hypogonadism, etc.) Hypertension Hyperlipidemia



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Medical Readiness

Medical Readiness Programs:

- o DoDI 6025.19: Individual Medical Readiness (IMR) Program
 - IMR Medical Monitoring Requirements
 - IMR Categories: Deployable, Deployable with Limitations, Temporary Non-Deployable, & Permanent Non-Deployable
- Military Services;
 - Air-Force: Aeromedical Services Information Management System (ASIMS)
 - Army: Medical Protection System (MEDPROS)
 - Navy: Medical Readiness Reporting System (MRRS)
- Delivery of Care: Defense Health Agency (DHA)

Medical Deployment Eligibility:

- DoDI 6490.07: Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees
- Geographic Combatant Command (GCC)





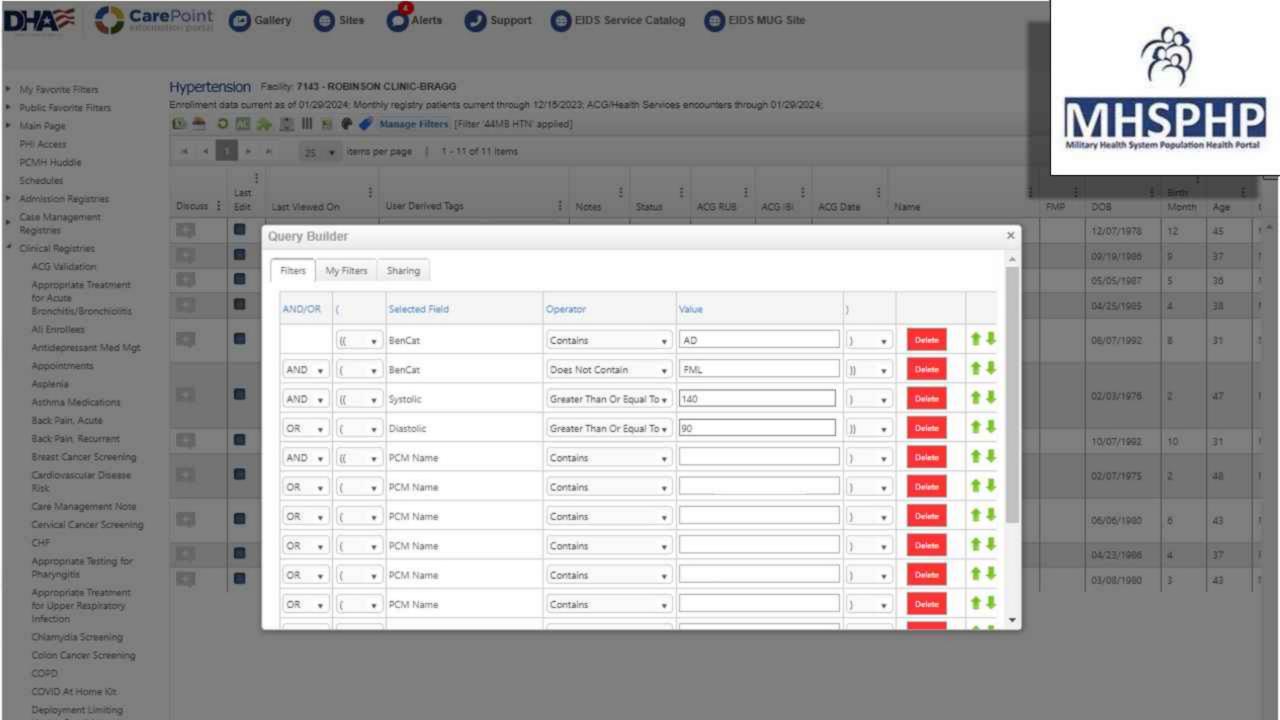
- Hypertension:
 Staff Sergeant (SSG/E-6) RT
- Hyperlipidemia: Major (MAJ/O-4) Mike

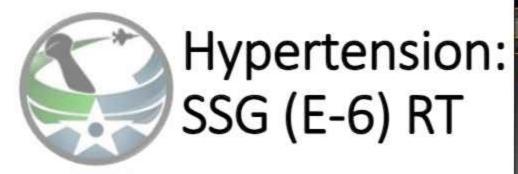
 Deployment Limiting Medications (DLM): Sergeant (SGT/E-5) Alphabet



- 42-year-old male
- Job: 68E Dental Specialist
- PMH: low back pain and OSA
- Blood Pressure:
 - 19APR22: 166/94 mmHg; 89 bpm
 - 30APR21: 164/98 mmHg; 92 bpm
- Medications:
 - Losartan/Hydrochlorothiazide 100mg/25mg daily
 - Ibuprofen 800mg Q8H PRN pain
- Labs (as of 30APR21)
 - TC 219 mg/dL
 - LDL 152 mg/dL
 - HDL 44 mg/dL
 - TG 161 mg/dL

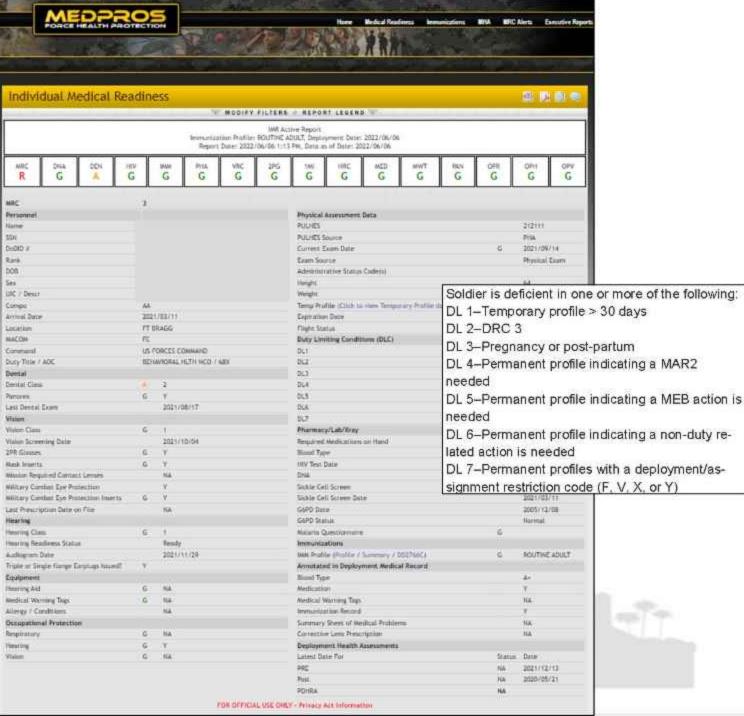






MEDPROS: Amber

for Dental (as of 18MAY2022)





- Medications: Compliance Questionable
 - Losartan/Hydrochlorothiazide 100mg/25mg daily
 - Ibuprofen 800mg Q8H PRN pain
- Diet:
 - Breakfast: skips
 - Lunch: fast food/food truck
 - Dinner: BBQ chicken/pork, meat & vegetables
 - Snacks: candy, pork rinds
 - Dinning Out: other than lunch, only on special occasions
 - Types of Beverages: ginger ale and water
 - Caffeine Use: denied
 - Supplements: denied
- Tobacco: One pack per week for 15 years, mostly on the weekends
- Alcohol: 1 pint on the weekends
- Physical Activity:
 - Physical Training 5 days per week (no run profile)
 - Hunting on the weekends
- Not using CPAP





- Blood Pressure: 167/104 mmHg; 83 bpm
- Labs (as of 19MAY22)
 - Hgb A1c: 5.8%
 - o TC 215 mg/dL
 - LDL 145 mg/dL
 - HDL 40 mg/dL
 - TG 320 mg/dL
- ASCVD Risk Score: 17.2%
- Counselling/Education:
 - Medication Compliance
 - Tobacco Cessation
 - CPAP Compliance
 - Physical Activity/Diet/Weight Loss
 - Alcohol Reduction/Cessation
- Medications:
 - Losartan/Hydrochlorothiazide 100mg/25mg daily
 - +Rosuvastatin 10mg daily
 - +Varenicline titrated to 1mg BID
 - SAcetaminophen 650mg Q6H PRN pain





- Retiring APR24
- Diet: A
 - Breakfast: skips
 - Lunch: salmon or chicken, broccoli, plum, cucumber
 - Dinner: salmon or chicken, broccoli, plum, cucumber
 - Snacks: denies
 - Dinning Out: other than lunch, only on special occasions
 - Types of Beverages: water (36 oz daily)
 - Caffeine Use: denied
 - Supplements: Biotin/Saw Palmetto topical hair lotion (Keeps)

DON'T GAMBL

- Tobacco:
 - Quit for a few months, resumed 1 pack a week
 - Quit varenicline due to adverse effects
- Alcohol: 1 pint on the weekends
- Physical Activity: Vimited due to foot and back pain (dirt bike accident).
- CPAP Compliant A





- Vitals: 143/87 mmHg; 79 bpm V
- Labs (as of 24OCT23)
 - o Hgb A1c: 6% ▲
 - TC 223 mg/dL ▲
 - LDL 139 mg/dL V
 - HDL 40 mg/dL
 - TG 335 mg/dL ▲
- Counselling/Education:
 - Medications Compliance
 - Tobacco Cessation
 - Physical Activity/Diet/Weight Loss
 - Alcohol Reduction/Cessation
- Medication: Compliance Questionable
 - Losartan/Hydrochlorothiazide 100mg/25mg daily
 - Metoprolol Succinate 25mg daily
 - Rosuvastatin 40mg daily
 - Fish Oil 1000mg BID
 - Metformin ER 500mg BID
 - Finasteride 1mg daily (Keeps)
 - Diclofenac 1% Gel
 - Acetaminophen 650mg Q6H PRN pain



Main Points:

- Example of Undetected DLMCs
- Apply Data Tools to Identify Unaddressed Medical Conditions
- Early Lifestyle Interventions
- Offer Additional Services
- Establish PA (Readiness Provider) Relationships

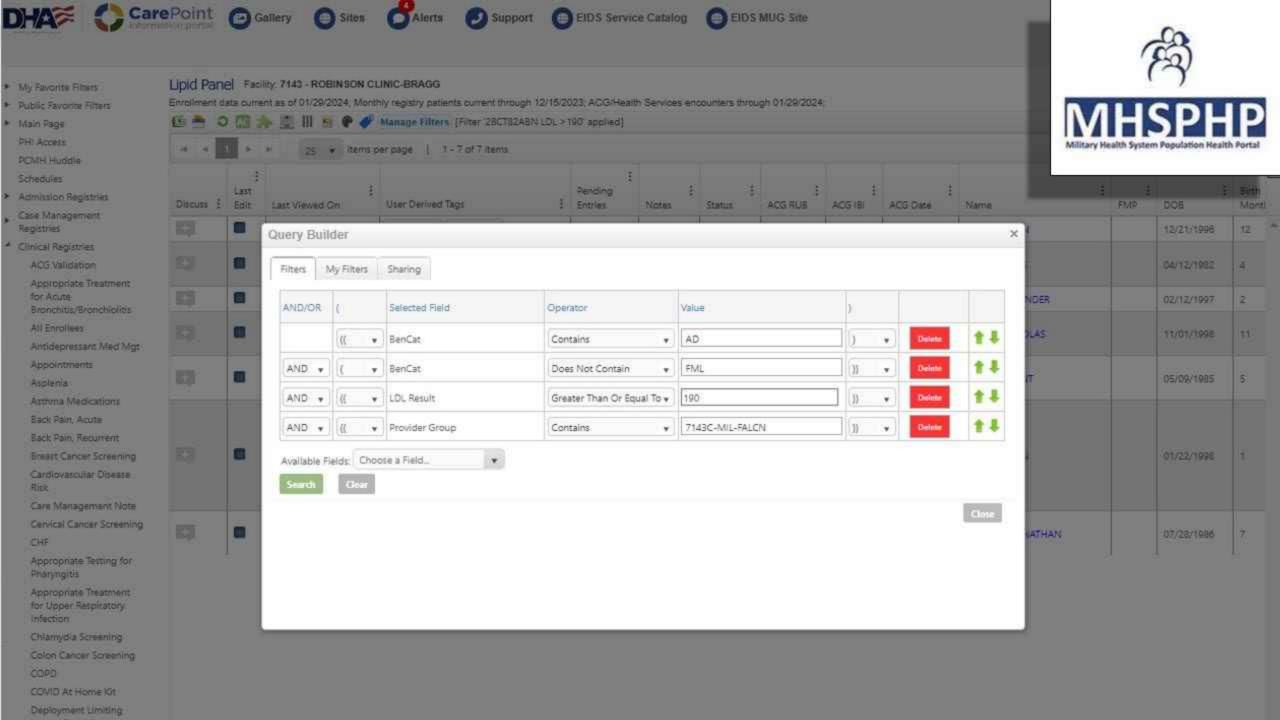


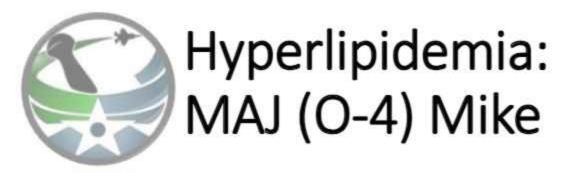


DON'T GAMBLE

- 44-year-old male
- Jobs: 70H Medical Plans & Operations
- PMH: back and knee pain, TBI, and spine fracture
- · Medications: None
- Labs (as of FEB23)
 - o TC 293 mg/dL
 - LDL 202 mg/dL
 - HDL 42 mg/dL
 - o TG 200 mg/dL







MEDPROS: Red

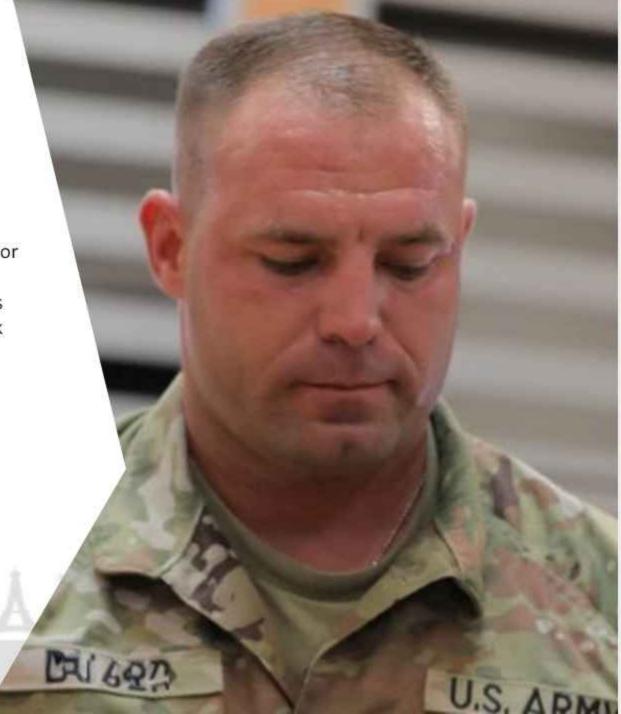
for Hearing (as of 28FEB23)

DON'T GAMBLE





- FH: "first male in my family to live past 40-years of age"
- Diet:
 - Breakfast: English muffin with peanut butter, black coffee, or eggs, bacon, hash-brown, and fruit
 - Lunch: Lean Cuisine frozen meal or sandwich from Quiznos
 - Dinner: chicken with potatoes, 1 vegetarian meal per week
 - Snacks: rarely, grapes or nuts
 - Dinning Out: twice a week
 - Types of Beverages: water (8 cups) and coffee (black)
 - Supplements: denied
- Tobacco: denies
- Alcohol: not interested in reducing alcohol
 - Whiskey (750mL) on the weekends
 - Glass of wine daily
 - Beer (dinning out)
- · Physical Activity:
 - Physical training 4-5 days/week; 2 days are cardio
 - Trail bike or roller blades on Saturdays for 20-60min





- Blood Pressure: 137/97 mmHg; 88 bpm
- Labs (as of 1MAR23)
 - o Hgb A1c: 5.2%
 - o TC 259 mg/dL
 - LDL 175 mg/dL
 - o HDL 36 mg/dL
 - o TG 216 mg/dL
- ASCVD Risk Score: 5.2% (borderline)
- Counselling/Education:
 - Physical Activity/Diet/Weight Loss
 - Alcohol Reduction/Cessation
- Medications:
 - +Rosuvastatin 10 mg daily
 - +Fish Oil 1000 mg BID
 - Hisinopril 10 mg daily





- Blood Pressure: 118/80 mmHg; 76 bpm ▼
- Diet: reduced sodium in his diet A
- Alcohol: quit beer
- Physical Activity: joined a fitness group
- Counselling/Education:
 - Physical Activity/Diet/Weight Loss
 - Alcohol Reduction/Cessation
- Medications: Continued
 - Rosuvastatin 10 mg daily
 - o Fish Oil 1000 mg BID
 - Lisinopril 10 mg daily
- PCS'ed APR23



Main Points:

- Example of Undetected DLMCs
- Apply Data Tools to Identify Unaddressed Medical Conditions
- Early Lifestyle Interventions
- Offer Additional Services
- Establish PA (Readiness Provider) Relationships





DLM: SGT (E-5) Alphabet

- 32-year-old female
- Jobs: 68P Radiology Specialist
- Pre-deployment Review: DEC21 (EUCOM)
- PMH: anxiety, depression, ADHD, migraines, neuropathic pain, IBS-D, and acne
- Medications:
 - Venlafaxine 75mg 3 capsules daily
 - Hydroxyzine 25mg at bedtime
 - Pregabalin 150mg BID
 - Meloxicam 7.5mg daily
 - Baclofen 10 MG TID PRN muscle spasms
 - Erenumab (Aimovig) 140mg SUBQ monthly (not in history)
 - Magnesium Oxide 400 mg BID
 - Riboflavin (Vitamin B₂) 100 mg BID
 - Dicyclomine 20mg BID
 - Sucralfate 1 gram QAM and up to for times per day as needed
 - o Famotidine 40mg daily
 - Cholecalciferol (Vitamin D₃), 1,000 units daily
 - Levonorgestrel (Mirena) IUD (placed 2016)





EXPRESS SCRIPTS® PHARMACY IS READY TO DELIVER FOR YOUR PATIENTS

Deployed Prescription Program (DPP)

- Don't Know!!
 - Service Members
 - Providers
 - Commanders
- · Controlled Medication Prescriptions:
 - o 90-day Supply
 - Provider DEA Number
 - CII:
 - Form Must Be Mailed
 - Handwritten Signature
 - o CIII-CV: Faxed, Mailed, or Phoned
- Refrigerated Medications: No
- Psychotropics:
 - 180-day Supply
 - Only Renewals Honored
 - Must See Provider While Deployed
- No Waiver = No Medication



DLM: SGT (E-5) Alphabet

DON'T GAMBLE

- Pre-deployment Review:
 - SRP "Deployable With Limitations": OCT21
 - Internal Review (Poland) "Waiver Required": DEC21
- Deployed to Poland Without Waiver: MAR22
- Medication Issue, Erenumab (Aimovig): MAR22
- Evacuated to Landstuhl for Acute Cholecystitis: MAY22
- Re-deployed: JUN22
- DLMC Appointment: NOV22





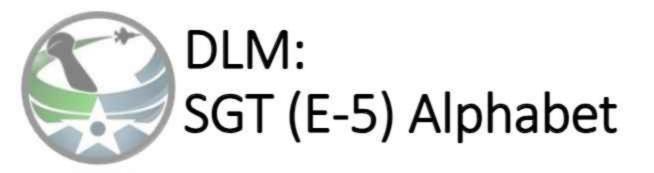
- Filter DMIS: Isolate clinic DMIS
- 2. Filter PCMs: Isolate partner PCMs
- Filter HIC3 Descriptions: Isolate medication classes likely to be deployment limiting medications (DLM), for example:
 - ANDROGENIC AGENTS
 - ANTI-ANXIETY BENZODIAZEPINES
 - ANTICOAGULANTS, COUMARIN TYPE
 - INSULINS
- Filter Drug/Strength/Form: Remove likely false positives (i.e., metformin, naloxone, gabapentin, doxepin, doxylamine, topiramate, etc.)
- Filter Days Supply: Remove less than 10 to eliminate likely false positives (i.e., short course opioid and benzodiazepines)
- Medically Ready? Cross reference with Medical Readiness
 Platform (i.e. MEDPROS, MRRS, etc.) to eliminate medically non-deployable

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	03/04/2022 FIETAIL	SKELETAL MUSCLE PELAXANTS	5511017915 TIZANONE HCL 2MG TABLET
	03/22/2022 RETAIL	ANTICONVULSANTS	"6909708131 GABAPENTIN 100MG CAPSILLE
	04/15/2022 MTF	BETA-ADRENERGIC BLOCKING AGENTS	523430059: METOPROLOL TARTRATE 25MG TABLET
	04/19/2022 RETAIL	ANTICONVULSANTS	*6909708131 GABAPENTIN 100MG CAPSULE
	04/19/2022 RETAIL	SKELETAL MUSCLE PELAXANTS	"55111017915 TIZANIONE HCL 2MG TABLET
	04/19/2022 RETAIL	SKELETAL MUSCLE PELAXANTS	"55111017915 TIZANIONE HOLDING TABLET
	05/20/2022 RETAIL	SKELETAL MUSCLE PELAXANTS	*551H0179I5 TIZANIONE HCL 2MG TABLET
	05/20/2022 RETAIL	ANTICONVULSANTS	"6909708121 GABAPENTIN 100MG CAPSULE
	05/20/2022 RETAIL	SKELETAL MUSCLE PELAXANTS	755111017915 TIZANIONE HCL 2MG TABLET
	06/05/2022 MTF	BETA-ADRENERGIC BLOCKING AGENTS	"823430059: METOPROLOL TARTRATE ISMG TABLET
	06/05/2022 MTF	ANTI-N/PERLIPIDEMIC-HMGCOA REDUCTASE INHIBIS	S*4229106655 PRAVASTATIN SODIUM IUMG TABLET
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1	06/20/2022 RETAIL	SKELETAL MUSCLE PELAXANTS	"58111017915 TIZANIONE HCL 2MG TABLET
	06/20/2022 RETAIL	ANTICONVULSANTS	*6909708101 GABAPENTIN 100MG CAPSULE
	06/20/2022 RETAIL	SKELETAL MUSCLE PELAXANTS	"SSIII017915 TIZANDINE HCL 3MG TABLET
	03/04/2022 MTF	ANTHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANT	T*005970040: TELMISARTAN 40MG TABLET
	03/04/2022 MTF	ANTHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANT	T*005970039: TELMISARTAN 29MG TABLET
	03/14/2022 MTF	ANTIHYPERTENSIVES, ACE INHBITORS	S818009803 LISINOPPIL 10MG TABLET
	05/24/2022 MTF	ANTIHYPERTENSIVES, ACE INHBITORS	"681800980" LISINOPFIL 10MG TABLET
	04/08/2022 RETAIL	TOPICAL ANTINEOPLASTIC PREMALIGNANT LESION.	/SN724063C FLUOROURACE, 51: SOLUTION
	05/08/2022 RETAIL	COVID-19 VACCINES	\$807779273: COVID-19 VACC.MRNAIMODERNAYPF 100MCG/0.5 V
-	03/07/2022 MTF	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS	
	03/07/2022 MTF	ANTICONVULSANTS	75234300312 GABAPENTIN 300MG CAPSULE
	Dec	A SECURITY AND ADDRESS OF THE PARTY OF THE P	Charles Control of the Control of th

If medically deployable and possess a recent history of identified DLMs, schedule for a **virtual** 30 min FTR appointment.

Treat appointment primarily as an educational opportunity to discuss and document the risk of being potentially medically non-deployable or require a waiver.

-	710104-1111		
	W2022 MTF	BETA-ADRENERGIC BLOCKING AGENTS	16642909391 METOPROLOL SUCCINATE 25MG TABER 24H
	3/2022 MTF	ANTICONVULSANTS	"0007110/968 PREGABALIN ISOMG CAPSULE
	/29/2022 MTF	OPIDID ANALGESICS	S516206271 TRAMADOLHCL 50MG TABLET
	.0/09/2022 MTF	THYROID HORMONES	70007451821 LEVOTHYROXINE SOOIUM 75MCG TABLET
	03/20/2022 RETAIL	ANTICONVULSANTS	"65/620/025 GABAPENTIN 300MG CAPSULE
	04/15/2022 MTF	GLUCOCORTICOIDS, ORALLY INHALED	700196198800 BUDESONIDE 0.25MG/2ML AMPUL-NEB
	04/23/2022 MTF	ANTHYPERLIPIDEMCHMGCOA REDUCTASE INH	
	04/23/2022 MTF	ANTIHYPERLIPIDEMICHMGCOA REDUCTASE INH	
	04/24/2022 MTF	THYROID HORIMONES	"0007451821 LEVOTHYROXINE SOOUM 75MCG TABLET
	05/01/2022 RETAIL	COVID-19 VACCINES	*807778273* COVID-19 VACC.MFINA(MODERNAYPF 100MCGA).5 V
	05/26/2022 MTF	SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITOR	
	04/29/2022 MTF	THAZDE AND RELATED DURETICS	572370002: HYDROCHLOROTHIAZIDE 125MG CAPSULE
	04/29/2022 MTF	THIAZIDE AND RELATED DIURETICS	572370002: HYDROCHLOROTHIAZIDE 12 SMG CAPSULE
	04/29/2022 MTF	SEDATIVE-HYPNOTICS/NON-BARBITURATE	7109301950 ZOLPIDEM TARTRATE SMG TABLET
ng	04/29/2022 MTF	CALCIUM CHANNEL BLOCKING AGENTS	"290000097" AMLODIPINE BESYLATE SMG TABLET
	04/29/2022 MTF	ANTIPSYCHOTICS, ATVP, D2 PARTIAL AGONST/69	HT N 804290447: ARIPIPRAZOLE SMG TABLET
	04/29/2022 MTF		SRIST 762820251; ESCITALOPRAMOXALATE 20MG TABLET
	03/01/2022 MTF		I ISNE 6042901646 DULOXETINE HCL 20MG CAPSULE DR
ring	04/24/2022 MTF	POTASSIUM SPARING DILIRETICS IN COMBINATIO	AND THE RESERVE THE PROPERTY OF THE PROPERTY O
ming	04/24/2022 MTF	ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR.	
	04/24/2022 MTF		(SNIF604290)646 DULOXETINE HCL 20MG CAPSULE DR
	04/24/2022 MTF	SEDATIVE-HYPNOTICS NON-BARBITURATE	0095517021 20LPIDEM TARTRATE 6.25MG TAB MPHASE
200	OFICE COLUMN ASSET		ABIO PROTESTA A TROU A CYATRI CAL CURA MARCHAD TABLET



MEDPROS: Amber

for Dental and Vision (as of 29NOV22)

DON'T GAMBLE





DLM: SGT (E-5) Alphabet

- DLMC Appointment: NOV22
- Medications:
 - Venlafaxine 75mg 3 capsules daily
 - Gabapentin ER (Gralis) 600mg
 - Baclofen 10 MG TID PRN muscle spasms
 - Erenumab (Aimovig) 140mg SUBQ monthly
 - Magnesium Oxide 400 mg BID
 - Zolmitriptan 5mg PRN nausea
 - Dicyclomine 20mg BID
 - Doxycycline 100mg BID
 - Turmeric 500mg daily
 - Famotidine 40mg daily
 - Vitamin D₂ 1.25mg (50,000 units) weekly
 - Levonorgestrel (Mirena) IUD (placed 2016)

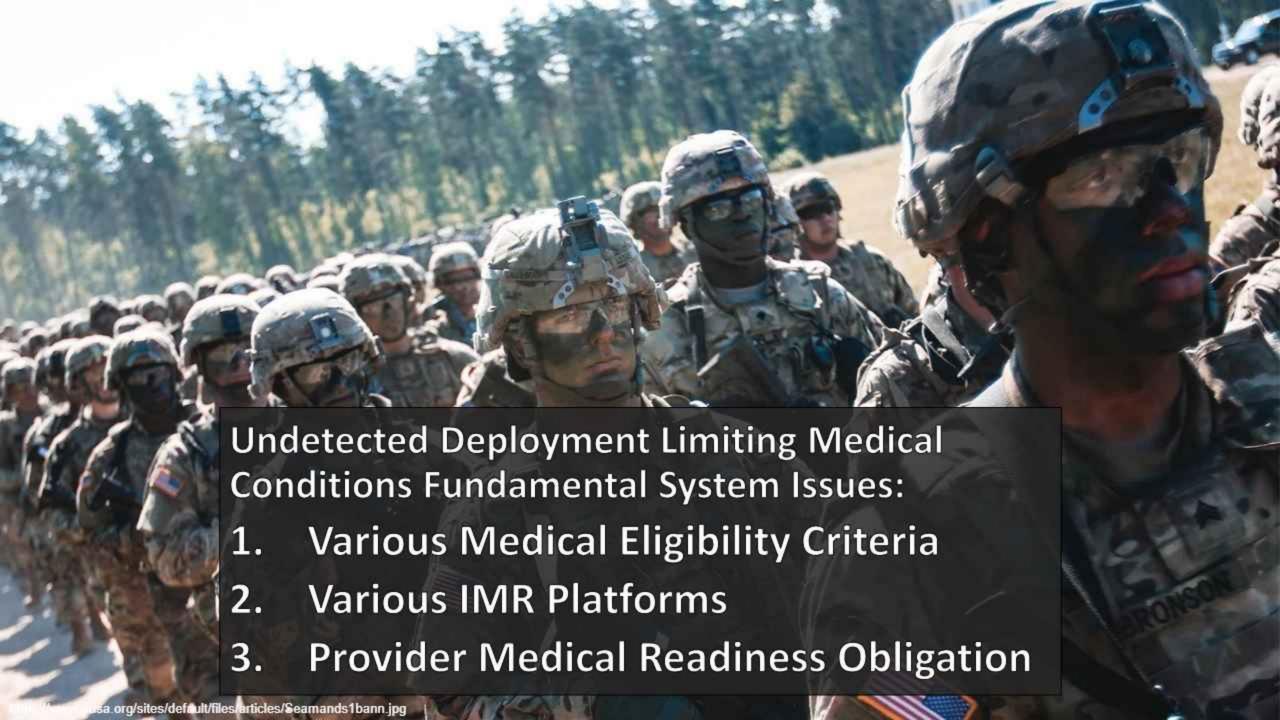


Canned Statements:

- "Patient notified that they are prescribed a medication(s) that may indicate that they are potentially non-deployable or require a waiver to deploy, depending on the deployment area of responsibility."
- "Patient advised to prioritize health and not discontinue medications without consulting a provider."

Main Points:

- Example of Undetected DLMCs
- Apply Data Tools to Identify Unaddressed Medical Conditions
- DPP Constraints
- Medication Education Opportunity
- Offer Additional Services
- Establish PA (Readiness Provider) Relationships





Key Takeaways

- Medical readiness and deployment medical eligibility is a complicated systems issue.
- By appreciating what medical readiness is, how it is determined, and integrating into the process Clinical Pharmacists can be part of the solution.
- Clinical Pharmacists can apply existing data tools and/or propose new solutions to better target medical readiness in proactive a manner.
- Partnership with Readiness Providers in deploying units is critical to implementation and advocacy for pharmacy services.



Questions

- a. Which of the following is NOT a medical readiness platform used to track individual medical readiness?
 - a. Aeromedical Services Information Management System
 - b. Medical Readiness Reporting System
 - c. Readiness Health System Platform
- b. What is the Department of Defense's medical readiness goal?
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- c. Which CarePoint content can be used to build filters to generate reports to identify potentially undressed deployment limiting medical conditions?
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Discussion

MAJ Travis E. Whiteside

PharmD, MBA, BCPS

44th Medical Brigade

Fort Liberty, NC

travis.e.whiteside.mil@army.mil





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DON'T GAMBLE WITH YOUR READINESS



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DON'T GAMBLE WITH YOUR READINESS