



CHRISTUS Health Plan
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IMPORTANT NOTICE:

A Change to Your Prescription Drug Coverage

Dear TRICARE Beneficiary:

On June 26, 2024, **POKONZA**, a prescription medication(s) you're taking, will no longer be covered by TRICARE in the same way it has been in the past. Your doctor will be required to submit a prior authorization (PA) on or after June 26, 2024, or you will have to pay 100% of the cost of the medication(s).

If you are no longer taking the above medication, then you don't need to do anything at this time.

If you are taking this medication, what should you do?

1. Review the enclosed information called "Options for You and Your Doctor to Consider."
This document provides a list of medications that are no longer preferred, those that are preferred alternatives, and associated cost information.
2. Discuss this information with your doctor to see which of the following options is best for you:
 - Switch your prescription to a preferred alternative medication, which will cost you less.
 - Talk to your doctor about requesting a PA. If the criteria requirements have been met, your PA may be approved.
 - Continue filling your current prescription without a PA and pay 100% of the cost of the medication.

Why the change?

The Defense Health Agency regularly reviews medications and has determined your medication now requires a PA. A PA is a routine process that ensures requested medications are safe, cost effective, and medically required.

Options for You and Your Doctor to Consider

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Switch to a preferred medication.

	Military Treatment Facility	Home Delivery	Retail Network Pharmacy
	<u>Your Cost</u> (up to a 90-Day supply)		
Generic Preferred Medications: <ul style="list-style-type: none"> • Potassium Chloride 10mEq (capsule, tablet) • Potassium Chloride 10mEq/15ml or 40mEq/15ml (liquid) • Potassium Chloride 20mEq (packet) 	\$0	\$13	\$48

Continue taking your current medication if new PA is approved

Non-Preferred Medication(s) PA Required	Military Treatment Facility	Home Delivery	Retail Network Pharmacy
	<u>Your Cost</u> (up to a 90-Day supply)		
Preferred Medications: <ul style="list-style-type: none"> • Pokonza™ 10mEq (packet) 	\$0 Note: May not be available. Contact your Military Treatment Facility to verify they carry the medication.	NOT AVAILABLE	\$129 OR 100% of the cost of the medication without an approved PA.

How to Contact Your Military Treatment Facility's Pharmacy

Visit [Find a Military Hospital or Clinic | TRICARE](#) and type in your ZIP Code or Facility/Installation Name. After clicking on the name, the pharmacy's information, including phone number and hours of operation, will be displayed on the far-right side of the web page.

Prior Authorization

Prior authorization (PA) is a routine review process to ensure that the requested drug is safe, cost effective, and medically required. Without an approved PA, you will pay the full cost of the medication through Home Delivery and at retail network pharmacies. The medication may not be available at the Military Treatment Facility. The PA remains valid until it expires, or a change is made to its criteria requirements by the Department of Defense (DoD) Pharmacy and Therapeutics (P&T) Committee.

For medications that require a PA, ask your doctor to submit the request(s) electronically through a simple process called Electronic Prior Authorization (ePA). The doctor's office can learn more about ePA at [Surescripts Prior Auth Portal](#) or [Express Scripts Prior Authorization Forms | CoverMyMeds](#) or by calling the Express Scripts doctor line at 866.684.4488 for assistance.

More Information For more information on TRICARE-covered medications and any restrictions and to find forms for PA and MN, visit [Open Enrollment - Pharmacy Benefit Plans \(express-scripts.com\)](#).