

Partial Fill Program

The ClearScript Partial Fill Program helps members taking certain high cost medications get the most from their drug therapy

Members who start taking certain specialty medications for complex medical conditions sometimes face difficult side effects from their new drug therapy. Some find it necessary to stop taking the medication or change to a different drug after a short trial period. They can be left with expensive unused medication and may have to pay additional copays to fill a prescription for a different drug.

The ClearScript Partial Fill Program, in partnership with Fairview Specialty Pharmacy, helps you avoid paying copays for medications you don't take. In addition, when filling your prescriptions through Fairview Specialty Pharmacy, you receive personalized medication guidance to help you manage any side effects or other drug-related challenges.

How the program works

For certain high cost specialty medications, you are limited to a maximum 15-day supply for the first six fills. During this time, a Fairview Specialty Pharmacy pharmacist helps you monitor your medication usage and offers counseling about your drug regimen with every refill. They provide ongoing support to help you take your medications as prescribed and to make sure you can tolerate any possible side effects before a full supply is dispensed.

What are my out-of-pocket costs?

When you first start taking a medication on the partial fill drug list, a partial copay is applied in proportion to the days' supply you receive. For example, if you are prescribed a 30-day supply of a medication on the partial fill drug list, you will receive a 15-day supply (half the prescribed amount) and will pay half your pharmacy benefit copay.

If you continue with the same therapy after your first 15-day supply is used, a second 15-day supply can be dispensed for another half copay. After your first six partial fills of the same medication, you can receive up to a full 30-day supply as prescribed by your physician for a full copay.

What drugs are included on the Partial Fill Drug List?

The following drugs are included on the Partial Fill Drug List*:

Abiraterone	Exjade	Lorbrena	Talzenna	Yonsa
Afinitor	Gleevec	Lynparza	Tarceva	Zejula
Alecensa	Iclusig	Nerlynx	Targretin	Zelboraf
Bexarotene	Idhifa	Nexavar	Tasigna	Zolinza
Bosulif	Imatinib	Odomzo	Verzenio	Zykadia
Cabometyx	Inlyta	Rubraca	Vitrakvi	Zytiga
Calquence	Iressa	Sprycel	Vizimpro	
Cometriq	Jadenu	Sutent	Votrient	
Daurismo	Jakafi	Tafinlar	Xalkori	
Erivedge	Lenvima	Tagrisso	Xtandi	

For more information on the Partial Fill Program, contact PreferredOne Customer Service at 1-800-997-1750.

**This list is subject to change. Your specific pharmacy benefit plan determines coverage. Always refer to your benefit plan documents to determine coverage and copayments. Where differences are noted, the benefit plan documents govern.*