



Pharmacists

Use this form to bring patients into the congressional debate about PBMs and their mail-order-only programs.

Here's how:

- 1 Print the attached form and place copies at your pharmacy counter.
- 2 Encourage your patients to complete the form and return it to the counter.
- 3 Compile the completed forms and submit them to your member of Congress (remember to add a cover letter to explain the effect unfair PBM practices are having on your patients).

Here are extra steps you can take if you want help:

The congressional lobby staff at Association of Community Pharmacists will help. Simply follow these additional steps:

- 1 Send copies of the forms after you have gathered them all to:
ACP Congressional Network Staff
Attention: Julie Philp
122 C Street, NW Suite 500
Washington, DC 20001
Phone: 202-628-3750
- 2 Be sure to provide your contact information.
- 3 Be sure to tell us which member of Congress you sent the forms to--we will schedule a meeting with him/her in Washington to make sure you get a response!



Protect Your Rights As a Patient

Do not let insurance companies force you into mail-only prescription service

State and federal laws protect your right as a patient to privacy. That means insurance companies and their agents cannot use the information you provide to your pharmacy for any reason other than to verify your identity when providing benefits.

Has your access to prescription drugs changed?

Some patients have been notified by their insurance company or its pharmacy benefit manager (PBM) that they may only fill future prescriptions by mail or at pharmacies owned by the PBM. This may be illegal if the companies are using data you gave this pharmacy to cut off your access to our services. We need to let our members of Congress know what is happening.

Protect your rights.

As your local care provider, we want to make sure that your access to local health care services is protected. You can help us protect your rights. Simply complete this form and provide it to your pharmacist so we can follow up with our elected officials.

- I do not want my insurance company and PBMs to block my access to local pharmacy care. Does Congress know how extensive this problem is?
- I do not want to be forced to receive my medications by mail-only. Did Congress intend to let PBMs force patients into proprietary mail-order programs and then shield the profits from government view?
- My insurance company informed me that I cannot fill prescriptions at my local pharmacy. I want to join the petition to make sure my members of Congress will investigate this unfair change to my insurance plan.

Name

Phone

Address

City

State

Zip

Signature

Email (*Optional*)

You can find more information by contacting the Association of Community Pharmacists

www.ACPcn.org