

To whom it may concern;

I'm a member of <Insert Plan> and would like to opt out of mandatory mail order through <Insert PBM> for my prescriptions. Since being required to obtain my prescriptions through the mail or through the PBM's "preferred" pharmacy, I have experienced several problems, including <Insert specific examples>. As a result, there have been gaps in my medication regimen which has adversely affected my health and have put me at risk for severe adverse outcomes.

For the past <insert years>, I have suffered from a chronic condition(s) that require routine and uninterrupted use of my prescription medications. Missing a single dose could lead to otherwise avoidable trips to the Emergency Room, hospitalization, or worse. In my case, mail order simply does not deliver and the "preferred" pharmacy is not a viable option for me.

I would like to stay with my local pharmacy because they work in partnership with my doctor to better manage my treatment. My local pharmacy also makes sure my privacy and confidentiality are a priority, which isn't the case now using <Insert PBM>. <Insert example of privacy concern>.

Please allow me to opt out of mail order and "preferred" pharmacy requirements and return to my local pharmacy so I can best manage my health condition.

Thank you,