



MyScript myChoice

Tell the Florida Legislature:

- ✓ I do not want my personal prescription info used by Pharmacy Benefit Managers to change my choice of pharmacy
- ✓ I do not want to be forced to receive my prescriptions at a mail order pharmacy or pharmacy I did not select.
- ✓ I want to join the petition to make sure my Florida legislators will investigate unfair changes to my health plan!

Please take 10 seconds to visit

www.MyScript myChoice.com

to let your voice be heard!



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