

**TEAMSTERS LOCAL 1150
PRESCRIPTION DRUG BENEFIT
APPEAL PROCESS GENERAL INSTRUCTIONS**

- Draft an appeal letter addressed to “Daniel Sullivan, R.Ph.” outlining the circumstances and issues surrounding the appeal.
- Along with the appeal letter include, from the Doctor, the medically necessary reason on the medication in question can be prescribed. If applicable, include copies of any supporting documents.
- Send the appeal letter, along with the Doctors statement to:

**Insurance Programmers, Inc.
Teamsters Local No. 1150
Prescription Drug Benefit Fund
P.O. Box 5817
Wallingford, CT 06492
Attn: Rich**

Or the appeal can be faxed to 203-679-4258 Attn: Rich