

TRICARE RETAIL REFUND PROGRAM APPENDIX A CHANGE REQUEST

Complete **ALL** of the following information to transfer products on your current Appendix A. All NDC-11s of each drug listed will be added to the new manufacturer's DoD Retail Refunds Pricing Agreement, unless stated otherwise (please indicate in comment box.)

Current Manufacturer: <small>(Previous if Transfer)</small>		New Manufacturer:	
Labeler Code:		Labeler Code:	
Date of Transfer: <small>(Last day billed to Current Manufacturer)</small>		Date of Liability: <small>(First day billed to New Manufacturer)</small>	

Drug Name	Generic Name	Transfer
		Transfer
		Transfer
		Transfer
		Transfer
		Transfer
		Transfer
		Transfer
		Transfer
		Transfer

COMMENTS:

Note: Drugs listed here are covered drugs under 32 CFR 199.21(q)(2)(iii) which states, "For purposes of this paragraph (q)(2), a covered drug is a drug that is a covered drug under 38 U.S.C. 8126."

Current Manufacturer Signature:

New Manufacturer Signature:

Completed form must include signatures from both parties.

Email completed form to: UFVARR_Requests@mail.mil