TRICARE RETAIL REFUND
APPENDIX A CHANGE REQUEST

Complete the following information to add / delete / transfer or make changes to your current Appendix A.

Please Complete:

Current Manufacturer: (Required)	
Labeler Code: (Required)	
Date:	

To transfer a drug, please complete the following:

New Manufacturer:	
Labeler Code:	
Date of Transfer:	

To Add, Delete, Edit, or Transfer a Drug, please complete the following (when deleting a Drug please add a comment at the bottom to explain the reason for the deletion):

All NDC-11s of each drug listed will be added to this manufacturer's DoD Retail Refunds Pricing Agreement.

Drug Name	Generic Name	Add / Delete / Edit / Transfer
		Choose One
		Choose One
		Choose One
		Choose One
		Choose One
		Choose One
		Choose One
		Choose One
		Choose One

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."

Digital Signature:

Email Completed form to: UFVARR_Requests@tma.osd.mil