

# TRICARE RETAIL REFUND PROGRAM NDC TRANSFER REQUEST FORM

Complete **ALL** of the following information to transfer the billing liability for the requested products. Selecting "All NDCs" will transfer all NDC-11s of each product under the current Manufacturer and covered by your DoD Retail Refunds Pricing Agreement unless a specific NDC-11 is listed or it is otherwise stated in the comment box.

Current Manufacturer:		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	All NDCs	Specific NDC

Comments:	
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*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."*

*If a pharmaceutical agent being transferred has an active ADP Agreement in place, contact the Contracting Office RFQ POC at 1-210-536-6048, 1-210-536-6020, or via email [dha.san-antonio-tx.healthcare-ops.mbx.pharmacy-opsmbxpod-industr@health.mil](mailto:dha.san-antonio-tx.healthcare-ops.mbx.pharmacy-opsmbxpod-industr@health.mil)*

Current Manufacturer Signatory:

New Manufacturer Signatory:

Name:		
Signature:		

**Completed form must include signatures from both parties.**

Email completed form to: [dha.ncr.healthcare-ops.mbx.ufvrr-requests@health.mil](mailto:dha.ncr.healthcare-ops.mbx.ufvrr-requests@health.mil)