

TRICARE Retail Refunds

Log In

* Denotes a Required Field

User Name:

Password:

PIN:

[Forgot Password/PIN?](#) | [Request New User Account](#)

Your CAC is not present. You will not be able to associate CAC with your account. If you think this is an error. Please close this browser, clear cache and try again.

If you have issues logging in, please contact the TRRWS Help Desk at dha.trrws@support@mail.mil

Agency Disclosure Statement

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For more information regarding the billing schedule, operational documents, etc please visit the [Information for Pharmaceutical Manufacturers Home Page](#)

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The public reporting burden for this collection of information, (OMB Control Number 0720-0032, Expiration: 10/31/2022), is estimated to average 8 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at ubs.mc-alex.esd.mbx.dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

DO NOT RETURN YOUR RESPONSE TO THE ABOVE ADDRESS.
Responses should be sent to the TRICARE Retail Refunds Program
UEVARR_Requests@mail.mil

Disclaimer: This site contains information which may be deemed proprietary. Do not provide access to any other user without the express written consent of TRICARE Retail Refund Program.

For more information regarding the billing schedule, operational documents, etc please visit the [Information for Pharmaceutical Manufacturers Home Page](#)



TRICARE Retail Refunds



Request User Account Access

Enter user information

* Denotes a Required Field

First Name:*

Last Name:*

E-mail:*

Confirmation E-mail:*

Phone Number (digits only):*

Phone Number Extension:

Next

Enter Labeler Code

* Denotes a Required Field

Manufacturer Information

Labeler Code

Tax ID:*

Manufacturer:*

Address:*

Address Continued:

City:*

Country:*

State:*

ZIP Code:*

Notes

Please note: Third-party consultants cannot be the primary POC; the primary POC must be an employee of the manufacturer. Only the Primary POC may complete and submit the TRICARE Retail Pharmacy Refunds Questionnaire.

I am a Primary POC

Submit Request

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TRICARE Retail Refunds


Primary POC Information

Your account request will first be submitted to the Primary POC for the labeler code X99999.

Is this the name and email of the Primary POC for this labeler?

John Doe
John.Doe@tricaremfg.com

Select "No" if you are replacing above listed Primary POC.



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TRICARE Retail Refunds

A00000 - TRICARE MFG Logout

Home > Manufacturers Information

Manufacturer Information

You may search for Manufacturer by Labeler Code or Name.

Search Manufacturer:

By Code
 By Name

Labeler

- A00000 | TRICARE MFG
- A00001 | TRICARE MFG 1
- A00002 | TRICARE MFG 2

Manufacturer Information

* Denotes a Required Field

Labeler Code:* Tax ID:*

Manufacturer:*

Address:*

Address Continued:

Primary Contact Information

* Denotes a Required Field

System Contacts

First Name:* Last Name:*

Email:*

Phone:* Extension

staging-trms.health.mil/Administration/TRT_CRM_Labeler/manageManufacturers.aspx

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TRICARE Retail Refunds

A00000 - TRICARE MFG Logout

Home > Request Labeler Access

Enter Labeler Code

Requested Labeler Code(s): Step 2



TRICARE Retail Refunds

A00000- TRICARE MFG Show Labeler First Logout

A00001- TRICARE MFG1
A00002- TRICARE MFG 2

Step 2

Pending Labeler Requests

There are no pending labeler approvals.

Step 1

Feedback

Utilization
Download Files
Covered Drugs
My Information
Manufacturers Information
Pending POC Requests
Request Labeler Access
RQU
Feedback

