



Working Agreement between the Division of Services for the Blind and

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Pharmacy

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Address

in connection with pharmaceutical services for the Division of Services for the Blind consumers.

We agree to the following terms and conditions:

1. Consumers may have a free choice of pharmacies cooperating in this agreement, when not in this agreement, when not in violation hereof. The acceptance of this Agreement by a pharmacy is on an optional basis. In the interest of time, occasionally authorizations may be issued to a pharmacy and the purchased drug may be mailed to the consumer by the pharmacist.
2. Prescription legend drugs and insulin are to be authorized and billed at the usual and customary charge, plus the Medicaid approved amount for the dispensing fee.
3. Orders for non-prescription non-legend drugs and prescription accessories are reimbursable following review and prior authorization by the DSB worker. Non-prescription non-legend drugs and prescription accessories will be billed at the customary over-the-counter prices.
4. The pharmacy will bill on Form DSB-0511 (Drug Authorization and Pharmacy Billing Form). Services for the Blind offices will be furnished a supply of these forms for distribution to participating pharmacies. Using this invoice form will eliminate the need for the Division of Services for the Blind offices to obtain copies of prescriptions. The pharmacist will send the invoice to the office issuing the authorization as indicated on Form DSB-0511.
5. The pharmacy will not display any sign, device or advertisement, or in any manner state or imply that the pharmacy has been approved by the North Carolina Division of Services for the Blind.
6. Authorization may include reimbursement coverage for a single prescription or total cost of refilled prescriptions when specified by the physician or eye care professional, either on the individual basis or may include total number of refills recommended by the physician or eye care professional. Billing is limited to the quantity actually dispensed but not in excess of the amount authorized.
7. A professional fee, as referenced in Item 2, will not be charged for the second or subsequent times when the same drug or generic equivalent drug is dispensed more than once in the same calendar month.
8. The pharmacist will invoice for charges on a prescribed Drug Authorization and Billing Form (DSB-0511) on a monthly basis. The Authorization must accompany the billing form for processing.



- 9. This contract is subject at all times to the appropriation and allocation of funds to the State Agency for the purposes of this contract. Should the Division of Services for the Blind become aware that funds will not be available for any period, the Division of Services for the Blind shall promptly notify the providers accordingly.
- 10. Duration of Agreement: The terms of this Agreement will be effective for one year from date of signing. The Agreement will be automatically renewed unless canceled in writing by either party as provided by the following terms and conditions. This agreement may be terminated by the Division of Services for the Blind or the pharmacist upon a written 30 day notice prior to termination or immediately with cause by either party.

We, the undersigned, concur to the terms of this Agreement on behalf of the

\_\_\_\_\_ Pharmacy located  
 at \_\_\_\_\_  
Street Address

\_\_\_\_\_

City

State

Zip Code

Date \_\_\_\_\_ For Pharmacy \_\_\_\_\_

Date \_\_\_\_\_ For N.C. DSB \_\_\_\_\_

The Nursing Eye Care Consultant is responsible for completing DSB-4020: Pharmacy Agreement with each pharmacy from which drugs are purchased, and the Nursing Eye Care Consultant is authorized to approve the Agreement for the agency. The terms of the Agreement will be effective from date of signing and will continue to be in force unless canceled in writing by the Division of Services for the Blind or the pharmacy 30 days prior to termination. Only one Agreement is required for each pharmacy.

**Distribution:**

- Original- DSB Claims Processing
- Copy- DSB District Office
- Copy- Pharmacy