WEST VIRGINIA PLUS JURISPRUDENCE MODULE

This document provides an overview of some of WV pharmacy laws and rules that vary from other states or may be more specific. This document is not intended to replace the full WV Pharmacy Laws and Legislative Rules governing the practice of pharmacy in WV available at the Board's website www.wvbop.com but rather provide a broad synopsis of common issues encountered in pharmacy practice day-to-day in WV.

PHARMACIES

Licensure

Opening or operating a pharmacy requires registration with the West Virginia Board of Pharmacy. The applicant must submit an online application, pay all necessary fees, pass a mandatory board inspection, and designate a dedicate pharmacist-in-charge (PIC). Each separate address requires a separate registration, and these are non-transferable. Once active, the registration must be renewed biennially. If a pharmacy registration expires, the pharmacy must undergo a new inspection and pay the associated inspection fees.

There are exceptions to pharmacy registration requirements including exclusively selling nonprescription drugs that do not require a practitioner's prescription, or entities distributing the dialysate, drugs, and devices necessary for home peritoneal renal dialysis to end-stage renal disease patients (provided they meet specific statutory guidelines). Additionally, any pharmacy compounding sterile preparations must apply for and receive a sterile compounding permit, and all facilities are required to keep setting-appropriate, current reference materials readily available. The pharmacy permits must be displayed at the pharmacy.

Responsibilities of the Pharmacist-in-Charge (PIC)

The pharmacist-in-charge (PIC) is a licensed pharmacist designated by the pharmacy permit holder to be responsible for the facility. The PIC carries the responsibility of ensuring the pharmacy complies with all state and federal laws, regulations, record-keeping, and inventory management. A pharmacy in WV cannot operate without a designated pharmacist-in-charge. The permit is issued jointly to the owner and the PIC of the pharmacy. A pharmacist is not permitted to serve as the PIC for more than one pharmacy at a time, whether inside or outside the state of West Virginia.

The rules do permit an exception for charitable clinic pharmacies. The Board permits a charitable clinic pharmacy to be supervised by a collaborative committee of pharmacists-in-charge who share the responsibility as a group. Additionally, a pharmacist may be permitted to volunteer as the PIC for a charitable clinic even if they are already serving as the PIC for another pharmacy.

When an owner designates a PIC, the permit holder and pharmacist-in-charge must notify the Board within 14 days. If a pharmacy needs to appoint an *interim* PIC, they may do so for a maximum of 60 days, provided they file the change.

The PIC is required to notify the permit holder of any actual or potential violations of any statute, rule, or court order existing withing the pharmacy either verbally, written or electronically and keep documentation of the communication in the pharmacy. If the permit holder fails to take appropriate action within a reasonable amount of time, the PIC shall provide the pharmacy permit holder with written notification of the violation(s), and a copy shall be retained in the pharmacy. If still

no appropriate action is taken within a reasonable amount of time, the PIC shall provide a written notice to the permit holder with a copy submitted to the Chief Compliance officer at the Board of Pharmacy. Nothing precludes the PIC from immediately notifying the Board of any violations should the PIC determine in their professional judgement that this is necessary. No PIC shall be sanctioned by the Board for any violation of any statute, rule, or court order if they have previously given documented notice to the permit holder as outlined in §15-1-16.

Additional responsibilities of the PIC center around quality improvement and assurance. The PIC must implement quality assurance programs for pharmacy services designed to monitor and evaluate the quality and appropriateness of patient care, pursue opportunities to improve patient care, and resolve identified problems objectively and systematically. These programs should also have components that enable the prevention and detection of drug diversion.

Personnel responsibilities for the PIC are significant including licensing, training, staffing, and security. The PIC must ensure that all required pharmacy personnel employed at the pharmacy are currently licensed or registered with the Board. Implementation, maintenance, and supervision of the pharmacy technician training program at the pharmacy is the responsibility of the PIC including maintenance of all requirements for the Board related to the training program.

Because the PIC must make and file all reports required by state and federal laws, rules, and regulations or compliance notices, the pharmacist-in-charge shall implement policies and procedures for maintaining the integrity and confidentiality of prescription information and patient health care information, or verifying their existence and ensuring that all employees of the pharmacy read, sign, and comply with the established policies and procedures.

Controlled substances and inventory are also a PIC responsibility. The controlled substance inventory must be completed every two years. It is considered best practice to complete a controlled substance inventory when a new PIC takes over the responsibility to ensure that any issues are identified. The inventory can be completed either before the start of the day or after the closing of the day. Schedule II controlled substances require a perpetual inventory with reconciliation monthly and only the PIC or WV licensed pharmacists are permitted to have the key or combination to a controlled substance safe where controlled substances are stored.

Renewal Deadlines and Late Penalties

Pharmacies must renew their registration every other year, as all permits officially expire on June 30th. To ensure processing prior to the pharmacy permit's expiration, the completed renewal applications must be submitted to the Board office online by June 15th.

Required Notification of Changes about the Pharmacy Permit

A pharmacy's registration permit requires notification to the WV Board of Pharmacy if changes occur. These changes include a change of PIC, physical relocation of the pharmacy itself, or change of ownership.

If there is a change in pharmacist-in-charge, both the pharmacy and the outgoing PIC must notify the Board in writing within 14 days. The pharmacy must note the modification directly onto the original permit and a copy, post the copy immediately for public view. The original modified permit is then surrendered to the

Board alongside a $10.00 fee to cover the cost of issuing an updated registration. Pharmacies may appoint an interim PIC for up to 60 days without paying this fee or receiving a new permit, provided a permanent PIC is named afterward.

If a pharmacy moves to a completely new address, the existing registration becomes invalid. The permit holder must file for a new registration, pay the initial fees, and pass a new physical inspection before opening the new space.

If a pharmacy is sold or changes ownership, the existing registration automatically expires, and the new owners must obtain a fresh registration from the Board before they can dispense medications.

Equipment and Facilities

A pharmacy must ensure professional, physical, and technical equipment requirements, using the standards set by the United States Pharmacopeial Convention (USP) as its minimum standards for professional practice. Physically, the facility must feature adequate, dry, well-lit, well-ventilated, and orderly storage areas that maintain the strict temperature controls required by the USP or manufacturer labels to protect drug integrity. The pharmacy must also provide a dedicated, private counseling area with enough space for visual aids and publications to ensure confidential patient discussions, unless it is an inpatient pharmacy or was registered prior to May 1, 1999. Finally, the pharmacy is required to maintain compliant record-keeping systems for patient profiles and dispensed prescriptions in accordance with the Uniform Controlled Substance Act. WV law requires the pharmacy to have a readily retrievable physical or electronic copy of the most current Board Pharmacy Law Book and Rules and Regulations.

Security

Registrants must implement effective controls and procedures to prevent theft and diversion which the Board will assess by evaluating the facility's overall security infrastructure.

For physical storage, when a pharmacy is closed, Schedule II controlled substances must either be kept in a securely locked narcotic cabinet constructed of at least 20-gauge metal or dispersed throughout the non-controlled stock to obstruct theft, with access to keys or combinations limited to pharmacists authorized by the pharmacist-in-charge. Registrants must within one day report any theft or significant loss to the Board and are prohibited from employing anyone with access to controlled substances who has a felony conviction related to controlled substances or who has ever had a registration application denied or revoked.

To ensure the integrity and security of pharmacy operations, a facility operating fewer hours than its parent institution must implement a Board-approved operating plan, and all pharmacies—excluding those staffed 24 hours a day—must maintain a functioning, industry-standard burglar alarm system with an auxiliary power source. Deactivation and activation of this alarm system, along with physical possession of prescription area keys, are limited to registered pharmacists, though a registration holder may temporarily deactivate the alarm for documented security or surveillance purposes.

In institutional settings where a pharmacy may be temporarily unattended, the pharmacist-in-charge must establish protocols for emergency drug access, which includes managing an audited night cabinet containing limited,

weekly-inventoried, prepackaged, and properly labeled medications that can only be accessed via a written practitioner's order and proof-of-use. If a life-threatening emergency requires a supervisory nurse to enter the pharmacy itself during off-hours, a single designated nurse per eight-hour shift may remove the required medication, provided they thoroughly document the transaction on a dedicated form, leave it with the source container, and immediately contact the on-call pharmacist.

Whenever a pharmacist is absent, the prescription department must be structurally secured and a prominent sign with letters at least four inches high must display "Pharmacy Closed. No Pharmacist on Duty." No one may remain in the pharmacy area when a pharmacist has left the building. Completed prescription orders must remain securely bagged within the pharmacy and cannot be removed or considered dispensed until they are handed to the patient or an authorized representative.

Wholesale drug distributors must design and operate a system to detect suspicious orders evaluated by unusual size, frequency, or deviations from normal patterns, and report these identified orders using a Board-supplied form along with their U.S. Drug Enforcement Administration filings, or submit a "zero report" within 15 days of the end of any month in which no suspicious orders were detected. Wholesalers must also notify the Board within five days if they decide to cease or refuse to commence distribution of Schedule II through V controlled substances to a West Virginia customer due to concerns regarding illegitimate dispensing.

Pharmacy Closures

Whether a pharmacy closure is temporary, permanent, or the result of an unforeseen emergency, strict compliance and communication standards must be maintained to safeguard patient records and pharmaceutical inventories. Non-resident pharmacies are generally exempt from the state's internal closure protocols, provided they follow their home state's regulations and submit a formal written notice to the Board within 30 days detailing their closure date, the custodian of West Virginia patient records, and the return of their registration certificates. For in-state facilities, the Board reserves the right to conduct physical inspections to verify that all closure mandates have been fully met.

Temporary and Emergency Closures

For a temporary closure, a pharmacy must immediately alert the public regarding its modified operations. Physical notifications must be posted at all pharmacy entrances as soon as a scheduling deviation is known, or no later than two hours after the closure begins. Concurrently, the pharmacy must update its telephone greetings and all digital platforms (including websites, social media, and mobile apps). All public notices must clearly state the estimated duration of the closure and provide alternative options for prescription fulfillment, such as local competitors, prescriber contact instructions, or prescription reversals. If a temporary closure extends past two consecutive business days—or if planned deviations exceed two days within a rolling seven-day window—the pharmacy must notify the Board office within 72 hours of shutting down, specifying the cause, start time, and expected date of reopening.

For an emergency, unexpected closure such as fire, natural disaster, bankruptcy, eviction, or death and advanced notice is impossible, the pharmacist-in-charge (PIC) must implement these temporary closure notifications as far in

advance or as swiftly after the event as the circumstances physically allow.

Permanent Closures: Pre-Closing Requirements

Permanently closing a pharmacy requires specific notifications and procedures to transition patient care and secure regulated substances. At least fourteen calendar days prior to the final operating day, the pharmacy must issue a comprehensive notice to every patient who filled a prescription there within the preceding 12 months, as well as any new patients visiting the pharmacy during its final two weeks.

This notification must outline the final day of operations, the contact details of the chosen custodian of records (or acquiring pharmacy), instructions on how to request a records transfer, and the final date a transfer can be initiated. The pharmacy must deliver this information via direct communication (mail, email, phone, or text, or printed alongside active prescriptions) and via public notices in local print or online newspapers. The information must also be posted at physical entrances, on phone greetings, and digital channels. The pharmacy must notify the DEA regarding any planned transfers of controlled substances to another registrant.

Permanent Closures: Immediate and Post-Closing Duties

The formal closing of the facility proceeds from the final day of business through the subsequent 30 days, with most responsibilities managed by the PIC:

- Within 24 Hours of Closing: The PIC must conduct and document a complete physical inventory of all controlled substances, update the pharmacy's active status with electronic prescribing vendors, disconnect all pharmacy-branded internet platforms, and notify the Board of the closure. All prescription files, refill histories, and patient records must be securely transferred to a licensed pharmacy acting as the new custodian of records.
- Within 30 Calendar Days: The PIC must complete a full inventory of all remaining non-controlled drugs and devices. Every medication, device, and medical supply must be removed from the premises by either returning them to manufacturers for credit, transferring them to authorized healthcare professionals, or destroying them in the presence of two Board licensees and as required by DEA guidelines).
- Final Documentation: Notice to the Board of permanent closure must be submitted within this 30-day window, validating the final closure date, inventory dates, drug transfer destinations, identities of destruction witnesses, destruction of blank prescriptions and facility labels, removal of digital footprints, and confirmation of compliance with federal codes.

Once this final notice of permanent closure is filed, the pharmacy's registration becomes ineligible for future renewal. If the PIC requires additional time to fulfill these post-closing requirements, they may request an extension from the Board by demonstrating good cause.

Compounding Requirements in WV

All standards set by the United States Pharmacopeial Convention ("USP") are the minimum standards followed by all licensed pharmacists and pharmacies during the course of the professional practice of pharmacist care. Sterile compounding pharmacies in WV are

required to comply with the 2023 United States Pharmacopeia (USP) Chapter 797 Pharmaceutical Compounding – Sterile Preparations; the 2023 United States Pharmacopeia (USP) Chapter 800 Hazardous Drugs; and the Controlled Environment Testing Association's (CETA) Certification Guide for Sterile Compounding Facilities or a substantially similar standard for certification completed by a qualified independent certifier indicating that the compounding area is meeting its design and air quality specifications. A pharmacy handling radiopharmaceutical shall provide a radioactive storage and product decay area which meets the requirements of the appropriate federal agency and the 2023 United States Pharmacopeia (USP) Chapter 825 Radiopharmaceuticals.

All areas where drugs and devices are stored shall be dry, well lighted, well ventilated, and maintained in a clean and orderly condition. Storage areas shall be maintained at temperatures which will ensure the integrity of the drugs prior to their dispensing as stipulated by the United States Pharmacopeia–National Formulary (USP-NF) and/or the manufacturer's or distributor's product labeling unless otherwise indicated by the Board.

Inspections §15-19

The West Virginia Board of Pharmacy inspection program has personnel qualifications, regional distribution, and standardized enforcement protocols to ensure facility compliance across the state.

Inspector Qualifications and Regional Structure

To qualify as a Board inspector, a candidate must be a licensed West Virginia pharmacist with a minimum of 10 years of active pharmacy practice experience. Upon being hired, inspectors must complete a training program, including the Board's specialized training manual, the National Investigator and Inspector Training Basic Course, and the special training in inspecting sterile compounding facilities.

To manage oversight effectively, the Board divides the state into distinct geographic regions, ensuring each territory contains a roughly equal number of licensed facilities. A specific inspector is then assigned to manage each region.

Scheduling and Frequency of Inspections

The frequency of regular inspections is determined by the specific type of facility operations:

- *Annual Inspections:* Outpatient, institutional, charitable clinic, nuclear, sterile compounding, manufacturers, wholesale distributors, and non-sterile compounding pharmacies must be inspected every year.
- *Biennial Inspections:* Facilities that exclusively hold a controlled substance permit and no other Board permit or license are inspected every two years.

Routine inspections must be conducted within 90 days of their regularly scheduled frequency unless unavoidable circumstances prevent it. Inspectors are required to provide facilities with at least one week of advance notice. However, to ensure continuous compliance, inspectors also perform unscheduled inspections annually for up to 10% of the facilities within their assigned region.

Protocols for Conducting and Processing Inspections

When conducting an inspection, the inspector must follow a standardized methodology that

begins with presenting their credentials. They provide copies of the inspection forms being utilized, explain the use of electronic forms, outline which documents will be reviewed, and identify which staff members may be interviewed. To maintain total transparency, the specific inspection forms are available to the public on the Board's website.

Once an inspection is completed, a copy of the form is provided directly to the facility. Data management depends on the format used: electronic forms automatically synchronize to the Board's database, while traditional hard-copy inspections must be manually recorded and submitted to the Board office within 90 days. Within this same 90-day window, the Chief Compliance Officer must review and document their approval of the inspection within the database. All inspection records, communications, and images are maintained in the system for five years.

Enforcement and Non-Compliance

If a facility fails to meet standards, an official non-compliance report is generated and entered into the Board database. These reports are logged to monitor the facility's progress toward correcting significant deficiencies. If a facility fails to implement the expected corrections within the timeframe established by the inspector, the matter may be \referred to the Complaint Committee of the Board for further disciplinary action.

PHARMACISTS

Scope, Duties, Unprofessional Conduct

Under West Virginia statute **§30-5-10**, the scope of practice for a licensed pharmacist ranges from the traditional dispensing into an active, comprehensive healthcare role. A pharmacist is authorized to interpret, evaluate, and implement medical orders, as well as select, dispense, compound, label, and safely store prescription drugs and medical devices. This core responsibility is supported by mandatory record-keeping and patient counseling regarding the therapeutic value, proper utilization, and safety of their medications. Pharmacists are also authorized to engage in drug-related research and conduct thorough drug regimen reviews to optimize patient safety.

In addition to the traditional pharmacy role, the statute pharmacists can provide advanced clinical care and participate in a variety of healthcare models. Pharmacists can administer medications, provide pharmacy-related primary care, and manage a patient's overall health through Medication Therapy Management (MTM). To support this clinical oversight, they are permitted to order laboratory tests specifically to manage and monitor a patient's drug therapy when practicing in a Collaborative Practice Agreement with a physician or group of physicians. Furthermore, licensed pharmacists who meet specific state legislative requirements are authorized to order and administer immunizations, provide hormonal contraception and work in chronic disease management roles.

Pharmacists in WV have a limited ability to prescribe non-controlled substances. Pharmacists can independently prescribe FDA-approved medications based on a patient's medical history, provided the prescription is guided by rapid, CLIA-waived diagnostic tests for three specific viral infections: influenza, SARS-CoV-2 (COVID-19), and RSV.

Additionally, pharmacists are granted the authority to prescribe refills for expired epinephrine injection devices.

This prescribing power is subject to strict communication and supply boundaries to ensure continuity of care. The pharmacist must notify the patient's primary care physician (PCP) of any test results and prescribed medications within 72 hours. These acute prescriptions are capped at a 30-day supply within any six-month period, and the PCP must be notified if the initial supply exceeds 10 days. If a patient does not have an established PCP, the pharmacist is required to make a reasonable attempt to refer them to a primary care provider.

The scope of the pharmacists establishes the pharmacist as a vital gatekeeper for public safety regarding hazardous substances. The sale of any medicine that could be poisonous, deleterious, or habit-forming if consumed all at once is restricted so that only a registered pharmacist is permitted to sell these substances, and they bear the responsibility of ensuring the purchaser is educated on the dangerous nature of the medication at the exact time of sale.

Duties of a Pharmacist

Under WV legislative rule **§15-1-26**, the operational duties and professional responsibilities of a pharmacist are defined to guarantee patient safety, legal compliance, and accurate medication management. At the intake stage, a pharmacist is required to personally accept all new verbal prescription orders from authorized prescribers. They must immediately reduce these orders to writing and document critical tracking information directly on the form, including the caller's name, the exact time and date of the transmission, and the receiving pharmacist's handwritten initials. When fulfilling these orders, the pharmacist bears the responsibility to ensure the prescription is dispensed, delivered, or distributed accurately as prescribed. Accuracy is defined as providing the correct drug, strength, quantity, and dosage form to the correct patient or their agent, using proper labeling and directions. Generic substitutions are required unless indicated by the prescriber in the prescriber's own handwriting that "Brand Medically Necessary" or the patient refuses the substitution. The pharmacist must ensure their initials are on all final prescription labels dispensed during their shift.

Patient engagement and clinical consultation form a substantial portion of a pharmacist's mandatory duties. Pharmacists or their designated staff must make a verbal offer to counsel any patient, caregiver, or agent presenting a new prescription order, and a simple inquiry regarding whether the patient has questions does not suffice legally. Written materials or phone calls may be used based on the pharmacist's professional judgment in lieu of verbal counseling, the reasoning must be documented and initialed. If the counseling offer is accepted, the pharmacist must use their clinical judgment to discuss crucial information, such as the drug's name, dosage, administration techniques, self-monitoring strategies, proper storage, refill guidelines, missed dose protocols, and severe side effects or interactions. If counseling is refused, the rejection must be documented and initialed. Patient counseling is not required for inpatients where other licensed professionals administer medications.

Pharmacists and pharmacy support personnel must make a reasonable effort to collect, record, and maintain detailed patient profiles at their specific pharmacy location. These records must capture demographics and

clinical history including existing disease states, known drug allergies or adverse reactions, a complete list of current medications and devices, and the ability for the pharmacist's personal clinical notes regarding therapy.

Pharmacists must adequately supervise all pharmacy interns, registered technicians, and trainees, while managing any other tasks requiring specialized pharmaceutical skills aimed at improving patient outcomes. No pharmacist, intern, or technician may compound or dispense an order that contains any visible error, irregularity, or ambiguity. If any doubt arises regarding a prescription's legality, correctness, or legitimate medical purpose, the pharmacist is obligated to hold a direct conference with the prescribing practitioner to clarify the error or ambiguity before dispensing.

Pharmacists, technicians, and interns are prohibited from diagnosing any disease, illness, or disorder, unless specifically authorized under the CLIA-waived tests and limited prescribing provisions of §30-5-10(15). Evaluations after a practitioner's diagnosis and provide recommendations regarding over-the-counter products are within the pharmacist's duties. Pharmacist professionals must practice within state and federal laws, refraining from any conduct that lowers public confidence, threatens public welfare, or compromising the independent professional judgment and skill of their fellow pharmacists.

Emergency Dispensing Rules

Under Section 15-1-22, a pharmacist may dispense an emergency supply of a prescription drug if they cannot reach the original prescriber for refill authorization, provided the pharmacy has an existing record of the prescription for that patient. This emergency override applies exclusively to life-sustaining medications or continuous therapies for chronic conditions. The pharmacist must use their professional judgment to determine that withholding the medication could harm the patient's health. Additionally, this emergency dispensing for any specific medication is limited to once per patient in a 12-month period.

The quantity of the emergency supply depends on the schedule of the medication. For non-controlled substances, the pharmacist may dispense up to a 30-day supply or the standard unit of dispensing based on pharmacy records. However, for controlled substances in Schedules III, IV, or V, the emergency supply is capped at a maximum 72-hour supply.

When providing an emergency refill, the pharmacist must follow post-dispensing requirements. They must maintain a record of the transaction for at least one year from the dispensing date and notify the original prescribing health professional within 72 hours. The pharmacist is required to try to contact a healthcare professional responsible for the patient's care to secure authorization for any necessary future refills.

Unprofessional Conduct

Under West Virginia administrative rule §15-1-15, unprofessional conduct is defined to protect public health, ensure patient privacy, and maintain the integrity of the pharmacy profession. The unauthorized access, illegal use, or improper disclosure of protected health information (PHI) is considered unprofessional conduct, along with any failure to maintain adequate security systems or tracking records for such data. Pharmacists, pharmacy interns, pharmacy technicians, and pharmacy technician trainees barred from engaging in behavior that aims to deceive, defraud, or harm

the public, demonstrating a willful or careless disregard for patient safety, or substantially departing from established standards of care, regardless of whether actual patient injury is proven. The rule prohibits dispensing prescription-only drugs without a valid medical order, failing to maintain accurate inventory and disposal records under state and federal laws, and submitting fraudulent due diligence or attestation documents to supply chain partners. Obtaining remuneration through fraud, taking kickbacks to alter patient care based solely on marketing activities without a clear patient benefit, or participating in corporate arrangements that compromise the traditional physician-patient-pharmacist relationship or restrict a patient's freedom of choice in also considered unprofessional conduct for pharmacy personnel. Committing acts of abuse, misconduct, or exploitation, or knowingly filing false complaints with the Board constitute direct violations. These standards apply universally to all licensed pharmacists, interns, technicians, trainees, and permitted pharmacies; violations can result in formal disciplinary action from the Board, and a pharmacist can be held personally liable for a violation simply by knowingly accepting or continuing employment with a permit holder who violates these rules.

Continuing Education for Pharmacists

Under West Virginia legislative rules §15-3-4 and §15-3-5, licensed pharmacists must fulfill specific Continuing Pharmacy Education (CPE) requirements to maintain their license to practice. Pharmacists are required to complete a minimum of 30 CPE hours every two years, six hours of which must be live CPE hours. This 30-hour total includes any specific CPE hours required for specialty roles, such as pharmacist immunization registration and drug diversion training. Hours earned during a specific two-year block can only be applied to a single reporting period; any excess hours cannot be rolled over or transferred to satisfy future requirements. Conversely, if a pharmacist earns hours in a new reporting period but uses them to retroactively clear a deficit from a prior period, those hours cannot be counted toward the current cycle.

Newly licensed pharmacists must complete at least two hours of drug diversion and best-practice controlled substance prescribing training within one year of their initial licensure. To qualify, this course must be Board-approved and cover drug diversion, best-practice prescribing of controlled substances, and the proper prescribing and administration of opioid antagonists.

Pharmacist-in-charge

The pharmacist-in-charge bears the ultimate accountability for the pharmacy's daily operations, regulatory compliance, and public safety. Specifically, the PIC is responsible for ensuring that the pharmacy adheres to all state and federal pharmacy laws and regulations. A pharmacist is prohibited from serving as the PIC at more than one pharmacy at any given time, regardless of whether those facilities are located inside or outside the state of West Virginia. The single exception to this rule is that the Board may allow a pharmacist to volunteer as the PIC at a charitable clinic pharmacy while simultaneously holding a standard PIC position at another pharmacy.

While the PIC is directly accountable for the practice of pharmacy within the facility, a clear distinction is made regarding administrative and corporate functions. The pharmacy permit holder retains sole responsibility for all other operational and administrative tasks. The PIC may formally advise the permit holder of necessary changes or concerns in writing, but

the PIC is shielded from legal liability if the permit holder chooses to ignore that written counsel and the written notice is provided to the Board.

To maintain oversight, WV requires that a PIC must work a minimum of 30 hours per week, over at least three days each week in that specific pharmacy, with accrued annual or sick leave counting toward this total. For pharmacies that operate on a limited schedule averaging fewer than 40 hours per week over a calendar year, the PIC must physically work the majority of the hours the location is open to the public. For example, if a pharmacy is only open for 20 hours a week, the PIC is required to work at least eleven of those hours.

Reduced hourly structures are established for Charitable Clinic Pharmacies to support community outreach. In these unique settings, the role of the PIC can be distributed among a committee of up to three pharmacists who collectively accept the responsibilities as a group.

For charitable pharmacies open more than 40 hours a week, the PIC or PIC committee must work at least 8 hours per calendar month, which decreases to 6 hours for pharmacies open between 30 and 40 hours. If the clinic is open between 15 and 30 hours per week, the monthly requirement drops to 4 hours, and it drops further to 2 hours for clinics open between 5 and 15 hours.

Pharmacy personnel work environment

Under West Virginia administrative rules §15-15-8, §15-15-9, and §15-15-10, WV has standards for the pharmacy professional work environment to safeguard patient welfare and protect pharmacy staff from fatigue. All pharmacy personnel who work eight continuous hours or longer are entitled to a minimum of one uninterrupted 30-minute meal break. If a shift extends to twelve continuous hours within a 24-hour period, the employee qualifies for an additional 20-minute break. To prevent overwork, staff cannot be required to work more than five continuous hours without being offered their 30-minute meal break, and pharmacies are prohibited from scheduling any pharmacy professional for more than twelve continuous hours per day, inclusive of these mandatory breaks. The pharmacy is also required to maintain complete and accurate daily logs tracking these break periods. Pharmacist attestation of the breaks suffices for a record.

Exceptions to these scheduling limits are permitted only during an emergency, as determined by the professional judgment of the pharmacist on duty. In these situations, personnel may work beyond 12 hours, skip meal breaks, or have their rest periods interrupted to minimize immediate health risks to patients. When this occurs, the pharmacist must thoroughly document and date the exact amount of extra time worked or the specific breaks missed, along with the justifying clinical reason, and make these records available for Board review. If the Pharmacist-in-Charge (PIC) is absent when an incident occurs in the pharmacy, the on-duty pharmacist or pharmacy registrant must immediately notify the PIC via phone, email, or text message regarding any prescription error, drug loss, or violation of law.

Staffing levels and scheduling authority give the PIC ultimate control over the environment. The PIC or a designated representative is responsible for creating and approving the work schedule for pharmacy technicians and ensuring overall staffing levels are adequate based on prior dispensing records and current patient care demands. This staffing must be sufficient to prevent employee fatigue,

distraction, or any other conditions that could impair a pharmacist's competency. Any corporate or administrative decision that overrides the PIC's final approval of the schedule can result in disciplinary action against the pharmacy's permit. The facility must ensure pharmacists have adequate time to safely execute their professional duties, including drug utilization reviews, immunizations, patient counseling, and prescription accuracy verifications.

Pharmacies are prohibited from publishing false, fraudulent, deceptive, or misleading advertisements, or making any claims regarding the cost or quality of professional services that cannot be substantiated. Pharmacy owners are barred from forcing a pharmacist to participate in the creation or distribution of these advertisements. If a violation of these environment rules occurs, it constitutes grounds for disciplinary action against the licensee or facility. Employers are subject to mandatory reporting windows, requiring them to notify the Board in writing within 14 days of discharging any pharmacist or changing the status of a PIC, and within three business days of discovering any legal or rule violations committed by an employed pharmacist.

The rule incorporates legal protections for pharmacy employees who report substandard conditions or violations. Any pharmacy permit or license holder found to have retaliated against a worker in violation of federal occupational safety standards or state whistleblower laws will face disciplinary action by the Board. The statute explicitly states that nothing within these pharmacy regulations shall diminish, replace, or lessen the legal rights, privileges, or remedies available to an employee under any other state or federal law, rule, regulation, or existing employment contract.

Consultant Pharmacists

Under West Virginia administrative rule **§15-1-19**, specific institutional settings are mandated to retain a registered consultant pharmacist to oversee their pharmaceutical services. This requirement applies directly to hospitals or medical clinics operating without an on-site pharmacy, humane societies, registered weight loss clinics, urgent care clinics, and jails or correctional facilities. It also governs long-term care environments, including skilled and intermediate nursing facilities, nursing homes, extended care settings, assisted living communities, rest homes, and personal care centers, as well as opioid treatment or medication-assisted treatment facilities. The rule explicitly exempts teaching and research institutions, emergency services, law enforcement entities, veterinary hospitals, and private dental practices from the consultant requirement.

To practice as a consultant, a pharmacist must hold an active West Virginia pharmacy license and register annually with the Board of Pharmacy for each specific institution, place, or person they serve. Consultants are required to immediately notify the Board of any changes on their application and must promptly surrender their consulting permit if an arrangement is discontinued. Furthermore, consultants must complete three hours of specialized continuing education in consulting practice each year, which can be absorbed into the standard 30 hours required for general license renewal.

The operational responsibilities of a consultant pharmacist focus heavily on documentation, security, and protocol development. The consultant must maintain a permanent logbook

at each facility, tracking all activities by date and time, which must remain available for immediate Board inspection. They are tasked with establishing and maintaining rigorous procedures for the safe receipt, storage, and disposition of all pharmaceuticals within the facility, including traditional prescriptions, floor stock, emergency kits, investigational medications, drug samples, and outdated or discontinued stocks. To support clinical staff, the consultant must also maintain an appropriate, up-to-date drug reference library on-site.

Additionally, the consultant must author and maintain a comprehensive Policy and Procedures Manual to guide facility healthcare providers in safe drug handling. This manual must cover protocols for transcribing and ordering prescriptions, in-house delivery verification, handling drug recalls, executing automatic stop orders, establishing a formulary for drug quality, and conducting systematic drug reviews. It must detail controlled substance reconciliation and outline exact methods for disposing of unconsumed patient prescriptions either by returning them to the provider pharmacy for credit or destroying them on-site in the presence of a registered nurse. The consultant is responsible for providing ongoing, in-service drug education to facility personnel.

WV Pharmacist Recovery Network

The West Virginia Pharmacist Recovery Network (WVPRN) operates as a structured, confidential program designed to identify, intervene upon, and rehabilitate pharmacists, interns, or applicants suffering from chemical dependency or mental health impairments. The process begins when the WVPRN receives a report of suspected impairment from a colleague, licensee, family member, or other individual. Upon receiving this information, the program initiates a confidential investigation, which can include routine inquiries and requiring the suspected individual to submit to personal interviews.

Once information is verified and sufficient evidence of an impairment is established, the Executive Director contacts the licensee to encourage them to complete a substance abuse assessment. The individual is expected to visit a WVPRN-approved evaluator within seven days for an in-person clinical evaluation. If the individual resists, the program will make one repeat contact. If the licensee refuses to cooperate after two intervention attempts within a 14-day window, the WVPRN closes the file and reports all developed findings of impairment directly to the Board of Pharmacy.

If a diagnostic evaluation confirms substance dependency or an impairing mental disorder, a formal intervention is arranged as soon as possible using specialized techniques to help the licensee acknowledge responsibility. The Executive Director requests the licensee to surrender their license to the WVPRN to be placed in an inactive status with the Board and then refers them to a vetted and adequately staffed treatment provider. A binding recovery contract is drawn up between the licensee and the WVPRN outlining the parameters of treatment and aftercare. If the evaluation reveals insufficient evidence of an impairing condition, the file is placed in an inactive status and is destroyed after five years.

While an individual is enrolled in the program, the WVPRN monitors their rehabilitation, performance, and post-treatment support. Once treatment is finalized and the recovery contract expires, the network assists the licensee's workplace transition by educating co-workers or supervisors on dependency and formally concludes its involvement.

The program's strict confidentiality protocols are immediately voided under specific, high-risk circumstances. The Executive Director is l mandated to notify the Board of Pharmacy within 24 hours if a participating licensee fails to comply with the terms of their recovery contract. The WVPRN must immediately report a participant to the Board, bypassing all confidentiality and non-disciplinary protections, if it discovers that the licensee has diverted controlled substances to anyone other than themselves, or if the individual poses an immediate danger to themselves or the public. Outside of these mandatory Board reports or explicit, written releases signed by the participant, all WVPRN communications, interviews, and records remain privileged.

Pharmacy Support Personnel (Cashiers, Pharmacy Technician Trainees, and Pharmacy Technicians)

The role of a cashier in a West Virginia pharmacy is defined very specifically in WV pharmacy law. A cashier is a pharmacy employee whose duties are limited to handling prescription drugs exclusively at the point of sale, where they provide the completed and checked medications to the patient and manage the financial transaction. Because their responsibilities are restricted to this last point of interaction, they are exempt from the standard licensure requirements outlined in the West Virginia Code of State Rules.

To fulfill their duties at the counter, cashiers are permitted access to the pharmacy's operating system. This access allows them to look up and verify unique information for each patient, ensuring that the correct medication is given to the correct individual during the checkout process. Additionally, while licensure is not required, pharmacies maintain the right to require individuals to successfully complete a criminal background check before they are hired for this position.

Pharmacy Technician Trainees, Pharmacy Technicians, and Nuclear Pharmacy Technicians

Pharmacy Technician Trainee Qualifications

To qualify for registration as a pharmacy technician trainee, an applicant must submit a written, online application to the board, pay all applicable fees, and undergo both state and national fingerprint-based criminal history record checks. The applicant must either hold a high school diploma or GED, or be currently enrolled in an approved high school, learning institution, training center, or pharmacy-sponsored on-the-job competency-based training program. From a legal and personal standpoint, applicants cannot have an unreversed felony conviction within the past ten years, nor any misdemeanor or felony conviction that directly impacts the practice of pharmacist care. They must not be an active alcohol or drug abuser, though individuals in an active, documented recovery process may be considered at the board's discretion. The applicant may not begin working in the role of a pharmacy technician trainee until after the pharmacy technician permit has been issued by the Board. Pharmacy technician trainees are bound by the same authorized duties, unauthorized prohibitions, and rules that govern fully certified pharmacy technicians.

Pharmacy Technician Trainee Program Process

A pharmacy may employ an individual as a pharmacy technician trainee by providing a Board-approved competency-based, on-the-job training program. This program must be outlined in a training manual and requires a minimum of 500 hours of employment completed within an 18-month period. The

trainee must work under the direct supervision of a pharmacist.

The training requirements are listed in rule and cover written procedures and guidelines for supervision and permissible and prohibited duties. Trainees receive instruction in general pharmacy orientation, job descriptions, communication techniques, security and safety protocols, and the legislative rules of the West Virginia Board of Pharmacy.

The curriculum must cover prescription drug knowledge and order preparation to the level required to pass a national certification exam. Pharmacy technician trainees are taught basic pharmaceutical nomenclature, dosage forms, routes, and frequencies of administration, and how to interpret directions, abbreviations, and strengths. They also learn hands-on operational tasks, including creating or updating patient medication records, entering order information into computers, selecting stock bottles, accurately counting, or pouring drugs, choosing proper containers, repackaging products, compounding non-sterile pharmaceuticals, and preparing finished products for a pharmacist's final check.

Within 18 months of application approval the pharmacy technician trainee must apply to become a pharmacy technician and the PIC must submit an affidavit to the Board certifying the trainee successfully completed. Pharmacy technician trainees must pass either the ExCPT or PTCE national certification examination, obtain their CPhT credential, and submit this info to the State before their trainee permit expires. If they fail to do so, they must immediately cease working in the pharmacy, though they may petition the Board for an extension for extenuating circumstances to complete a personal remediation or retraining program.

Finally, the PIC is required to document and maintain a written record of the trainee's initial training to certify their competency. This record must include the trainee's name, training dates, a description of the topics covered, a formal statement of competency, the supervisor's name, and the signatures of both the trainee and the supervising pharmacist.

A pharmacy technician trainee permit generally cannot be moved to a different pharmacy. Two scenarios do exist to permit transfer of the pharmacy technician trainee. First, a transfer is permitted is when both the original and the new pharmacy share common corporate ownership and control, and both locations operate under the exact same board-approved training program. A trainee may transfer to an entirely unaffiliated pharmacy if the new pharmacist-in-charge (PIC) takes formal responsibility for their training. To initiate this type of transfer, the new PIC must certify that the trainee is competent to perform the specific duties assigned at that new location. The PIC must submit an official affidavit to the Board of Pharmacy certifying that the trainee intends to complete their required board-approved, on-the-job, competency-based training program at that new pharmacy.

Licensure for Pharmacy Technicians

To be eligible for registration as a pharmacy technician in West Virginia, an applicant must apply and pay a fee, unless they qualify for a fee waiver. Individuals who held an active registration in good standing prior to July 1, 2014, remain eligible through the standard renewal process. For all other applicants, the registration process requires passing a comprehensive background screening. This involves a state and federal criminal history records check that must be requested within the 12 months prior to filing the application.

The board maintains strict authority to deny registration to anyone who fails or refuses to submit these records.

Applicants seeking initial registration must satisfy specific training and national examination benchmarks. Candidates are required to have either graduated from an approved learning institution or training center's competency-based education program, or successfully completed an approved, pharmacy-provided on-the-job training program. Beyond this foundational training, applicants must successfully pass either the ExCPT national examination administered by the NHA or the PTCE national examination administered by the PTCB, and they must hold a current, active Certified Pharmacy Technician (CPhT) credential from the respective organization.

The rules provide separate pathways for individuals transferring from other jurisdictions. An applicant who has already obtained a national certification and practiced in another state for at least one year can qualify for registration, provided they supply satisfactory proof of their licensure status from their previous state's board of pharmacy. In jurisdictions where there is no board oversight, the applicant must instead provide a notarized document from their previous pharmacist-in-charge proving satisfactory employment.

Additionally, under the Universal Professional and Occupational Licensing Act, an individual who is registered as a pharmacy technician in another state may apply for registration in West Virginia. To utilize this specific pathway, the applicant must have either established legal residence within the state or be married to an active-duty member of the United States Armed Forces who has accompanied that member on an official permanent change of station to a military installation located within West Virginia.

Renewal of Pharmacy Technician Permit

For any pharmacy technician who obtained their initial state registration on or after July 1, 2014, the renewal process centers entirely on their active licensure status. To successfully renew their state registration, these technicians must provide the board with a valid, current copy of their national pharmacy certification. This means maintaining an active Certified Pharmacy Technician (CPhT) status by passing and maintaining credentials through either the National Healthcareer Association (NHA's ExCPT) or the Pharmacy Technician Certification Board (PTCB's PTCE).

A separate set of rules applies to technicians who were registered prior to July 1, 2014, or those who obtained their registration via the Universal Professional and Occupational Licensing Act. Instead of submitting a national certificate copy, these individuals must complete a minimum of 20 Continuing Pharmacy Education (CPE) hours every two years to qualify for renewal. To ensure safe and compliant practice, the board dictates that at least one of these twenty required hours must focus specifically on the subject of pharmacy law, and another single hour must be dedicated to patient safety.

For technicians on the 20-hour CPE pathway, any hours earned during a specific two-year block can only be applied to meet the requirements of that single reporting period. If a technician completes extra hours beyond the required twenty, they may not transfer or "roll over" those excess hours to satisfy future reporting periods.

Scope of practice for Pharmacy Technicians

Pharmacy technicians operate under the *direct supervision* of a licensed pharmacist to perform a variety of tasks. They assist in the dispensing process by receiving new written or electronic prescription orders, obtaining stock bottles, and counting or pouring medications. Under direct supervision, technicians can also compound preparations, reconstitute medications that require no mathematical calculations, and weigh or measure specific ingredients for extemporaneous compounding. Additionally, they are permitted to administer immunizations if trained and registered, perform medical records screening, collect information for the medication reconciliation performed by pharmacists, and supervise other technicians or trainees.

Advanced tasks, such as pharmacy technician product verification where no clinical judgment is necessary, are permitted under direct supervision if specific criteria are met. The technician must furnish an affidavit of competency signed by their supervising pharmacist-in-charge (PIC) and must have worked full-time for at least two years either under a West Virginia endorsement or in good standing in another jurisdiction.

Technicians may perform a limited subset of administrative duties under the *indirect supervision* of a licensed pharmacist, which specifically includes cashiering and processing medical coverage claims. This indirect supervision is permitted to accommodate a pharmacist's break, which is limited to a single block of no more than 30 minutes during a shift. While the pharmacist may leave the immediate pharmacy area, they must remain inside the building.

During this break, technicians can continue to prepare prescriptions for eventual verification, but no medication may be delivered to a patient until the pharmacist returns to verify its accuracy and offer any required counseling. Furthermore, pharmacies utilizing indirect supervision during breaks must have a voicemail or interactive voice response system to manage incoming orders, and they establish protocols requiring the technician to interrupt the pharmacist's break if an emergency arises.

Technicians can manage inventory by placing, unpacking, and storing drug orders, checking stock for expiration dates, processing returns, and maintaining the cleanliness of the work area. Administratively, they look up pricing, file hard copies of prescriptions numerically, log and wrap mailed or delivered orders, place completed prescriptions on the will-call shelf and manage third-party insurance billings and payment reconciliations.

When communicating with patients and medical offices, technicians are confined to non-clinical tasks. They can accept refill requests, provide basic store information, confirm if refills remain, and handle physician office calls that authorize exact refills with no changes. When entering data, technicians are not permitted to complete drug utilization reviews.

Technicians and pharmacy technician trainees are prohibited from engaging in any activities that require independent professional judgment or clinical discretion. They may not perform drug regimen reviews, resolve clinical conflicts, validate the dispensing process, or transfer prescriptions. They may not receive new oral or verbal prescription drug orders over the phone or counsel patients on prescription or over-the-counter medications. Technicians are also forbidden from delivering any medication to a patient before a pharmacist has performed the final check or performing any task for which they have not been explicitly trained and authorized by a written protocol.

To maintain proper oversight, the pharmacy area is restricted exclusively to pharmacists, registered technicians, technician trainees, and pharmacy interns. The PIC maintains ultimate discretion over the pharmacy's staffing limits, up to a strict maximum ratio of six technicians and/or trainees per on-duty pharmacist. This legal ratio excludes pharmacy interns, and any corporate or external decision to override the PIC's control regarding this ratio constitutes grounds for disciplinary action against the pharmacy's permit.

Nuclear Pharmacy Technician

To obtain a nuclear pharmacy technician endorsement, an applicant must first submit a formal written application to the Board of Pharmacy and pay all required fees. Educational prerequisites dictate that candidates must be high school graduates or have successfully obtained a Certificate of General Educational Development (GED) or its equivalent. Additionally, applicants are required to have successfully completed a pharmacy-provided, competency-based nuclear pharmacy technician education and training program that has been officially approved by the board.

Candidates must possess all applicable national certifications and remain in strict compliance with all federal rules and regulations governing the handling of nuclear materials and pharmaceuticals. Furthermore, the applicant must fulfill any additional requirements that the board may specify in its legislative rules.

The applicant must complete a state and federal background check and cannot have an unreversed felony conviction within the ten years preceding their application date, nor can they have any unreversed misdemeanor or felony conviction that bears a rational nexus to the practice of pharmacist care. Additionally, individuals with a history of alcohol or drug abuse are typically excluded, though the board retains the discretion to consider candidates who can demonstrate they are in an active recovery process. Any individual whose prior license to practice pharmacist care has been denied, revoked, suspended, or restricted for disciplinary reasons in any jurisdiction are ineligible to be registered as nuclear pharmacy technicians.

Technicians who obtain a specialized nuclear pharmacy technician endorsement operate under the direct supervision of a licensed nuclear pharmacist. Their scope permits them to handle raw materials, intermediate products, and finished radiopharmaceuticals. They are authorized to mix and compound ingredients for liquid products, suspensions, ointments, or tablet and capsule formulations, as well as perform standard operating procedures to meet current Good Manufacturing Practices (GMP).

In addition to standard inventory, record-keeping, and stock duties, nuclear pharmacy technicians are tasked with monitoring and verifying product quality using statistical processes or control procedures. They are also responsible for performing general maintenance on specialized laboratory equipment, including pumps, homogenizers, filter presses, and tablet compression machines. Nuclear technicians remain subject to the same clinical restrictions as standard technicians. They are prohibited from performing drug regimen reviews, resolving clinical conflicts, contacting prescribers for therapy modifications, or accepting new oral prescription orders.

CONTROLLED SUBSTANCES

Most classifications of controlled substances in West Virginia mirror that of the US Controlled Substance Act. There are a few notable exceptions, however. These include fioricet® as a Schedule III, gabapentin in Schedule V, and pseudoephedrine, ephedrine, and

Prescribing limitations have been placed for various practitioner types and in different instances according to individual practice acts, the WV Controlled Substance Act, and the Opioid Reduction Act. The limitations are summarized in Table 1 below.

Table 1. Prescribing Authority for Various Prescriber Types

	Schedule II Opioid/Narcotic	Schedule II non-narcotic	Schedule 3-5	Non-control
MD/DO	• ER max 4-day supply • Urgent care max 4-day supply • Minor (<18 yo) max 3-day supply	• Three rx for 30-day OR one 90-day rx	• Up to 6-month supply either as 90 days with 1 refill or 30 days with 5 refills	• May be refilled up to 1-year from date of issue
PA/APRN	• Max 3-day supplu	• Three rx for 30-day OR one 90-day rx	• Up to 6-month supply either as 90 days with 1 refill or 30 days with 5 refills	• May be refilled up to 1-year from date of issue
Dentist	• Max 3-day supply, unless post surgery	• Three rx for 30-day OR one 90-day rx	• Up to 6-month supply either as 90 days with 1 refill or 30 days with 5 refills	• May be refilled up to 1-year from date of issue
Optometry	• Max 3-day supply (only approved drugs by Board of Optometry)	• Only approved drugs by Board of Optometry	• Only approved drugs by Board of Optometry	• Ophthalmics May be refilled up to 1-year from date of issue • Oral meds only from categories: oral antibiotics, Oral NSAIDS, Oral Carbonic Anhydrase Inhibitors, Antihistamines, Oral corticosteroids (3 days), Analgesics (3 days), Nutritional supplements, new drugs added by Board of Optometry

§16-54 Opioid Reduction Act, §15-2, §15-1, §30-4-9, §30-8

Registrants who dispense controlled substances must implement effective controls and procedures to prevent the theft and diversion of controlled substances. The Board evaluates a registrant's overall security system to ensure that physical security measures correspond appropriately with the specific schedules and quantities of drugs handled during normal operations. If a drug is reclassified to a stricter schedule, or if the inventory significantly increases, physical security controls must be expanded immediately. Furthermore, registrants transferring substantial quantities of controlled substances must deploy specialized security procedures to mitigate in-transit losses. Before distributing controlled substances to an unfamiliar recipient, the registrant is required

to make a good-faith inquiry with the Board or the appropriate state agency to verify that the recipient holds a valid registration.

It is not permitted to provide medications for “office use” via a prescription. These medications being purchased by another DEA registrant must be invoiced for sale just as you would to another pharmacy. This would include the requirement of DEA Form 222 if the sale were for Schedule II medication.

West Virginia does permit prescriptions to be dispensed when written by out of state prescribers. WV recognizes the prescribing authority of the practitioner in the other state. For example, if an APRN is permitted to prescribe a 30-day supply of a schedule II opioid in state A and the patient was seen in state A, the pharmacy in WV may dispense the 30-day supply here in WV.

Prescriptions are required to be written by practitioners licensed to practice in the United States and its territories. These individuals are eligible for a national provider identification number which is required for the prescription to be valid in WV.

Prescriptions for controlled substances schedule III, IV, and V expire six months after their issuance date and are limited to a maximum of five refills. Every refill must be documented with the date, the pharmacist's initials, and the specific amount dispensed; if only the initials and date are recorded, it is assumed the full quantity was provided. While partial fills are allowed to exceed five instances as long as the total prescribed quantity is not exceeded, any request for additional quantities requires a completely new prescription from the practitioner. Patients cannot receive a refill more than three days before their current supply runs out unless special circumstances justify it. WV law does permit a pharmacist to grant an early refill in their professional judgement, but the pharmacist must document the justifying circumstances on the prescription record and is encouraged to consult with the prescriber.

When a pharmacist receives a prescription for a Schedule II medication with errors, WV law permits the pharmacist to add or change the dosage form, drug strength, drug quantity, directions for use, or issue date only after consultation with and agreement of the prescribing practitioner. The pharmacist is never authorized to make changes to the patient's name, controlled substance prescribed, except for generic substitution authorized by state law or the prescriber's signature.

Wholesale drug distributors are mandated to design and operate a monitoring system to identify suspicious orders, which include transactions of unusual size, frequency, or deviations from normal patterns. Upon discovery, distributors must report these suspicious orders to the Board using an official form (available at www.wvbop.com) by submitting a copy of the documentation provided to the U.S. Drug Enforcement Administration (DEA). This notification must include point-of-contact information for the distributor's regulatory compliance staff. If no suspicious orders are detected within a calendar month, the distributor must submit a written "zero report" to the Board within 15 days of the month's end. Additionally, wholesalers must notify the Board within five days if they decide to cease or refuse distribution of Schedule II through V substances to a West Virginia customer due to concerns regarding illegitimate medical dispensing.

Physical security rules require specific storage requirements for pharmacies that mirror the

US Controlled Substance Act. When a pharmacy is closed, Schedule II controlled substances must either be locked securely in a narcotic cabinet made of at least 20-gauge metal or dispersed throughout the noncontrolled drug stock to deter theft; any alternative storage methods require explicit Board approval. Access to the keys or combinations of these cabinets is restricted to pharmacists practicing at that location who are authorized by the pharmacist-in-charge. Schedule III, IV, and V substances may similarly be locked up or dispersed within the general inventory, while approved automated distribution systems may be utilized in institutional settings. Registrants are prohibited from employing anyone in a position with access to controlled substances if they have a felony conviction relating to controlled substances, or if they have ever had a registration application denied or revoked.

Controlled substance inventories must be completed every 2 years. Schedule II drugs require a perpetual inventory with reconciliation monthly. Records must be kept for five years after the last refill of medication and must be available to the Board for inspection within 72 hours.

Controlled Substance Monitoring Program

All licensed practitioners authorized to prescribe or dispense Schedule II, III, IV, or V controlled substances in West Virginia must register with the CSMP and maintain electronic access to its database. Compliance is required within 30 days of obtaining a new license.

Licensed medical professionals including physicians, registered professional nurses, dentists, osteopathic physicians, optometrists, and pharmacists must consult the CSMP database prior to initially prescribing or dispensing any Schedule II controlled substance, opioid, or benzodiazepine to a patient, provided the patient is not terminally ill. This CSMP check must be performed at least annually if the controlled substance treatment continues, and the practitioner must document the retrieved information directly into the patient's medical record.

Whenever a Schedule II, III, IV, or V controlled substance, drug of concern, or opioid antagonist is dispensed for outpatient use, the responsible healthcare provider, facility, or pharmacy must electronically transmit the dispensing details to the central repository using standard automation formats. This transmission must include comprehensive details: the dispenser's identity and DEA number; the patient's full legal name, address, and date of birth verified by a government-issued photo ID (or the best available information for minors); the prescriber's DEA number; and specific medication data, including the National Drug Code (NDC), quantity, prescription and fill dates, and authorized refills. Additionally, if a representative picks up the medication on behalf of the patient, their full name and photo ID details must be logged, along with the source of payment for the prescription.

Dispensing data must be submitted to the database within 24 hours of dispensing, or within 48 hours if the medication is delivered via mail or a courier service. Dispensers closed for weekends or holidays must report as soon as practicable upon reopening or within 48 hours, whichever comes first. If no controlled substances are dispensed, reporters must file daily "zero" reports, though they may submit a weekly zero report if no transactions occur within a seven-day window. Entities that do not possess controlled substances for

dispensing can apply for a formal reporting waiver.

In the event of an emergency that prevents timely reporting, dispensers must notify the board, which may be considered to mitigate potential penalties. Finally, if a dispenser discovers an error in the submitted data, they are required to correct and resubmit the information within 7 days of the discovery.

To preserve confidentiality, the board restricts database access to authorized entities. This includes licensing boards conducting investigations, specific state and federal law enforcement agents during an active investigation, medical examiners, health facility regulators, and medical school deans or designated medical employers monitoring prescribing patterns.

Authorized practitioners, pharmacists, and registered pharmacy technicians may access the data to evaluate or treat patients, including evaluating a prospective patient before acceptance into a practice or checking a mother's records if treating a breastfed infant. These files are protected from civil or criminal discovery unless a court order or administrative subpoena is issued.

SPECIAL SERVICES

Immunizations Provided in Pharmacies

Licensed pharmacists may order and administer immunizations if they are registered with the West Virginia Board of Pharmacy. To qualify, they must successfully complete a Board-approved immunization training program based on Centers for Disease Control and Prevention (CDC) standards, maintain current basic life-support and CPR certification, and complete at least four hours of approved continuing pharmacy education related to immunizations each renewal cycle. Pharmacy interns may also administer immunizations under the direct supervision of a registered immunizing pharmacist, provided the intern meets the same basic life-support and initial immunization training requirements. Pharmacy technicians may administer vaccines under a registered pharmacist's direct supervision if they are registered with the Board, hold current CPR/life-support certification, complete a practical training program featuring hands-on injection techniques and emergency reaction training, and complete two hours of specialized continuing education per renewal period. Pharmacy technician trainees are not permitted to immunize. Administering an immunization outside of these guidelines constitutes unprofessional conduct.

Pharmacists must formally apply to the Board and submit a fee to obtain their immunization registration, which expires biennially on June 30 of the year their pharmacy license expires. This registration must be conspicuously posted at any location where the pharmacist administers vaccines. Pharmacy technicians face a similar biennial registration and renewal process linked to their license expiration. Pharmacy interns do not register directly with the Board for immunizations; instead, before administering any vaccines, they must provide documentation of their training and certifications to their supervising pharmacist. The supervising pharmacist is required to maintain this documentation at the pharmacy where the intern is practicing.

While licensed pharmacists have the authority to order immunizations, pharmacists, interns,

and pharmacy technicians may all physical administer them. Vaccines must be given either pursuant to a healthcare provider's prescription for individuals aged 3 and older, or in accordance with definitive CDC immunization schedules. For patients between the ages of 3 and 17, immunizations require a parent or guardian to provide written, informed consent, there be no medical contraindications, and both the patient and caregiver are advised of the importance of primary-care well-child visits. Furthermore, all vaccinators must follow proper storage, dosing, and routing protocols, implement CDC-recommended observation periods for adverse reactions, and provide a current CDC Vaccine Information Statement (VIS) to every recipient. A pharmacist is prohibited from delegating immunization authority to anyone other than a fully qualified intern or technician working under their direct supervision.

Every immunization requires the completion of a questionnaire and consent form, including explicit written parental consent for minors. Within 30 days of administration, a record of the vaccine must be forwarded to the patient's primary care provider, unless the patient states in writing that they do not have one (in which case a copy is given directly to the patient). Within that same 30-day window, the pharmacist must report the immunization to the West Virginia Statewide Immunization Information (WVSII) database. All questionnaires, consent forms, and administration records must be kept on file in the pharmacy for a minimum of five years. If an immunization is performed off-site, these records must be stored at the pharmacy where the administrator is employed. In the event of an adverse reaction, the pharmacist must file a report with the Vaccine Adverse Events Reporting System (VAERS) and immediately provide copies to the Board of Pharmacy, the state's Division of Immunization Services, and the patient's primary care provider.

To ensure patient safety during severe allergic reactions, authorized pharmacists, interns, and technicians are permitted to administer emergency epinephrine and diphenhydramine. This medical intervention must be executed in accordance with established CDC guidelines. To properly facilitate this emergency care, pharmacy staff must maintain a readily retrievable emergency response plan as outlined by the CDC and a stocked and easily accessible emergency kit at the administration site.

The Board requires specific criteria for educational programs to be approved for pharmacy personnel. For pharmacists and interns, the program must consist of at least 15 total hours of instruction, blending self-study with a minimum of six hours of live instruction. This curriculum must cover basic immunology, adverse reactions, emergency responses, storage logistics, record-keeping, and legal/regulatory standards like OSHA compliance. For pharmacy technicians, the approved course must combine a self-study element with a hands-on practical component. The technician curriculum focuses heavily on physical execution, including proper drawing and injection techniques, identifying vaccine-specific routes and needle lengths based on patient demographics, implementing safety measures to prevent accidental needle sticks, and managing emergency scenarios.

Collaborative Pharmacy Practice

To participate in a collaborative pharmacy practice agreement in West Virginia, a pharmacist must hold an active, unrestricted license to practice within the state. Additionally, the pharmacist must be covered by professional liability insurance of at least $1

million, maintained either personally or through their employer. The Board of Pharmacy formally verifies the individual's eligibility upon receiving an eligibility verification request backed by appropriate documentation.

The regulations dictate three distinct credentialing pathways for a pharmacist to qualify for a collaborative agreement. Under the first option, the pharmacist must hold a Board of Pharmaceutical Specialties certification, be a Certified Geriatric Practitioner, or have completed an ASHP-accredited residency program paired with two years of board-approved clinical experience. The second pathway requires a Doctor of Pharmacy (PharmD) degree, three years of approved clinical experience, and the completion of an ACPE-approved certificate program tailored to the agreement's specific practice area. The third option allows pharmacists with a Bachelor of Science in Pharmacy to qualify if they possess five years of approved clinical experience and have completed two ACPE-approved certificate programs, with at least one matching the intended area of collaborative practice.

Collaborative practice is a voluntary, physician-directed process that can only commence after a patient provides informed consent, which must be noted in their medical record. Before starting, the participating clinicians must file a complete, written practice notification form with the Board of Pharmacy alongside a $50 fee. This notification contains basic contact details, license numbers, the proposed effective date, and the specific practice locations. It also includes formal certifications confirming that the practitioners are verified and that an executed agreement is on file. Once filed, the notification is immediately effective and remains valid without renewal fees until the agreement terminates. The Board of Pharmacy must confirm receipt to the pharmacist within five business days, route a copy to the physician's respective licensing board (Medicine or Osteopathic Medicine), and maintain it on a current public list.

Collaborative pharmacy practice agreements are permitted across a wide array of professional settings, including hospitals, community pharmacies, nursing homes, ambulatory care clinics, and medical schools. To provide these services, the collaborating pharmacist must be directly employed by or under contract with the participating facility or hold a formal faculty appointment at a West Virginia school of pharmacy or medicine. Furthermore, the underlying collaboration must always remain within the medical specialty of the collaborating physician as well as the education and training of the pharmacist.

The written agreement formally establishes the pharmacist's scope of practice, which is focused on drug therapy management activities approved by the collaborating physician. West Virginia law dictates that a pharmacist may not diagnose patients. Pharmacists are prohibited from changing a controlled substance, but non-controlled medications may Implementing, modifying, and managing drug therapy according to the terms of the collaborative practice agreement. Drug classes are permitted to be utilized. Furthermore, a collaborating pharmacist may only delegate drug therapy management to another qualified pharmacist who has physically signed the exact same protocol.

All clinical activities, evaluation notes, and drug management choices executed by the pharmacist must be documented directly in the patient's medical record, and a copy of the active protocol must be filed within that same

medical record. Evaluation notes must be entered within one week of any clinical change. If a drug therapy is discontinued, the pharmacist must notify the treating physician within 72 hours, unless the protocol dictates a shorter timeline. If no active drug therapy changes occur, the pharmacist must still provide a status update to the physician at least every 30 days. These protocols and records must remain readily available for inspection by the relevant licensing boards, and the rules explicitly state that pharmacist visits cannot be substituted for regular physician visits.

A collaborative practice agreement automatically terminates if either the collaborating pharmacist or physician loses their eligibility to practice. If multiple practitioners are signed onto a single agreement, the arrangement survives as long as at least one eligible pharmacist and one eligible physician remain. Any participating clinician can voluntarily terminate the agreement at any time, but the pharmacist is required to notify the Board of Pharmacy in writing within 10 days of the termination. The Board of Pharmacy will then notify the physician's licensing board within 5 days. Additionally, a patient has the right to revoke their consent at any time, which requires the collaborative services to cease for that individual immediately without affecting other patients under the agreement.

The rules prohibit any form of advertising regarding collaborative pharmacy practices. Furthermore, a physician cannot be employed by a pharmacist or a pharmacy specifically to engage in collaborative practice. Pharmacists and pharmacies are also forbidden from making direct or indirect patient referrals to a physician or medical clinic for the purpose of establishing a collaborative agreement. All parties are obligated to ensure that their financial or employment arrangements do not interfere with sound clinical judgment, diminish ethical obligations, or exert undue influence over the integrity of the collaborative relationship.

The Board of Pharmacy, Board of Medicine, and Board of Osteopathic Medicine retain full jurisdiction to investigate complaints and check compliance. They hold the authority to cancel a collaborative agreement if evidence reveals that the signatories are failing to follow its terms. The boards are empowered to share complaint data, investigation files, and licensing information with one another regarding mutual licensees. Any pharmacist or physician who violates the terms of their agreement faces additional mandatory education, monitoring, or formal disciplinary proceedings. Engaging in a collaborative pharmacy practice without a compliant written agreement and an active, filed practice notification is explicitly defined as dishonorable, unethical, and unprofessional conduct.

Hormonal Contraceptive Prescribing

To participate in hormonal contraceptive prescribing, a licensed pharmacist may dispense these contraceptives without an individualized prescription from a patient's personal doctor, provided they act pursuant to a statewide standing prescription drug order available on the Board’s website after completion of the training and register with the Board. To be eligible to receive contraceptives through this mechanism, the patient must be at least 18 years old. Furthermore, all existing state and federal laws regarding insurance coverage for contraceptive drugs, devices, and services apply to medications dispensed under this standing order.

The state health officer is authorized to issue statewide standing orders for self-administered hormonal contraceptives. This order must follow a clinical protocol consistent with the Centers for Disease Control and Prevention's (CDC) United States Medical Eligibility Criteria for Contraceptive Use (MEC). The protocol dictates the eligibility rules, the use of a patient self-screening risk assessment questionnaire, mandatory written and oral education, and a set timeline for renewing and updating the standing order. To utilize this standing order, pharmacists must first complete a training program approved by the Board of Pharmacy in collaboration with the Bureau for Public Health, and they must provide documentation of this training to the Board upon request.

Before dispensing any hormonal contraceptive, the pharmacist must obtain a completed self-screening risk assessment questionnaire from the patient. This questionnaire must be jointly approved by the state health officer, the Board of Pharmacy, the Board of Medicine, and the Board of Osteopathic Medicine. If the patient's responses or the dispensing guidelines indicate that taking the medication would be unsafe, the pharmacist is prohibited from dispensing the contraceptive and must refer the patient to a healthcare practitioner or a local health department. Additionally, a pharmacist cannot continuously dispense contraceptives to a patient for more than 12 months from the initial date without evidence that the patient has consulted with a healthcare practitioner during that year.

Pharmacists must supply patients with comprehensive written and verbal information emphasizing the importance of seeing a healthcare provider for recommended clinical tests and screenings. They must also educate the patient on the availability and effectiveness of alternative options, such as long-acting reversible contraceptives. At the end of the visit, the pharmacist is required to provide the patient with a physical copy of their encounter record, which must include the completed self-assessment tool and a clear description of the contraceptives dispensed (or the specific clinical basis for withholding them). The pharmacist must also retain a formal copy of this record for the pharmacy's files.

When dispensing a self-administered hormonal contraceptive, the pharmacist must provide verbal patient counseling. This counseling must cover the appropriate administration and storage of the medication, its potential risks and side effects, and the necessary timing for backup contraception. The pharmacist must also discuss when the patient should seek emergency medical attention, the risks of contracting sexually transmitted infections or diseases, and practical methods to reduce those contraction risks. The West Virginia Board of Pharmacy maintains full regulatory oversight over all pharmacists performing these services.

Tobacco Cessation

Under this program, a licensed pharmacist is authorized to independently initiate and dispense over-the-counter medications, non-controlled prescription drugs, or other professional tobacco cessation services. This care can be delivered without an individual prescription from a patient's personal doctor, provided the patient is at least 18 years old and the services are rendered in accordance with specific state guidelines and an active standing order.

The Commissioner of the Bureau for Public Health (or a designated official) is responsible for creating and maintaining the statewide standing orders that grant pharmacists this dispensing authority. These standing orders must define which individuals are eligible to

receive the therapies, establish a timeline for regularly renewing and updating the order, and mandate the use of the official Tobacco Cessation Therapy Protocol. To participate in this program, pharmacists must successfully complete a specialized training program approved by the West Virginia Board of Pharmacy, and they are required to supply documentation of this training to the Board upon request. This program is currently undergoing changes and is not active.

Before initiating any treatment, the pharmacist must follow the formal Tobacco Cessation Therapy Protocol, which is jointly approved by the Commissioner of the Bureau for Public Health, the Board of Pharmacy, and the Board of Medicine. This protocol outlines strict criteria for identifying eligible patients, lists all authorized medications, and details procedures for starting and monitoring a patient-specific care plan built on clinical guidelines. If the screening protocol indicates that a tobacco cessation therapy is medically contraindicated or otherwise unsafe for a patient, the pharmacist is prohibited from dispensing the medication and must refer the individual to their primary care provider.

The pharmacist must provide mandatory health education regarding the medications and outline necessary follow-up care to every receiving patient. All decisions, actions, and therapies must be documented directly within the pharmacy's electronic record system. The pharmacist must notify the patient's primary care provider regarding the initiated therapy within two business days, assuming the patient provides their clinician's information. The West Virginia Board of Pharmacy retains complete regulatory authority over all pharmacists utilizing these protocols.

Test and Treat Authority

A pharmacist has the legal authority to prescribe and dispense non-controlled medications in accordance with federal Food and Drug Administration (FDA)-approved labeling, provided they first obtain a relevant patient medication history. This prescribing authority is limited to conditions verified by a diagnostic test that is waived under the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA). Under this provision, pharmacists may only treat three specific viral conditions: influenza, SARS-CoV-2 (COVID-19), and Respiratory Syncytial Virus (RSV). Alternatively, outside of diagnostic testing, a pharmacist is authorized to utilize this mechanism to refill an expired prescription for an epinephrine injection device.

When a pharmacist utilizes this authority to test, prescribe, and dispense a medication, they are subject to strict primary care provider communication timelines. The pharmacist must formally notify the patient's primary care physician within 72 hours of the encounter. This notification must include both the specific diagnostic test results and the details of the permissible medication that was prescribed and dispensed to the patient.

Any prescription written and dispensed by a pharmacist under these rules is limited to a maximum 30-day supply within any given six-month period. If the pharmacist determines that a treatment course of more than 10 days is clinically necessary, they are required to notify the patient's primary care physician regarding the extended duration. In scenarios where a patient does not have or cannot identify a primary care physician, the pharmacist must make a proactive attempt to provide the patient with a formal referral to a primary care provider to ensure ongoing medical oversight.