West Virginia MPJE (Pharmacy Jurisprudence) Practice Exam (Sample)

Study Guide

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Questions

1. **The Poison Prevention and Packaging Act of 1970 deals with:**

   A. Controlled substances

   B. NDC number assignment

   C. Over-the-counter drugs

   D. Prescription drugs

2. **For OTC labeling, what amount of calcium requires the statement "each (insert appropriate dosage unit) contains: (insert names of ingredients in alphabetical order and the quantity of each ingredient)"?**

   A. ≥20 mg

   B. ≥8 mg

   C. ≥5 mg

   D. ≥600 mg

3. **When conducting a controlled substance inventory, what is required for an exact count?**

   A. An exact count is required for all CI and CII substances

   B. A proximate count is sufficient for CI substances

   C. If less than 1,000 dosage units, do not need an exact count for CIII-V substances

   D. If more than 1,000 dosage units, need an exact count for CIII-V substances

4. **How much of a CIII or benzodiazepine can an NP provide in West Virginia?**

   A. ≤72 hr supply with no refills

   B. ≤30 day supply with one refill

   C. ≤90 day supply with unlimited refills

   D. No restrictions as long as within treatment guidelines

5. **True or False: The DEA permits retail pharmacies to install and remotely operate automated dispensing systems in long-term care facilities (LTCFs).**

   A. False

   B. True

6. After the first year, a DATA waived prescriber can request to increase their patient limit to how many patients at one time?

A. 50 patients

B. 100 patients

C. 150 patients

D. 200 patients

7. What is the minimum number of live continuing education hours required every two years for West Virginia pharmacists?

A. 2 hours

B. 4 hours

C. 6 hours

D. 10 hours

8. If the expiration date is "8/2017", what is the last possible date of use?

A. 8/1/2017

B. 8/15/2017

C. 8/30/2017

D. 8/31/2017

9. How is codeine classified federally if it is formulated as a single agent?

A. CII

B. CIII

C. CIV

D. CV

10. What is the validity period for a NAPLEX score transfer in WV?

A. 1 year

B. 2 years

C. 6 months

D. 5 years

Answers

1. D
2. A
3. A
4. A
5. B
6. A
7. A
8. A
9. A
10. A

Explanations

1. The Poison Prevention and Packaging Act of 1970 deals with:

A. Controlled substances

B. NDC number assignment

C. Over-the-counter drugs

D. Prescription drugs

The Poison Prevention and Packaging Act of 1970 was enacted to protect children from accidental poisoning by requiring that many household substances, including prescription drugs, be packaged in child-resistant containers. While over-the-counter drugs also fall under this act, the specific emphasis on prescription drugs signifies their importance in the context of potential accidental ingestion. This legislation aims to ensure safety, particularly considering that prescription medications are often kept at home and could pose serious risks to children. In the context of the options, the act does not focus specifically on controlled substances, which have their own regulations concerning prescribing and dispensing. While the National Drug Code (NDC) pertains to drug identification and assignment, it is not a focal point of the Poison Prevention and Packaging Act. Therefore, prescription drugs are the primary concern of the Act, making it the most appropriate choice.

2. For OTC labeling, what amount of calcium requires the statement "each (insert appropriate dosage unit) contains: (insert names of ingredients in alphabetical order and the quantity of each ingredient)"?

A. ≥20 mg

B. ≥8 mg

C. ≥5 mg

D. ≥600 mg

The correct answer is that for OTC (over-the-counter) labeling, a product must include the statement "each (insert appropriate dosage unit) contains: (insert names of ingredients in alphabetical order and the quantity of each ingredient)" if it contains 20 mg or more of calcium. This requirement is established to ensure that consumers are adequately informed about the contents of OTC products, particularly those that involve essential nutrients like calcium. When products contain significant amounts of active ingredients, the FDA mandates clear labeling to help consumers make informed decisions about their health and supplement intake. This threshold ensures that products containing clinically relevant amounts of calcium, which could impact daily intake and health outcomes, are recognized as needing detailed ingredient information. The requirement reflects a balance between providing necessary information while avoiding overwhelming consumers with details on products that contain negligible amounts of such ingredients. The other thresholds provided do not trigger this specific statutory labeling requirement because they fall below the established limit that the FDA has determined necessitates consumer awareness of ingredient composition.

3. When conducting a controlled substance inventory, what is required for an exact count?

A. An exact count is required for all CI and CII substances

B. A proximate count is sufficient for CI substances

C. If less than 1,000 dosage units, do not need an exact count for CIII-V substances

D. If more than 1,000 dosage units, need an exact count for CIII-V substances

The requirement for an exact count during a controlled substance inventory stems from federal regulations aimed at maintaining the integrity and security of controlled substances. An exact count is mandated for all Schedule I and II (CI and CII) substances because these drugs are considered to have a high potential for abuse and can pose significant risks if mismanaged. Specific counting protocols help ensure that the quantities reported reflect accurate and secure handling of these substances, allowing for better monitoring and control. In contrast, for Schedule III (CIII) to V (CV) substances, while they still require accountability, regulations allow for a less stringent approach. If a substance has less than 1,000 dosage units, it is acceptable to have a proximate count rather than an exact count, as the potential for abuse is considered lower compared to CI and CII substances. If there are more than 1,000 units of a CIII-V substance on hand, then an exact count must be utilized. This tiered approach reflects a balance between regulatory oversight and practical pharmacy inventory management.

4. How much of a CIII or benzodiazepine can an NP provide in West Virginia?

A. ≤72 hr supply with no refills

B. ≤30 day supply with one refill

C. ≤90 day supply with unlimited refills

D. No restrictions as long as within treatment guidelines

In West Virginia, Nurse Practitioners (NPs) have specific prescribing authority regarding controlled substances, including Schedule III (CIII) medications and benzodiazepines. The regulation allows for NPs to prescribe these medications with certain limitations. The correct response indicates that an NP can provide a supply that does not exceed a 72-hour duration with no possibility of refills. This reflects the state's controlled substance regulations aimed at managing the potential for abuse while still allowing NPs to participate in patient care effectively. Other options suggest longer supply periods or unlimited refills, which are not consistent with the stringent controls imposed on controlled substances in West Virginia, particularly regarding CIII drugs and benzodiazepines. Such limitations are designed to prevent misuse and ensure that the prescribing practices remain within safe and regulated boundaries.

5. True or False: The DEA permits retail pharmacies to install and remotely operate automated dispensing systems in long-term care facilities (LTCFs).

A. False

B. True

The correct answer is true. The Drug Enforcement Administration (DEA) does permit retail pharmacies to install and remotely operate automated dispensing systems in long-term care facilities (LTCFs). This regulation facilitates the provision of medications to patients in LTCFs while ensuring compliance with federal laws regarding the storage and dispensing of controlled substances. The use of automated systems can improve efficiency, reduce medication errors, and enhance patient care by allowing for timely access to medications while still maintaining the necessary oversight and security measures required for controlled substances.

6. After the first year, a DATA waived prescriber can request to increase their patient limit to how many patients at one time?

A. 50 patients

B. 100 patients

C. 150 patients

D. 200 patients

A DATA-waived prescriber is allowed to treat a certain number of patients at a time for opioid use disorder after completing the required training and obtaining the appropriate waiver. Initially, they are limited to 30 patients during the first year of treatment. Upon reaching the one-year mark, these prescribers can request an increase in their patient limit. The correct limit to request at that point is indeed 100 patients. This increase is contingent upon the prescriber meeting specific criteria, including the completion of the required training and compliance with the respective regulations governing the treatment of opioid dependence. After the second year, if the prescriber continues to meet the necessary criteria, they may further apply to increase their patient limit to 150 or more. Therefore, the correct answer in this context would be 100 patients, not 50.

7. What is the minimum number of live continuing education hours required every two years for West Virginia pharmacists?

A. 2 hours

B. 4 hours

C. 6 hours

D. 10 hours

In West Virginia, the minimum requirement for live continuing education hours that pharmacists must complete every two years is indeed 2 hours. This regulation is in place to ensure that pharmacists stay current with the latest developments in the field, including new medication therapies, best practice updates, and changes in laws and regulations surrounding pharmacy practice. Live continuing education can include activities such as seminars, workshops, and interactive courses that provide personal engagement and the opportunity to ask questions directly to instructors. Understanding and meeting these requirements is essential for maintaining licensure and ensuring that pharmacists provide the best care to their patients. Completing even a few hours of live education can significantly contribute to a pharmacist's knowledge base, allowing them to improve their practice effectively.

8. If the expiration date is "8/2017", what is the last possible date of use?

A. 8/1/2017

B. 8/15/2017

C. 8/30/2017

D. 8/31/2017

When a medication’s expiration date is listed as "8/2017," it signifies that the manufacturer guarantees the potency and safety of the medication until the end of that month, meaning the last day it should be used is the last day of August 2017. However, the common practice in the pharmaceutical industry is to consider the labeled expiration date as the last date on which the product can be safely used. Thus, while expiration dates typically suggest that products should no longer be used after the month noted, unless otherwise specified, practices tend to treat the label as referring to the very last day of that month (e.g., August 31, 2017). In some interpretations, the earliest that this date can be considered valid is the beginning of the month indicated, but it is important to recognize that manufacturers' labeling often provides validity throughout that month rather than limiting it to the first day. Ultimately, for this specific question, the actual last possible date of use according to industry standards is August 31, 2017. Therefore, the option suggesting usage before the month ends aligns better with standard pharmacy practice where products can be used until the last day of the month stated on the expiration date label.

9. How is codeine classified federally if it is formulated as a single agent?

A. CII

B. CIII

C. CIV

D. CV

Codeine, when formulated as a single agent, is classified federally as a Schedule II controlled substance. This classification reflects the significant potential for abuse and the risk of severe psychological or physical dependence associated with codeine when used independently, as it is an opioid analgesic. Single-agent formulations of codeine are considered to have high potency and a strong risk for misuse, which necessitates tighter regulations and controls under federal law. This classification is distinct from combination products containing codeine, which can often be classified as Schedule III or Schedule V, depending on the amount of codeine and other ingredients. Therefore, the rationale behind the classification of codeine as a Schedule II substance is closely tied to its potential for abuse and the necessity for careful monitoring during its dispensing and use in clinical practice.

10. What is the validity period for a NAPLEX score transfer in WV?

A. 1 year

B. 2 years

C. 6 months

D. 5 years

The validity period for a NAPLEX score transfer in WV is 1 year. This means that if you transfer your NAPLEX score to WV, you must apply for licensure within 1 year or your score will expire. Option B, 2 years, is incorrect because a NAPLEX score transfer is only valid for 1 year in WV. Option C, 6 months, is also incorrect as it is too short of a time period for a NAPLEX score transfer to expire. Option D, 5 years, is also incorrect as it is too long of a period for a score transfer to remain valid in WV.