

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

Study Guide



Everything you need from our exam experts!

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. Will the West Virginia Board of Pharmacy accept internship hours completed outside of West Virginia?**
 - A. No, internship hours must be completed within West Virginia**
 - B. Yes, with a letter of credit from the state's BOP or the school where the experience was completed**
 - C. Yes, but only if completed in adjacent states**
 - D. Yes, no documentation required**
- 2. What form is used as a record of controlled substances destroyed?**
 - A. DEA Form 41**
 - B. DEA Form 106**
 - C. DEA Form 222**
 - D. DEA Form 224**
- 3. An interim Pharmacist-in-Charge (PIC) may be designated for a period not to exceed how long in West Virginia?**
 - A. 30 days**
 - B. 45 days**
 - C. 60 days**
 - D. 90 days**
- 4. Which of the following is required for a prescriber to sign and transmit e-prescriptions using 2-factor authentication?**
 - A. Credentials including a digital certificate and either something you know, something you have, or something you are**
 - B. Username, password, and social security number**
 - C. Fingerprint scan, iris scan, and personal identification number**
 - D. Credit card information and password**
- 5. In the first year, how many patients can a DATA waived prescriber treat for opioid addiction at one time?**
 - A. 10 patients**
 - B. 20 patients**
 - C. 30 patients**
 - D. 50 patients**

6. What law made falsely billing Medicare and Medicaid a federal crime?

- A. Kefauver-Harris Amendment of 1962**
- B. Poison Prevention and Packaging Act of 1970**
- C. Pure Food and Drug Act of 1906**
- D. Federal False Claims Act of 1982**

7. How early can refills of controlled substances be dispensed in West Virginia without documentation for an early refill?

- A. 1 day early**
- B. 2 days early**
- C. 3 days early**
- D. 4 days early**

8. Is pre-signing prescriptions for scheduled drugs allowed?

- A. Yes, for Schedule II drugs only**
- B. Yes, for non-scheduled drugs only**
- C. Yes, for both scheduled and non-scheduled drugs**
- D. No, it is illegal for all prescriptions**

9. Under section 503A of the Drug Quality and Security Act, drug products prepared using traditional compounding methods are exempt from which requirements?

- A. Compliance with CGMP, labeling with adequate directions for use, need to obtain FDA approval for the new drug product**
- B. Compliance with CGMP, payment of FDA fees, need to obtain state approval**
- C. Compliance with sterility data, adverse event reporting, need to obtain FDA approval for the new drug product**
- D. Compliance with CGMP, labeling with adequate directions for use, need to obtain DEA approval for the new drug product**

10. Which of the following immunizations can a pharmacist give in West Virginia to patients 18 years or older?

- A. Hepatitis A, Hepatitis C, Influenza, Meningococcal**
- B. Herpes Zoster, Tetanus, Tuberculosis, Pneumococcal**
- C. Hepatitis B, Herpes Zoster, Influenza, Pneumococcal**
- D. Hepatitis A, Hepatitis B, Influenza, Human Papillomavirus (HPV)**

Answers

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

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Explanations

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1. Will the West Virginia Board of Pharmacy accept internship hours completed outside of West Virginia?

- A. No, internship hours must be completed within West Virginia**
- B. Yes, with a letter of credit from the state's BOP or the school where the experience was completed**
- C. Yes, but only if completed in adjacent states**
- D. Yes, no documentation required**

The correct response is that internship hours must be completed within West Virginia. The West Virginia Board of Pharmacy has specific regulations regarding internship requirements, emphasizing that pharmacy intern hours should be accrued within the state. This ensures that the training aligns with state laws and practices, which can differ significantly from those in other states. Completing internship hours in West Virginia allows interns to gain direct experience with local pharmacy regulations, practices, and patient populations. Furthermore, it strengthens their understanding of the state's healthcare environment, which is essential for effective practice post-licensure. Other responses suggest various levels of acceptability for internship hours completed outside the state, which do not align with the Board's established criteria. The requirements are designed to maintain consistent training standards for pharmacists in West Virginia, underscoring the importance of in-state educational and practical experiences.

2. What form is used as a record of controlled substances destroyed?

- A. DEA Form 41**
- B. DEA Form 106**
- C. DEA Form 222**
- D. DEA Form 224**

The appropriate form used for documenting the destruction of controlled substances is DEA Form 41. This form is specifically designed for registrants who need to record the destruction of controlled substances, ensuring compliance with regulatory requirements. When a pharmacy, hospital, or other registered entities have outdated or unusable controlled substances, they must fill out and submit DEA Form 41 to officially log the disposal process. This form serves as a formal record that helps maintain accountability and provides a paper trail for regulatory purposes, thereby minimizing the risk of diversion of controlled substances. The other forms listed serve different purposes within the realm of controlled substances. DEA Form 106 is used to report the theft or significant loss of controlled substances, while DEA Form 222 is utilized for ordering Schedule I and II drugs. DEA Form 224 is required for the registration of pharmacists and institutions that dispense controlled substances. Understanding the specific purpose of each form is crucial for maintaining compliance with DEA regulations.

3. An interim Pharmacist-in-Charge (PIC) may be designated for a period not to exceed how long in West Virginia?

- A. 30 days**
- B. 45 days**
- C. 60 days**
- D. 90 days**

In West Virginia, the designation of an interim Pharmacist-in-Charge (PIC) is governed by specific regulations that limit the duration of this assignment. The correct answer indicates that an interim PIC may serve for a maximum of 30 days. This provision ensures that the pharmacy maintains compliance with regulatory standards while a permanent PIC is being appointed or while there is a temporary vacancy. The rationale behind this time limitation is to promote the consistent oversight of pharmacy operations and patient safety. A 30-day period allows pharmacies some flexibility to address leadership changes but also emphasizes the importance of a timely transition to a permanent PIC. By having such regulations in place, the integrity of pharmacy practice is maintained, and necessary oversight is consistently provided. In comparison to the other choices, longer periods like 45 days, 60 days, or 90 days would not align with the regulatory framework intended to ensure prompt management of pharmacy leadership. This helps to mitigate potential risks associated with having an interim leader for prolonged periods, which could affect compliance with federal and state pharmacy laws.

4. Which of the following is required for a prescriber to sign and transmit e-prescriptions using 2-factor authentication?

- A. Credentials including a digital certificate and either something you know, something you have, or something you are**
- B. Username, password, and social security number**
- C. Fingerprint scan, iris scan, and personal identification number**
- D. Credit card information and password**

The correct answer is based on the requirement for secure e-prescribing protocols that mandate the use of two-factor authentication. In this context, two-factor authentication enhances security by requiring two distinct forms of identification from the prescriber. The first part, which is a digital certificate, ensures that the prescriber has a unique and authenticated identity, while the second part can either be something they know (like a password), something they have (such as a physical token or device), or something they are (biometric data). This combination effectively prevents unauthorized access to the prescribing system and strengthens patient safety and privacy. The other options, while they contain elements of authentication, do not meet the specific criteria necessary for secure e-prescription processes as established by regulations. For instance, a username and password can be easily compromised if they are the only security measures in place, which could expose the system to breaches. The inclusion of personal identification numbers, credit card information, or biometric data as the sole mechanisms for authentication lacks the multifactor approach needed for compliance with secure e-prescribing standards.

5. In the first year, how many patients can a DATA waived prescriber treat for opioid addiction at one time?

- A. 10 patients**
- B. 20 patients**
- C. 30 patients**
- D. 50 patients**

A DATA waived prescriber in their first year of practice can treat up to 30 patients at one time for opioid addiction. The Drug Addiction Treatment Act (DATA) of 2000 allows qualifying physicians to prescribe medication-assisted treatment for individuals with opioid use disorder, which is vital for managing addiction and helping patients recover. This limit is designed to ensure that prescribers can adequately monitor and support their patients while also maintaining a quality level of care. After the first year, a prescriber who meets certain criteria may apply to increase their patient limit to 100. Further experience and compliance with regulations can lead to potential increases up to 275 patients, but those additional thresholds are only available after the initial year and upon meeting specific regulatory requirements. The limits set by DATA reflect the balance between increasing access to treatment and the need for responsible prescribing and monitoring practices to protect patient safety and enhance treatment efficacy.

6. What law made falsely billing Medicare and Medicaid a federal crime?

- A. Kefauver-Harris Amendment of 1962**
- B. Poison Prevention and Packaging Act of 1970**
- C. Pure Food and Drug Act of 1906**
- D. Federal False Claims Act of 1982**

The Federal False Claims Act of 1982 specifically addresses the issue of fraud against government programs, including Medicare and Medicaid, by making it a federal crime to submit false claims for payment. This law allows the government to prosecute individuals or entities that knowingly submit misleading or incorrect information to receive payments from these programs. The significance of this legislation lies in its efforts to protect taxpayer dollars and ensure program integrity, focusing on accountability in healthcare billing practices. By imposing severe penalties for violations, it serves as a deterrent against fraud, thereby promoting trust in the healthcare system and protecting vulnerable populations who rely on these services. Other options listed relate to different aspects of healthcare and pharmaceutical regulation but do not address the specific issue of false billing to government health programs.

7. How early can refills of controlled substances be dispensed in West Virginia without documentation for an early refill?

- A. 1 day early**
- B. 2 days early**
- C. 3 days early**
- D. 4 days early**

The correct answer to how early refills of controlled substances can be dispensed in West Virginia without documentation for an early refill is two days early. Refilling controlled substances typically requires compliance with federal and state regulations, which outline specific timelines for dispensing medications. In West Virginia, a pharmacy can refill a controlled substance prescription up to a maximum of 2 days earlier than the designated refill date without necessitating any additional documentation or justification for the early refill. This provision helps ensure patient access to necessary medications while also adhering to regulations designed to prevent misuse and maintain proper records. Understanding this rule is essential for pharmacists to ensure they operate within the legal framework while meeting patient needs. Any early refills beyond this allowance would require appropriate documentation and justification, ensuring necessary oversight and compliance with state and federal laws.

8. Is pre-signing prescriptions for scheduled drugs allowed?

- A. Yes, for Schedule II drugs only**
- B. Yes, for non-scheduled drugs only**
- C. Yes, for both scheduled and non-scheduled drugs**
- D. No, it is illegal for all prescriptions**

The correct understanding of pre-signing prescriptions pertains to the strict regulations governing controlled substances, particularly Schedule II drugs. In West Virginia, and generally across most jurisdictions in the United States, the practice of pre-signing prescriptions can lead to significant legal and ethical issues. For Schedule II drugs, it is permissible under certain circumstances for a prescriber to authorize a person to pre-sign a prescription that the prescriber intends to fill later. This is particularly seen in specialized practices where a prescriber might not be available to directly sign each individual prescription. However, this must always comply with the specific regulatory frameworks and guidelines that govern such activities. Non-scheduled drugs typically have fewer restrictions, but it generally would not be common practice for prescribers to pre-sign these medications either, as it can still pose risks regarding oversight and patient safety. Therefore, while the practice may technically exist for Schedule II drugs under controlled oversight, it does not extend similarly to non-scheduled medications or to Schedule III, IV, or V drugs. In summary, while there are specific scenarios under which pre-signing for Schedule II drugs can occur—usually dependent on practice dynamics—doing so for other types of prescriptions is not standardly allowed or practiced.

9. Under section 503A of the Drug Quality and Security Act, drug products prepared using traditional compounding methods are exempt from which requirements?

- A. Compliance with CGMP, labeling with adequate directions for use, need to obtain FDA approval for the new drug product**
- B. Compliance with CGMP, payment of FDA fees, need to obtain state approval**
- C. Compliance with sterility data, adverse event reporting, need to obtain FDA approval for the new drug product**
- D. Compliance with CGMP, labeling with adequate directions for use, need to obtain DEA approval for the new drug product**

Under section 503A of the Drug Quality and Security Act, drug products prepared using traditional compounding methods are exempt from certain requirements to facilitate patient access to customized medications. The correct answer highlights that compliance with Current Good Manufacturing Practices (CGMP), labeling with adequate directions for use, and the need to obtain FDA approval for new drug products do not apply in certain compounding situations. The exemption from CGMP allows traditional compounding pharmacies to create medications specifically tailored to individual patient needs without the same level of regulatory oversight mandated for large-scale manufacturing, which can be both resource-intensive and time-consuming. Additionally, the requirement for labeling with adequate directions for use is deemed flexible in compounding scenarios, as these products are typically based on physician prescriptions tailored to the unique needs of patients, rather than being marketed broadly to consumers. Most importantly, traditional compounding does not require pre-market FDA approval for each drug product, allowing pharmacists to compound medicines that are not commercially available without the extensive development and approval processes typically necessitated for new drugs. This provision enables a more responsive healthcare environment where pharmacists can legally provide specific formulations that meet individual patient requirements, which is crucial for personalized care.

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10. Which of the following immunizations can a pharmacist give in West Virginia to patients 18 years or older?

- A. Hepatitis A, Hepatitis C, Influenza, Meningococcal**
- B. Herpes Zoster, Tetanus, Tuberculosis, Pneumococcal**
- C. Hepatitis B, Herpes Zoster, Influenza, Pneumococcal**
- D. Hepatitis A, Hepatitis B, Influenza, Human Papillomavirus (HPV)**

The correct answer highlights the immunizations that pharmacists in West Virginia are authorized to administer to patients aged 18 and older. Hepatitis A and Influenza vaccinations are well-established for adults, while Meningococcal can also be recommended for various populations, especially those in high-risk environments, such as college students or individuals with certain health conditions. In this context, the option encompasses a mix of standard and necessary immunizations that support public health efforts and disease prevention strategies. Moreover, Hepatitis C is primarily treated rather than vaccinated against, and as such, it doesn't fit within the typical immunizations offered for adults. The nature of the disease and the absence of a vaccine means that it's not applicable in the scope of immunizations pharmacists typically provide. Other options include vaccines that, while important, either target populations with specific risk factors (like Tuberculosis) or are not routinely recommended for the general adult population by pharmacists. This nuance is important for understanding which vaccines pharmacists can administer to broadly help improve community health and immunization rates.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://westvirginiampje.examzify.com>

We wish you the very best on your exam journey. You've got this!

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