WEST VIRGINIA CODE: §30-5-35

§30-5-35. Conversion of prescriptions authorizing refills.

- (a) If a prescription authorizes a drug to be dispensed by refilling the prescription one or more times and the total quantity of the drug does not exceed a 90-day supply of the drug, a pharmacist who is filling or refilling the prescription may dispense a quantity of the drug that varies from the quantity or amount of the drug originally written on the prescription, if all of these conditions are met:
- (1) The action taken by the pharmacist does not result in a quantity or amount of the drug being dispensed that exceeds the total quantity that may be dispensed by filling and refilling the prescription.
- (2) The prescription is for one of the following:
- (A) A maintenance drug to be taken on a regular, recurring basis to treat a chronic condition;
- (B) A drug to be taken on a regular, recurring basis to prevent disease; or
- (C) A contraceptive.
- (3) If the prescription is for a maintenance drug, the patient has used an initial 30-day supply of the drug, or a 90-day supply of the drug has previously been prescribed to the patient, and the pharmacist determines, after consulting with the patient, that the drug has stabilized the patient's condition.
- (4) The prescription is not for a controlled substance, as set forth in §60A-1-1 et seq.; and
- (5) The pharmacist consults with the patient, and the pharmacist determines the action authorized by this section is appropriate for the patient.
- (b) When a licensed practitioner authorizes a drug to be dispensed in a certain dosage, and the pharmacist is unable to dispense the drug in the same dosage as specified, the pharmacist may substitute the same drug in a different dosage, if the aggregate dosage of the prescription remains the same and the following conditions are met:
- (1) The pharmacist counsels the patient on the differences; and
- (2) The pharmacist notifies the patient's prescriber of the drug product substitution within five business days of the substitution.
- (c) This section does not require a health care insurer, government health care program, pharmacy benefit manager, or other entity that offers health benefit plans to provide

coverage for a drug in a manner that is inconsistent with the patient's benefit plan.

