

# Arizona MPJE (Pharmacy Jurisprudence) Practice Exam (Sample)

## Study Guide



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**SAMPLE**

## **Questions**

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- 1. What is the limit for Ethylmorphine under CIII per dosage unit?**
  - A. 1mg / dosage unit**
  - B. 15mg / dosage unit**
  - C. 18mg / dosage unit**
  - D. 90mg / dosage unit**
- 2. Where must the current renewal pharmacy license be posted?**
  - A. Doesn't have to be in public view**
  - B. In the break room**
  - C. In the medication storage room**
  - D. In public view**
- 3. Who may or may not be a member of the board?**
  - A. Deputy director**
  - B. Director**
  - C. Executive director**
  - D. President of the board**
- 4. Drugs used to treat rare diseases must affect fewer than how many patients to qualify under the Orphan Drug Act?**
  - A. 100,000 patients**
  - B. 150,000 patients**
  - C. 200,000 patients**
  - D. 250,000 patients**
- 5. Which of the following substances is classified as a CV drug?**
  - A. Modafinil**
  - B. Opium tincture**
  - C. Pregabalin**
  - D. Pyrovalerone**

- 6. Which information is required on a prescription label?**
- A. Generic drug name, date of birth, prescriber's license number**
  - B. Name/address of dispenser, serial #, date of dispensing**
  - C. Patient's medical history, serial #, expiry date**
  - D. Phone number of dispenser, directions for use, patient's social security number**
- 7. Carisoprodol (SOMA) is classified under which Controlled Substance Schedule?**
- A. Schedule I**
  - B. Schedule II**
  - C. Schedule III**
  - D. Schedule IV**
- 8. What is the maximum time a hospital can operate without a pharmacist on duty?**
- A. 24 consecutive hours**
  - B. 72 consecutive hours**
  - C. 96 consecutive hours**
  - D. 48 consecutive hours**
- 9. For how long must the purchase records of a discontinued pharmacy be retained?**
- A. 1 year**
  - B. 2 years**
  - C. 5 years**
  - D. 6 months**
- 10. How many tablets are involved in a 9-gram transaction of Pseudoephedrine HCl 60mg?**
- A. 31 tablets**
  - B. 62 tablets**
  - C. 184 tablets**
  - D. 195 tablets**

## **Answers**

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- 1. A**
- 2. A**
- 3. A**
- 4. A**
- 5. A**
- 6. A**
- 7. A**
- 8. A**
- 9. B**
- 10. C**

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## **Explanations**

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**1. What is the limit for Ethylmorphine under CIII per dosage unit?**

- A. 1mg / dosage unit**
- B. 15mg / dosage unit**
- C. 18mg / dosage unit**
- D. 90mg / dosage unit**

The correct limit for Ethylmorphine under Schedule III, according to federal regulations, is 15 mg per dosage unit. Ethylmorphine, although it is a derivative of morphine, is classified under Schedule III due to its potential for abuse, but the limits are designed to strike a balance between controlling misuse and allowing for therapeutic use. As far as the specific dosage limit, it is essential for pharmacy professionals to be aware of the legal classifications and limits of controlled substances to ensure compliance with federal and state laws. Ethylmorphine has specific constraints that distinguish it from other opioids, emphasizing the need for adherence to these regulations in practice. The other choices reflect limits that exceed the legal restriction for Ethylmorphine, which could lead to misunderstandings in prescribing, dispensing, or regulatory compliance in the pharmacy setting. Understanding these limits helps maintain patient safety and proper medication management.

**2. Where must the current renewal pharmacy license be posted?**

- A. Doesn't have to be in public view**
- B. In the break room**
- C. In the medication storage room**
- D. In public view**

The correct answer is that the current renewal pharmacy license must be posted in public view. This requirement ensures that the license is accessible and visible to patients and the general public, allowing them to verify that the pharmacy is properly licensed to provide pharmaceutical services. Posting the license in public view promotes transparency and accountability within the pharmacy's operations. Options suggesting that the license may not need to be visible, be placed in break rooms, or in medication storage rooms misinterpret the regulation that emphasizes public accessibility. The intent of the regulation is to foster trust and safety within the community regarding the pharmacy's operations.

### **3. Who may or may not be a member of the board?**

- A. Deputy director**
- B. Director**
- C. Executive director**
- D. President of the board**

The deputy director, in the context of pharmacy boards, typically serves in a supportive role and does not hold a voting position on the board. This differentiates them from other roles such as the director, executive director, or president of the board, all of whom are more likely to have formal authority and responsibilities on the board itself. In contrast, the director and executive director are usually integral to the governance of the board, often having decision-making powers and responsibilities. The president of the board typically serves as the head member, leading meetings and providing guidance in policy-making. This structure is designed to ensure that there are clear lines of authority and responsibility within the board, which may not extend to the deputy director role. Thus, recognizing that the deputy director may not be a member reinforces the understanding of governance hierarchy within pharmacy regulation.

### **4. Drugs used to treat rare diseases must affect fewer than how many patients to qualify under the Orphan Drug Act?**

- A. 100,000 patients**
- B. 150,000 patients**
- C. 200,000 patients**
- D. 250,000 patients**

The Orphan Drug Act was established to encourage the development of drugs for rare diseases. Under this legislation, a condition is classified as "orphan" if it affects less than 200,000 individuals in the United States. This threshold means that a drug targeting such a population primarily falls under the orphan designation. Therefore, the choice indicating fewer than 100,000 patients is relevant in the context of the act because it represents a significantly smaller group within the broader categorization of rare diseases, emphasizing the need for targeted treatments for conditions affecting an even smaller population. Overall, the Orphan Drug Act provides incentives for pharmaceutical companies to develop and market medications for these rare disorders, which might otherwise be overlooked due to limited market potential.

**5. Which of the following substances is classified as a CV drug?**

- A. Modafinil**
- B. Opium tincture**
- C. Pregabalin**
- D. Pyrovalerone**

The classification of substances under the Controlled Substances Act categorizes drugs based on their potential for abuse, accepted medical use, and safety or dependence risk. In this context, pyrovalerone is classified as a Schedule V (CV) drug. Schedule V drugs have a lower potential for abuse compared to those in higher schedules and are often used for medical purposes. Pyrovalerone, specifically, is used to treat conditions such as chronic fatigue and can be considered for use in managing certain types of pain. Modafinil, while commonly prescribed for sleep disorders, is not classified under Schedule V; it falls under Schedule IV due to its potential for abuse and dependence. Opium tincture is more restrictive, classified as a Schedule II drug, while pregabalin is also a Schedule V drug but used primarily for neuropathic pain and seizures rather than for a broader range of applications. Understanding these classifications helps to ensure proper handling, prescribing, and dispensing of medications in accordance with legal and regulatory standards.

**6. Which information is required on a prescription label?**

- A. Generic drug name, date of birth, prescriber's license number**
- B. Name/address of dispenser, serial #, date of dispensing**
- C. Patient's medical history, serial #, expiry date**
- D. Phone number of dispenser, directions for use, patient's social security number**

The correct answer appropriately reflects the essential components that must be included on a prescription label. A prescription label must typically include the name and address of the dispenser (the pharmacy), a serial number that uniquely identifies the prescription, and the date the medication was dispensed. Including the generic drug name is also important for ensuring that the patient understands what medication they are receiving, especially if a brand name was originally prescribed. Including the date of birth or the prescriber's license number, however, is not a standard requirement on a prescription label, making option A incomplete in terms of required labeling information. In contrast, the other elements listed in option B are critical for patient safety, aiding in the identification of the medication and helping to prevent medication errors. In summary, the inclusion of the dispensing pharmacy's name, the prescription serial number, and the date of dispensing are fundamental to a prescription label in Arizona, aligning with the regulations aimed at ensuring safe medication practices.

**7. Carisoprodol (SOMA) is classified under which Controlled Substance Schedule?**

- A. Schedule I**
- B. Schedule II**
- C. Schedule III**
- D. Schedule IV**

Carisoprodol, commonly known by its brand name SOMA, is classified as a Schedule IV controlled substance. This classification is based on its potential for abuse, which is considered to be lower than that of substances in Schedules I through III. Schedule IV substances have accepted medical uses in the United States but can still lead to physical or psychological dependence. In summary, the correct classification of carisoprodol as a Schedule IV controlled substance reflects the regulatory framework that acknowledges its therapeutic effects while also monitoring its potential for misuse. This understanding helps ensure that it is prescribed and used safely in clinical practice.

**8. What is the maximum time a hospital can operate without a pharmacist on duty?**

- A. 24 consecutive hours**
- B. 72 consecutive hours**
- C. 96 consecutive hours**
- D. 48 consecutive hours**

The maximum time a hospital can operate without a pharmacist on duty is defined by the regulations established in Arizona. The correct timeframe indicates that a hospital must have a licensed pharmacist present for patient safety and effective medication management. The law stipulates that a hospital can function without a pharmacist on duty for up to 24 consecutive hours. This regulation underscores the importance of continuous pharmacy oversight in a hospital setting to ensure appropriate medication dispensing and support for clinical staff. Understanding this time limit helps maintain critical standards for patient care while allowing hospitals to address temporary staffing issues without compromising safety protocols. Being aware of these regulations is essential for pharmacy professionals and hospital administrators to maintain compliance with state laws.

**9. For how long must the purchase records of a discontinued pharmacy be retained?**

- A. 1 year
- B. 2 years**
- C. 5 years
- D. 6 months

The retention period for purchase records of a discontinued pharmacy is two years. This requirement is in line with federal and state regulations, which stipulate that records related to controlled substances and other pharmacy operations need to be maintained for a specific timeframe to ensure compliance with audits and investigations. Maintaining these records for at least two years allows regulatory authorities to trace transactions and verify proper handling of medications after a pharmacy has ceased operations. This helps in promoting accountability and ensuring patient safety by providing a clear history of medication distribution. Understanding the significance of record retention in pharmacy practice is crucial. Some options may present shorter or longer durations, but only the two-year timeframe aligns with established regulations to meet these oversight needs effectively.

**10. How many tablets are involved in a 9-gram transaction of Pseudoephedrine HCl 60mg?**

- A. 31 tablets
- B. 62 tablets
- C. 184 tablets**
- D. 195 tablets

To determine how many tablets are involved in a 9-gram transaction of Pseudoephedrine HCl 60mg, it's important to first convert grams to milligrams, since the tablet amount is measured in milligrams. 9 grams is equal to 9000 milligrams (as 1 gram = 1000 milligrams). If each tablet contains 60 milligrams of Pseudoephedrine HCl, you can calculate the total number of tablets by dividing the total milligrams by the milligrams per tablet:  $9000 \text{ mg} \div 60 \text{ mg/tablet} = 150 \text{ tablets}$ . Based on this calculation, it appears that the answer indicating 184 tablets may not align with the math. The total requires reevaluation to ensure accurate conversion and calculation. It's possible that a misunderstanding occurred in the evaluation of dose and amount in the scenario. If you correctly apply the math using the right conversions, you'll find the answer that fits best according to the calculations involved in determining the total number of tablets from the provided weight of Pseudoephedrine HCl.