

Arizona MPJE (Pharmacy Jurisprudence) Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of questions,

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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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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!

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Questions

- 1. What is the concentration of Codeine in a Schedule V (CV) controlled substance in mg/ml?**
 - A. 1mg/ml**
 - B. 2mg/ml**
 - C. 5mg/ml**
 - D. 10mg/ml**
- 2. If a package label does not list the name/address of the manufacturer or an accurate statement as to the quantity of the contents, how is it categorized?**
 - A. Adulterated**
 - B. Misbranded**
 - C. Outdated**
 - D. Recalled**
- 3. Which term refers to the proprietary name of a drug?**
 - A. Brand name**
 - B. Chemical name**
 - C. Generic name**
 - D. Scientific name**
- 4. What is the restriction of Dihydrocodeine under CIII per 5ml?**
 - A. 15mg / 5ml**
 - B. 18mg / 5ml**
 - C. 3mg / 5ml**
 - D. 90mg / 5ml**
- 5. Pentobarbital suppository falls under which schedule?**
 - A. CI**
 - B. CII**
 - C. CIII**
 - D. CIV**

- 6. What was a key feature of the Durham-Humphrey Amendment of 1951?**
- A. Authorized seizure of illegal drugs**
 - B. Distinguished between prescription and OTC drugs**
 - C. Imposed advertising restrictions**
 - D. Established drug importation laws**
- 7. What classification applies to a drug whose labeling fails to provide adequate warnings about potential health hazards?**
- A. Adulterated**
 - B. Counterfeit**
 - C. Misbranded**
 - D. Recalled**
- 8. Who serves as the director of the division of narcotics enforcement and criminal investigation of the DPS?**
- A. Deputy director**
 - B. Director**
 - C. Executive director**
 - D. President of the board**
- 9. Single-product ephedrine falls under which controlled substance schedule?**
- A. CII**
 - B. CIII**
 - C. CIV**
 - D. CV**
- 10. Under what condition can a patient's own medication be administered in a healthcare setting?**
- A. If the medication is over-the-counter**
 - B. If the patient requests it**
 - C. If a pharmacist or medical practitioner identifies the drug**
 - D. If the medication is available in the hospital formulary**

Answers

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

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Explanations

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1. What is the concentration of Codeine in a Schedule V (CV) controlled substance in mg/ml?

- A. 1mg/ml**
- B. 2mg/ml**
- C. 5mg/ml**
- D. 10mg/ml**

The correct answer regarding the concentration of Codeine in a Schedule V controlled substance is based on the definitions outlined in the Controlled Substances Act. Schedule V substances can contain low concentrations of codeine, typically allowing for formulations that contain no more than 200 milligrams of codeine per 100 milliliters (ml) of liquid. Calculating this concentration, 200 mg per 100 ml translates to 2 mg/ml. Thus, the lower limit, which is allowed for Schedule V substances, indicates that anything exceeding this concentration moves into higher schedules. Therefore, a concentration of 1 mg/ml represents a legal formulation under Schedule V. Understanding the regulations helps clarify why the choice of 1 mg/ml is deemed correct. It aligns with the requirements for Schedule V controlled substances, emphasizing safe use and lower potential for addiction. The other options exceed the permissible limits for scheduled classifications, indicating they are not suitable within the context of this question.

2. If a package label does not list the name/address of the manufacturer or an accurate statement as to the quantity of the contents, how is it categorized?

- A. Adulterated**
- B. Misbranded**
- C. Outdated**
- D. Recalled**

The appropriate categorization for a package label that does not list the name or address of the manufacturer, or fails to include an accurate statement about the quantity of the contents, is misbranded. A product is considered misbranded if its labeling is misleading or fails to provide necessary information that can mislead consumers. In this case, the omission of crucial labeling information such as the manufacturer's name and accurate quantity can create confusion and potentially lead to improper use of the product. Misbranding emphasizes the labeling aspect, which is specifically addressed in pharmacy laws to protect consumers by ensuring they receive clear and truthful information regarding the medications they are using. Adulteration tends to refer to issues related to the purity or quality of the product itself rather than labeling deficiencies. The other options related to being outdated or recalled pertain to certain safety concerns or time-related issues with the product, which also do not apply here. Therefore, misbranding is the correct categorization based on the described labeling inadequacies.

3. Which term refers to the proprietary name of a drug?

- A. Brand name**
- B. Chemical name**
- C. Generic name**
- D. Scientific name**

The term that refers to the proprietary name of a drug is the brand name. A brand name is the trademarked name given to a drug by its manufacturer, distinguishing it from other products on the market. This name is usually more memorable and is used for marketing purposes. It is important because it represents the drug in commercial settings, making it easier for consumers and healthcare providers to identify the product. In contrast, the chemical name is a scientific name that reflects the chemical structure of the drug. The generic name, on the other hand, is the official name of the drug that is not trademarked and is often based on the chemical structure. Lastly, the scientific name generally pertains to the classification of organisms rather than pharmaceutical products. Understanding these distinctions is crucial for anyone involved in pharmacy practice, as it directly affects how drugs are marketed and discussed in professional settings.

4. What is the restriction of Dihydrocodeine under CIII per 5ml?

- A. 15mg / 5ml**
- B. 18mg / 5ml**
- C. 3mg / 5ml**
- D. 90mg / 5ml**

Dihydrocodeine is a narcotic pain reliever that is classified as a Schedule III controlled substance, meaning it has a lower potential for abuse and addiction compared to drugs in higher schedules. The restriction of 15mg / 5ml means that the maximum amount of Dihydrocodeine allowed per 5ml is 15mg. This is important to prevent misuse and potential harm to individuals. Option B and D exceed this restriction, and option C is significantly lower, making option A the most suitable and safe choice.

5. Pentobarbital suppository falls under which schedule?

- A. CI
- B. CII
- C. CIII**
- D. CIV

Pentobarbital is a medication that belongs to the class of barbiturates, which are central nervous system depressants. To determine its scheduling, it's important to consider its potential for abuse and accepted medical use. In the United States, the Drug Enforcement Administration (DEA) categorizes controlled substances into schedules based on these factors. Pentobarbital, when used in suppository form, is classified under Schedule II due to its high potential for abuse, which may lead to severe psychological or physical dependence. Schedule II substances are considered to have accepted medical uses, often involving severe pain management or as sedatives for certain medical conditions. The confusion might arise because pentobarbital is sometimes discussed in contexts that include less potent formulations, which could lead to differentiation in scheduling based on form and use. However, the key point is that regardless of its form—injectable, oral, or suppository—the active ingredient pentobarbital is consistent in its classification under Schedule II. Thus, recognizing pentobarbital as a Schedule II controlled substance is essential for both legal compliance and safe pharmacy practice.

6. What was a key feature of the Durham-Humphrey Amendment of 1951?

- A. Authorized seizure of illegal drugs**
- B. Distinguished between prescription and OTC drugs
- C. Imposed advertising restrictions
- D. Established drug importation laws

The key feature of the Durham-Humphrey Amendment of 1951 was to distinguish between prescription and over-the-counter (OTC) drugs. This amendment was crucial in establishing that certain medications could only be dispensed with a valid prescription from a healthcare provider, while others could be obtained without a prescription directly from a pharmacist. This distinction helped ensure the proper use and dispensing of medications based on their safety and potential risks.

7. What classification applies to a drug whose labeling fails to provide adequate warnings about potential health hazards?

- A. Adulterated**
- B. Counterfeit**
- C. Misbranded**
- D. Recalled**

The classification that applies to a drug whose labeling fails to provide adequate warnings about potential health hazards is misbranded. Misbranding refers to issues with the labeling of a drug, particularly when it does not provide necessary information that would help safeguard the consumer's health, such as directions for use, warnings about side effects, or other important safety information. In essence, when a drug is misbranded, it is misleading or inadequate in the information presented to the consumer or healthcare provider, which can potentially lead to unsafe use or unexpected health risks. This classification is crucial because it emphasizes the responsibility of manufacturers and distributors to ensure that consumers have access to complete and accurate information regarding the medications they are using. Other classifications like adulterated involve issues with the drug's composition or manufacturing process that may compromise its quality or efficacy, while counterfeit refers to products that are falsely labeled or imitated but may not necessarily pertain to health warnings. Recalled pertains to drugs that are removed from the market due to safety issues but does not specifically address labeling inadequacies. Therefore, understanding the nuances of misbranding is vital for compliant drug labeling and consumer safety.

8. Who serves as the director of the division of narcotics enforcement and criminal investigation of the DPS?

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

The correct answer to the question regarding who serves as the director of the division of narcotics enforcement and criminal investigation of the Department of Public Safety (DPS) is indeed the deputy director. This position is typically responsible for overseeing the operations and management within the division, handling enforcement activities related to narcotics, and ensuring that the division's objectives align with broader law enforcement goals related to drug enforcement and public safety. The deputy director typically possesses the necessary expertise and leadership skills to direct such a specialized division, prioritizing both strategy and compliance with regulations. The roles suggested by the other options, such as a general director or executive director, may imply a higher level of management that encompasses broader responsibilities beyond the specific focus of narcotics enforcement. Meanwhile, a president of the board is usually a title associated with governance of an organization or agency rather than frontline law enforcement operations.

9. Single-product ephedrine falls under which controlled substance schedule?

- A. CII**
- B. CIII**
- C. CIV**
- D. CV**

Single-product ephedrine is classified as a Schedule III (CIII) controlled substance under federal law. This classification is due to its medicinal use as a stimulant and bronchodilator, and its potential for abuse or dependence. In particular, the single-entity preparation of ephedrine is regulated more closely due to its use in the illicit manufacturing of methamphetamine. In considering other classifications, Schedule I (CI) substances are those with no accepted medical use, Schedule II (CII) substances are those with a high potential for abuse, leading to severe psychological or physical dependence, and Schedule IV (CIV) substances have a lower potential for abuse relative to those in Schedule III. Schedule V (CV) substances are subject to the lowest restrictions, typically with accepted medical uses and a lower potential for abuse. Therefore, single-product ephedrine being classified under CIII reflects the balance between its therapeutic uses and the risks associated with its misuse. This distinction is essential for pharmacy practice, ensuring that pharmacists and healthcare providers handle and dispense it appropriately within legal guidelines.

10. Under what condition can a patient's own medication be administered in a healthcare setting?

- A. If the medication is over-the-counter**
- B. If the patient requests it**
- C. If a pharmacist or medical practitioner identifies the drug**
- D. If the medication is available in the hospital formulary**

The correct answer is based on established regulations regarding the administration of medications in healthcare settings. In most healthcare environments, a patient's own medications can be administered safely primarily when they are over-the-counter drugs. This is because over-the-counter medications typically do not require the same extensive checks as prescription medications, such as ensuring proper dosage and appropriateness for the specific patient's needs, as they are generally considered safe for self-administration without direct medical supervision. When it comes to prescription medications, healthcare providers typically need to ascertain the appropriateness of such medications for the patient in the given healthcare context. This is to ensure there are no contraindications, drug interactions, or other potential risks involved in administering a medication that has not been directly dispensed from the hospital's pharmacy. The condition that allows for a patient's own medication to be used is streamlined under the acceptance of over-the-counter medications due to their lower risk profile for adverse outcomes when managed properly.

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://arizonampje.examzify.com>

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