

Arizona 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

- 1. What is the concentration of Opium in a Schedule V (CV) controlled substance in mg/ml?**
 - A. 0.5mg/ml**
 - B. 1mg/ml**
 - C. 2mg/ml**
 - D. 2.5mg/ml**
- 2. How much Hydrocodone is permitted under CIII per dosage unit?**
 - A. 11mg / dosage unit**
 - B. 15mg / dosage unit**
 - C. 21mg / dosage unit**
 - D. 3mg / dosage unit**
- 3. During a state of emergency, refills of prescriptions are allowed for up to:**
 - A. 14 days**
 - B. 21 days**
 - C. 30 days**
 - D. 60 days**
- 4. On which dates are intern quarterly reports due?**
 - A. Jan 1, Apr 1, Jul 1, Oct 1**
 - B. Jan 1, Mar 1, Jul 1, Sep 1**
 - C. Dec 1, Mar 1, Jun 1, Sep 1**
 - D. Feb 1, May 1, Aug 1, Nov 1**
- 5. Where must single active ingredient pseudoephedrine be stored?**
 - A. In the pharmacy's open shelves**
 - B. In an unlocked staff area**
 - C. Behind a store counter or in a locked facility**
 - D. In the cosmetics section**

- 6. Which schedule classification does Diprenorphine fall under?**
- A. CI**
 - B. CII**
 - C. CIII**
 - D. CIV**
- 7. What documentation is required when changes are made to a CII prescription based on a verbal order in Arizona?**
- A. A new prescription must be issued**
 - B. The changes must be noted in a separate log**
 - C. The original prescription must be updated with the date and time of the change**
 - D. The Board of Pharmacy must be notified**
- 8. Which of the following is NOT a characteristic of Schedule I substances?**
- A. High potential for abuse**
 - B. Lack of accepted safety for use under medical supervision**
 - C. No current accepted medical use in the United States**
 - D. Medically accepted use under severe restrictions**
- 9. What is the maximum time a limited-service correctional pharmacy can operate without an RPh on duty?**
- A. 12 hours**
 - B. 48 hours**
 - C. 72 hours**
 - D. 96 hours**
- 10. Which combination of vaccines requires a prescription for pharmacists to immunize adults?**
- A. Japanese encephalitis vaccine and rabies vaccine**
 - B. Diphtheria vaccine and flu vaccine**
 - C. Hepatitis A vaccine and rubella vaccine**
 - D. Meningitis vaccine and mumps vaccine**

Answers

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

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Explanations

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

A. 0.5mg/ml

B. 1mg/ml

C. 2mg/ml

D. 2.5mg/ml

The correct concentration of opium in a Schedule V controlled substance is 0.5 mg/ml. Schedule V substances can contain specific concentrations of certain narcotics that qualify them for this classification; for opium specifically, the established limit is 0.5 mg/ml. This regulation is rooted in the Controlled Substances Act, which aims to differentiate between substances based on their potential for abuse and therapeutic benefits. Understanding this limit is crucial for compliance in pharmacy practice, ensuring that medications remain within legal guidelines while still being effective for patient use. Other potential concentrations might not meet the criteria set for a Schedule V classification, indicating a higher potential for abuse or a stronger intrinsic effect.

2. How much Hydrocodone is permitted under CIII per dosage unit?

A. 11mg / dosage unit

B. 15mg / dosage unit

C. 21mg / dosage unit

D. 3mg / dosage unit

In order to understand the correct answer regarding the permitted amount of hydrocodone under the Controlled Substances Act for Schedule III medications, it is essential to review the regulation of opioids. For hydrocodone, the limit for per dosage unit in Schedule III is set at 15 milligrams. In the context of dosage forms, this means that each unit of medication can contain up to 15 milligrams of hydrocodone. This distinction is important for both dispensing and prescribing practices in a pharmacy setting, as exceeding this limit would classify the medication differently under federal law. The correct answer, therefore, reflects the legal regulation related to hydrocodone, which ensures that pharmacists and healthcare practitioners are aware of the safe and regulated use of this controlled substance. Understanding these limits helps maintain compliance with both state and federal laws governing the prescription of controlled substances.

3. During a state of emergency, refills of prescriptions are allowed for up to:

A. 14 days

B. 21 days

C. 30 days

D. 60 days

During a state of emergency, it may become difficult for individuals to access necessary medications due to potential disruptions in transportation or healthcare services. In order to ensure that individuals have enough medication to last them through the emergency, refills of prescriptions are typically allowed for longer periods of time. Option A is the best answer because it allows for a 14-day supply of medication, which is a reasonable amount of time to get through a state of emergency without risking running out of medication. Option B, C, and D may seem like better choices at first glance because they allow for longer periods of time, but they may not be necessary for all individuals and could lead to excess medication waste.

4. On which dates are intern quarterly reports due?

A. Jan 1, Apr 1, Jul 1, Oct 1

B. Jan 1, Mar 1, Jul 1, Sep 1

C. Dec 1, Mar 1, Jun 1, Sep 1

D. Feb 1, May 1, Aug 1, Nov 1

The correct answer is associated with the dates on which intern quarterly reports are due in Arizona. Interns are required to submit their quarterly reports to ensure they are tracking their progress and experience in a structured manner. The specified dates of January 1, April 1, July 1, and October 1 align with the typical quarterly reporting schedule, marking the start of each quarter. This schedule allows for clear delineation of quarterly progress, facilitating consistent evaluation of the intern's experience and educational objectives throughout the year. It is important for maintaining accountability and adhering to the requirements set forth by the Arizona State Board of Pharmacy for pharmacy interns. By following this timeline, interns can ensure they are compliant with state regulations and properly document their training. While other options present different sets of dates, they do not align with the established quarterly reporting system that is recognized by the state's pharmacy regulations.

5. Where must single active ingredient pseudoephedrine be stored?

- A. In the pharmacy's open shelves**
- B. In an unlocked staff area**
- C. Behind a store counter or in a locked facility**
- D. In the cosmetics section**

The correct answer is that single active ingredient pseudoephedrine must be stored behind a store counter or in a locked facility. This requirement stems from regulations intended to control the access to products containing pseudoephedrine, which is a precursor chemical commonly used in the illicit manufacturing of methamphetamine. By storing it in such restricted areas, pharmacies help to prevent theft and abuse of these substances, ensuring that they are only accessible to authorized personnel. Storing pseudoephedrine in an unlocked staff area or on open shelves would compromise these safety measures, as it would make it easier for unauthorized individuals to access the product. Additionally, placing it in the cosmetics section would not provide the necessary security to prevent potential misuse. The regulations are specifically designed to minimize the risk of public safety issues associated with the misuse of pseudoephedrine and ensure that pharmacists can monitor and control the distribution of these compounds effectively.

6. Which schedule classification does Diprenorphine fall under?

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

Diprenorphine is classified as a Schedule II controlled substance. This classification is based on its potential for abuse, which is more significant than substances in Schedule III, IV, or V, but not as high as the most dangerous substances classified as Schedule I. Schedule II substances, including Diprenorphine, are recognized for having accepted medical uses but also pose a risk of severe psychological or physical dependence when abused. In the case of Diprenorphine, it is primarily used in veterinary medicine as an antagonist to the opioid analgesic etorphine, which adds to the significance of its careful scheduling to prevent misuse. Understanding controlled substance schedules is crucial for pharmacists and healthcare professionals to ensure proper management and compliance with laws governing their use.

7. What documentation is required when changes are made to a CII prescription based on a verbal order in Arizona?

- A. A new prescription must be issued**
- B. The changes must be noted in a separate log**
- C. The original prescription must be updated with the date and time of the change**
- D. The Board of Pharmacy must be notified**

The requirement to update the original prescription with the date and time of the change is grounded in the need for accurate record-keeping and accountability in the handling of controlled substances. When a verbal order is received and changes are made to a CII (Schedule II) prescription, it is crucial to document these alterations directly on the original prescription. This reinforces the integrity of the medication dispensing process and ensures that there is a clear, accessible record of what modifications were made and when. Maintaining a detailed record not only helps to adhere to regulatory standards but also safeguards against potential discrepancies that could arise during audits or inspections. In the realm of pharmacy, especially concerning controlled substances, adherence to documentation practices is essential for compliance with both state and federal regulations. This practice is important for protecting both the pharmacy and patients by ensuring clear communication about the medication being dispensed.

8. Which of the following is NOT a characteristic of Schedule I substances?

- A. High potential for abuse**
- B. Lack of accepted safety for use under medical supervision**
- C. No current accepted medical use in the United States**
- D. Medically accepted use under severe restrictions**

The correct answer is that a characteristic that does not apply to Schedule I substances is the presence of medically accepted use under severe restrictions. Schedule I substances are defined as drugs that have a high potential for abuse, lack accepted safety for use under medical supervision, and have no currently accepted medical use in the United States. This classification is primarily due to their high potential for addiction and the absence of legitimate therapeutic applications according to federal regulations. In contrast, drugs classified with medically accepted use, even if restrictive, would fall into a different schedule of controlled substances, such as Schedule II to V, depending on their accepted efficacy and potential for abuse. This distinction is crucial, as it highlights that Schedule I drugs are not considered suitable for medical applications, whereas those with accepted medical uses, even with restrictions, would not qualify for Schedule I status.

9. What is the maximum time a limited-service correctional pharmacy can operate without an RPh on duty?

- A. 12 hours**
- B. 48 hours**
- C. 72 hours**
- D. 96 hours**

The maximum time a limited-service correctional pharmacy can operate without a registered pharmacist (RPh) on duty is set at 12 hours. This regulation ensures that pharmacies, especially those in correctional facilities, uphold standards of care and safety while maintaining compliance with state laws regarding pharmacy operations. During this time, it is important to have appropriate protocols in place to manage medication dispensing and to ensure that patient safety and pharmaceutical integrity are not compromised in the absence of a pharmacist. This is particularly critical in a correctional setting where the monitoring and administration of medication require high levels of oversight to prevent misuse and ensure appropriate treatment. Therefore, the 12-hour limit serves as a safeguard to maintain the necessary level of supervision in the pharmacy, particularly when providing medications to incarcerated individuals who may have distinct health needs.

10. Which combination of vaccines requires a prescription for pharmacists to immunize adults?

- A. Japanese encephalitis vaccine and rabies vaccine**
- B. Diphtheria vaccine and flu vaccine**
- C. Hepatitis A vaccine and rubella vaccine**
- D. Meningitis vaccine and mumps vaccine**

The combination of vaccines that requires a prescription for pharmacists to immunize adults is the Japanese encephalitis vaccine and the rabies vaccine. Certain vaccines are classified as "prescription-only," meaning they can only be administered under the directive of a healthcare provider due to the specific regulatory requirements associated with their use. In this case, the Japanese encephalitis and rabies vaccines are typically recommended for travelers, specific occupational exposures, or special populations and therefore necessitate a prescription. This requirement ensures that those receiving these vaccines are properly assessed for suitability and any potential risks or contraindications are addressed. The other combinations listed, such as diphtheria and flu vaccines, hepatitis A and rubella vaccines, as well as meningitis and mumps vaccines, are generally considered to be available without a prescription. These vaccines can often be provided as part of routine immunizations or public health initiatives. Thus, it's the unique nature and the specific contexts in which the Japanese encephalitis and rabies vaccines are used that necessitate a prescription for their administration.

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!