

Federal MPJE 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,

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain from reliable sources accurate, complete, and timely information about this product.

SAMPLE

Table of Contents

| | |
|------------------------------------|-----------|
| Copyright | 1 |
| Table of Contents | 2 |
| Introduction | 3 |
| How to Use This Guide | 4 |
| Questions | 6 |
| Answers | 9 |
| Explanations | 11 |
| Next Steps | 17 |

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!

SAMPLE

Questions

- 1. Who administers the Poison Prevention Packaging Act (PPPA)?**
 - A. Food and Drug Administration**
 - B. Drug Enforcement Administration**
 - C. Consumer Product Safety Commission**
 - D. Occupational Safety and Health Administration**
- 2. Acetaminophen with codeine (Tylenol #3) is classified under which controlled substance schedule?**
 - A. Schedule I**
 - B. Schedule II**
 - C. Schedule III**
 - D. Schedule IV**
- 3. Drugs classified as Schedule I are characterized by which of the following?**
 - A. Accepted medical use with low abuse potential**
 - B. High potential for abuse with no accepted medical use**
 - C. Accepted medical use with high abuse potential**
 - D. Low potential for abuse and accepted medical use**
- 4. How many doses of controlled substances can a pharmacy transfer to another pharmacy without registering as a distributor?**
 - A. 1,500 doses**
 - B. 2,000 doses**
 - C. 2,500 doses**
 - D. 3,000 doses**
- 5. What medication requires Risk Evaluation and Mitigation Strategy (REMS) monitoring?**
 - A. Olanzapine**
 - B. Quetiapine**
 - C. Clozapine**
 - D. Lithium**

- 6. Which of the following drugs has a REMS program due to a high frequency of birth defects?**
- A. Thalidomide**
 - B. Accutane**
 - C. Isotretinoin**
 - D. Methotrexate**
- 7. What does pharmacovigilance involve?**
- A. The summary of drug sales data**
 - B. The monitoring of adverse effects and drug-related problems**
 - C. Clinical trials prior to drug release**
 - D. Pharmacy equipment maintenance and inspections**
- 8. What is the responsibility of pharmacies regarding the Drug Enforcement Administration?**
- A. Only file annual reports**
 - B. Register and maintain records**
 - C. Only report suspicious orders**
 - D. Conduct inspections**
- 9. What information can be determined from the National Drug Code (NDC) number on a medication bottle?**
- A. Manufacturer, specific drug, and package details.**
 - B. Patient demographics and prescribing physician.**
 - C. Common side effects and interactions.**
 - D. Expiration date and clinical trials.**
- 10. What system is used to classify controlled substances?**
- A. The A-B-C classification system**
 - B. The schedules I-V system**
 - C. The national drug registry**
 - D. The FDA classification system**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Who administers the Poison Prevention Packaging Act (PPPA)?

- A. Food and Drug Administration**
- B. Drug Enforcement Administration**
- C. Consumer Product Safety Commission**
- D. Occupational Safety and Health Administration**

The Poison Prevention Packaging Act (PPPA) is primarily administered by the Consumer Product Safety Commission (CPSC). The purpose of the PPPA is to protect children from accidental poisoning by requiring certain household substances to be packaged in child-resistant containers. The CPSC develops regulations and guidelines to ensure compliance with the Act and oversees the enforcement of its provisions. The other agencies mentioned have different roles in public health and safety. The Food and Drug Administration (FDA) is responsible for regulating food, drugs, and cosmetics, but not specifically for packaging requirements related to poison prevention. The Drug Enforcement Administration (DEA) focuses on the control of narcotics and controlled substances rather than poison prevention measures. The Occupational Safety and Health Administration (OSHA) deals with workplace health and safety standards rather than consumer product safety packaging requirements. Understanding the specific role of each regulatory body helps clarify why the CPSC is the correct choice for administering the PPPA.

2. Acetaminophen with codeine (Tylenol #3) is classified under which controlled substance schedule?

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

Acetaminophen with codeine, commonly known as Tylenol #3, is classified as a Schedule III controlled substance. This classification is based on the characteristics and potential for abuse associated with the drug. Schedule III substances include medications that have a lower potential for abuse compared to those in Schedule I and Schedule II, but still have the potential for moderate dependence. Tylenol #3 specifically contains a combination of acetaminophen and codeine, which is an opioid. The presence of codeine is what places this combination into Schedule III rather than a higher schedule. Medications in this schedule are often prescribed for pain relief while having some regulatory controls, such as limitations on refills and prescription formats. Drugs in Schedule I are considered to have no accepted medical use and a high potential for abuse, such as heroin and LSD. Schedule II substances, such as morphine and oxycodone, have a high potential for abuse and can lead to severe psychological or physical dependence, while Schedule IV substances are considered to have a lower potential for abuse than those in the previous schedules and generally include anti-anxiety medications like benzodiazepines. Therefore, the classification of acetaminophen with codeine as Schedule III aligns with its use in

3. Drugs classified as Schedule I are characterized by which of the following?

- A. Accepted medical use with low abuse potential**
- B. High potential for abuse with no accepted medical use**
- C. Accepted medical use with high abuse potential**
- D. Low potential for abuse and accepted medical use**

Drugs classified as Schedule I are characterized by having a high potential for abuse and no accepted medical use in the United States. This classification signifies that these substances are considered dangerous and are often associated with severe risks of addiction and abuse. Because they lack any recognized therapeutic benefits, Schedule I drugs are strictly regulated, and research involving these substances typically requires special permission from the government. The rationale for this classification stems from concerns about public health and safety; Schedule I drugs pose significant risks without providing legitimate medical benefits. Common examples include substances like heroin and lysergic acid diethylamide (LSD), which are well-known for their high abuse potential and the absence of approved medical uses. The other potential classifications outlined in the question, which imply accepted medical uses or low abuse potential, do not apply to Schedule I substances and thus help further clarify the criteria that define this category.

4. How many doses of controlled substances can a pharmacy transfer to another pharmacy without registering as a distributor?

- A. 1,500 doses**
- B. 2,000 doses**
- C. 2,500 doses**
- D. 3,000 doses**

The correct answer regarding the number of doses of controlled substances that a pharmacy can transfer to another pharmacy without having to register as a distributor is based on federal regulations, specifically the Drug Enforcement Administration (DEA) guidelines. A pharmacy can transfer a maximum of 5% of the total controlled substances dispensed in a calendar year to another pharmacy. To clarify, if a pharmacy dispenses a total of 50,000 doses of controlled substances in a year, then it may transfer up to 2,500 doses (which is 5% of 50,000) to another pharmacy without needing to register as a distributor. This regulation ensures that pharmacies can assist one another and manage their stock levels while maintaining compliance with federal laws governing the distribution of controlled substances. It is important for pharmacies to keep accurate records of the quantities of drugs transferred to comply with these regulations and to ensure the seamless operation of dispensing practices. Understanding the limits imposed by the DEA helps pharmacies maintain compliance while meeting the needs of their patients.

5. What medication requires Risk Evaluation and Mitigation Strategy (REMS) monitoring?

- A. Olanzapine**
- B. Quetiapine**
- C. Clozapine**
- D. Lithium**

Clozapine is the medication that requires Risk Evaluation and Mitigation Strategy (REMS) monitoring. This requirement is in place primarily due to the risk of agranulocytosis, a potentially life-threatening side effect marked by a significant decrease in white blood cell counts, which can lead to severe infections. To mitigate this risk, a specific patient monitoring program must be followed. Patients on clozapine are required to have regular blood tests to monitor their white blood cell counts, particularly the absolute neutrophil count (ANC). Depending on the latest ANC results, prescribing physicians and pharmacists are informed about the appropriate course of action regarding clozapine therapy. The REMS for clozapine ensures that both healthcare providers and patients are aware of the risks involved with the medication, and provides a framework for safe usage. The requirement for these monitoring protocols is a direct response to the serious risks associated with clozapine, which sets it apart from other antipsychotics listed in the options. Other medications listed do not have the same level of risk concerning blood dyscrasias necessitating a formal REMS program with mandatory monitoring. As a result, they do not require the same structured oversight as clozapine.

6. Which of the following drugs has a REMS program due to a high frequency of birth defects?

- A. Thalidomide**
- B. Accutane**
- C. Isotretinoin**
- D. Methotrexate**

The drug thalidomide is associated with a Risk Evaluation and Mitigation Strategy (REMS) program due to its historical link to severe birth defects when taken during pregnancy. Initially marketed in the late 1950s and pulled from the market in the early 1960s after its teratogenic effects became evident, thalidomide can cause significant malformations in developing fetuses, including limb deformities and other serious issues. In response to the lessons learned from thalidomide's past, regulatory agencies instituted a REMS program to control and mitigate the risks associated with its use. This program includes requirements such as patient education, prescriber qualifications, and monitoring to ensure that patients are aware of the risks and take necessary precautions, especially around pregnancy. While isotretinoin, known under the brand name Accutane, is also associated with birth defects and has a REMS program in place, it is actually a brand name for a specific formulation of isotretinoin, and not an alternate name for thalidomide. Methotrexate is contraindicated in pregnancy and can also cause birth defects; however, it does not have a REMS program that is primarily focused on birth defects like thalidomide does. This

7. What does pharmacovigilance involve?

- A. The summary of drug sales data
- B. The monitoring of adverse effects and drug-related problems**
- C. Clinical trials prior to drug release
- D. Pharmacy equipment maintenance and inspections

Pharmacovigilance primarily involves the monitoring of adverse effects and drug-related problems following the approval of medications. This is a critical aspect of drug safety, as it enables health authorities, pharmaceutical companies, and other stakeholders to detect, assess, understand, and prevent any adverse effects or any other drug-related issues after a medication is on the market. The process is essential to ensure that the benefits of a drug continue to outweigh its risks in the general population, thereby helping to inform clinical practices and regulatory decisions. Reporting and analyzing adverse drug reactions provides valuable data that can lead to updates in drug labeling, changes in prescribing practices, or even the withdrawal of a drug from the market if necessary. Other answers do not align with the core focus of pharmacovigilance. For instance, summarizing drug sales data relates more to business analytics rather than safety monitoring. Clinical trials occur before drug release and primarily focus on efficacy and safety in controlled environments, rather than post-marketing surveillance. Regular maintenance and inspections of pharmacy equipment relate to operational standards and safety, not drug safety monitoring in the context of patient experiences after medication use.

8. What is the responsibility of pharmacies regarding the Drug Enforcement Administration?

- A. Only file annual reports
- B. Register and maintain records**
- C. Only report suspicious orders
- D. Conduct inspections

Pharmacies have a critical role in adhering to regulations set by the Drug Enforcement Administration (DEA). One of the primary responsibilities involves registering with the DEA and maintaining accurate records of controlled substances. This includes ensuring that all transactions involving controlled substances—such as receiving, dispensing, and distributing—are meticulously documented. This record-keeping is essential for tracking the use of these drugs and preventing misuse or diversion. By maintaining these records, pharmacies contribute to the overall monitoring of controlled substances in the healthcare system, which helps to combat issues like drug abuse and illegal trafficking. Registration with the DEA is also crucial because it legally permits a pharmacy to handle controlled substances, ensuring compliance with federal laws. While reporting suspicious orders and filing annual reports may be activities that pharmacies participate in, they are secondary to the fundamental requirement of registration and ongoing record maintenance. Conducting inspections is not typically the responsibility of pharmacies but rather is undertaken by the DEA or other regulatory bodies to ensure compliance with applicable laws and regulations.

9. What information can be determined from the National Drug Code (NDC) number on a medication bottle?

- A. Manufacturer, specific drug, and package details.**
- B. Patient demographics and prescribing physician.**
- C. Common side effects and interactions.**
- D. Expiration date and clinical trials.**

The National Drug Code (NDC) number provides essential information about a specific medication, including details about the manufacturer, the specific drug formulation, and package information. The NDC is structured in a standardized format that breaks down the details as follows: 1. The first segment identifies the labeler or manufacturer, which indicates who produces the medication. 2. The second segment refers to the product itself, specifying the drug formulation—what the drug is and how it's administered. 3. The final segment designates the package size, strength, and type of packaging. This breakdown allows healthcare professionals, pharmacists, and regulatory authorities to accurately identify drugs, ensuring that patients receive the correct medications while maintaining appropriate records for safety and efficacy. The other options do not provide relevant information derivable from the NDC. Patient demographics and prescribing physician details are maintained in medical records, not linked to the NDC. Common side effects and interactions are typically found in medication guides or drug reference databases, rather than in the NDC itself. Similarly, while expiration dates and clinical trial information are important for pharmaceutical safety, they are not indicated within the NDC number.

10. What system is used to classify controlled substances?

- A. The A-B-C classification system**
- B. The schedules I-V system**
- C. The national drug registry**
- D. The FDA classification system**

The schedules I-V system is the correct classification method used for controlled substances in the United States. This system categorizes drugs based on their medical use, potential for abuse, and safety or dependence liability. Schedule I substances, for example, are considered to have a high potential for abuse and no accepted medical use, such as heroin and LSD. In contrast, Schedule II substances, like oxycodone and methamphetamine, have a high potential for abuse but are accepted for medical use with severe restrictions. The classification continues through Schedules III, IV, and V, indicating decreasing potential for abuse and increasing accepted medical use. This system is established by the Controlled Substances Act and is utilized by federal and state regulatory agencies to help ensure that drugs are appropriately managed and dispensed, thereby protecting public health. Understanding this classification is crucial for anyone involved in pharmacy practice, as it impacts prescribing, dispensing, and record-keeping practices for controlled substances.

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://federalmpje.examzify.com>

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