Massachusetts Multistate Pharmacy Jurisprudence Examination (MPJE) Practice Exam (Sample)

Study Guide

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Questions

1. When are prescriptions authorized for refills for Schedule III through V controlled substances transferable?

A. One time only

B. Up to five times

C. Indefinitely

D. None allowed

2. Are pharmacies required to sell prescription lock boxes in Massachusetts?

A. Yes, for all prescription drugs

B. No, it is optional

C. Yes, but only for controlled substances

D. Only if they choose to advertise them

3. To whom must pharmacies submit information regarding controlled substance prescriptions?

A. The federal government

B. The Board of Pharmacy only

C. The Department of Public Health

D. The local health authorities

4. What is the maximum amount of Robitussin A/C that can be dispensed to a purchaser within a 48-hour period?

A. 240cc

B. 120cc

C. 60cc

D. 480cc

5. How long should a pharmacist retain the certificate of completion for CEUs?

A. One year

B. Two years

C. Three years

D. Indefinitely

6. Who may dispense Emergency Contraception based on Standing Orders?

A. A licensed nurse

B. A licensed pharmacist

C. A pharmacy technician

D. An unregistered pharmacist

7. What is required by a pharmacist when selling hypodermic syringes or needles without a prescription?

A. Proof of address

B. Proof of insurance

C. Proof of identification validating age

D. Proof of a prescription

8. In which of the following scenarios may a Schedule II controlled substance be dispensed?

A. For office stock purposes

B. Upon receiving an oral prescription followed by written verification

C. After the prescription has been filled and returned

D. To any registered pharmacy technician

9. What should a pharmacist do with a prescription that specifies filling a drug in a child-proof container?

A. Dispense it in any available container

B. Dispense it in a child-proof safety cap container

C. Obtain special authorization from the patient

D. Calculate if the prescription requires it

10. How long must nuclear pharmacies keep records of radiopharmaceutical acquisition and disposition?

A. One year

B. Three years

C. Five years

D. There is no requirement.

Answers

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

Explanations

1. When are prescriptions authorized for refills for Schedule III through V controlled substances transferable?

A. One time only

B. Up to five times

C. Indefinitely

D. None allowed

Prescriptions for Schedule III through V controlled substances can be transferred between pharmacies, but this is limited to one time only. This regulation is set by the Drug Enforcement Administration (DEA) to maintain control over the issuing and dispensing of controlled substances while allowing patients some flexibility in obtaining their medications from different pharmacies. The one-time transfer rule ensures that each prescription is tracked and monitored, which helps prevent potential misuse or diversion of these substances. It is important for pharmacy professionals to be aware of this limitation to comply with federal regulations. After a prescription has been transferred once, it cannot be transferred again, reinforcing the need for careful record-keeping by both the transferring and receiving pharmacies. Understanding this regulation is crucial for pharmacy operations and enhances patient safety by ensuring that all transfers are done in accordance with legal requirements.

2. Are pharmacies required to sell prescription lock boxes in Massachusetts?

A. Yes, for all prescription drugs

B. No, it is optional

C. Yes, but only for controlled substances

D. Only if they choose to advertise them

The correct answer reflects the requirement that pharmacies in Massachusetts must sell prescription lock boxes for all prescription drugs. This regulation is part of broader public health strategies aimed at preventing misuse and promoting safe storage of medications. Prescription lock boxes help reduce the risk of prescription medications falling into the wrong hands, particularly among children and those who may misuse the drugs. The law was enacted to address concerns about prescription drug abuse and to encourage patients to store their medications securely. By mandating the sale of these lock boxes, the state promotes responsible medication management and enhances community awareness of the importance of safeguarding medications. In contrast, alternatives that suggest it is optional, only applicable to controlled substances, or contingent upon advertising are not aligned with the actual legal requirements in Massachusetts. The regulatory framework emphasizes the importance of uniform guidelines for all prescription drugs to ensure a consistent approach to medication safety across the state.

3. To whom must pharmacies submit information regarding controlled substance prescriptions?

A. The federal government

B. The Board of Pharmacy only

C. The Department of Public Health

D. The local health authorities

Pharmacies are required to submit information regarding controlled substance prescriptions to the Department of Public Health (DPH). This requirement is part of maintaining effective monitoring and regulation of controlled substances within the state. The DPH oversees the Prescription Monitoring Program (PMP) in Massachusetts, which tracks prescriptions for controlled substances to help reduce misuse and ensure that medications are being dispensed appropriately. The involvement of the Department of Public Health highlights the state's commitment to controlling and monitoring prescription drugs, enhancing public health and safety. This regulatory framework allows for better tracking of drug prescribing patterns, identification of potential abuse, and coordination between various healthcare providers. While other entities, such as federal agencies or local health authorities, may have roles in the broader healthcare system or in specific public health initiatives, they do not specifically handle the submission of controlled substance prescription information for monitoring purposes in Massachusetts. Thus, the requirement to report directly to the Department of Public Health is central to the state's strategy for managing the risks associated with controlled substances.

4. What is the maximum amount of Robitussin A/C that can be dispensed to a purchaser within a 48-hour period?

A. 240cc

B. 120cc

C. 60cc

D. 480cc

Robitussin A/C contains codeine and is classified as a Schedule V controlled substance under federal and Massachusetts law. Regulations concerning the sale of Schedule V substances are in place to prevent misuse while allowing for legitimate medical use. Specifically, federal law limits the amount of certain medications containing codeine that can be dispensed to an individual in a 48-hour period. In this case, the law stipulates that a maximum of 120 cc (or 120 milliliters) of Robitussin A/C can be dispensed within that timeframe to any one person. This limitation is intended to balance patient needs while minimizing the risk of abuse due to the presence of a narcotic ingredient. The other options exceed this legal threshold, hence why they are not applicable for a correct response regarding the maximum dispensation. Understanding the specifics of controlled substance regulations is critical for pharmacy practice, particularly when managing commonly prescribed medications like Robitussin A/C.

5. How long should a pharmacist retain the certificate of completion for CEUs?

A. One year

B. Two years

C. Three years

D. Indefinitely

A pharmacist should retain the certificate of completion for continuing education units (CEUs) for a period of two years. This requirement aligns with the regulations governing pharmacy practice, particularly in many jurisdictions, including Massachusetts, where it is crucial for professionals to demonstrate compliance with continuing education requirements during audits or renewals of licensure. Retaining these documents for two years ensures that pharmacists have adequate records to verify their ongoing education efforts, which is essential for maintaining licensure and professional competency. The two-year retention period also facilitates an organized approach to record-keeping that aligns with the typical cycle of pharmacy license renewal, allowing pharmacists to easily compile their educational achievements when necessary.

6. Who may dispense Emergency Contraception based on Standing Orders?

A. A licensed nurse

B. A licensed pharmacist

C. A pharmacy technician

D. An unregistered pharmacist

Emergency contraception may be dispensed by a licensed pharmacist based on standing orders. This practice aligns with the regulations in Massachusetts, where licensed pharmacists have the authority to provide emergency contraception without a prescription. The role of pharmacists in this context is to ensure patient access to important medications, particularly in urgent situations where timely intervention is essential. In contrast, other individuals listed, such as licensed nurses, pharmacy technicians, and unregistered pharmacists, do not have the same legal authority to dispense medication under standing orders in this specific scenario. Licensed nurses may have the ability to provide certain medications, but this typically occurs in more controlled settings and under different protocols. Pharmacy technicians support the pharmacists but lack the legal capacity to dispense medications independently. Unregistered pharmacists do not hold the necessary credentials to dispense any medications legally. Thus, the correct choice highlights the specific role of licensed pharmacists in dispensing emergency contraception in Massachusetts.

7. What is required by a pharmacist when selling hypodermic syringes or needles without a prescription?

A. Proof of address

B. Proof of insurance

C. Proof of identification validating age

D. Proof of a prescription

When a pharmacist sells hypodermic syringes or needles without a prescription, it is essential to verify the age of the purchaser. In many states, including Massachusetts, there are regulations in place to ensure that individuals purchasing such items are of a legal age, typically 18 years or older. Requesting proof of identification validates that the buyer meets this age requirement, helping to curb misuse and ensure responsible sales. The other options, although they may be reasonable in various contexts, do not align with the specific regulations governing the sale of hypodermic syringes or needles without a prescription. For example, proof of address or proof of insurance are not typically considered necessary for this type of purchase, as the primary concern is ensuring that the buyer is of age. Similarly, proof of a prescription is not relevant since the question specifically states that the sale occurs without a prescription. This focus on age verification is crucial in promoting responsible practices regarding the sale of potentially risky items.

8. In which of the following scenarios may a Schedule II controlled substance be dispensed?

A. For office stock purposes

B. Upon receiving an oral prescription followed by written verification

C. After the prescription has been filled and returned

D. To any registered pharmacy technician

The scenario where a Schedule II controlled substance may be dispensed upon receiving an oral prescription followed by written verification is correct because federal and state laws allow for oral prescriptions for Schedule II drugs, but they must be followed by a written prescription. In cases of emergencies, a prescriber may call in a prescription, and it is then the responsibility of the pharmacist to ensure that a written prescription is received within a specified timeframe, usually seven days. This process preserves the integrity of the medication while allowing for timely access under urgent circumstances. Dispensing Schedule II medications for office stock purposes is generally not permitted, as these substances are strictly controlled due to their potential for abuse. Additionally, filling a prescription that has already been returned and filled raises concerns about safety and proper medication management, leading to practices that typically prohibit this action. Lastly, dispensing to any pharmacy technician is not permissible because pharmacy technicians are not licensed practitioners and cannot independently handle controlled substances without oversight from a licensed pharmacist. Thus, the allowance for oral prescriptions followed by written verification aligns with the regulations governing the dispensation of controlled substances, ensuring that appropriate measures are taken to prevent misuse.

9. What should a pharmacist do with a prescription that specifies filling a drug in a child-proof container?

A. Dispense it in any available container

B. Dispense it in a child-proof safety cap container

C. Obtain special authorization from the patient

D. Calculate if the prescription requires it

When a prescription specifies that a drug should be filled in a child-proof container, the pharmacist must adhere to this requirement by dispensing the medication in a child-proof safety cap container. This practice aligns with regulations aimed at improving medication safety, as child-proof containers are designed to prevent accidental poisoning in children by making it more difficult for them to open the container. Pharmacists play a crucial role in ensuring that medications are dispensed safely and in accordance with the directions provided by the prescriber. Following such specific instructions helps maintain compliance with both pharmacy laws and safety standards. By using a child-proof container, the pharmacist not only fulfills the request but also contributes to overall patient safety, minimizing the risk of harm to children who might have access to the medication. The other options would not fulfill the legal and ethical obligations of the pharmacist regarding medication safety and efficacy. Therefore, dispensing in a child-proof container is not just a recommendation but a requirement when specified in the prescription.

10. How long must nuclear pharmacies keep records of radiopharmaceutical acquisition and disposition?

A. One year

B. Three years

C. Five years

D. There is no requirement.

Nuclear pharmacies are required to maintain records of the acquisition and disposition of radiopharmaceuticals for a period of three years. This requirement aligns with regulatory standards designed to ensure proper record-keeping for controlled substances, including those used in nuclear medicine. Maintaining these records is crucial for regulatory compliance, facilitating accountability, and ensuring patient safety. The three-year timeline allows for adequate tracking of radiopharmaceuticals, supporting both patient treatment continuity and compliance with pharmacy regulations. By keeping these detailed logs, pharmacies confirm the proper handling and distribution of these substances, which may be subject to additional scrutiny due to their unique properties and the handling methods required for safe disposal and patient administration. Other timelines such as one year or five years do not reflect the current regulatory standards specific to nuclear pharmacies, which is why three years is the correct duration stipulated for these records.