

New Jersey Multistate Pharmacy Jurisprudence Examination (MPJE) Practice Exam (Sample)

Study Guide



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Questions

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- 1. Which of the following must be included on every prescription label?**
 - A. Patient's social security number**
 - B. Pharmacy name and address**
 - C. Doctor's college degree**
 - D. Patient's insurance information**
- 2. Who is responsible for reporting a loss of controlled substances after the shipment has been received?**
 - A. The supplier**
 - B. The purchaser**
 - C. Both the supplier and purchaser**
 - D. The state regulatory agency**
- 3. Is it mandatory to file with a red "C" for prescriptions?**
 - A. Yes, always**
 - B. No, if they are separate**
 - C. Only for CII prescriptions**
 - D. It depends on the pharmacy's policy**
- 4. What age must someone be to purchase Plan B (levonorgestrel) without a prescription?**
 - A. 15 years old**
 - B. 17 years old**
 - C. 18 years old**
 - D. 16 years old**
- 5. What information must be recorded upon receiving a delivery through the CSOS?**
 - A. Date received and quantity**
 - B. Time sent and supplier name**
 - C. Quantity and delivery person signature**
 - D. Type of substances and delivery method**

- 6. Are logbook records for pseudoephedrine required to be kept for the same duration as CV and opium sales?**
- A. Yes, for 5 years**
 - B. No, only for 2 years**
 - C. Yes, for 3 years**
 - D. No requirement exists for pseudoephedrine**
- 7. Where can individuals safely dispose of extra oxycodones?**
- A. Any pharmacy without modification**
 - B. Authorized manufacturers, distributors, and pharmacies with disposal programs**
 - C. Home incinerators**
 - D. Your local trash can**
- 8. What part of the prescription label requires larger print according to regulations?**
- A. Pharmacy name**
 - B. Patient's name**
 - C. Pharmacist's initials**
 - D. Medication expiration date**
- 9. How much pseudoephedrine can be purchased over the mail in 30 days?**
- A. 5 grams**
 - B. 7.5 grams**
 - C. 10 grams**
 - D. 15 grams**
- 10. What is the purpose of a DEA 106 Form?**
- A. To report lost or stolen controlled substances**
 - B. To document a pharmacy's inventory**
 - C. To apply for new controlled substance licenses**
 - D. To record prescription refills**

Answers

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

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Explanations

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1. Which of the following must be included on every prescription label?

- A. Patient's social security number**
- B. Pharmacy name and address**
- C. Doctor's college degree**
- D. Patient's insurance information**

The requirement for including the pharmacy name and address on every prescription label is rooted in regulations that aim to ensure the identification of the dispensing pharmacy. This information is crucial for several reasons: it allows patients to know where their medication originated, aids in the proper processing of medication refills, and provides a point of contact in case there are any questions or issues regarding the medication. Including the pharmacy name and address helps to enhance accountability and transparency in the dispensing of medications. In contrast, the other choices do not meet the necessary criteria for prescription labeling. A patient's social security number is not required and is considered sensitive information that should be protected for privacy reasons. A doctor's college degree is irrelevant to the medication being dispensed and does not contribute to the safety or efficacy of the medication. Patient insurance information, while important in the healthcare process, is not a mandatory inclusion on the prescription label itself and may vary based on privacy policies and regulations.

2. Who is responsible for reporting a loss of controlled substances after the shipment has been received?

- A. The supplier**
- B. The purchaser**
- C. Both the supplier and purchaser**
- D. The state regulatory agency**

The purchaser is responsible for reporting a loss of controlled substances after the shipment has been received. This responsibility lies primarily with the entity that receives the controlled substances since they are accountable for securing and properly managing the inventory. In situations where a discrepancy occurs, such as missing or damaged controlled substances after receipt, the purchaser must notify the appropriate authorities, including the Drug Enforcement Administration (DEA) and possibly the state regulatory agency, depending on state laws. The purchaser has direct knowledge of their inventory and is typically the party who discovers the loss when conducting their inventory checks or during routine operations. The supplier's responsibility generally pertains to the shipping and delivery of the ordered substances and ensuring that they are packaged appropriately for transport. They are not involved in the accountability of the products once they reach the purchaser's location. Moreover, while both parties may have roles in the overall handling of controlled substances, the immediate responsibility for reporting losses post-receipt lies with the purchaser. The involvement of regulatory agencies comes after a report has been made to address compliance and investigate potential issues.

3. Is it mandatory to file with a red "C" for prescriptions?

- A. Yes, always
- B. No, if they are separate**
- C. Only for CII prescriptions
- D. It depends on the pharmacy's policy

The requirement to file prescriptions with a red "C" relates specifically to controlled substances in the context of the Drug Enforcement Administration (DEA) regulations. The correct understanding is that if a pharmacy files prescriptions for controlled substances separately from non-controlled substances, there is no need to mark them with a red "C." This means that if controlled and non-controlled prescriptions are stored in distinct sections, the labeling of the controlled substance prescriptions is not required, thereby making it permissible not to file with a red "C." However, if they were filed together, it would be essential to differentiate them for compliance purposes, which is where the red "C" marking would come into play. The distinction ensures that the pharmacy can maintain an organized system that adheres to state and federal laws without unnecessary marking when compliant practices are being followed. Understanding this nuance helps clarify the regulations surrounding controlled substances and emphasizes the importance of proper filing practices within a pharmacy setting.

4. What age must someone be to purchase Plan B (levonorgestrel) without a prescription?

- A. 15 years old
- B. 17 years old**
- C. 18 years old
- D. 16 years old

Plan B (levonorgestrel) is an emergency contraceptive that can be purchased without a prescription by individuals of any age. In the context of this question, it is important to note that there are no age restrictions for over-the-counter purchases of Plan B. While the correct answer indicates 17 years old, it doesn't accurately reflect current regulations. The law allows individuals regardless of age to obtain Plan B without needing a prescription. This means that anyone can walk into a pharmacy and purchase it without having to meet any specific age requirement. As a result, understanding the regulations surrounding over-the-counter medications such as Plan B is crucial for ensuring access to emergency contraception. In summary, anyone can purchase Plan B without a prescription, and there are no age restrictions for this medication.

5. What information must be recorded upon receiving a delivery through the CSOS?

- A. Date received and quantity**
- B. Time sent and supplier name**
- C. Quantity and delivery person signature**
- D. Type of substances and delivery method**

When a delivery of controlled substances is received through the Controlled Substance Ordering System (CSOS), it is essential to maintain accurate records for compliance with federal and state regulations. The requirement to document the date received and the quantity ensures that the pharmacy can track and verify its inventory against what has been ordered. This accountability is critical for preventing discrepancies and potential misuse of controlled substances. The date received provides a clear timeline for when the substances were delivered, which is important for auditing and for regulatory inspections. Documenting the quantity received is equally important, as it helps verify that the correct amount of medication has been delivered in line with what was ordered and what is legally permissible to handle. Accurate recording of both pieces of information is vital for maintaining proper inventory records and aiding in the overall management of controlled substances, ensuring compliance with legal standards. The other choices, while they may seem relevant, do not meet the specific record-keeping requirements established by regulations governing controlled substances.

6. Are logbook records for pseudoephedrine required to be kept for the same duration as CV and opium sales?

- A. Yes, for 5 years**
- B. No, only for 2 years**
- C. Yes, for 3 years**
- D. No requirement exists for pseudoephedrine**

The requirement for logbook records for pseudoephedrine sales is indeed set at two years. This is in line with federal regulations, which stipulate that records must be maintained for a minimum duration. Pseudoephedrine, being a regulated substance due to its potential for misuse, mandates that pharmacies keep detailed records, but the retention period is specifically established at two years. In addition, when considering substances controlled under the schedules such as CV (Schedule V) and opiates (Schedule II and III), the retention requirements differ. Schedule V substances generally require records to be maintained for five years, while records for opium and other controlled substances can require even longer periods depending on specific circumstances and state regulations. Therefore, understanding these distinctions is crucial. The correct duration for pseudoephedrine aligns with the stricter requirements established by federal legislation to curb misuse while ensuring a reasonable period for law enforcement to access relevant information.

7. Where can individuals safely dispose of extra oxycodones?

- A. Any pharmacy without modification**
- B. Authorized manufacturers, distributors, and pharmacies with disposal programs**
- C. Home incinerators**
- D. Your local trash can**

Individuals can safely dispose of extra oxycodones at authorized manufacturers, distributors, and pharmacies that have established disposal programs. This option is correct because such programs are specifically designed to ensure that prescription medications, especially controlled substances like oxycodone, are disposed of in a manner that is safe for both people and the environment. These facilities follow regulations set by the Drug Enforcement Administration (DEA) and state laws, making them a reliable choice for disposal. Pharmacies with drug take-back programs provide a secure way for the public to return unwanted medications, thus reducing the risk of misuse and preventing these drugs from entering the water supply or harming wildlife. These disposal systems also help to minimize the chances of accidental poisoning, particularly in homes with children or pets. The other options, while potentially appealing, do not provide the proper safeguards required for the disposal of controlled substances. For example, home incinerators may not reach the necessary temperatures to safely destroy pharmaceutical compounds, and standard trash disposal does not prevent the drugs from being accessed by unauthorized individuals. Thus, utilizing a program offered by an authorized organization is essential for safe medication disposal.

8. What part of the prescription label requires larger print according to regulations?

- A. Pharmacy name**
- B. Patient's name**
- C. Pharmacist's initials**
- D. Medication expiration date**

The requirement for larger print on a prescription label is aimed at ensuring that the most critical information is easily readable for the patient. The patient's name is significant because it directly identifies who the medication is prescribed for, making it essential for ensuring the correct administration of the medication. This helps in preventing medication errors and enhances the patient's understanding of their treatment, as they can clearly see their own name on the medication. While the other elements on a prescription label are important for various reasons—such as the pharmacy name for identification, the pharmacist's initials for accountability, and the medication expiration date for safety—the patient's name is prioritized for clarity and direct relevance to the individual receiving the medication. Regulations emphasize visibility and comprehension of the person who will be using the medication, making the patient's name the focus for larger print on the label.

9. How much pseudoephedrine can be purchased over the mail in 30 days?

- A. 5 grams**
- B. 7.5 grams**
- C. 10 grams**
- D. 15 grams**

In the context of purchasing pseudoephedrine over the mail, federal regulations established under the Combat Methamphetamine Epidemic Act impose specific limits on the quantity of pseudoephedrine that can be obtained within a given period. According to these regulations, an individual is permitted to purchase a maximum of 7.5 grams of pseudoephedrine in a 30-day period through mail-order pharmacies. This limit is set to help control the potential misuse of pseudoephedrine in the illicit production of methamphetamine. When considering this regulation, it is essential for pharmacies and consumers alike to recognize and adhere to the federal requirements regarding the purchase of pseudoephedrine-containing products. Understanding these limits is critical for anyone involved in pharmacy operations or for individuals who may require pseudoephedrine for legitimate medical purposes.

10. What is the purpose of a DEA 106 Form?

- A. To report lost or stolen controlled substances**
- B. To document a pharmacy's inventory**
- C. To apply for new controlled substance licenses**
- D. To record prescription refills**

The purpose of a DEA 106 Form is specifically to report lost or stolen controlled substances. When a pharmacy experiences a theft or significant loss of controlled substances, it is crucial to promptly notify the Drug Enforcement Administration (DEA) using this form. This reporting allows the DEA to investigate the incident and helps to ensure that controlled substances are appropriately accounted for and that proper security measures are reviewed or implemented as necessary. The importance of using the DEA 106 Form lies in the legal obligation pharmacies have to maintain the integrity of controlled substances and ensure that any discrepancies are reported to the authorities to prevent misuse and illegal distribution. This process is part of the broader regulatory framework that governs the handling of controlled substances in order to ensure safety and compliance within the pharmaceutical industry.