

NEW JERSEY MULTISTATE PHARMACY JURISPRUDENCE EXAMINATION (MPJE) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE**

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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

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- 1. What type of devices fall under Class II according to regulatory standards?**
 - A. Life-supporting devices
 - B. Devices with specific performance standards
 - C. Devices with minimal regulation
 - D. Devices requiring no approval
- 2. How frequently does a manufacturer need to register with the Attorney General?**
 - A. Triennially
 - B. Every Year
 - C. Every 3 Years
 - D. Every 5 Years
- 3. Can the FDA itself initiate a recall on a drug?**
 - A. Yes, at any time
 - B. No, it is the responsibility of the manufacturer
 - C. Yes, but only in crisis situations
 - D. No, unless requested by the manufacturer
- 4. What is the maximum number of years a pharmacy can retain patient acknowledgment records under HIPAA guidelines?**
 - A. 4 years
 - B. 5 years
 - C. 6 years
 - D. 7 years
- 5. Who is responsible for the oversight of prescription drug advertising?**
 - A. FTC
 - B. DEA
 - C. FDA
 - D. CDC

- 6. What is the expiration timeframe for CIII - CV prescriptions after issuance?**
- A. 90 days
 - B. 6 months
 - C. 180 days
 - D. 30 days
- 7. What happens if a pharmacy fails to contact the DEA after an emergency CII prescription?**
- A. The prescription becomes void
 - B. The pharmacy is unauthorized to accept emergency CII prescriptions
 - C. A fine will be imposed
 - D. No consequences will occur
- 8. Who receives an exception to controlled substances labeling requirements?**
- A. Prison inmates on CII
 - B. Patients with 30-day supplies
 - C. Institutionalized patients with short supply
 - D. Patients on maintenance medications
- 9. What regulatory requirement exists for pharmacists dispensing medications subject to REMS?**
- A. They must attend annual trainings
 - B. They must obtain and document specific lab tests
 - C. They need to provide each patient with a pamphlet
 - D. They should notify the prescribing physician
- 10. How quickly must a pharmacy report a theft or significant loss of controlled substances to the DEA?**
- A. Within 24 hours
 - B. Within one business day
 - C. Within 48 hours
 - D. Within 3 business days

Answers

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

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Explanations

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1. What type of devices fall under Class II according to regulatory standards?

- A. Life-supporting devices
- B. Devices with specific performance standards**
- C. Devices with minimal regulation
- D. Devices requiring no approval

Class II devices are characterized by the requirement for specific performance standards to ensure their safety and effectiveness. This classification is established by regulatory bodies like the FDA to manage devices that pose a moderate risk to patients and users. These devices must demonstrate compliance with predetermined standards that dictate their performance, which often includes tests and clinical data. For example, devices such as infusion pumps or surgical drapes might be categorized as Class II. They are required to meet stringent regulatory requirements and guidelines to confirm that they function as intended and do not pose an undue risk to health. The other categories mentioned in the question, such as life-supporting devices, fall under Class III due to their higher associated risks and the necessity for premarket approval. Devices with minimal regulation would correspond more to Class I, which generally includes items considered low-risk and are subject to the least amount of regulatory controls. Lastly, devices that require no approval do not fit within the structured categories established by regulatory standards because all devices must undergo some level of oversight. Thus, the correct classification is Class II, specifically for devices that come with outlined performance standards.

2. How frequently does a manufacturer need to register with the Attorney General?

- A. Triennially
- B. Every Year**
- C. Every 3 Years
- D. Every 5 Years

Manufacturers are required to register with the Attorney General every year in New Jersey. This annual registration ensures that manufacturers maintain compliance with state regulations and that all necessary information is up-to-date. The yearly requirement allows for regular oversight and monitoring of manufacturing activities, ensuring adherence to safety, quality, and regulatory standards. By mandating an annual registration, the state can promptly address any changes in the manufacturer's operations, including product changes, business relocations, or ownership changes, which is essential for public health and safety.

3. Can the FDA itself initiate a recall on a drug?

- A. Yes, at any time
- B. No, it is the responsibility of the manufacturer**
- C. Yes, but only in crisis situations
- D. No, unless requested by the manufacturer

The correct position is that it is the responsibility of the manufacturer to initiate a drug recall. The FDA does not have the authority to unilaterally impose a recall on a drug. However, the agency can request that a manufacturer recall a product if there is a safety concern or if the product presents a risk to public health. But the initiation of the recall process rests with the manufacturer, as they are in the best position to assess the issues surrounding their products and manage the recall logistics. In fact, the FDA's role in recalls is often advisory or supervisory, where it provides guidance on how recalls should be implemented but does not actively conduct them. This is essential for ensuring that manufacturers take responsibility for their products, which maintains accountability in the pharmaceutical industry. Therefore, understanding the roles and responsibilities of both the FDA and manufacturers is vital for grasping the regulatory framework surrounding drug safety and recalls.

4. What is the maximum number of years a pharmacy can retain patient acknowledgment records under HIPAA guidelines?

- A. 4 years
- B. 5 years
- C. 6 years**
- D. 7 years

Under HIPAA guidelines, a pharmacy is required to retain patient acknowledgment records for a period of six years from the date of their creation or the date when the record was last in effect, whichever is later. This is stipulated in the HIPAA Privacy Rule, which mandates that entities must have documented policies and procedures to ensure compliance with privacy regulations, including the retention of records that track patient acknowledgment of privacy practices. This guideline is important for maintaining compliance with patient privacy rights and for ensuring that patients are informed about how their health information is used and disclosed. By retaining these records for a minimum of six years, pharmacies can effectively demonstrate their adherence to HIPAA regulations in the event of an audit or inquiry regarding their privacy practices. Retaining records beyond this period is not a requirement under HIPAA, and shorter retention periods would not fulfill the obligations set forth by the law. Thus, the correct answer reflects the legal standard for record retention as per HIPAA.

5. Who is responsible for the oversight of prescription drug advertising?

- A. FTC
- B. DEA
- C. FDA**
- D. CDC

The oversight of prescription drug advertising falls primarily under the jurisdiction of the Food and Drug Administration (FDA). This is due to the FDA's mandate to ensure that drug advertisements do not mislead consumers and provide balanced information about the benefits and risks associated with the drugs being promoted. The FDA establishes guidelines for the format and content of prescription drug advertisements to ensure they comply with federal regulations, taking into account both the need for accurate information and the protection of public health. While the Federal Trade Commission (FTC) also plays a role in regulating advertising practices, particularly concerning false or misleading information in a broader sense, it does not specifically oversee prescription drug advertisement regulations. The Drug Enforcement Administration (DEA) focuses on the enforcement of controlled substances laws and regulations, and the Centers for Disease Control and Prevention (CDC) primarily addresses public health issues, including disease prevention and control, rather than drug advertising. Thus, the FDA is the appropriate agency responsible for the oversight of prescription drug advertising.

6. What is the expiration timeframe for CIII - CV prescriptions after issuance?

- A. 90 days
- B. 6 months**
- C. 180 days
- D. 30 days

The correct answer is that CIII - CV prescriptions expire after 6 months from the date of issuance. This timeframe is established to balance patient access to necessary medications with the need for monitoring and regulation of controlled substances. The 6-month expiration reflects a standard approach across many states, which helps to ensure that prescriptions are current and relevant to the patient's needs. This regulation also relates to safety considerations; as time passes, the patient's condition may change, and a re-evaluation by a healthcare provider may be necessary. The 6-month period allows for appropriate follow-up and review, reducing the risk associated with the continued dispensing of potentially outdated prescriptions. Other timeframes, such as 90 days, 180 days, and 30 days, do not align with the established regulations for controlled substances within the context of CIII - CV prescriptions, as they either provide a shorter or longer duration than what is legally permissible. This underscores the importance of ensuring prescriptions are renewed appropriately within the defined timeframe to maintain compliance with pharmacy laws and promote patient safety.

7. What happens if a pharmacy fails to contact the DEA after an emergency CII prescription?

- A. The prescription becomes void
- B. The pharmacy is unauthorized to accept emergency CII prescriptions**
- C. A fine will be imposed
- D. No consequences will occur

When a pharmacy fails to notify the DEA after an emergency CII prescription, it is considered that the pharmacy is not in compliance with the legal requirements set forth for handling Controlled Substances. Under the regulations, in an emergency situation where a CII prescription is called in, the prescribing physician must provide a written prescription to the pharmacy within a specific time frame. If the pharmacy does not report this to the DEA or fails to obtain the written prescription, it is seen as unauthorized to accept such emergency prescriptions in the future. This is because the pharmacy must adhere to strict guidelines established by federal law to ensure the safe and appropriate handling of Controlled Substances. The other potential responses do not reflect the specific regulatory consequences tied to the failure to notify the DEA. For example, the prescription does not just become void outright; rather, the process becomes scrutinized under legal standards impacting future transactions and the pharmacy's standing with the DEA. Similarly, while there may be penalties for non-compliance, the immediate implication is more about the pharmacy's authorization related to accepting such prescriptions, rather than an automatic fine or other sanctions.

8. Who receives an exception to controlled substances labeling requirements?

- A. Prison inmates on CII's
- B. Patients with 30-day supplies
- C. Institutionalized patients with short supply**
- D. Patients on maintenance medications

The correct answer is the option referring to institutionalized patients with short supply. This exception is granted due to the unique circumstances surrounding patients in institutional settings, such as hospitals or nursing homes. In these environments, patients may require specific medication regimens that do not necessitate the standard labeling requirements applicable to outpatients. When medications are dispensed in these institutions, they often operate under a different set of regulations that prioritize patient care and safety over conventional labeling protocols. For instance, if a patient is only expected to receive a short duration of medication, such as a few doses or a short supply while being treated, the traditional labeling requirements can be adjusted accordingly to facilitate immediate and efficient care without compromising patient safety. In contrast, the other options involve scenarios that do not qualify for such exceptions. For instance, prison inmates receiving controlled substances typically require stringent adherence to labeling requirements for safety and security reasons. Patients receiving 30-day supplies or those on maintenance medications also do not fall under the exception, as their medications are generally dispensed for outpatient use where clear labeling is essential for managing their treatment effectively. Therefore, institutionalized patients with short supply are the only group in this context that may receive exceptions to controlled substances labeling requirements.

9. What regulatory requirement exists for pharmacists dispensing medications subject to REMS?

- A. They must attend annual trainings
- B. They must obtain and document specific lab tests**
- C. They need to provide each patient with a pamphlet
- D. They should notify the prescribing physician

Pharmacists dispensing medications that are subject to Risk Evaluation and Mitigation Strategies (REMS) are required to obtain and document specific laboratory tests when mandated by the REMS program for that specific medication. This is crucial because REMS programs are designed to ensure that the benefits of a drug outweigh its risks, and certain medications have associated risks that necessitate monitoring through laboratory tests. By documenting these tests, pharmacists contribute to patient safety and ensure compliance with the REMS requirements, thus playing a vital role in the overall management of the therapy involving high-risk medications. In the context of the other options, while annual training may be beneficial for pharmacists to stay informed about REMS requirements, it's not a regulatory requirement specifically tied to dispensing medications with REMS. Providing pamphlets to patients could be a good practice; however, not all REMS require pharmacists to issue pamphlets specifically. Notifying the prescribing physician can be necessary in some circumstances but is not a blanket requirement for all REMS medications; rather, it depends on the specifics of the REMS associated with the medication in question.

10. How quickly must a pharmacy report a theft or significant loss of controlled substances to the DEA?

- A. Within 24 hours
- B. Within one business day**
- C. Within 48 hours
- D. Within 3 business days

The correct timeframe for reporting a theft or significant loss of controlled substances to the DEA is within one business day. This requirement ensures that the DEA can promptly investigate any incidents of theft or loss, which is crucial for maintaining the integrity of the Controlled Substances Act. The one business day timeframe emphasizes the urgency in addressing and mitigating potential illegal activities surrounding controlled substances. Understanding this requirement is important for pharmacies to uphold compliance with federal regulations, as timely reporting helps prevent further loss and aids the DEA in tracking and possibly preventing future occurrences. The other timeframes presented, such as 24 hours, 48 hours, or 3 business days, do not align with the DEA's regulations, which specifically mandate the one business day reporting for significant thefts or losses.

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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:

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

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