

North Carolina Multistate Pharmacy Jurisprudence Examination (MPJE) Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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 accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

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. Can a pharmacist accept a verbal prescription for a controlled substance?**
 - A. Yes, for Schedule I medications**
 - B. Yes, but only for Schedule III to V medications, not for Schedule II**
 - C. No, verbal prescriptions are not allowed**
 - D. Yes, for any controlled substance**
- 2. A pharmacist wishes to begin offering immunization for Gardasil at her pharmacy. Which of the following is needed?**
 - A. A written protocol with the physician**
 - B. A prescription from the practitioner**
 - C. A patient 18 years or older**
 - D. A patient 14 years or older**
- 3. Which of the following is NOT considered a controlled substance prescriber in North Carolina?**
 - A. Physician**
 - B. Dentist**
 - C. Pharmacist**
 - D. Podiatrist**
- 4. Which of the following is true about the reporting of thefts in pharmacy?**
 - A. The report must be sent within 24 hours**
 - B. Only thefts of controlled substances need to be reported**
 - C. The report can be filed verbally**
 - D. The report should include details about any suspects if known**
- 5. What is required regarding "an offer to counsel"?**
 - A. Needs to be made for refilled prescriptions only**
 - B. The patient should understand the offer to counsel**
 - C. It does not need to be documented**
 - D. Must be made verbally only**

- 6. Which DEA form is used to record the destruction of expired controlled substances?**
- A. Form 41**
 - B. Form 222**
 - C. Form 106**
 - D. Form 12**
- 7. What is the maximum day supply of an emergency refill a pharmacist may dispense if a physician dies or ceases practicing medicine?**
- A. 30 days**
 - B. 60 days**
 - C. 90 days**
 - D. 120 days**
- 8. What is required to be on a prescription for a controlled substance in North Carolina?**
- A. Only the doctor's information**
 - B. The patient's full name, address, and age must be provided**
 - C. Only the patient's first name**
 - D. Just the medication name**
- 9. What is a "Schedule IV" controlled substance?**
- A. A category of drugs considered to have no potential for abuse**
 - B. A category of drugs considered to have the highest potential for abuse**
 - C. A category of drugs considered to have a lower potential for abuse and dependence**
 - D. A category of drugs that are illegal**
- 10. In which circumstances can an emergency refill be granted without a prescription?**
- A. When the pharmacy has a surplus**
 - B. When a patient is out of medication and cannot obtain a refill, and the pharmacist deems it's medically necessary**
 - C. When the patient is traveling**
 - D. When the refill is for less than a week's supply**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Can a pharmacist accept a verbal prescription for a controlled substance?

A. Yes, for Schedule I medications

B. Yes, but only for Schedule III to V medications, not for Schedule II

C. No, verbal prescriptions are not allowed

D. Yes, for any controlled substance

The correct answer highlights the specific regulations surrounding verbal prescriptions for controlled substances. In the context of pharmaceutical law, particularly in North Carolina and federally, pharmacists are permitted to accept verbal prescriptions for Schedule III, IV, and V medications, which are categorized as having moderate potential for abuse. This means that a healthcare provider can call in these prescriptions directly to a pharmacy, and the pharmacist can process them accordingly. However, Schedule II medications, which include stronger opioids and certain other drugs with a high potential for abuse, require stricter controls. As a result, they typically mandate a written prescription due to their associated risks and the potential for diversion and misuse. Consequently, this distinction explains why verbal prescriptions are not allowed for Schedule II medications. While verbal prescriptions for controlled substances may seem convenient, they are governed by legal requirements to ensure patient safety and to mitigate the risks associated with misuse. The other options either misstate the regulations or suggest that verbal prescriptions can be accepted for Schedule I substances, which are illegal to prescribe in any context, indicating a misunderstanding of the scheduling system and prescription guidelines.

2. A pharmacist wishes to begin offering immunization for Gardasil at her pharmacy. Which of the following is needed?

A. A written protocol with the physician

B. A prescription from the practitioner

C. A patient 18 years or older

D. A patient 14 years or older

In North Carolina, to provide immunizations such as Gardasil, a pharmacist must have a written protocol established with a physician. This protocol outlines the specific parameters under which the pharmacist can administer vaccines and is necessary for legal and regulatory compliance. The protocol serves as a collaborative practice agreement that ensures the pharmacist is working within the scope of practice defined by the physician, which helps to safeguard patient safety and ensure proper administration of vaccines. While prescriptions and age requirements are important considerations in the context of immunizations, they are not sufficient on their own for the pharmacist to begin providing immunizations. The written protocol is the foundational document that allows a pharmacist to operate under a physician's authority and is essential for any immunization services offered in the pharmacy. Therefore, having this written protocol is the first step a pharmacist must take in order to legally administer Gardasil or any other vaccine.

3. Which of the following is NOT considered a controlled substance prescriber in North Carolina?

- A. Physician**
- B. Dentist**
- C. Pharmacist**
- D. Podiatrist**

In North Carolina, a controlled substance prescriber is generally defined as a licensed practitioner who has the authority to prescribe medications classified as controlled substances. Physicians, dentists, and podiatrists all hold professional licenses that allow them to prescribe controlled substances as part of their scope of practice. Pharmacists, on the other hand, do not typically have prescribing authority. While pharmacists can dispense controlled substances based on prescriptions from qualified prescribers, they do not prescribe these medications themselves. Their role primarily involves the preparation and distribution of medications, ensuring their safe and effective use, including counseling patients about medication therapy. This distinction is crucial in understanding the different roles within the healthcare system and the specific regulations that govern prescriptive authority in North Carolina.

4. Which of the following is true about the reporting of thefts in pharmacy?

- A. The report must be sent within 24 hours**
- B. Only thefts of controlled substances need to be reported**
- C. The report can be filed verbally**
- D. The report should include details about any suspects if known**

Reporting thefts in pharmacy settings is a critical aspect of maintaining regulatory compliance and ensuring safety within the community. Among the options provided, it is essential to include details about any suspects if known when reporting a theft. This practice allows law enforcement and regulatory agencies to act quickly and investigate the matter thoroughly. Providing information about suspects aids in identifying and apprehending individuals who may pose a risk to the community or who may have an ongoing pattern of theft, particularly with respect to controlled substances, which can have significant public health implications. This approach aligns with the legal requirements to ensure that any theft, especially involving controlled substances, is reported accurately and comprehensively to state and federal authorities, enhancing the effectiveness of the investigation and response. Thus, detailing known suspects plays a vital role in the overall process of addressing pharmacy theft incidents. In contrast, other options do not encompass comprehensive reporting practices. Although laws vary by state, general regulations often require comprehensive reports that may not emphasize verbal reporting or restrict to only controlled substances. Hence, detailing known suspects becomes a foundational part of the informed reporting process.

5. What is required regarding "an offer to counsel"?

- A. Needs to be made for refilled prescriptions only**
- B. The patient should understand the offer to counsel**
- C. It does not need to be documented**
- D. Must be made verbally only**

The requirement regarding "an offer to counsel" focuses on ensuring that the patient fully comprehends the offer being made. This not only aligns with the goal of enhancing patient involvement in their healthcare decisions but also promotes better medication management and understanding of therapy. When a pharmacist offers to counsel a patient, it is crucial that the patient understands the information being conveyed to them, as this can significantly affect treatment outcomes and adherence to the prescribed medication regimen. While there may be nuances in other states' laws regarding documentation or how the offer is presented, the core principle remains: communication and comprehension are key to effective patient care. This ensures that patients are empowered to ask questions and seek clarity about their medications, fostering an environment of trust and support in the pharmacist-patient relationship. The other options either do not align with the broader regulatory requirements or miss out on the essential component of communication necessary for effective counseling.

6. Which DEA form is used to record the destruction of expired controlled substances?

- A. Form 41**
- B. Form 222**
- C. Form 106**
- D. Form 12**

The use of Form 41 is specifically designated for the disposal or destruction of controlled substances, including those that are expired. This form must be used to document the process properly and is a requirement set out by the DEA to ensure proper tracking and accountability for controlled substances throughout their lifecycle, including their destruction. In the context of pharmacy practice, it is essential to maintain accurate records for controlled substances, as they are regulated and subject to strict guidelines. Using Form 41 helps pharmacies and other entities comply with these regulations while also providing a means to mitigate the risk of diversion or misuse of medications. Other forms mentioned serve different purposes: Form 222 is used for the ordering and transferring of Schedule I and II controlled substances, Form 106 is utilized to report theft or loss of controlled substances, and Form 12 is not relevant in this context. Understanding the specific use of each form is crucial for maintaining compliance in the handling of controlled substances.

7. What is the maximum day supply of an emergency refill a pharmacist may dispense if a physician dies or ceases practicing medicine?

- A. 30 days
- B. 60 days
- C. 90 days**
- D. 120 days

In North Carolina, the regulations concerning emergency refills allow a pharmacist to dispense up to a 90-day supply of medication in the event that a physician has died or ceased practicing medicine. This provision is intended to ensure that patients have an adequate supply of their necessary medications without interruption, especially in a situation where they cannot obtain a new prescription due to unforeseen circumstances, such as the physician's sudden unavailability. The rationale behind allowing a 90-day emergency refill is rooted in the need to balance patient care with the proper management of prescriptions. A supply of this length provides patients with sufficient time to transition to a new provider or obtain a new prescription, without risking a lapse in their medication regimen. Other options for day supply—such as 30, 60, or 120 days—either fall short of meeting this need or exceed what is generally considered reasonable within the context of emergency situations. Thus, a 90-day emergency refill aligns with the intent and regulations designed to protect patient access to necessary medications under these specific circumstances.

8. What is required to be on a prescription for a controlled substance in North Carolina?

- A. Only the doctor's information
- B. The patient's full name, address, and age must be provided**
- C. Only the patient's first name
- D. Just the medication name

A prescription for a controlled substance in North Carolina must include comprehensive information to ensure both safety and legal compliance. The requirement for the patient's full name, address, and age is crucial for identification purposes and helps prevent misuse of controlled substances. Having the full name ensures that the medication is accurately associated with the correct individual, while the address and age are important for verifying the patient's identity and to consider potential age-related factors in medication therapy. This information is essential for the pharmacist to confirm that the prescription is valid and for maintaining proper records, which is a key aspect of regulating controlled substances to prevent diversion and abuse. The other options do not provide sufficient detail or completeness, which can lead to issues in the dispensing process and may not meet the legal requirements outlined in North Carolina's pharmacy laws.

9. What is a "Schedule IV" controlled substance?

- A. A category of drugs considered to have no potential for abuse
- B. A category of drugs considered to have the highest potential for abuse
- C. A category of drugs considered to have a lower potential for abuse and dependence**
- D. A category of drugs that are illegal

A "Schedule IV" controlled substance refers to a category of drugs that are considered to have a lower potential for abuse and dependence compared to substances in higher schedules such as Schedule I, II, or III. In the Controlled Substances Act, substances are classified into schedules based on their potential for abuse, medical use, and safety or dependence risk. Schedule IV substances include medications that may still be subject to regulatory controls due to their potential for misuse or addiction, but they are deemed to have an acceptable medical use and a lower risk compared to those in schedules with stricter regulations. This classification allows for medical professionals to prescribe these substances with appropriate oversight and regulation while maintaining patient safety. The other options describe different categories of controlled substances: some are related to having no potential for abuse, being illegal, or having the highest potential for abuse, which do not apply to Schedule IV substances. Understanding these distinctions is crucial in the context of pharmacy practice and controlled substance regulation.

10. In which circumstances can an emergency refill be granted without a prescription?

- A. When the pharmacy has a surplus
- B. When a patient is out of medication and cannot obtain a refill, and the pharmacist deems it's medically necessary**
- C. When the patient is traveling
- D. When the refill is for less than a week's supply

An emergency refill can be granted without a prescription when a patient is out of medication and cannot obtain a refill, and the pharmacist deems it medically necessary. This situation emphasizes the pharmacist's role in ensuring continuity of care and promoting patient safety. In such circumstances, pharmacists are empowered to make clinical judgments to prevent potential health risks associated with interruptions in essential medications, especially for chronic conditions or serious health issues. The necessity of the medication, combined with the patient's inability to obtain a refill, justifies the emergency refill under the guidelines set by many state laws, including those in North Carolina. The other options do not align with the specific criteria typically outlined for emergency refills. While a pharmacy having surplus medication or a patient traveling could be situations where refills might be considered, they do not meet the critical requirement of determining medical necessity or addressing immediate needs. Additionally, limiting a refill to less than a week's supply may not address the urgency of the patient's situation if they are in immediate need of their medication. Thus, the focus on patient welfare and clinical judgment reinforces why the stated option is appropriate.

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://northcarolinampje.examzify.com>

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