

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

Study Guide



Everything you need from our exam experts!

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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 schedule are pseudoephedrine, phenylpropanolamine, and ephedrine classified in Oregon?**
 - A. Schedule I
 - B. Schedule II
 - C. Schedule III
 - D. Schedule IV
- 2. What is a key role of the Oregon Board of Pharmacy?**
 - A. Regulate the pricing of medications
 - B. Oversee pharmacy practice and licensing
 - C. Control the distribution of medical devices
 - D. Provide patient care services
- 3. What should a pharmacist do if referred to the Health Professional's Service Program?**
 - A. Ignore the referral
 - B. Seek assistance for impairment issues
 - C. Request to change jobs
 - D. Consult a lawyer
- 4. Is there a limit on the quantity of CII medication that can be dispensed from a single prescription?**
 - A. Yes, a maximum of 30 days' worth
 - B. No, but professional judgment should be used
 - C. Yes, only up to 90 days' worth
 - D. No, it can be any quantity without restrictions
- 5. How should a hospice nurse dispose of narcotics after a patient's death?**
 - A. Flushing down the toilet
 - B. Joint destruction with documentation
 - C. Burning the medication
 - D. Returning to the pharmacy

- 6. Can clerks pull drugs off the pharmacy shelf for prescription filling?**
- A. Yes
 - B. No
 - C. Only if supervised by a pharmacist
 - D. Only for over-the-counter medications
- 7. What must be included on the back of a hardcopy prescription for controlled substances?**
- A. Patient's insurance information
 - B. The dispensing label with patient and prescriber details
 - C. Pharmacy hours of operation
 - D. Pharmacist's personal information
- 8. What must be included in a change to a CII prescription made over the phone?**
- A. Change in patient's name
 - B. Directions and pharmacist's name
 - C. Change in drug quantity and dosage form
 - D. Change in prescriber's contact information
- 9. Can a charitable pharmacy accept controlled substances for donation?**
- A. Yes, if properly documented
 - B. No, they cannot accept controlled substances
 - C. Yes, but only from licensed practitioners
 - D. No, but they can accept OTC drugs
- 10. What is a situation in which a pharmacy may take back a dispensed medication?**
- A. For any medication if the patient changes their mind
 - B. For destruction if an error is made on a scheduled medication
 - C. Only for non-controlled medications
 - D. At the request of the prescriber

Answers

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

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Explanations

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1. What schedule are pseudoephedrine, phenylpropanolamine, and ephedrine classified in Oregon?

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

Pseudoephedrine, phenylpropanolamine, and ephedrine are classified as Schedule III controlled substances in Oregon. This classification reflects the state's recognition of these substances as having some accepted medical uses but also potential for abuse or misuse. Schedule III drugs are characterized by a lower potential for abuse compared to substances in Schedule I and Schedule II, meaning that while these medications are regulated, they can still be prescribed and dispensed under certain conditions. In Oregon, regulations surrounding these substances may include limits on the amount that can be purchased, as well as requirements for identification or records when obtaining them. Understanding the classification is crucial for healthcare professionals in order to adhere to the laws that govern prescribing, dispensing, and selling these medications, as well as to ensure patient safety and compliance with legal standards. In contrast, other schedules such as Schedule I denote substances that are illegal to possess or use medically, and Schedule II outlines drugs that are highly regulated due to their high potential for abuse but with approved medical uses.

2. What is a key role of the Oregon Board of Pharmacy?

- A. Regulate the pricing of medications
- B. Oversee pharmacy practice and licensing**
- C. Control the distribution of medical devices
- D. Provide patient care services

The key role of the Oregon Board of Pharmacy is to oversee pharmacy practice and licensing. This responsibility encompasses ensuring that pharmacies and pharmacists adhere to state laws and regulations, maintaining standards of practice, and protecting public health and safety. The Board is tasked with issuing licenses to pharmacy professionals, monitoring compliance with pharmacy statutes, and handling disciplinary actions when necessary. This regulatory framework is critical for maintaining the integrity and effectiveness of pharmacy practice within the state. The other options, while related to the healthcare field, do not capture the primary functions of the Oregon Board of Pharmacy. The regulation of medication pricing is typically beyond the scope of pharmacy boards, which primarily focus on practice and safety. Similarly, while the distribution of medical devices is an essential aspect of healthcare, it is generally overseen by different regulatory bodies rather than the Board of Pharmacy. Patient care services, though crucial, are not the direct responsibility of the Board; rather, individual pharmacies and pharmacists provide these services within the regulatory framework established by the Board.

3. What should a pharmacist do if referred to the Health Professional's Service Program?

- A. Ignore the referral
- B. Seek assistance for impairment issues**
- C. Request to change jobs
- D. Consult a lawyer

When a pharmacist is referred to the Health Professional's Service Program (HPSP), the most appropriate action is to seek assistance for impairment issues. The HPSP is a supportive program designed to help healthcare professionals, including pharmacists, who may be struggling with substance abuse, mental health issues, or other impairments that can impact their ability to practice safely. By seeking assistance through this program, the pharmacist can access the resources and support needed to address their challenges. This can include counseling, monitoring, and rehabilitation services that are tailored to their specific situation. Engaging with the HPSP demonstrates a commitment to professional responsibility and personal health, which is critical not only for the pharmacist's well-being but also for the safety of the patients they serve. Addressing impairment issues proactively is essential, as it allows the pharmacist to potentially recover and continue to contribute to their profession rather than facing disciplinary actions or risking their license by ignoring the referral. Seeking help reinforces the importance of wellness in the healthcare field and the value of utilizing available resources to ensure safe practice.

4. Is there a limit on the quantity of CII medication that can be dispensed from a single prescription?

- A. Yes, a maximum of 30 days' worth
- B. No, but professional judgment should be used**
- C. Yes, only up to 90 days' worth
- D. No, it can be any quantity without restrictions

The correct answer reflects the principle that while there is no specific legal limit on the quantity of a Schedule II (CII) medication that can be dispensed from a single prescription, there is an expectation that pharmacists will exercise professional judgment in determining what is appropriate and safe for patients. Pharmacists are entrusted not only with the responsibility of following laws and regulations but also with ensuring patient safety and effective medication management. This means considering factors such as the patient's condition, the purpose of the medication, its potential for abuse or misuse, and whether dispensing a larger quantity is clinically justified. In practice, while a prescription for a CII medication could theoretically be written for a quantity greater than what would typically be dispensed in a standard 30-day supply, it would be prudent for the pharmacist to assess the necessity for such a quantity and to consider the implications for patient adherence, safety, and potential for abuse. Therefore, the absence of a stringent limit encourages the use of professional discretion, which is critical in the context of CII medications that carry a higher risk of dependency and misuse. This principle aligns well with the overall focus on safeguarding public health and promoting responsible prescribing and dispensing practices.

5. How should a hospice nurse dispose of narcotics after a patient's death?

- A. Flushing down the toilet
- B. Joint destruction with documentation**
- C. Burning the medication
- D. Returning to the pharmacy

The proper method for a hospice nurse to dispose of narcotics after a patient's death is through joint destruction with documentation. This process is crucial for several reasons: it helps ensure that controlled substances do not enter the community or environment, thereby preventing potential misuse or accidental ingestion. Joint destruction typically involves an authorized witness, which ensures accountability and maintains a transparent record of the destruction process. Proper documentation serves as a legal safeguard, providing evidence that the drugs have been disposed of in accordance with both federal and state regulations. This method aligns with best practices for managing controlled substances and contributes to the overall safety and responsibility in healthcare. Other methods, such as flushing down the toilet, may lead to environmental contamination and are generally discouraged unless specifically authorized by environmental or regulatory agencies. Burning medications can pose risks associated with uncontrolled combustion and is often not permissible due to environmental regulations. Returning medications to the pharmacy can complicate the process if the pharmacy is not equipped to handle narcotic returns or if proper procedures are not followed, making joint destruction the most appropriate and compliant approach.

6. Can clerks pull drugs off the pharmacy shelf for prescription filling?

- A. Yes
- B. No**
- C. Only if supervised by a pharmacist
- D. Only for over-the-counter medications

Clerks are not permitted to pull drugs off the pharmacy shelf for prescription filling. This restriction is grounded in the importance of ensuring that all prescription medications are handled by licensed professionals who have undergone the necessary training to ensure accuracy, safety, and legal compliance. The responsibility of selecting, verifying, and preparing prescription medications lies with pharmacists or pharmacy technicians. Allowing clerks—who may not have the requisite training or knowledge—to handle prescription medications could lead to significant risks, including medication errors, misfiling, and ultimately compromising patient safety. In some instances, clerks may assist in tasks not directly related to the dispensing of prescription medications, such as stocking shelves or managing inventory under the supervision of licensed staff, but their involvement is limited when it comes to the actual handling of prescription drugs. This regulatory framework is designed to protect public health and ensure that medications are dispensed safely and appropriately. In contrast, the handling of over-the-counter medications does not typically require the same level of oversight, which may explain the context of other choices, but they do not pertain to prescription medications, which remain the focus of this question.

7. What must be included on the back of a hardcopy prescription for controlled substances?

- A. Patient's insurance information
- B. The dispensing label with patient and prescriber details**
- C. Pharmacy hours of operation
- D. Pharmacist's personal information

The correct answer highlights the importance of including the dispensing label, which serves as a key identifier for the medication being dispensed, ensuring that both the patient and the pharmacist can easily refer to important details regarding the prescription. This label must contain essential information such as the patient's name, the prescribing physician's details, the name and strength of the medication, dosage instructions, and any relevant warnings or counseling points. Including this information on the back of hardcopy prescriptions for controlled substances is particularly critical for regulatory compliance and safe medication dispensing practices. It reinforces accountability and provides a clear reference that can help prevent errors in medication management. Other options, while relevant in different contexts, do not meet the same critical requirement for controlled substances as the dispensing label does. For instance, patient insurance details are typically handled separately and not required to be visible on the prescription itself. The pharmacy's hours and the pharmacist's personal information, while they may be useful to know, do not carry the same necessity in terms of safety and compliance in the dispensing process.

8. What must be included in a change to a CII prescription made over the phone?

- A. Change in patient's name
- B. Directions and pharmacist's name
- C. Change in drug quantity and dosage form**
- D. Change in prescriber's contact information

When a prescription for a controlled substance in Schedule II (CII) medications is transmitted orally, certain regulations govern changes that can be made. In Oregon, as with many other jurisdictions, the change in drug quantity and dosage form is crucial because these details significantly affect how the medication is administered and monitored. Such alterations cannot be made arbitrarily; they must adhere to strict guidelines to ensure patient safety and medication integrity. Changes to the drug quantity affect the duration of treatment and could result in either under-treatment or over-treatment if not properly managed. Similarly, a change in dosage form (for example, switching from a tablet to a liquid) can alter the way a patient takes the medication, impacting absorption and effectiveness. It's imperative for the pharmacist to accurately document these changes when discussing a CII prescription over the phone to maintain compliance with legal requirements and ensure appropriate care for the patient. If pharmacists were to make changes to other elements such as the patient's name or prescriber's information, these could lead to complications in patient identification or validity of the prescription, which are handled through different protocols. Thus, the emphasis is on changes that directly alter the medication's administration.

9. Can a charitable pharmacy accept controlled substances for donation?

- A. Yes, if properly documented
- B. No, they cannot accept controlled substances**
- C. Yes, but only from licensed practitioners
- D. No, but they can accept OTC drugs

In Oregon, charitable pharmacies are not allowed to accept controlled substances for donation. This restriction is in place to safeguard the integrity of the controlled substance distribution system and to prevent potential misuse and abuse of these medications. Controlled substances are subject to strict regulatory controls under both federal and state laws, which dictate how they are handled, stored, and distributed. Additionally, the donation of controlled substances could pose risks regarding their tracking and accountability, which are critical in combating drug abuse and ensuring patient safety. Tracking controlled substances involves meticulous records and regulatory compliance, and charitable organizations may lack the robust systems that established pharmacies have for managing these medications properly. While charitable pharmacies may accept donations of over-the-counter (OTC) drugs and non-controlled prescription medications under certain conditions, the prohibition on controlled substances remains a firm regulation in the interest of public health and safety.

10. What is a situation in which a pharmacy may take back a dispensed medication?

- A. For any medication if the patient changes their mind
- B. For destruction if an error is made on a scheduled medication**
- C. Only for non-controlled medications
- D. At the request of the prescriber

A pharmacy may take back a dispensed medication specifically for destruction if an error is made on a scheduled medication. This is important because scheduled medications, which are controlled substances, have strict regulatory requirements surrounding their handling and storage. If a pharmacy dispenses the wrong medication or an incorrect dosage of a controlled substance, it is necessary to take appropriate action to prevent potential harm to the patient and to comply with legal regulations. In this situation, returning the medication to a secure location for destruction helps ensure that it does not get into the hands of individuals who should not have access to it. This practice emphasizes the pharmacy's responsibility in maintaining patient safety and adhering to regulatory guidelines. While a pharmacy cannot typically take back any medication simply because a patient changes their mind due to liability and safety concerns, and the return of non-controlled versus controlled substances is treated differently due to various legal implications, the context of making a return specifically for the purpose of correcting an error in dispensed scheduled medications justifies this action.

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://oregonmpje.examzify.com>

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

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