

Pharmacy Technician Law and Safety Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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. What is the pharmacist's primary responsibility related to medication therapy management?**
 - A. To limit the number of prescriptions filled**
 - B. To oversee and provide clinical recommendations for optimizing medication regimens**
 - C. To handle all patient interactions**
 - D. To manage inventory and restock medications**
- 2. Which piece of information is not required on a medication label?**
 - A. Pharmacist initials**
 - B. Patient's social security number**
 - C. Drug name**
 - D. Date filled**
- 3. Which medication classification requires risk evaluation and mitigation strategies (REMS)?**
 - A. Certain over-the-counter medications**
 - B. Certain high-risk medications, often Schedule II substances**
 - C. All prescription medications**
 - D. Non-steroidal anti-inflammatory drugs**
- 4. The Omnibus Budget Reconciliation Act of 1990 requires what for Medicare patients?**
 - A. Annual health assessments**
 - B. Offer of counseling related to medications**
 - C. Mandatory vaccinations**
 - D. Regular drug testing**
- 5. What does the Pure Food and Drug Act of 1906 aim to prohibit?**
 - A. The sale of effective drugs.**
 - B. The interstate transportation of adulterated food and drugs.**
 - C. The use of prescription medications.**
 - D. The manufacturing of generic drugs.**

- 6. What benefit does the Drug Price Competition and Patent-Term Restoration Act of 1984 provide?**
- A. Decrease in drug manufacturing costs**
 - B. Quicker introduction of generic and new drugs**
 - C. Increase in insurance coverage for medications**
 - D. Support for state pharmacy programs**
- 7. Which of the following is considered a prescription error?**
- A. Providing extra medication**
 - B. Dispensing the wrong dosage form of medication**
 - C. Changing the medication brand without notification**
 - D. Failing to label the medication**
- 8. Which of the following forms is used for prescriptions that require specific tracking for controlled substances?**
- A. Purchase order**
 - B. Prescription form**
 - C. C-II Controlled Substance Prescription Forms**
 - D. Medicine administration records**
- 9. What is one purpose of The Joint Commission (TJC)?**
- A. To increase pharmacy revenues**
 - B. To improve quality of patient care and safety**
 - C. To regulate drug manufacturing**
 - D. To license pharmacy employees**
- 10. What does the acronym DEA stand for?**
- A. Drug Evaluation Agency**
 - B. Drug Enforcement Administration**
 - C. Drug Effectiveness Administration**
 - D. Drug Expiration Agency**

Answers

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1. B
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 is the pharmacist's primary responsibility related to medication therapy management?

- A. To limit the number of prescriptions filled**
- B. To oversee and provide clinical recommendations for optimizing medication regimens**
- C. To handle all patient interactions**
- D. To manage inventory and restock medications**

The primary responsibility of a pharmacist in relation to medication therapy management is to oversee and provide clinical recommendations for optimizing medication regimens. This involves evaluating patients' medication plans to ensure that they are safe and effective, considering factors such as drug interactions, patient-specific factors (like age, weight, and kidney function), and adherence to therapy. This role requires a thorough understanding of pharmacotherapy and the ability to communicate effectively with both patients and healthcare providers. The pharmacist plays a crucial part in medication therapy management by ensuring that patients receive the best possible outcomes from their medications, identifying potential medication-related issues, and making necessary adjustments to therapy. This comprehensive approach to managing a patient's medication regimen ultimately improves patient safety and enhances the effectiveness of treatment, reflecting the pharmacist's expertise in medication management. In contrast, limiting the number of prescriptions filled, handling all patient interactions, and managing inventory do not encompass the broader scope of clinical assessment and decision-making that is central to medication therapy management. These responsibilities, while important in their own right, do not capture the primary focus on optimizing patient outcomes through targeted clinical evaluations and recommendations.

2. Which piece of information is not required on a medication label?

- A. Pharmacist initials**
- B. Patient's social security number**
- C. Drug name**
- D. Date filled**

The requirement of specific information on a medication label is guided by various regulations intended to ensure patient safety and proper medication management. A patient's social security number is not one of the mandatory elements that must be present on a medication label. Including personal identification details like a social security number poses risks related to patient privacy and security. Regulations generally focus on ensuring that the relevant medication details are accessible to the patient and those administering the medication, such as the drug's name, the date the medication was filled, and identification from the pharmacist, represented by their initials. These elements are essential for accurate dispensing, patient information, and traceability within the pharmacy system. Therefore, the absence of a patient's social security number from a medication label aligns with privacy laws and regulations, making it the correct answer in this scenario.

3. Which medication classification requires risk evaluation and mitigation strategies (REMS)?

- A. Certain over-the-counter medications
- B. Certain high-risk medications, often Schedule II substances**
- C. All prescription medications
- D. Non-steroidal anti-inflammatory drugs

The classification that requires risk evaluation and mitigation strategies (REMS) primarily includes certain high-risk medications, often Schedule II substances. REMS programs are specifically designed for medications that have serious safety concerns in order to help ensure that the benefits of the medication outweigh the risks. These medications can pose significant risks if not used properly, which is why regulatory authorities, such as the FDA, mandate these strategies. REMS may involve medication guides, communication plans for healthcare providers, and monitoring requirements, among other measures designed to enhance patient safety. High-risk medications may include potent opioids, certain antipsychotics, and medications that can cause severe adverse reactions. In contrast, over-the-counter medications typically do not require such stringent safety measures, as they are generally considered safe for use without a prescription. Additionally, while all prescription medications have specific safety considerations, only those with a higher potential for serious risks necessitate REMS. Non-steroidal anti-inflammatory drugs (NSAIDs), while they can have safety concerns, do not generally require REMS unless associated with specific scenarios or adverse effects. Thus, the focus on high-risk medications aligns with the need for careful management and monitoring to ensure patient safety.

4. The Omnibus Budget Reconciliation Act of 1990 requires what for Medicare patients?

- A. Annual health assessments
- B. Offer of counseling related to medications**
- C. Mandatory vaccinations
- D. Regular drug testing

The Omnibus Budget Reconciliation Act of 1990 (OBRA '90) introduced several important provisions aimed at improving the quality of care for Medicare patients, with a particular focus on medication management. One of the key requirements established by OBRA '90 is the obligation for pharmacists to offer counseling to patients regarding their medications. This is intended to enhance patient understanding of their medications, improve adherence to therapy, and ensure safer medication use. Counseling helps provide crucial information to patients on how to properly take their medications, potential side effects, interactions with other drugs, and lifestyle changes that may be necessary during treatment. This requirement reflects a broader emphasis on promoting patient education and involvement in their own healthcare, which can lead to better health outcomes. In contrast, the other options do not align with the specific provisions of OBRA '90. While annual health assessments and regular drug testing may be relevant in other contexts of healthcare, they are not mandated by this act for Medicare patients. Moreover, while vaccinations are a critical aspect of preventive healthcare, they are not a requirement specifically outlined under OBRA '90. Therefore, the focus on medication counseling is a distinctive feature that highlights the act's commitment to medication safety and patient education.

5. What does the Pure Food and Drug Act of 1906 aim to prohibit?

- A. The sale of effective drugs.**
- B. The interstate transportation of adulterated food and drugs.**
- C. The use of prescription medications.**
- D. The manufacturing of generic drugs.**

The Pure Food and Drug Act of 1906 was a significant piece of legislation aimed at addressing concerns over the safety and labeling of food and pharmaceutical products. The correct answer highlights the Act's primary focus on prohibiting the interstate transportation of adulterated food and drugs. This was crucial at a time when the public was growing increasingly aware of issues such as contaminated products and the presence of harmful substances in medications. By prohibiting the interstate transport of adulterated goods, the Act aimed to protect consumers from unsafe or mislabeled products that could cause harm. It set the stage for regulatory oversight in the food and drug industries, leading to more stringent safety and labeling standards. Other options do not accurately reflect the primary intent of the Act. The sale of effective drugs would not be a target for prohibition; instead, the Act sought to ensure safety and efficacy. The use of prescription medications and the manufacturing of generic drugs were not concerns directly addressed by this legislation.

6. What benefit does the Drug Price Competition and Patent-Term Restoration Act of 1984 provide?

- A. Decrease in drug manufacturing costs**
- B. Quicker introduction of generic and new drugs**
- C. Increase in insurance coverage for medications**
- D. Support for state pharmacy programs**

The Drug Price Competition and Patent-Term Restoration Act of 1984, also known as the Hatch-Waxman Act, is significant in facilitating the quicker introduction of both generic and new drugs into the market. This legislation aimed to balance the interests of pharmaceutical companies and consumers by creating a pathway for generics to gain FDA approval without repeating the costly and lengthy clinical trials required for brand-name drugs. By allowing generic manufacturers to file an abbreviated new drug application (ANDA), the Act streamlined the approval process, effectively reducing the time it takes for these lower-cost alternatives to become available to patients. This both encourages competition in the pharmaceutical market and ultimately leads to lower prices for consumers. Additionally, the Act includes provisions for patent-term restoration, which can extend the patent life of new drugs to compensate for the time taken to obtain FDA approval, thereby incentivizing innovation within the pharmaceutical industry. The other options listed focus on different aspects of healthcare and drug costs but do not directly connect to the primary provisions and benefits established by the Drug Price Competition and Patent-Term Restoration Act of 1984.

7. Which of the following is considered a prescription error?

- A. Providing extra medication**
- B. Dispensing the wrong dosage form of medication**
- C. Changing the medication brand without notification**
- D. Failing to label the medication**

Dispensing the wrong dosage form of medication is indeed considered a prescription error because it directly affects how a patient receives and uses their medication. Each dosage form (such as tablet, liquid, or injection) is designed to deliver the active ingredient in a specific manner that can influence absorption rates and the overall effectiveness of the therapy. If a patient receives the wrong form—say, a tablet instead of a liquid—they may not be able to take the medication as prescribed, which can lead to treatment failure or unintended side effects. While other options can involve errors related to pharmacy practice, they may not all qualify as direct prescription errors in the same way. Providing extra medication might enhance patient adherence, but it can lead to potential wastage or misuse. Changing the medication brand without notification can create confusion but usually does not alter the dosage form itself. Failing to label the medication certainly poses a risk for misuse or confusion but does not directly involve the incorrect dispensation of a dosage form. Hence, the wrong dosage form is a critical factor in ensuring safe and effective medication delivery to patients.

8. Which of the following forms is used for prescriptions that require specific tracking for controlled substances?

- A. Purchase order**
- B. Prescription form**
- C. C-II Controlled Substance Prescription Forms**
- D. Medicine administration records**

The C-II Controlled Substance Prescription Forms are specifically designed for the prescription of controlled substances classified as Schedule II drugs. These forms are utilized to ensure strict regulatory compliance and to monitor the prescribing and dispensing of medications that have a high potential for abuse and dependence. These forms contain unique features such as serial numbers and special security measures to prevent unauthorized use or forgery, reflecting the federal and state regulations aimed at controlling these substances. Because Schedule II drugs have significant restrictions, the use of these specialized prescription forms enables pharmacies and healthcare providers to maintain accurate records and track the distribution of these potent medications effectively. The other options, such as purchase orders and medicine administration records, do not focus on the legal requirements and tracking mechanisms specific to controlled substances. While a general prescription form may be used for other medications, it lacks the designated security features necessary for controlled substances classified under Schedule II. Thus, using the appropriate form is crucial in the handling and prescription of these high-risk drugs.

9. What is one purpose of The Joint Commission (TJC)?

- A. To increase pharmacy revenues
- B. To improve quality of patient care and safety**
- C. To regulate drug manufacturing
- D. To license pharmacy employees

One primary purpose of The Joint Commission (TJC) is to improve the quality of patient care and safety. TJC is an independent, nonprofit organization that assesses and accredits healthcare organizations and programs in the United States. Its focus is on ensuring that healthcare institutions adhere to established standards that promote high levels of patient safety and quality care. By setting criteria and conducting regular evaluations, TJC helps healthcare organizations identify areas for improvement, implement best practices, and enhance patient outcomes. Accreditation from TJC is often required for healthcare facilities to receive funding from Medicare and Medicaid, further promoting adherence to patient care and safety standards. This commitment to improving healthcare quality aligns closely with the goals of pharmacists and pharmacy technicians, as medication safety and effective patient care are integral parts of their roles in the healthcare system.

10. What does the acronym DEA stand for?

- A. Drug Evaluation Agency
- B. Drug Enforcement Administration**
- C. Drug Effectiveness Administration
- D. Drug Expiration Agency

The acronym DEA stands for Drug Enforcement Administration, which is the correct answer. The DEA is a federal agency under the United States Department of Justice that is responsible for enforcing the controlled substances laws and regulations of the United States. This agency plays a crucial role in combating drug trafficking and abuse, which includes regulating the manufacture and distribution of certain drugs. Understanding the function of the DEA is important for pharmacy technicians, as it relates directly to the handling and dispensing of controlled substances. Knowledge of this agency ensures that pharmacy technicians comply with legal standards and regulations, thereby promoting safety and legality in professional practice. The other options do not accurately capture the scope or purpose of the DEA. For example, "Drug Evaluation Agency" and "Drug Effectiveness Administration" incorrectly suggest a focus on drug approval processes rather than enforcement of laws. Similarly, "Drug Expiration Agency" implies a focus on the shelf life of medications, which is unrelated to the DEA's core mission of regulating controlled substances.

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://pharmacytechlawandsafety.examzify.com>

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