Rhode Island Multistate Pharmacy Jurisprudence (MPJE) Practice Exam (Sample)

Study Guide

Everything you need from our exam experts!

Questions

1. **If a pharmacist is found to be a drug-dependent person, within how many days must the Director notify the Board in writing after the hearing?**

   A. 3 days

   B. 5 days

   C. 7 days

   D. 10 days

2. **How many grams of codeine are allowed per 100 ml in a Schedule III medication?**

   A. 1.5 g

   B. 1.8 g

   C. 2.0 g

   D. 2.5 g

3. **How many days does a pharmacy have to provide documentation following an audit?**

   A. 15 days

   B. 30 days

   C. 45 days

   D. 60 days

4. **What does a Class I recall indicate about a product?**

   A. It is the least serious type of recall

   B. It could cause serious health problems or death

   C. It primarily involves labeling issues

   D. It is a routine inspection recall

5. **What is the schedule classification for codeine when used in its specified concentrations?**

   A. C I

   B. C II

   C. C III

   D. C IV

6. What is a requirement for pharmacists wishing to administer immunizations?

A. Completion of a 10-hour training course

B. CPR certification and specific immunization training

C. Annual recertification in both immunization and CPR

D. Supervision by a certified nurse

7. What is the BUD for high risk sterile compounds mixed in a clean room at room temperature under USP 797?

A. 24 hours

B. 12 hours

C. 30 hours

D. 48 hours

8. Which of the following items is NOT required on a controlled substance label?

A. Pharmacy phone number

B. Name of prescriber

C. Name and address of the patient

D. Directions for use

9. What type of pain is excluded from the definition of chronic pain?

A. Chronic pain without remission

B. Pain requiring palliative care

C. Acute pain

D. Intermittent pain

10. Who is responsible for filling out the zero fill report in the PDMP when no controlled substances are dispensed in a day?

A. Any pharmacy that dispenses controlled substances

B. Only retail pharmacies

C. Institutional pharmacies

D. Only pharmacies that dispense opioids

Answers

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

Explanations

1. If a pharmacist is found to be a drug-dependent person, within how many days must the Director notify the Board in writing after the hearing?

A. 3 days

B. 5 days

C. 7 days

D. 10 days

In the context of pharmacy jurisprudence in Rhode Island, upon a hearing where a pharmacist is identified as a drug-dependent person, the law requires the Director to notify the Board in writing within a specified timeframe to ensure prompt action and oversight. The correct answer of seven days is established to allow for an adequate yet swift communication channel between the Director and the Board, facilitating timely intervention and support for the pharmacist in question. This timeframe underscores the importance of addressing issues of drug dependence promptly, reflecting the commitment to uphold standards of practice in pharmacy, safeguard public health, and assist affected individuals in obtaining appropriate help. The regulations are designed to ensure that the Board is informed quickly enough to assess the situation and determine further steps, maintaining the integrity of pharmacy practice in the state.

2. How many grams of codeine are allowed per 100 ml in a Schedule III medication?

A. 1.5 g

B. 1.8 g

C. 2.0 g

D. 2.5 g

In the context of Schedule III medications, federal regulations specify that the maximum amount of codeine allowed in a combination product is 1.8 grams per 100 ml. This regulation is crucial because it helps to categorize and control the use of codeine based on its potential for abuse, while still allowing it to be available in lower doses for therapeutic use. Understanding the limits for controlled substances is vital for pharmacy practice, as it ensures compliance with both federal and state regulations governing the dispensing of medications. In this case, the choice of 1.8 grams aligns with the established guidelines, which define the permissible concentration of codeine in cough syrups and other combination products that are classified under Schedule III.

3. How many days does a pharmacy have to provide documentation following an audit?

A. 15 days

B. 30 days

C. 45 days

D. 60 days

In Rhode Island, following an audit, a pharmacy is required to provide documentation within a specified timeframe to ensure compliance and address any discrepancies that may have been identified. The correct time period for submitting this documentation is 30 days. This requirement is designed to ensure efficient resolution of any issues that arose during the audit, allowing both the pharmacy and the auditing entity to maintain accountability and adhere to regulatory standards. Understanding this timeframe is crucial as it reflects the importance of timely communication and the need for pharmacies to have organized and accessible records for audits. It reinforces the pharmacy's responsibility to uphold regulatory practices and demonstrates their commitment to operating within the legal framework of the industry. This timeframe also allows pharmacies adequate time to gather and present the necessary information without causing unnecessary delays in the audit process.

4. What does a Class I recall indicate about a product?

A. It is the least serious type of recall

B. It could cause serious health problems or death

C. It primarily involves labeling issues

D. It is a routine inspection recall

A Class I recall signifies that a product poses a significant risk to health, with the potential to cause serious health problems or even death. This type of recall is the most severe classification established by the FDA and indicates a critical safety concern. When a Class I recall is issued, it suggests that the product in question should be immediately removed from the market or reassessed for safety to protect consumers. The other classifications do not carry the same level of seriousness. A Class II recall, for example, may involve products that could cause temporary or medically reversible adverse effects but are unlikely to cause serious harm. Labeling issues, which may fall under Class III recalls, typically do not pose significant health risks but could still mislead consumers. Routine inspections are not associated with the recall classifications and are separate processes designed to ensure ongoing compliance with safety regulations.

5. What is the schedule classification for codeine when used in its specified concentrations?

A. C I

B. C II

C. C III

D. C IV

Codeine is classified based on its concentration and formulation. When codeine is present in higher concentrations, such as those typically found in prescription medications for pain relief, it falls into the category of a Schedule II controlled substance. This classification is due to its potential for abuse, which can lead to severe physical or psychological dependence, justifying the stricter regulatory controls. Schedule II substances require a written prescription and can't be refilled without a new prescription, reflecting their higher risk. Lower concentrations of codeine may fall into different schedules, such as Schedule III if combined with other non-narcotic ingredients and at lower doses. However, in its pure and higher concentration forms, codeine is recognized as a Schedule II substance, necessitating careful monitoring by healthcare providers and regulatory agencies to prevent misuse.

6. What is a requirement for pharmacists wishing to administer immunizations?

A. Completion of a 10-hour training course

B. CPR certification and specific immunization training

C. Annual recertification in both immunization and CPR

D. Supervision by a certified nurse

Pharmacists wishing to administer immunizations must meet specific training and certification requirements to ensure they can provide safe and effective immunization services. The correct requirement includes both CPR certification and specific immunization training. This is important as it equips pharmacists not only with the necessary skills to administer vaccines but also prepares them to respond appropriately in case of an emergency, such as an adverse reaction to a vaccine. The combination of CPR certification and targeted immunization training ensures that pharmacists are fully educated on the types of immunizations they can administer, the protocols surrounding them, and how to handle potential complications. In many jurisdictions, this standard also involves an assessment of competency to ensure pharmacists are ready and capable of practicing safely within this scope. In contrast, while completion of a 10-hour training course may seem beneficial, it does not encompass the dual requirement for both CPR and immunization-specific training that is essential for the role. Regular recertification may be important for continued competency but does not address the foundational requirements needed for initial administration rights. Moreover, supervision by a certified nurse is not a requirement for pharmacists, as they are trained healthcare professionals who can operate independently as long as they meet the necessary training standards.

7. What is the BUD for high risk sterile compounds mixed in a clean room at room temperature under USP 797?

A. 24 hours

B. 12 hours

C. 30 hours

D. 48 hours

The Beyond-Use Date (BUD) for high-risk sterile compounds mixed in a clean room at room temperature is indeed 24 hours according to the United States Pharmacopeia (USP) guidelines outlined in USP 797. High-risk sterile compounding refers to preparations that involve a higher potential for contamination or instability due to factors such as using non-sterile ingredients, handling sterile materials in non-sterile environments, or storing compounded products for extended periods before use. In these situations, the sterile compound is at significant risk for microbial growth if not used promptly. USP 797 categorizes high-risk products and sets stringent standards to minimize contamination risks and ensure patient safety. The 24-hour BUD helps ensure that these products are used while they are still deemed safe and effective. Beyond this time frame, the potential for contamination increases, and the risks associated with using such products become significantly greater. The other options reflect longer durations, which are inconsistent with the considerations around microbial growth and maintaining sterility in high-risk compounding scenarios. Therefore, given the strict guidelines established for high-risk compounds, a 24-hour BUD is appropriate and necessary to safeguard patient health.

8. Which of the following items is NOT required on a controlled substance label?

A. Pharmacy phone number

B. Name of prescriber

C. Name and address of the patient

D. Directions for use

In the context of labeling controlled substances, various elements are mandated to ensure compliance with regulations and to provide necessary information for safe medication use. Among these elements, the name of the prescriber, the name and address of the patient, and the directions for use are all critical for patient safety and effective treatment. The name and address of the patient is fundamental in identifying who the medication is dispensed for, which helps prevent potential misuse or errors. The prescriber's name is important in verifying the legitimacy of the prescription and ensuring that the medication is appropriate for the patient's condition. Directions for use are essential as they guide the patient on how to take the medication correctly, which is vital for its efficacy and the patient's safety. However, while the pharmacy phone number is useful for patient inquiries and support, it is not a required element on a controlled substance label according to federal and state regulations. This distinction underlines the regulatory focus on patient identification, prescriber information, and usage guidance as paramount, while the pharmacy contact information, while helpful, is not legally mandated in all states.

9. What type of pain is excluded from the definition of chronic pain?

A. Chronic pain without remission

B. Pain requiring palliative care

C. Acute pain

D. Intermittent pain

The definition of chronic pain typically includes pain that persists over a long period, often defined as lasting more than three to six months. Chronic pain can take various forms, but it is generally characterized by its ongoing nature rather than the immediacy of pain associated with acute conditions. In this context, pain requiring palliative care is specifically focused on managing pain and improving the quality of life for individuals with serious illnesses, rather than on the chronicity of the pain itself. People receiving palliative care may experience either acute or chronic pain, so this type of pain does not fit within the standard definition of chronic pain, which is usually established by duration rather than by the management approach to care. Understanding the significance here helps clarify that "chronic pain without remission," "acute pain," and "intermittent pain" could still fit within the broader framework of pain conditions and might even overlap with chronic pain definitions when applied across various scenarios. However, palliative care typically indicates a focus on symptom management rather than the chronic pain label itself, which is why this option is the appropriate exclusion from the definition of chronic pain.

10. Who is responsible for filling out the zero fill report in the PDMP when no controlled substances are dispensed in a day?

A. Any pharmacy that dispenses controlled substances

B. Only retail pharmacies

C. Institutional pharmacies

D. Only pharmacies that dispense opioids

The responsibility for filling out the zero fill report in the Prescription Drug Monitoring Program (PDMP) rests with any pharmacy that dispenses controlled substances, which is why this answer is correct. This requirement ensures that all pharmacies, regardless of the specific types of medications they dispense, maintain transparency and accountability in tracking controlled substances. This procedure is put in place to help monitor prescribing patterns and prevent misuse or diversion of controlled substances, thereby supporting public health initiatives. By having all dispensing pharmacies report when no controlled substances are dispensed on a particular day, it guarantees comprehensive oversight and contributes to the integrity of the PDMP data. In this context, other options limiting the responsibility to specific types of pharmacies, like only retail or institutional pharmacies, or just those dispensing opioids, would not align with the overarching regulatory goals of the PDMP. Including all pharmacies ensures that the system is robust and that no gaps exist in the reporting of controlled substance dispensing activities.