

# Rhode Island Multistate Pharmacy Jurisprudence (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

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

# 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. A pharmacy intern must hold which type of license?**
  - A. Regular pharmacist license**
  - B. Limited license**
  - C. Temporary license**
  - D. Provisional license**
- 2. What is the maximum amount of non-prescription opium containing medication a pharmacist can dispense to a patient over 18 years old within a 48-hour period?**
  - A. 4 oz (120cc)**
  - B. 8 oz (240cc)**
  - C. 12 oz (360cc)**
  - D. 16 oz (480cc)**
- 3. Who is recognized as a practitioner able to prescribe controlled substances?**
  - A. Nurse practitioners only**
  - B. APRN, PA, physician, and dentist**
  - C. Physical therapists and pharmacists**
  - D. Only scientists in research**
- 4. For controlled substances classified as schedule III-V, which prescription details can be changed?**
  - A. Dosage form and doctor's name**
  - B. Drug strength and patient's insurance**
  - C. Directions for use and issue date**
  - D. Multiple factors including dosage form and strength**
- 5. What is the primary use of LA and XR opioids?**
  - A. Acute pain only**
  - B. Chronic pain only**
  - C. Both chronic and acute pain**
  - D. Postoperative pain management**

- 6. Under which condition must a pharmacist substitute a brand name drug for a generic?**
- A. Written request from the patient**
  - B. Doctor's verbal consent**
  - C. Price of the drug**
  - D. Patient's insurance policy**
- 7. Which entity is responsible for licensing substance abuse facilities?**
- A. State Department of Health**
  - B. State Department of Behavioral Healthcare, Developmental Disabilities and Hospitals**
  - C. Federal Drug Administration**
  - D. State Medical Board**
- 8. What services does Medicare Part B cover?**
- A. Only emergency room visits**
  - B. Hospital stays and rehabilitation services**
  - C. Physician services and some prescription drugs**
  - D. Long-term care and hospice services**
- 9. In which situations can a partial fill of a CII prescription occur?**
- A. Request from a patient**
  - B. Not enough stock to fill total quantity**
  - C. Prescriber suggestion**
  - D. Prescription transfer**
- 10. What is a requirement for a pharmacy to accept returned medications from a nursing facility?**
- A. The medication must be labeled**
  - B. The medication must be unopened**
  - C. The medication must be within the expiration date**
  - D. The medication must be in its original packaging**



## **Answers**

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

SAMPLE

## **Explanations**

**1. A pharmacy intern must hold which type of license?**

- A. Regular pharmacist license**
- B. Limited license**
- C. Temporary license**
- D. Provisional license**

A pharmacy intern must hold a limited license, which is specifically designed for individuals who are in training to become pharmacists. This type of license allows interns to participate in practical aspects of pharmacy practice under supervision, gaining hands-on experience while they complete their educational requirements. The limited license is distinct from a regular pharmacist license, which is granted only to individuals who have completed the necessary education and passed the required examinations. Interns are still in the educational phase, and thus do not hold a full pharmacist license. Choosing a temporary license or a provisional license would not be appropriate for pharmacy interns. A temporary license usually applies to those who may have recently passed their pharmacist licensing examinations but are waiting for their official license to be processed, while a provisional license may be granted in specific situations that do not apply to the general intern role. Therefore, the limited license is the most fitting for pharmacy interns as it accommodates their educational status and allows them to practice under supervision while they complete their training.

**2. What is the maximum amount of non-prescription opium containing medication a pharmacist can dispense to a patient over 18 years old within a 48-hour period?**

- A. 4 oz (120cc)**
- B. 8 oz (240cc)**
- C. 12 oz (360cc)**
- D. 16 oz (480cc)**

The maximum amount of non-prescription opium-containing medication that a pharmacist can dispense to a patient over the age of 18 within a 48-hour period is 8 oz (240 cc). This limit is in place to ensure that there is responsible dispensing of such controlled substances, even in over-the-counter formulations. The rationale behind this restriction involves public health and safety considerations, as opium is a potent substance that has a high potential for abuse and dependency. The 8 oz limit strikes a balance between patient access to medications that may be needed for legitimate health reasons while still providing safeguards against misuse. In contrast, the other amounts listed exceed the maximum allowable limit. Dispensing quantities higher than this could lead to potential health risks for patients and could be indicative of misuse or diversion of the medication, which is why they are not permitted in circumstances governed by regulations. Understanding these limits is crucial for maintaining compliance with pharmacy laws and ensuring patient safety.

### 3. Who is recognized as a practitioner able to prescribe controlled substances?

- A. Nurse practitioners only
- B. APRN, PA, physician, and dentist**
- C. Physical therapists and pharmacists
- D. Only scientists in research

The recognition of who can prescribe controlled substances is crucial in ensuring that medications are dispensed safely and responsibly. The correct answer identifies a range of healthcare professionals, which encompasses Advanced Practice Registered Nurses (APRNs), Physician Assistants (PAs), physicians, and dentists. These practitioners have the necessary training and clinical expertise to evaluate patients, diagnose conditions, and prescribe medications, including controlled substances when it is appropriate for patient care. Their ability to prescribe is usually contingent on state regulations and the scope of practice defined by their licensing boards. In contrast, options such as nurse practitioners only or other combinations that do not include the full scope of recognized prescribers limit the range of professionals who can effectively contribute to patient care. Similarly, physical therapists and pharmacists, while essential members of the healthcare team, typically do not have prescribing authority over controlled substances in general practice; rather, their roles involve education and administration within defined parameters. Lastly, scientists in research primarily participate in experimental or academic settings, where they may not have direct patient care responsibilities or the authority to prescribe medications in a clinical context. This broad acknowledgment of multiple healthcare practitioners is designed to enhance patient access to medical care while ensuring that control measures are in place to prevent misuse of controlled substances.

### 4. For controlled substances classified as schedule III-V, which prescription details can be changed?

- A. Dosage form and doctor's name
- B. Drug strength and patient's insurance
- C. Directions for use and issue date
- D. Multiple factors including dosage form and strength**

In the context of controlled substances classified as Schedule III to V, certain prescription details may be modified after consultation with the prescriber to ensure patient safety and compliance with legal regulations. Among these details, dosage form and strength are permissible changes. This flexibility allows pharmacists to accommodate specific patient needs, such as switching from a tablet to a liquid formulation or adjusting to a different strength based on the patient's condition. The importance of involving the prescriber in these modifications is critical, as it maintains the integrity of the original therapeutic intentions while allowing for necessary adjustments. The ability to change these factors aligns with the regulatory framework governing pharmacy practice, aiming for optimal patient care while adhering to legal guidelines. Other options suggest changes that may not be as widely accepted or may impose restrictions based on pharmacy regulations. For instance, the doctor's name typically can't be altered as it needs to represent the individual who authorized the prescription. Similarly, changes to the patient's insurance details do not directly pertain to the therapeutic content of the medication itself and thus fall outside the scope of acceptable modifications for the substance classification.

**5. What is the primary use of LA and XR opioids?**

- A. Acute pain only**
- B. Chronic pain only**
- C. Both chronic and acute pain**
- D. Postoperative pain management**

The primary use of long-acting (LA) and extended-release (XR) opioids is for the management of chronic pain. These formulations are specifically designed to provide a steady release of medication over an extended period, allowing for sustained pain relief without the need for frequent dosing. This makes them well-suited for individuals who experience ongoing pain conditions that require continuous analgesic therapy. Chronic pain can arise from various conditions such as arthritis, neuropathic pain, or cancer, and managing such conditions often necessitates consistent control of pain levels. While acute pain might benefit from short-acting opioids, the prolonged effects of LA and XR formulations make them inappropriate for conditions that are expected to resolve in a short timeframe. Furthermore, postoperative pain is typically managed with shorter-acting medications that allow for more immediate and adjustable dosing in response to fluctuating pain levels. In summary, LA and XR opioids are primarily indicated for chronic pain management, as their formulation and pharmacokinetics favor long-term use rather than short-term, acute applications.

**6. Under which condition must a pharmacist substitute a brand name drug for a generic?**

- A. Written request from the patient**
- B. Doctor's verbal consent**
- C. Price of the drug**
- D. Patient's insurance policy**

When it comes to substituting a brand name drug for a generic version, the preferred condition is obtaining a written request from the patient. This reflects the patient's autonomy in making decisions about their medication. A written request ensures that the patient has actively chosen to use the brand name drug over the generic, acknowledging any potential differences in cost or efficacy. In many jurisdictions, pharmacists have a legal obligation to adhere to the patient's wishes regarding their medication preferences. This aspect emphasizes the importance of patient involvement in healthcare decisions, including the choice between brand and generic options. While verbal consent from a doctor or considerations about the price or patient insurance policy may play a role in a pharmacist's decision-making process, the law typically prioritizes obtaining affirmative consent from the patient for such substitutions. This ensures that the patient's preferences are respected and that they are fully informed about the implications of using a brand name versus a generic medication.

**7. Which entity is responsible for licensing substance abuse facilities?**

- A. State Department of Health**
- B. State Department of Behavioral Healthcare, Developmental Disabilities and Hospitals**
- C. Federal Drug Administration**
- D. State Medical Board**

The State Department of Behavioral Healthcare, Developmental Disabilities and Hospitals plays a critical role in licensing substance abuse facilities. This agency focuses specifically on the behavioral health needs and services within the state, including addiction treatment and support for individuals with substance use disorders. The purpose of this entity's oversight is to ensure that facilities meet established standards for care, safety, and effectiveness in treating individuals struggling with substance abuse. While other organizations, such as the State Department of Health, may be involved in broader health-related regulatory activities, they do not typically specialize in the licensing and oversight of substance abuse facilities. The Federal Drug Administration is primarily focused on the regulation of drugs and medical devices, not on the licensing of treatment facilities. Similarly, the State Medical Board oversees medical professionals and practices, but not specifically substance abuse treatment facilities. This specificity in responsibility highlights why the State Department of Behavioral Healthcare, Developmental Disabilities and Hospitals is the correct entity for this task.

**8. What services does Medicare Part B cover?**

- A. Only emergency room visits**
- B. Hospital stays and rehabilitation services**
- C. Physician services and some prescription drugs**
- D. Long-term care and hospice services**

Medicare Part B primarily covers outpatient care and encompasses a range of medical services. This includes physician services, outpatient hospital services, and some prescribed medications taken outside of a hospital setting. For example, it covers preventive services, diagnostic tests, and certain medical equipment, ensuring beneficiaries have access to necessary healthcare without the need for hospitalization. This option is accurate because it encompasses a significant portion of the services provided under Medicare Part B, emphasizing both the outpatient and specific prescription drug coverage that are integral to patient care in non-hospital settings. The other options describe services that are either insufficiently aligned or entirely excluded from Medicare Part B coverage. Emergency room visits are typically covered under Medicare Part B, but they are not the sole service. Hospital stays and rehabilitation services fall under Medicare Part A, which is designed for inpatient services. Long-term care is also not covered by Part B, reserving benefits for skilled, medically necessary care. Hospice services might be covered under Medicare, but this coverage is primarily under Part A, not Part B. Thus, option C accurately encapsulates the diverse services offered by Medicare Part B.

**9. In which situations can a partial fill of a CII prescription occur?**

- A. Request from a patient**
- B. Not enough stock to fill total quantity**
- C. Prescriber suggestion**
- D. Prescription transfer**

Partial fills of a Schedule II (CII) prescription can occur under specific circumstances dictated by regulations. When there is not enough stock to fill the total quantity prescribed, a partial fill is permissible. This scenario allows the pharmacist to provide the amount of medication available at that time and allows the patient to receive the remainder of the prescription later. Although there are other contexts in which partial fills can be considered, they do not align with the strict regulations set forth for CII prescriptions. For example, while a patient might request a partial fill or a prescriber may suggest it, these requests must still adhere to regulatory requirements and typically require documentation of the patient's request or prescriber authorization. Similarly, transferring a CII prescription does not permit partial fillings; instead, the entire prescription must be transferred. Understanding these regulations is crucial for pharmacists to ensure compliance and proper care for patients.

**10. What is a requirement for a pharmacy to accept returned medications from a nursing facility?**

- A. The medication must be labeled**
- B. The medication must be unopened**
- C. The medication must be within the expiration date**
- D. The medication must be in its original packaging**

For a pharmacy to accept returned medications from a nursing facility, it is essential that the medication must be unopened. This requirement helps ensure the integrity and safety of the medication, as opened products may have been contaminated or improperly stored, making them unsuitable for reuse or redistribution. In many regulations, the practice of allowing returns typically revolves around the safety of patients receiving these medications later. Accepting only unopened medications minimizes the risk of improper usage and maintains the standard of care expected in pharmacy practices. While aspects like labeling, expiration dates, and original packaging may also be important considerations in different contexts, the unopened condition is particularly crucial when it comes to protecting both patient safety and regulatory compliance in the return process from nursing facilities.



## 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://rhodeisland-multistatepharmacyjurisprudence.examzify.com>**

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