

# South Carolina 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. If a patient requests a lesser quantity than prescribed for a C2 medication, what happens to the remaining quantity?**
  - A. The patient can obtain it at a later date**
  - B. The pharmacy must keep it for 30 days**
  - C. The prescription is voided**
  - D. The patient cannot get the rest at a later date**
- 2. Which requirement was established by the Durham Humphrey Amendment of 1951 for prescription bottles?**
  - A. Must include dosage information**
  - B. Must contain a medication guide**
  - C. Must have a legend stating "caution federal law prohibits dispensing without a prescription"**
  - D. Must provide a contact information for the pharmacist**
- 3. True or False: No reinstatement of a license is possible until an administrative citation is paid in full?**
  - A. True**
  - B. False**
  - C. It depends on the situation**
  - D. Only if it is a serious violation**
- 4. What is the maximum limit for a C2 narcotic prescription when prescribed by a Nurse Practitioner?**
  - A. 30-day supply**
  - B. 5-day supply with agreement**
  - C. Initial 7-day supply**
  - D. No limit if signed by a supervising physician**
- 5. Who is involved in the joint pharmacist-administered influenza vaccine committee?**
  - A. 5 pharmacists and 1 physician**
  - B. 2 pharmacists, 2 physicians, 2 APRNs, and 1 DHEC official**
  - C. 1 pharmacist and 3 physicians**
  - D. 4 pharmacists and 2 physicians**

**6. How many of the pharmacy technician CE hours must be in live format?**

- A. 3 hours**
- B. 4 hours**
- C. 2 hours**
- D. 5 hours**

**7. What daily cleaning procedure should be performed in a sterile compounding area?**

- A. Disinfect the entire area with bleach**
- B. Dust all surfaces and instruments**
- C. Clean countertops, hoods, and equipment**
- D. Steam sterilize all tools and surfaces**

**8. Which of the following is NOT a duty of the PIC?**

- A. Ensure proper licensure**
- B. Sign/renew permits**
- C. Train employees**
- D. Notify BOP of violations**

**9. How frequently can an emergency refill of non-controlled medications occur?**

- A. Once every 6 months**
- B. Twice a year**
- C. Only once in a 12 month period**
- D. Every quarter**

**10. What do tamper-resistant prescriptions for C2-C5 prevent?**

- A. Unauthorized copying only**
- B. Unauthorized copying and erasure only**
- C. Unauthorized copying, erasure, and modification**
- D. All types of modification and counterfeit forms**

## **Answers**

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

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## **Explanations**

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- 1. If a patient requests a lesser quantity than prescribed for a C2 medication, what happens to the remaining quantity?**
  - A. The patient can obtain it at a later date**
  - B. The pharmacy must keep it for 30 days**
  - C. The prescription is voided**
  - D. The patient cannot get the rest at a later date**

When a patient requests a lesser quantity of a controlled substance, particularly a Schedule II (CII) medication, it is important to understand the regulations governing these prescriptions. When a patient opts to take a smaller amount than what was originally prescribed, the remaining quantity does not remain available for later dispensing. This is due to the stringent regulations surrounding the dispensation of controlled substances. Once a pharmacist receives a prescription, they are obligated to adhere to the specific instructions concerning dosage and quantity as presented. If the patient chooses to accept only part of the prescribed amount, the remainder cannot simply be held for future dispensing. This helps prevent issues with potential misuse or diversion of controlled substances. The standard regulatory practice is that the patient cannot return for additional quantities at a later date if they have initially chosen not to fill the entire prescription. Instead, a new prescription would need to be written for any subsequent medication dispensing. This approach reinforces the tightly controlled nature of CII medications and the emphasis on responsible prescribing and dispensing practices.

- 2. Which requirement was established by the Durham Humphrey Amendment of 1951 for prescription bottles?**
  - A. Must include dosage information**
  - B. Must contain a medication guide**
  - C. Must have a legend stating "caution federal law prohibits dispensing without a prescription"**
  - D. Must provide a contact information for the pharmacist**

The Durham-Humphrey Amendment of 1951 established specific regulations regarding the labeling of prescription medications. One of the key requirements was the introduction of the "legend" statement, which states "Caution: Federal law prohibits the dispensing of this drug without a prescription." This requirement was aimed at making it clear to both pharmacists and patients that certain medications could only be dispensed with a valid prescription from a licensed practitioner. The inclusion of this legend on prescription bottles serves to emphasize the controlled nature of these medications and their potential for misuse if dispensed without professional oversight. This helps ensure that medications are used safely and appropriately, aligning with the overarching goal of the amendment to distinguish between prescription and over-the-counter drugs. While dosage information is certainly important on prescription labels and medication guides provide essential information to patients, these are not the cornerstone requirement established specifically by the Durham-Humphrey Amendment. Additionally, while contact information for pharmacists is beneficial, it is not mandated by this particular piece of legislation. Thus, the requirement for the legend on prescription bottles stands as a significant aspect of the amendment.

**3. True or False: No reinstatement of a license is possible until an administrative citation is paid in full?**

- A. True**
- B. False**
- C. It depends on the situation**
- D. Only if it is a serious violation**

The assertion that no reinstatement of a license is possible until an administrative citation is paid in full is accurate. Regulatory bodies governing pharmacy practice often establish that outstanding citations or fines must be resolved before a license can be reinstated. This serves several purposes, including ensuring compliance with regulations and maintaining the integrity of the licensing process. When a pharmacy professional receives an administrative citation, it signifies a violation of laws or regulations. Until that citation is addressed—typically through payment of the assessed fines or compliance with any stipulated requirements—the individual may not be eligible to have their license reinstated. This requirement underscores the importance of adhering to regulatory standards and obligations, reflecting the commitment to public safety and professional accountability. Each state may have specific processes and timelines related to the payment of fines and reinstatement of licenses, but the principle remains that outstanding obligations must be fulfilled as part of the license restoration process.

**4. What is the maximum limit for a C2 narcotic prescription when prescribed by a Nurse Practitioner?**

- A. 30-day supply**
- B. 5-day supply with agreement**
- C. Initial 7-day supply**
- D. No limit if signed by a supervising physician**

The maximum limit for a Schedule II (C2) narcotic prescription when prescribed by a Nurse Practitioner (NP) in South Carolina is restricted to a 5-day supply with proper agreement in place. This is consistent with the regulations governing the prescribing practices of NPs, ensuring that they have management protocols and agreements with a supervising physician or medical collaboration. This 5-day limit is established to promote safe prescribing practices and to mitigate the risk of misuse and dependency on narcotic medications. It encourages more frequent patient evaluations and reassessments of the need for medication, thereby fostering better patient care outcomes. The stipulation about having an agreement ensures that the NP operates within a framework of oversight, providing a safety net for both the patient and the healthcare system. In contrast, options mentioning a 30-day supply or no limit if signed by a supervising physician would not adhere to the legal requirements specific to NPs, as these provisions usually apply to physicians with different prescribing limits and responsibilities. Therefore, the specified limitation serves as a crucial safeguard within the state's framework for opioid prescribing.

**5. Who is involved in the joint pharmacist-administered influenza vaccine committee?**

- A. 5 pharmacists and 1 physician**
- B. 2 pharmacists, 2 physicians, 2 APRNs, and 1 DHEC official**
- C. 1 pharmacist and 3 physicians**
- D. 4 pharmacists and 2 physicians**

The correct answer indicates that the committee responsible for overseeing joint pharmacist-administered influenza vaccine initiatives comprises a diverse group of healthcare professionals, including 2 pharmacists, 2 physicians, 2 Advanced Practice Registered Nurses (APRNs), and 1 official from the Department of Health and Environmental Control (DHEC). This composition reflects an interdisciplinary approach, which is crucial in developing effective public health strategies for vaccination programs. Having a mix of pharmacists and physicians allows for a comprehensive understanding of both the medication administration aspects and the clinical considerations necessary for vaccination. The inclusion of APRNs expands the committee's ability to incorporate nursing insights and perspectives, enhancing the overall strategy for immunization practices. Furthermore, having a DHEC representative ensures that the committee's activities align with state public health policies and guidelines, thereby ensuring liaison with broader health initiatives. This structure is integral in promoting collaboration among healthcare professionals, ultimately leading to better outcomes in administering vaccines to patients.

**6. How many of the pharmacy technician CE hours must be in live format?**

- A. 3 hours**
- B. 4 hours**
- C. 2 hours**
- D. 5 hours**

In South Carolina, pharmacy technicians are required to complete continuing education (CE) as part of their licensure renewal process. Of the total CE hours required, a specific number must be completed in a live format. This live format is crucial because it allows for real-time interaction and engagement, which can enhance the learning experience and ensure that technicians stay updated on current practices and regulations. The requirement for 4 hours of live CE is aligned with best practices in continuing education, ensuring that pharmacy technicians can participate in discussions, ask questions, and engage in hands-on learning opportunities that are not typically possible with self-study or online formats. While other options may suggest different hour requirements for live CE, the specific mandate for 4 hours is rooted in ensuring that pharmacy technicians maintain a high standard of professional knowledge and competence, which ultimately benefits patient care and safety.

**7. What daily cleaning procedure should be performed in a sterile compounding area?**

- A. Disinfect the entire area with bleach**
- B. Dust all surfaces and instruments**
- C. Clean countertops, hoods, and equipment**
- D. Steam sterilize all tools and surfaces**

Cleaning procedures in a sterile compounding area are critical for maintaining a contamination-free environment essential for patient safety. The correct response identifies that cleaning countertops, hoods, and equipment is paramount in a sterile compounding area. This option encompasses the routine necessary to ensure that surfaces where compounding occurs are free from particulate matter and microbial contamination, which is crucial in preventing infections and ensuring the sterility of compounded preparations. Countertops and hoods are especially important because they are frequently used in the preparation of sterile products; thus, maintaining their cleanliness directly impacts the quality and safety of compounded medications. The other options, while they may involve cleaning methods, are less applicable or inappropriate for regular practice in a sterile compounding space. For instance, using bleach can be too harsh and may not be approved or recommended for all surfaces, as it can cause degradation of certain materials. Dusting surfaces does not adequately address microbial contamination, which is critical to control in a sterile area. Finally, steam sterilization of all tools and surfaces is impractical and not necessary for routine cleaning, as it is a specific method required under certain conditions and not for daily cleaning tasks. By selecting the procedure that focuses specifically on cleaning essential surfaces, the correct choice aligns with established best practices in

**8. Which of the following is NOT a duty of the PIC?**

- A. Ensure proper licensure**
- B. Sign/renew permits**
- C. Train employees**
- D. Notify BOP of violations**

The role of the Pharmacist-in-Charge (PIC) includes various critical responsibilities related to the operation of a pharmacy. Among these duties, ensuring that the pharmacy and its operations comply with state and federal regulations is paramount. One of the primary functions of the PIC is to ensure proper licensure, which involves verifying that the pharmacy and all practicing pharmacists are duly licensed and that all permits are current and valid. The PIC is also responsible for signing and renewing the necessary permits to ensure that the pharmacy remains compliant with regulatory requirements. This includes maintaining up-to-date registrations that allow the pharmacy to operate legally. Additionally, the PIC has the obligation to notify the Board of Pharmacy (BOP) of any violations or changes that may affect the pharmacy's compliance status, ensuring that the Board is informed of any significant issues that arise. While training employees is an essential part of maintaining a competent and knowledgeable workforce within the pharmacy, it is not specifically designated as a mandatory duty of the PIC in regulatory frameworks. Instead, training can be allocated to various personnel within the pharmacy setting, such as pharmacy managers or designated trainers, making it more of a complementary duty rather than a primary responsibility of the PIC. Therefore, identifying that employee training falls outside the defined duties of the PIC

## 9. How frequently can an emergency refill of non-controlled medications occur?

- A. Once every 6 months
- B. Twice a year
- C. Only once in a 12 month period**
- D. Every quarter

Emergency refills for non-controlled medications are designed to ensure that patients have access to their medications in critical situations when they may be unable to obtain a new prescription. In South Carolina, the law specifies that a pharmacy can provide an emergency refill for a non-controlled medication only once within a 12-month period. This policy encourages patients to maintain regular communication with their healthcare providers while still ensuring that they do not go without essential medications during an urgent situation. This limitation is in place to prevent misuse of the emergency refill provision and encourage patients to keep up with their regular prescription refills. Other options might suggest more frequent refills, which would not align with the regulatory framework that aims to balance patient access to medications while promoting responsible medication management. The once-per-year limitation ensures that patients are still engaging with their prescribers at least annually to evaluate their ongoing medication needs.

## 10. What do tamper-resistant prescriptions for C2-C5 prevent?

- A. Unauthorized copying only
- B. Unauthorized copying and erasure only
- C. Unauthorized copying, erasure, and modification**
- D. All types of modification and counterfeit forms

Tamper-resistant prescriptions for controlled substances (C2-C5) are designed to combat various forms of prescription fraud and ensure the integrity of the medication prescribed. The focus of these tamper-resistant features is to prevent unauthorized copying, erasure, and modification of the prescription. By specifying that the prescriptions are resistant to unauthorized copying, the design helps to ensure that a prescription cannot simply be photocopied and presented multiple times. Additionally, these prescriptions incorporate features that prevent someone from erasing or altering the quantity, drug name, or other critical information without it being obvious. Moreover, the inclusion of mechanisms to thwart modification means that if any part of the prescription is altered—whether it's an adjustment to the dosage, the patient's name, or any other detail—it will be evident to pharmacists and healthcare providers. This capability is essential for maintaining the safety and efficacy of pain management and other therapeutic regimens that rely on controlled substances. In this context, the correct answer captures the comprehensive range of protections that tamper-resistant prescriptions offer, making it clear that they address unauthorized copying, erasure, and all forms of modification, thereby enhancing overall prescription security.

# 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://southcarolina-multipharmacyjurisprudenceexamination.examzify.com>**

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

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