

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

Study Guide



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SAMPLE

Questions

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- 1. What substance is categorized in Schedule VII?**
 - A. Benzodiazepines**
 - B. Butyl nitrate**
 - C. Certain antidepressants**
 - D. Stimulants**
- 2. Which component is crucial to include for quality assurance in collaborative practice agreements?**
 - A. Regular inspections**
 - B. Patient feedback**
 - C. Outcome measures**
 - D. License renewal requirements**
- 3. What distinguishes a qualified claim from an unqualified claim for dietary supplements?**
 - A. Must petition FDA for approval**
 - B. Is required to specify dosage**
 - C. Must be substantiated by clinical trials**
 - D. CANNOT mention treatment of diseases**
- 4. How long must records of medication access after hours be kept?**
 - A. 1 year**
 - B. 2 years**
 - C. 5 years**
 - D. Indefinitely**
- 5. What is the training requirement for a PA to be eligible for a DATA waiver?**
 - A. No training required**
 - B. 10 hours of training**
 - C. 24 hours of training**
 - D. 40 hours of training**

- 6. Which of the following is an acceptable method to obtain a "waiver" for easy-open packaging?**
- A. From a doctor for one prescription**
 - B. From the pharmacy itself**
 - C. From a healthcare professional for all prescriptions**
 - D. From a manufacturer for selected drugs**
- 7. Which category is defined as having an accepted medical use, moderate to low physical dependence, and high psychological dependence?**
- A. CI**
 - B. CII**
 - C. CIII**
 - D. CIV**
- 8. What are the requirements for re-dispensing medications from a charitable pharmacy?**
- A. Manufacturer's name only**
 - B. Name, strength, lot number, expiration date, and tamper-evident packaging**
 - C. No requirements are needed**
 - D. Prescription labels only**
- 9. What is the time frame for short-term detoxification?**
- A. Up to 14 days**
 - B. 15 to 30 days**
 - C. 30 days or less**
 - D. Over 30 days**
- 10. What must a pharmacist complete to re-instate a license that has been inactive for more than 5 years?**
- A. Only CE and Fee**
 - B. MPJE only**
 - C. Internship hours and MPJE only**
 - D. CE, Fee, MPJE, NAPLEX, and internship hours**

Answers

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

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Explanations

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1. What substance is categorized in Schedule VII?

- A. Benzodiazepines
- B. Butyl nitrate**
- C. Certain antidepressants
- D. Stimulants

Butyl nitrate is classified in Schedule VII under Tennessee law, which specifically addresses certain inhalants and substances that can be misused. Schedule VII is unique in that it primarily includes substances that are not controlled under federal law but may be regulated at the state level due to their potential for abuse or health risks. Butyl nitrate, often associated with recreational use, falls into this category because it can pose serious health risks and is used in products that may lead to its misuse. The other substances listed, such as benzodiazepines, certain antidepressants, and stimulants, are generally classified under federal schedules, with benzodiazepines and stimulants typically falling under Schedule IV and II, respectively. This indicates that while they have recognized therapeutic uses, they also possess potential for abuse and dependence, subjecting them to strict regulatory oversight at both the federal and state levels. The unique handling of butyl nitrate demonstrates the state's focus on managing substances specifically regarded as harmful due to their potential for abuse, even if not outlined at the federal level.

2. Which component is crucial to include for quality assurance in collaborative practice agreements?

- A. Regular inspections
- B. Patient feedback
- C. Outcome measures**
- D. License renewal requirements

In the context of collaborative practice agreements, including outcome measures is essential for quality assurance because they provide a systematic way to evaluate the effectiveness and safety of the collaborative treatment provided. Outcome measures typically involve assessing specific health parameters or clinical results to ensure that the therapeutic goals are being met. This data-driven approach allows for analysis of the impact of the collaboration on patient health and can guide future improvements in practice. Incorporating outcome measures into collaborative practice agreements also facilitates accountability among healthcare providers by establishing clear benchmarks for success. These measures can include patient health outcomes, adherence to treatment protocols, or even quality of care indicators that reflect the effectiveness of the collaboration in improving patient care. While regular inspections, patient feedback, and license renewal requirements are all important components of overall healthcare quality and regulatory compliance, they do not directly focus on the direct outcomes of the care provided within the collaborative framework. Regular inspections ensure compliance with regulations and standards, patient feedback helps gauge satisfaction, and license renewals maintain practitioner eligibility. However, without outcome measures to assess the actual clinical effectiveness of treatments provided under the collaborative agreement, it would be challenging to ensure quality in the delivery of care. Therefore, outcome measures stand out as a fundamental element for ensuring the quality assurance component of these agreements.

3. What distinguishes a qualified claim from an unqualified claim for dietary supplements?

- A. Must petition FDA for approval**
- B. Is required to specify dosage**
- C. Must be substantiated by clinical trials**
- D. CANNOT mention treatment of diseases**

A qualified claim for dietary supplements is characterized by the stipulation that it cannot mention the treatment or prevention of specific diseases. This distinction is crucial because it aligns with the regulations imposed by the FDA, which permit dietary supplement marketing to convey health benefits as long as they do not imply that the supplement can treat or prevent a particular disease. Qualified claims are allowed to make broader health-related assertions, as long as they are accompanied by qualifying statements or scientific evidence that provide the context needed for consumers to understand the information correctly. This helps ensure that the claims are not misleading and that consumers are not encouraged to substitute dietary supplements for conventional medical therapies. The regulation is intended to protect consumers by preventing supplements from being misrepresented as medical treatments. Thus, the prohibition on mentioning the treatment of diseases is a fundamental aspect of how qualified claims are defined in the realm of dietary supplements, ensuring compliance with FDA guidelines designed to safeguard public health.

4. How long must records of medication access after hours be kept?

- A. 1 year**
- B. 2 years**
- C. 5 years**
- D. Indefinitely**

In Tennessee, records of medication access after hours must be maintained for a minimum of 2 years. This requirement ensures that the records are available for review in case of audits or investigations related to medication management and security practices. Keeping these records for 2 years allows sufficient time to address any potential discrepancies or issues that could arise during that period, and aligns with regulatory standards aimed at promoting accountability and safety in the handling of medications. Longer retention periods, such as 5 years or indefinitely, might be beneficial for certain types of records in other contexts, but for this specific requirement, 2 years strikes the appropriate balance between compliance and practicality for after-hours medication access logs.

5. What is the training requirement for a PA to be eligible for a DATA waiver?

- A. No training required**
- B. 10 hours of training**
- C. 24 hours of training**
- D. 40 hours of training**

For a Physician Assistant (PA) to be eligible for a DATA waiver, they are required to complete 24 hours of training that is specifically focused on the treatment of substance use disorders. This training is essential because it equips PAs with the necessary knowledge and skills to prescribe medications for opioid use disorder in compliance with federal regulations. The requirement is part of the efforts to ensure that healthcare providers are adequately trained to address the opioid crisis, enabling them to provide safe and effective treatment to patients struggling with addiction. In the context of this question, other response options do not meet the requirements established under the Drug Addiction Treatment Act (DATA). For instance, asserting that no training is required would undermine the critical need for proper education and preparation in handling substance use disorders. Similarly, the specified hours of 10 or 40 do not align with the mandated 24 hours set forth for PAs. Knowing the correct training requirement is pivotal for PAs seeking to enhance their practice by providing comprehensive care for patients with substance use issues.

6. Which of the following is an acceptable method to obtain a "waiver" for easy-open packaging?

- A. From a doctor for one prescription**
- B. From the pharmacy itself**
- C. From a healthcare professional for all prescriptions**
- D. From a manufacturer for selected drugs**

Obtaining a waiver for easy-open packaging requires a specific approach that aligns with regulations regarding patient safety and medication accessibility. When a healthcare provider, such as a doctor, provides a waiver for a specific prescription, it ensures that there is professional oversight and a valid clinical reason for overriding the default packaging requirement. This approach is particularly important because it personalizes the waiver to the patient's needs, allowing for more tailored patient care. The other options do not align as closely with regulatory standards. A pharmacy self-generating a waiver might not provide the necessary medical justification and could lead to concerns over compliance. A general waiver from a healthcare professional without specification could risk ignoring the particular needs of individual prescriptions. Lastly, a manufacturer providing waivers only for selected drugs may not take individual patient circumstances into account, making it less viable as a standard method for obtaining waivers on a case-by-case basis. Thus, receiving a waiver directly from a healthcare provider for a particular prescription ensures that the decision is appropriately justified and clinically relevant, making this approach the most compliant with pharmacy regulations.

7. Which category is defined as having an accepted medical use, moderate to low physical dependence, and high psychological dependence?

- A. CI
- B. CII
- C. CIII**
- D. CIV

The category that has an accepted medical use, moderate to low physical dependence, and high psychological dependence is indeed Schedule III (CIII). Substances classified under this category are recognized as having therapeutic benefits and can be prescribed by healthcare professionals. These medications are seen as having a lower potential for misuse compared to Schedule I and II drugs, but they still carry risks associated with psychological dependence, which means patients may become reliant on them for psychological effects rather than for pain relief or other physical symptoms. This balance between medical utility and potential for abuse is a key factor in the classification of drugs within the Controlled Substances Act. For example, anabolic steroids and certain combinations of medications that include less potent opioids fall into this category, reflecting the criteria it meets. In contrast, other schedules classify drugs differently based on their acceptance for medical use and potential for abuse. Schedule I (CI) drugs have no accepted medical use and a high potential for abuse, Schedule II (CII) drugs have accepted medical uses but a high potential for physical and psychological dependence, and Schedule IV (CIV) drugs have accepted medical use and a lower potential for abuse compared to Schedule III.

8. What are the requirements for re-dispensing medications from a charitable pharmacy?

- A. Manufacturer's name only
- B. Name, strength, lot number, expiration date, and tamper-evident packaging**
- C. No requirements are needed
- D. Prescription labels only

The correct answer is rooted in ensuring the safety and efficacy of medications dispensed from charitable pharmacies. When re-dispensing medications, it is critical to provide comprehensive information to ensure that the medication can be tracked and verified for quality control. Re-dispensing requirements include documenting the name of the medication, its strength, the lot number, and the expiration date. This comprehensive labeling is essential because it allows the pharmacy to maintain proper records and ensures that patients receive medications that are safe and effective. The lot number is particularly important for tracing potential recalls or quality issues, while the expiration date is fundamental for preventing the dispensing of expired medications.

Tamper-evident packaging is also a key component in this context, as it helps to ensure that the medication has not been compromised prior to reaching the patient. This aligns with the overall goal of protecting patient health and adhering to safety regulations in the pharmacy practice. Overall, providing this detailed information when re-dispensing medications from a charitable pharmacy is essential for maintaining standards and ensuring patient safety.

9. What is the time frame for short-term detoxification?

- A. Up to 14 days
- B. 15 to 30 days
- C. 30 days or less**
- D. Over 30 days

The time frame for short-term detoxification is defined as 30 days or less. This classification reflects the standard approach in substance use treatment, where short-term detoxification programs aim to manage withdrawal symptoms and stabilize individuals over a brief period. This method typically encompasses a variety of treatment modalities, including medical supervision to ensure safety and efficacy during the detoxification process. In contrast, longer programs, often defined as medium-term or long-term detoxifications, would exceed this 30-day period and might involve continued therapy, counseling, and additional medical interventions. Thus, option C accurately aligns with the accepted definitions in substance use treatment, making it the correct selection in this context.

10. What must a pharmacist complete to re-instate a license that has been inactive for more than 5 years?

- A. Only CE and Fee
- B. MPJE only
- C. Internship hours and MPJE only
- D. CE, Fee, MPJE, NAPLEX, and internship hours**

To reinstate a pharmacist license that has been inactive for more than five years in Tennessee, the individual must meet several requirements. These requirements are designed to ensure that the pharmacist has remained current with their knowledge and skills in the field. The necessary steps include completing continuing education (CE) courses, paying any required fees, passing the Multistate Pharmacy Jurisprudence Examination (MPJE) to demonstrate knowledge of pharmacy law, and if applicable, completing the North American Pharmacist Licensure Examination (NAPLEX). Additionally, the reinstatement process may involve completing internship hours to ensure practical experience is up to date. By requiring a comprehensive set of assessments and educational requirements, the reinstatement process ensures that returning pharmacists are well-prepared to practice safely and effectively, reflecting changes in pharmacy practice and law that may have occurred during their period of inactivity. Thus, option D encompasses all these essential components necessary for the reinstatement of an inactive pharmacy license.