

Uniform MPJE (UMPJE) 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. Typically, the letter M on a DEA number pertains to which type of provider?**
 - A. Doctors**
 - B. Pharmacists**
 - C. Mid-level providers**
 - D. Hospitals**

- 2. Which medication is exempt from the Poison Prevention Packaging Act?**
 - A. Acetaminophen**
 - B. Acetophenetidin**
 - C. Ibuprofen**
 - D. Diphenhydramine**

- 3. Which form is used to order C-I and C-II substances?**
 - A. DEA Form 222**
 - B. CSOS**
 - C. DEA Form 106**
 - D. DEA Form 223**

- 4. Which of the following is an example of a Schedule I controlled substance?**
 - A. Cannabis**
 - B. MDMA**
 - C. LSD**
 - D. Heroin**

- 5. Buprenorphine is listed as which Schedule?**
 - A. Schedule II**
 - B. Schedule III**
 - C. Schedule IV**
 - D. Not controlled**

- 6. Which category requires Terminally sterilized + Sterility tested + Passed all applicable tests?**
- A. Category 2**
 - B. Category 3**
 - C. Category 1**
 - D. Category 4**
- 7. FDA Form 3500b is used for voluntary adverse event reporting by which group?**
- A. Healthcare professionals only**
 - B. Consumers**
 - C. Pharmacists only**
 - D. Manufacturers only**
- 8. Which Schedule V product has a dosage limit of ≤ 2.5 mg diphenoxybate and ≥ 25 mcg atropine per dosage unit?**
- A. Lomotil (diphenoxybate/atropine)**
 - B. Pregabalin**
 - C. Certain cough preparations**
 - D. Codeine-containing cough syrups**
- 9. Which of the following are examples of controlled substance documents that must be reported if stolen or lost?**
- A. Filled Rx documents that were dispensed**
 - B. Completed DEA 222 forms**
 - C. Unfilled Rx in 'on hold' files**
 - D. All of the above**
- 10. Which statement about TE codes is incorrect?**
- A. TE codes are two-letter codes used to designate therapeutic equivalence**
 - B. The first letter of the TE code indicates therapeutic equivalence rating**
 - C. The second letter describes the dosage form or other special cases**
 - D. TE codes are used to designate marketing exclusivity**

Answers

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

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Explanations

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1. Typically, the letter M on a DEA number pertains to which type of provider?

- A. Doctors**
- B. Pharmacists**
- C. Mid-level providers**
- D. Hospitals**

The first letter on a DEA registration identifies the category of prescriber. M is used for mid-level practitioners, such as nurse practitioners, physician assistants, and certified nurse-midwives. That's why this prefix signals mid-level providers. Knowing this helps you recognize who can prescribe controlled substances under their DEA registration and how their authority often works under state rules or supervisory protocols. Other provider types (like physicians or hospitals) use different prefixes, and while pharmacists can hold DEA registrations, the M designation specifically points to mid-level practitioners.

2. Which medication is exempt from the Poison Prevention Packaging Act?

- A. Acetaminophen**
- B. Acetophenetidin**
- C. Ibuprofen**
- D. Diphenhydramine**

Child-resistant packaging is required for most household medicines under the Poison Prevention Packaging Act, but there are exemptions for certain drugs that are not marketed for consumer use in a way that would require such packaging. Acetophenetidin, better known as phenacetin, is exempt because it is no longer marketed in the United States due to safety concerns. Since it isn't sold as a consumer drug anymore, there's no PPPA packaging requirement to apply. The other medications listed are common over-the-counter drugs that are typically sold in consumer-ready packaging and thus fall under PPPA requirements (unless a specific exception applies, such as a patient or prescriber request for non-child-resistant packaging or a hospital/unit-dose setting).

3. Which form is used to order C-I and C-II substances?

- A. DEA Form 222**
- B. CSOS**
- C. DEA Form 106**
- D. DEA Form 223**

The main idea tested here is how tightly controlled substances are ordered. Schedule I and Schedule II drugs have a specific paper order form that is required for procuring them: DEA Form 222. This form creates a clear, auditable paper trail and ensures the shipment can be traced from supplier to recipient. It requires detailed information for each line item—drug name, strength, form, and quantity—and must be completed in triplicate with appropriate signatures. While electronic ordering systems exist, they do not replace the formal requirement for CI and CII orders on this specific form. Other forms are used for different purposes (such as reporting theft or other administrative tasks) and aren't the standard method for ordering CI and CII substances.

4. Which of the following is an example of a Schedule I controlled substance?

- A. Cannabis
- B. MDMA
- C. LSD**
- D. Heroin

Schedule I drugs are substances with high potential for abuse, no currently accepted medical use in the United States, and a lack of accepted safety for use under medical supervision. LSD is a classic example you'll see used to illustrate Schedule I because it is illegal to possess or distribute, has no approved medical use, and there is no recognized safe level of use in medical practice. While cannabis, MDMA, and heroin are also federally listed as Schedule I, the key point is recognizing the criteria that place LSD in this category and why it's a prototypical example for exams.

5. Buprenorphine is listed as which Schedule?

- A. Schedule II
- B. Schedule III**
- C. Schedule IV
- D. Not controlled

Buprenorphine is scheduled because it has legitimate medical use but a real potential for abuse and dependence. It is a partial opioid agonist with a ceiling effect, which lowers its risk of producing euphoria and severe respiratory depression compared with full opioid agonists. This combination of accepted medical use and moderate-to-low abuse potential fits Schedule III. Even when combined with naloxone, it remains Schedule III to deter misuse while preserving therapeutic access. It is not "not controlled" and it is not Schedule II or Schedule IV for these reasons.

6. Which category requires Terminally sterilized + Sterility tested + Passed all applicable tests?

- A. Category 2
- B. Category 3**
- C. Category 1
- D. Category 4

The situation tests how sterilization and testing requirements are categorized for sterile products. The category that requires terminal sterilization, sterility testing, and passing all applicable tests is the one designed to provide the strongest assurance of sterility. Terminal sterilization means the product is sterilized after it is fully packaged, which is the most robust method to ensure the entire batch is free of microorganisms. Because nothing is guaranteed by sterilization alone, sterility testing is still performed to confirm that a given batch is truly sterile. Finally, the product must meet all other required quality tests, not just sterility, before it can be released. This combination—terminal sterilization plus sterility testing plus passing all applicable tests—represents the strictest category in the set, which is why it's the correct choice. Other categories may rely on aseptic processing or may not require terminal sterilization or sterility testing, so they don't meet all three criteria.

7. FDA Form 3500b is used for voluntary adverse event reporting by which group?

- A. Healthcare professionals only**
- B. Consumers**
- C. Pharmacists only**
- D. Manufacturers only**

Form 3500B is the consumer-facing MedWatch form used for voluntary adverse-event reporting. It's designed to be easy for patients, caregivers, and other consumers to use to report suspected side effects or product problems directly to the FDA. While other forms exist for different reporters (such as manufacturers or healthcare professionals), 3500B specifically targets consumers. So the group that uses this form for voluntary adverse-event reporting is consumers.

8. Which Schedule V product has a dosage limit of ≤ 2.5 mg diphenoxylate and ≥ 25 mcg atropine per dosage unit?

- A. Lomotil (diphenoxylate/atropine)**
- B. Pregabalin**
- C. Certain cough preparations**
- D. Codeine-containing cough syrups**

The concept tested is how certain opioid-containing products are classified as Schedule V based on per-dose limits that balance therapeutic use with abuse deterrence. Lomotil fits this exactly because its label sets a maximum of 2.5 mg of diphenoxylate per dosage unit and requires at least 25 mcg of atropine per dosage unit. This combination is designed to be safe for routine use as an anti-diarrheal while making misuse less appealing, which is why it is categorized as Schedule V. Other options don't meet these specific per-dose criteria. Pregabalin is Schedule V but is not a diphenoxylate/atropine product. Some cough preparations may contain small amounts of codeine, but they are not the diphenoxylate/atropine combination with the exact per-dose limits described, so they don't fit the scenario.

9. Which of the following are examples of controlled substance documents that must be reported if stolen or lost?

- A. Filled Rx documents that were dispensed**
- B. Completed DEA 222 forms**
- C. Unfilled Rx in 'on hold' files**
- D. All of the above**

Any documents connected to controlled substances that could enable diversion must be reported if they're stolen or lost. Filled prescription dispensing records are part of the legitimate control and tracking of C-II-C-V drugs, so losing or having them stolen creates a risk and needs to be reported to the DEA and local authorities. Completed DEA 222 forms are the official records used to order controlled substances; their theft could allow someone to misuse orders, so they must be reported as well. Unfilled prescriptions in on-hold files are still controlled-substance documents that, if compromised, could lead to improper dispensing or diversion, so they too require reporting. In short, any controlled-substance documentation—even those that are not yet issued—should be reported if stolen or lost.

10. Which statement about TE codes is incorrect?

- A. TE codes are two-letter codes used to designate therapeutic equivalence**
- B. The first letter of the TE code indicates therapeutic equivalence rating**
- C. The second letter describes the dosage form or other special cases**
- D. TE codes are used to designate marketing exclusivity**

TE codes are two-letter designations that indicate therapeutic equivalence and guide substitution decisions. The first letter signals whether a product is therapeutically equivalent to the reference product (A means therapeutically equivalent; B means not therapeutically equivalent). The second letter describes dosage form or other formulation-specific details, such as salt form, route, or special characteristics that affect how the product is used. These codes come from the FDA's system used in the Orange Book to help pharmacists know when a generic can be substituted for a brand-name product. The statement about TE codes designating marketing exclusivity isn't accurate. Marketing exclusivity is a separate concept that protects data or market access for a period of time and isn't conveyed by TE codes.

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://umpje.examzify.com>

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

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