

Wyoming MPJE (Pharmacy Jurisprudence) Practice Exam (Sample)

Study Guide



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SAMPLE

Questions

- 1. How frequently must a consultant pharmacist review each resident's chart in a LTC facility?**
 - A. Monthly**
 - B. Weekly**
 - C. Bi-weekly**
 - D. Quarterly**
- 2. If caught with unlawful possession of a Schedule IV substance with intent to distribute, what is the maximum fine and prison sentence?**
 - A. \$2,500 and 2 years**
 - B. \$10,000 and 10 years**
 - C. \$1,000 and 1 year**
 - D. \$5,000 and 5 years**
- 3. Who retains copy 3 of the 222 form?**
 - A. Board of Pharmacy**
 - B. DEA**
 - C. The registrant wanting to receive the C2s**
 - D. The supplier of the C2s**
- 4. For drugs with a narrow therapeutic index, what variability of the original brand product does the FDA require for generic products?**
 - A. 75-85%**
 - B. 80-90%**
 - C. 90-110%**
 - D. 95-105%**
- 5. What is the focus of Phase 3 clinical trials?**
 - A. Cost-effectiveness, general public**
 - B. Efficacy, small population**
 - C. Long-term safety, small population with the disease**
 - D. Data for safety and efficacy, very large population**

- 6. What is the fine and imprisonment for possession of more than 3 ounces of plant form or 3 grams of powder/crystal form of a controlled substance in Schedule I-III (other than methamphetamine or narcotics)?**
- A. \$1,000 and 1 year**
 - B. \$5,000 and 5 years**
 - C. \$10,000 and 10 years**
 - D. \$15,000 and 7 years**
- 7. Who keeps copy 2 of the DEA 222 form?**
- A. The district court**
 - B. DEA**
 - C. Pharmacy receiving C2s**
 - D. Supplier of the C2s**
- 8. Which necessary information is NOT a part of a pedigree for prescription drugs?**
- A. Number of containers**
 - B. Name and dose form of the drug**
 - C. Name of the manufacturing company CEO**
 - D. Transaction dates**
- 9. If the pedigree of a drug cannot be authenticated, what action should be taken?**
- A. Quarantine it and report to the board within 3 days**
 - B. Destroy the drug immediately**
 - C. Sell it at a discounted rate**
 - D. Keep using it until further notice**
- 10. What is the scope of practice and prescribing authority of a nurse practitioner in Wyoming?**
- A. Can prescribe CIII-V with restrictions**
 - B. Full independent practice authority, including controlled substances II-V and capability to obtain X DEA number**
 - C. Must practice under a supervising physician**
 - D. Cannot prescribe controlled substances**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. How frequently must a consultant pharmacist review each resident's chart in a LTC facility?

- A. Monthly**
- B. Weekly**
- C. Bi-weekly**
- D. Quarterly**

A consultant pharmacist must review each resident's chart in a Long-Term Care (LTC) facility on a monthly basis. This frequent review helps ensure that medications are being appropriately managed for each resident, and any necessary interventions or adjustments can be made promptly. Monthly reviews also allow the consultant pharmacist to stay updated on any changes in the resident's condition or medication regimen, fostering a comprehensive and high standard of care within the LTC facility.

2. If caught with unlawful possession of a Schedule IV substance with intent to distribute, what is the maximum fine and prison sentence?

- A. \$2,500 and 2 years**
- B. \$10,000 and 10 years**
- C. \$1,000 and 1 year**
- D. \$5,000 and 5 years**

When caught with unlawful possession of a Schedule IV substance with the intent to distribute in Wyoming, the maximum fine is \$2,500, and the maximum prison sentence is 2 years. This penalty aligns with the legal consequences in Wyoming for such a violation. It is important to uphold the laws and regulations regarding controlled substances to protect public health and safety. The other options provided (B, C, and D) do not accurately reflect the specific penalties associated with this offense in Wyoming.

3. Who retains copy 3 of the 222 form?

- A. Board of Pharmacy**
- B. DEA**
- C. The registrant wanting to receive the C2s**
- D. The supplier of the C2s**

Copy 3 of the DEA Form 222 (Official Order Form) is retained by the Board of Pharmacy. This copy is kept for record-keeping purposes and for auditing and regulatory compliance. The Board of Pharmacy uses this copy to monitor controlled substance transactions and ensure that all regulatory requirements are being followed by the registrants. The other options (DEA, the registrant wanting to receive the C2s, and the supplier of the C2s) do not retain copy 3 of the 222 form as their responsibility lies in other aspects of controlled substance distribution and management.

4. For drugs with a narrow therapeutic index, what variability of the original brand product does the FDA require for generic products?

- A. 75-85%**
- B. 80-90%**
- C. 90-110%**
- D. 95-105%**

For drugs with a narrow therapeutic index, the FDA requires generic products to have a variability of 75-85% compared to the original brand product. This tight range is crucial for drugs with narrow therapeutic indices to ensure consistent therapeutic effects and avoid potential adverse reactions due to dose variability. Options B, C, and D provide wider ranges that are not precise enough for drugs with a narrow therapeutic index as required by the FDA.

5. What is the focus of Phase 3 clinical trials?

- A. Cost-effectiveness, general public**
- B. Efficacy, small population**
- C. Long-term safety, small population with the disease**
- D. Data for safety and efficacy, very large population**

Phase 3 clinical trials focus on gathering data regarding both the safety and efficacy of the drug being studied in a very large population. These trials are crucial in providing comprehensive information on how well the drug works and its safety profile before it can be considered for approval by regulatory agencies such as the FDA. Option D is the correct answer because it accurately reflects the primary goal of Phase 3 clinical trials. Options A, B, and C are not the focus of Phase 3 clinical trials. Option A mentioning cost-effectiveness and the general public is more related to health economics and market access considerations. Option B focusing on efficacy in a small population is more characteristic of early-phase clinical trials, particularly Phase 1 and Phase 2. Option C emphasizing long-term safety in a small population with the disease is important but typically addressed in post-marketing surveillance studies rather than Phase 3 clinical trials.

6. What is the fine and imprisonment for possession of more than 3 ounces of plant form or 3 grams of powder/crystal form of a controlled substance in Schedule I-III (other than methamphetamine or narcotics)?

- A. \$1,000 and 1 year
- B. \$5,000 and 5 years**
- C. \$10,000 and 10 years
- D. \$15,000 and 7 years

In the state of Wyoming, possession of more than 3 ounces of plant form or 3 grams of powder/crystal form of a controlled substance in Schedule I-III (other than methamphetamine or narcotics) is considered a serious offense. The correct answer is B. \$5,000 and 5 years of imprisonment. This penalty reflects the state's strict stance against possession of large quantities of controlled substances. It is crucial for individuals to abide by the regulations outlined in the state's laws to avoid severe consequences such as significant fines and extended periods of incarceration.

7. Who keeps copy 2 of the DEA 222 form?

- A. The district court**
- B. DEA
- C. Pharmacy receiving C2s
- D. Supplier of the C2s

Copy 2 of the DEA 222 form is kept by the district court. This copy is an important record that provides a paper trail to help track the distribution of controlled substances. The district court retains this copy for monitoring and enforcement purposes. The other options listed are not the correct entities to keep copy 2 of the form.

8. Which necessary information is NOT a part of a pedigree for prescription drugs?

- A. Number of containers
- B. Name and dose form of the drug
- C. Name of the manufacturing company CEO**
- D. Transaction dates

In a pedigree for prescription drugs, the focus is on tracking and documenting the movement of pharmaceutical products throughout the supply chain to prevent counterfeit or illegally obtained medications from entering the marketplace. Information such as the number of containers, name and dose form of the drug, and transaction dates are crucial in this process. However, the name of the manufacturing company CEO is not a necessary piece of information for a prescription drug pedigree, as it does not directly impact the verification or authenticity of the medication's distribution.

9. If the pedigree of a drug cannot be authenticated, what action should be taken?

- A. Quarantine it and report to the board within 3 days**
- B. Destroy the drug immediately**
- C. Sell it at a discounted rate**
- D. Keep using it until further notice**

When the pedigree of a drug cannot be authenticated, it is essential to take the necessary precautions to ensure patient safety and compliance with regulations. Quarantining the drug and reporting to the board within 3 days is the correct course of action in such a situation. This allows for further investigation into the authenticity of the drug and prevents its distribution until its legitimacy is confirmed. Destroying the drug immediately would be wasteful and may not be necessary if the drug is found to be authentic after further examination. Selling it at a discounted rate or continuing to use it without verification poses risks to patient safety and violates regulatory requirements. Therefore, option A is the most appropriate action to take in this scenario.

10. What is the scope of practice and prescribing authority of a nurse practitioner in Wyoming?

- A. Can prescribe CIII-V with restrictions**
- B. Full independent practice authority, including controlled substances II-V and capability to obtain X DEA number**
- C. Must practice under a supervising physician**
- D. Cannot prescribe controlled substances**

In Wyoming, nurse practitioners have limited prescribing authority. They are permitted to prescribe Schedule III-V controlled substances, but with some restrictions. Although it is not full independent practice authority as mentioned in option B, nurse practitioners in Wyoming can prescribe certain controlled substances with limitations. Option C is incorrect because nurse practitioners in Wyoming do not necessarily have to practice under a supervising physician. Option D is also incorrect as they are allowed to prescribe controlled substances within their scope of practice.