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NEW QUESTION: 1
Which of the following drugs must be dispensed with a patient package insert?
A. Sulfamethoxazole/Trimethoprim
B. Norethindrone/Ethinyl Estradiol
C. Triamterene/HCTZ
D. Emtricitabine/Tenofovir Disoproxil
Answer: (SHOW ANSWER)
Comprehensive and Detailed Step-by-Step Explanation:
The FDA requires patient package inserts (PPIs) for certain medications, including oral contraceptives like norethindrone/ethinyl estradiol.
#Explanation of Answer Choices:
#B. Norethindrone/Ethinyl Estradiol # Correct. Oral contraceptives must include a PPI with risk information.
#A. Sulfamethoxazole/Trimethoprim # Incorrect. Does not require a package insert.
#C. Triamterene/HCTZ # Incorrect. A diuretic, no required PPI.
#D. Emtricitabine/Tenofovir Disoproxil # Incorrect. A PPI is required only for certain formulations.
#Reference:
FDA Patient Information Leaflet Requirements

NEW QUESTION: 2
Which of the following should be included in theadministration instructionsforalendronate?
A. Do not lie down for at least 30 minutes.
B. Take with food or milk.
C. May cause drowsiness.
D. If a dose is missed, take 2 doses the next day.
Answer: (SHOW ANSWER)
Comprehensive and Detailed Step-by-Step Explanation:

Alendronate (Fosamax)is abisphosphonateused forosteoporosis. Itprevents bone lossbut can cause severe esophageal irritation and ulcersif not taken correctly.
Correct Administration Instructions for Alendronate:
* Take on an empty stomach with a full glass of water (at least 8 oz).
* Remain upright (sitting or standing) for at least 30 minutesto prevent esophageal irritation.
* Do NOT take with food, milk, or calcium supplementsas they reduce absorption.
#Explanation of Answer Choices:#A. Do not lie down for at least 30 minutes#Correct.This prevents esophageal irritation and ulcers.#B. Take with food or milk# Incorrect.Calcium inhibits alendronate absorption.#C. May cause drowsiness# Incorrect.Alendronate does not cause drowsiness.#D. If a dose is missed, take 2 doses the next day# Incorrect.Double-dosing increases the risk of side effects.
#Reference:
* FDA Drug Labeling for Alendronate
* American Association of Clinical Endocrinologists (AACE) Osteoporosis Guidelines
* PTCB Exam: Patient Administration Instructions

NEW QUESTION: 3
A patient picking up a prescription forrisedronatemust receive aMedication Guidebecause the medication can cause:
A. Hypocalcemia
B. Hepatotoxicity
C. Headaches
D. Hyperglycemia
Answer: (SHOW ANSWER)
* Risedronate (Actonel) is a bisphosphonate used for osteoporosis.
* It can causehypocalcemia (low calcium levels)byinhibiting bone resorption.
* Patients must take it witha full glass of water and remain upright for 30 minutesto preventesophageal irritation.
#Reference:FDA Bisphosphonate Warnings, PTCB Drug Counseling Guidelines.

NEW QUESTION: 4
According to federal law, the transfer of an eligible Schedule III controlled substance prescription must be communicated directly between:
A. two licensed pharmacy technicians
B. a licensed pharmacy technician and a licensed pharmacist
C. a licensed pharmacist and a licensed nurse
D. two licensed pharmacists
Answer: (SHOW ANSWER)
According tofederal law(Drug Enforcement Administration, DEA21 CFR § 1306.25), the transfer of an eligibleSchedule III, IV, or V controlled substance prescriptionmust occur directly between two licensed pharmacists.

* Pharmacists Only:Transfers of controlled substance prescriptions canonlybe completed betweentwo licensed pharmacists.
* Eligible Schedule Drugs:OnlySchedule III, IV, and Vprescriptions withremaining refillsmay be transferred.Schedule II prescriptions cannot be transferred.
* Transfer Limitations:
* Prescriptions may be transferredonly onceunless pharmacies share areal-time, electronic prescription database(e.g., chain pharmacies). In this case, refills can be transferred multiple times within allowed limits.
* Transfer Documentation:The transferring pharmacist must:
* Write"VOID"on the original prescription.
* Record thereceiving pharmacy'sname, address, DEA number, and pharmacist's name.
* Record thedate of transferand their own name.
* Receiving Pharmacist Responsibilities:
* Write"Transfer"on the prescription.
* Record all information from the original prescription, includingdate of issuance, original refills, refills remaining, and DEA information of the transferring pharmacy.
* A. Two licensed pharmacy technicians.# Incorrect. Pharmacy technicians are not authorized to transfer controlled substance prescriptions.
* B. A licensed pharmacy technician and a licensed pharmacist.# Incorrect. A pharmacist mustboth send and receivethe transferred prescription.
* C. A licensed pharmacist and a licensed nurse.# Incorrect. Nurses do not have the authority to receive transferred prescriptions.
* DEA Pharmacist's Manual - Prescription Transfers (21 CFR § 1306.25).
* PTCB PTCE Exam Content Outline - Controlled Substance Regulations.
* National Association of Boards of Pharmacy (NABP) Guidelines on Controlled Substance Transfers.
* Mosby's Pharmacy Technician: Principles and Practice - Prescription Transfers.
Key DEA Rules on Controlled Substance Prescription Transfers:Why the Other Answer Choices Are Incorrect:Pharmacy Technician References:

NEW QUESTION: 5
Which of the followingSig codesis paired with its correct interpretation?
A. q.s.: shake well
B. IN: intramuscular
C. AU: both ears
D. q.i.d.: three times a day
Answer: (SHOW ANSWER)
* AUstands for"auris utraque", meaning"both ears".#
* Sig codes (Signa codes)are abbreviations used in prescriptions to indicate how a medication should be taken or applied.
Why Other Options Are Incorrect:

* q.s. (quantum satis):Means "a sufficient quantity," NOT"shake well."#
* IN:Refers tointranasal, NOTintramuscular (IM).#
* q.i.d. (quater in die):Means"four times a day,"NOT"three times a day".#
#Reference:PTCB Official Sig Code List,Institute for Safe Medication Practices (ISMP) Approved Abbreviations.

NEW QUESTION: 6
Themanufacturer's packagingof an oral inhaler must include the:
A. Average wholesale price
B. Auxiliary labels
C. Lot number
D. Prescription number
Answer: (SHOW ANSWER)
* Lot numbers are required for drug recalls and tracking purposes.
* Prescription numbers are pharmacy-specific and not on manufacturer packaging.
#Reference:FDA Drug Labeling Requirements, USP Manufacturing Guidelines.

NEW QUESTION: 7
The ingredients of 1 kg of a bulk laxative are:
* Psyllium:500 g
* Dextrose:497.5 g
* Citric acid:1 g
* Sodium bicarbonate:1 g
* Flavoring:0.5 g
What is the percentage ofpsylliumin the final preparation?
A. 2.5%
B. 5%
C. 25%
D. 50%
Answer: (SHOW ANSWER)
Comprehensive and Detailed Step-by-Step Explanation:
To calculate the percentage ofpsylliumin the final preparation:
Formula:

A math equations with numbers and symbols Description automatically generated with medium confidence

$$\text{Percentage} = \left(\frac{\text{Amount of Psyllium}}{\text{Total weight}}\right) \times 100$$

$$= \left(\frac{500g}{1000g}\right) \times 100 = 50\%$$

Sincepsylliummakes up500 gout of1000 g (1 kg)of the bulk laxative, it accounts for50%of the total formulation.

#Reference:

* USP <795>Compounding Standards
* PTCE ExamPharmaceutical Calculations

NEW QUESTION: 8

An outsourcing facility mislabeled enoxaparin syringes asphytonadione syringesand sent them out to multiple facilities. Which type of recall would be most appropriate to issue?

A. Class I

B. Class II

C. Class III

D. Misbranding

Answer: (SHOW ANSWER)

* AClass I recallis themost seriousrecall issued when amedication labeling erroror contaminationcould result in serious harm or death.
* Enoxaparin (Lovenox)is ananticoagulant, whilephytonadione (Vitamin K1)is anantidote for warfarin toxicity-confusing these could lead to life-threatening bleeding or clotting issues.
* TheFDA mandates an immediate Class I recallfor errors that could causefatal outcomes.

Why Other Options Are Incorrect:

* B. Class II?#Used formoderate health risks(e.g., subpotent drugs).
* C. Class III?#Used forminor errors(e.g., misprinted labels, minor defects).
* D. Misbranding?#Misbranding is a regulatory issue butnot a recall classification.

#Reference:FDA Drug Recall Guidelines, ISMP Medication Safety Alerts.

NEW QUESTION: 9

According to NIOSH, a pharmacy technician must wear personal protective equipment (PPE) to clean up a spill of:

A. Amiodarone

B. Atorvastatin

C. Methotrexate

D. Midazolam

Answer: (SHOW ANSWER)

Comprehensive and Detailed Step-by-Step Explanation:

Methotrexate is a hazardous antineoplastic drug listed by NIOSH (National Institute for Occupational Safety and Health). It requires PPE when handled or cleaned up.
#Explanation of Answer Choices:
#C. Methotrexate # Correct. Listed as a hazardous drug requiring PPE.
#A. Amiodarone # Incorrect. Not classified as hazardous.
#B. Atorvastatin # Incorrect. A statin, not hazardous.
#D. Midazolam # Incorrect. A benzodiazepine, not hazardous.
#Reference:
NIOSH List of Hazardous Drugs (2020)
USP <800>: PPE Requirements for Hazardous Drugs

NEW QUESTION: 10

A local provider has written the following compounded prescription for a patient:
Zinc oxide ointment 20% 60 g
Nystatin ointment 100,000 units/g 60 g
Hydrocortisone ointment 1% 60 g
Cholestyramine powder 10 g
Mineral oil USP 10 mL
Total Weight 200 g
Which of the agents listed is an antifungal agent?

A. Cholestyramine
B. Hydrocortisone
C. Zinc oxide
D. Nystatin
Answer: D (LEAVE A REPLY)
In the providedcompounded prescription, the antifungal agent isnystatin.
* Nystatin is a polyene antifungalthat works by binding toergosterolin fungal cell membranes, causing leakage of cellular contents and fungal cell death.
* It iscommonly used for fungal infections, particularlycutaneous or mucosal Candida infections(e.g., diaper rash, oral thrush).
* A. Cholestyramine.# Incorrect. Cholestyramine is abile acid sequestrantused to lowercholesteroland treatdiarrhea(often in combination with other ingredients for skin irritation or wounds).
* B. Hydrocortisone.# Incorrect. Hydrocortisone is acorticosteroidused to reduceinflammation and itching, but it does not kill fungi.
* C. Zinc oxide.# Incorrect. Zinc oxide is askin protectantused fordiaper rash and minor burns, but it is not an antifungal.
* Lexicomp Drug Database - Nystatin Mechanism of Action.
* FDA Drug Label for Nystatin - Antifungal Properties.
* PTCB PTCE Exam Content Outline - Compounded Preparations and Active Ingredients.
* Mosby's Pharmacy Technician: Principles and Practice - Dermatologic Compounding.

Why Is Nystatin an Antifungal?Why the Other Answer Choices Are Incorrect:Pharmacy Technician References:Conclusion:Pharmacy technicians must befamiliar with drug classificationsto correctly identify active ingredients incompounded prescriptions.Nystatin is the only antifungal agentin the provided formulation.

NEW QUESTION: 11
According to federal law, original and transferred controlled substance prescriptions must be maintained for a period of how long, in years, from the date of the last fill?
A. 1
B. 2
C. 3
D. 4
Answer: (SHOW ANSWER)
Under federal controlled substance recordkeeping requirements, pharmacies must maintain prescription records for controlled substances for at least 2 years from the date of last activity (e.g., last fill). This includes both original and transferred controlled prescriptions. While some states require longer retention, federal law establishes a minimum of 2 years.
References (Pharmacy Technician documents / Study Guides):
* 21 CFR Part 1304 (Controlled Substances Act recordkeeping): retention of records for 2 years.
* PTCB/ExCPT Law & Regulations sections: federal record retention timelines for controlled prescriptions.
* NABP/board law summaries in pharm tech prep materials (noting state variations but federal minimum of 2 years).

NEW QUESTION: 12
Where permitted by state regulation, a pharmacy technician may be responsible for:
A. Counseling patients on new prescriptions.
B. Completing a clinical review of new prescriptions.
C. Initiating the transfer of non-controlled substance prescriptions.
D. Approving the validity of controlled substance prescriptions.
Answer: (SHOW ANSWER)
Pharmacy technician scope of practice is defined by state regulation and generally includes technical functions under a pharmacist's supervision. In many states, technicians may initiate transfers of non- controlled prescriptions (often technician-to-technician) as part of the dispensing workflow. Activities such as patient counseling (A), clinical review (B), and approving the validity of controlled prescriptions (D) are considered professional/judgmental tasks and are reserved for the pharmacist.
References (Pharmacy Technician documents / Study Guides):
* NABP Model State Pharmacy Act-differentiation of pharmacist vs. technician duties.

* PTCB/ExCPT role delineation: technician tasks include processing, data entry, and certain communications (e.g., non-controlled transfers) under pharmacist supervision; clinical judgment and counseling are pharmacist- only.
* State practice act summaries frequently used in technician training modules regarding transfers and controlled vs. non-controlled prescriptions.

NEW QUESTION: 13
Which of the following is a controlled substance?
A. Metoprolol
B. Butorphanol
C. Carvedilol
D. Propranolol
Answer: B (LEAVE A REPLY)
Butorphanolis aSchedule IV controlled substanceunder theControlled Substances Act (CSA). It is anopioid analgesicused formoderate-to-severe painandmigraine relief. Due to itsabuse potential, it is classified as acontrolled substanceand requires special handling in pharmacies.
* A. Metoprolol# Incorrect; metoprolol is abeta-blockerforhypertension and heart diseaseand isnot a controlled substance.
* C. Carvedilol# Incorrect; carvedilol is also abeta-blockerforheart failure and hypertension, not a controlled drug.
* D. Propranolol# Incorrect; propranolol is abeta-blockerused forhypertension, migraines, and anxiety, but it isnot a controlled substance.
Other Answer Choices Explained:References:
* DEA Controlled Substances List (Schedule IV - Butorphanol)
* PTCB PTCE Exam Content Outline (Pharmacy Laws & Regulations - Controlled Substances)
* Federal Controlled Substances Act (CSA)

NEW QUESTION: 14
Lorazepam oral concentrate should be stored in a pharmacy under the sametemperature conditions as:
A. Lamictal chewable tablets.
B. Lanoxin oral solution.
C. Lyumjev KwikPen.
D. Lunesta tablets.
Answer: (SHOW ANSWER)
Comprehensive and Detailed Step-by-Step Explanation:
Lorazepam oral concentrate (Ativan)should be storedat controlled room temperature (20-25°C or 68-77° F)and protected fromlight. It should not be refrigerated or frozen.
#Explanation of Answer Choices:#B. Lanoxin oral solution#Correct.LikeLorazepam, Lanoxin (Digoxin) requires room temperature storage.#A. Lamictal chewable tablets# Incorrect.Stored at room temperature, but not a liquid formulation.#C. Lyumjev KwikPen# Incorrect.Insulin pens

require refrigeration.#D. Lunesta tablets# Incorrect.A solid dosage form, not comparable to a liquid oral concentrate.
#Reference:
* USP <1079>: Storage and Handling of Pharmaceuticals
* FDA Storage Recommendations for Lorazepam

NEW QUESTION: 15
Which of the following is anon-profit organizationthat focuses oneducating healthcare providers and consumerswith the goal ofpreventing medication errors?
A. FDA
B. ISMP
C. DEA
D. CDC
Answer: (SHOW ANSWER)
Comprehensive and Detailed Step-by-Step Explanation:
TheInstitute for Safe Medication Practices (ISMP)is anon-profit organizationdedicated tomedication safetyanderror preventionthrougheducation, research, and advocacy.
#Explanation of Answer Choices:#B. ISMP (Institute for Safe Medication Practices)#Correct.The ISMP providesmedication safety guidelines, high-alert drug lists, and error-prevention strategies.#A. FDA (Food and Drug Administration)# Incorrect. TheFDA regulates drug safetybut isnot a non-profit organization.#C.
DEA (Drug Enforcement Administration)# Incorrect. TheDEA enforces controlled substance laws, not medication safety education.#D. CDC (Centers for Disease Control and Prevention)# Incorrect. TheCDC focuses on public health, not medication error prevention.
#Reference:
* ISMP Official Website
* PTCB Exam: Medication Safety & Risk Management

NEW QUESTION: 16
Exposure tocarbon dioxidecan reduce a medication's:
A. Stability
B. Interactions
C. Bioequivalence
D. Diversion
Answer: (SHOW ANSWER)
* Carbon dioxide exposure can cause oxidation and degradation of certain medications, reducing theirstability and effectiveness.
#Reference:USP Drug Storage and Stability Guidelines.

NEW QUESTION: 17
Which of the following medications is indicated to treatdiabetes?
A. Galantamine
B. Gemfibrozil
C. Glimepiride
D. Granisetron
Answer: (SHOW ANSWER)
Comprehensive and Detailed Step-by-Step Explanation:
Glimepiride (Amaryl)is asulfonylureaused tolower blood sugar in type 2diabetesby increasinginsulin secretion from the pancreas.
#Explanation of Answer Choices:#C. Glimepiride#Correct.Atype 2 diabetes medication(sulfonylurea).#A.
Galantamine# Incorrect.Used for Alzheimer's disease.#B. Gemfibrozil# Incorrect.Used to lower cholesterol (fibrate).#D. Granisetron# Incorrect.Used for nausea and vomiting (antiemetic).
#Reference:
* FDA Drug Database: Glimepiride
* PTCB Pharmacology Section: Diabetes Medications

NEW QUESTION: 18
Drowsinessis a common side effect of:
A. Xarelto
B. Bystolic
C. Dexilant
D. Lyrica
Answer: (SHOW ANSWER)
* Lyrica (pregabalin) is an anticonvulsant that causes drowsiness, dizziness, and sedation.
* It is commonly prescribed for nerve pain, epilepsy, and fibromyalgia.
#Reference:FDA Pregabalin Drug Label, PTCE Medication Safety Guide.

NEW QUESTION: 19
Federal law restricts the OTC sale of:
A. Loratadine
B. Pseudoephedrine

C. Acetaminophen
D. Naproxen
Answer: B (LEAVE A REPLY)
* Pseudoephedrineis regulated under theCombat Methamphetamine Epidemic Act (CMEA)of 2005 due to its potential use in methamphetamine production.
* It is availableover-the-counter (OTC) but behind the pharmacy counter, and its sale requires:
* Proof of ID
* Purchase limits (3.6 g per day, 9 g per month)
* A log of purchases maintained by the pharmacy
Loratadine, acetaminophen, and naproxendo not have federal restrictions like pseudoephedrine.
#Reference:U.S.Combat Methamphetamine Epidemic Act (CMEA)of 2005.

NEW QUESTION: 20
How muchmentholis required to compound a formula reading:
* Camphor 0.3%
* Menthol 0.25%
* Hydrocortisone 1%
* Aquaphor q.s. ad 600 g

A. 15 mg
B. 150 mg
C. 1500 mg
D. 15 g
Answer: (SHOW ANSWER)
Comprehensive and Detailed Step-by-Step Explanation:
To find how muchmentholis needed:
(0.25100)×600g=1.5g=1500mg\left(\frac{0.25}{100} \right) \times 600 g = 1.5 g = 1500 mg(1000.25)
×600g=1.5g=1500mg
#Explanation of Answer Choices:#C. 1500 mg#Correct.0.25% of 600 g = 1500 mg.#A. 15 mg# Incorrect.
Calculation error.#B. 150 mg# Incorrect.Incorrect decimal placement.#D. 15 g# Incorrect.Overestimated.
#Reference:
* USP <795>: Pharmaceutical Compounding - Nonsterile Preparations
* PTCB Exam: Pharmaceutical Calculations

NEW QUESTION: 21
Diflucan is indicated to treat:
A. bacterial infections.
B. gastroesophageal reflux disease.
C. altitude sickness.
D. fungal infections.

Answer: (SHOW ANSWER)
Diflucan (Fluconazole) is an antifungal medicationused to treatsystemic and local fungal infections, including:
* Candidiasis (oral thrush, vaginal yeast infections)
* Cryptococcal meningitis
* Fungal infections in immunocompromised patients (HIV/AIDS, chemotherapy patients, etc.)
Fluconazole works byinhibiting fungal ergosterol synthesis, which is essential for fungal cell membrane integrity.
* A. Bacterial infections##Incorrect
* Fluconazole does NOT treat bacterial infections; antibiotics are required instead.
* B. Gastroesophageal reflux disease (GERD)##Incorrect
* Proton pump inhibitors (PPIs) or H2 blockers(e.g., omeprazole, ranitidine) are used for GERD.
* C. Altitude sickness##Incorrect
* Acetazolamide (Diamox) is used for altitude sickness, not fluconazole.
* FDA Fluconazole Drug Label- Confirms antifungal indications.
* Centers for Disease Control and Prevention (CDC) Guidelines- Lists fluconazole asa treatment for candidiasis and cryptococcal meningitis.
* PTCB PTCE Exam Content Outline- Covers antifungal medications and their indications.
Why Not the Other Options?Key References:

NEW QUESTION: 22
Which of the following medications should be dispensed with a calibrated oral syringe?
A. Enoxaparin sodium
B. Albuterol/ipratropium
C. Lorazepam concentrate
D. Polyethylene glycol 3350
Answer: (SHOW ANSWER)
Lorazepam oral concentrate is a high-potency liquid formulation often dispensed in 2 mg/mL. Due to its strength and risk of dosing errors, it must be dispensed with a calibrated oral syringe for accurate dosing, especially in pediatric or geriatric patients.
From Pharmacy Technician Certification Exam Review:
"Concentrated oral liquids should always be dispensed with calibrated measuring devices to prevent overdose or underdose." Other options:
* Enoxaparin - subcutaneous injection
* Albuterol/ipratropium - inhalation
* Polyethylene glycol 3350 - powder mixed with water (no syringe required) Reference:
FDA Medication Guide for Lorazepam Concentrate
Mosby's Pharmacy Technician - Dosage Forms and Dispensing Tools

NEW QUESTION: 23
A medication's proper storage conditions may best be determined by:

A. consulting with the prescriber.
B. adhering to a prime vendor agreement.
C. complying with pharmacy regulations.
D. referring to the manufacturer's recommendations.
Answer: (SHOW ANSWER)
According to USP <1079> Good Storage and Distribution Practices, the most accurate source for determining proper storage conditions of a medication is the manufacturer's label or package insert, which contains specific temperature and humidity requirements (e.g., refrigeration, protection from light). This information is required by FDA labeling regulations and is essential for maintaining drug stability and potency.
Additionally, the Mosby's Pharmacy Technician Review Guide states:
"Storage requirements should always be verified using the product's official labeling or manufacturer's monograph, as these contain validated stability data." Reference:
USP <1079> Good Storage and Distribution Practices
FDA Drug Labeling Requirements
Mosby's Pharmacy Technician: Principles and Practice (4th Ed.)

NEW QUESTION: 24
Varenicline is indicated for:
A. Smoking cessation.
B. Ulcerative colitis.
C. Seasonal affective disorder.
D. Somnambulism.
Answer: (SHOW ANSWER)
Varenicline is a partial agonist at #4#2 nicotinic acetylcholine receptors indicated for smoking cessation to aid in quitting tobacco use. It is not indicated for ulcerative colitis, seasonal affective disorder, or sleepwalking.
References (Pharmacy Technician documents/Study Guides):
* FDA-approved indications for varenicline; pharmacology overview in technician certification guides.
* PTCB/ExCPT drug indications: smoking cessation therapies (varenicline, bupropion SR, NRTs).
* Standard pharmacy references on CNS agents used for tobacco cessation.

NEW QUESTION: 25
Adispensing erroris defined as a discrepancy between a prescription and the medication that is:
A. Requested by the patient.
B. On the plan formulary.
C. Supplied by the wholesaler.
D. Received by the patient.
Answer: (SHOW ANSWER)
Comprehensive and Detailed Step-by-Step Explanation:

Adispensing erroroccurs when a pharmacy provides amedication that differs from the prescribed order.This may involvewrong drug, dose, form, or incorrect labeling.
#Explanation of Answer Choices:#D. Received by the patient#Correct.Adispensing error is an error in what the patient actually receives, not what they request.#A. Requested by the patient# Incorrect.A patient request does not determine dispensing errors.#B. On the plan formulary# Incorrect.Formulary status affects insurance, not dispensing accuracy.#C. Supplied by the wholesaler# Incorrect.Errors in supply do not qualify as dispensing errors.
#Reference:
* ISMP Guidelines on Medication Errors
* PTCB Medication Safety Guidelines

NEW QUESTION: 26
Eliquis is considered ahigh-alert medicationbecause it can cause potentially fatal:
A. Respiratory depression
B. Bleeding
C. Hyperglycemia
D. Hypoxia
Answer: (SHOW ANSWER)
* Eliquis (apixaban) is a direct oral anticoagulant (DOAC) that increases the risk of serious bleeding.
* High-alert medications have anarrow therapeutic indexand requirespecial monitoring.
#Reference:ISMP High-Alert Medication List, FDA Eliquis Safety Warnings.

NEW QUESTION: 27
TheResource Conservation and Recovery Act (RCRA)considers which of the following to beU-listed hazardous waste?
A. Dorzolamide
B. Bicalutamide
C. Acetazolamide
D. Cyclophosphamide
Answer: (SHOW ANSWER)
* RCRA categorizes hazardous pharmaceutical waste into P-list, U-list, and D-list.
* Cyclophosphamide is a U-listed hazardous waste because it is a chemotherapy drug known to be toxic to the environment.
* Proper disposal is required to prevent contamination.
Why Other Options Are Incorrect:
* A. Dorzolamide?#Not hazardous, used for glaucoma.
* B. Bicalutamide?#An anti-androgen, but not U-listed.
* C. Acetazolamide?#A diuretic, not hazardous.
#Reference:EPA RCRA Drug Disposal Guidelines, USP <800> Hazardous Drug List.

NEW QUESTION: 28
Which of the following scenarios is most likely to lead to an adverse event?
A. A pharmacist notices the wrong instructions on a labeled medication during counseling
B. A patient discovers that they were given another patient's medication after taking a few doses
C. A pharmacy technician detects a prescription bagged but not verified by the pharmacist
D. A pharmacy technician locates a prescription ready but filed in the wrong bin
Answer: (SHOW ANSWER)
* In medication safety terminology used across pharmacy technician study materials and safety taxonomies, an adverse event (specifically, a preventable adverse drug event) occurs when a medication error reaches the patient and results in harm or has the clear potential for harm (e.g., incorrect patient's medication taken for several doses).
* By contrast, near misses (or "close calls") are errors that are intercepted before they reach the patient, such as when a pharmacist catches incorrect directions during counseling (Option A), when a technician detects that a prescription was bagged but not yet verified (Option C), or when a technician finds a prescription placed in the wrong will-call bin before pickup (Option D). These represent process breakdowns with potential for harm but no patient exposure once intercepted.
* Therefore, the scenario most likely to lead to an adverse event is Option B, where the patient has already ingested medication intended for another patient. That constitutes an error that reached the patient, with a meaningful risk of harm, aligning with definitions for preventable adverse drug events.
References (Pharmacy Technician documents/Study Guides):
* NCC MERP (National Coordinating Council for Medication Error Reporting and Prevention) Taxonomy and definitions on medication errors, near misses, and events reaching the patient.
* ISMP (Institute for Safe Medication Practices) medication safety terminology and event classification used in community and institutional pharmacy practice.
* PTCB/ExCPT-aligned Pharmacy Technician Certification study guides: sections on medication safety, event reporting, and error prevention (definitions of "adverse event," "medication error," and "near miss/close call").
* ASHP guidelines on preventing medication errors in community pharmacy workflows (verification steps, counseling interception points, and will-call bin best practices).

NEW QUESTION: 29
When used on a prescription, "PR" indicates a particular:
A. Route of administration.
B. Frequency of dosing.
C. Medication strength.
D. Dosage form.
Answer: (SHOW ANSWER)
Comprehensive and Detailed Step-by-Step Explanation:
The abbreviation "PR" stands for "per rectum", which is a route of administration where the medication is inserted into the rectum for absorption.

#Explanation of Answer Choices:
#A. Route of administration # Correct. "PR" means rectal administration (e.g., suppositories).
#B. Frequency of dosing # Incorrect. Frequency abbreviations include BID (twice daily), QD (once daily), etc.
#C. Medication strength # Incorrect. Strength is indicated by mg, mcg, etc.
#D. Dosage form # Incorrect. Dosage forms include tablets, capsules, solutions, etc.
#Reference:
ISMP List of Common Prescription Abbreviations
PTCB Exam: Medication Order Interpretation

NEW QUESTION: 30

Colchicineis indicated for the treatment of:

A. Hyperlipidemia.
B. Gout flares.
C. Hypothyroidism.
D. Peripheral neuropathy.
Answer: (SHOW ANSWER)
Comprehensive and Detailed Step-by-Step Explanation:
Colchicine (Colcrys, Mitigare)is used to treatacute gout flaresbyreducing inflammation caused by uric acid crystalsin the joints.
#Explanation of Answer Choices:#B. Gout flares#Correct.Colchicine is ananti-inflammatory drug specific to gout.#A. Hyperlipidemia# Incorrect.Statins are used for hyperlipidemia.#C. Hypothyroidism# Incorrect.
Levothyroxine is used for hypothyroidism.#D. Peripheral neuropathy# Incorrect.Gabapentin or pregabalin are used for nerve pain.
#Reference:
* American College of Rheumatology (ACR) Gout Treatment Guidelines
* PTCB Exam: Pharmacology for Technicians

NEW QUESTION: 31
According to theInstitute for Safe Medication Practices (ISMP),the abbreviation"HCTZ" forhydrochlorothiazidemay be misinterpreted as:
A. Hydrocodone
B. Hydrocortisone
C. Hydromorphone
D. Hydroxyzine
Answer: (SHOW ANSWER)
* HCTZ (hydrochlorothiazide) is a diuretic, but the abbreviation can be confused with hydrocortisone (a corticosteroid).
* To prevent errors, ISMP recommends writing out "hydrochlorothiazide" instead of using "HCTZ."
#Reference:ISMP Do Not Use List, PTCE Medication Safety Guidelines.

NEW QUESTION: 32
A company that is able to receive and dispose of expired medications from a pharmacy is called a:
A. Secondary wholesaler.
B. Cancer drug repository.
C. Reverse distributor.
D. Prime vendor.
Answer: (SHOW ANSWER)
A reverse distributor is an entity authorized to receive, manage, and dispose of outdated, damaged, or unusable medications from pharmacies, including coordinating credits and compliant destruction. A secondary wholesaler resells products but does not primarily manage disposal. A cancer drug repository is a donation program in some states-not a disposal service. A prime vendor is the contracted primary wholesaler for routine purchasing, not for expired drug destruction.
References (Pharmacy Technician documents/Study Guides):
* Pharmacy inventory management operations: definitions and roles of wholesalers vs. reverse distributors; expired drug handling.
* DEA/State guidance on handling returns and disposal (reverse distribution) for prescription and controlled medications.
* PTCB/ExCPT study guides: reverse distribution and compliant destruction processes.

NEW QUESTION: 33
During nonsterile compounding, photolysis is most likely to occur when a susceptible compound is exposed to:
A. microbial contamination
B. moisture
C. UV illumination
D. extreme temperatures
Answer: (SHOW ANSWER)
Photolysis is a light-induced degradation process. In nonsterile compounding, light-sensitive drugs can undergo photodegradation, particularly with exposure to UV (and sometimes visible)

light, leading to loss of potency or formation of degradants. USP guidance on stability recognizes photolysis as a pathway of chemical instability and recommends protecting susceptible preparations from light (e.g., amber containers, light-resistant packaging). While moisture (hydrolysis) and extreme temperatures (thermal degradation) are other distinct degradation pathways, and microbial contamination relates to bioburden rather than chemical degradation, UV illumination is the direct trigger for photolysis.
References (Pharmacy Technician documents/Study Guides):
* USP <795> Pharmaceutical Compounding-Nonsterile Preparations: stability considerations and protection from light.
* USP <1191> Stability Considerations in Dispensing Practice: degradation pathways including photolysis, hydrolysis, oxidation, and thermal degradation; use of light-resistant containers.
* PTCB/ExCPT study guides on incompatibilities and drug stability in compounding (photodegradation and storage/packaging controls).

NEW QUESTION: 34
Which of the following medications is available in both oral and injectable dosage forms?
A. Ketorolac
B. Dobutamine
C. Benzonatate
D. Cefazolin
Answer: (SHOW ANSWER)
Ketorolac (Toradol) is a nonsteroidal anti-inflammatory drug (NSAID) available in:
* Oral tablets
* Injectable IM/IV formsIt's commonly used for short-term pain relief.
The others:
* Dobutamine - IV only (used in cardiac settings)
* Benzonatate - Oral capsules only (cough suppressant)
* Cefazolin - Injectable only (no oral form; used in perioperative antibiotic prophylaxis) From Mosby's Pharmacy Technician:
"Ketorolac is one of the few NSAIDs that comes in both oral and parenteral forms, making it useful for step- down therapy in pain management." Reference:
Mosby's Pharmacy Technician, Pain and Inflammation Chapter
Drug Facts and Comparisons, Ketorolac Monograph

NEW QUESTION: 35
What is the generic name for Xanax?
A. Alprazolam
B. Lorazepam
C. Clonazepam
D. Diazepam
Answer: (SHOW ANSWER)

Xanax is the brand name for alprazolam, a benzodiazepine indicated for anxiety and panic disorders. The other options are distinct benzodiazepines with their own brand associations: lorazepam (Ativan), clonazepam (Klonopin), and diazepam (Valium). Correct brand-generic matching is a core element of pharmacy technician competency.
References:* USP Dictionary of USAN and International Drug Names (brand-generic relationships)* PTCB
/ExCPT Study Guides: Top 200 drugs-brand/generic, drug classes, indications* Drug Facts and Comparisons; AHFS Drug Information (benzodiazepine class listings)

NEW QUESTION: 36
According to the FDA, a Medication Guide must be given to the patient when dispensing:
A. zafirlukast.
B. Zestril.
C. zinc.
D. Zyprexa.
Answer: (SHOW ANSWER)
TheU.S. Food and Drug Administration (FDA)requires aMedication Guide (MedGuide)to be provided when dispensing certain medications that have significant safety concerns.Zyprexa (Olanzapine), anatypical antipsychotic, requires aMedication Guidedue to serious risks such as:
* Increased mortality in elderly patients with dementia-related psychosis
* Metabolic side effects(e.g., weight gain, hyperglycemia, and dyslipidemia)
* Neuroleptic malignant syndrome (NMS)
* A. Zafirlukast# Incorrect; while used forasthma(leukotriene receptor antagonist), it doesnot require a Medication Guide.
* B. Zestril (Lisinopril)# Incorrect; anACE inhibitorfor hypertension, it doesnot require a Medication Guide.
* C. Zinc# Incorrect; adietary supplementthat does not require a Medication Guide.
Other Answer Choices Explained:References:
* FDA Medication Guide Requirements for Olanzapine (Zyprexa)
* PTCB PTCE Exam Content Outline (Medication Safety & Patient Counseling)

NEW QUESTION: 37
A prescription for an 8-year-old child with otitis media reads:
Cefdinir suspension 5 mL PO q12h x 10 days
Dispense #100 mL
Before dispensing this prescription, the pharmacy must contact the prescriber because:
A. cefdinir is not available as a suspension.
B. the concentration of cefdinir suspension is required.
C. cefdinir suspension is not indicated for otitis media.
D. cefdinir suspension was prescribed for a child old enough to swallow capsules.
Answer: (SHOW ANSWER)

Cefdinir is a third-generation cephalosporin antibiotic commonly used to treat bacterial infections, including otitis media (middle ear infection) in children. It is available in both capsule and suspension forms. However, cefdinir suspension is supplied in different concentrations, typically125 mg/5 mLand250 mg/5 mL.
The prescription provided specifies"Cefdinir suspension 5 mL PO q12h x 10 days", but it does not mention the concentration (strength) of the suspension. Without this crucial information, the pharmacy cannot accurately determine the total dosage the patient will receive. Different strengths would result in significantly different amounts of cefdinir per dose.
For example:
* If the prescriber intended125 mg/5 mL, then the patient would receive125 mg per dose (250 mg daily).
* If the prescriber intended250 mg/5 mL, then the patient would receive250 mg per dose (500 mg daily).
This discrepancy could lead tounderdosing or overdosing, making it essential for the pharmacy to contact the prescriber to confirm the correct concentration before dispensing.
* A. Cefdinir is not available as a suspension.# Incorrect. Cefdinir is available inoral suspensionform, typically in 125 mg/5 mL and 250 mg/5 mL concentrations.
* C. Cefdinir suspension is not indicated for otitis media.# Incorrect. Cefdinir is FDA-approved for the treatment of otitis media in pediatric patients.
* D. Cefdinir suspension was prescribed for a child old enough to swallow capsules.# Incorrect. While some 8-year-old children may be able to swallow capsules, many pediatric patients prefer liquid formulations, and prescribers often choose suspensions for better compliance.
* PTCB PTCE Exam Content Outline - Medication Order Entry and Fill Process(Ensuring accuracy of prescriptions, including strength and formulation).
* FDA Drug Label for Cefdinir- Indicates available strengths and dosing requirements.
* Lexicomp Drug Information for Cefdinir- Lists the recommended pediatric dosages and available suspension concentrations.
* Pharmacology Textbooks (e.g., "Mosby's Pharmacy Technician: Principles and Practice")- Reinforce the importance of verifying missing prescription details before dispensing.
Why the Other Answer Choices Are Incorrect:Pharmacy Technician References:

NEW QUESTION: 38
Which of the following statements concerning allopurinol is correct?
A. It inhibits uric acid production
B. It decreases cholesterol levels
C. It is available in 50 mg and 200 mg tablets
D. It decreases blood glucose levels
Answer: (SHOW ANSWER)
* Allopurinol is a xanthine oxidase inhibitor that reduces uric acid production, used for gout and hyperuricemia.
* It does not lower cholesterol or blood glucose.

* Common tablet strengths are 100 mg and 300 mg (not 50 mg or 200 mg), per standard drug references.
References (Pharmacy Technician documents/Study Guides):
* Pharmacology of gout therapies-xanthine oxidase inhibitors (allopurinol: mechanism and indications).
* Drug reference summaries used in technician prep: common strengths and counseling points for allopurinol.

NEW QUESTION: 39
A class III recall would be most appropriate to conduct for nystatin suspension that has been:
A. Contaminated with bacteria.
B. Found to contain carbamazepine.
C. Contaminated with fungal spores.
D. Labeled with an incorrect lot number.
Answer: (SHOW ANSWER)
FDA recall classifications are defined by the likelihood and severity of health consequences:
* Class I: Reasonable probability that use/exposure will cause serious adverse health consequences or death (e.
g., microbial contamination of a sterile product or a life-threatening wrong drug situation).
* Class II: May cause temporary or medically reversible adverse health consequences, or where the probability of serious adverse consequences is remote.
* Class III: Not likely to cause adverse health consequences; often labeling or packaging issues that do not impact safety/efficacy.
For nystatin suspension:
* Bacterial contamination (A) or fungal contamination (C) represents a clinically significant contamination with potential for harm-this aligns with Class I (or Class II in some limited contexts depending on product
/route), but certainly not Class III.
* Wrong active ingredient present (B) (e.g., presence of carbamazepine) is a serious error that can cause significant harm and is typically Class I.
* Incorrect lot number on the label (D) is a labeling defect not likely to cause adverse health consequences, aligning with a Class III recall.
References:* FDA Recall Classifications (Class I, II, III)* USP <795> (risk considerations for nonsterile products and quality defects)* PTCB/ExCPT Study Guides: Drug recall classes and examples

NEW QUESTION: 40
Which of the following isleast likelyto causesignificant patient harmif used in error?
A. Topical creams
B. Injectable insulins
C. Antineoplastic agents

D. Oral anticoagulants

Answer: (SHOW ANSWER)

Comprehensive and Detailed Step-by-Step Explanation:

Amedication erroroccurs when a patientreceives the wrong drug, dose, or administration method, which can result inadverse effects.High-risk medicationsinclude:

* Injectable insulins(risk of hypoglycemia, coma).
* Antineoplastic (chemotherapy) agents(toxic at incorrect doses).
* Oral anticoagulants (e.g., warfarin, apixaban)(can causefatal bleeding).

#Explanation of Answer Choices:#A. Topical creams#Correct.While topical medicationscan cause localized irritation or allergies, theyrarely cause systemic toxicitywhen used improperly.#B. Injectable insulins# Incorrect.Can cause life-threatening hypoglycemia.#C. Antineoplastic agents# Incorrect.High risk of toxicity and organ damage.#D. Oral anticoagulants# Incorrect.Incorrect dosing can lead to fatal bleeding.

#Reference:

* ISMP List of High-Alert Medications
* FDA Guidelines on Medication Errors
* PTCB Exam: Medication Safety & Risk Management

NEW QUESTION: 41

Adsorptionis most likely to cause a medication to:

A. Lose potency.

B. Become contaminated.

C. Require refrigeration.

D. Trigger anaphylaxis.

Answer: (SHOW ANSWER)

Comprehensive and Detailed Step-by-Step Explanation:

Adsorption occurs when a drug binds to a surface (e.g., IV tubing), reducing its potency.Some drugs, likeinsulin and nitroglycerin,canadhere to plastic tubing, reducing the active dose the patient receives.

#Explanation of Answer Choices:#A. Lose potency#Correct.Adsorptionreduces drug strength.#B. Become contaminated# Incorrect.Adsorption does not introduce contaminants.#C. Require refrigeration# Incorrect.

Refrigeration is unrelated to adsorption.#D. Trigger anaphylaxis# Incorrect.Adsorption does not cause allergic reactions.

#Reference:

* USP <797>: Sterile Compounding
* ISMP Guidelines on IV Drug Stability

NEW QUESTION: 42

iPLEDGE is a risk management program designed to help eliminate fetal exposure to:

A. Isotretinoin.

B. Warfarin.
C. Digoxin.
D. Finasteride.
Answer: (SHOW ANSWER)
iPLEDGE is a REMS (Risk Evaluation and Mitigation Strategy) program specifically designed to prevent fetal exposure to isotretinoin, a highly teratogenic retinoid. It requires prescriber, pharmacy, and patient enrollment, monthly pregnancy testing for patients who can become pregnant, and strict dispensing controls.
It is not designed for warfarin, digoxin, or finasteride.
References (Pharmacy Technician documents / Study Guides):
* REMS/iPLEDGE overview in pharm tech certification study guides-teratogenicity controls for isotretinoin.
* FDA-REMS framework content used in technician training on restricted distribution programs.

NEW QUESTION: 43
A pharmacy receives the following prescription:
Toprol XL 50 mg
1 tab PO q.a.m.
#30 × 1 refill
Generic substitution allowed
Metoprolol tartrate 50 mg tablets are dispensed with labeled directions to take one tablet by mouth every morning. This is:
A. A wrong drug error
B. An administration error
C. An incorrect time error
D. Not a medication error of any type
Answer: (SHOW ANSWER)
* Toprol XL is metoprolol succinate extended-release (ER). The dispensed product was metoprolol tartrate, which is the immediate-release (IR) salt and not therapeutically equivalent to Toprol XL for once-daily dosing.
* Substituting metoprolol tartrate (IR) for metoprolol succinate ER is an inappropriate substitution and is classified as a wrong drug / wrong dosage-form error, since the active moiety/salt-release characteristics differ and dosing frequency typically differs (IR often dosed BID).
* This is not an administration error (that involves how the patient takes the medication), nor an incorrect time error (dispensing error occurred before administration), and it is not an acceptable generic substitution.
References (Pharmacy Technician documents/Study Guides):
* Therapeutic equivalence (Orange Book) concepts-ER succinate vs IR tartrate are not AB-rated equivalents.
* Medication safety modules-definitions of wrong drug and wrong dosage-form dispensing errors.

NEW QUESTION: 44
Which of the following over-the-counter pain medications would be most appropriate for a patient with gastroesophageal reflux disease?
A. Naproxen
B. Acetaminophen
C. Ibuprofen
D. Aspirin
Answer: (SHOW ANSWER)
NSAIDs (e.g., ibuprofen, naproxen, aspirin) can irritate the gastric mucosa, increase gastric acidity, and worsen GERD symptoms or cause GI adverse effects such as dyspepsia and ulceration. Acetaminophen does not have NSAID gastric effects and is the preferred OTC analgesic/antipyretic for patients with GERD or those at risk for GI complications, when appropriate and within dosing limits.
References:* PTCB/ExCPT Study Guides: Nonprescription analgesics and GI precautions.* AHFS/Drug Facts
& Comparisons: NSAID GI risk; acetaminophen GI tolerability.* ACG/clinical practice references commonly cited in technician materials regarding GERD and analgesic selection.

NEW QUESTION: 45
What volume, in tsp, of a 20 mEq/15 mL solution would deliver a dose of 40 mEq?
A. 2
B. 6
C. 30
D. 40
Answer: (SHOW ANSWER)
To calculate:
* 20 mEq per 15 mL
* We need 40 mEq, so:
(40 mEq)÷(20 mEq)=2×15 mL=30 mL(40 \, \text{mEq}) \div (20 \, \text{mEq}) = 2 \times 15\, \text{mL} =
30\, \text{mL}(40mEq)÷(20mEq)=2×15mL=30mL
Now, convert to teaspoons:
* 1 tsp = 5 mL
* 30 mL ÷ 5 = 6 tsp
This type of dosage conversion is covered in Pharmacy Technician Certification Exam Review, under Pharmaceutical Calculations.
Reference:
Pharmacy Technician Certification Exam Review, Dosage Calculations Chapter Mosby's Pharmacy Technician: Principles and Practice, Conversion Charts Section

NEW QUESTION: 46

A prescriber orders1000 mgof a medication. If the stock bottle label stateseach tablet contains 0.1 g, how many tablets should the patient receive?

A. 1

B. 10

C. 100

D. 1000

Answer: (SHOW ANSWER)

Comprehensive and Detailed Step-by-Step Explanation:

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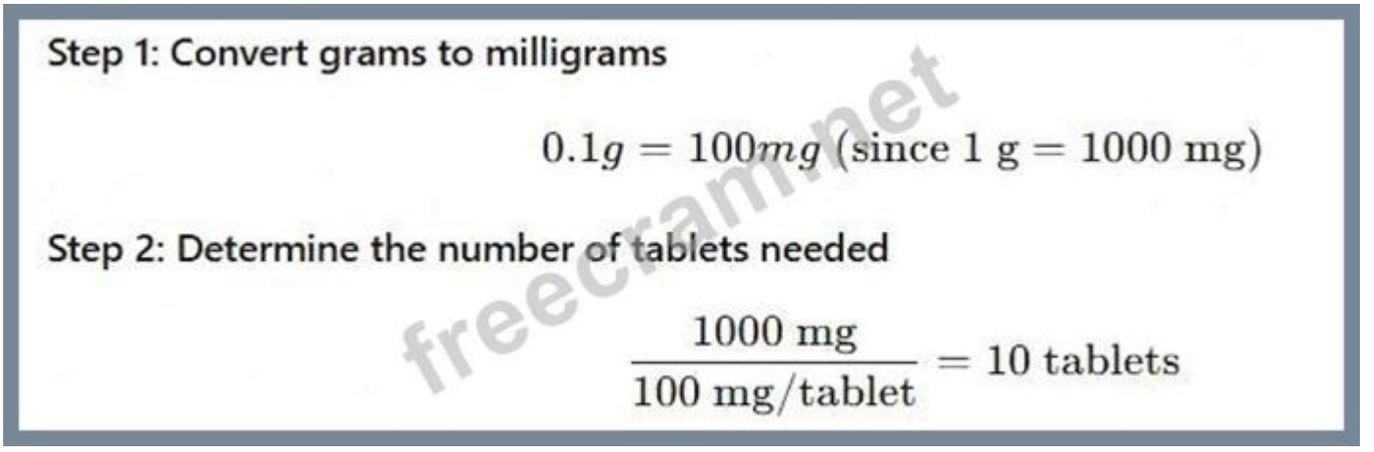


Explanation of Answer Choices:#B. 10#Correct.#A. 1# Incorrect.1 tablet contains 100 mg, not 1000 mg.#C.

100# Incorrect.Overdose.#D. 1000# Incorrect.Severe overdose.

#Reference:

* USP <795> Pharmaceutical Calculations

* PTCB Dosage Conversions

NEW QUESTION: 47

The adult dose of a medication is 10 mg/kg of body weight. What dose, in g, should be given to a patient weighing 220 lb?

A. 1

B. 10

C. 100

D. 1000

Answer: A (LEAVE A REPLY)

* Convert pounds to kilograms: 220 lb ÷ 2.2 = 100 kg.
* Calculate dose: 10 mg/kg × 100 kg = 1000 mg.
* Convert mg to g: 1000 mg = 1 g.

Therefore, the correct dose is 1 g.

References (Pharmacy Technician documents / Study Guides):

* PTCB/ExCPT math sections-weight-based dosing, unit conversions (lb#kg; mg#g), ratio-proportion
/dimensional analysis methods.
* Pharmacy calculations texts-standard conversion 1 kg = 2.2 lb, 1000 mg = 1 g.

NEW QUESTION: 48

According to the Drug Supply Chain Security Act (DSCSA), the most appropriate next step to take when a shipment of liraglutide is suspected to be illegitimate is to immediately:

A. Return it to the original source

B. Return it to the previous supplier

C. Dispose of it at the pharmacy

D. Quarantine it at the pharmacy

Answer: (SHOW ANSWER)

* The DSCSA requires trading partners, including pharmacies, to immediately quarantine product that is suspect or potentially illegitimate, segregating it from saleable inventory while an investigation is conducted.
* If the product is determined illegitimate, the pharmacy must notify appropriate parties (including the FDA and trading partners) and dispose per policy. Immediate return or disposal before quarantine and investigation is not compliant with DSCSA procedures.

References (Pharmacy Technician documents/Study Guides):

* DSCSA compliance training: steps for suspect/illegitimate product-quarantine, investigate, notify, and disposition.
* Pharmacy operations and regulatory modules on supply chain security and product verification.

NEW QUESTION: 49

According to USP, the unexpected formation of a precipitate in a nonsterile compound may be evidence of a (n):

A. Therapeutic failure

B. Chemical reaction

C. Adverse drug event

D. Drug-drug contraindication

Answer: B (LEAVE A REPLY)

* According to United States Pharmacopeia (USP) <795> Pharmaceutical Compounding - Nonsterile Preparations, an unexpected physical change in a compounded preparation - such as

the formation of a precipitate, change in color, separation of phases, or gas formation - is indicative of a chemical incompatibility or reaction occurring within the compound.
* These changes typically reflect chemical degradation or an interaction between ingredients, meaning that one or more components have undergone a chemical reaction altering the stability, potency, or safety of the compounded product.
* USP <795> instructs that when such evidence is observed, the compound should be discarded and the compounding process reviewed to identify the cause, as this indicates a loss of chemical stability and potential compromise in medication quality.
* This is distinct from:
* Therapeutic failure (Option A): Occurs when a medication does not achieve its intended clinical effect, not necessarily tied to visible physical changes.
* Adverse drug event (Option C): Refers to harm experienced by a patient due to drug exposure - not the visual instability of the compound itself.
* Drug-drug contraindication (Option D): Describes a situation where two drugs should not be used together clinically, not a physical change within a compound.
Therefore, Option B - Chemical reaction is the correct answer, as the unexpected formation of a precipitate in a compounded nonsterile preparation indicates a chemical incompatibility or reaction that has altered the formulation.
References (Pharmacy Technician Documents / Study Guides):
* USP <795> Pharmaceutical Compounding - Nonsterile Preparations: Sections on stability, physical and chemical incompatibilities, and beyond-use dating.
* USP <1191> Stability Considerations in Dispensing Practice - discussion on recognizing physical and chemical instability (precipitation, color changes, gas evolution).
* PTCB/ExCPT-aligned Pharmacy Technician Certification Study Guides: "Pharmaceutical Compounding" and "Product Stability and Incompatibility" topics.
* ASHP Guidelines on Compounding Sterile and Nonsterile Preparations - sections covering detection and prevention of incompatibilities.

NEW QUESTION: 50

A patient calls to request a refill for the following prescription:
Amlodipine 10 mg tablets
Take one-half tablet by mouth twice a day
#30

The medication fill records show that the prescription was filled 16 days ago, but the patient says that they just took the last tablet. It appears that the patient was incorrectly taking:

A. 5 mg by mouth once daily.
B. 5 mg by mouth twice a day.
C. 10 mg by mouth once daily.
D. 10 mg by mouth twice a day.
Answer: D (LEAVE A REPLY)

The prescribed directions are ½ tablet twice daily of 10 mg tablets, which equals 5 mg twice daily and uses 1 tablet per day. A quantity of #30 should last 30 days. If the patient ran out in 16 days, they used about 2 tablets
/day, consistent with taking 10 mg twice daily (i.e., a full tablet BID), which is Option D.
References (Pharmacy Technician documents / Study Guides):
* PTCB/ExCPT Math & Dosing sections: Interpreting SIGs, calculating day's supply from directions and quantity.
* Community Pharmacy Workflow texts: Refill-too-soon troubleshooting and adherence/error assessment.

NEW QUESTION: 51
According to United States Pharmacopeia (USP) standards, a drug with an expiration date of 3/2025 should only be used by the patient through:
A. February 28, 2025
B. March 1, 2025
C. March 31, 2025
D. March 1, 2026
Answer: (SHOW ANSWER)
PerUSP standards, a drug with an expiration date ofMarch 2025is consideredvalid until the last day of the month, which isMarch 31, 2025. This applies unless otherwise specified by the manufacturer.
* If a drug is labeledMM/YYYY, itremains valid until the last day of that month.
* If a drug is labeled with aspecific day (MM/DD/YYYY), itexpires at the end of that day.
* A. February 28, 2025# Incorrect; the expiration is at the end ofMarch, not February.
* B. March 1, 2025# Incorrect; the drug is stillusable until March 31.
* D. March 1, 2026# Incorrect; the drugexpires in March 2025, not 2026.
Expiration Date Rules:Other Answer Choices Explained:References:
* USP <797> Pharmaceutical Compounding - Expiration and Beyond-Use Dating (BUD) Guidelines
* FDA Drug Expiration Date Regulations
* PTCB PTCE Exam Content Outline (Pharmaceutical Storage & Stability)

NEW QUESTION: 52
The frequency with which pharmacy staff checks for expired products is typically dictated by:
A. each individual practice site.
B. the Food and Drug Administration (FDA).
C. the Drug Enforcement Administration (DEA).
D. prime vendor agreements.
Answer: (SHOW ANSWER)
While regulations and accreditation standards require pharmacies to remove and quarantine expired medications and maintain systems ensuring medication integrity, the specific frequency of

routine outdate checks (e.g., monthly, quarterly) is typically established in the site's policies and procedures (SOPs) by each practice setting. Neither the FDA nor the DEA prescribes a universal frequency for outdate audits; vendors likewise do not dictate internal pharmacy checking schedules.
References: Pharmacy operations and quality assurance sections from Pharmacy Technician study guides; accreditation expectations for medication storage and control (site policy-driven procedures).

NEW QUESTION: 53
A prescription foracetaminophen 325 mg tabletswas inadvertently filled withacetaminophen 500 mg tablets, but the verifying pharmacist caught and corrected the mistake before dispensing. It would be most appropriate to report this situation as a(n):
A. Near miss.
B. Adverse drug reaction.
C. Drug allergy.
D. Sentinel event.
Answer: (SHOW ANSWER)
Comprehensive and Detailed Step-by-Step Explanation:
Anear miss(also called aclose call) occurs whenan error is detected and corrected before it reaches the patient.
Since the incorrect strength was caught before dispensing, this is classified as a near miss.
#Explanation of Answer Choices:#A. Near miss#Correct.The error wasidentified before reaching the patient, preventing harm.#B. Adverse drug reaction# Incorrect.An ADR occurs when a patient experiences an unintended effect from a properly administered drug.#C. Drug allergy# Incorrect.An allergic reaction involves the immune system (e.g., rash, anaphylaxis), not a dispensing mistake.#D. Sentinel event# Incorrect.Sentinel events involve severe patient harm or death (e.g., wrong drug leading to death).
#Reference:
* ISMP Guidelines on Error Reporting
* PTCB Exam: Medication Safety & Risk Management

NEW QUESTION: 54
Bottles of hydralazine and hydroxyzine are located next to each other on the same shelf in the pharmacy.
Before counting the medication, a helpful patient safety procedure would be to verify the:
A. Dosage strength
B. Color of the tablet
C. NDC number
D. Lot number
Answer: (SHOW ANSWER)

Look-alike/sound-alike (LASA) drug name pairs (e.g., hydralazine vs hydroxyzine) are a well-recognized cause of wrong-drug errors. ISMP and technician training resources emphasize verifying the National Drug Code (NDC) and/or barcode scanning against the prescription to ensure the correct drug, strength, and manufacturer are selected before counting. The NDC uniquely identifies the labeler, product, and package; thus, verifying the NDC is a stronger safety check than relying on tablet color (which can vary) or lot number (used for traceability/recalls, not drug selection). Strength verification is important, but first you must ensure the correct drug; NDC verification accomplishes both drug and strength confirmation.
References (Pharmacy Technician documents / Study Guides):
* ISMP community pharmacy medication safety guidance on LASA verification and barcode/NDC checks.
* PTCB/ExCPT Medication Safety sections: LASA risk-reduction strategies; NDC use in product selection.
* FDA/Drug listing education: NDC identifies labeler-product-package; used to ensure correct product selection.

NEW QUESTION: 55
What is the first thing a pharmacy technician should do when a body area is exposed to a hazardous substance?
A. Notify the pharmacy manager
B. Thoroughly flush with water
C. Call environmental services for help with cleanup
D. Go to the emergency department
Answer: (SHOW ANSWER)
When abody area is exposed to a hazardous substance, thefirst actionshould be tothoroughly flush the area with watertoimmediately remove the contaminantand reduce absorption into the skin.
* Flush the affected area with water for at least 15 minutes.
* Remove contaminated clothing.
* Seek medical attention if needed.
* Report the incident to the pharmacy manager.
* A. Notify the pharmacy manager# Incorrect;the immediate priorityis to flush the area.Reporting comes after decontamination.
* C. Call environmental services for cleanup# Incorrect; personal exposure should be addressed before worrying about cleanup.
* D. Go to the emergency department# Incorrect; first aid (flushing with water) should beperformed immediatelybefore seeking additional care if necessary.
Proper Emergency Response:Other Answer Choices Explained:References:
* USP <800> Guidelines for Handling Hazardous Drugs
* OSHA (Occupational Safety and Health Administration) Hazardous Substance Exposure Protocols

* PTCB PTCE Exam Content Outline (Medication Safety & Hazardous Drug Handling)

NEW QUESTION: 56
A patient who received a kidney transplant should be closely monitored when taking which of the following medications?
A. Acetaminophen
B. Cyclosporine
C. Prednisone
D. Doxycycline
Answer: (SHOW ANSWER)
Cyclosporine is a cornerstone immunosuppressant for transplant recipients and is a narrow therapeutic index medication requiring close monitoring of drug levels and renal function due to risks such as nephrotoxicity, hypertension, and extensive drug-drug interactions (CYP3A4 substrate). While prednisone is commonly used post-transplant, it does not require serum level monitoring like cyclosporine. Acetaminophen and doxycycline do not have the same transplant-specific monitoring needs.
References: Transplant pharmacotherapy sections in Pharmacy Technician study guides; narrow therapeutic index and therapeutic drug monitoring principles for calcineurin inhibitors (cyclosporine).

NEW QUESTION: 57
According to federal law, pharmacies must use controlled substance ordering to receive stock bottles of which of the following medications?
A. Buspirone
B. Nortriptyline
C. Methadone
D. Sildenafil
Answer: (SHOW ANSWER)
* Methadone is a Schedule II controlled substanceunder theControlled Substances Act (CSA).
* Pharmacies must useDEA Form 222orCSOS (Controlled Substance Ordering System)to orderSchedule II drugs.
Why Other Options Are Incorrect:
* A. Buspirone?#NOT a controlled substance(used for anxiety).
* B. Nortriptyline?#NOT a controlled substance(an antidepressant).
* D. Sildenafil (Viagra)?#NOT a controlled substance(used for erectile dysfunction).
#Reference:DEA Controlled Substance Ordering Requirements (21 CFR 1305).

NEW QUESTION: 58
According to the Centers for Disease Control and Prevention (CDC), handwashing helps prevent illness because:
A. pathogens are often transferred through touch.

B. viruses accumulate on hands in lesser concentrations.
C. microorganisms on hands weaken the immune system.
D. antibiotic-resistant bacteria can only be removed by hand sanitizer.
Answer: (SHOW ANSWER)
The CDC emphasizes that handwashing prevents illness primarily because germs (pathogens) are commonly spread when people touch contaminated surfaces, objects, or other people and then touch their eyes, nose, or mouth. Proper handwashing removes these pathogens and interrupts this transmission route. The other options are incorrect: (B) is not a reason recognized by CDC; (C) misstates the mechanism (pathogens on hands don't
"weaken the immune system" directly-transmission to entry sites causes infection); and (D) is false-soap and water are often preferred, and alcohol-based sanitizer does not work against all organisms (e.g., spores like C. difficile and some viruses), whereas handwashing does.
References (Pharmacy Technician documents/Study Guides):
* CDC Hand Hygiene guidance for the public and healthcare settings highlighting touch as a primary transmission pathway and the effectiveness of handwashing.
* PTCB/ExCPT study materials on infection control and hand hygiene principles in pharmacy practice.
* USP <795>/<797> introductory hygiene expectations reinforcing handwashing to reduce contamination risk.

NEW QUESTION: 59
Multiple-dose vials contain preservatives that inhibit:
A. stability and compatibility.
B. sorption and leaching.
C. microbial growth.
D. synergistic reactions.
Answer: (SHOW ANSWER)
Multiple-dose vials (MDVs)containpreservativesto inhibit microbial growth. These vials are designed for multiple withdrawalsover time, increasing the risk of contamination. Preservatives, such asbenzyl alcohol or phenol, help prevent bacterial or fungal contamination after repeated needle insertions.
* A. stability and compatibility# Incorrect. Preservatives do not inhibit drug stability; they prevent microbial contamination.
* B. sorption and leaching# Incorrect. Sorption (adsorption/absorption of drugs onto container surfaces) and leaching (release of chemicals from containers) are unrelated to preservatives.
* D. synergistic reactions# Incorrect. Synergistic reactions refer to drug interactions, not contamination prevention.
Incorrect Answer Choices:Pharmacy Technician References:
* PTCB PTCE Exam Content Outline (Sterile and Non-Sterile Compounding)
* USP <797> Guidelines for Sterile Compounding
* American Society of Health-System Pharmacists (ASHP) Guidelines on Multiple-Dose Vials

* Mosby's Pharmacy Technician Exam Review

NEW QUESTION: 60

Which of the following products should bestored in a pharmacy refrigerator long-term?

A. Filgrastim injection

B. Ofloxacin solution

C. Famciclovir tablets

D. Dorzolamide solution

Answer: A (LEAVE A REPLY)

* Filgrastim (Neupogen) injection is a refrigerated biologicthat must be storedbetween 2°C and 8°C (36° F-46°F).

* Other optionscan be stored at room temperature.

#Reference:USP Refrigeration Guidelines, Manufacturer Storage Instructions.

NEW QUESTION: 61

When dispensing cefdinir, the pharmacist should ascertain whether the patient is allergic to penicillin because:

A. A penicillin allergy is a specific contraindication for this drug.

B. Patients allergic to penicillin may also be allergic to fluoroquinolones.

C. Patients allergic to penicillin may also be allergic to cephalosporins.

D. A penicillin allergy indicates a high sensitivity to antibiotics.

Answer: (SHOW ANSWER)

Cefdinir is a cephalosporin (#-lactam) antibiotic. Patients with a penicillin allergy can have cross-reactivity with cephalosporins due to similar #-lactam structures, although the risk is lower with later generations like cefdinir. Because of this known potential cross-sensitivity, it is standard practice to assess for penicillin allergy when dispensing cephalosporins. Option A is incorrect because penicillin allergy is not an absolute, specific contraindication to cefdinir in all cases; risks must be assessed. Option B is incorrect (fluoroquinolones are unrelated class). Option D is overly general and not a standard rationale.

References (Pharmacy Technician documents/Study Guides):

* PTCB/ExCPT study materials on antibiotic classes and allergy cross-reactivity (#-lactams: penicillins and cephalosporins).

* ISMP medication safety guidance on allergy screening and #-lactam cross-sensitivity.

* Community pharmacy counseling references on assessing penicillin allergies before dispensing cephalosporins.

NEW QUESTION: 62
A pharmacy is notified that an oral solution has been recalled due to temperature excursions during transport.
The first step pharmacy staff should take is to:
A. remove any affected product from dispensing stock.
B. contact patients who received a therapeutically equivalent product.
C. switch patients from the oral solution to oral capsules.
D. contact all prescribers who recently prescribed the product.
Answer: (SHOW ANSWER)
When adrug recalloccurs due totemperature excursions(exposure to temperatures outside the manufacturer' s recommended range during transport or storage), the pharmacy mustimmediately remove all affected productfrom its inventory to prevent dispensing compromised medication.
* Remove the Affected Product:Quarantine the recalled drug to ensure it is not dispensed.
* Verify the Recall Details:Confirm the lot number, expiration date, and reason for the recall using FDA or manufacturer recall notices.
* Document the Recall Action:Log details in the pharmacy's recall records for compliance.
* Follow Manufacturer or FDA Instructions:Some recalls require returning the product, while others require disposal according to hazardous waste guidelines.
* Notify Patients and Providers (If Necessary):If the medication has already been dispensed, further action may be needed depending on recall severity.
* B. Contact patients who received a therapeutically equivalent product.# Incorrect. The recall applies to thespecificaffected lot, not all similar medications. Pharmacists would first verify which patients received the recalled drugbefore contacting them.
* C. Switch patients from the oral solution to oral capsules.# Incorrect. The recall does not automatically require a formulation change. The pharmacy must verify availability of unaffected stock or alternative treatments before making substitutions.
* D. Contact all prescribers who recently prescribed the product.# Incorrect. While prescribersmay need notification if the recall affects patient treatment, thefirst stepis ensuring the recalled product is removed from stock to prevent further dispensing.
* PTCB PTCE Exam Content Outline - Medication Safety and Recall Procedures.
* FDA Drug Recall Guidelines (www.fda.gov).
* USP <1079> Good Storage and Distribution Practices for Pharmaceuticals.
* National Association of Boards of Pharmacy (NABP) Recall Compliance Standards.
* Manufacturer Recall Notices (Example: Pfizer, Eli Lilly, etc.).
* Mosby's Pharmacy Technician: Principles and Practice - Recall Classifications and Actions.
Steps to Follow in a Drug Recall:Why the Other Answer Choices Are Incorrect:Pharmacy Technician References:

NEW QUESTION: 63
According to theDrug Enforcement Administration (DEA), prescriptions forcontrolled substancesmust include the:
A. Patient's diagnosis
B. Date of issue
C. Refill date
D. Medication's Schedule
Answer: B (LEAVE A REPLY)
* DEA requires allcontrolled substance prescriptionsto include thedate of issueas per21 CFR 1306.05(a).
* Other required elements:
* Patient's full name and address
* Drug name, strength, dosage form, quantity
* Directions for use
* Prescriber's name, address,DEA number, and signature
#Reference:DEA Controlled Substance Act;21 CFR 1306.05.

NEW QUESTION: 64
The pharmacy must have the results of a currentANC (Absolute Neutrophil Count) and WBC (White Blood Cell) blood testprior to dispensing which medication?
A. Aripiprazole
B. Fluoxetine
C. Amitriptyline
D. Clozapine
Answer: D (LEAVE A REPLY)
Comprehensive and Detailed Step-by-Step Explanation:
Clozapine (Clozaril)is anatypical antipsychoticused to treatschizophrenia. However, it has a severe side effect calledagranulocytosis, which causesa dangerous drop in white blood cells (WBCs) and neutrophils (ANCs), increasing the risk of infections.
#Explanation of Answer Choices:#D. Clozapine#Correct.Patients must be enrolled in theClozapine REMS program, and pharmacies must verifyANC and WBC resultsbefore dispensing.#A. Aripiprazole# Incorrect.
Aripiprazole (Abilify) does not require ANC monitoring.#B. Fluoxetine# Incorrect.Fluoxetine (Prozac) is an SSRI and does not require blood monitoring.#C. Amitriptyline# Incorrect.Amitriptyline is a tricyclic antidepressant and does not require ANC monitoring.
#Reference:
* FDA Clozapine REMS Program
* PTCB Exam: Medication Safety & Risk Evaluation

NEW QUESTION: 65

A pharmacy technician should notify a pharmacist when a refill of sertraline is requested if the patient:

A. presents new insurance coverage.

B. requests the refill two days early.

C. reports suicidal ideation.

D. reports improved interest and motivation.

Answer: (SHOW ANSWER)

Sertraline (Zoloft)is anSSRI antidepressantused formajor depressive disorder (MDD), anxiety, and other mood disorders.Suicidal ideation(thoughts of self-harm) is aserious and potentially life-threatening side effect, especially inyoung adults. A pharmacy technicianmust notify the pharmacist immediatelyif a patient reportssuicidal thoughts, as this may require immediate medical intervention.

* A. Presents new insurance coverage# Incorrect; this is an administrative issue, not a clinical concern.
* B. Requests the refill two days early# Incorrect; a slight early refill request does not indicate a safety concern.
* D. Reports improved interest and motivation# Incorrect; this is apositive treatment response, not an urgent issue.

Other Answer Choices Explained:References:

* FDA Black Box Warning for SSRIs - Suicide Risk in Young Adults
* PTCB PTCE Exam Content Outline (Medication Safety & Patient Communication)
* Lexicomp Drug Monograph for Sertraline (Zoloft)

NEW QUESTION: 66

According tofederal law, a prescription for which of the following medicationsmay be transferredto another pharmacy to be refilled?

A. Alprazolam

B. Methylphenidate

C. Fentanyl

D. Hydromorphone

Answer: (SHOW ANSWER)

Comprehensive and Detailed Step-by-Step Explanation:

Underfederal law (21 CFR §1306.25),Schedule III-V controlled substances (e.g., Alprazolam)can be transferred ONCEfor refill purposes between licensed pharmacieswith a shared database.Schedule II drugs (e.
g., Methylphenidate, Fentanyl, Hydromorphone) CANNOT be transferred.

#Explanation of Answer Choices:#A. Alprazolam (C-IV)#Correct.Schedule III-V drugs can be transferred ONCEfor refill purposes.#B. Methylphenidate (C-II)# Incorrect.Schedule II drugs cannot be transferred.#C.
Fentanyl (C-II)# Incorrect.C-II drugs are non-transferablebetween pharmacies.#D.
Hydromorphone (C-II)# Incorrect.C-II drugs cannot be transferred.

#Reference:
* DEA Controlled Substance Act (CSA)
* 21 CFR §1306.25 - Prescription Transfers

NEW QUESTION: 67
According to the Institute for Safe Medication Practices (ISMP), which of the following is a high-alert medication in an acute care setting?
A. Normal saline solution
B. Transdermal lidocaine
C. Dextrose 5% solution
D. Insulin U-500
Answer: (SHOW ANSWER)
TheInstitute for Safe Medication Practices (ISMP)classifiesInsulin U-500as ahigh-alert medication in acute care settingsbecause it isfive times more concentratedthan standardU-100 insulin. Errors in dosing or administration can result insevere hypoglycemiaorhyperglycemia, leading to life-threatening consequences.
* A. Normal saline solution# Incorrect;0.9% sodium chloride (NS)isnot a high-alert medication, as it is a commonly used IV fluid with a wide safety margin.
* B. Transdermal lidocaine# Incorrect; although lidocaine is alocal anesthetic, its transdermal form isnot considered high-alert.
* C. Dextrose 5% solution (D5W)# Incorrect; while used inIV therapy,D5Wisnot classified as high-alertin acute care settings.
Other Answer Choices Explained:References:
* ISMP List of High-Alert Medications in Acute Care Settings (2023 Update)
* PTCB PTCE Exam Content Outline (Medication Safety & High-Alert Medications)
* USP <800> Handling of High-Alert Medications

NEW QUESTION: 68
A patient picking up a prescription for lisinopril should be directed to the pharmacist if they:
A. complain of a dry, hacking cough.
B. purchase fexofenadine for seasonal allergies.
C. mention that they have lowered their cholesterol.
D. report that their blood pressure has been normal lately.
Answer: (SHOW ANSWER)
Lisinopril is anangiotensin-converting enzyme (ACE) inhibitor, commonly used forhypertension (high blood pressure)andheart failure. A well-known side effect of ACE inhibitors is apersistent dry, hacking cough.
* The cough is caused bybradykinin accumulation, which occurs due to ACE inhibition.
* This coughdoes not respond to cough suppressantsand can be bothersome for patients.
* If the cough is severe, thepharmacist may recommend switching to an angiotensin II receptor blocker (ARB) such as losartan, which does not cause this side effect.

* B. Purchase fexofenadine for seasonal allergies## No significant interaction between lisinopril and fexofenadine.
* C. Mention that they have lowered their cholesterol## Cholesterol levels do not affect lisinopril's mechanism of action.
* D. Report that their blood pressure has been normal lately## This is expected with effective treatment and does not require pharmacist intervention unless the patient wants to discontinue the medication.
* PTCB PTCE Exam Content Outline- Covers drug interactions, side effects, and patient counseling.
* American Heart Association (AHA) Guidelines- Lists ACE inhibitor side effects, including dry cough.
* FDA Lisinopril Medication Guide- Mentions dry cough as a common adverse effect requiring pharmacist consultation.
Why is the Cough Significant?Why Not the Other Options?Key References:

NEW QUESTION: 69
According to federal law, a prescription for a Schedule IV controlled substance may be refilled a maximum of:
A. 2 times in 3 months.
B. 3 times in 4 months.
C. 4 times in 6 months.
D. 5 times in 6 months.
Answer: (SHOW ANSWER)
According tofederal law(Controlled Substances Act, CSA) andDrug Enforcement Administration (DEA) regulations, a prescription for aSchedule III or IV controlled substancemay be refilleda maximum of five (5) times within six (6) monthsfrom the date the prescription was written.
* Refill Limit:A Schedule IV prescription may be refilled up to five (5) times within six (6) monthsfrom the issue date, if authorized by the prescriber.
* Expiration:The prescription expiressix (6) monthsafter the date it was written.
* Recordkeeping:The pharmacy must maintain accurate refill records either electronically or manually.
* Additional Refills Beyond 5:If the patient needs refills after the 5-refill limit, anew prescriptionmust be issued by the prescriber.
* Partial Fills:Partial dispensing is allowed, but the total quantity dispensed cannot exceed the originally prescribed amount.
* A. 2 times in 3 months.# Incorrect. Federal law allows more than 2 refills for Schedule IV drugs.
* B. 3 times in 4 months.# Incorrect. This underestimates the legal refill limit.
* C. 4 times in 6 months.# Incorrect. Schedule IV drugs may be refilledup to 5 times, not just 4, within 6 months.
* DEA Pharmacist's Manual - Controlled Substances Act (21 CFR 1306.22).
* PTCB PTCE Exam Content Outline - Federal Pharmacy Law and Controlled Substances.

* FDA and DEA Guidelines on Schedule III-V Prescription Refills.
* Mosby's Pharmacy Technician: Principles and Practice - Controlled Substances Regulations.
Key DEA Rules for Schedule III and IV Prescriptions:Why the Other Answer Choices Are Incorrect:
Pharmacy Technician References:

NEW QUESTION: 70

Which of the following medications is an anticonvulsant used in the prophylaxis and control of various types of seizures?

A. Clonidine
B. Atomoxetine
C. Guanfacine
D. Phenytoin
Answer: (SHOW ANSWER)
* Phenytoin (Dilantin)is ananticonvulsantthatstabilizes neuronal membranesbyblocking sodium channels, reducing seizure activity.
* Used forepilepsy, tonic-clonic seizures, and status epilepticus.
Why Other Options Are Incorrect:
* A. Clonidine?#Used forhypertension and ADHD, NOT seizures.
* B. Atomoxetine?#Used forADHD, NOT seizures.
* C. Guanfacine?#Used forhypertension and ADHD, NOT seizures.
#Reference:FDA Drug Label for Phenytoin, Epilepsy Foundation Guidelines.

NEW QUESTION: 71
If a prescription for amoxicillin 150 mg PO q8h for 10 days is filled with a 250 mg/5 mL suspension, how many mL would the patient take per dose?
A. 3
B. 4
C. 5
D. 6
Answer: (SHOW ANSWER)
To determine the correct volume of amoxicillin suspension per dose, use the given concentration and dose.
* Prescription dose:150 mg per dose
* Suspension concentration:250 mg per 5 mL
* Formula to calculate volume needed:Volume (mL)=Prescribed dose (mg)Concentration (mg/mL)\text
{Volume (mL)} = \frac{\text{Prescribed dose (mg)}}{\text{Concentration (mg/mL)}}Volume (mL) =Concentration (mg/mL)Prescribed dose (mg)
Step 1: Identify Given InformationStep 2: Calculate150 mg250 mg/5 mL=150×5250=750250=3 mL\frac{150

\text{ mg}}{250 \text{ mg/5 mL}} = \frac{150 \times 5}{250} = \frac{750}{250} = 3 \text{ mL}250 mg /5 mL150 mg=250150×5=250750=3 mL
Thus, the patient should take3 mL per dose.
* B. 4 mL# Incorrect; this would correspond to a different strength.
* C. 5 mL# Incorrect; this would deliver250 mg, which is incorrect.
* D. 6 mL# Incorrect; this would deliver300 mg, exceeding the prescribed dose.
Other Answer Choices Explained:References:
* PTCB PTCE Exam Content Outline (Pharmaceutical Calculations - Dosage & Volume Calculations)
* USP <795> Guidelines for Nonsterile Compounding & Drug Dilution
* Lexicomp Drug Monograph for Amoxicillin Suspension

NEW QUESTION: 72
Which of the following word roots is paired correctly with its meaning?
A. Bucc/o - joint
B. Arteri/o - watery
C. Encephal/o - intestines
D. Adip/o - fat
Answer: (SHOW ANSWER)
* Adip/o = fat (correct pairing).
* Bucc/o = cheek (not joint).
* Arteri/o = artery (not watery).
* Encephal/o = brain (not intestines).
These are standard medical terminology word roots required knowledge for pharmacy technicians.
References (Pharmacy Technician Documents/Study Guides):
* Medical terminology for pharmacy technicians-common roots, prefixes, suffixes (e.g., adip/o, bucc/o, arteri
/o, encephal/o).

NEW QUESTION: 73
Pristiq has the same mechanism of action as:
A. valacyclovir
B. varenicline
C. venlafaxine
D. verapamil
Answer: (SHOW ANSWER)
Pristiq (desvenlafaxine)andVenlafaxine (Effexor)belong to the same class ofserotonin-norepinephrine reuptake inhibitors (SNRIs). They both work by inhibiting the reuptake ofserotonin (5-HT) and norepinephrine (NE), increasing their levels in the synaptic cleft to enhance neurotransmission, which is effective in treatingmajor depressive disorder (MDD).

* A. Valacyclovir# Incorrect; valacyclovir is anantiviralused to treatherpes simplex and varicella-zoster infections.It inhibits viral DNA replication, not neurotransmitter reuptake.
* B. Varenicline# Incorrect; varenicline (Chantix) is apartial nicotinic receptor agonistused forsmoking cessation, not an SNRI.
* D. Verapamil# Incorrect; verapamil is acalcium channel blocker (CCB)used forhypertension and arrhythmias, which has no relation to antidepressant mechanisms.
Other Answer Choices Explained:References:
* PTCB PTCE Exam Content Outline (Pharmacology for Technicians - Nervous System Drugs)
* Lexicomp Drug Monographs for Desvenlafaxine and Venlafaxine
* Goodman & Gilman's The Pharmacological Basis of Therapeutics

NEW QUESTION: 74
Naproxenis indicated to treat:
A. Inflammation and pain
B. Diabetes
C. Heart arrhythmias
D. High blood pressure
Answer: (SHOW ANSWER)
* Naproxen (Aleve, Naprosyn) is a nonsteroidal anti-inflammatory drug (NSAID) used for pain and inflammation.
#Reference:FDA NSAID Safety Guidelines.

NEW QUESTION: 75
Due to a drug-drug interaction, patients taking tetracycline should avoid simultaneous use of:
A. antacids that contain calcium.
B. decongestants that contain pseudoephedrine.
C. antitussives that contain dextromethorphan.
D. analgesics that contain acetaminophen.
Answer: (SHOW ANSWER)
Tetracyclines, includingdoxycycline and minocycline, are broad-spectrum antibiotics used to treat bacterial infections. They have amajor drug-drug interaction with calcium-containing antacidsand other minerals.
* Chelation Effect:Calcium binds to tetracycline, forminginsoluble complexesthat prevent the antibiotic from being absorbed in thegastrointestinal (GI) tract.
* Reduced Efficacy:Because the drug cannot be absorbed, the antibiotic's effectiveness is significantly reduced.
* Similar Interactions:Magnesium, iron, and aluminum (found in many antacids, dairy products, and multivitamins) also reduce tetracycline absorption.
* Take on an Empty Stomach(1 hour before or 2 hours after meals).
* Avoid Dairy, Antacids, and Multivitaminsfor at least2 hours before and aftertaking tetracycline.
* Drink with a Full Glass of Waterto prevent esophageal irritation.

* B. Decongestants that contain pseudoephedrine.# Incorrect. Pseudoephedrine does not interact with tetracycline.
* C. Antitussives that contain dextromethorphan.# Incorrect. Dextromethorphan does not affect tetracycline absorption.
* D. Analgesics that contain acetaminophen.# Incorrect. Acetaminophen does not bind to tetracycline or impact its absorption.
* Lexicomp Drug Interaction Database - Tetracycline and Calcium Interactions.
* FDA Drug Label for Tetracycline - Absorption and Drug Interaction Warnings.
* Mosby's Pharmacy Technician: Principles and Practice - Tetracycline Pharmacology.
* PTCB PTCE Exam Content Outline - Drug Interactions and Contraindications.
Why Should Tetracycline Not Be Taken with Calcium-Containing Antacids?Patient Counseling for Tetracycline Use:Why the Other Answer Choices Are Incorrect:Pharmacy Technician References:

NEW QUESTION: 76
Patients takingbudesonide oral capsules or tabletsshould avoid ingesting:
A. Grapefruit juice
B. Dairy products
C. Leafy greens
D. Aged cheese
Answer: (SHOW ANSWER)
* Grapefruit juice inhibits CYP3A4 enzymes, increasingbudesonide levels inthe blood, leading tohigher risk of side effects (immune suppression, adrenal insufficiency).
* Budesonide is a corticosteroid used for Crohn's disease and asthma.
Why Other Options Are Incorrect:
* B. Dairy products?#No significant interaction.
* C. Leafy greens?#Affectswarfarin (not budesonide).
* D. Aged cheese?#Interacts withMAO inhibitors, not budesonide.
#Reference:FDA Drug-Food Interaction Guide, PTCB Medication Safety Guidelines.

NEW QUESTION: 77
Themost effectiveway toprevent the spread of infectionwithin a pharmacy is to:
A. Wear powdered latex gloves.

B. Clean counting trays after use.
C. Put on shoe covers.
D. Wash hands for 30 seconds.
Answer: (SHOW ANSWER)
Comprehensive and Detailed Step-by-Step Explanation:
Hand hygiene is the single most effective way to prevent infection.Washing hands withsoap and water for at least 30 secondsremoves bacteria, viruses, and contaminants.
#Explanation of Answer Choices:#D. Wash hands for 30 seconds#Correct.Best method toreduce the spread of infection.#A. Wear powdered latex gloves# Incorrect.Powdered gloves can increase contamination risk.#B.
Clean counting trays after use# Incorrect.Important, but handwashing is more effective.#C. Put on shoe covers# Incorrect.Useful in sterile environments, but not as effective as handwashing.
#Reference:
* CDC Hand Hygiene Guidelines
* USP <797>: Infection Control in Pharmacies

NEW QUESTION: 78
Oxcarbazepine is a(n):
A. bronchodilator
B. antiepileptic
C. vasodilator
D. decongestant
Answer: (SHOW ANSWER)
Oxcarbazepine (Trileptal) is classified as an antiepileptic drug (AED) or anticonvulsant, used to treat partial seizures in adults and children. It works by stabilizing neuronal membranes and inhibiting repetitive firing of action potentials.
From Pharmacy Technician Certification Exam Review:
"Oxcarbazepine is used to treat seizure disorders and is part of the antiepileptic class, working similarly to carbamazepine." Other options are incorrect drug classes:
* Bronchodilator - used in asthma (e.g., albuterol)
* Vasodilator - used in angina or hypertension
* Decongestant - treats nasal congestion (e.g., pseudoephedrine)
Reference:
Mosby's Pharmacy Technician - Neurologic Disorders Chapter
FDA Drug Classification Index - Oxcarbazepine

NEW QUESTION: 79
Which of the following is a method that can reduce the likelihood ofdispensing an expired medication?
A. Verifying each lot number.
B. Using the newest medications first.

C. Rotating stock on a regular basis.
D. Using the last in, first out method.
Answer: (SHOW ANSWER)
Comprehensive and Detailed Step-by-Step Explanation:
Stock rotation (First In, First Out - FIFO)ensures thatolder medications are used before newer stock, reducing expired medication dispensing.
#Explanation of Answer Choices:#C. Rotating stock on a regular basis#Correct.FIFO method reduces waste and errors.#A. Verifying each lot number# Incorrect.Lot numbers do not indicate expiration dates.# B). Using the newest medications first# Incorrect.Older stock should be used first.#D. Using the last in, first out method# Incorrect.Opposite of the correct practice.
#Reference:
* USP <1079>: Medication Storage and Inventory Control
* PTCB Exam: Inventory Management

NEW QUESTION: 80
A pharmacy computer system is likely to display atherapeutic duplication alertif a prescription forBriviactis processed for a patient already taking:

A. Ancef
B. Ambien
C. Vimpat
D. Vyvanse
Answer: (SHOW ANSWER)
* Briviact (brivaracetam) and Vimpat (lacosamide) are both anticonvulsantsused to treat epilepsy.
* Therapeutic duplication alertswarn ofmultiple drugs treating the same condition, increasing the risk of side effects.
#Reference:ISMP Medication Safety Guidelines, PTCE Exam Study Guide.

NEW QUESTION: 81
An oral preparation containing a drug in a sweetened alcohol vehicle is called a(n):
A. Emulsion
B. Syrup
C. Solution
D. Elixir
Answer: (SHOW ANSWER)
An elixir is a clear, sweetened hydroalcoholic oral solution containing dissolved active ingredients. A syrup is a concentrated sugar (aqueous) solution without alcohol as the principal solvent. A solution is a general term for a homogeneous mixture and does not specify the alcohol vehicle. An emulsion is a dispersion of one immiscible liquid in another (e.g., oil-in-water), not a clear hydroalcoholic system. Therefore, a sweetened alcohol vehicle indicates an elixir.
References (Pharmacy Technician documents / Study Guides):
* USP pharmaceutical dosage form definitions (oral solutions, syrups, elixirs, emulsions).

* PTCB/ExCPT pharmaceutics sections: definitions and characteristics of common oral liquid dosage forms.
* Compounding and dosage form identification materials used in technician training.

NEW QUESTION: 82
Which of the following questions from a nurse must be referred to a pharmacist?
A. "What is the generic name for the antibiotic the prescriber wrote?"
B. "What is the schedule for my patient's IV antibiotic?"
C. "Can I piggyback my patient's IV antibiotic with her heparin drip?"
D. "Does the IV antibiotic require prior authorization from my patient's insurance?"
Answer: (SHOW ANSWER)
* Drug interactions (like IV compatibility with heparin)must be evaluated bya pharmacisttoavoid adverse effects.
* Pharmacy technicians can answer questions about generic names, drug schedules, and insurance issues but cannot provide clinical recommendations.
#Reference:ASHP Pharmacy Technician Scope of Practice, PTCE Guidelines.

NEW QUESTION: 83
The objective in documenting compounded product procedure is to:
A. Provide information to the insurance company.
B. Allow the identical reproduction of the product.
C. Assist in billing for the product.
D. Assist in reordering the ingredients for inventory.
Answer: (SHOW ANSWER)
USP compounding standards require maintaining a Master Formulation Record (MFR) and a Compounding Record (CR). The primary purpose is to ensure the compounded preparation can be consistently and identically reproduced with documented components, calculations, equipment, steps, and quality checks.
While documentation can incidentally aid billing or inventory, those are not the primary objectives.
References (Pharmacy Technician documents/Study Guides):
* USP <795> Pharmaceutical Compounding-Nonsterile Preparations: requirements for Master Formulation Records and Compounding Records, including content and purpose (consistent, reproducible compounding and quality assurance).
* ASHP guidelines on compounding documentation and quality systems.
* PTCB/ExCPT study guides-compounding documentation, records, and reproducibility.

NEW QUESTION: 84
While compounding anonsterile preparation, physical incompatibilities may be avoided by following the specific mixing instructions found in the:
A. Medication Guide
B. Master Formulation Record

C. Patient Package Insert
D. Safety Data Sheet (SDS)
Answer: (SHOW ANSWER)
* The Master Formulation Record (MFR) is a standardized document that provides step-by-step instructions on how to compound a specificnonsterile preparation.
* It includes:
* Active and inactive ingredients
* Mixing instructions
* Equipment needed
* Beyond-use dating (BUD)
* Storage requirements
Why Other Options Are Incorrect:
* A. Medication Guide?#Intended for patient information, not compounding.
* C. Patient Package Insert?#Explains medication use but doesn't contain compounding instructions.
* D. Safety Data Sheet (SDS)?#Contains safety and hazard information, not formulation instructions.
#Reference:USP <795> Nonsterile Compounding Standards, PTCB Compounding Study Guide.

NEW QUESTION: 85
A patient presents the following prescription:
Clobetasol 0.05% cream
Apply small amount to affected area b.i.d. x 14 days. Avoid face, groin, and axilla.
According to the instructions, the patient should avoid applying the medication to their:
A. underarms
B. feet
C. scalp
D. chest
Answer: (SHOW ANSWER)
The axilla refers to the underarm area. Clobetasol is a high-potency corticosteroid, and such steroids are not recommended for use on thin-skinned areas like the face, groin, or underarms (axilla) due to risk of increased absorption and adverse effects like skin atrophy.
Mosby's Pharmacy Technician: Principles and Practice explains:
"High-potency corticosteroids should not be applied to intertriginous areas such as the axilla, groin, or face due to increased absorption and systemic risk." Reference:
Clobetasol Prescribing Information
Mosby's Pharmacy Technician: Principles and Practice, Topical Medications Section American Academy of Dermatology Guidelines

NEW QUESTION: 86
Nurtec ODT must be stored in the original packaging until ready to use because it is sensitive to:

A. moisture
B. light
C. heat
D. cold
Answer: (SHOW ANSWER)
Nurtec ODT (Rimegepant)is anorally disintegrating tablet (ODT)used for theacute treatment of migraines.
Since it is designed to dissolve quickly in the mouth,it is highly sensitive to moisture. Exposure to moisture can cause the tablets to degrade, dissolve prematurely, or lose potency.
Storage Requirement:
* Must be kept in the original blister packaging until usetoprevent moisture exposure.
* Should not be stored in pill organizers or opened ahead of time.
* B. Light# Incorrect; Nurtec ODT isnot highly photosensitive.
* C. Heat# Incorrect; while heat can degrade many medications,moisture is the primary concernfor ODT formulations.
* D. Cold# Incorrect; refrigeration isnot required, and cold storage does not affect the drug's stability.
Other Answer Choices Explained:References:
* FDA Drug Label for Nurtec ODT (Rimegepant) - Storage and Handling Instructions
* USP <795> Nonsterile Compounding & Drug Stability Guidelines
* PTCB PTCE Exam Content Outline (Medication Storage & Handling)

NEW QUESTION: 87
Ahazardous drug spill kitfor pharmacy use should include:
A. Permeable, disposable protective garments.
B. Sufficient supplies to absorb a spill of about 10,000 mL.
C. Reusable absorbent sponges or toweling.
D. A disposable scoop for glass fragments.
Answer: (SHOW ANSWER)
Comprehensive and Detailed Step-by-Step Explanation:
Ahazardous drug spill kitisrequiredunderUSP <800>, which outlinessafe handling practices for hazardous drugs (HDs). The kit must contain:
* Disposable scoop and scraper(to safely collect broken glass and contaminated material).
* Absorbent pads or spill control pillows(for liquid spills).
* Chemotherapy-rated gloves, gown, goggles, and mask(for protection).
* A hazardous waste disposal bag(to properly dispose of contaminated materials).
#Explanation of Answer Choices:#D. A disposable scoop for glass fragments#Correct.Adisposable scoop is essentialto safely removehazardous drug spills containing broken glass.#A. Permeable, disposable protective garments# Incorrect. PPE for hazardous drug spills must beimpermeable(e.g., coated gowns).#B. Sufficient supplies to absorb a spill of about 10,000 mL# Incorrect.Most spill kits are designed for smaller spills (#1000 mL), not

massive industrial spills.#C. Reusable absorbent sponges or toweling# Incorrect.All absorbent materials must be disposable to prevent contamination.
#Reference:
* USP <800>: Handling Hazardous Drugs in Healthcare Settings
* NIOSH List of Hazardous Drugs (2020 Update)
* PTCB Exam: Medication Safety & Hazardous Drug Management

NEW QUESTION: 88
According to the Centers for Disease Control and Prevention (CDC), pharmacy technicians should wash their hands with soap and water whenever:
A. they have time, before eating, and after eating.
B. their hands are visibly clean, after eating, and before each patient.
C. they have finished filling prescriptions, before eating, and after each patient.
D. their hands are visibly dirty, before eating, and after using the restroom.
Answer: (SHOW ANSWER)
According toCDC Hand Hygiene Guidelines, pharmacy technicians should wash their hands withsoap and waterinstead of alcohol-based hand sanitizer when:
* Hands are visibly dirty# Alcohol-based sanitizers are ineffective against certain contaminants like dirt, grease, and some bacteria.
* Before eating# Prevents ingestion of harmful pathogens.
* After using the restroom# Soap and water are required to remove potential fecal contamination.
* A. They have time, before eating, and after eating##Incorrect
* Handwashing ismandatorywhen hands are dirty or after using the restroom, not just when there's time.
* B. Their hands are visibly clean, after eating, and before each patient##Incorrect
* Washing isnot required if hands appear clean-sanitizer is acceptable in most situations except when visibly soiled.
* C. They have finished filling prescriptions, before eating, and after each patient##Incorrect
* Hand hygiene is important, but hand sanitizer is typically used between patients unless hands are visibly dirty.
* CDC Hand Hygiene in Healthcare Settings- Recommendssoap and waterfor visibly soiled hands and after restroom use.
* USP <797> Guidelines for Aseptic Technique- Emphasizes proper handwashing for sterile compounding.
* PTCB PTCE Exam Content Outline- Covers infection control and hand hygiene protocols.
Why Not the Other Options?Key References:

NEW QUESTION: 89
Which type of formulation delays release until the medication has passed through the stomach and into the intestine?
A. Buffered

B. Enteric-coated
C. Controlled release
D. Buccal
Answer: (SHOW ANSWER)
Enteric-coated (EC) tabletsare designed todelay drug release until they reach the intestine, preventing stomach irritation and degradation by gastric acid. The coatingresists stomach acidbut dissolves in thehigher pH environment of the intestines.
* Aspirin EC(prevents stomach irritation)
* Pantoprazole EC(proton pump inhibitor)
* Diclofenac EC(NSAID)
* A. Buffered# Incorrect; buffered formulationsneutralize stomach acidbut do not delay release until the intestines.
* C. Controlled release# Incorrect; controlled-release formulationsgradually release medicationover time but are not specifically designed tobypass the stomach.
* D. Buccal# Incorrect; buccal tablets dissolve in thecheek mucosa, bypassing the digestive system entirely.
Examples of Enteric-Coated Medications:Other Answer Choices Explained:References:
* FDA Drug Formulation Guidelines
* USP <795> Drug Release & Absorption Standards
* PTCB PTCE Exam Content Outline (Pharmaceutical Dosage Forms & Drug Release Mechanisms)

NEW QUESTION: 90
How many bottles of NPH insulin would a patient need for a 60-day supply, given the following directions?
Inject subcutaneously 23 units every morning and 17 units in the evening.

A. 2
B. 3
C. 12
D. 24
Answer: B (LEAVE A REPLY)
* Total daily dose = 23 units (AM) + 17 units (PM) = 40 units/day
* 60 days × 40 units = 2,400 units needed
* Each NPH insulin vial contains 1,000 units (10 mL × 100 units/mL)
* 2,400 units ÷ 1,000 units/vial = 2.4 vials # round up to 3 vials
From Pharmacy Technician Certification Exam Review:
"When calculating insulin quantities, always round up to ensure the patient has sufficient supply. Insulin is typically dispensed in 10 mL vials containing 100 units/mL." Reference:
Pharmacy Technician Certification Exam Review - Insulin Dosing Calculations Mosby's Pharmacy Technician - Endocrine Agents Section

NEW QUESTION: 91
Which of the following is considered a high-alert medication in some settings because it is an antiretroviral agent?" And provides these options:
A. Meperidine
B. Olopatadine
C. Lamivudine
D. Tizanidine
Answer: C (LEAVE A REPLY)
Lamivudine (Epivir)is anantiretroviral agent used to treat HIV/AIDS and hepatitis B. Some antiretroviral drugs are classified ashigh-alert medications in certain healthcare settingsbecause:
* Dosing errors can lead to treatment failure or resistance.
* Severe side effects and toxicities may occur if misused.
TheInstitute for Safe Medication Practices (ISMP)includes some antiretrovirals in theirhigh-alert medication list, especially in hospitals.
* A. Meperidine##Not an antiretroviral; it's a narcotic analgesic (opioid pain reliever).
* B. Olopatadine##Not an antiretroviral; it's an antihistamine (used for allergies).
* D. Tizanidine##Not an antiretroviral; it's a muscle relaxant.
* ISMP High-Alert Medication List- Includes certainantiretroviral drugs as high-alert medications in some settings.
* FDA Drug Labeling for Lamivudine (Epivir)- ListsHIV/AIDS and Hepatitis B as indications.
* PTCB PTCE Exam Content Outline- Covers high-alert medications and their risks.
Why Not the Other Options?Key References:

NEW QUESTION: 92
A hospital pharmacy implemented a voluntary medication error reporting system to improve patient safety.
Two months later, the medication error rate had increased by 33%. Which of the following is most likely to be the reason for this increase?
A. Culture change resulted in increased error reporting
B. Culture change resulted in a punitive environment
C. Focus on errors led to decreased focus on dispensing
D. Focus on compliance with culture stimulated false reporting

Answer: (SHOW ANSWER)

When a voluntary, nonpunitive medication error reporting system is introduced and safety culture improves, organizations commonly see an initial rise in reported errors. This does not necessarily mean more errors are occurring; rather, more errors are being reported due to increased staff comfort and encouragement to report.

Punitive cultures (B) reduce reporting, not increase it. Distraction from dispensing (C) or false reporting (D) are not recognized primary drivers of such patterns in patient safety literature.

References (Pharmacy Technician documents / Study Guides):

* ISMP and AHRQ patient safety culture principles: nonpunitive, learning-focused reporting increases the number of reported events initially.
* NCC MERP recommendations on error reporting and safety culture.
* Pharmacy safety and quality improvement modules in PTCB/ExCPT study guides: trends in reporting after implementing voluntary systems.

NEW QUESTION: 93

According to federal law, a reverse distributor must issue a DEA Form 222 or electronic equivalent to a pharmacy requesting destruction of:

A. acetaminophen with codeine

B. hydrocodone with acetaminophen

C. promethazine with codeine

D. pseudoephedrine with ibuprofen

Answer: (SHOW ANSWER)

According tofederal law,a reverse distributor must issue a DEA Form 222 (or electronic equivalent) when a pharmacy requests the destruction of a Schedule II controlled substance.

* Reverse distributorshandle the return and disposal ofexpired, damaged, or unusable controlled substances.
* DEA Form 222 (or CSOS, the electronic equivalent) is required for Schedule II drugs.
* Hydrocodone with acetaminophen (e.g., Norco, Vicodin)is aSchedule II controlled substance, requiringDEA Form 222for reverse distribution.
* A. Acetaminophen with codeine##Schedule III
* Does not require DEA Form 222; instead, DEA Form 41 is used for disposal.
* C. Promethazine with codeine##Schedule V
* Lower abuse potential; does not require DEA Form 222.
* D. Pseudoephedrine with ibuprofen##Not a controlled substance
* Pseudoephedrine is regulated under the Combat Methamphetamine Epidemic Act (CMEA), not the DEA controlled substance schedules.
* DEA Controlled Substances Act (CSA)- Confirms thatSchedule II drugs require DEA Form 222 for reverse distribution.
* PTCB PTCE Exam Content Outline- Covers controlled substances and reverse distribution requirements.

* DEA Diversion Control Division Guidelines- Listshydrocodone as a Schedule II drug requiring Form
222 for disposal.
Understanding DEA Form 222 and Reverse Distribution:Why is Hydrocodone with Acetaminophen the Correct Answer?Why Not the Other Options?Key References:

NEW QUESTION: 94
A pharmacy receives a prescription for hydroxyzine 25 mg q6h for hypertension. The pharmacy technician should alert a pharmacist because:
A. hydroxyzine requires special handling
B. the prescription exceeds the maximum recommended daily dose.
C. the prescription appears to contain a look-alike sound-alike error.
D. hydroxyzine is subject to a REMS program.
Answer: (SHOW ANSWER)
The prescription forhydroxyzine (25 mg q6h) for hypertensionis likely alook-alike, sound-alike (LASA) medication error, ashydroxyzineis anantihistamineused foranxiety, nausea, and allergiesbutnot for hypertension.
A common LASA confusion is between:
* Hydroxyzine (antihistamine, sedative effects, brand names: Vistaril, Atarax)
* Hydralazine (antihypertensive, vasodilator, used for hypertension, brand: Apresoline)
Sincehydralazineis used forhypertension, the prescription likely contains anordering errorthat must be clarified with the prescriber.
* A. Hydroxyzine requires special handling# Incorrect; hydroxyzine does not require special handling.
* B. The prescription exceeds the maximum recommended daily dose# Incorrect; hydroxyzine's max daily dose is400 mg/day, and this prescription does not exceed it.
* D. Hydroxyzine is subject to a REMS program# Incorrect; hydroxyzineis not part of a Risk Evaluation and Mitigation Strategy (REMS) program.
Other Answer Choices Explained:References:
* FDA & ISMP Look-Alike Sound-Alike (LASA) Drug List
* PTCB PTCE Exam Content Outline (Medication Safety & Error Prevention)
* Lexicomp Drug Monographs for Hydroxyzine & Hydralazine

NEW QUESTION: 95
Which of the following is anantipsychotic?
A. Aripiprazole
B. Rifampin
C. Ketoconazole
D. Zolpidem
Answer: (SHOW ANSWER)
Comprehensive and Detailed Step-by-Step Explanation:

Aripiprazole (Abilify)is anatypical antipsychoticused to treatschizophrenia and bipolar disorder. #Explanation of Answer Choices:#A. Aripiprazole#Correct.Anantipsychotic used for schizophrenia and bipolar disorder.#B. Rifampin# Incorrect.An antibiotic for tuberculosis.#C. Ketoconazole# Incorrect.An antifungal.#D. Zolpidem# Incorrect.A sedative for insomnia (Ambien).
#Reference:
* FDA Drug Database: Aripiprazole
* PTCB Pharmacology for Technicians

NEW QUESTION: 96
Themiddle series of numbersin theNational Drug Code (NDC)is used for:
A. Identification of therapeutic class
B. Locating expired medication on the shelf
C. Proper storage of the medication
D. Accurate product selection
Answer: (SHOW ANSWER)
* TheNational Drug Code (NDC)is a10- or 11-digit numberthat uniquely identifies drugs in the U.S.
* NDC format:
* First set of numbers (Labeler Code):Identifies the manufacturer.
* Middle set of numbers (Product Code):Identifies the specificdrug, strength, and dosage form (important for accurate product selection).
* Last set of numbers (Package Code):Identifies the package size and type.
Why Other Options Are Incorrect:
* A. Identification of therapeutic class?#NDC codes do not indicate a drug's therapeutic class.
* B. Locating expired medication?#Expiration dates are printed separately on the packaging.
* C. Proper storage of the medication?#Storage requirements are determined by themanufacturer's label, not the NDC.
#Reference:FDA NDC Directory Guidelines, PTCE Exam Study Guide.

NEW QUESTION: 97
Thegeneric name for Concertais:
A. Methylphenidate
B. Dexmethylphenidate
C. Dextroamphetamine
D. Lisdexamfetamine
Answer: (SHOW ANSWER)
* Concerta = Methylphenidate (extended-release) used for ADHD.
* Other ADHD drugs:
* Dexmethylphenidate = Focalin
* Dextroamphetamine = Adderall
* Lisdexamfetamine = Vyvanse

#Reference:FDA ADHD Drug Classifications, PTCB Medication Guide.

NEW QUESTION: 98
A physician prescribes5 mg/kgof a drugtwice dailyfor a patient weighing110 lbs. How many0.5 g tabletsof the drug are required for a10-day duration?
A. 5
B. 10
C. 20
D. 40
Answer: (SHOW ANSWER)
Comprehensive and Detailed Step-by-Step Explanation:
A math formula on a white background Description automatically generated Explanation of Answer Choices:#C. 20#Correct.2 tablets per day × 10 days = 20 tablets.#A. 5# Incorrect. Under-dose.#B. 10# Incorrect. Under-dose.#D. 40# Incorrect. Over-dose.
#Reference:
* USP <795> Pharmaceutical Calculations
* PTCB Exam: Dosing Conversions

NEW QUESTION: 99
Truvada is indicated to help prevent:
A. Epilepsy
B. Hypertension
C. Congestive heart failure
D. HIV infection
Answer: (SHOW ANSWER)
Truvada (emtricitabine/tenofovir disoproxil fumarate) is an antiretroviral combination indicated for HIV-1 infection treatment and, importantly, for pre-exposure prophylaxis (PrEP) to help prevent HIV infection in at- risk, HIV-negative individuals as part of a comprehensive prevention strategy. It is not indicated for epilepsy, hypertension, or heart failure.
References (Pharmacy Technician documents / Study Guides):
* Top 200 drug references for brand/generic and indications (Truvada-HIV treatment and PrEP).
* CDC/USPHS PrEP guidance (technician study texts cite Truvada as first-line oral PrEP).
* AHFS Drug Information / Drug Facts & Comparisons: Antiretrovirals-emtricitabine/tenofovir DF indications.

NEW QUESTION: 100
Aspacerwas prescribed to accompany ametered dose inhaler (MDI), but the patient never picked it up. The spacer should be returned to:

A. Damaged stock
B. The manufacturer
C. The study sponsor

D. Dispensing stock

Answer: D (LEAVE A REPLY)

* A spacer is a non-prescription medical devicethat enhances the delivery of medication from anMDI (metered dose inhaler).
* Since the patient never picked it up and it isnot a controlled or perishable item, the pharmacy canreturn it to dispensing stock for resale.

Why Other Options Are Incorrect:

* A. Damaged stock?#Only if the spacer was opened, broken, or contaminated.
* B. The manufacturer?#Not necessary unless it is defective.
* C. The study sponsor?#Applies only to clinical trial supplies.

#Reference:ISMP Safe Handling of Medical Devices, PTCE Study Guide.

NEW QUESTION: 101

According to NIOSH, pharmacy staff should wear appropriate personal protective equipment (PPE) when handling crushed or broken tablets of:

A. megestrol and dutasteride

B. furosemide and buspirone

C. glyburide and acetazolamide

D. glipizide and zolpidem

Answer: (SHOW ANSWER)

NIOSH classifies certain medications as hazardous due to carcinogenicity, teratogenicity, reproductive toxicity, organ toxicity at low doses, or genotoxicity. Megestrol (a progestin) and dutasteride (a 5-alpha- reductase inhibitor) are included on the NIOSH Hazardous Drug List as reproductive risk agents. NIOSH recommends using appropriate PPE (e.g., gloves and a protective gown) when handling crushed or broken tablets/capsules of hazardous drugs to prevent dermal and inhalation exposure. In contrast, the other listed drugs (furosemide, buspirone, glyburide, acetazolamide, glipizide, zolpidem) are not listed by NIOSH as hazardous and do not routinely require HD-level PPE for handling in crushed/broken form.

References (Pharmacy Technician documents/Study Guides):

* NIOSH Hazardous Drug List and NIOSH guidance on PPE for handling hazardous drugs (including requirements for crushing/breaking tablets or opening capsules).
* USP <800> Hazardous Drugs-Handling in Healthcare Settings: PPE requirements when manipulating dosage forms that can aerosolize powder (e.g., crushing tablets).
* PTCB-aligned Pharmacy Technician study materials on hazardous drug handling and NIOSH classifications.

NEW QUESTION: 102

Behind-the-counter decongestant products containingpseudoephedrinemust be used with caution in patients with:

A. Asthma

B. Hypertension

C. Hypokalemia
D. Eczema
Answer: (SHOW ANSWER)
Comprehensive and Detailed Step-by-Step Explanation:
Pseudoephedrine(Sudafed) is asympathomimetic decongestantthat causesvasoconstrictionand canincrease blood pressure.
#Explanation of Answer Choices:#B. Hypertension#Correct.Pseudoephedrinecan cause arise in blood pressure, so it should be used cautiously in patients withhypertension.#A. Asthma# Incorrect.Pseudoephedrine does not directly worsen asthma, but it may cause mild bronchodilation.#C. Hypokalemia# Incorrect.
Pseudoephedrine does not affect potassium levels.#D. Eczema# Incorrect. Eczema is unrelated topseudoephedrine use.
#Reference:
* Combat Methamphetamine Epidemic Act (CMEA) Regulations
* American Heart Association (AHA) Guidelines on Hypertension

NEW QUESTION: 103
Which of the following medications is indicated to treat mild, moderate, or severe dementia of the Alzheimer type?
A. Aricept
B. Azilect
C. Ambien
D. Atacand
Answer: (SHOW ANSWER)
Aricept (Donepezil) is a cholinesterase inhibitorused for treatingmild, moderate, or severe Alzheimer's disease dementia.
* Itworks by increasing acetylcholine levels in the brain, improving memory and cognitive function.
* FDA-approved for all stages of Alzheimer's disease.
* B. Azilect##Used for Parkinson's disease, not Alzheimer's.
* Azilect (Rasagiline) is a monoamine oxidase-B (MAO-B) inhibitorthat helps manage Parkinson's symptoms but is not indicated for dementia.
* C. Ambien##Used for insomnia, not Alzheimer's dementia.
* Ambien (Zolpidem) is a sedative-hypnotic for sleep disordersand does not treat cognitive decline.
* D. Atacand##Used for hypertension, not dementia.
* Atacand (Candesartan) is an angiotensin receptor blocker (ARB) used to treat high blood pressure and heart failure.
* FDA Approved Uses for Donepezil (Aricept)- Confirms its indication for all stages of Alzheimer's disease.
* Alzheimer's Association Treatment Guidelines- Listscholinesterase inhibitors as first-line therapy for dementia.

* PTCB PTCE Exam Content Outline- Covers pharmacologic treatments for cognitive disorders.
Why Not the Other Options?Key References:

NEW QUESTION: 104
According to the Centers for Disease Control and Prevention (CDC), use of an alcohol-based hand sanitizer is indicated for healthcare personnel who:
A. are about to touch a contaminated surface.
B. have just performed an aseptic task.
C. are about to remove their gloves.
D. have just touched a patient.
Answer: (SHOW ANSWER)
According to theCDC Hand Hygiene Guidelines,alcohol-based hand sanitizershould be used:
* Before and after direct patient contact(if hands are not visibly dirty).
* Before and after wearing gloves(if no contamination is visible).
* Before handling medication or sterile supplies.
* A. Are about to touch a contaminated surface##Incorrect
* Hand sanitizer should not be used before touching a contaminated surface.Instead, gloves should be worn, and hand hygiene should be performedaftertouching a contaminated surface.
* B. Have just performed an aseptic task##Incorrect
* Before aseptic tasks (e.g., preparing IV medications), soap and water or hand sanitizer is used. Afterward, contamination risk determines if sanitization is needed.
* C. Are about to remove their gloves##Incorrect
* Gloves do not completely prevent contamination; hand hygiene should be performedafterremoving gloves, not before.
* CDC Guidelines for Hand Hygiene in Healthcare Settings- Recommends hand sanitizer use after patient contact.
* USP <797> Sterile Compounding Guidelines- Reinforces aseptic hand hygiene practices.
* PTCB PTCE Exam Content Outline- Covers infection control and proper use of hand hygiene techniques.
Why Not the Other Options?Key References:

NEW QUESTION: 105
Medications considered to have anarrow therapeutic index (NTI)generally exhibita(n):
A. Shorter window of guaranteed stability.
B. Incompatibility with therapeutic monitoring.
C. Synergistic effect on other medications.
D. Higher risk of causing serious toxicity.
Answer: (SHOW ANSWER)
* NTI drugs have small differences between effective and toxic doses.
* Examples:Warfarin, Digoxin, Lithium, Theophylline.
* Requires close monitoring (lab tests, dose adjustments).

#Reference:FDA NTI Drug List, PTCB Medication Safety Guidelines.

NEW QUESTION: 106
Which of the following is an OTC medication indicated to treat motion sickness?
A. Meclizine
B. Olanzapine
C. Promethazine
D. Scopolamine
Answer: (SHOW ANSWER)
Meclizine (Bonine, Dramamine Less Drowsy)is anover-the-counter (OTC) antihistamineused to treatmotion sickness and vertigo. It works by blockinghistamine (H1) receptorsin thevestibular system, reducing nausea and dizziness associated with motion sickness.
* B. Olanzapine# Incorrect; olanzapine is anatypical antipsychoticused forschizophrenia and bipolar disorder, not motion sickness.
* C. Promethazine# Incorrect; promethazine is anantihistaminethat treatsnausea and motion sickness, but it isonly available by prescription (Rx).
* D. Scopolamine# Incorrect; scopolamine is aprescription (Rx) medicationintransdermal patch formused formotion sickness prevention.
Other Answer Choices Explained:References:
* FDA Drug Monograph for Meclizine (OTC Drug Labeling)
* PTCB PTCE Exam Content Outline (OTC Medications & Indications)
* Lexicomp Drug Monographs for Meclizine, Promethazine, and Scopolamine

NEW QUESTION: 107
An error that has the potential to cause harm but is caught and corrected before it reaches the patient should be reported as a(n):
A. Adverse drug event (ADE)
B. Recall
C. Near miss
D. Root-cause analysis (RCA)
Answer: (SHOW ANSWER)

* Anear miss(orclose call) is anerror that is identified and corrected before it causes harm to a patient.
* Example:A technician picks uphydroxyzine (an antihistamine) instead of hydralazine (a blood pressure medication),but the pharmacist catches the mistake before dispensing.
Why Other Options Are Incorrect:
* A. Adverse Drug Event (ADE)?#Occurs when a patient is actually harmed by medication.
* B. Recall?#Issued by manufacturers or the FDA when a drug is defective or unsafe.
* D. Root-Cause Analysis (RCA)?#A method toanalyze errors AFTER they occurto prevent future mistakes.
#Reference:ISMP Medication Safety Guidelines, PTCE Exam Study Guide on Error Prevention.

NEW QUESTION: 108
Due to an increased risk of hepatotoxicity, patients on acetaminophen should use caution when consuming:
A. Citrus fruits
B. Leafy greens
C. Dairy products
D. Alcoholic beverages
Answer: (SHOW ANSWER)
Comprehensive and Detailed Step-by-Step Explanation:
Acetaminophen (Tylenol)is metabolized by theliver.Excessive doses or concurrentalcohol useincreases the risk ofliver damage (hepatotoxicity).
#Explanation of Answer Choices:#D. Alcoholic beverages#Correct. Alcohol and acetaminophen together can causesevere liver damage.#A. Citrus fruits# Incorrect. Citrus does not interfere withacetaminophen metabolism.#B. Leafy greens# Incorrect. Leafy greens affectwarfarin, notacetaminophen.#C. Dairy products# Incorrect. Dairy does not interact withacetaminophen.
#Reference:
* FDA Acetaminophen Warnings
* PTCB Medication Safety Guidelines

NEW QUESTION: 109
According toUSP Chapter <800>, appropriateeye and face protectionmust be worn in which of the following scenarios involvingany hazardous drug?
A. Counting out tablets
B. Disinfecting a surface
C. Cleaning a spill
D. Refrigerating a compound
Answer: (SHOW ANSWER)
* USP <800> mandates that personal protective equipment (PPE) be worn when handling hazardous drug spillsto protect againstinhalation, skin absorption, or accidental ingestion.
* Full PPE includes gloves, gowns, eye protection, and respiratory protection when necessary.

#Reference:USP <800> Hazardous Drug Handling Guidelines.

NEW QUESTION: 110

Whichvitaminshould be takenbefore and during pregnancyto help avoidneural tube defects?

A. Pyridoxine

B. Ascorbic acid

C. Thiamine

D. Folic acid

Answer: (SHOW ANSWER)

* Folic acid (Vitamin B9) is crucial for fetal development, reducing the risk of neural tube defects like spina bifida.

* Recommended dose: At least 400 mcg daily before pregnancy and during the first trimester.

#Reference:CDC Folic Acid Pregnancy Guidelines, PTCE Vitamin & Supplement Guide.

NEW QUESTION: 111

Clopidogrel is indicated to reduce the rate of:

A. Myocardial infarction

B. Gastroesophageal reflux

C. Chronic migraines

D. Type 2 diabetes

Answer: (SHOW ANSWER)

* Clopidogrel (Plavix) is an antiplatelet drug used to prevent blood clots, reducing the risk of heart attack (myocardial infarction) and stroke.

* It is commonly prescribed afterstent placement, heart attack, or stroke.

Why Other Options Are Incorrect:

* B. GERD?#Treated withPPIs or H2 blockers(e.g., omeprazole, ranitidine).

* C. Chronic migraines?#Treated withbeta-blockers, triptans, or topiramate.

* D. Type 2 diabetes?#Treated withmetformin, insulin, or GLP-1 agonists.

#Reference:AHA Guidelines on Antiplatelet Therapy.

NEW QUESTION: 112

A patient presents the following prescription:

Amoxicillin 250 mg/5 mL

1 tsp tid x 10 days

How much of the medication, in mL, will be used during the first 5 days of therapy?

A. 25

B. 50

C. 75

D. 150

Answer: (SHOW ANSWER)

To calculate how muchamoxicillin suspensionwill be used in the first5 days, we follow these steps:
* Amoxicillin concentration:250 mg per5 mL
* Dosage:1 tsp (5 mL) three times daily (tid)
* Duration:First5 days
Step 1: Identify Given InformationStep 2: Calculate Total Daily Volume5 mL×3=15 mL per day5 \text{ mL}
\times 3 = 15 \text{ mL per day}5 mL×3=15 mL per day
Step 3: Multiply by 5 Days15 mL/day×5 days=75 mL15 \text{ mL/day} \times 5 \text{ days} = 75 \text{ mL}
15 mL/day×5 days=75 mL
Thus, the patient will use75 mLof medication in the first5 days.
* A. 25 mL# Incorrect; this would be correct if taken onlyonce dailyinstead ofthree times daily.
* B. 50 mL# Incorrect; this is the correct amount for3.3 days, not 5 days.
* D. 150 mL# Incorrect; this is thefull 10-day course, not just the first 5 days.
Other Answer Choices Explained:References:
* PTCB PTCE Exam Content Outline (Pharmaceutical Calculations - Dosage & Volume Calculations)
* USP <795> Nonsterile Compounding Guidelines
* Lexicomp Drug Monograph for Amoxicillin Suspension

NEW QUESTION: 113
Which of the following needle guages corresponding to the smallest human?
A. 13
B. 18
C. 20
D. 27
Answer: (SHOW ANSWER)
Needlegauge (G)refers to thediameter of the needle's lumen(opening).The higher the gauge number, the smaller the needle diameter.
* Lower gauge (e.g., 13G, 18G)#Larger needle(wider opening)
* Higher gauge (e.g., 27G)#Smaller needle(narrower opening)
Common Needle Gauges and Their Uses:Gauge (G)
Needle Diameter (mm)
Common Use
13G
2.4 mm
IV drug administration (large-bore)
18G
1.2 mm
Drawing thick medications (e.g., oil-based injections)

20G
0.9 mm
General intramuscular (IM) injections
27G
0.4 mm
Subcutaneous (SC) or intradermal (ID) injections (e.g., insulin, vaccines) Since27Gis the highest gauge listed, it corresponds to thesmallestneedle diameter, making it the correct answer.
* A. 13G## One of the largest gauges, used for IV fluids or blood transfusions.
* B. 18G## Large needle used for thick medications likedepot injections or contrast agents.
* C. 20G## Common forintramuscular injectionsbut larger than 27G.
* PTCB PTCE Exam Content Outline- Covers needle gauges, injection routes, and proper medication administration.
* USP <797> & USP <800>- Provide sterile compounding guidelines, including appropriate needle gauge selection.
* CDC Vaccine Administration Guidelines- Recommend25-30Gfor subcutaneous and intradermal injections.
Why Not the Other Options?Key References:

NEW QUESTION: 114
The generic name for which of the following medications is paired with oxaprozin on the list of confused drug names?
A. Tobradex
B. Topamax
C. Tradjenta
D. Trileptal
Answer: (SHOW ANSWER)
Oxaprozinis anonsteroidal anti-inflammatory drug (NSAID)used to treat arthritis. It is listed on theISMP (Institute for Safe Medication Practices) List of Confused Drug Namesdue to its similarity toTopamax (topiramate), an anticonvulsant used for epilepsy and migraine prevention. The confusion arises because both drug nameslook and sound similar, which can lead to dispensing errors.
* A. Tobradex# Incorrect. Tobradex is anantibiotic/steroid ophthalmic medicationand is not confused with oxaprozin.
* C. Tradjenta# Incorrect. Tradjenta (linagliptin) is aDPP-4 inhibitor for diabetesand is not commonly confused with oxaprozin.
* D. Trileptal# Incorrect. Trileptal (oxcarbazepine) is ananticonvulsantbut is not on the ISMP Confused Drug List with oxaprozin.
Incorrect Answer Choices:Pharmacy Technician References:
* PTCB PTCE Exam Content Outline (Error Prevention and Look-Alike/Sound-Alike (LASA) Drugs)
* Institute for Safe Medication Practices (ISMP) List of Confused Drug Names

* FDA Drug Safety Communications
* Mosby's Pharmacy Technician Exam Review

NEW QUESTION: 115
Which drug is a proton pump inhibitor used in the treatment of symptomatic gastroesophageal reflux disease (GERD)?
A. Esomeprazole
B. Methimazole
C. Carvedilol
D. Esmolol
Answer: (SHOW ANSWER)
Esomeprazole is a proton pump inhibitor (PPI) used to reduce gastric acid secretion and is indicated for conditions such as GERD, erosive esophagitis, and other acid-related disorders. Methimazole is an antithyroid medication, carvedilol is a nonselective beta-blocker with alpha-blocking activity, and esmolol is a short- acting beta-1 blocker-none of which are PPIs.
References (Pharmacy Technician documents / Study Guides):
* PTCB/ExCPT Pharmacology: Gastrointestinal agents-PPIs (omeprazole, esomeprazole, lansoprazole) for GERD.
* Drug class references in technician training materials: PPIs vs. H2RAs and their indications.

NEW QUESTION: 116
The directions for aZ-Pak (azithromycin)specify:
A. 1 tablet PO on the current day, then 1 PO daily for 4 days.
B. 1 tablet PO on the current day, then 1 PO daily for 5 days.
C. 2 tablets PO on the current day, then 1 PO daily for 4 days.
D. 3 tablets PO on the current day, then 1 PO every other day for 6 days.
Answer: (SHOW ANSWER)
* TheZ-Pak(azithromycin 250 mg) is a5-day antibiotic coursewith aloading doseto reach effective levels quickly.
* Day 1: 2 tablets (500 mg total)
* Days 2-5: 1 tablet (250 mg) daily
#Reference:FDA Azithromycin Dosing Guidelines, PTCE Exam Study Materials.

NEW QUESTION: 117
Which of the following should be used tohelp incorporate a solid (like powder) into an ointmentduringnonsterile compounding?
A. Emulsifying agents
B. Diluents
C. Levigating agents
D. Preservatives
Answer: C (LEAVE A REPLY)

* Levigating agentsreduce theparticle sizeof powders to make themeasier to mix into an ointment base.
* Common levigating agents includemineral oil, glycerin, and propylene glycol.
Why Other Options Are Incorrect:
* A. Emulsifying agents?#Help mix oil and water but do NOT help incorporate solids into ointments.
* B. Diluents?#Used toincrease bulk volume(e.g., lactose in tablets).
* D. Preservatives?#Prevent microbial growth, but do NOT help mix solids into ointments.
#Reference:USP <795> Nonsterile Compounding Guidelines.

NEW QUESTION: 118
During medication order entry, a pharmacy technician should consult a pharmacist:
A. to obtain the patient's medication history.
B. if the patient is allergic to the prescribed medication.
C. to clarify the date and time of the order.
D. if a patient has never taken the prescribed medication before.
Answer: (SHOW ANSWER)
Pharmacy technicians must notify the pharmacistimmediatelyif a patient has an allergy to a prescribed medication.Dispensing an allergenic drug could cause severe reactions, including anaphylaxis.
* Check for allergies and drug interactionsin the patient's profile.
* Alert the pharmacistif an allergy is detected.
* Ensure proper labelingfor allergy warnings.
* (A) To obtain the patient's medication history#Incorrect - Technicians can review medication history, but pharmacists must intervene forallergies or significant concerns.
* (B) If the patient is allergic to the prescribed medication#Correct - An allergy could be life-threatening and requires pharmacist intervention.
* (C) To clarify the date and time of the order#Incorrect - Technicians can check the order date, but this is not a critical pharmacist intervention.
* (D) If a patient has never taken the prescribed medication before#Incorrect - Whilefirst-time medication use requires counseling, it does not always require pharmacist intervention unless there are drug interactions, high-risk medications, or allergies.
* Institute for Safe Medication Practices (ISMP) - Allergy Checking Protocols:https://www.ismp.org
* PTCB Exam Content Outline - Medication Order Processing & Pharmacist Consultation Key Responsibilities of a Pharmacy Technician in Medication Order Entry:Analysis of Answer Choices:
References for Pharmacy Technicians:

NEW QUESTION: 119
Which of the following is theadverse event reporting programmaintained by theFDA?
A. CSOS

B. MethCheck
C. MedWatch
D. NPLEx
Answer: (SHOW ANSWER)
* MedWatch is the FDA's reporting system for adverse drug events, medication errors, and safety concerns.
#Reference:FDA MedWatch Program.

NEW QUESTION: 120
FDA guidelines for Class III drug recallsrequire pharmacies to:
A. Post signs throughout the pharmacy announcing the recall
B. Remove from stock all medication that meets the recall specifications
C. Notify physicians and all affected personnel of the recall
D. Contact all patients who have received medication that meets the recall specifications
Answer: (SHOW ANSWER)
* AClass III recallis issued whena drug is unlikely to cause adverse health effects but has a labeling defect, packaging issue, or a minor violation of manufacturing regulations.
* Example:A bottle of tablets with a slightly misprinted label.
* Pharmacies must remove affected stock but are NOT required to notify patients or physicians.
Why Other Options Are Incorrect:
* A. Posting signs?#Only required for certain urgent recalls.
* C. Notifying physicians?#Required forClass I and some Class II recalls, not Class III.
* D. Contacting patients?#Not needed fornon-health-threatening recalls.
#Reference:FDA Drug Recall Guidelines, PTCE Exam Study Guide.

NEW QUESTION: 121
According to theDEA, how often must aphysical inventory of all controlled substancesbe performed?
A. Once a month
B. Every six months
C. Once a year
D. Every two years
Answer: (SHOW ANSWER)
* DEA requires a full inventory of all controlled substances every 2 years (biennial inventory).
* Schedule II drugs requirea separate recordfrom Schedules III-V.
#Reference:DEA Controlled Substance Inventory Regulations (21 CFR 1304.11).

NEW QUESTION: 122
Which of the following medications is available only with a prescription?
A. Pantoprazole
B. Omeprazole
C. Lansoprazole
D. Esomeprazole
Answer: (SHOW ANSWER)
* Pantoprazole (Protonix)is aproton pump inhibitor (PPI)that isonly available by prescriptionfor treatingGERD, Zollinger-Ellison syndrome, and peptic ulcers.
* Omeprazole (Prilosec), Lansoprazole (Prevacid), and Esomeprazole (Nexium)are availableOTC and by prescriptionin different strengths.
* Prescription PPIsare typically higher strength than OTC versions.
#Reference:FDA Drug Approvals for OTC and Prescription PPIs.

NEW QUESTION: 123
Which of the following medications is subject to a Risk Evaluation and Mitigation Strategy (REMS) program because current patients should avoid becoming pregnant?
A. Creon
B. CellCept
C. Celexa
D. Cialis
Answer: (SHOW ANSWER)
CellCept (mycophenolate mofetil) carries a REMS due to embryo-fetal toxicity; it includes strict pregnancy prevention and counseling requirements for patients of reproductive potential. Pharmacy technicians are trained to recognize REMS medications and associated dispensing requirements (e.g., medication guides, documentation). Creon (pancrelipase), Celexa (citalopram), and Cialis (tadalafil) do not have REMS focused on pregnancy avoidance.
References (Pharmacy Technician documents/Study Guides): REMS overview and examples in medication safety modules; immunosuppressants and teratogenicity counseling requirements; FDA REMS concepts taught in PTCB/ExCPT-aligned materials.

NEW QUESTION: 124
Antacids that contain calcium carbonatemay decrease the serum concentration of:
A. Amoxicillin
B. Bacitracin
C. Cephalexin

D. Doxycycline

Answer: (SHOW ANSWER)

* Calcium carbonate binds to doxycycline, preventing its absorption, reducing its effectiveness.
* Doxycycline is a tetracycline antibiotic used for bacterial infections.
* Patients should take doxycycline 1-2 hours before or after antacids.

#Reference:FDA Drug Interaction Guidelines, PTCB Medication Absorption Guide.

NEW QUESTION: 125

A patient who has been receiving cimetidine 400 mg one tablet b.i.d. is switched to the liquid, which is available as 300 mg/5 mL. The volume of solution, in mL, required for each dose is:

A. 1.3

B. 6.7

C. 7.6

D. 13.3

Answer: (SHOW ANSWER)

* Needed dose: 400 mg per dose.
* Available concentration: 300 mg/5 mL.
* Use proportion/dimensional analysis:

- mL=400 mg×5 mL300 mg=2000300 mL=6.6# mL#6.7 mL\text{mL} = 400\ \text{mg} \times \frac{5\ \text
{mL}}{300\ \text{mg}} = \frac{2000}{300}\ \text{mL} = 6.\overline{6}\ \text{mL} \approx 6.7\ \text{mL} mL=400 mg×300 mg5 mL=3002000 mL=6.6 mL#6.7 mL.

* Thus, 6.7 mL per dose is required.

References (Pharmacy Technician documents / Study Guides):

* PTCB/ExCPT pharmacy calculations-dose-concentration conversions using ratio-proportion or dimensional analysis.
* Nonsterile compounding and dispensing references-accurate liquid dose calculations from mg/mL strengths.

NEW QUESTION: 126

A patient presents the following prescription to the pharmacy:

Amoxicillin 400 mg/5 mL

2 tsp PO b.i.d. × 10 days

Which of the following measuring devices would be most appropriate to provide to the patient?

A. 1 mL oral syringe

B. 10 mL oral syringe

C. 1 oz dosage cup

D. 1 tbsp dropper

Answer: B (LEAVE A REPLY)

* The prescribed dose is 2 teaspoons per dose, which equals 10 mL (1 tsp = 5 mL). Therefore, the most appropriate device is a 10 mL oral syringe, which allows accurate measurement of the

full dose in a single draw and provides superior dosing accuracy compared with household spoons or cups.
* Pharmacy technician training materials and medication safety guidance emphasize that oral syringes are preferred over cups for pediatric and liquid medications due to greater accuracy, especially when doses are measured in mL.
* Why the other options are not best:
- 1 mL oral syringe (A): Too small; would require 10 fills per dose, increasing error risk.
- 1 oz dosage cup (C): 1 oz = 30 mL; cups are less accurate for small/precise volumes and increase risk of mismeasurement.
- 1 tbsp dropper (D): Droppers are not suitable for large volumes; tablespoon is 15 mL and mismatched to the
10 mL dose.
References (Pharmacy Technician documents / Study Guides):
* PTCB/ExCPT-aligned study guides-measurement conversions (tsp#mL) and medication safety: oral dosing devices.
* ISMP and FDA medication safety recommendations-use mL-only oral syringes for accurate measurement of liquid medications.
* USP patient counseling expectations-accurate device selection to ensure correct dosing of nonsterile oral liquids.

NEW QUESTION: 127
Which of the following medication pairs is an example of aLook-Alike, Sound-Alike (LASA) errorin which an antifungal drug is dispensed instead of an anesthetic drug?
A. Diflucan and Diprivan
B. Clonidine and Klonopin
C. Metronidazole and Metformin
D. Amiloride and Amlodipine
Answer: (SHOW ANSWER)
* Diflucan (fluconazole) is an antifungal, whileDiprivan (propofol) is a sedative/anesthetic used for surgery.
* Look-Alike, Sound-Alike (LASA) errorsoccur when medications havesimilar names but different indications.
Why Other Options Are Incorrect:
* B. Clonidine (BP medication) & Klonopin (anxiolytic)# LASA error but not antifungal vs. anesthetic.
* C. Metronidazole (antibiotic) & Metformin (diabetes drug)# LASA error but different categories.
* D. Amiloride (diuretic) & Amlodipine (BP medication)# LASA error but different categories.
#Reference:ISMP List of High-Risk LASA Medications.

NEW QUESTION: 128

Which of the following medications is subject to aREMS programdue to the risk ofembryo-fetal toxicity?

A. Miconazole

B. Mycophenolate

C. Phentermine

D. Phenytoin

Answer: (SHOW ANSWER)

Comprehensive and Detailed Step-by-Step Explanation:

Mycophenolateis animmunosuppressantused inorgan transplantsand isteratogenic (causes birth defects).It requiresRisk Evaluation and Mitigation Strategies (REMS).

#Explanation of Answer Choices:#B. Mycophenolate#Correct.High risk ofbirth defects, requiring REMS.#A.

Miconazole# Incorrect.An antifungal with no REMS requirement.#C. Phentermine# Incorrect.Used for weight loss, not teratogenic.#D. Phenytoin# Incorrect.Has risks but no REMS requirement.

#Reference:

* FDA REMS Program for Mycophenolate
* PTCB Exam: Medication Safety & REMS

NEW QUESTION: 129

Which of the following should be taken on anempty stomach?

A. Levothyroxine

B. Amlodipine

C. Cyclobenzaprine

D. Loratadine

Answer: (SHOW ANSWER)

Comprehensive and Detailed Step-by-Step Explanation:

Levothyroxine (Synthroid)is athyroid hormone replacementused to treathypothyroidism. It must be taken on an empty stomachbecause food, calcium, and ironinterfere with its absorption.

Administration Guidelines for Levothyroxine:

* Take30-60 minutes before breakfastwith afull glass of water.
* Avoidcalcium, iron, and antacidsfor4 hoursafter taking it.

#Explanation of Answer Choices:#A. Levothyroxine#Correct.Absorption is reduced by food, calcium, and iron.#B. Amlodipine# Incorrect.A calcium channel blocker that can be taken with or without food.#C.

Cyclobenzaprine# Incorrect.A muscle relaxant with no food restrictions.#D. Loratadine# Incorrect.An antihistamine that does not require fasting.

#Reference:

* American Thyroid Association (ATA) Levothyroxine Guidelines
* FDA Drug Labeling for Synthroid

NEW QUESTION: 130

Conducting a root-cause analysis (RCA) helps pharmacy staff to:

A. determine which medication should be dispensed.

B. decipher prescriber handwriting during order entry.

C. increase pharmacy revenue and inventory turnover.

D. identify the factors that contributed to a problem or event.

Answer: (SHOW ANSWER)

Root-Cause Analysis (RCA)is asystematic processused inhealthcare and pharmacy settingstoidentify the underlying factors that contributed to an error or safety event. RCA helps pharmacy staff determinewhy a problem occurredand implement corrective actions toprevent future occurrences.

* Identify the problem or event.
* Gather and analyze data.
* Determine the root cause(s).
* Develop and implement corrective actions.
* Monitor for improvement and prevention of recurrence.
* A. Determine which medication should be dispensed# Incorrect; RCA is focused onerror investigation, not routine dispensing decisions.
* B. Decipher prescriber handwriting during order entry# Incorrect; this is not the purpose of RCA, though poor handwriting may be identified as a contributing factor in an error.
* C. Increase pharmacy revenue and inventory turnover# Incorrect; RCA is aboutpatient safety and error prevention, not financial performance.

Steps in Root-Cause Analysis (RCA):Other Answer Choices Explained:References:

* ISMP (Institute for Safe Medication Practices) RCA Guidelines
* FDA Medication Error Prevention Strategies
* PTCB PTCE Exam Content Outline (Quality Assurance & Medication Safety)

NEW QUESTION: 131

A lot number is used to track a medication's:

A. Therapeutic equivalence rating.

B. Controlled substance schedule.

C. Known drug-drug interactions.

D. Complete manufacturing history.

Answer: (SHOW ANSWER)

A lot number (also called batch number) links a product to its specific manufacturing batch, allowing traceability of the complete manufacturing history, including production date, site/line, quality control records, and distribution. This identifier is essential for recalls, investigations, and quality assurance.

Therapeutic equivalence ratings (A) come from Orange Book codes (e.g., AB), scheduling (B) is set under the CSA, and drug interactions (C) are clinical information-not tied to a product's lot.

References (Pharmacy Technician documents/Study Guides):

* Inventory management and recall procedures in pharmacy operations: role of lot numbers for batch traceability.
* PTCB/ExCPT study guides: product identification-NDC vs. lot number vs. expiration; recall processes.
* USP <1191> Stability and labeling conventions involving lot/expiration for traceability.

NEW QUESTION: 132
Which of the following situations represents a vaccine administration error that should be voluntarily reported?
A. Fluzone was administered subcutaneously.
B. Boostrix was administered intramuscularly.
C. Varivax was administered subcutaneously.
D. Shingrix was administered intramuscularly.
Answer: (SHOW ANSWER)
A vaccine administration error occurs when a vaccine is given in a way that deviates from standard guidelines established by the Centers for Disease Control and Prevention (CDC) and the vaccine manufacturer's recommendations. Some administration errors must be reported voluntarily to theVaccine Adverse Event Reporting System (VAERS)to help improve vaccine safety and prevent future errors.
* (A) Fluzone was administered subcutaneously.#(Incorrect Route - Error that Should Be Reported)
* Fluzone is aninactivated influenza vaccine (IIV)that should be administeredintramuscularly (IM).
* Subcutaneous (SQ) administration isnot recommendedand may reduce vaccine efficacy.
* According to theCDC and the Immunization Action Coalition (IAC), administering an inactivated influenza vaccine subcutaneously is a vaccine administration error and should be reported.
* (B) Boostrix was administered intramuscularly.#(Correct Route - No Error)
* Boostrix is aTdap (Tetanus, Diphtheria, and Acellular Pertussis) vaccineindicated for booster immunization.
* It iscorrectly administered intramuscularly (IM)in thedeltoid muscle.
* Since the correct administration route was followed, this does not qualify as a vaccine administration error.
* (C) Varivax was administered subcutaneously.#(Correct Route - No Error)
* Varivax is alive-attenuated varicella (chickenpox) vaccine.
* It iscorrectly administered subcutaneously (SQ), typically in the upper arm or thigh.
* Since the correct administration route was followed, this is not a vaccine administration error.
* (D) Shingrix was administered intramuscularly.#(Correct Route - No Error)
* Shingrix is arecombinant zoster vaccine (RZV)used for shingles prevention.
* It should be administeredintramuscularly (IM).
* Since the correct administration route was followed, this is not a vaccine administration error.

* TheInstitute for Safe Medication Practices (ISMP)and theCDCrecommend reportingvaccine administration errorsto VAERS, especially if the error could affect the vaccine's efficacy or patient safety.
* Administration of Fluzonevia the incorrect route (subcutaneously instead of intramuscularly)could alter immune response and should be reported.
* If a vaccine is given via the incorrect route, the CDC provides guidance on whether the dose needs to be repeated. For inactivated influenza vaccines given subcutaneously, the CDC states that the dose doesnot need to be repeated, but the error should still be documented and reported.
* CDC General Best Practices for Immunization:https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs
/index.html
* Vaccine Adverse Event Reporting System (VAERS): https://vaers.hhs.gov/
* Immunization Action Coalition (IAC) - Vaccine Administration Guidelines: https://www.immunize.org
/technical-support/administering-vaccines/
* Institute for Safe Medication Practices (ISMP) - Vaccine Safety Recommendations: https://www.ismp.
org/recommendations/immunization-safety
Analysis of Each Answer Choice:Reporting Vaccine Administration Errors:References for Pharmacy Technicians:

NEW QUESTION: 133
The label of a stock bottle provides the following information:
(01)55555444422
(1)051526
(10)ABC123
(21)11262026
What is the lot number for this medication?
A. ABC123
B. 55555444422
C. 051526
D. 11262026
Answer: (SHOW ANSWER)
* Alot numberis a unique identifier assigned to a specific batch of a medication during manufacturing.
* TheNational Drug Code (NDC)andserial numberare different from the lot number.
* On medication stock bottles, the lot number is often preceded by"(10)", which is present in this case:
* (10)ABC123#This represents the lot number.
* B. 55555444422# This appears to be aGTIN (Global Trade Item Number), which identifies the product but is not the lot number.

* C. 051526# This could represent a manufacturer's internal code or part of the packaging details, but not the lot number.
* D. 11262026# This follows the(21) identifier, which represents theexpiration date (November 26, 2026).
* PTCB PTCE Exam Content Outline - Medication Labeling and Lot Numbers
* FDA Drug Supply Chain Security Act (DSCSA)- Provides guidance on tracking drug batches.
* USP Chapter <1079> Good Storage and Distribution Practices- Covers stock bottle labeling and identification.
Why Other Answers Are Incorrect?Pharmacy Technician References:

NEW QUESTION: 134
Therapeutic duplication would be a concern for a patient prescribed both atorvastatin and:
A. Cardizem.
B. Lopressor.
C. Zocor.
D. Norvasc.
Answer: (SHOW ANSWER)
Atorvastatin and Zocor (simvastatin) are both HMG-CoA reductase inhibitors (statins). Prescribing two drugs from the same class for the same indication represents therapeutic duplication, which increases risk of adverse effects (e.g., myopathy, rhabdomyolysis) without added benefit. In contrast, Cardizem (diltiazem) is a calcium channel blocker, Lopressor (metoprolol) a beta-blocker, and Norvasc (amlodipine) a dihydropyridine calcium channel blocker-these are not statins.
References: Pharmacy Technician pharmacology references (drug classes and brand/generic names), medication safety modules on therapeutic duplication.

NEW QUESTION: 135
Pharmacies may dispense a supply ofisotretinointhat will last no more than how many days?
A. 15
B. 30
C. 45
D. 90
Answer: (SHOW ANSWER)
* Isotretinoin (Accutane) is regulated under the iPLEDGE program.
* Only a 30-day supply is allowed, and pregnancy tests are required each month for females.
#Reference:FDA iPLEDGE Program, PTCB High-Risk Medication Guidelines.

NEW QUESTION: 136
According toUSP, the breaking or separation of an oil phase that is not easily dispersed is indicative of a reaction in a(n):
A. Tincture

B. Solution
C. Suspension
D. Emulsion
Answer: (SHOW ANSWER)
* Emulsionsaremixtures of two immiscible liquids (e.g., oil and water) stabilized by an emulsifying agent.
* When an emulsion breaks (phase separation occurs), the oil and water separate permanently, rendering the medication unusable.
Why Other Options Are Incorrect:
* A. Tinctures?#Alcohol-based solutions with dissolved drug, no phase separation occurs.
* B. Solutions?#Homogeneous mixtures that do NOT separate.
* C. Suspensions?#May settle over time but can be re-mixed by shaking.
#Reference:USP <795> Compounded Dosage Forms, PTCE Compounding Guidelines.

NEW QUESTION: 137
According to the Institute for Safe Medication Practices (ISMP), which of thefollowing is an approved abbreviation?
A. U for units
B. AD for right ear
C. AU for both ears
D. gtt for drop
Answer: (SHOW ANSWER)
TheInstitute for Safe Medication Practices (ISMP)maintains a list oferror-prone abbreviationsthat shouldnot be usedin medication orders to prevent misinterpretation and medication errors.
Analysis of the Answer Choices:Abbreviation
Meaning
ISMP Recommendation
U
Units
#Do NOT use# Can be mistaken for "0" or "4" (e.g., 10U could be misread as 100).Use"unit"instead.
AD

Right ear
#Do NOT use# Can be confused with "OD" (right eye).Use"right ear"instead.
AU
Both ears
#Do NOT use# Can be confused with "OU" (both eyes).Use"both ears"instead.
gtt
Drop
#Accepted# Common and not considered error-prone.
Since"gtt" for drop is not on ISMP's "Do Not Use" list, it is the correct answer.
* ISMP List of Error-Prone Abbreviations- Confirms that "U," "AD," and "AU" should not be used in prescriptions.
* Joint Commission "Do Not Use" List- Prohibits "U" and similar abbreviations to prevent dosing errors.
* PTCB PTCE Exam Content Outline- Covers error prevention strategies, including abbreviation safety.
Key References:

NEW QUESTION: 138
Stock rotation is best defined as the:
A. reordering of medications to generate greater turnover
B. removal of specific medications that are to be replaced with new product
C. number of times medications are purchased, sold, and replaced in any time period
D. placement of medications with later expiration dates behind those with earlier expiration dates
Answer: (SHOW ANSWER)
Stock rotation ensures medications with earlier expiration dates are used first by placing them in the front of the shelf, and medications with later expiration dates behind. This practice is part of the FEFO (First Expired, First Out) system.
From Mosby's Pharmacy Technician: Principles and Practice:
"Stock rotation using the FEFO method ensures medication integrity and minimizes waste due to expiration." This differs from:
* A - relates to ordering, not shelf arrangement
* B - refers to product recall or removal
* C - defines inventory turnover, not physical placement
Reference:
USP <1079> Guidelines on Storage and Distribution
Mosby's Pharmacy Technician - Inventory Management Chapter

NEW QUESTION: 139
A patient is prescribed Prilosec capsules for gastroesophageal reflux disease. If thepatient is unable to swallow capsules, they may:
A. open the capsules and sprinkle the medication on applesauce.

B. chew and swallow the capsules.
C. compound the capsules into a topical preparation.
D. allow the capsules to dissolve under their tongue.
Answer: A (LEAVE A REPLY)
Prilosec (Omeprazole) is a delayed-release proton pump inhibitor (PPI)used forGERD, ulcers, and acid reflux.
It comes incapsulescontainingenteric-coated granules, designed to protect the medication from stomach acid and ensure proper absorption.
* Prilosec capsules contain enteric-coated granulesthat are safe to sprinkle on soft foodswithout chewing.
* Applesauce is an ideal optionbecause it doesnot interfere with drug absorption or stability.
* B. Chew and swallow the capsules## Incorrect
* Chewing destroys the enteric coating, leading to premature drug release and degradation by stomach acid.
* C. Compound the capsules into a topical preparation## Incorrect
* Prilosecis not formulated for topical use. The medication must reach the stomach intact for proper effect.
* D. Allow the capsules to dissolve under the tongue## Incorrect
* Sublingual administration is ineffectivebecauseomeprazole is not absorbed through the mucous membranesand needs enteric protection.
* FDA Omeprazole Medication Guide- States that the contents can be sprinkled on applesauce.
* ISMP Safe Medication Use Guidelines- Emphasizes proper administration of delayed-release capsules.
* PTCB PTCE Exam Content Outline- Covers modified-release formulations and proper drug administration techniques.
Why Can the Capsules Be Opened?Why Not the Other Options?Key References:

NEW QUESTION: 140
The oral liquid formulation of which of the following medications must be stored in the refrigerator?
A. Gabapentin
B. Sertraline
C. Aripiprazole
D. Risperidone
Answer: (SHOW ANSWER)
* Risperidone (Risperdal oral solution)is anatypical antipsychoticused to treatschizophrenia, bipolar disorder, and autism-related irritability.
* Itsoral liquid formulationmust be storedin the refrigerator (between 2°C and 8°C or 36°F to 46°F)to maintain stability.
* If left at room temperature for an extended period, theactive ingredients can degrade, reducing the medication's effectiveness.
Storage Considerations for Other Medications:

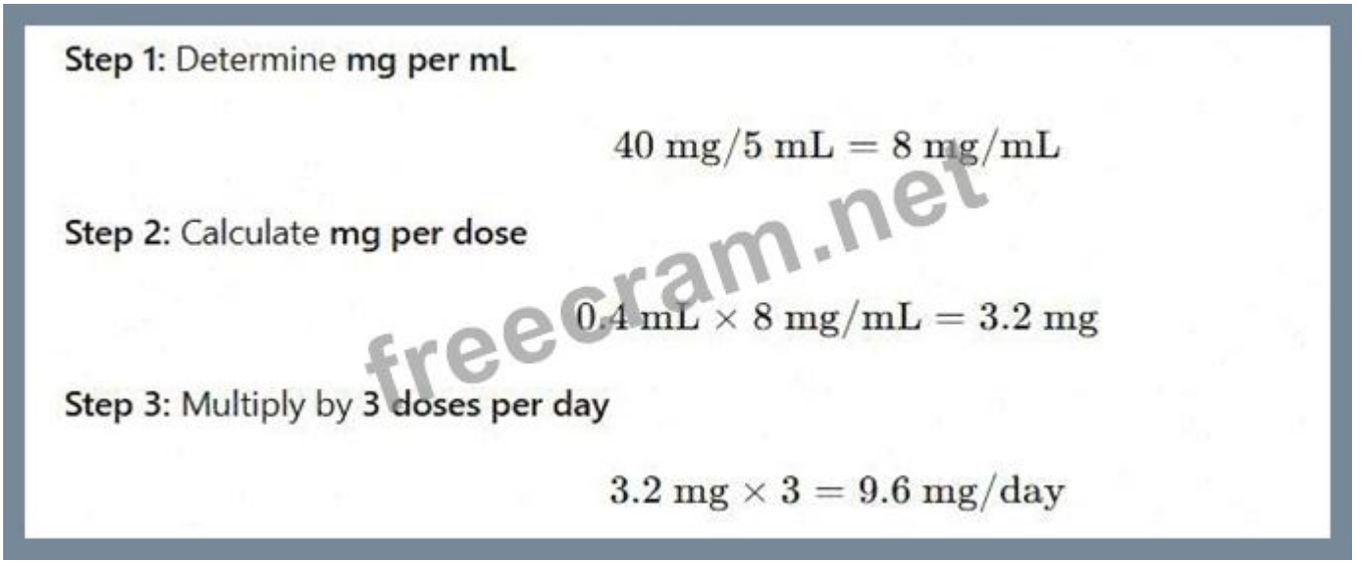
* Gabapentin (Neurontin liquid formulation):Must be refrigerated.#
* Sertraline (Zoloft oral solution):Stored at room temperature.#
* Aripiprazole (Abilify liquid formulation):Stored at room temperature.#
#Reference:Manufacturer's storage guidelines,USP Chapter <797>for compounded sterile preparations.

NEW QUESTION: 141
What is thegeneric nameforProcardia?
A. Nifedipine
B. Felodipine
C. Diltiazem
D. Amlodipine
Answer: (SHOW ANSWER)
Comprehensive and Detailed Step-by-Step Explanation:
Procardiais thebrand name for Nifedipine, acalcium channel blocker (CCB)used totreat hypertension and angina.
#Explanation of Answer Choices:#A. Nifedipine#Correct.Procardia = Nifedipine.#B. Felodipine# Incorrect.
Another CCB, but not the generic for Procardia.#C. Diltiazem# Incorrect.A different CCB (Cardizem).#D.
Amlodipine# Incorrect.A CCB (Norvasc), but not the generic for Procardia.
#Reference:
* FDA Orange Book
* PTCB Exam: Generic & Brand Name Medications

NEW QUESTION: 142
Which of the followingclasses of medicationsis consideredhigh-alert riskinacute care and ambulatory settings?
A. Chemotherapeutic agents
B. Antibiotics
C. Corticosteroids
D. Diuretics
Answer: (SHOW ANSWER)
* Chemotherapy drugs (e.g., methotrexate, cisplatin)arehigh-alertdue to theirtoxicity, risk of overdose, and narrow therapeutic index.
#Reference:ISMP High-Alert Medication List, PTCE Study Materials.

NEW QUESTION: 143
A prescription reads:
Famotidine 40 mg/5 mL
Quantity: 50 mL

Sig: 0.4 mL PO t.i.d.
What amount of medication, in mg, is given each day?
A. 1.2 mg
B. 3.2 mg
C. 6.4 mg
D. 9.6 mg
Answer: (SHOW ANSWER)
Comprehensive and Detailed Step-by-Step Explanation:
A table with text and numbers Description automatically generated with medium confidence



Reference:
PTCB Exam: Pharmaceutical Calculations
USP <795> Dosing Conversions

NEW QUESTION: 144
A prescription calls for one capsule of a medication to be administered PO ac. daily for 14 days. What directions should appear on the label?
A. Take one capsule by mouth daily for 14 days.
B. Take one capsule by mouth after a meal once daily for 14 days.
C. Take one capsule by mouth before a meal once daily for 14 days.
D. Take one capsule by mouth with a meal once daily for 14 days.
Answer: (SHOW ANSWER)
* The abbreviation"PO"means"by mouth" (per os).
* The abbreviation"ac"stands for"before meals" (ante cibum).
* The phrase"daily for 14 days"indicates that the patient should take the medication once a day for a total of 14 days.
Thus, the correct label instructions should be:"Take one capsule by mouth before a meal once daily for 14 days."
* PTCB PTCE Exam Content Outline - Prescription Interpretation- Covers standard medical abbreviations.

* ISMP (Institute for Safe Medication Practices) List of Common Pharmacy Abbreviations- Defines "PO" (by mouth) and "ac" (before meals).
* USP Medication Labeling Standards- Ensures clear and accurate patient instructions.
Pharmacy Technician References:

NEW QUESTION: 145
Which of the following medications may cause urine discoloration?
A. Rifampin
B. Ampicillin
C. Ciprofloxacin
D. Erythromycin
Answer: (SHOW ANSWER)
* Rifampin is well known to cause red-orange discoloration of body fluids, including urine, tears, and sweat.
This is a classic counseling point in pharmacy technician study materials and drug monographs.
* The other agents listed do not characteristically discolor urine:
- Ampicillin: common adverse effects include rash, diarrhea; discoloration is not a hallmark.
- Ciprofloxacin: may cause GI upset, tendinopathy; urine discoloration is not typical.
- Erythromycin: GI adverse effects; no characteristic urine discoloration.
References (Pharmacy Technician documents / Study Guides):
* Drug information/counseling sections in pharmacy technician exam prep-rifampin adverse effects and counseling points.
* Standard pharmacology references-rifamycins and discoloration of body fluids.

NEW QUESTION: 146
A tray used to count out progesterone capsules should be cleaned after use due to handling precautions related to:
A. high-alert medications.
B. antibiotic contamination.
C. therapeutic equivalence.
D. hazardous drugs.
Answer: (SHOW ANSWER)
Progesterone is classified among hazardous drugs due to reproductive toxicity risk. Per compounding and handling standards, pharmacies must apply USP <800> Hazardous Drugs-Handling in Healthcare Settings precautions to nonsterile handling of HDs, including hormones. This includes decontaminating and cleaning counting equipment and trays after handling hazardous drugs to prevent cross-contamination. These procedures are distinct from "high-alert medications" (which relates to risk of harm in error), and are unrelated to antibiotic contamination or therapeutic equivalence.
References: USP <800> Hazardous Drugs-Handling in Healthcare Settings (engineering controls, decontamination/cleaning, handling of non-antineoplastic HDs including hormones); USP <795>

Pharmaceutical Compounding-Nonsterile Preparations (facility/equipment cleaning and HD crossover with
<800>); Pharmacy Technician study guides on HD handling and NIOSH-listed drugs (hormones/reproductive risk).

NEW QUESTION: 147
It would be most appropriate to dispose of which of the following medications as hazardous waste?
A. Lisinopril
B. Acetaminophen
C. Methotrexate
D. Prednisone
Answer: (SHOW ANSWER)
* Methotrexateis achemotherapy agentand animmunosuppressantused for cancer and autoimmune diseases.
* It is classified ashazardous pharmaceutical wasteunderResource Conservation and Recovery Act (RCRA)due to itstoxicity.
* It must be disposed of followingEPA guidelines for hazardous waste disposal.
#Reference:RCRA hazardous waste disposal regulations;USP <800> guidelines for hazardous drugs.

NEW QUESTION: 148
A pharmacy technician receives a prescription forZyrtec 10 mg once a dayfor schizophrenia. The technician should alert the pharmacist because:
A. Zyrtec requires special handling.
B. The prescription exceeds the maximum recommended daily dose.
C. The prescription appears to contain a look-alike sound-alike (LASA) error.
D. Zyrtec is subject to a REMS program.
Answer: (SHOW ANSWER)
* Zyrtec (cetirizine)is asecond-generation antihistamineused to treatallergies.
* Schizophreniais a psychiatric disorder treated withantipsychotics, NOT antihistamines.
* This is likely aLook-Alike Sound-Alike (LASA) error, where the intended drug wasZyprexa (olanzapine), anantipsychoticcommonly used for schizophrenia.
* The technician must alert the pharmacist before dispensing.
Why Other Options Are Incorrect:
* A. Special Handling?#No, Zyrtec is OTC and does not require special handling.
* B. Exceeding Daily Dose?#No, Zyrtec's max daily dose is 10 mg for adults.
* D. REMS Program?#No, Zyrtec is not part of aRisk Evaluation and Mitigation Strategy (REMS) program.
#Reference:ISMP's LASA Drug List,FDA Drug Labeling Guidelines.

NEW QUESTION: 149
Which of the following auxiliary labels would be most appropriate for phenazopyridine?
A. May discolor urine
B. May cause drowsiness
C. Chew or crush the tablets
D. Take with food or milk
Answer: (SHOW ANSWER)
Comprehensive and Detailed Step-by-Step Explanation:
Phenazopyridine (Pyridium) is a urinary analgesic that turns urine orange/red, so the correct auxiliary label should warn patients about this effect.
#Explanation of Answer Choices:
#A. May discolor urine # Correct. Phenazopyridine causes urine discoloration.
#B. May cause drowsiness # Incorrect. Does not cause sedation.
#C. Chew or crush the tablets # Incorrect. Should not be crushed.
#D. Take with food or milk # Incorrect. Not required.
#Reference:
FDA Drug Label for Phenazopyridine

NEW QUESTION: 150
Dextromethorphan, codeine, and benzonatate are all examples of:
A. Antihistamines.
B. Decongestants.
C. Bronchodilators.
D. Antitussives.
Answer: (SHOW ANSWER)
These three agents are categorized as antitussives (cough suppressants):* Dextromethorphan: a non-opioid OTC antitussive that acts centrally on the cough center.* Codeine: an opioid antitussive used for cough suppression at low doses.* Benzonatate: a peripherally acting antitussive that anesthetizes stretch receptors in the respiratory passages.They are not antihistamines (A), decongestants (B), or bronchodilators (C).
References (Pharmacy Technician documents / Study Guides):* PTCB/ExCPT Pharmacology sections:
Respiratory agents-antitussives (dextromethorphan, codeine, benzonatate) and their mechanisms/uses.* Standard pharm tech drug-class tables listing cough/cold medications and classifications.