

## 2005 S.B.N. JURISPRUDENCE QUIZ

(covering May 2004, August 2004, November 2004, and February 2005 issues of the State Board Newsletter)

## ANSWER SHEET FOLLOWS

**No credit can be granted for Answer Sheets postmarked after March 31, 2005.**

1. If you have submitted a continuing pharmacy education program for grading, but have not received the certificate, it is still appropriate to list this program on your reporting form.  
A. True      B. False
2. Continuing pharmacy education forms must be submitted to the Board office by May 15th of the year a pharmacist is required to report.  
A. True      B. False
3. According to the Health Insurance Portability and Accountability Act (HIPAA), which of the following are true?  
A. A pharmacist does not have a legal right to patient information when dispensing a prescription  
B. A pharmacist does have a legal right to patient information when dispensing a prescription  
C. A pharmacist has a legal right to patient information when dispensing a prescription only if a patient waiver is obtained  
D. When dispensing a prescription, the pharmacist becomes a treatment provider and has a legal right to the patient information  
E. B and D
4. Under the FDA's OTC Product Labeling regulation, a warning is required that patients with restricted diets should consult their physician before using oral products that contain:  
A. More than 140 mg sodium  
B. More than 3.2 grams calcium  
C. More than 600 mg magnesium  
D. More than 975 mg potassium  
E. All of the above
5. Which of the following phases are included in the American Society of Health-system Pharmacists guidelines to assist a pharmacist in addressing drug supply shortages?  
A. Assessment phase  
B. Preparation phase  
C. Contingency phase  
D. All of the above
6. On April 6, 2004, FDA's rule banning the sale of ephedra-containing products took effect.  
A. True      B. False
7. Both the Board of Pharmacy and the DEA require that for a prescription to be valid it must be issued for a legitimate medical purpose by a prescriber acting in the usual course of professional practice and that a pharmacist filling that prescription has a "corresponding responsibility" with the prescriber to assure the validity of the prescription.  
A. True      B. False
8. According to the DEA regulation addressing the sale of pseudoephedrine and phenylpropranolamine, what is the maximum threshold for a single transaction to an individual without being registered as a List I distributor with the DEA?  
A. 3 grams  
B. 5 grams  
C. 6 grams  
D. 9 grams  
E. 10 grams
9. Tragic overdoses have occurred when dispensing concentrated morphine due to confusion in the product labeling versus the prescriber's directions for use.  
A. True      B. False
10. In March 2004, the FDA issued a public health advisory. The FDA is requesting that manufacturers change the labels of certain drugs to include stronger cautions and warnings to monitor patients for worsening depression and the emergence of suicidal ideation. Which of the following drugs fall under this request?  
A. Zoloft  
B. Paxil  
C. Lexapro  
D. Welbutrin  
E. All of the above
11. Under the FDA's new rules, oral OTC medications must state the exact amount of a particular ingredient in each dose if it contains:  
A. 5 mg or more of sodium in a single dose  
B. 20 mg or more of calcium in a single dose  
C. 8 mg or more of magnesium in a single dose  
D. 5 mg or more of potassium in a single dose  
E. All of the above
12. Ohio Administrative Code Rule 4729-9-15 requires a pharmacist to immediately report the theft or loss to the Pharmacy Board for which of the following?  
A. Controlled substances  
B. Non-controlled dangerous drugs  
C. Both A and B
13. Starting in the Spring of 2005, the competency statements for the NAPLEX examination will include the utilization of dietary supplements.  
A. True      B. False
14. The FDA rule addressing Bar Code Label Requirements for Blood and Blood Products used in transfusion must include which of the following?  
A. Facility identifier  
B. Lot number relating to the donor  
C. Product code  
D. Information on the donor blood type  
E. All of the above
15. Factors that should cause a pharmacist to consider whether or not prescriptions are issued for a legitimate medical purpose include which of the following?  
A. The patient lives a long distance from the pharmacy  
B. The prescriber is located a long distance from the pharmacy  
C. The prescriber has written for unusual combinations of controlled substances  
D. The prescriber writes the same pain medications and dosages for every patient  
E. All of the above
16. The maximum number of non-controlled prescriptions that may be handwritten on the prescription form is:  
A. One  
B. Three  
C. Five  
D. Ten  
E. There is no limit

[End of Questions]

**- ANSWER SHEET -**

**State Board Newsletter (February 2005) Jurisprudence Quiz**

**JURISPRUDENCE REQUIREMENT FOR CPE**

To receive a certificate of credit, complete this form and mail it to the address below with a check for **\$3.75** payable to Justice Data Management. A certificate will be mailed to those receiving a passing score of 75 or better.

**PLEASE FILL IN YOUR ANSWER TO EACH QUESTION**

- | <b>A</b>  | <b>B</b> | <b>C</b> | <b>D</b> | <b>E</b> | <b>A</b>   | <b>B</b> | <b>C</b> | <b>D</b> | <b>E</b> |
|-----------|----------|----------|----------|----------|------------|----------|----------|----------|----------|
| <b>1.</b> |          |          |          |          | <b>9.</b>  |          |          |          |          |
| <b>2.</b> |          |          |          |          | <b>10.</b> |          |          |          |          |
| <b>3.</b> |          |          |          |          | <b>11.</b> |          |          |          |          |
| <b>4.</b> |          |          |          |          | <b>12.</b> |          |          |          |          |
| <b>5.</b> |          |          |          |          | <b>13.</b> |          |          |          |          |
| <b>6.</b> |          |          |          |          | <b>14.</b> |          |          |          |          |
| <b>7.</b> |          |          |          |          | <b>15.</b> |          |          |          |          |
| <b>8.</b> |          |          |          |          | <b>16.</b> |          |          |          |          |

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NAME: <i>[Please Print Or Type]</i>	OHIO PHARMACIST I.D. NUMBER:	
ADDRESS:	DAYTIME TELEPHONE NUMBER:	
CITY:	STATE:	ZIP CODE:

**Program Evaluation**

**Please rate this program in the following areas:** (check one box for each area)

[1=Poor / 2=Fair / 3=Satisfactory / 4=Good / 5=Excellent]

1    2    3    4    5

- ◆ Quality of information
- ◆ Usefulness to my practice
- ◆ Readability and presentation