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Question: 1

You are reviewing a refill prescription for atorvastatin. The prescription is missing the quantity. In previous prescriptions, the quantity has been 30. What is the correct course of action?

- A. Add in the quantity of 30 because this is what the previous quantity was.
- B. Give the prescription back to the patient to have the physician rewrite the prescription.
- C. Call the prescriber for clarification.
- D. Ask the pharmacist for help.

Answer: C

Explanation:

Part of the pharmacy technician's role is to assist the pharmacist with various technical issues with filling prescriptions. This would be a good example of a clarification issue. The prescriber should be contacted to verify the quantity of atorvastatin desired. The pharmacy technician should never add information based on an assumption because only the prescriber is able to provide the clarification needed. Other technical issues that may require clarification would include dosage information, drug names with similar spellings, and clarification of the administration schedule. For example, if the prescriber wrote for one tablet Q.I.D. (four times a day), but the patient thought the prescriber told him to take one tablet every day (QD), clarification is required.

Question: 2

As you are entering information for a prescription, a warning pops up on the computer screen. What should you do?

- A. Read the warning and try to evaluate the significance yourself.
- B. Ask the pharmacist to evaluate the warning.
- C. Ask the pharmacist to help evaluate only if it is a warning about a drug-drug interaction.
- D. Defer to the warning if it is related to a billing issue.

Answer: B

Explanation:

One of the most important facets of the pharmacy technician's role is in the prevention of medication errors. Prescription information is computerized, and the systems are set up in such a way as to alert the pharmacist for many types of warnings. These warnings may include insurance or billing issues, dosage issues, or drug interactions. It is imperative to alert the pharmacist of any warning that may appear. Only the pharmacist can correctly evaluate the warning and put a plan in place to address it. Warnings are often the first step in preventing drug-drug interactions or dosage errors that may result in

hospitalization or death. Warnings also help prevent instances of overbilling the patient for a medication.

Question: 3

A patient presents a new prescription for an antidepressant medication. The patient states that she is also taking several over-the-counter (OTC) medications. For which of the following drugs would you be the most concerned about drug-drug interactions?

- A. Amitriptyline, a TCA
- B. Sertraline, an SSRI
- C. Phenelzine, an MAOI
- D. Venlafaxine, an SNRI

Answer: C

Explanation:

Tricyclic antidepressants (TCAs), selective serotonin reuptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors (SNRIs), and monoamine oxidase inhibitors (MAOIs) are different classes of antidepressants. All antidepressants interact with alcohol, opioids, and antihistamines. Profound sedation occurs when these drugs are combined, and elderly patients are particularly sensitive to these interactions. Antidepressants also increase the risk of seizures and cardiac disease, so they should be avoided in patients with seizure disorders (e.g., epilepsy) or heart disease. SSRIs and SNRIs are the safest classes of antidepressants. They have fewer adverse effects and drug interactions compared to TCAs and MAOIs. MAOIs are involved in a wide range of drug-drug and drug-food interactions. In fact, they are so unsafe that they are rarely used in modern medicine.

Question: 4

What type of laboratory data should be monitored when a patient is taking glipizide?

- A. Cholesterol
- B. Blood glucose Correct
- C. Hemoglobin
- D. Sodium

Answer: B

Explanation:

Glipizide is the generic name for Glucotrol, an oral agent used to control type 2 diabetes. Other types of medications used to control type 2 diabetes include glyburide, glimepiride, metformin, nateglinide, and combinations of some of these medications. Because the drug is used to control type 2 diabetes, blood glucose levels should be monitored. It is helpful for the pharmacist to have access to this information to determine if the medication being prescribed is effective. It is also important to note that individuals who are elderly or have liver or kidney disease may be more likely to experience severe drops in blood glucose levels. The pharmacy technician may collect this information and relay it to the pharmacist.

Question: 5

Which of the following drugs is NOT part of the US Food and Drug Administration (FDA)'s Risk Evaluation and Mitigation Strategy (REMS) drug safety program?

- A. Clozapine
- B. Thalidomide
- C. Isotretinoin
- D. Methotrexate

Answer: D

Explanation:

Before a medication can be marketed to patients, the FDA must first evaluate its safety and effectiveness. The FDA does not usually approve medications that pose serious safety risks, but sometimes the benefits outweigh the risks. The FDA can approve these medications conditional of participation in a postmarketing safety program. The Risk Evaluation and Mitigation Strategy (REMS) is a drug safety program required by the FDA for certain medications that pose serious safety concerns. REMS is designed to reinforce appropriate and safe use of a medication. REMS programs are specific to the medication, but they usually involve supplemental patient counseling, patient education, and laboratory monitoring (e.g., pregnancy testing). There may even be extra training or continuing education required for the prescriber and the dispensing pharmacist. Medications that require REMS programs: isotretinoin (Accutane), clozapine (Clozaril), pomalidomide (Pomalyst), lenalidomide (Revlimid), thalidomide (Thalomid).

Question: 6

A patient is refilling a prescription for a high blood pressure medication. You notice it has been a while since she last refilled her prescription, and, upon questioning, she admits to trying to stretch her medication. She has Medicare and is in her coverage gap, making it difficult for her to afford her medication each month. All of the following actions or responses would be appropriate EXCEPT:

- A. Explore patient assistance programs for the prescription.
- B. Call her insurance provider and ask which products are preferred on her plan.
- C. Try to find a manufacturer coupon that she can use to lower her copay.
- D. Ask the pharmacist if there is a cheaper alternative that her doctor could switch her to.

Answer: C

Explanation:

Socioeconomic status can be a major barrier to healthcare access in this country. Some patients have high copays or deductibles that leave them with high drug costs. Because insurance plans and formularies change often, it is best to contact the insurance company to obtain more information about the copay or deductible. The insurance company or pharmacist may be able to recommend a cheaper alternative product. If the patient would like to use a cheaper alternative, the pharmacist can contact

the prescriber to obtain authorization to amend the prescription accordingly. Cheaper alternatives can also be recommended for patients without insurance. Additionally, many free prescription discount cards (e.g., GoodRx) can be offered to uninsured patients. Manufacturers of branded medications usually offer copay assistance cards for patients with private insurance. Copay cards can usually be obtained quickly and easily through the drug manufacturer's website. Manufacturer copay cards are not allowed to be used for patients with government insurance, including Medicare, Medicaid, and Tricare. Alternatively, there are various copay assistance programs that can assist patients with drug costs. Information about these programs can usually be obtained on the drug manufacturers' websites, but they usually require a lengthy application form and proof of patient income.

Question: 7

Which of the following statements pertaining to filling a prescription for a schedule II controlled substance is FALSE?

- A. A prescription for a schedule II controlled substance may be partially filled so long as the remainder is dispensed within 72 hours.
- B. A prescription for a schedule II controlled substance may be refilled up to three times on a single prescription.
- C. Controlled substances may be ordered electronically with appropriate computer software.
- D. Authorized prescribers of controlled substances include physicians, dentists, and veterinarians.

Answer: B

Explanation:

Prescriptions for schedule II controlled substances cannot be refilled. However, they can be partially filled if the remaining quantity is dispensed within 72 hours. For patients in long-term-care facilities or those who are terminally ill, the law allows schedule II prescriptions to be partially filled an unlimited amount of times for up to 60 days after the date that the prescription is written. As an alternative to refills, the law allows for multiple schedule II controlled substance prescriptions to be written at one time. Each prescription must be written on a separate prescription slip that includes the original date written. One prescription may be dispensed right away, whereas the other two prescriptions should include a "do not dispense until" date, which is the date that the pharmacy is authorized to fill the prescription. Controlled substance prescriptions may be sent electronically so long as an authorized computer software program is used. Physicians, dentists, veterinarians, and authorized midlevel practitioners may prescribe schedule II controlled substances.

Question: 8

What do the medical abbreviations IM, IV, O.D., O.S., O.U., P.O., P.R., SC, SL, and per neb refer to?

- A. Form of medication
- B. Measurement
- C. Route of administration
- D. Dosage information

Answer: C

Explanation:

These terms refer to the route of administration. The route of administration is the method by which the medication will enter the body. IM indicates intramuscularly. IV indicates intravenously. O.D. and O.S. refer to right eye and left eye, respectively, and O.U. refers to both eyes. P.O. means by mouth or orally. P.R. refers to a medication given rectally. SC refers to subcutaneous administration such as with insulin administration. SL is sublingual, or under the tongue, such as with nitroglycerin. Per neb means administered via nebulizer, which is typically a medication related to breathing. It is always important to verify the route of administration.

Question: 9

Which of the following is NOT an example of a nondurable medical supply?

- A. Dressings
- B. Home oxygen equipment
- C. Ostomy supplies
- D. Syringes

Answer: B

Explanation:

Durable medical equipment refers to equipment that can withstand multiple uses, such as wheelchairs, walkers, home oxygen supplies, certain types of nebulizers, and some supplies for testing diabetes. Nondurable medical equipment refers to supplies that are not supposed to be reused and should be discarded after each use. Generally, these products are important in the medical care of patients. The types of products included under this category are ostomy supplies, blood testing supplies, bandages and dressings, antiseptic products, syringes, needles, supplies related to bladder control, and supplies needed to take care of decubitus ulcers. Prescriptions are often written for nondurable medical supplies and may be filled through a pharmacy.

Question: 10

A patient is given a prescription for amoxicillin 500 mg, "Disp #30 Sig: i po q8h." How many pills will be in the bottle?

- A. 30
- B. 24
- C. One month's supply
- D. 240

Answer: A

Explanation:

A prescription is written in a particular way. The prescription pad should be inscribed with the name of the practitioner that is prescribing the medication. It should include the name, credentials, address, and phone number. It should also include the Drug Enforcement Administration (DEA) number, if applicable, and the National Provider Identifier number. The patient's name and address should be written or transcribed onto the prescription. Amoxicillin is the generic name of the medication, and 500 mg is the strength; "Disp #30" means dispense 30 capsules; and "Sig:" is from the Latin word signa. The purpose of Sig is to provide the directions for giving the medication. In this case, the directions are one capsule by mouth every eight hours. A prescriber signature is always required as well as the number of refills. There is also a statement that says "Dispense as written," which should be interpreted to mean that no substitutions should be made to the prescription.



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