

## 2002 JURISPRUDENCE QUIZ

## ANSWER SHEET FOLLOWS

(covering May 2001, August 2001, November 2001, and February 2002 issues of the State Board Newsletter)

1. Verification of a pharmacist's license is possible by visiting the Ohio State Board of Pharmacy's Web site at [www.state.oh.us/pharmacy](http://www.state.oh.us/pharmacy) and clicking on "License Verification".
  - A. True
  - B. False
2. Pharmacists are authorized by both state and federal law to compound prescriptions for individual patients.
  - A. True
  - B. False
3. Pharmacists are not authorized to manufacture drugs.
  - A. True
  - B. False
4. Which of the following principles are reflected in the HIPAA regulations?
  - A. Consumer Control
  - B. Boundaries
  - C. Accountability
  - D. Security
  - E. All of the above
5. Lotronex was voluntarily removed from the market by the manufacturer, Glaxo Wellcome, in November 2000.
  - A. True
  - B. False
6. A pharmacist must perform drug utilization review for all prescriptions prior to dispensing. This review includes which of the following?
  - A. Over-utilization or under-utilization
  - B. Drug-drug interactions
  - C. Abuse/misuse
  - D. Inappropriate duration of drug treatment
  - E. All of the above
7. The Ohio State Board of Pharmacy issued new rules in 2001 addressing which of the following?
  - A. Pharmacist administering immunizations
  - B. Pharmacist consult agreements
  - C. Both of the above
8. According to a study published in the Journal of the American Pharmaceutical Association addressing prescription drug misuse costs and morbidity, which of the following are identified as the most significant drug-related problems?
  - A. Untreated indications
  - B. Improper drug selection
  - C. Overdose
  - D. Drug interactions
  - E. All of the above
9. The DEA's rule for faxing a prescription for a Schedule II narcotic substance for a hospice patient was clarified in 2001. Which of the following issues were clarified?
  - A. The patient must reside in an inpatient hospice setting
  - B. The patient must be enrolled in a hospice care program certified by Medicare
  - C. The DEA does not allow faxing of Schedule II prescriptions
10. When a pharmacist receives a prescription with multiple drug orders, the pharmacist must do which of the following with the prescription after dispensing one of the drugs?
  - A. File the original prescription
  - B. Make a copy of the original, file the copy, and return the original to the patient
  - C. The original must be filed; if the patient wants a copy, the pharmacist may provide them with a copy
  - D. A and C above
11. When a pharmacist fills a Schedule II prescription, the pharmacist must write "cancelled" across the face of the prescription.
  - A. True
  - B. False
12. Radiopaque Dyes/Contrast Media are prescription drugs.
  - A. True
  - B. False
13. Which of the following Web sites are correct?
  - A. Ohio Pharmacy Board - [www.state.oh.us/pharmacy](http://www.state.oh.us/pharmacy)
  - B. Ohio Medical Board - [www.state.oh.us/med](http://www.state.oh.us/med)
  - C. Ohio Nursing Board - [www.state.oh.us/nur](http://www.state.oh.us/nur)
  - D. DEA - [www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov)
  - E. All of the above
14. An APN's DEA number will begin with the letter:
  - A. A or B, the same as their collaborating physician
  - B. M, DEA classifies them as mid-level practitioners
  - C. N, to identify them as a nurse with prescriptive authority
15. All APNs will be able to prescribe.
  - A. True
  - B. False
16. Which of the following are true for APNs under the new law?
  - A. The APN who signs the prescription is the prescriber of record
  - B. An APN may write for any FDA-approved drug
  - C. An APN may write for Schedule III and IV drugs on their formulary in the same manner as their collaborating physician
  - D. An APN may possess samples for non-controlled drugs listed on their formulary
  - E. A, C, and D

[End of Quiz]

**- ANSWER SHEET -**

**State Board Newsletter February 2002 Jurisprudence Quiz**

**JURISPRUDENCE REQUIREMENT FOR CPE**

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|----|---|---|---|---|--|-----|---|---|---|---|
| A  | B | C | D | E |  | A   | B | C | D | E |
| 1. |   |   |   |   |  | 9.  |   |   |   |   |
| 2. |   |   |   |   |  | 10. |   |   |   |   |
| 3. |   |   |   |   |  | 11. |   |   |   |   |
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| 8. |   |   |   |   |  | 16. |   |   |   |   |

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ADDRESS:	DAYTIME TELEPHONE NUMBER:	
CITY:	STATE:	ZIP CODE:

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- A. Quality of information
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