

2006 S.B.N. JURISPRUDENCE QUIZ

(covering May 2005, August 2005, November 2005, and February 2006 issues of the State Board Newsletter)

ANSWER SHEET FOLLOWS

No credit can be granted for Answer Sheets postmarked after March 31, 2006.

1. The deadline for submitting continuing pharmacy education (CPE) report forms is May 15th of the year you are required to report.
A. True B. False
2. The Board changed which rule addressing sterile product prescriptions to comply with the new USP 797 standards?
**A. 4729-5-04
B. 4729-9-04
C. 4729-17-04
D. 4729-19-04**
3. The rule changes made by the Board addressing sterile product prescriptions addresses which of the following?
**A. Quality Assurance
B. Physical layout of area
C. Equipment**
4. For a patient to receive Accutane, which of the following must register with the centralized clearinghouse?
**A. The patient
B. The prescriber
C. The pharmacist
D. All of the above**
5. When the registry denies an authorization to fill a prescription for Accutane, who is responsible for notifying the patient?
**A. The prescriber
B. The pharmacist**
6. According to the new DEA rules on the use of automated dispensing systems in long-term care facilities, a pharmacy may now obtain a DEA license at the long-term facility and place drugs in an automated floor stock system.
A. True B. False
7. At the current time, which of the following drugs may be dispensed to treat addiction?
**A. Subutex
B. Suboxone
C. Methadone
D. A & B only
E. A, B, & C are all correct**
8. Effective July 1, 2005, ACPE will no longer recognize pharmaceutical and biomedical device manufacturers as accredited providers of continuing education.
A. True B. False
9. On April 1, 2005, DEA issued final rules addressing electronic orders for controlled substances. Which of the following are true regarding these changes?
**A. This will be an electronic alternative to the use of paper DEA 222 forms
B. The rule requires all CII orders to be placed electronically
C. If ordering electronically, all records will be stored electronically
D. The effective date of these rules is May 31, 2005
E. A, C and D only**
10. Albuterol metered-dose-inhalers using chlorofluorocarbon propellants must no longer be produced, marketed or sold after December 31, 2008.
A. True B. False
11. Several albuterol manufacturers are implementing programs to help patients for whom price may be a factor. These programs include which of the following?
**A. MDI giveaways
B. Coupons
C. Patient assistance programs
D. All of the above**
12. Ohio's prescription drug monitoring program will provide reports on individuals to which of the following?
**A. Prescribers
B. Pharmacists
C. Law enforcement when appropriate
D. All of the above**
13. DEA amended its rule for reports of theft or significant loss of controlled substances. These changes clarify the exact meaning of the phrases "upon discovery" and "significant loss."
A. True B. False
14. Pursuant to Board rules, a pharmacist may return a drug to stock if an outpatient returns the drug to the pharmacy within 48 hours.
A. True B. False
15. A pharmacist may receive payment for MTMS Services to pediatric patients covered by BCMH for which of the following disease states?
**A. Asthma
B. Diabetes
C. Dermatitis
D. A & B only
E. A, B, & C are all correct**
16. Revised Code §4729.01(C) and Rule 4729-9-25 allow a pharmacy to compound medications for physicians to maintain in the office for which purpose(s)?
**A. Direct administration to patients
B. Dispensing for a patient's use at home
C. Transfer to another prescriber for use on his/her patients
D. A & B only
E. A, B, & C are all correct**

[End of Questions]

- ANSWER SHEET -

State Board Newsletter (February 2006) 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

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| | A | B | C | D | E | | A | B | C | D | E |
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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]

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| ◆ Quality of information | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ◆ Usefulness to my practice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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