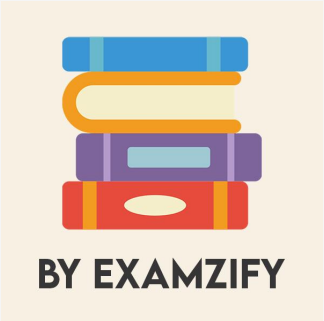
DEA Pharmacist's Manual Practice Test (Sample)

Study Guide



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Questions

1. What constitutes "doctor shopping"?

A. When a patient visits multiple doctors to obtain prescriptions for controlled substances without informing them of other prescriptions

B. When a patient seeks multiple prescriptions from a single doctor on the same visit

C. When a patient changes doctors frequently for routine check-ups

D. When a doctor sees multiple patients in one day

2. What action should a pharmacist take if they do not know the prescriber during an emergency dispensing of a CII?

A. Contact the patient for verification

B. Verify the prescriber's identity

C. Ask for the patient's medical records

D. Refuse to dispense the medication

3. Which of the following is NOT a product that requires ID and sales logs under the Combat Methamphetamine Epidemic Act of 2005?

A. Ephedrine

B. Pseudoephedrine

C. Phenylpropanolamine

D. Diphenhydramine

4. How often can a physician provide a prescription refill for a Schedule IV controlled substance?

A. Up to three refills within three months of the original prescription

B. Up to five refills within six months of the original prescription

C. Up to six refills within one year of the original prescription

D. Unlimited refills as long as the prescription is active

5. What is the maximum supply a prescriber can issue with multiple prescriptions for Schedule II medications?

- **A. 60-day supply**
- **B. 90-day supply**
- **C. 30-day supply**
- **D. 120-day supply**

6. How are pharmacovigilance and the DEA connected?

- **A. Both focus on the cost-effectiveness of medications**
- **B. Both involve monitoring the safety and effectiveness of medications post-marketing to ensure public safety**
- **C. Both are primarily concerned with drug manufacturing processes**
- **D. Both supervise the financial aspects of medication distribution**

7. What is the significance of a "controlled substance prescription record"?

- **A. It tracks the inventory level of all medications**
- **B. It tracks the prescribing and dispensing activity of controlled substances for compliance with regulations**
- **C. It serves as a receipt for patients**
- **D. It is used for error tracking**

8. Who is authorized to transfer prescriptions?

- **A. Any pharmacy staff member**
- **B. Licensed pharmacists only**
- **C. Registered technicians**
- **D. Anyone in the medical field**

9. A pharmacy orders five 100-count bottles of 2 mg morphine sulfate tablets. Upon checking the shipment, the pharmacist finds one bottle of 500-count tablets instead. Is this acceptable?

- **A. No, it must match exactly**
- **B. Yes, if the actual quantity received does not exceed the order and NDC matches**
- **C. Yes, but only if confirmed with the supplier**
- **D. No, this is a violation of regulations**

10. Which item must be included on a controlled substance prescription regarding refills?

A. Amount of drug available

B. Number of refills authorized

C. Type of insurance accepted

D. Patient's previous prescription history

Answers

1. A
2. B
3. D
4. B
5. B
6. B
7. B
8. B
9. B
10. B

Explanations

1. What constitutes "doctor shopping"?

A. When a patient visits multiple doctors to obtain prescriptions for controlled substances without informing them of other prescriptions

B. When a patient seeks multiple prescriptions from a single doctor on the same visit

C. When a patient changes doctors frequently for routine check-ups

D. When a doctor sees multiple patients in one day

"Doctor shopping" specifically refers to the practice where a patient visits multiple healthcare providers to obtain prescriptions for controlled substances while failing to disclose to each doctor that they are receiving similar prescriptions from others. This behavior is typically motivated by the patient's desire to acquire medications, particularly those that may be addictive or misused, such as opioids or benzodiazepines, without the awareness of the providers involved. This practice raises significant concerns regarding patient safety, potential for abuse, and the risks of overscribing medications that can lead to addiction or overdose. Healthcare providers rely on accurate patient history, including medication use, to make informed decisions about treatment. Doctor shopping undermines this trust and can result in dangerous health outcomes not only for the patient but also for public health in general. The other scenarios, such as seeking multiple prescriptions from a single doctor during the same visit or frequently changing doctors for routine check-ups, do not encompass the deceitful intent that characterizes doctor shopping. Additionally, a doctor seeing multiple patients in one day is a normal part of medical practice and does not relate to patient behavior regarding the acquisition of prescriptions.

2. What action should a pharmacist take if they do not know the prescriber during an emergency dispensing of a CII?

A. Contact the patient for verification

B. Verify the prescriber's identity

C. Ask for the patient's medical records

D. Refuse to dispense the medication

In the context of emergency dispensing of a controlled substance, particularly a Schedule II (CII) drug, the integrity and legitimacy of the prescription are paramount. When a pharmacist does not know the prescriber, the best course of action is to verify the prescriber's identity. This involves checking that the prescriber is licensed and authorized to prescribe controlled substances, which ensures compliance with both state and federal regulations concerning the dispensing of narcotics and other CII medications. Verifying the prescriber's identity helps prevent potential misuse and diversion of controlled substances and protects the pharmacist from legal repercussions associated with dispensing medications improperly. In the case of an emergency, the pharmacist should confirm the prescriber's credentials, which may include using reference databases or contacting the prescriber's office directly to ascertain the validity of the prescription. Other choices, such as contacting the patient for verification, while helpful, may not be sufficient in confirming the legitimacy of the prescriber. Asking for the patient's medical records is not typically feasible in an emergency situation, and refusing to dispense the medication could prevent necessary treatment for the patient in need. Thus, verifying the prescriber's identity is a critical action to ensure proper dispensing of controlled substances in emergencies.

3. Which of the following is NOT a product that requires ID and sales logs under the Combat Methamphetamine Epidemic Act of 2005?

A. Ephedrine

B. Pseudoephedrine

C. Phenylpropanolamine

D. Diphenhydramine

Under the Combat Methamphetamine Epidemic Act of 2005, certain products containing specific ingredients are regulated due to their potential use in the illegal production of methamphetamine. Both ephedrine and pseudoephedrine are closely monitored under this law, as they can be used as precursors in meth synthesis. Therefore, sales of these products require a valid photo ID and must be recorded in sales logs to track usage and prevent abuse. Phenylpropanolamine also falls into a similar category, as it is an ingredient that has been linked to the illicit production of methamphetamine. Thus, it too is subject to the same ID and logging requirements. Diphenhydramine, on the other hand, is an antihistamine primarily used for allergy relief, and it does not have the same potential for illicit use in methamphetamine production. As a result, products containing diphenhydramine are not subject to the ID and sales log requirements outlined in the Combat Methamphetamine Epidemic Act. This distinction helps to streamline the regulatory process, focusing on substances that pose a higher risk for misuse.

4. How often can a physician provide a prescription refill for a Schedule IV controlled substance?

A. Up to three refills within three months of the original prescription

B. Up to five refills within six months of the original prescription

C. Up to six refills within one year of the original prescription

D. Unlimited refills as long as the prescription is active

A Schedule IV controlled substance can have up to five refills within six months from the date of the original prescription. This regulation allows patients to access their medications without needing a new prescription every time they need a refill, while still ensuring that there is a limit designed to promote patient safety and reduce potential misuse. This time frame and the number of refills consider both medical need and the potential risks associated with controlled substances, balancing accessibility for patients managing certain conditions with the need for proper oversight. Following these guidelines ensures that healthcare providers regularly evaluate their patients' needs and the appropriateness of the prescribed medication.

5. What is the maximum supply a prescriber can issue with multiple prescriptions for Schedule II medications?

A. 60-day supply

B. 90-day supply

C. 30-day supply

D. 120-day supply

When a prescriber issues multiple prescriptions for a Schedule II medication, the maximum supply allowed is a 90-day supply, which can be divided into three separate prescriptions to be filled at different times. The prescriber must provide specific instructions for when each prescription should be filled, ensuring that the patient does not receive all prescriptions at once. This approach is designed to manage the use of Schedule II drugs, which have a high potential for abuse and dependence. By allowing prescriptions to be issued for a longer duration, it decreases the frequency of patient visits to the prescriber while still maintaining control over the medication's distribution. For example, if a patient is prescribed a medication for a chronic condition that requires ongoing treatment, the prescriber can write three prescriptions, each for a 30-day supply, to be filled at 30-day intervals. This method ensures that the patient has access to their medication while also adhering to the regulations governing Schedule II substances.

6. How are pharmacovigilance and the DEA connected?

A. Both focus on the cost-effectiveness of medications

B. Both involve monitoring the safety and effectiveness of medications post-marketing to ensure public safety

C. Both are primarily concerned with drug manufacturing processes

D. Both supervise the financial aspects of medication distribution

Pharmacovigilance and the DEA are connected through their shared emphasis on monitoring the safety and effectiveness of medications after they have been brought to market. Pharmacovigilance specifically deals with the detection, assessment, understanding, and prevention of adverse effects or any other drug-related problems, ensuring that any safety concerns related to medications are identified and addressed promptly to safeguard public health. The DEA, while primarily focused on the regulation and control of controlled substances, also plays a role in monitoring the use and potential misuse of medications that may have a high risk for abuse or dependency. This overlap in responsibilities means that both entities contribute to the overarching goal of ensuring medication safety in the public sphere, albeit from different angles. In contrast, the other options do not accurately capture this relationship. The focus on cost-effectiveness, drug manufacturing, and financial distribution aspects are not the central concern for either entity when it comes to their regulatory and monitoring activities.

7. What is the significance of a "controlled substance prescription record"?

A. It tracks the inventory level of all medications

B. It tracks the prescribing and dispensing activity of controlled substances for compliance with regulations

C. It serves as a receipt for patients

D. It is used for error tracking

The significance of a "controlled substance prescription record" lies in its role in tracking the prescribing and dispensing activity of controlled substances, which is crucial for ensuring compliance with federal and state regulations. These records help maintain a detailed account of how controlled substances are prescribed, distributed, and dispensed, thereby allowing regulatory agencies to monitor practices and detect any potential misuse or abuse of these drugs. Maintaining accurate records is vital for ensuring that pharmacists and prescribers adhere to the legal requirements surrounding controlled substances. This includes verifying that appropriate prescriptions are being issued and filled, preventing diversion, and ensuring patient safety. By having a comprehensive record-keeping system, pharmacists can also assist in managing patients' care, ensuring they receive the prescribed medications appropriately while adhering to the guidelines set forth by the Drug Enforcement Administration (DEA) and other regulatory bodies.

8. Who is authorized to transfer prescriptions?

A. Any pharmacy staff member

B. Licensed pharmacists only

C. Registered technicians

D. Anyone in the medical field

The authorization for transferring prescriptions is specifically reserved for licensed pharmacists only because they have the necessary training and legal authority to evaluate the appropriateness of the medication, ensure that the patient's medication history is thoroughly considered, and address any potential safety issues. This responsibility encompasses understanding the legal guidelines surrounding prescription medication and the implications of transferring these prescriptions correctly, maintaining patient safety and compliance with regulations. Allowing only licensed pharmacists to execute prescription transfers ensures that a knowledgeable professional is involved in the continuity of care, which includes confirming that the patient gets the correct medication and dosage, discussing potential drug interactions, and addressing any patient-specific concerns. Other staff members, including registered technicians and non-pharmacy personnel, do not have the comprehensive training to manage these complexities adequately.

9. A pharmacy orders five 100-count bottles of 2 mg morphine sulfate tablets. Upon checking the shipment, the pharmacist finds one bottle of 500-count tablets instead. Is this acceptable?

A. No, it must match exactly

B. Yes, if the actual quantity received does not exceed the order and NDC matches

C. Yes, but only if confirmed with the supplier

D. No, this is a violation of regulations

The correct response states that it is acceptable for the pharmacy to receive one bottle of 500-count tablets instead of the ordered five 100-count bottles of 2 mg morphine sulfate tablets, provided that the actual quantity received does not exceed the order and the National Drug Code (NDC) matches. This is correct because, in certain situations, discrepancies in quantity can be acceptable in the context of controlled substances, as long as the total amount does not exceed what was ordered, ensuring that the inventory remains within legal limits. The NDC matching is also crucial, as it confirms that the pharmacy received the correct medication, maintaining the integrity of the treatment being dispensed. Many suppliers may send a larger bottle of the same drug when available, and this can streamline inventory management. In this scenario, maintaining accurate records and ensuring that the received product aligns with the original order's specifications (aside from the count) is fundamental for compliance and safety in drug dispensing practices.

10. Which item must be included on a controlled substance prescription regarding refills?

A. Amount of drug available

B. Number of refills authorized

C. Type of insurance accepted

D. Patient's previous prescription history

The requirement to include the number of refills authorized on a controlled substance prescription is a crucial aspect of prescribing regulations set forth by the DEA. This piece of information informs both the pharmacist and the patient how many times they can refill the prescription without needing to obtain a new one from the prescriber. For controlled substances, the law is particularly strict regarding refills. Schedule II controlled substances, for instance, cannot have any refills; a new prescription is needed for every supply. Meanwhile, Schedule III and IV drugs can typically have up to five refills within six months. These rules are in place to prevent misuse and ensure proper management of potentially addictive medications. Including the number of refills helps maintain clear communication between the healthcare provider and the patient, as well as compliance with legal requirements. Such details are essential for facilitating ongoing treatment while also mitigating the risks associated with the abuse of controlled substances.