

FIPA 2 EXAM 3 PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. Which statement best defines bioequivalence in generic drug approval?**
 - A. The generic's rate and extent of absorption are not significantly different from the reference product
 - B. The generic must be manufactured by the same facility
 - C. The generic must be identical chemically
 - D. The generic must be marketed on the same day as the reference
- 2. If no family is present, home medications are considered abandoned and must be discarded.**
 - A. False
 - B. Not specified
 - C. Only for certain drugs
 - D. True
- 3. Which Schedule V ingredient is commonly available OTC according to the material?**
 - A. Morphine
 - B. Codeine
 - C. Hydrocodone
 - D. Oxycodone
- 4. Under federal laws, pseudoephedrine must be kept behind the counter or in a locked case:**
 - A. Behind the counter or locked case
 - B. On open shelves
 - C. In vending machines
 - D. In general pharmacy display
- 5. Does a patient have to pick up an opioid prescription within 14 days of it being written?**
 - A. Yes, the patient must pick up within 14 days.
 - B. No, only filled, but can pick up beyond the 14 days.
 - C. Yes, and it cannot be picked up after 14 days.
 - D. No, it must be picked up within 7 days.

- 6. Which schedule has the lowest abuse potential relative to Schedule IV?**
- A. Schedule II
 - B. Schedule III
 - C. Schedule IV
 - D. Schedule V
- 7. Which amendments addressed advertising claims for drug products?**
- A. Shirley Amendments
 - B. Harris-Kefauver Amendments
 - C. Orphan Drug Act
 - D. Stark Law
- 8. With a permanent jump in volume, which forecast climbs the step right away?**
- A. Cumulative mean
 - B. Weighted mean
 - C. Naive forecast
 - D. Moving average
- 9. What is a commonly cited con of HSAs?**
- A. Adverse selection
 - B. Patients may skip necessary healthcare
 - C. Lower out-of-pocket costs
 - D. Improved access to care
- 10. All records of controlled substances must be kept for how long under federal law?**
- A. 1 year
 - B. 2 years
 - C. 3 years
 - D. 5 years

Answers

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

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Explanations

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1. Which statement best defines bioequivalence in generic drug approval?

- A. The generic's rate and extent of absorption are not significantly different from the reference product
- B. The generic must be manufactured by the same facility**
- C. The generic must be identical chemically
- D. The generic must be marketed on the same day as the reference

Bioequivalence means the generic product delivers the same amount of active drug into the bloodstream over the same time period as the reference product, so its rate and extent of absorption are not significantly different. This ensures similar efficacy and safety, since the body sees essentially the same exposure to the medicine. The defining idea captured here is that the generic's rate and extent of absorption are not significantly different from the reference product. Manufacturing in the same facility, exact chemical identity in every detail, or launching on the same day as the reference do not determine bioequivalence. Excipients and formulations can differ, and approvals focus on pharmacokinetic similarity rather than site of manufacture or timing of market entry.

2. If no family is present, home medications are considered abandoned and must be discarded.

- A. False
- B. Not specified
- C. Only for certain drugs
- D. True**

The main idea is safe disposal when there's no one to take responsibility for medications left at home. If there is no family or authorized person to claim and manage the medications, there's no recipient to ensure they're used properly or stored safely. In that situation, those medications are treated as abandoned from a safety and liability standpoint, and they should be discarded through the proper channels (for example, pharmacy take-back programs or approved disposal methods). For controlled substances, follow regulatory destruction procedures with proper documentation. The statement is true because safeguarding people and the environment requires disposing of unclaimed medications rather than keeping them around.

3. Which Schedule V ingredient is commonly available OTC according to the material?

- A. Morphine
- B. Codeine**
- C. Hydrocodone
- D. Oxycodone

Schedule V covers medicines that contain only a small amount of a controlled substance and are typically available without a prescription or with limited pharmacist oversight because their abuse potential is lower. Codeine fits this pattern, as it's found in very low doses in common OTC-friendly products like certain cough syrups and mild antidiarrheal formulations. The other opioids listed are regulated at higher schedules and require a prescription, so they aren't available OTC.

4. Under federal laws, pseudoephedrine must be kept behind the counter or in a locked case:

A. Behind the counter or locked case

B. On open shelves

C. In vending machines

D. In general pharmacy display

Pseudoephedrine is tightly regulated because it can be illegally used to manufacture methamphetamine. Federal law requires it to be kept behind the counter or in a locked cabinet to limit access and allow proper monitoring. When it's behind the counter or locked, a pharmacist or trained staff can verify the purchaser's identity, enforce purchase limits, and record the transaction (often in an electronic system or logbook). This setup helps prevent over-purchasing and diversion, and it keeps the products out of easy reach from casual browsing. Keeping pseudoephedrine on open shelves, in vending machines, or in a general pharmacy display would make it too easy to obtain without oversight, which is why those options don't fit federal requirements.

5. Does a patient have to pick up an opioid prescription within 14 days of it being written?

A. Yes, the patient must pick up within 14 days.

B. No, only filled, but can pick up beyond the 14 days.

C. Yes, and it cannot be picked up after 14 days.

D. No, it must be picked up within 7 days.

The key idea here is that the 14-day window is about dispensing the prescription, not about when you must pick it up. For opioid prescriptions, the pharmacy typically has up to 14 days from the date written to fill (dispense) the medication. Once the prescription has been filled, the patient can pick it up according to the pharmacy's usual hold period, which may be after the 14-day window. So the statement that you don't have to pick up within 14 days, as long as the prescription is filled, is correct. If the prescription isn't filled within 14 days, it generally becomes invalid and cannot be dispensed.

6. Which schedule has the lowest abuse potential relative to Schedule IV?

A. Schedule II

B. Schedule III

C. Schedule IV

D. Schedule V

Abuse potential follows a descending order from I to V, with I the highest and V the lowest while still having medical use. If you compare relative to Schedule IV, the next step down has an even lower abuse potential. Schedule V includes preparations with very small amounts of narcotics (such as limited-codeine products) and is considered to have the lowest abuse potential among scheduled substances. This fits the pattern that while Schedule II, III, and IV have progressively lower risks, Schedule V sits at the bottom of the scale.

7. Which amendments addressed advertising claims for drug products?

- A. Shirley Amendments
- B. Harris-Kefauver Amendments
- C. Orphan Drug Act
- D. Stark Law

Advertising claims for drug products were addressed by the Shirley Amendments. These revisions to the Pure Food and Drug Act prohibited false or misleading labeling and advertising of drugs, making it unlawful to claim therapeutic effects that couldn't be proven. The goal was to curb deceptive statements about cures or guaranteed results and ensure that drug advertising reflects what evidence supports. The other options focus on different regulatory issues: the Harris-Kefauver amendments require safety and efficacy evidence before a drug can be marketed and tighten overall drug regulation; the Orphan Drug Act provides incentives to develop treatments for rare diseases; and the Stark Law deals with prohibitions on physician referrals under Medicare, not drug advertising.

8. With a permanent jump in volume, which forecast climbs the step right away?

- A. Cumulative mean
- B. Weighted mean
- C. Naive forecast
- D. Moving average

The key idea is how forecast methods react to a permanent change in the level. The naive forecast uses the most recent observation as the projection for the next period. When volume jumps and stays higher, the latest observed value is already at the new level, so the next forecast immediately rises to that level, producing the step right away. Other methods smooth or average past data. The cumulative mean blends all previous observations, so the impact of the jump manifests gradually as more data accumulate. A moving average weights the recent data with older ones in a window, so it shifts toward the new level over several periods rather than in a single leap. A weighted mean also disperses the influence over past observations, unless the weight on the most recent observation is dominant, it won't jump fully in one period. Thus, the forecast that climbs the step right away is the naive forecast.

9. What is a commonly cited con of HSAs?

- A. Adverse selection
- B. Patients may skip necessary healthcare
- C. Lower out-of-pocket costs
- D. Improved access to care

When an HSA is paired with a high-deductible plan, you're steering patients toward more initial out-of-pocket costs. A common drawback people note is that this setup can lead to skipping or delaying necessary medical care to avoid paying the deductible or other upfront expenses. That behavior can compromise health outcomes and may result in higher costs later if conditions worsen and require more intensive treatment. Adverse selection is a broader insurance-market issue about who chooses which plan, not the direct cost-related hesitation to seek care. Lower out-of-pocket costs and improved access to care are typically seen as benefits of HSAs with HDHPs, not drawbacks. So the cited concern—patients skipping needed care due to higher upfront costs—best captures a real downside of this approach.

10. All records of controlled substances must be kept for how long under federal law?

- A. 1 year
- B. 2 years**
- C. 3 years
- D. 5 years

The key idea is the federal requirement to retain controlled-substance records for two years. This two-year period creates an adequate audit trail of all receipts, distributions, and dispositions, allowing inspectors to review transactions and spot discrepancies or potential diversion over a meaningful span of time. It also aligns with biennial inventories, which are conducted every two years. While other retention periods may apply in different contexts or under state rules, the standard federal requirement for most controlled-substance records is two years.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://fipa2exam3.examzify.com>

We wish you the very best on your exam journey. You've got this!

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