

FPGEE Management Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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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

- 1. When conducting a controlled substance inventory, which of the following must be included?**
 - A. Drugs stored in a warehouse for the registrant at a different location**
 - B. Drugs returned by patients**
 - C. Drugs ordered by customers but not yet paid for**
 - D. Drugs delivered but not yet stocked**
- 2. If a new drug product is named "felorazepam", what is its likely classification?**
 - A. Schedule II**
 - B. Schedule III**
 - C. Schedule IV**
 - D. Not a controlled substance**
- 3. What is required of pharmacies when handling controlled substances?**
 - A. Regular inventory audits**
 - B. Annual licensing updates**
 - C. Mandatory employee training sessions**
 - D. Standard operating protocols for safety**
- 4. What is the purpose of prescribing methadone by a physician at a narcotic treatment facility?**
 - A. To manage a patient's narcotic addiction**
 - B. To prevent drug overdose**
 - C. To alleviate chronic pain**
 - D. To promote relaxation and sleep**
- 5. What is the total number of digits allowed in the NDC numbers on a pharmaceutical package?**
 - A. 8 or 10**
 - B. 9 or 11**
 - C. 10 or 11**
 - D. 12 or 14**

- 6. Which dosage form is MOST likely to present problems with bioequivalence?**
- A. Tablet**
 - B. Capsule**
 - C. Aerosol for inhalation**
 - D. Liquid**
- 7. Which of the following is NOT acceptable regarding refills?**
- A. Refills with unlimited time can be refilled up to 1 year**
 - B. Oral orders must be dispensed immediately**
 - C. Refills will be done under strict conformity**
 - D. Can refill without authorization from the prescriber**
- 8. What is the purpose of risk evaluation and mitigation strategies (REMS)?**
- A. Increase distribution of medications**
 - B. Enhance drug affordability**
 - C. Ensure safe and effective use of certain medications**
 - D. Promote early detection of diseases**
- 9. Which form is used to apply for a new DEA registration for a community pharmacy?**
- A. Form 222**
 - B. Form 224**
 - C. Form 225**
 - D. Form 226**
- 10. What is the maximum grams of methamphetamine precursor a pharmacy may sell in 30 days?**
- A. 2.88 grams**
 - B. 5.76 grams**
 - C. 10 grams**
 - D. 15 grams**

Answers

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

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Explanations

1. When conducting a controlled substance inventory, which of the following must be included?

A. Drugs stored in a warehouse for the registrant at a different location

B. Drugs returned by patients

C. Drugs ordered by customers but not yet paid for

D. Drugs delivered but not yet stocked

When conducting a controlled substance inventory, it is essential to include drugs stored in a warehouse for the registrant at a different location because these substances are still under the ownership and control of the registrant. The regulations governing controlled substances require that all inventory be accurately accounted for, regardless of where the drugs are physically located, as they are part of the registrant's stock. This ensures compliance with federal and state regulations surrounding the handling of controlled substances, which aims to prevent mismanagement and potential misuse. Including items that are stored at a different location helps maintain an accurate and comprehensive record of all controlled substances held by the registrant, thereby mitigating the risk of discrepancies during audits or inspections. In contrast, the other options do not qualify as they pertain either to inventory that is not yet owned by the pharmacist (such as drugs ordered but unpaid for), items that are no longer in active use (like returned drugs), or those that have been delivered but not yet integrated into the inventory system. These factors do not contribute to the current count of controlled substances required for compliance purposes.

2. If a new drug product is named "felorazepam", what is its likely classification?

A. Schedule II

B. Schedule III

C. Schedule IV

D. Not a controlled substance

Felorazepam is likely classified as a Schedule IV controlled substance. This classification typically applies to drugs that have a low potential for abuse compared to Schedule I-III substances, and Schedule IV drugs are recognized for their medical uses but may lead to limited physical or psychological dependence. Benzodiazepines, which include drugs like diazepam and lorazepam, are commonly found in Schedule IV. Given that felorazepam has a similar structure and pharmacological effects, it fits the criteria for this category. The low potential for abuse associated with Schedule IV drugs, coupled with their accepted medical applications, underscores the reasoning behind its classification. In contrast, the other schedules represent substances with higher abuse potential, which does not align with the characteristics associated with felorazepam. Understanding this classification helps in recognizing the regulatory framework surrounding drugs with similar pharmacologic properties.

3. What is required of pharmacies when handling controlled substances?

- A. Regular inventory audits**
- B. Annual licensing updates**
- C. Mandatory employee training sessions**
- D. Standard operating protocols for safety**

Pharmacies are required to conduct regular inventory audits when handling controlled substances to ensure compliance with federal and state regulations. This requirement is crucial because it helps to prevent diversion, abuse, and inaccuracies in record-keeping. Conducting these audits allows pharmacies to track and manage their controlled substance inventory effectively, identify any discrepancies, and take necessary corrective actions. Regular inventory audits contribute to maintaining the integrity of the pharmacy's operations and safeguarding public health by ensuring that controlled substances are accounted for and properly managed. This practice is part of ongoing regulatory compliance and is essential for maintaining a responsible and lawful pharmacy environment.

4. What is the purpose of prescribing methadone by a physician at a narcotic treatment facility?

- A. To manage a patient's narcotic addiction**
- B. To prevent drug overdose**
- C. To alleviate chronic pain**
- D. To promote relaxation and sleep**

Prescribing methadone by a physician at a narcotic treatment facility primarily serves the purpose of managing a patient's narcotic addiction. Methadone is an opioid agonist that is used in medication-assisted treatment (MAT) programs for individuals struggling with opioid dependency. This medication helps to stabilize patients by reducing withdrawal symptoms and cravings, allowing them to engage in a structured treatment plan without the intense fluctuations in their condition that can occur with illicit opioid use. In opioid treatment settings, the goal is to support patients in their recovery by providing a controlled and safer alternative to illicit drugs, which can often lead to dangerous behaviors and health risks. By using methadone as part of an integrated treatment approach, healthcare providers aim to improve patients' quality of life, decrease illicit drug use, and mitigate the potential for overdose that comes with unregulated opioid consumption. While other options mention aspects related to drug use and health, they do not encapsulate the primary role of methadone in the context of narcotic treatment facilities. Chronic pain management and encouraging relaxation or sleep are not the main focus of methadone therapy in this specific setting; it's fundamentally about addiction management and recovery support.

5. What is the total number of digits allowed in the NDC numbers on a pharmaceutical package?

- A. 8 or 10**
- B. 9 or 11**
- C. 10 or 11**
- D. 12 or 14**

The total number of digits allowed in National Drug Code (NDC) numbers on pharmaceutical packages is indeed 10 or 11. The NDC is a unique identifier for medications and consists of three segments. NDCs typically have 11 digits in the format of 5-4-2, where the first segment (5 digits) is the labeler code, the second segment (4 digits) is the product code, and the third segment (2 digits) represents the package code. However, the NDC can also be presented in a 10-digit format, usually when the labeler code is presented with leading zeros. Understanding the NDC's structure is important for various activities, including drug identification, inventory management, and regulatory compliance. This dual format allows for flexibility in how NDCs are displayed, accommodating both systems that may require leading zeros and those that do not.

6. Which dosage form is MOST likely to present problems with bioequivalence?

- A. Tablet**
- B. Capsule**
- C. Aerosol for inhalation**
- D. Liquid**

The aerosol for inhalation dosage form is most likely to present problems with bioequivalence due to several factors inherent to its formulation and delivery method. Bioequivalence refers to the comparison of two drug products in terms of the availability of the active ingredient in the systemic circulation, at an appropriate concentration and rate, which is essential for therapeutic equivalence. Aerosol formulations often involve complex and highly variable factors including particle size distribution, plume geometry, and the specific inhalation technique used by the patient. These factors can significantly influence how much of the drug reaches the lungs and enters systemic circulation. Inhalation aerosols need to ensure that the drug is delivered in a very specific size range, as particles that are too large or too small may not have the desired therapeutic effect. Moreover, variations in the device used for inhalation—such as differences in inhaler construction or design—can also impact the deposition of the drug in the respiratory tract. In contrast, solid dosage forms like tablets and capsules tend to be more straightforward in their formulation and delivery, typically involving less variability in how the drug is absorbed in the gastrointestinal tract. Liquid dosage forms also permit some degree of standardization in terms of absorption, though they can be subject to issues such as stability and

7. Which of the following is NOT acceptable regarding refills?

- A. Refills with unlimited time can be refilled up to 1 year**
- B. Oral orders must be dispensed immediately**
- C. Refills will be done under strict conformity**
- D. Can refill without authorization from the prescriber**

In the context of refills, the correct answer centers on the understanding that any refill of a prescription should be authorized by the prescriber to ensure patient safety and compliance with legal regulations. Refills typically require the prescriber's approval to confirm that the continuation of the medication is appropriate based on the patient's current health status and treatment plan. The notion that refills can occur without authorization from the prescriber is inconsistent with standard protocols for medication management, which prioritize communication and verification between healthcare professionals. This is vital to prevent any potential risks associated with mismanagement of medications. On the other hand, the other options highlight acceptable practices. For instance, unlimited refills generally mean that the prescription can be refilled for up to one year, which is in accordance with guidelines that aim to prevent interruption in patient care. Oral orders needing to be dispensed promptly further emphasizes the importance of immediate patient access to medications when prescribed. Finally, refills conducted under strict conformity underscore the necessity for adherence to legal and clinical standards in the dispensing of medications, ensuring patient safety and regulatory compliance. Thus, understanding the significance of having prescriber authorization ensures proper governance of medication refills in practice.

8. What is the purpose of risk evaluation and mitigation strategies (REMS)?

- A. Increase distribution of medications**
- B. Enhance drug affordability**
- C. Ensure safe and effective use of certain medications**
- D. Promote early detection of diseases**

The purpose of Risk Evaluation and Mitigation Strategies (REMS) is to ensure the safe and effective use of certain medications. REMS are requirements put in place by the FDA when there are specific risks associated with certain drugs that can jeopardize patient safety or compromise the effectiveness of treatment. By implementing REMS, healthcare providers and patients are provided with essential information about the risks involved and the necessary actions to mitigate those risks. This often includes guidelines for monitoring patients, restricted distribution channels, and additional education for both patients and healthcare providers on the safe use of the medication. For example, medications that have a high potential for serious side effects might come with a REMS to ensure that patients are informed about these risks and are monitored for any adverse effects during treatment. This comprehensive approach aims to balance the need for access to essential medications while safeguarding patient health and ensuring that such treatments are used properly and responsibly. In contrast, the other choices do not align with the direct purpose of REMS. An increase in distribution of medications, enhancing affordability, or promoting the early detection of diseases are not the primary objectives of REMS, which focus specifically on managing and mitigating risks associated with particular drugs.

9. Which form is used to apply for a new DEA registration for a community pharmacy?

- A. Form 222**
- B. Form 224**
- C. Form 225**
- D. Form 226**

Form 224 is specifically designated for applying for a new DEA registration for a community pharmacy. This form is essential for pharmacists who intend to dispense controlled substances and is utilized to register with the Drug Enforcement Administration, which regulates the manufacturing and distribution of narcotics and other controlled substances. When a community pharmacy wishes to obtain a DEA registration, they must complete Form 224 to provide relevant information about their practice, including details on the pharmacy, the owner, and the type of controlled substances they plan to handle. Submitting this form is the initial step in complying with federal regulations governing controlled substances. Form 222 is used for the ordering of Schedule I and II controlled substances, whereas Form 225 is for manufacturers, distributors, and researchers. Form 226 is not associated with the standard registration process for community pharmacies. Understanding the distinct purposes of these forms is crucial for compliance with DEA regulations in pharmacy practice.

10. What is the maximum grams of methamphetamine precursor a pharmacy may sell in 30 days?

- A. 2.88 grams**
- B. 5.76 grams**
- C. 10 grams**
- D. 15 grams**

The maximum grams of methamphetamine precursor that a pharmacy may sell in 30 days is 5.76 grams. This limitation is established to control the availability of certain precursor chemicals that can be used illegally to manufacture methamphetamine. Regulations stipulate that pharmacies must monitor and limit the amount of these substances sold within a specified timeframe to help combat the illegal production of methamphetamine. The specified quantity reflects an effort to balance accessibility for legitimate medical use while preventing abuse by individuals seeking to use the substances for illegal drug manufacturing. These regulatory measures are crucial for public safety and compliance with federal and state laws concerning controlled substances. Understanding these limits allows pharmacy professionals to adhere to legal standards and helps to ensure the responsible dispensing of substances that could potentially be misused.

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://fpgeemgmt.examzify.com>

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