

HOSA Pharmacology Assessment Practice Test (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. What is the 30-day purchase limit for pseudoephedrine according to the Combat Methamphetamine Epidemic Act?**
 - A. 5 grams**
 - B. 7.5 grams**
 - C. 9 grams**
 - D. 10 grams**
- 2. Which of the following forms of medication is specifically designed for slow release in the mouth?**
 - A. Rectal suppositories**
 - B. Lozenges and troches**
 - C. Elixirs**
 - D. Inhalers**
- 3. Which condition is NOT treated by ACE inhibitors?**
 - A. High blood pressure**
 - B. Heart failure**
 - C. Depression**
 - D. Kidney disease**
- 4. What is the primary advantage of subcutaneous injections?**
 - A. Faster absorption**
 - B. Reduced pain at the injection site**
 - C. Ability to deliver large volumes of medication**
 - D. Direct access to the bloodstream**
- 5. How must a Schedule II prescription be signed?**
 - A. Electronically**
 - B. Manually signed by the practitioner**
 - C. Not signed at all**
 - D. By a nurse or assistant**

- 6. Which type of tablet is designed to dissolve under the tongue?**
- A. Buccal tablet**
 - B. Chewable tablet**
 - C. Sublingual tablet**
 - D. Film-coated tablet**
- 7. What does "INJ" refer to in medical terms?**
- A. Intermittent**
 - B. Medication via nebulizer**
 - C. Injection**
 - D. Inhalation**
- 8. Which abbreviation is used for instructions to take medication as required?**
- A. HS**
 - B. UD**
 - C. PRN**
 - D. TDS**
- 9. What is the primary benefit of rectal suppositories?**
- A. Fast absorption through the stomach**
 - B. Dispersal of medication at body temperature**
 - C. Ease of swallowing**
 - D. Immediate effect on the digestive tract**
- 10. In the NDA Process, which phase involves the largest number of volunteers for testing efficacy?**
- A. Phase I**
 - B. Phase II**
 - C. Phase III**
 - D. Pre Clinical**

Answers

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

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Explanations

- 1. What is the 30-day purchase limit for pseudoephedrine according to the Combat Methamphetamine Epidemic Act?**
- A. 5 grams**
 - B. 7.5 grams**
 - C. 9 grams**
 - D. 10 grams**

The correct answer is based on the regulations outlined in the Combat Methamphetamine Epidemic Act of 2005, which aims to control the sale of pseudoephedrine due to its potential use in manufacturing methamphetamine. According to the Act, an individual is allowed to purchase a maximum of 9 grams of pseudoephedrine within a 30-day period. This limit is designed to help curb illicit drug production while still allowing consumers to access medication that contains pseudoephedrine for legitimate medical purposes, such as decongestion in cold and allergy treatments. In contrast, the other options do not align with the legal purchase limits established by the Act. For example, 5 grams, 7.5 grams, and 10 grams all fall outside the specified legal threshold for an individual's 30-day purchase limit, highlighting the importance of understanding regulatory guidelines in pharmacology and medication management.

- 2. Which of the following forms of medication is specifically designed for slow release in the mouth?**
- A. Rectal suppositories**
 - B. Lozenges and troches**
 - C. Elixirs**
 - D. Inhalers**

Lozenges and troches are specifically designed forms of medication that dissolve in the mouth, allowing for slow release and absorption of the active ingredients. This method is particularly effective for delivering medication directly to the oral cavity, throat, or respiratory system, where the dissolution allows the ingredients to diffuse across the mucosal membranes. They are often used for relief from sore throats, coughs, or for local anesthetic effects. The other forms of medication serve different purposes and routes of administration. Rectal suppositories are formulated for absorption via the rectum and are not intended for use in the mouth. Elixirs are liquid formulations that contain a mixture of active ingredients and alcohol or sweeteners, typically for oral consumption as a whole, rather than a slow-release form in the mouth. Inhalers are designed to deliver medication directly into the lungs for respiratory issues and do not provide the localized effect that lozenges and troches do in the mouth. This distinction is crucial in understanding which medications are designed for specific routes of absorption and therapeutic effects.

3. Which condition is NOT treated by ACE inhibitors?

- A. High blood pressure
- B. Heart failure
- C. Depression**
- D. Kidney disease

ACE inhibitors, or angiotensin-converting enzyme inhibitors, are primarily used in the management of cardiovascular conditions. They work by inhibiting the conversion of angiotensin I to angiotensin II, a peptide that narrows blood vessels and can increase blood pressure. By blocking this conversion, ACE inhibitors help to lower blood pressure, reduce the workload on the heart, and improve survival in patients with heart failure. In the context of kidney disease, ACE inhibitors are beneficial because they can help protect renal function, particularly in patients with diabetic nephropathy or hypertension. They can reduce proteinuria and slow the progression of kidney injury. Depression, on the other hand, is a mental health condition that does not respond to the pharmacological actions of ACE inhibitors. This class of medication does not target the neurotransmitters or pathways associated with mood regulation, which is why it is not indicated as a treatment for depression. Therefore, the option referring to depression is the one that is not treated by ACE inhibitors, as their therapeutic effects are focused on cardiovascular and renal health.

4. What is the primary advantage of subcutaneous injections?

- A. Faster absorption
- B. Reduced pain at the injection site**
- C. Ability to deliver large volumes of medication
- D. Direct access to the bloodstream

The primary advantage of subcutaneous injections lies in their ability to minimize pain at the injection site compared to other injection methods. Subcutaneous injections are administered into the fatty tissue just under the skin, which tends to have fewer nerve endings than muscle, leading to a generally less painful experience for patients. This can encourage adherence to treatment among patients who might be apprehensive about needles. In addition, subcutaneous injections are used to administer medications that require slower absorption rates into the bloodstream, making them suitable for drugs that need to provide a steady release over time. While faster absorption and the ability to deliver larger volumes are important for certain routes of administration, these characteristics are not typical advantages of subcutaneous injections. Furthermore, direct access to the bloodstream is a feature of intravenous injections, not subcutaneous ones. The advantage of reduced pain at the injection site is particularly relevant in clinical settings where patient comfort is a priority.

5. How must a Schedule II prescription be signed?

- A. Electronically
- B. Manually signed by the practitioner**
- C. Not signed at all
- D. By a nurse or assistant

A Schedule II prescription must be manually signed by the practitioner to ensure both legal compliance and patient safety. The manual signature serves as a verification of the practitioner's intent to prescribe a controlled substance, which is subject to strict regulations due to its potential for abuse and dependency. The necessity for a hand signature helps prevent unauthorized alterations and ensures that only the licensed practitioner who assessed the patient can authorize the medication. This requirement is critical in maintaining the integrity of prescriptions for controlled substances and safeguarding against misuse. To elaborate, electronic signatures and prescriptions are typically acceptable for certain medications; however, the regulations for Schedule II drugs are stricter to minimize the risks associated with their potent effects. The option of not signing at all or allowing a nurse or assistant to sign would contravene these stringent guidelines, as only the medical practitioner with the appropriate authority should be the one prescribing such substances.

6. Which type of tablet is designed to dissolve under the tongue?

- A. Buccal tablet
- B. Chewable tablet
- C. Sublingual tablet**
- D. Film-coated tablet

The type of tablet designed to dissolve under the tongue is known as a sublingual tablet. This formulation allows the medication to be absorbed quickly into the bloodstream through the tissues under the tongue. The sublingual route is particularly beneficial for drugs that require rapid onset of action because it bypasses the gastrointestinal tract and the first-pass metabolism in the liver, allowing the active ingredients to enter the systemic circulation more quickly. In contrast, buccal tablets are designed to dissolve in the cheek pouch and are absorbed through the buccal mucosa, while chewable tablets are formulated for mastication to enhance their palatability and are swallowed whole. Film-coated tablets have a coating that helps mask the taste or protect the active ingredients but are intended for ingestion rather than rapid absorption sublingually. Thus, the unique properties of sublingual tablets make them the preferred choice for medications requiring quick systemic uptake.

7. What does "INJ" refer to in medical terms?

- A. Intermittent
- B. Medication via nebulizer
- C. Injection**
- D. Inhalation

"INJ" in medical terminology stands for "injection." This term is commonly used in healthcare settings to indicate the method of delivering a medication or vaccine directly into the body through a syringe and needle. This route can be advantageous for medications that need to act quickly or are not effective when taken orally, ensuring immediate absorption into the bloodstream. The context behind the other options helps clarify why they do not fit the abbreviation "INJ." Intermittent usually signifies something occurring at irregular intervals but does not directly relate to the concept of injection. Medication delivered via nebulizer refers to inhalation therapy, which is distinct from the direct injection method. Inhalation signifies the process of breathing in, often associated with bronchodilators or anesthetics, but it does not use needles or syringes like injections do. Thus, the correct association with "INJ" is firmly linked to injections as a method of medication administration.

8. Which abbreviation is used for instructions to take medication as required?

- A. HS
- B. UD
- C. PRN**
- D. TDS

The abbreviation "PRN" stands for "pro re nata," which is a Latin term meaning "as needed" or "as the situation arises." In the context of medication instructions, it indicates that the patient should take the medication only when necessary, rather than on a fixed schedule. This is particularly relevant for medications used to manage symptoms, such as pain relievers or anti-anxiety medications, where the need for the medication may vary from person to person and over time. Other common abbreviations in the healthcare setting, like "HS" (at bedtime), "UD" (as directed), and "TDS" (three times a day), do not convey the same flexibility as "PRN." While these instructions help individuals understand when and how often to take a medication, they do not imply taking the medication only when it is required, which is the key aspect of "PRN." Thus, "PRN" is the correct answer for instructions that specify taking medication as needed.

9. What is the primary benefit of rectal suppositories?

- A. Fast absorption through the stomach
- B. Dispersal of medication at body temperature**
- C. Ease of swallowing
- D. Immediate effect on the digestive tract

The primary benefit of rectal suppositories is the dispersal of medication at body temperature. When a suppository is inserted into the rectum, it melts and disperses due to the body's heat, allowing for the medication to be absorbed directly into the bloodstream through the rectal mucosa. This method of administration can provide various advantages, such as bypassing the digestive system and liver metabolism, which may enhance the medication's effectiveness and onset of action. The absorption via this route is often more rapid than oral medications, particularly for patients who have difficulty swallowing or for those who are vomiting or unconscious, where oral administration would not be feasible. Additionally, because suppositories do not irritate the stomach lining, they may be a preferred method in certain clinical situations. While the other options present different benefits related to routes of medication delivery, they do not specifically highlight the unique advantage of how rectal suppositories operate within the body, particularly in terms of temperature-induced dispersal and absorption.

10. In the NDA Process, which phase involves the largest number of volunteers for testing efficacy?

- A. Phase I
- B. Phase II
- C. Phase III**
- D. Pre Clinical

The phase that involves the largest number of volunteers for testing efficacy is Phase III. This phase is crucial in the drug development process as it focuses on confirming the drug's effectiveness and safety across a diverse population. During Phase III trials, hundreds to thousands of participants are enrolled, allowing researchers to gather substantial data on the drug's effectiveness compared to standard treatments or placebos. This large sample size helps ensure that the results are robust and can be generalized to a broader population. It is designed to detect any adverse effects and confirm the therapeutic benefits of the medication prior to it being submitted for regulatory approval. In contrast, the earlier phases involve fewer participants and focus more on aspects like safety and dosage rather than efficacy in a larger, more varied group. Preclinical studies, which occur before any human testing, involve laboratory and animal studies to assess the drug's viability and safety but do not include human volunteers at all.

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://hosapharmacologyassessment.examzify.com>

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