

MDC PHARMACOKINETICS (PK) I 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. In a two-compartment pharmacokinetic model, what does the alpha phase represent?**
- A. Rapid distribution between compartments.
 - B. Slow elimination from the body.
 - C. Steady-state concentration.
 - D. Renal excretion rate.
- 2. Which drug is an anti-asthmatic bronchodilator?**
- A. Salbutamol
 - B. Budesonide
 - C. Montelukast
 - D. Theophylline
- 3. Ambroxol is marketed under which brand name?**
- A. Mucosolvan
 - B. Norvasc
 - C. Aspilets
 - D. Dulcolax
- 4. Which of the following is an anti-diarrheal medication?**
- A. Diphenoxylate
 - B. Bismuth Subsalicylate
 - C. Loperamide
 - D. Paregoric
- 5. If $V_d = 50 \text{ L}$ and $CL = 5 \text{ L/h}$, what is the half-life $t_{1/2}$?**
- A. 1.2 h
 - B. 4.5 h
 - C. 6.93 h
 - D. 12 h

6. Which equation gives the oral dose needed to achieve a target C_{ss} when clearance, dosing interval, and bioavailability are known?

- A. $\text{Dose}_{po} = (C_{ss} \times Cl \times \tau) / F$
- B. $\text{Dose}_{po} = C_{ss} \times Cl \times \tau \times F$
- C. $\text{Dose}_{po} = (C_{ss} \times Cl) / (\tau \times F)$
- D. $\text{Dose}_{po} = F \times C_{ss} \times V_d$

7. Which term denotes a dosage form designed to deliver through the skin via a patch?

- A. Ointment
- B. Cream
- C. Rectal
- D. Transdermal

8. Which drug is an anti-obesity agent?

- A. Lesofat
- B. Orlistat
- C. Xenical
- D. Orlicin

9. Allometric scaling exponent for clearance across body weight is typically?

- A. 1.25
- B. 0.75
- C. 0.5
- D. 1.0

10. Which term describes medications that lower body temperature?

- A. Antipyretic
- B. Decongestant
- C. Mucolytic
- D. Antihistamine

Answers

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

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Explanations

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1. In a two-compartment pharmacokinetic model, what does the alpha phase represent?

- A. Rapid distribution between compartments.**
- B. Slow elimination from the body.
- C. Steady-state concentration.
- D. Renal excretion rate.

The key idea is how the two-compartment model describes drug behavior after administration. Right after an IV dose, the concentration in plasma drops quickly not because the drug is being eliminated, but because it rapidly distributes between the central compartment (blood) and the peripheral compartment (tissues). This fast transfer creates the initial steep decline in plasma concentration, called the alpha phase. After distribution reaches balance, the slower process that governs the remaining decline is elimination from the body, leading to the beta phase. So the alpha phase specifically represents rapid distribution between compartments, not elimination, steady-state levels, or excretion.

2. Which drug is an anti-asthmatic bronchodilator?

- A. Salbutamol**
- B. Budesonide
- C. Montelukast
- D. Theophylline

The question tests knowledge of which medication acts as a bronchodilator specifically used in asthma. Salbutamol is a selective beta-2 adrenergic receptor agonist. When it binds to β_2 receptors on bronchial smooth muscle, it activates adenylate cyclase, increases cAMP, and causes the smooth muscle to relax, producing rapid bronchodilation. This makes it the classic fast-acting rescue bronchodilator in asthma. The other options are not bronchodilators in the same immediate sense. Budesonide is an inhaled corticosteroid that reduces airway inflammation over time but does not quickly open the airways. Montelukast blocks leukotriene receptors to reduce inflammation and bronchoconstriction rather than providing immediate bronchodilation. Theophylline is a methylxanthine that can bronchodilate by inhibiting phosphodiesterase and increasing cAMP, but its use is limited by a narrow therapeutic window and interactions, so it's less representative as a typical anti-asthmatic bronchodilator.

3. Ambroxol is marketed under which brand name?

- A. Mucosolvan**
- B. Norvasc
- C. Aspilets
- D. Dulcolax

Ambroxol is a mucolytic used to thin and clear mucus, and in many markets it's sold under the brand name Mucosolvan, a widely recognized trade name for this drug. The other names listed correspond to different medications—Norvasc is amlodipine (a blood pressure pill), Aspilets is aspirin, and Dulcolax is a laxative. So the brand name associated with Ambroxol is Mucosolvan.

4. Which of the following is an anti-diarrheal medication?

- A. Diphenoxylate
- B. Bismuth Subsalicylate
- C. Loperamide**
- D. Paregoric

The idea being tested is how anti-diarrheal drugs work by slowing intestinal movement to give water and electrolytes a chance to be absorbed, reducing stool frequency and liquidity. Loperamide fits this by acting as a μ -opioid receptor agonist in the enteric nervous system, which decreases gut smooth muscle tone and slows motility, letting more water be reabsorbed. It achieves this with minimal CNS effects because it stays largely in the gut and is expelled from the brain by P-glycoprotein, giving effective relief from diarrhea without significant central opioid effects. While other options can have anti-diarrheal actions (diphenoxylate is another opioid antidiarrheal, paregoric is an opium tincture, and bismuth subsalicylate has antisecretory and protective effects), loperamide is the classic peripherally acting agent most commonly recognized for this purpose.

5. If $V_d = 50$ L and $CL = 5$ L/h, what is the half-life $t_{1/2}$?

- A. 1.2 h
- B. 4.5 h
- C. 6.93 h**
- D. 12 h

The half-life in first-order elimination is determined by $t_{1/2} = 0.693 \times V_d / CL$. This ties how far the drug distributes (V_d) to how quickly it's cleared (CL). Plugging in $V_d = 50$ L and $CL = 5$ L/h gives $V_d/CL = 50/5 = 10$ h. Multiply by 0.693 to get $t_{1/2} = 6.93$ h. So the half-life is about 6.93 hours. The other numbers would require different V_d/CL ratios (for example, a much smaller ratio would yield a shorter $t_{1/2}$, and a larger ratio would yield a longer $t_{1/2}$).

6. Which equation gives the oral dose needed to achieve a target C_{ss} when clearance, dosing interval, and bioavailability are known?

- A. $Dose_{po} = (C_{ss} \times Cl \times \tau) / F$**
- B. $Dose_{po} = C_{ss} \times Cl \times \tau \times F$
- C. $Dose_{po} = (C_{ss} \times Cl) / (\tau \times F)$
- D. $Dose_{po} = F \times C_{ss} \times V_d$

When aiming for a target average steady-state concentration with intermittent oral dosing, the balance between how much drug enters the body and how quickly it is cleared is the key idea. At steady state, the average rate of input must match the average rate of elimination. The average input rate for oral dosing is the amount absorbed per dose divided by the dosing interval, which is $(F \times Dose)/\tau$, since only a fraction F of the administered dose reaches systemic circulation and doses are given every τ hours. The average elimination rate at steady state is $C_{ss} \times Cl$. Setting these equal gives $Dose = C_{ss} \times Cl \times \tau / F$. This shows why the dose increases with clearance and with the dosing interval, and why it decreases with higher bioavailability. The given expression matches this relationship, yielding the required oral dose to achieve the target C_{ss} .

7. Which term denotes a dosage form designed to deliver through the skin via a patch?

- A. Ointment
- B. Cream
- C. Rectal
- D. Transdermal**

The central idea is recognizing a patch-based system designed to move drug through the skin into systemic circulation, which is called transdermal delivery. A patch implies a dosage form that adheres to the skin and releases the drug over time for systemic effect, not just local skin treatment. Ointments and creams are topical formulations intended mainly for surface or local action on the skin, though they may allow some absorption, they're not defined by patch-based delivery. Rectal indicates a non-skin route of administration and does not involve a patch. Transdermal patches provide controlled, sustained release and can bypass first-pass metabolism, which is why transdermal is the best descriptor for a patch-delivered skin system.

8. Which drug is an anti-obesity agent?

- A. Lesofat
- B. Orlifast
- C. Xenical**
- D. Orlicin

The idea being tested is how some anti-obesity drugs work. Xenical contains orlistat, which acts by inhibiting pancreatic and gastric lipases in the gut. This stops triglycerides from being broken down into absorbable fatty acids and monoglycerides, so a significant portion of dietary fat isn't absorbed and is excreted in the stool. That reduces the calories absorbed from fat and supports weight loss when used with a reduced calorie diet and exercise. Because its action is local to the gastrointestinal tract, systemic effects are limited, though it can cause GI side effects like oily stools, flatulence with discharge, and potential fat soluble vitamin deficiencies if fat intake isn't balanced. Among the options, Xenical is the anti obesity agent; the other names don't correspond to approved obesity drugs.

9. Allometric scaling exponent for clearance across body weight is typically?

- A. 1.25
- B. 0.75**
- C. 0.5
- D. 1.0

Allometric scaling uses a power-law relation between clearance and body weight: $CL \propto BW^b$. The value that's typically used for clearance across different body sizes is about 0.75. This comes from the idea that metabolic rate—and thus the body's capacity to eliminate drugs—scales with body mass roughly as $BW^{(3/4)}$. So as weight increases, clearance rises, but less than proportionally. For example, doubling body weight would increase clearance by $2^{0.75} \approx 1.68$, not by a factor of 2. This 0.75 exponent is the standard that helps translate clearance across species and body sizes in pharmacokinetics. Using a linear scaling ($b = 1$) would overstate the change, while exponents like 0.5 or 1.25 would misfit observed physiological scaling.

10. Which term describes medications that lower body temperature?

- A. Antipyretic**
- B. Decongestant**
- C. Mucolytic**
- D. Antihistamine**

Antipyretics are drugs used to reduce fever. Fever is caused by the hypothalamus raising the body's temperature set point in response to pyrogens, which increases prostaglandin E2 production. Antipyretics inhibit the cyclooxygenase enzymes in the brain, lowering PGE2 and returning the set point to normal. As a result, the body expends heat through vasodilation and sweating, which lowers the actual temperature. Examples include acetaminophen and NSAIDs. The other drugs listed have different primary actions—decongestants relieve nasal stuffiness by vasoconstriction, mucolytics thin mucus, and antihistamines block histamine receptors to treat allergic symptoms—so they don't primarily lower body temperature.

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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://mdcpk1.examzify.com>

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

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