

Pharmacy Continuing Education (CE) 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

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- 1. Which statement accurately describes atopic dermatitis?**
 - A. Most people with AD (about 70%) have mild disease, usually treatable in primary care settings**
 - B. Clinicians recognize AD quickly and usually treat it aggressively**
 - C. Poor adherence and treatment complexity are not concerns for patients with AD**
 - D. AD always worsens over time without exception**

- 2. How long should a patient expect to wait to see a response from pimavanserin in controlling hallucinations?**
 - A. Within 1 week**
 - B. Within 2 weeks**
 - C. Within 3-4 weeks**
 - D. Within 4-6 weeks**

- 3. What type of genetic disorder is FOP primarily characterized as?**
 - A. Autosomal dominant genetic disorder**
 - B. Autosomal recessive genetic disorder**
 - C. X-linked disorder**
 - D. Mitochondrial disorder**

- 4. Which condition is not considered a risk factor for opioid-induced respiratory depression?**
 - A. Heart failure**
 - B. History of cancer**
 - C. Cardiorespiratory disease**
 - D. Pancreatic disease**

- 5. Which of the following medications is considered an anabolic agent for treating osteoporosis?**
 - A. Ibandronate**
 - B. Alendronate**
 - C. Abaloparatide**
 - D. Raloxifene**

6. You are counseling a patient on eye ointments. When is the best time to apply the ointment?

- A. Before bed for overnight relief**
- B. In the afternoon for maximum effect**
- C. Right before applying contact lenses**
- D. At any time during the day**

7. Which best describes the proposed mechanism of action of palovarotene in FOP?

- A. A tyrosine kinase inhibitor that inhibits mutated ACVR1 activity**
- B. A retinoic acid receptor (RAR)- γ agonist that inhibits chondrogenesis**
- C. A fully human monoclonal antibody that binds to activin A**
- D. An inhibitor of mTOR kinase**

8. What is the appropriate tazemetostat dose to re-initiate AK after holding therapy?

- A. 600 mg twice daily**
- B. 600 mg once daily**
- C. 400 mg twice daily**
- D. 800 mg once daily**

9. What is one of the symptoms often reported by patients suffering from dry eye disease?

- A. Blurred vision**
- B. Increased tearing**
- C. Documented infections**
- D. Persistent headaches**

10. What is a serious consequence associated with the concurrent use of opioids and central nervous system depressants?

- A. Increased pain control**
- B. Improved bowel motility**
- C. Worsening respiratory depression**
- D. Enhanced drug efficacy**

Answers

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

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Explanations

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1. Which statement accurately describes atopic dermatitis?

- A. Most people with AD (about 70%) have mild disease, usually treatable in primary care settings**
- B. Clinicians recognize AD quickly and usually treat it aggressively**
- C. Poor adherence and treatment complexity are not concerns for patients with AD**
- D. AD always worsens over time without exception**

The statement that most people with atopic dermatitis (AD) have mild disease, typically manageable in primary care settings, is accurate. Atopic dermatitis is a common inflammatory skin condition that shows a wide spectrum of severity. Research indicates that a significant majority of individuals with AD have mild forms that can effectively be treated with conventional therapies, often provided in a primary care environment. These treatments usually involve moisturizing agents, topical corticosteroids, and lifestyle modifications, which are accessible and manageable for both patients and healthcare providers. The statement reflects the reality that while some patients may experience more severe forms requiring specialized dermatological care, the majority do not face such extensive treatment needs and can achieve good control of their symptoms with proper management. In contrast, clinicians may not always recognize AD quickly, and treatment approaches can vary widely; while some practitioners may treat it aggressively, this does not apply universally to all cases. Moreover, poor adherence to treatment and the complexity of managing any chronic condition, including AD, is a recognized concern among patients, making option C inaccurate. Finally, the course of AD does not always worsen; many patients can experience fluctuations in their condition and may have periods of remission, making the absolute statement in option D incorrect.

2. How long should a patient expect to wait to see a response from pimavanserin in controlling hallucinations?

- A. Within 1 week**
- B. Within 2 weeks**
- C. Within 3-4 weeks**
- D. Within 4-6 weeks**

Pimavanserin is an antipsychotic specifically approved for the treatment of hallucinations and delusions associated with Parkinson's disease psychosis. Clinical studies indicate that patients may experience an initial response within the first few weeks of treatment; however, the average time to see a more definitive response typically falls within the range of 4 to 6 weeks. This timeline accounts for the gradual onset of effectiveness, which is common with many psychotropic medications due to the need for sufficient drug levels to accumulate and exert pharmacological effects. Thus, patients are often advised to allow this time frame before assessing the full effectiveness of the medication in controlling their symptoms. In contrast, shorter timelines such as 1 week, 2 weeks, or even 3-4 weeks may not provide an adequate window for the medication to reach its full therapeutic potential. It is critical for both healthcare providers and patients to understand that patience is often required when managing psychotic symptoms with medications like pimavanserin.

3. What type of genetic disorder is FOP primarily characterized as?

- A. Autosomal dominant genetic disorder**
- B. Autosomal recessive genetic disorder**
- C. X-linked disorder**
- D. Mitochondrial disorder**

Fibrodysplasia ossificans progressiva (FOP) is primarily characterized as an autosomal dominant genetic disorder. This means that only one copy of the mutated gene, which is typically the ACVR1 gene, is sufficient to cause the condition. Individuals with FOP have a 50% chance of passing on the mutated gene to their offspring. In FOP, there is abnormal bone formation that occurs in the tissues of the body, where muscle and connective tissues gradually transform into bone. This process is known as heterotopic ossification. The autosomal dominant inheritance pattern is significant because it allows the disorder to manifest in individuals with just one copy of the mutant allele, contributing to its distinctive presentation and the nature of its inheritance. Understanding FOP as an autosomal dominant disorder is crucial for genetic counseling, patient management, and predicting the condition's impact on families, as affected parents have a significant chance to pass on the disorder to their children.

4. Which condition is not considered a risk factor for opioid-induced respiratory depression?

- A. Heart failure**
- B. History of cancer**
- C. Cardiorespiratory disease**
- D. Pancreatic disease**

Opioid-induced respiratory depression is a significant concern when prescribing and administering opioid medications, as this condition can lead to severe complications, including hypoxia and respiratory arrest. The risk factors for this condition generally involve factors that affect the respiratory system or the body's ability to respond to respiratory depression. The presence of heart failure, cardiorespiratory disease, and conditions that compromise lung function make individuals more susceptible to respiratory depression when using opioids. These diseases can impair the body's ability to maintain adequate ventilation and oxygenation, directly increasing the risk of respiratory issues. On the other hand, a history of cancer does not inherently predispose an individual to opioid-induced respiratory depression. While cancer patients may require opioids for pain management, cancer itself does not directly impact respiratory function unless accompanied by specific complications such as lung metastases or the presence of associated respiratory diseases. Hence, having a history of cancer does not qualify as a risk factor for opioid-induced respiratory depression in the broader sense.

5. Which of the following medications is considered an anabolic agent for treating osteoporosis?

- A. Ibandronate**
- B. Alendronate**
- C. Abaloparatide**
- D. Raloxifene**

Abaloparatide is recognized as an anabolic agent for the treatment of osteoporosis. Anabolic agents work by stimulating bone formation, which is particularly important in patients with osteoporosis who require enhancement of bone density. Abaloparatide is a synthetic analog of parathyroid hormone and acts on bone tissue to promote new bone growth and improve bone mineral density, therefore reducing the risk of fractures. In contrast, the other medications listed primarily function by inhibiting bone resorption rather than actively stimulating bone formation. Ibandronate and Alendronate are bisphosphonates that reduce bone breakdown, while Raloxifene is a selective estrogen receptor modulator (SERM) that provides estrogen-like effects on bone but does not stimulate bone formation in the same way that anabolic agents do. This distinction is critical in understanding how different medications are utilized in the management of osteoporosis and their mechanisms of action.

6. You are counseling a patient on eye ointments. When is the best time to apply the ointment?

- A. Before bed for overnight relief**
- B. In the afternoon for maximum effect**
- C. Right before applying contact lenses**
- D. At any time during the day**

Applying eye ointments before bed is considered the best practice because it allows the medication to remain in contact with the eye surface for an extended period, thus maximizing its therapeutic effect during the night when the patient is less likely to blink. This overnight application helps enhance absorption and effectiveness, as the ointment can coat the eye and provide continuous relief from symptoms such as dryness or irritation without interference from normal activities or blinking. In contrast, application at times such as in the afternoon or right before inserting contact lenses can lead to less effective dosing or possible complications. For instance, using ointment in the afternoon may not provide prolonged relief, while applying it right before putting on contact lenses could impact vision temporarily, as the ointment can blur vision and interfere with the lenses. Applying the ointment at any time during the day does not take advantage of the unguarded hours at night when the eye can fully benefit from the medication without disruption from activities.

7. Which best describes the proposed mechanism of action of palovarotene in FOP?

- A. A tyrosine kinase inhibitor that inhibits mutated ACVR1 activity**
- B. A retinoic acid receptor (RAR)- γ agonist that inhibits chondrogenesis**
- C. A fully human monoclonal antibody that binds to activin A**
- D. An inhibitor of mTOR kinase**

The proposed mechanism of action of palovarotene in the treatment of Fibrodysplasia Ossificans Progressiva (FOP) is best described as a retinoic acid receptor (RAR)- γ agonist that inhibits chondrogenesis. In the context of FOP, which is characterized by the abnormal formation of bone in muscles and connective tissues, managing this condition requires targeting pathways that lead to abnormal bone growth. Palovarotene works by activating the retinoic acid receptor gamma, which has a critical role in regulating gene expression during the development of bone and cartilage. By engaging this receptor, palovarotene helps to inhibit the processes that lead to chondrogenesis and, consequently, the formation of ectopic bone, thereby reducing the risk of further abnormal ossification in patients with FOP. This understanding is important since other mechanisms, such as those involving tyrosine kinase inhibition or monoclonal antibodies, do not specifically address the unique genetic and molecular pathways involved in the pathophysiology of FOP as effectively as palovarotene does through its action on retinoic acid receptors. Additionally, mTOR kinase inhibitors target broader cell growth pathways that are not specific to the mechanisms underlying FOP, making palovar

8. What is the appropriate tazemetostat dose to re-initiate AK after holding therapy?

- A. 600 mg twice daily**
- B. 600 mg once daily**
- C. 400 mg twice daily**
- D. 800 mg once daily**

Tazemetostat is an EZH2 inhibitor used for the treatment of certain cancers, including follicular lymphoma. When re-initiating therapy after a hold, it is important to consider dosing based on clinical guidelines and established protocols. The appropriate strategy when re-starting therapy typically involves using the dose that was originally effective and well-tolerated, unless there has been a change in the patient's condition or potential drug interaction issues. In the case of tazemetostat, the recommended starting dose for adult patients is generally 600 mg twice daily. This dosing is designed to maintain consistent therapeutic levels of the drug in the bloodstream, which is important for adequately managing the malignancy it is intended to target. This means that re-initiation after a hold should return to the effective maintenance dose, ensuring the patient receives optimal treatment without compromising safety or efficacy. Lower doses may not provide the necessary effect, while higher doses could increase the risk of adverse effects without additional benefit. Thus, the choice to resume at 600 mg twice daily reflects adherence to the established dosing guidelines for effective patient management.

9. What is one of the symptoms often reported by patients suffering from dry eye disease?

- A. Blurred vision**
- B. Increased tearing**
- C. Documented infections**
- D. Persistent headaches**

Blurred vision is a commonly reported symptom among patients suffering from dry eye disease. This occurs because the lack of adequate lubrication and moisture on the surface of the eye can lead to instability in the tear film, causing visual disturbances. When tears evaporate too quickly or are insufficient in quality or quantity, the result can be fluctuating clarity of vision. This symptom can be particularly noticeable during activities that require prolonged visual focus, such as reading or using a computer. In comparison, while increased tearing may seem like a symptom one might expect from dry eyes, it is typically a paradoxical response to dryness. Additionally, documented infections are not a symptom of dry eye disease but rather a potential complication resulting from insufficient eye lubrication. Persistent headaches do not specifically indicate dry eye disease and can stem from various other conditions.

10. What is a serious consequence associated with the concurrent use of opioids and central nervous system depressants?

- A. Increased pain control**
- B. Improved bowel motility**
- C. Worsening respiratory depression**
- D. Enhanced drug efficacy**

The concurrent use of opioids and central nervous system (CNS) depressants is indeed associated with a serious risk of worsening respiratory depression. Both opioids and CNS depressants, such as benzodiazepines or alcohol, have sedative effects that can significantly impair the respiratory drive. When these substances are used together, their combined effects can lead to a dangerous decrease in the ability to breathe adequately, which can result in hypoxia, respiratory arrest, or even death. Understanding the pharmacological interactions between these classes of drugs is vital for patient safety. This is particularly important in clinical settings where pain management may be necessary alongside treatment for conditions requiring sedation, as careful monitoring and dose adjustments may be necessary to reduce the risk of severe side effects like respiratory depression. In contrast, the other possible outcomes of concurrent use mentioned in the question do not capture the significant dangers present. Increased pain control might be mentioned, but in reality, the risks far outweigh any potential benefits when these drugs are combined recklessly. Similarly, improved bowel motility and enhanced drug efficacy are not relevant in this context, and it is critical to prioritize safety when prescribing these medications together.

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://pharmacyce.examzify.com>

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

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