

PRIMARY OPEN- ANGLE GLAUCOMA (POAG) SPECTRUM PRACTICE TEST (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://poagspectrum.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

SAMPLE

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

SAMPLE

1. Fixed combinations without beta blockers result in a _____mmHg when added to PGAs.
- A. 3.2
 - B. 5.6
 - C. 7.0
 - D. 9.1
2. In this context, Tmax refers to what?
- A. The highest untreated IOP reading
 - B. The average untreated IOP reading
 - C. The last treated IOP reading
 - D. The baseline IOP after treatment
3. What is the dosage of methazolamide (neptazane)?
- A. 10 mg, 20 mg
 - B. 25 mg, 50 mg
 - C. 100 mg, 200 mg
 - D. 5 mg, 15 mg
4. What is the brand name version of brimonidine?
- A. Alphagan P 0.1%, 0.15% (contains purite!)
 - B. Alphagan P 0.2%
 - C. Alphagan 0.1%
 - D. Alphagan P 0.0%
5. Why are beta-blockers not dosed at bedtime (QHS)?
- A. doesn't work at night
 - B. causes nocturnal hypotension
 - C. more systemic side effects at night
 - D. their stability is compromised at night

6. Fixed combination drugs with beta blockers provide how much additional mean IOP reduction?
- A. 3 mmHg
 - B. 7 mmHg
 - C. 5 mmHg
 - D. 4 mmHg
7. Which of the following is considered a risk factor in evaluating ocular hypertension?
- A. Family history
 - B. Male gender
 - C. Eye color blue
 - D. Height
8. Which latanoprost brand name is known to be benzalkonium chloride-free?
- A. Xelpros
 - B. Xalatan
 - C. Lyuzeh
 - D. Travatan Z
9. Which statement is true about response to beta-blocker therapy?
- A. 10-20% of patients do not respond
 - B. All patients respond favorably
 - C. Only 5% do not respond
 - D. Response rate is over 90%
10. Which of the following is NOT a Timolol brand name?
- A. Lumigan
 - B. Timoptic
 - C. Timoptic XE
 - D. Istalol

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Fixed combinations without beta blockers result in a _____mmHg when added to PGAs.

- A. 3.2
- B. 5.6**
- C. 7.0
- D. 9.1

Adding a fixed combination without a beta blocker to a prostaglandin analog typically yields a modest, additional drop in intraocular pressure. Studies and practice data show this incremental effect is around 5 to 6 mmHg, with 5.6 mmHg being a representative average. The reason is that the second agent works through a different mechanism and provides extra outflow or production suppression, but the total pressure reduction has a ceiling in chronic therapy, so the gain from each non-beta-blocker combination is usually in the single-digit range. That's why 5.6 mmHg best fits the observed add-on effect. The other values are either smaller or larger than the typical incremental benefit observed when the added fixed combination does not include a beta blocker.

2. In this context, Tmax refers to what?

- A. The highest untreated IOP reading**
- B. The average untreated IOP reading
- C. The last treated IOP reading
- D. The baseline IOP after treatment

Tmax is the highest untreated IOP reading. It represents the peak intraocular pressure that would be observed if no treatment were given, providing a reference point for how high the pressure could rise without therapy. This helps explain how much lowering treatment achieves—the goal is to bring the patient's actual IOP down from that untreated peak to a safer range. It's different from the average untreated IOP, the last treated reading, or the baseline after treatment, which reflect other aspects of measurement rather than the potential untreated maximum.

3. What is the dosage of methazolamide (neptazane)?

- A. 10 mg, 20 mg
- B. 25 mg, 50 mg**
- C. 100 mg, 200 mg
- D. 5 mg, 15 mg

Methazolamide is a systemic carbonic anhydrase inhibitor used to lower intraocular pressure in POAG, and it is formulated as oral tablets in two common strengths. The standard tablet strengths are 25 mg and 50 mg, so the appropriate dosage options reflect these two strengths. In practice, the dose is given in divided amounts (often 25–50 mg per dose, with adjustments based on response and renal function), but for this question the key point is the available tablet strengths. The other numeric options don't correspond to the standard Neptazane tablet strengths.

4. What is the brand name version of brimonidine?

- A. Alphagan P 0.1%, 0.15% (contains purite!)**
- B. Alphagan P 0.2%
- C. Alphagan 0.1%
- D. Alphagan P 0.0%

Brimonidine's marketed brand with the Purite preservative is Alphagan P, and the "P" stands for Purite. Alphagan P is offered in two strengths, 0.1% and 0.15%, with Purite as the preservative in the product. This combination—Alphagan P 0.1% or 0.15% containing Purite—is why that choice is the best answer. The other options either list a non-Purite version, a nonstandard strength, or a non-existent formulation, which aren't the branded Purite-preserved brimonidine products.

5. Why are beta-blockers not dosed at bedtime (QHS)?

- A. doesn't work at night**
- B. causes nocturnal hypotension
- C. more systemic side effects at night
- D. their stability is compromised at night

Beta-blockers lower intraocular pressure mainly by reducing aqueous humor production. This production follows a circadian pattern and is naturally lower at night, so adding a beta-blocker at bedtime doesn't yield much extra IOP reduction. Dosing in the morning takes advantage of higher daytime production and helps blunt the typical daytime IOP rise, making the medication more effective. While nocturnal systemic side effects can be a safety consideration with these drugs, that doesn't explain the diminished night-time effect and isn't the reason for not dosing at night.

6. Fixed combination drugs with beta blockers provide how much additional mean IOP reduction?

- A. 3 mmHg
- B. 7 mmHg**
- C. 5 mmHg
- D. 4 mmHg

The idea here is that using a fixed combination drug that includes a beta-blocker leverages two different mechanisms to lower eye pressure, giving an additive effect beyond what a single agent can achieve. A beta-blocker mainly reduces aqueous humor production, and when it's paired in a fixed combination with another agent that lowers IOP through a different mechanism, the overall drop in mean IOP tends to be larger. On average, fixed combinations with a beta-blocker provide about a 7 mmHg additional reduction in mean IOP. This reflects the typical additive effect seen across studies, though the exact amount can vary with baseline IOP and individual response. So, the best choice reflects this commonly observed incremental benefit of around 7 mmHg.

7. Which of the following is considered a risk factor in evaluating ocular hypertension?

- A. Family history**
- B. Male gender
- C. Eye color blue
- D. Height

A family history of glaucoma signals a genetic predisposition that can increase the likelihood of elevated intraocular pressure and progression to glaucomatous damage. Because glaucoma tends to run in families, knowing that a close relative has the condition helps identify individuals who are at higher risk and may warrant closer monitoring of IOP and optic nerve health. The other factors listed don't have a proven link to elevated IOP or glaucoma risk: gender, eye color, and height do not meaningfully affect the likelihood of ocular hypertension. In practice, noting family history guides how aggressively a patient is screened and followed over time.

8. Which latanoprost brand name is known to be benzalkonium chloride-free?

- A. Xelpros**
- B. Xalatan
- C. Lyuzeh
- D. Travatan Z

Understanding preservative content in latanoprost formulations helps explain why a benzalkonium chloride-free option matters. Benzalkonium chloride (BAK) is a common preservative in glaucoma drops, but it can irritate the ocular surface, contribute to dryness, and cause toxicity with long-term use. Xelpros is the latanoprost brand specifically formulated without benzalkonium chloride, making it a suitable choice for patients who are sensitive to BAK or have ocular surface disease. The other brands listed are not known for being benzalkonium chloride-free, as they use traditional preservatives or alternative systems that do not guarantee a BAK-free formulation. So, when avoiding BAK is the goal, Xelpros stands out as the best option.

9. Which statement is true about response to beta-blocker therapy?

- A. 10-20% of patients do not respond**
- B. All patients respond favorably
- C. Only 5% do not respond
- D. Response rate is over 90%

Beta-blockers lower intraocular pressure by reducing aqueous humor production. In real-world practice, most patients experience a meaningful IOP drop, but not everyone responds adequately. About 10-20% of patients show little to no additional benefit from beta-blocker therapy, even with proper dosing and adherence. This reflects natural variability in how individuals respond to medications, and can be influenced by factors like tachyphylaxis with long-term use. Therefore, the statement that 10-20% do not respond best captures the expected range of nonresponse. The other options exaggerate or understate the true variability in response.

10. Which of the following is NOT a Timolol brand name?

- A. Lumigan
- B. Timoptic
- C. Timoptic XE
- D. Istalol

Timolol is a nonselective beta-blocker used to lower intraocular pressure by reducing aqueous humor production. The brands that contain timolol include Timoptic, Timoptic XE, and Istalol. Lumigan, on the other hand, is bimatoprost, a prostaglandin analog that lowers eye pressure through a different mechanism. Because Lumigan does not contain timolol, it is not a Timolol brand. This is why Lumigan is the correct choice for "not a Timolol brand."

SAMPLE

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://poagspectrum.examzify.com>

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

SAMPLE