CPJE CLINICAL PRACTICE

Three original, case-based mini exams | 90 questions total

For Isra - a focused practice set for the California pharmacist exam.

Each mini exam has 30 single-best-answer questions with four choices. Use 40 minutes per exam to match the actual exam's two-hour pace for 90 questions. Keep the separate answer guide closed until you finish.

These are independently written study questions, not official CPJE items. The actual CPJE includes law and operations. Its scaled passing score cannot be inferred from a percentage on this set.

Mark one choice for each question. There is no penalty for guessing on the actual exam. For a stricter simulation, answer in order and do not revisit an earlier item.

Exam pacing

Exam 1: 30 questions / approximately 40 minutes

Exam 2: 30 questions / approximately 40 minutes

Exam 3: 30 questions / approximately 40 minutes

Official exam references

California Board of Pharmacy detailed content outline

PSI CPJE Candidate Information Bulletin

EXAM 1

Choose the single best answer. Suggested time: 40 minutes.

1. A patient at 12 weeks of pregnancy has no urinary symptoms, but a screening urine culture shows significant bacteriuria. What is the best general management?

A. Treat only if a urine dipstick also shows nitrites
B. Defer treatment and repeat the culture in the third trimester
C. Treat with an appropriate antibiotic based on the culture
D. Wait for urinary symptoms before prescribing an antibiotic

2. A 78-year-old with symptomatic benign prostatic hyperplasia and episodes of urinary retention asks for an OTC allergy tablet. Which ingredient on a product label most clearly calls for checking with the treating clinician before use because of this history?

A. Fexofenadine
B. Cetirizine
C. Diphenhydramine
D. Loratadine

3. An acutely ill medical inpatient is prescribed enoxaparin for VTE prophylaxis. His creatinine clearance is 24 mL/min. Which labeled prophylaxis regimen is appropriate?

A. 40 mg subcutaneously every 12 hours
B. 1 mg/kg subcutaneously every 12 hours
C. 40 mg subcutaneously once daily
D. 30 mg subcutaneously once daily

4. A patient with type 2 diabetes takes dapagliflozin and is scheduled for major surgery with prolonged fasting. When should dapagliflozin be held, if possible, according to its label?

A. Seven days before surgery
B. At least 24 hours before surgery
C. Only on the morning of surgery
D. At least 3 days before surgery

5. An adult has a first episode of confirmed, nonfulminant Clostridioides difficile infection. With access and cost barriers removed, which oral agent does the IDSA/SHEA focused update prefer?

A. Fidaxomicin
B. Azithromycin
C. Rifaximin alone
D. Metronidazole

6. A patient with HIV takes bictegravir/emtricitabine/tenofovir alafenamide (Biktarvy) once daily and has just been prescribed rifampin for tuberculosis. What should the pharmacist do before the medications are taken together?

A. Contact the treating clinicians because the combination is contraindicated

B. Continue both and monitor HIV viral load in three months

C. Separate the two medicines by 12 hours

D. Increase Biktarvy to twice daily while rifampin is used

---

7. An adult already takes acetaminophen 1,000 mg every 6 hours and asks to add an OTC nighttime cold medicine containing 650 mg acetaminophen per dose. What is the most important counseling point?

A. Take the cold medicine because the combination is below the maximum per single dose

B. Avoid adding that product without revising the plan; the combined daily acetaminophen could exceed 4,000 mg

C. Stagger the cold medicine 2 hours after acetaminophen so the daily total does not count

D. Take the cold medicine only with food to prevent the excess-dose risk

---

8. A patient stable on azathioprine 150 mg/day receives a new allopurinol prescription. What change should be discussed with the prescriber if the combination is used?

A. Stop monitoring blood counts once allopurinol is started

B. Separate the two drugs by at least 12 hours without changing doses

C. Reduce azathioprine to approximately one-third to one-fourth of its usual dose

D. Double the azathioprine dose

---

9. A 72-year-old is admitted with suspected influenza after 3 days of symptoms. Which action is most appropriate regarding antiviral therapy?

A. Use a single dose of baloxavir in place of oseltamivir for all hospitalized adults

B. Withhold antiviral treatment because symptoms began more than 48 hours ago

C. Start oseltamivir as soon as possible without waiting for influenza testing

D. Wait for a positive PCR result before deciding on antiviral treatment

---

10. A treatment-naive adult has confirmed Helicobacter pylori infection. Clarithromycin susceptibility has not been established. Which 14-day regimen best matches the American College of Gastroenterology's recommended empiric approach?

A. A proton-pump inhibitor, clarithromycin, and amoxicillin empirically

B. A proton-pump inhibitor, bismuth, tetracycline, and metronidazole

C. A proton-pump inhibitor, amoxicillin, and levofloxacin empirically

D. A proton-pump inhibitor, bismuth, and tetracycline without metronidazole

---

11. A capecitabine regimen would otherwise start at 2,000 mg orally twice daily. A patient's baseline Cockcroft–Gault creatinine clearance is 42 mL/min. What is the label-based starting dose after the 25% renal reduction, assuming the regimen permits this tablet combination?

A. 1,000 mg twice daily

B. 500 mg twice daily

C. 1,500 mg twice daily

D. 2,000 mg twice daily

---

12. A patient starting fluticasone/salmeterol dry-powder inhaler asks how to lower the chance of oral thrush. Which instruction is best?

A. Swallow water without rinsing the mouth after each dose

B. Rinse and spit only before, not after, each dose

C. Rinse the mouth with water and spit it out after inhalation

D. Replace the inhaled corticosteroid component with salmeterol alone

---

13. A healthy 58-year-old had shingles three years ago and has never received Shingrix. What is recommended now?

A. Two doses of recombinant zoster vaccine, typically 2–6 months apart

B. A single dose of live zoster vaccine

C. No vaccine because natural infection provides lifelong protection

D. One recombinant zoster dose only if varicella serology is positive

---

14. A parent has an infant-branded acetaminophen suspension containing 160 mg per 5 mL. Their 3-year-old child weighs 29 lb. According to this product's labeled weight-based chart, what is one dose?

A. 2.5 mL

B. 10 mL

C. 5 mL

D. 7.5 mL

---

15. Before another course of cisplatin, which set of supportive measures and monitoring best addresses its major renal and auditory toxicities?

A. Provide hydration and assess kidney function, serum electrolytes including magnesium, and hearing as indicated

B. Hydrate and monitor serum creatinine alone, with no electrolyte or auditory assessment

C. Check BUN and creatinine only after the entire course, with no planned hydration

D. Monitor magnesium and hearing only, without checking kidney function

---

16. A patient asks for montelukast as the first medication for uncomplicated seasonal allergic rhinitis despite not trying other options. Which response best reflects its boxed warning?

A. Use it first line for all rhinitis patients because the boxed warning applies only to asthma

B. Reserve it for inadequate response or intolerance to alternatives because serious neuropsychiatric events can occur

C. Prescribe twice the usual dose to prevent neuropsychiatric events

D. Use it first line only if the patient prefers taking it in the morning

---

17. A pregnant patient at 28 weeks received Tdap during a prior pregnancy two years ago. What is the recommendation for this pregnancy?

A. Give Tdap now during this pregnancy

B. No Tdap because she has already received it as an adult

C. Give Tdap only if a wound occurs

D. Give only Td immediately after delivery

---

18. A patient has remained seizure-free while taking levetiracetam and says they plan to stop it abruptly tonight because they feel well. Which counseling is most appropriate?

A. Take half a dose for one day, then stop without telling the prescriber

B. Stop tonight if the previous EEG was normal

C. Stop immediately if there have been no seizures for six months

D. Discuss a gradual withdrawal plan with the prescriber because abrupt withdrawal may increase seizure frequency or cause status epilepticus

---

19. A patient with gout prophylaxis takes colchicine and has chronic kidney impairment (estimated GFR 42 mL/min/1.73 m²). A new clarithromycin prescription is sent. Which action is most appropriate?

A. Separate colchicine and clarithromycin by 4 hours to avoid the interaction

B. Contact the prescriber because concurrent use is contraindicated in renal impairment and a different regimen is needed

C. Continue both drugs at their usual doses and assess symptoms at the next refill

D. Take colchicine every other day while taking clarithromycin, without further review

---

20. A patient has PRN sublingual nitroglycerin for angina and requests sildenafil. What must the pharmacist flag?

A. Reduce sildenafil to 25 mg but continue the nitrate

B. Replace sildenafil with tadalafil while retaining the nitrate

C. Separate sildenafil and nitroglycerin by two hours

D. Sildenafil with any organic nitrate is contraindicated because of potentially severe hypotension

---

21. A patient taking metformin has a confirmed eGFR of 28 mL/min/1.73 m². Which action is consistent with U.S. product labeling?

A. Double the metformin dose

B. Discontinue metformin

C. Continue the same metformin dose

D. Switch to extended-release metformin at an equivalent dose

22. An alert adult on insulin has fingerstick glucose 62 mg/dL and can swallow safely. What is the best immediate self-treatment?

A. Take a rapid-acting insulin correction and recheck in 15 minutes

B. Take 15 g fast-acting carbohydrate and recheck glucose in 15 minutes

C. Use intranasal glucagon first, even though the patient is alert and able to swallow

D. Eat a high-fat snack and recheck in one hour

23. A newly diagnosed adult with type 1 diabetes is discharged on a plan involving basal insulin only, with no prandial insulin or pump. Which concern should the pharmacist raise?

A. Insulin is indicated only if A1C exceeds 10%

B. A sulfonylurea alone is standard first-line therapy for type 1 diabetes

C. Basal insulin is unnecessary in type 1 diabetes

D. Most adults with type 1 diabetes require basal plus prandial insulin, or a suitable pump regimen

24. A patient with type 2 diabetes is taking sitagliptin and is newly prescribed semaglutide. Which existing drug should be reviewed for discontinuation because combining its class with a GLP-1 receptor agonist adds no meaningful glucose lowering?

A. An indicated statin

B. An indicated SGLT2 inhibitor

C. An ACE inhibitor used for hypertension

D. Sitagliptin

25. A patient with atrial fibrillation also has a mechanical aortic valve and needs long-term anticoagulation. Which oral agent is the standard class choice for the mechanical valve?

A. Warfarin

B. Rivaroxaban

C. Dabigatran

D. Apixaban

26. An 82-year-old, 58-kg adult with nonvalvular atrial fibrillation has serum creatinine 1.2 mg/dL and no other dose-altering factors. What labeled apixaban dose applies for stroke prevention?

A. 2.5 mg orally twice daily

B. 2.5 mg orally once daily

C. 5 mg orally twice daily

D. 10 mg orally twice daily for 7 days, then 5 mg twice daily

---

27. A hemodynamically stable adult starts oral apixaban for newly diagnosed acute DVT and has no dose-altering interactions. Which labeled initial regimen is correct?

A. 2.5 mg once daily for 30 days

B. 10 mg twice daily for 7 days, then 5 mg twice daily

C. 2.5 mg twice daily from the first dose

D. 5 mg once daily for 7 days

---

28. A symptomatic patient with HFrEF has no diabetes. Which drug class is still part of foundational guideline-directed HFrEF therapy, assuming no contraindication?

A. First-generation antihistamine

B. SGLT2 inhibitor

C. Thiazolidinedione

D. DPP-4 inhibitor

---

29. A patient with symptomatic HFrEF has eGFR 45 mL/min/1.73 m² but serum potassium 5.4 mEq/L. Which statement best addresses initiating spironolactone now?

A. Defer initiation and address hyperkalemia; guideline initiation criteria require potassium below 5.0 mEq/L

B. Start because potassium does not affect MRA safety

C. Start with a potassium supplement

D. Use spironolactone only if eGFR is under 15 mL/min/1.73 m²

---

30. A patient with established coronary artery disease is prescribed high-intensity statin therapy. Which of the following daily regimens is high intensity?

A. Atorvastatin 20 mg

B. Simvastatin 40 mg

C. Rosuvastatin 10 mg

D. Atorvastatin 80 mg

EXAM 1 | ANSWER SHEET

Circle one letter for each question before checking the separate guide.

01 A B C D	02 A B C D	03 A B C D
04 A B C D	05 A B C D	06 A B C D
07 A B C D	08 A B C D	09 A B C D
10 A B C D	11 A B C D	12 A B C D
13 A B C D	14 A B C D	15 A B C D
16 A B C D	17 A B C D	18 A B C D
19 A B C D	20 A B C D	21 A B C D
22 A B C D	23 A B C D	24 A B C D
25 A B C D	26 A B C D	27 A B C D
28 A B C D	29 A B C D	30 A B C D

EXAM 2

Choose the single best answer. Suggested time: 40 minutes.

1. An adult with nonvalvular atrial fibrillation has a stable Cockcroft–Gault creatinine clearance of 25 mL/min and takes no P-glycoprotein inhibitors. What is the labeled dabigatran capsule dose for stroke prevention?

A. 150 mg twice daily

B. 75 mg twice daily

C. No labeled dose exists at this clearance

D. 110 mg once daily

2. A healthy adult has a 2-cm fluctuant, localized skin abscess, no fever, and normal vital signs. What intervention is central to treatment?

A. Incision and drainage

B. Topical mupirocin alone

C. Warm compresses alone despite a fluctuant collection

D. Oral trimethoprim-sulfamethoxazole alone without drainage

3. A 3-year-old child weighing 12 kg has acute gastroenteritis with clinically assessed mild to moderate dehydration. The child is alert, can drink small amounts, and has no signs of shock. About how much oral rehydration solution should be offered over the first 2–4 hours to replace the estimated deficit, in addition to replacing ongoing losses?

A. 300–400 mL

B. 2,400–3,600 mL

C. 120–240 mL

D. 600–1,200 mL

4. A patient is to receive IV vancomycin 1,000 mg. The product label recommends a rate no faster than 10 mg/min and an infusion lasting at least 60 minutes. What is the shortest infusion time satisfying both conditions?

A. 60 minutes

B. 75 minutes

C. 100 minutes

D. 30 minutes

5. A patient on hydrochlorothiazide is prescribed dofetilide for atrial fibrillation. What is the most important interaction to flag?

A. Concomitant hydrochlorothiazide is contraindicated because it increases dofetilide exposure and QT prolongation

B. The combination is acceptable if hydrochlorothiazide is separated by 12 hours

C. Reduce dofetilide by half and continue hydrochlorothiazide without additional review

D. The combination is acceptable if serum potassium is normal

---

6. An adult receives IV vancomycin for serious invasive MRSA infection. Assuming a vancomycin MIC of 1 mg/L, what 24-hour AUC target range is recommended?

A. 200–300 mg·h/L

B. 800–1,000 mg·h/L

C. 400–600 mg·h/L

D. 100–200 mg·h/L

---

7. A patient with suppressed HIV takes oral rilpivirine (Edurant) with the rest of their regimen. They want to start OTC omeprazole 20 mg daily for frequent heartburn. Which recommendation best protects the HIV regimen?

A. Take both together with a large meal to eliminate the interaction

B. Do not combine the drugs; a proton-pump inhibitor can substantially lower rilpivirine exposure

C. Take omeprazole 12 hours before rilpivirine

D. Double the rilpivirine dose while taking omeprazole

---

8. An oncology order specifies carboplatin target AUC 5 mg·min/mL and a measured GFR of 70 mL/min. Using the Calvert formula, what total dose should be calculated before any protocol-specific adjustment?

A. 525 mg

B. 225 mg

C. 475 mg

D. 350 mg

---

9. A patient at 39 weeks of pregnancy is prescribed nitrofurantoin for cystitis. Which concern requires contacting the prescriber?

A. The capsule must be given IV near delivery

B. Nitrofurantoin is contraindicated only in the first 12 weeks of pregnancy

C. Nitrofurantoin is ineffective for all cystitis during pregnancy

D. At term, nitrofurantoin is contraindicated because of possible hemolytic anemia in the newborn

---

10. A 56-year-old adult has never received a pneumococcal conjugate vaccine. They receive PCV20 today. Which additional pneumococcal vaccine is routinely indicated to complete this series?

A. PCV15 in 1 year

B. No additional pneumococcal dose

C. PPSV23 in 8 weeks

D. PPSV23 in 1 year

---

11. An adult has uncomplicated frequent heartburn on three days each week and chooses an OTC omeprazole delayed-release 20-mg 14-day product. They plan to take one tablet only when heartburn begins at bedtime. Which counseling is most accurate for this labeled OTC course?

A. Take two tablets each morning for seven days

B. Take one tablet before breakfast only on days when symptoms are expected

C. Take one tablet each morning before eating, every day for 14 days; this is not an immediate-relief medicine

D. Take one tablet at bedtime as needed for immediate relief

---

12. A patient is receiving high-dose methotrexate. Which monitoring result is most important for tailoring leucovorin rescue after the initial protocol schedule?

A. Symptoms of mucositis alone

B. Complete blood count alone

C. Urine pH alone

D. Serial serum methotrexate concentrations at specified times plus renal function

---

13. A patient opens a Spiriva HandiHaler box and asks whether to swallow the tiotropium capsules. What is the correct technique?

A. Put one capsule in the HandiHaler and inhale its contents twice through the device

B. Pierce one capsule and inhale its contents in a single breath only

C. Swallow one capsule daily with water

D. Inhale from two separate capsules every morning

---

14. A 37-year-old will begin immunosuppressive therapy and has never had a zoster vaccine. Which statement matches CDC guidance?

A. Offer a two-dose recombinant zoster vaccine series because immunosuppressed adults age 19 or older are eligible

B. Give one dose of live zoster vaccine

C. Use pneumococcal vaccine in place of zoster vaccine

D. Wait until age 50 to offer recombinant zoster vaccine

---

15. An 18-month-old with a severe seizure disorder is already receiving another antiseizure drug. The team is considering adding valproic acid. Which safety issue deserves particular attention before starting?

A. Liver testing is unnecessary unless jaundice develops

B. Children younger than 2 years have a markedly increased risk of fatal hepatotoxicity, particularly with multiple anticonvulsants

C. The risk is limited to high valproic acid serum concentrations

D. Liver risk is lower in children under 2 than in older children

---

16. A patient is beginning IV trastuzumab for HER2-positive cancer. Which monitoring plan most directly addresses its boxed-warning cardiomyopathy risk?

A. Obtain a baseline ECG but no imaging of ventricular function

B. Obtain one LVEF result at the end of therapy only

C. Assess LVEF only if symptoms of heart failure appear

D. Measure LVEF before therapy and about every 3 months during therapy

---

17. A patient taking sertraline starts linezolid and develops agitation, fever, hyperreflexia, and inducible clonus. Which adverse reaction is most concerning?

A. Neuroleptic malignant syndrome from dopamine blockade

B. Malignant hyperthermia associated with anesthesia

C. Serotonin syndrome from the serotonergic drug interaction

D. Anticholinergic toxicity from muscarinic blockade

---

18. A patient with type 2 diabetes and established coronary artery disease has an A1C at their individualized goal on metformin. Which additional medication strategy has a demonstrated cardiovascular rationale independent of A1C?

A. Increase metformin solely to push A1C far below goal

B. A GLP-1 receptor agonist with demonstrated cardiovascular benefit

C. Stop all glucose-lowering medicines because A1C is at goal

D. A second DPP-4 inhibitor

---

19. A patient takes levothyroxine every morning at 8 a.m. and is newly prescribed patiromer (Veltassa) for hyperkalemia. What administration advice addresses the documented interaction?

A. Separate them by two hours

B. Separate the two medicines by one hour

C. Take them together if thyroid-stimulating hormone is normal

D. Take levothyroxine and patiromer at least three hours apart

---

20. A patient with chronic noncancer pain is prescribed an opioid and also takes a benzodiazepine. What risk-reduction step is specifically recommended for patients at increased overdose risk?

A. Advise taking the two medicines together at bedtime so the sedation is less noticeable

B. Offer naloxone and coordinate a review of the concurrent sedatives with the care team

C. Assure the patient the combination cannot cause respiratory depression at prescribed doses

D. Abruptly stop both medications without a treatment plan

---

21. A patient taking clopidogrel after a coronary stent asks whether taking omeprazole 12 hours apart avoids their interaction. What does the Plavix label advise?

A. Take clopidogrel with omeprazole because it enhances platelet inhibition

B. Avoid omeprazole or esomeprazole; separation by 12 hours does not prevent reduced antiplatelet activity

C. Take omeprazole 12 hours later to eliminate the interaction

D. Use twice the clopidogrel dose whenever omeprazole is taken

---

22. A patient with type 2 diabetes has a first-degree relative with medullary thyroid carcinoma and is prescribed semaglutide injection (Ozempic). What should the pharmacist flag?

A. Ozempic is contraindicated with a personal or family history of medullary thyroid carcinoma

B. Use only with a calcium supplement

C. Initiate at twice the usual starting dose

D. There is only a contraindication if the patient has papillary thyroid cancer

---

23. A patient with a documented prior diagnosis of bulimia nervosa receives a new prescription for bupropion XL. Which concern is decisive?

A. Bupropion is contraindicated with current or prior bulimia because seizure incidence is higher

B. Switch to bupropion SR at an equivalent dose

C. Co-prescribe an anticonvulsant and continue bupropion XL

D. Start bupropion XL at half the usual dose

---

24. A patient taking lisinopril learns she is pregnant. What should the pharmacist recommend based on the boxed warning?

A. Contact the prescriber immediately to discontinue lisinopril as soon as possible and choose pregnancy-appropriate therapy

B. Continue lisinopril until the third trimester

C. Reduce lisinopril to half the dose

D. Change lisinopril to another renin-angiotensin system blocker without discussion

---

25. A pregnant patient asks whether valproate should be initiated solely to prevent migraine attacks. Which statement is correct?

A. Valproate is contraindicated only during the first trimester

B. Valproate can be given at half the dose in the second and third trimesters

C. Valproate is acceptable for migraine prevention if folate is prescribed

D. Valproate is contraindicated for migraine prevention during pregnancy

---

26. An asymptomatic patient with chronic hypertension is 14 weeks pregnant. Which preventive medication is recommended by the USPSTF for patients at high risk of preeclampsia?

A. Aspirin 325 mg twice daily starting at 36 weeks

B. Ibuprofen 400 mg three times daily throughout pregnancy

C. Warfarin 5 mg daily during the second trimester

D. Low-dose aspirin 81 mg once daily, starting after 12 weeks of gestation

---

27. A pregnant patient is found to lack immunity to rubella. What is the appropriate timing of MMR vaccination?

A. Give only the measles and mumps components during pregnancy

B. Give MMR now because rubella infection is dangerous in pregnancy

C. Defer MMR until after pregnancy because it is a live vaccine contraindicated during pregnancy

D. Give MMR at 36 weeks of gestation

---

28. A patient with rheumatoid arthritis presents a new oral methotrexate prescription for 15 mg every day. Which action is most important?

A. Dispense because 15 mg daily is a common arthritis dose

B. Clarify the order immediately; arthritis treatment is generally once weekly and inadvertent daily methotrexate has caused deaths

C. Reduce the daily dose to 2.5 mg without calling the prescriber

D. Dispense daily methotrexate if folic acid is also prescribed

---

29. An order proposes direct IV push of a vial labeled potassium chloride for injection concentrate, 2 mEq/mL. What is the correct response?

A. Give IV push slowly while monitoring the ECG

B. Use direct IV push only if the central line has good blood return

C. Do not give undiluted; the concentrate must be diluted appropriately before IV administration

D. Use direct IV push if serum potassium is less than 3 mEq/L

---

30. A breastfeeding patient is prescribed oral methotrexate. Based on the product label, when should she avoid breastfeeding?

A. For 24 hours after every weekly dose, then resume between doses

B. Only for one hour after each dose

C. During treatment and for one week after the final dose

D. Only for 24 hours after the first dose

EXAM 2 | ANSWER SHEET

Circle one letter for each question before checking the separate guide.

01 A B C D	02 A B C D	03 A B C D
04 A B C D	05 A B C D	06 A B C D
07 A B C D	08 A B C D	09 A B C D
10 A B C D	11 A B C D	12 A B C D
13 A B C D	14 A B C D	15 A B C D
16 A B C D	17 A B C D	18 A B C D
19 A B C D	20 A B C D	21 A B C D
22 A B C D	23 A B C D	24 A B C D
25 A B C D	26 A B C D	27 A B C D
28 A B C D	29 A B C D	30 A B C D

EXAM 3

Choose the single best answer. Suggested time: 40 minutes.

1. A 65-year-old man weighs 80 kg and has a stable serum creatinine of 2.0 mg/dL. Using the Cockcroft–Gault equation with his stated body weight, what is his approximate creatinine clearance?

A. 83 mL/min

B. 21 mL/min

C. 56 mL/min

D. 42 mL/min

2. A patient with type 2 diabetes takes sitagliptin 100 mg once daily. Her stable eGFR is 38 mL/min/1.73 m². Which labeled maintenance dose is appropriate?

A. 100 mg once daily

B. 25 mg once daily

C. 50 mg once daily

D. 50 mg twice daily

3. A patient with fever, flank pain, and a positive urine culture is being treated for acute pyelonephritis. Which oral agent should be avoided as a step-down choice because it does not achieve adequate renal-parenchymal levels?

A. Nitrofurantoin

B. Ciprofloxacin when susceptible

C. Levofloxacin when susceptible

D. Trimethoprim-sulfamethoxazole when susceptible

4. A patient with postherpetic neuralgia takes gabapentin 300 mg three times daily. The patient's estimated creatinine clearance is now 22 mL/min. Which proposed gabapentin regimen falls within the label's renal-dose range for that clearance?

A. 300 mg twice daily

B. 300 mg once daily

C. 600 mg twice daily

D. 900 mg once daily

5. A 10-day-old newborn is receiving IV parenteral nutrition that contains calcium. An IV ceftriaxone order arrives for suspected infection. Which action is appropriate?

A. Run ceftriaxone and parenteral nutrition through separate IV lumens at the same time

B. Pause the calcium-containing parenteral nutrition for 30 minutes, then administer ceftriaxone

C. Flag ceftriaxone as contraindicated in this neonate and contact the prescriber for an alternative

D. Separate the ceftriaxone and calcium doses by 2 hours

6. A patient with cirrhosis classified as Child-Pugh B receives a new rivaroxaban prescription. Which assessment is most accurate?

A. Avoid rivaroxaban in moderate hepatic impairment and contact the prescriber

B. Add vitamin K to counteract the hepatic impairment

C. Reduce rivaroxaban to one-half the usual dose

D. Continue rivaroxaban at the full dose and monitor INR

7. A nonpregnant woman with dysuria and frequency has uncomplicated cystitis without fever or flank pain. The organism is susceptible and renal function is adequate. Which nitrofurantoin monohydrate/macrocrystals regimen is a recommended first-line option?

A. 100 mg by mouth twice daily for 5 days

B. 100 mg by mouth twice daily for 3 days

C. 100 mg by mouth once daily for 5 days

D. 50 mg by mouth twice daily for 3 days

8. A patient with chronic hepatitis C has Child-Pugh class B cirrhosis. A new prescription is written for glecaprevir/pibrentasvir (Mavyret). Which assessment is most appropriate?

A. Dispense if there is no documented prior episode of decompensation

B. Dispense after reducing the dose by half

C. Dispense and obtain liver tests only at the end of therapy

D. Withhold and contact the prescriber because the regimen is contraindicated

9. A 78-year-old with a prior bleeding peptic ulcer asks to start OTC naproxen for knee pain. Which is the best pharmacist response?

A. Suggest taking aspirin with naproxen to prevent a recurrent ulcer

B. Recommend OTC ibuprofen instead because it does not share this bleeding risk

C. Advise against self-starting oral naproxen and arrange evaluation of safer pain options

D. Recommend the standard OTC dose as long as it is taken with food

10. An adult with a moderate asthma exacerbation is prescribed an oral corticosteroid burst as part of treatment. Which regimen reflects the usual 2026 GINA adult approach?

A. Prednisolone 80 mg each morning for 21 days followed by a taper

B. Prednisolone 10 mg every other day for 30 days

C. Prednisolone 5 mg once weekly for 6 weeks

D. Prednisolone 40–50 mg each morning for 5–7 days

11. An immunocompetent 60-year-old with no prior pneumococcal vaccination receives PCV15 today. Which routine follow-up completes the recommendation?

A. PPSV23 approximately 1 year later

B. No subsequent pneumococcal vaccine after PCV15

C. A second PCV15 in 4 weeks

D. PPSV23 every year

---

12. A patient stopped prescription selegiline eight days ago and asks whether they can start OTC dextromethorphan extended-release suspension for a cough. What is the best response based on the OTC label?

A. Start now because eight days have passed since selegiline was stopped

B. Start now, but take half the usual dose

C. Take it only at night to avoid an interaction

D. Do not use dextromethorphan now; the label says to avoid it for two weeks after stopping an MAOI

---

13. An intrathecal chemotherapy tray contains methotrexate and a vial of vincristine. Which safety intervention is most appropriate?

A. Move the intrathecal medications to a different tray but prepare vincristine in a syringe for the same procedure room

B. Keep vincristine on the tray, but add an IV-use auxiliary label

C. Prepare vincristine in an IV syringe and return it to the intrathecal tray after checking the label

D. Separate vincristine and prepare it only for IV administration in a clearly labeled flexible container

---

14. An adult newly diagnosed with asthma has symptoms less than twice monthly. Which reliever strategy is preferred by the 2026 GINA Track 1 approach?

A. As-needed albuterol alone without any inhaled corticosteroid

B. As-needed low-dose inhaled corticosteroid/formoterol

C. Daily oral prednisone for 30 days

D. As-needed salmeterol alone

---

15. A healthy 29-year-old adult has no record of hepatitis B vaccination and reports no known exposure risk. What does routine adult guidance recommend?

A. Wait until age 60 before considering vaccination

B. Do not vaccinate without a known exposure risk

C. Give only one dose of any hepatitis B vaccine

D. Complete an age-appropriate hepatitis B vaccine series

---

16. A 34-year-old with epilepsy already takes valproate. A new lamotrigine prescription starts at 100 mg daily from day one. Assuming no other interacting antiseizure drugs, what is the labeled starting schedule that the pharmacist should discuss with the prescriber?

A. 25 mg every other day for weeks 1 and 2

B. 25 mg twice daily for weeks 1 and 2

C. 50 mg twice daily for weeks 1 and 2

D. 100 mg daily for weeks 1 and 2

---

17. A patient with frequent heartburn requests a 14-day OTC omeprazole course but reports new difficulty swallowing food and unintended weight loss. What is the best response?

A. Recommend two 14-day courses back to back

B. Recommend doubling the labeled dose for the first week

C. Recommend omeprazole and add an antacid for the swallowing problem

D. Refer for medical evaluation of alarm symptoms instead of treating this as routine self-care

---

18. A patient taking simvastatin receives clarithromycin for an infection. Which action is best?

A. Flag the contraindicated combination due to myopathy/rhabdomyolysis risk and contact the prescriber

B. Dispense both at usual doses with only routine follow-up

C. Reduce simvastatin from 40 mg to 20 mg while continuing clarithromycin

D. Separate the doses by 12 hours to eliminate the interaction

---

19. An adult with type 2 diabetes and albuminuric CKD has eGFR 38 mL/min/1.73 m² and A1C at goal. Which drug class should still be considered for slowing CKD progression and reducing cardiovascular events, assuming no contraindication?

A. Sulfonylurea because it uniquely preserves kidney function

B. Short-acting insulin only

C. SGLT2 inhibitor with demonstrated kidney benefit

D. DPP-4 inhibitor because it replaces CKD therapy

---

20. A patient taking spironolactone for heart failure has a new potassium result of 5.9 mEq/L, confirmed by the laboratory. Which response is most appropriate before continuing the medication?

A. Continue unchanged if the patient has no palpitations

B. Promptly contact the treating clinician to address hyperkalemia and reassess or hold the spironolactone dose

C. Increase spironolactone to enhance potassium loss

D. Continue spironolactone unchanged and recheck potassium in three months

---

21. A patient on pembrolizumab develops symptomatic Grade 2 immune-mediated pneumonitis after other causes are evaluated. What is the labeled treatment disposition while it is assessed and managed?

A. Permanently discontinue in every Grade 2 case

B. Give a double dose of pembrolizumab

C. Withhold pembrolizumab and institute appropriate management, often systemic corticosteroids

D. Continue pembrolizumab unchanged

---

22. A 15-year-old recovering from influenza asks for aspirin for fever and body aches. Which advice best addresses a product-specific safety concern?

A. Use aspirin only after the fever resolves but flu-like symptoms remain

B. Avoid aspirin in children and teenagers with flu-like illness because of Reye syndrome risk

C. Use low-dose aspirin because the warning applies only above 325 mg

D. Aspirin is preferred because Reye syndrome occurs only with antibiotic use

---

23. A patient takes an evening lithium dose at 8 PM and is scheduled for a serum lithium concentration. Which draw time best approximates the conventional 12-hour post-dose monitoring sample?

A. 8 PM the following evening

B. 8 AM the following morning

C. 9 PM that evening

D. 2 AM

---

24. A patient stabilized on lithium begins chlorthalidone. Which potential interaction should the pharmacist flag?

A. Chlorthalidone reduces lithium renal clearance, increasing toxicity risk; monitor lithium levels

B. There is no interaction if the drugs are separated by 2 hours

C. Chlorthalidone may increase lithium excretion, requiring an empiric increase

D. Chlorthalidone changes only the assay method, not lithium exposure

---

25. A patient taking phenytoin has marked hypoalbuminemia. A total phenytoin level appears within its usual range, but the patient has nystagmus and ataxia. Which additional laboratory measure is most informative?

A. Serum urate alone

B. A random serum vancomycin concentration

C. Unbound (free) phenytoin concentration

D. LDL cholesterol

---

26. A patient taking digoxin and a potassium-wasting diuretic reports nausea and new palpitations. Potassium is 2.9 mEq/L. What most heightens concern for digoxin toxicity?

A. Symptoms can only reflect toxicity if a digoxin concentration exceeds 2 ng/mL

B. A thiazide eliminates the need to monitor potassium during digoxin therapy

C. Hypokalemia increases myocardial sensitivity to digoxin, so toxicity can occur even with a seemingly acceptable serum level

D. Low potassium increases digoxin renal clearance, eliminating the risk

---

27. Before starting chronic oral amiodarone, which baseline assessment best addresses the major organ toxicities emphasized by the label?

A. Thyroid function alone, with lung and liver tests only if symptoms appear

B. Chest radiograph/pulmonary testing, thyroid function, and liver enzymes

C. Electrocardiogram alone, with no organ assessment

D. Liver enzymes alone because lung and thyroid toxicity are not associated with amiodarone

---

28. An immediate-use compounded sterile preparation is begun at 8:30 AM and meets the USP <797> immediate-use conditions. By what time must its administration begin under the USP provision?

A. 9:30 AM

B. 9:00 AM

C. 8:30 PM

D. 12:30 PM

---

29. A pharmacy prepares Category 1 compounded sterile preparations in a segregated compounding area. Which setup meets the USP <797> location requirement?

A. An unventilated cabinet without ISO 5 air quality

B. A regular open countertop with no primary engineering control

C. A primary engineering control in the segregated compounding area

D. A desk near the pharmacy entrance

---

30. A pharmacist will compound a sterile antineoplastic hazardous drug that requires manipulation. Which primary engineering control is suitable under USP <800>?

A. A standard fume hood with no sterile air classification

B. An externally vented ISO Class 5 Class II biological safety cabinet or compounding aseptic containment isolator

C. An open countertop in a positive-pressure room

D. An ordinary horizontal laminar airflow workbench that blows toward the operator

---

EXAM 3 | ANSWER SHEET

Circle one letter for each question before checking the separate guide.

01 A B C D	02 A B C D	03 A B C D
04 A B C D	05 A B C D	06 A B C D
07 A B C D	08 A B C D	09 A B C D
10 A B C D	11 A B C D	12 A B C D
13 A B C D	14 A B C D	15 A B C D
16 A B C D	17 A B C D	18 A B C D
19 A B C D	20 A B C D	21 A B C D
22 A B C D	23 A B C D	24 A B C D
25 A B C D	26 A B C D	27 A B C D
28 A B C D	29 A B C D	30 A B C D