



Pharmacy Technician

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1. A patient with type 2 diabetes is started on metformin. Which mechanism best explains why metformin is preferred as first-line therapy over sulfonylureas for most patients?

- A. Metformin blocks intestinal absorption of all dietary carbohydrates
- B. Metformin increases renal glucose excretion by inhibiting SGLT-2 transporters
- C. Metformin stimulates pancreatic beta cells to release more insulin
- D. Metformin decreases hepatic glucose production and does not cause hypoglycemia or weight gain

2. A prescriber orders warfarin for a patient who is also taking fluconazole for a vaginal yeast infection. What is the expected clinical outcome and the mechanism responsible?

- A. No clinically significant interaction; warfarin is not metabolized by hepatic enzymes
- B. Decreased anticoagulant effect; fluconazole induces CYP2C9, increasing warfarin metabolism
- C. Increased anticoagulant effect; fluconazole inhibits CYP2C9, decreasing warfarin metabolism
- D. Decreased anticoagulant effect; fluconazole displaces warfarin from plasma proteins

3. Which of the following brand/generic pairs is correctly matched?

- A. Norvasc — metoprolol succinate
- B. Lipitor — atorvastatin
- C. Synthroid — amlodipine
- D. Zestril — losartan

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4. A patient receiving chemotherapy develops severe nausea. The oncologist prescribes ondansetron. To which pharmacological class does ondansetron belong?

- A. Dopamine D2 receptor antagonist
- B. Serotonin 5-HT3 receptor antagonist
- C. Neurokinin-1 (NK1) receptor antagonist
- D. Histamine H1 receptor antagonist



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5. A pharmacy receives a prescription for lithium carbonate 300 mg three times daily. Which parameter is most critical for a technician to flag for pharmacist counseling regarding patient monitoring?

- A. Serum lithium levels, renal function, and thyroid function tests due to a narrow therapeutic index
- B. Weekly complete blood count because lithium commonly causes agranulocytosis
- C. Daily blood glucose monitoring because lithium causes significant hyperglycemia
- D. Fasting lipid panel every 6 months due to lithium-induced dyslipidemia

6. Which of the following statements correctly describes the dosage form known as a transdermal patch?

- A. A semi-solid preparation applied to mucous membranes for local anti-inflammatory effect
- B. A pressurized canister that aerosolizes drug for direct deposition in the lower airways
- C. A solid dosage form that disintegrates rapidly on the tongue and is swallowed with saliva
- D. A reservoir or matrix system applied to the skin that delivers drug systemically through the dermal layers

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7. Amiodarone is prescribed for a patient who is also on simvastatin 40 mg daily. What is the most significant concern with this combination?

- A. Amiodarone reduces simvastatin efficacy by inducing CYP3A4
- B. Additive QTc prolongation requiring ECG monitoring only
- C. Risk of serious myopathy or rhabdomyolysis because amiodarone inhibits CYP3A4, raising simvastatin levels
- D. Amiodarone chelates simvastatin in the GI tract, preventing absorption

8. A patient asks a pharmacy technician about the generic name for Proventil HFA. Which answer is correct?

- A. Salmeterol
- B. Albuterol
- C. Fluticasone
- D. Ipratropium



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9. A 68-year-old patient with a sulfa allergy is prescribed furosemide. Which counseling point is most pharmacologically relevant to this allergy history?

- A. Furosemide is a sulfonamide-based loop diuretic, so cross-reactivity with sulfa antibiotics is theoretically possible and should be discussed with the prescriber
- B. All loop diuretics are absolutely contraindicated in patients with sulfa allergies
- C. Furosemide should be replaced with a thiazide diuretic, which has no sulfonamide structure
- D. Furosemide does not contain any sulfonamide moiety and can be given safely without concern

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10. A patient taking phenytoin for seizures is newly prescribed enteral tube feeds. Which pharmacokinetic interaction is the technician most likely to hear the pharmacist discussing?

- A. Enteral feeds increase phenytoin bioavailability by stimulating CYP2C9 induction
- B. Phenytoin chelates calcium in the feed, causing severe hypocalcemia
- C. Enteral feeds significantly decrease phenytoin absorption, requiring the feeds to be held around dose times and serum levels to be monitored
- D. Enteral feeds have no documented interaction with phenytoin

11. Which of the following drug classes works by inhibiting the angiotensin-converting enzyme (ACE), and is commonly associated with a dry, persistent cough as a side effect?

- A. Beta-blockers
- B. ACE inhibitors
- C. Calcium channel blockers
- D. Angiotensin receptor blockers (ARBs)

12. A patient is prescribed testosterone cypionate 200 mg/mL injection. The dose ordered is 100 mg IM every two weeks. How many milliliters should be drawn up per dose?

- A. 0.5 mL
- B. 0.25 mL
- C. 2 mL
- D. 1 mL

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13. A prescriber adds rifampin to a patient's antibiotic regimen who is also on oral contraceptives. What counseling should the pharmacist provide regarding the oral contraceptive?

- A. Rifampin is a potent CYP3A4 and P-glycoprotein inducer that substantially reduces oral contraceptive efficacy; a backup contraceptive method is required
- B. Rifampin increases estrogen bioavailability, increasing the risk of estrogen-related adverse effects
- C. The patient should switch from oral to injectable contraception because rifampin only affects oral bioavailability, not injectable forms
- D. No interaction exists because rifampin does not affect hepatic enzymes

14. Which of the following medications is classified as a selective norepinephrine reuptake inhibitor (SNRI) used specifically for attention-deficit/hyperactivity disorder (ADHD) and is NOT a controlled substance?

- A. Methylphenidate (Ritalin)
- B. Amphetamine salts (Adderall)
- C. Atomoxetine (Strattera)
- D. Lisdexamfetamine (Vyvanse)

15. A pharmacy technician is processing a prescription for digoxin 0.125 mg daily. The patient also picks up clarithromycin for a respiratory infection. Which interaction mechanism is most clinically significant here?

- A. Clarithromycin induces renal elimination of digoxin, reducing its effect
- B. Clarithromycin inhibits P-glycoprotein and CYP3A4, reducing digoxin clearance and raising serum digoxin levels toward toxicity
- C. Both drugs prolong the QTc interval independently with no pharmacokinetic interaction
- D. Clarithromycin binds digoxin in the gut and prevents its absorption

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16. A patient with chronic kidney disease (eGFR 28 mL/min/1.73 m²) presents a prescription for metformin 1000 mg twice daily. What is the appropriate pharmacy action?

- A. Dispense as written; metformin dose does not require renal adjustment
- B. Flag for pharmacist review because metformin is contraindicated when eGFR falls below 30 mL/min/1.73 m² due to lactic acidosis risk
- C. Substitute metformin with glipizide and dispense without contacting the prescriber
- D. Dispense half the dose without notifying the pharmacist since dose reduction is routine



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17. A pharmacist receives a prescription for testosterone cypionate 200 mg/mL injection. The patient has no refills remaining and calls asking the pharmacist to verbally authorize an emergency refill. Under federal DEA regulations, which statement is correct?

- A. The prescriber may authorize an emergency oral refill for up to a 72-hour supply, provided a written prescription follows within 7 days.
- B. An emergency oral authorization is only permitted for Schedule II drugs when no alternative is available.
- C. Schedule III controlled substances may be refilled up to five times in six months, but an oral emergency supply is not a recognized mechanism.
- D. An emergency oral refill is never permitted for any Schedule III controlled substance.

18. A DEA registrant pharmacy discovers that 48 tablets of hydrocodone/acetaminophen 5/325 mg are missing from inventory after a quarterly count. Which DEA form must be submitted, and within what timeframe?

- A. DEA Form 106, as soon as possible upon discovery, with a copy to the local DEA Diversion field office and local law enforcement.
- B. DEA Form 222, within 72 hours of discovery.
- C. DEA Form 106, within 1 business day of discovery to local DEA Diversion field office.
- D. DEA Form 41, within 30 days of discovery.

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19. Which of the following controlled substances is classified as Schedule I by the DEA?

- A. Ketamine
- B. Heroin
- C. Tramadol
- D. Buprenorphine



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20. A long-term care facility (LCF) requests an emergency oral Schedule II prescription for a hospice patient who has run out of morphine sulfate extended-release tablets. Under DEA regulations, which condition is NOT required for this emergency dispensing?

- A. The quantity dispensed must be limited to the amount adequate to treat the patient during the emergency period.
- B. The prescriber must furnish a written, signed prescription to the pharmacy within 7 days of the emergency oral order.
- C. The pharmacy must note on the dispensed prescription 'Authorization for Emergency Dispensing' and the date of the oral order.
- D. The prescriber must have an existing patient-prescriber relationship documented in the pharmacy's records before the emergency call.

21. Under HIPAA's Minimum Necessary Standard, which of the following disclosures by a pharmacy technician would be compliant?

- A. Faxing a patient's complete 12-month medication history to an emergency room physician treating the patient for an acute allergic reaction.
- B. Providing a patient's full prescription records to a law firm handling a civil lawsuit involving the patient, without a valid court order or patient authorization.
- C. Telling a patient's adult child the patient's current prescription list without any prior authorization from the patient.
- D. Sharing a patient's HIV medication list with the patient's employer who has requested it for insurance purposes.

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22. The FDA classifies a drug recall as Class II. What does this designation indicate?

- A. The product is unlikely to cause any adverse health consequence, but is being recalled for other reasons such as labeling errors.
- B. The product will cause serious adverse health consequences or death.
- C. The product has been determined to be counterfeit and must be seized immediately by federal authorities.
- D. Use of or exposure to the product may cause temporary or medically reversible adverse health consequences, or the probability of serious adverse health consequences is remote.



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23. A prescriber writes a Schedule III prescription for buprenorphine/naloxone (Suboxone) film for opioid use disorder. The original prescription was issued on March 1. On which date does the prescription become invalid for refills under federal law?

- A. June 1 (90 days from issue date)
- B. March 31 (30 days from issue date)
- C. September 1 (6 months from issue date)
- D. August 28 (180 days from issue date)

24. A pharmacy technician notices that a prescriber's DEA number on a hydrocodone prescription reads 'BJ4523156.' Applying the DEA number validation algorithm, is this number valid?

- A. Yes, it is valid because it contains nine characters with two letters followed by seven digits.
- B. Yes, it is valid because it begins with 'B' followed by the first letter of the prescriber's last name.
- C. No, it is invalid because DEA numbers for practitioners always begin with the letter 'A', not 'B'.
- D. No, it is invalid because the check digit calculation does not confirm the last digit as '6'.

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25. Which federal agency is primarily responsible for regulating the safety and efficacy of new prescription drugs before they may be marketed in the United States?

- A. Federal Trade Commission (FTC)
- B. Centers for Medicare and Medicaid Services (CMS)
- C. Drug Enforcement Administration (DEA)
- D. Food and Drug Administration (FDA)

26. A compounding pharmacy compounds a batch of morphine sulfate 2 mg/mL oral solution using a non-FDA-approved formula. Under the Drug Quality and Security Act (DQSA), which designation would allow this pharmacy to distribute the compound to hospitals in other states without registering as a manufacturer?

- A. 503A outsourcing facility designation.
- B. 503B outsourcing facility designation.
- C. A DEA Schedule II bulk manufacturer license.
- D. New Drug Application (NDA) holder.



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27. A patient's spouse calls the pharmacy and asks the technician to confirm whether the patient has picked up a prescription for oxycodone. The patient has not given any authorization. Under HIPAA, what is the most appropriate response?

- A. Decline to confirm or deny any prescription information without patient authorization or a documented patient-established permission.
- B. Require the spouse to present a Power of Attorney before providing any information.
- C. Provide the information because opioid safety is a public health concern that overrides HIPAA privacy protections.
- D. Confirm the pickup status because a spouse is automatically authorized as a personal representative under HIPAA.

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28. Which of the following drugs is correctly classified as a Schedule V controlled substance?

- A. Codeine 30 mg tablets (prescribed alone)
- B. Morphine sulfate 15 mg oral solution
- C. Cough syrup containing less than 200 mg of codeine per 100 mL (e.g., Robitussin AC)
- D. Hydrocodone bitartrate 5 mg extended-release tablets

29. A pharmacy receives a voluntary recall notice from the manufacturer for a lot of metformin 500 mg tablets due to elevated levels of N-nitrosodimethylamine (NDMA). The recall is classified as Class I. Which action is NOT part of the pharmacy's required recall response?

- A. Quarantine all affected lot-number stock immediately to prevent dispensing.
- B. Submit an adverse event report to the DEA using DEA Form 106 within 24 hours.
- C. Notify patients who received the recalled lot and advise them per the recall instructions.
- D. Return or destroy recalled product per the manufacturer's return authorization instructions.

30. Under federal law, which element is NOT a required component of a valid controlled substance prescription written by a DEA-registered prescriber?

- A. The patient's full name and address.
- B. The prescriber's National Provider Identifier (NPI) number.
- C. The prescriber's DEA registration number.
- D. The date the prescription was issued.



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Answer Key & Explanations

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1. D — Metformin decreases hepatic glucose production and does not cause hypoglycemia or weight gain

Metformin (Glucophage) works primarily by suppressing hepatic gluconeogenesis; it does not stimulate insulin secretion, so it carries minimal hypoglycemia risk and is weight-neutral, making it first-line per ADA guidelines.

2. C — Increased anticoagulant effect; fluconazole inhibits CYP2C9, decreasing warfarin metabolism

Fluconazole is a potent CYP2C9 inhibitor; since S-warfarin (the more active enantiomer) is primarily metabolized by CYP2C9, co-administration raises warfarin plasma levels and significantly increases bleeding risk.

3. B — Lipitor — atorvastatin

Lipitor is the brand name for atorvastatin, a HMG-CoA reductase inhibitor (statin); Norvasc is amlodipine, Synthroid is levothyroxine, and Zestril is lisinopril.

4. B — Serotonin 5-HT3 receptor antagonist

Ondansetron (Zofran) is a selective 5-HT3 receptor antagonist that blocks serotonin at vagal afferents in the gut and at the chemoreceptor trigger zone, making it highly effective for chemotherapy-induced nausea and vomiting.

5. A — Serum lithium levels, renal function, and thyroid function tests due to a narrow therapeutic index

Lithium has a narrow therapeutic index (target serum level 0.6–1.2 mEq/L for maintenance), and toxicity correlates closely with renal clearance and sodium balance; routine serum level, BMP, and thyroid monitoring are mandatory.

6. D — A reservoir or matrix system applied to the skin that delivers drug systemically through the dermal layers

Transdermal patches (e.g., fentanyl, nicotine, nitroglycerin) use reservoir or matrix technology to provide controlled systemic drug delivery through the skin, bypassing first-pass hepatic metabolism.

7. C — Risk of serious myopathy or rhabdomyolysis because amiodarone inhibits CYP3A4, raising simvastatin levels

Amiodarone inhibits CYP3A4, the primary enzyme metabolizing simvastatin; elevated simvastatin concentrations dramatically increase the risk of skeletal muscle toxicity including rhabdomyolysis, and the FDA limits simvastatin doses when used with amiodarone.

8. B — Albuterol

Proventil HFA and Ventolin HFA are brand names for albuterol, a short-acting beta-2 agonist (SABA) used for acute bronchospasm relief in asthma and COPD.

9. A — Furosemide is a sulfonamide-based loop diuretic, so cross-reactivity with sulfa antibiotics is theoretically possible and should be discussed with the prescriber



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Furosemide contains a sulfonamide group; while the clinical significance of cross-reactivity is debated, the prescriber should be aware of the sulfa allergy so an informed benefit-risk decision can be made before dispensing.

10. C — Enteral feeds significantly decrease phenytoin absorption, requiring the feeds to be held around dose times and serum levels to be monitored

Continuous enteral nutrition reduces phenytoin oral bioavailability substantially (mechanism not fully elucidated, possibly protein binding or adsorption to the feeding tube); standard practice is to hold feeds 1–2 hours before and after phenytoin doses and monitor drug levels closely.

11. B — ACE inhibitors

ACE inhibitors (e.g., lisinopril, enalapril) block the conversion of angiotensin I to angiotensin II, reducing aldosterone release; bradykinin accumulation in the lungs causes the class-specific dry cough in up to 15–20% of patients.

12. A — 0.5 mL

Using the ratio: $100 \text{ mg} \div 200 \text{ mg/mL} = 0.5 \text{ mL}$; testosterone cypionate is an oil-based IM formulation and Schedule III controlled substance under the CSA.

13. A — Rifampin is a potent CYP3A4 and P-glycoprotein inducer that substantially reduces oral contraceptive efficacy; a backup contraceptive method is required

Rifampin is one of the most potent known CYP450 inducers (3A4, 2C9, and others) and dramatically accelerates metabolism of ethinyl estradiol and progestins, rendering oral contraceptives unreliable; backup non-hormonal contraception is mandatory during and for one month after rifampin therapy.

14. C — Atomoxetine (Strattera)

Atomoxetine (Strattera) selectively inhibits presynaptic norepinephrine reuptake and is FDA-approved for ADHD but is not a controlled substance, unlike the stimulant options listed, which are DEA Schedule II.

15. B — Clarithromycin inhibits P-glycoprotein and CYP3A4, reducing digoxin clearance and raising serum digoxin levels toward toxicity

Digoxin is a P-glycoprotein substrate; clarithromycin inhibits P-gp-mediated intestinal and renal digoxin efflux, raising digoxin serum concentrations and increasing the risk of toxicity (bradycardia, heart block, nausea, visual disturbances) in a drug with a very narrow therapeutic index.

16. B — Flag for pharmacist review because metformin is contraindicated when eGFR falls below 30 mL/min/1.73 m² due to lactic acidosis risk

FDA labeling contraindicates metformin initiation when eGFR is below 30 mL/min/1.73 m² and recommends discontinuation if it falls below 30 during therapy, because reduced renal clearance of metformin increases lactic acidosis risk; the pharmacist must intervene before dispensing.

17. C — Schedule III controlled substances may be refilled up to five times in six months, but an oral emergency supply is not a recognized mechanism.

Schedule III and IV controlled substances may be refilled up to five times within six months of the issue date per DEA regulations, but there is no emergency oral refill provision for these schedules — the refill authority is inherent in the original prescription, not dispensed via a separate emergency mechanism.



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18. A — DEA Form 106, as soon as possible upon discovery, with a copy to the local DEA Diversion field office and local law enforcement.

DEA Form 106 (Report of Theft or Significant Loss of Controlled Substances) must be filed as soon as possible after a significant loss is discovered, with copies submitted to the local DEA Diversion field office and local law enforcement; DEA Form 41 is used for destruction, and DEA Form 222 is for ordering Schedule I and II substances.

19. B — Heroin

Heroin (diacetylmorphine) has no accepted medical use in the United States and a high potential for abuse, placing it in Schedule I; buprenorphine is Schedule III, ketamine is Schedule III, and tramadol is Schedule IV.

20. D — The prescriber must have an existing patient-prescriber relationship documented in the pharmacy's records before the emergency call.

Federal DEA regulations for emergency Schedule II dispensing require limiting quantity to the emergency period, mandate a follow-up written prescription within 7 days, and require the 'Authorization for Emergency Dispensing' notation, but they do NOT require a pre-existing documented patient-prescriber relationship on file at the pharmacy.

21. A — Faxing a patient's complete 12-month medication history to an emergency room physician treating the patient for an acute allergic reaction.

HIPAA's Minimum Necessary Standard includes a Treatment Exception that allows disclosures to other treating providers without patient authorization when necessary for treatment; sharing medication history with an emergency treating physician qualifies, while the other options lack a valid legal basis or patient authorization.

22. D — Use of or exposure to the product may cause temporary or medically reversible adverse health consequences, or the probability of serious adverse health consequences is remote.

An FDA Class II recall applies to situations where use of the product may cause temporary or medically reversible adverse health consequences, or where the probability of serious harm is remote; Class I is for life-threatening risks, and Class III is for unlikely health harm.

23. C — September 1 (6 months from issue date)

DEA regulations permit Schedule III and IV controlled substances to be refilled up to five times within six months of the issue date; after six months from March 1, the prescription expires and a new prescription is required.

24. D — No, it is invalid because the check digit calculation does not confirm the last digit as '6'.

To validate a DEA number: add digits 1, 3, and 5 ($4+2+1=7$); add digits 2, 4, and 6 ($5+3+5=13$), multiply by 2 (26); sum is 33; the check digit (last digit) should be 3, not 6, so the number is invalid despite the correct format.

25. D — Food and Drug Administration (FDA)

The FDA is responsible for approving new drugs for safety and efficacy through the New Drug Application (NDA) process before they can be legally marketed; the DEA regulates controlled substance scheduling and distribution.

26. B — 503B outsourcing facility designation.

Under DQSA Section 503B, an FDA-registered outsourcing facility may compound drug products without



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individual patient prescriptions and distribute them interstate to hospitals and clinics, subject to FDA oversight; Section 503A applies to traditional patient-specific compounding pharmacies that cannot distribute wholesale interstate.

27. A — Decline to confirm or deny any prescription information without patient authorization or a documented patient-established permission.

HIPAA does not automatically grant spousal access to PHI; without documented patient authorization or a court-established personal representative status, the pharmacy must decline to confirm or deny any PHI to the calling spouse.

28. C — Cough syrup containing less than 200 mg of codeine per 100 mL (e.g., Robitussin AC)

Schedule V substances contain limited quantities of narcotics such as codeine; cough preparations with less than 200 mg of codeine per 100 mL are classified as Schedule V, while codeine alone and morphine alone are Schedule II, and hydrocodone single-entity products are Schedule II.

29. B — Submit an adverse event report to the DEA using DEA Form 106 within 24 hours.

DEA Form 106 is used exclusively to report theft or significant loss of controlled substances; a metformin recall is handled through the FDA recall process and MedWatch adverse event reporting — the DEA has no role in non-controlled drug recalls.

30. B — The prescriber's National Provider Identifier (NPI) number.

Federal DEA regulations require the patient's name and address, date of issue, drug name and strength, quantity, directions, prescriber's name/address/DEA number, and prescriber's signature; the NPI number is a CMS billing identifier and is not a DEA-mandated element of a controlled substance prescription.



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