Errata in the 2013-2015 Pharmacotherapy Self-Assessment Program (PSAP)
(Updated September 2, 2015)

2013 BOOK 1 (*CARDIOLOGY/ENDOCRINOLOGY*)

Page 73

Endocrinology I module, Self-Assessment Question #41. Stem should read:

Her 25-vitamin D concentration is 35 ng/**m**L.

Page 74

Endocrinology I module, Self-Assessment Question #47. Option C. should read:

C. **Every 2 years**.

Page 75

Endocrinology I module, Self-Assessment Question #57. Option C. should read:

C. Teriparatide 20 **mcg** subcutaneously daily and AndroGel daily.

Page 106

Right column, second paragraph under "AHA/ACC Guidelines and CHEST Supplement" should read:

… , with duration of dual antiplatelet therapy with aspirin and either clopidogrel or **prasugrel** of at least 12 months regardless of stent type (Kushner 2009).

Page 159

Table 1-5. RAAS Inhibitor Trials of ACE Inhibitors and ARBs in Patients with HFpEF. Second column, third item should read:

850 patients at least 70 years of age, wall motion index **1.4–1.6** (EF > 40%) treated with diuretics

Page 219

Table 3-5. Potential Drug Interactions with Dronederone. Third column, third and fourth items should read:

Use lowest dose of calcium channel blocker and increase dose only after **electrocardiogram** verification of tolerability
Use lowest dose of β-blocker and increase dose only after **electrocardiogram** verification of tolerability

Also, first column, fourth item under Pharmacokinetic Interactions: Effects of Drugs on Dronedarone should read:

Potent **inducers** of CYP3A …

Page 220	Right column, first full paragraph. Second sentence should read: In addition to independently increasing blood pressure, NSAIDs **decrease** the efficacy of angiotensin receptor inhibitors, …
Page 233	Cardiology II module, Self-Assessment Question #48. Option C. should read: Discontinue venlafaxine **37.5** mg/day.

2013 BOOK 2 (*SPECIAL POPULATIONS*)

Page 35

Special Populations I module, Self-Assessment Question #27 should read as follows:

27. A case-control study was conducted in patients with chronic obstructive pulmonary disease (COPD). The medical records of 15,000 patients were reviewed, revealing 100 cases of acute urinary retention (AUR) during a 3-year period. Cases were matched according to age and medical comorbidity. The corresponding odds ratio of AUR for users of inhaled **anticholinergics** in this population was OR 2.42 (95% CI, 1.80–8.68). Which one of the following is the best interpretation of these data?
A. Patients with COPD are at higher risk of urinary retention relative to the general population.
B. Inhaled **anticholinergic** use is not associated with urinary retention.
C. Inhaled **anticholinergics** cause urinary retention in patients with COPD.
D. Inhaled **anticholinergics** may increase the risk of AUR.

Page 56

Special Populations I module, Self-Assessment Question #59. The stem should read as follows:

Which one of the following tools **would best assist in the workup** to confirm a diagnosis of prostate cancer?

Page 122

Special Populations II module, Self-Assessment Question #47. Option D should read as follows:

D. Switch to lamotrigine **with a goal dose of** 200 mg twice daily.

Page 151

Table 2-3. Alternative Dosing Schedules of Anti-VEGF for Wet AMD. Row 5 (CATT: year 1), column 2 should read as follows:

RBM 0.5 mg monthly; BCM **1.25** mg monthly; RBM 0.5 mg prn; BCM **1.25** mg prn

Page 163

Special Populations III module, Self-Assessment Question #24, Option D should read as follows:

D. Bevacizumab **1.25** mg intravitreally given on a fixed monthly dosing schedule.

2014 BOOK 1 (*CRITICAL AND URGENT CARE*)

Page 17

Right column, last two sentences before Bradyarrhythmias should read as follows:

The efficacy of vasopressin and the combination of epinephrine and vasopressin compared with epinephrine alone demonstrated no significant differences in ROSC, survival to discharge, or good neurologic recovery in patients with PEA or asystole. Because vasopressin does not appear to have a benefit over epinephrine, one dose of vasopressin 40 units intravenous/intraosseous may replace either the first or second dose of epinephrine in the treatment of cardiac arrest patients as a whole (Class IIb, LOE A).

Page 56

Critical and Urgent Care I module, Self-Assessment Question #30. Option C should read as follows:

C. Administer 100% FiO_2 and sodium thiosulfate **12.5 g** intravenously.

Page 85

Table 4-1. Third section down, entry for Vancomycin should read:

Oral intake of injectable formulation for *Clostridium difficile* diarrhea or colitis.

Seventh section down, entry for Nitroglycerin should read:

Hypertension associated with myocardial infarction
Entry for Norepinephrine should read:
Resuscitation of septic shock

Eighth (final) section down, entry for Recombinant factor VIIa should read:

Traumatic hemorrhage

Entry for Tranexamic acid should read:

Hemostasis in coagulopathy

Page 103

Table 1-2:
The CHA_2DS_2-VASc point score for Age: 75 or older should be **2**.

Page 108

Figure 1-1. Third box down on the left side should read as follows:

If BP **≤** 185/110 mm Hg is not achieved, do not administer tPA

Also, the second box down on the right side should read as follows:

If tPA administered, maintain BP **≤** 180/105 mm Hg during and post-administration.

Page 181

Table 4-2.Opioid Analgesics Most commonly Used in the ICU.
For fentanyl, the Active metabolite column should read:
No
For remifentanil, the route of elimination column should read:
Renal

Page 182

Left column, second full sentence should read as follows:

Methadone has an unpredictable dose-response**. Although available in an intravenous formulation, it is more often used in oral/enteral dosage forms.** It does have a role in facilitating the transition from continuous infusion to enteral therapy in patients with very high intravenous opioid requirements.

Page 185

Left column, second full sentence should read as follows:

Therefore, continuous infusions of lorazepam at doses greater than **10** mg/hour have been associated with propylene glycol toxicity (Arroliga 2004).

Page 210

Left column, middle of second full paragraph. Sentence should read as follows:

The recently published IMPACT study showed a significantly lower incidence of CMV infection in D+/R- kidney transplant recipients receiving 200 days of valganciclovir at 900 **mg** daily (renally adjusted) compared with 100 days (16% vs. 37%) (Humar 2010).

Page 251

Critical and Urgent Care III module, Self-Assessment Question #44. Stem should read as follows:

44. On the basis of R.F.'s clinical presentation, and using the Severity of Illness Score for Toxic Epidermal

Necrolysis (SCORTEN), **which one of the following best estimates R.F.'s mortality risk?**

2014 BOOK 2 (*CHRONIC ILLNESSES*)

Front Matter	BCPS test deadline is 11:59 p.m. (Central) on **Monday, November 17**, 2014.
Page 76	Chronic Illnesses I module, Self-Assessment Question #42. Option D should read as follows: D. **P**hentermine/topiramate.
Page 133	Box 2-2. Entry for Minor cytogenetic response should read: • > 35% Philadelphia-positive metaphases
Page 134	Table 2-1. Chronic-phase dosing for nilotinib should read 300 mg orally **twice** daily.
Page 142	Chronic Illnesses II module, Self-Assessment Question #33. The stem should read as follows: 33. One month ago, a patient with chronic-phase CML began treatment with imatinib 400 mg **once** daily.
Pages 174 and 176	Table 4-1. Oral Chemotherapy – Dosing, Administration, Counseling, and Drug Interactions. Administration Column, entries for abiraterone and nilotinib should read: Abiraterone: Take on an empty stomach 2 hours **after** or 1 hour **before** meals. Do not crush or chew. Nilotinib: Take on an empty stomach 2 hours **after** or 1 hour **before** meals.
Page 179	Oral Chemotherapy Chapter: The link to Figure 4-1 was inadvertently disabled. The link is as follows: Figure 4-1 identifies targets and their associated toxicities.
Page 224	Chronic Illnesses III module, Self-Assessment Question #5. The stem should read as follows: … ferritin 25 **ng**/dL
Page 225	Chronic Illnesses III module, Self-Assessment Question #8. The stem should read as follows: … serum ferritin concentration of 1154 **ng**/dL

Page 256

Chronic Illnesses III module, Self-Assessment Question #22. The stem should read as follows:

22. In a follow-up visit about 2 weeks later, T.G.’s laboratory values reveal an elevation in SCr from 1.1 **mg**/dL to 1.7 **mg**/dL.

2015 BOOK 1 (*INFECTIOUS DISEASES*)

Page 14

Table 1-3. First bullet item should read as follows:

- **T > 38°C or < 36°C**

Page 17

In the paragraph under Telavancin, the next-to-last sentence should read as follows:

… (2) precautions related to QTc prolongation and potential for decreased efficacy in those with a CrCl of 50 mL/minute or **less**.

Page 24

Infectious Diseases I module, Self-Assessment Question #15. The stem should read as follows:

15. A 65-year-old woman is in the hospital for management of an infected wound, a complication of a surgery on the trunk. She is currently receiving telavancin 10 mg**/kg/**day pending microbiology culture and sensitivity report.

Page 30

Third sentence under Cholecystitis/Cholangitis should read as follows:

Prophylaxis is continued for **no** more than 25 hours unless more extensive infection outside the gallbladder is observed.

Page 55

Infectious Diseases I module, Self-Assessment Question #54. Answer option D should read as follows:

D. Trimethoprim/sulfamethoxazole 2 **DS tablets** orally twice daily.

Page 104

First column, first paragraph. Fourth sentence should read as follows:

Serum fluoride concentrations are often elevated (normal, 1–4 **mcmol/L**) and occasionally toxic (>15 **mcmol/L**).

Page 104

Second column, last paragraph under New Posaconazole Formulations, next to last sentence should read as follows:

Patients who could tolerate the oral suspension were allowed to switch to **400 mg twice daily or 200 mg three times daily oral suspension** after at least 4 days of

	intravenous therapy, which resulted in somewhat lower exposures (**0.95 mcg/mL with 200 mg three times daily orally**) compared with patients who remained on 300-mg intravenous therapy daily (1.30 mcg/mL) (Cornely 2013).
Page 130	Infectious Diseases II module, Self-Assessment Question #43. Option D should read as follows: D. Isoniazid 900 mg and rifapentine 900 mg by mouth once **weekly** for 3 months.
Page 138	Under the heading Disruption of Mucosal barriers, the second sentence should read as follows: Disruptions of normal skin flora result in bacterial infections caused by ***Staphylococcus*** *aureus*, ***Staphylococcus*** *epidermidis*, or streptococci.
Pages 161-84	Chapter on Advances in Hepatitis C Therapy: the late December approval of three drugs by the FDA required updates to the text, algorithms, and several self-assessment questions. **Please use the online (PDF) version of this chapter**, which was corrected for the January 15 book release.
Page 182	Infectious Diseases III module, Self-Assessment Question #23. Answer option C has been changed to read as follows: C. Simeprevir plus sofosbuvir for **24 weeks**.
Page 182	Infectious Diseases III module, Self-Assessment Question #27. The stem has been changed to read as follows: 27. A **treatment-naïve** woman with HCV GT 1b (weight 85 kg) is on treatment (sofosbuvir 400 mg daily, pegylated interferon alpha-2a 180 mcg weekly, ribavirin 600 mg twice daily); she develops anemia with a hemoglobin of **9.8 g/dL** at week 2 of treatment. Baseline hemoglobin was **12.4 g/dL**. Which one of the following is best to recommend for this patient?

2015 BOOK 2 (*CNS/PHARMACY PRACTICE*)

Page 65

Pharmacy Practice I module, Self-Assessment Question #50. Answer option B has been changed to read as follows:

B. Contact the FDA to mandate the release of monoclonal **antibodies** from the manufacturer.