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/mL.

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 Dronedarone. 
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 …
Right column, first full paragraph. Second sentence should read:

In addition to independently increasing blood pressure, NSAIDs **decrease** the efficacy of angiotensin receptor inhibitors, …

Cardiology II module, Self-Assessment Question #48. Option C. should read:

Discontinue venlafaxine **37.5 mg/day**.
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.

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

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

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

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

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

C. Administer 100% FiO₂ and sodium thiosulfate 12.5 g intravenously.

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**

Table 1-2:

The CHA₂DS₂-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 \( \leq 185/110 \) 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 \( \leq 180/105 \) 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. Phentermine/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
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.
Table 1-3. First bullet item should read as follows:

- T > 38°C or < 36°C

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.

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.

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.

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

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

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).

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 (\textbf{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 \textit{Staphylococcus aureus}, \textit{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) \textbf{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 \textbf{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?
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.