



قائمة الاسئلة

Pharmacoeconomics :: (Pharmacoeconomics) م2025/2024 هـ الموافق 1446 للعام الجامعي
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- 1) CUA stands for:
 - 1) - Cost minimization analysis
 - 2) - Cost effectiveness analysis
 - 3) - Cost benefit analysis
 - 4) Cost utility analysis
- 2) CBA stands for:
 - 1) - Cost minimization analysis
 - 2) - Cost effectiveness analysis
 - 3) Cost benefit analysis
 - 4) - Cost unity analysis
- 3) Types of Pharmacoeconomic studies include
 - 1) - Cost unity analysis
 - 2) - Cost benefit analysis
 - 3) - Cost effectiveness analysis
 - 4) All of the above
- 4) Which of the following is a direct medical cost?
 - 1) - Lost productivity due to illness
 - 2) Cost of hospitalization
 - 3) - Transportation to the clinic
 - 4) - Informal caregiver time
- 5) High-quality research has an influence on:
 - 1) Patient outcomes.
 - 2) - Entertainment media.
 - 3) - Fashion trends.
 - 4) - Social media algorithms.
- 6) Which of the following areas is impacted by high-quality research?
 - 1) - Marketing strategies.
 - 2) Resource allocation.
 - 3) - Personal opinions.
 - 4) - Legal documentation.
- 7) Which of the following should be clearly stated in a research article?
 - 1) - The funding source.
 - 2) - The number of references used.
 - 3) The objective of the research.
 - 4) - The background of the authors.
- 8) Which of the following is a limitation addressed in the study?
 - 1) Using a retrospective database may increase the possibility of selection bias.
 - 2) - The conclusions may overstate or overextrapolate the data presented in the results section.
 - 3) - The study is based on a specific population that may not represent the general patient population.
 - 4) - No information was provided about the limitations of the study.
- 9) What type of costs are typically excluded in Cost-Minimization Analysis?
 - 1) - Direct medical costs
 - 2) - Medication costs
 - 3) - Hospital costs
 - 4) Indirect and non-medical costs





- 10) Cost minimization analysis means :
- 1) + Measure and compares input cost, and assumes outcome to be equivalent.
 - 2) - Measures outcomes in natural units.
 - 3) - Unique in that not only are costs valued in monetary terms so are the benefits.
 - 4) - None of the above.
- 11) What is the most common type of pharmaceconomics analysis?
- 1) + Cost-effective analysis.
 - 2) - Cost benefit analysis.
 - 3) - Cost minimization analysis.
 - 4) - None of the above
- 12) The best comparison between cost and outcome:
- 1) - More expensive more effective.
 - 2) + Less expensive more effective.
 - 3) - Less costly less effective.
 - 4) - More expensive less effective.
- 13) Pharmacoeconomic studies are more interested in this short sentence "If a drug does work" which describes the term:
- 1) - Cost Efficacy analyses.
 - 2) + Effectiveness.
 - 3) - RCTs.
 - 4) - None of above
- 14) What is the main purpose of conducting cost effectiveness analysis in Pharmacoeconomics?
- 1) + To determine the most cost-effective treatment option.
 - 2) - To compare treatments with similar outcomes.
 - 3) - To account for intangible benefits and costs.
 - 4) - To consider individual patient preferences.
- 15) The most common outcome unit used in CUA is:
- 1) + QALY
 - 2) - LY
 - 3) - QALMs
 - 4) - HYE
- 16) The cost utility analysis concerned with:
- 1) - Quantity of life
 - 2) - Quality of life
 - 3) + All of the above
 - 4) - None of the above
- 17) The QALY means:
- 1) - Quality of life year
 - 2) - Quantity adjusted life year
 - 3) + Quality adjusted life year
 - 4) - None of the above
- 18) Health is:
- 1) + A state of complete physical, mental, and social well-being not merely the absence of disease.
 - 2) - A state of physical, mental well-being.
 - 3) - A state of complete physical, mental, and social well-being.
 - 4) - A state of absence of disease.
- 19) HRQOL means:
- 1) - Health-related quantity of life.
 - 2) + Health-related quality of life.





- 3) - Health-nonrelated quality of life.
4) - None of the above.
- 20) Reliability refers to:
- 1) The ability to produce consistent results
 - 2) - The amount of data collected
 - 3) - The speed of data collection
 - 4) - The capacity of a measure to detect change over time
- 21) Responsiveness refers to:
- 1) The capacity of a measure to detect change over time
 - 2) - The cost of healthcare services
 - 3) - The speed of medical treatments
 - 4) - The ability to produce consistent results
- 22) What is Decision Analysis:
- 1) Is the application of an analytical method for systematically comparing different decision options
 - 2) - Is the application of an analytical method for nonsystematically comparing different decision options.
 - 3) - All are incorrect
 - 4) - All are correct
- 23) Which one is the first Step in Decision Analysis?
- 1) Identify the Specific Decision
 - 2) - Specify Alternatives
 - 3) - Draw the Decision Analysis Structure
 - 4) - All of the above
- 24) These are the advantages of Markov Modeling except:
- 1) - Simplicity and Flexibility.
 - 2) Difficulty in estimating transition probabilities.
 - 3) - Efficient Computation.
 - 4) - All are correct
- 25) Types of observational studies are :
- 1) - Retrospective
 - 2) - Prospective
 - 3) All of the above
 - 4) - None of the above
- 26) What is the primary purpose of retrospective databases in pharmacoconomics?
- 1) - To conduct clinical trials
 - 2) To analyze historical data for clinical decision-making
 - 3) - To gather real-time patient feedback
 - 4) - To establish new treatment protocols
- 27) In prospective observational studies, data is collected:
- 1) - After the treatment has been completed
 - 2) As the treatment and outcomes occur
 - 3) - From existing medical records
 - 4) - Based on patient surveys
- 28) What's this symbol means(MTM)?
- 1) - Medication treatment medical
 - 2) Medication therapy management
 - 3) - None of the above
 - 4) - All of the above





- 29) Which of the following is NOT one of the five core elements of Medication Therapy Management (MTM):
- 1) - Medication therapy review
 - 2) - A personal medication record
 - 3) - Medication action plan
 - 4) Prescription renewal
- 30) What is the primary mission of the Department of Defense Pharmacoeconomic Center
- 1) - To improve the clinical, economic, and humanistic outcomes of drug therapy to support the readiness and managed health care missions of the Military Health System.
 - 2) - To conduct pharmacoeconomic analyses and manage the DoD Basic Care Formulary and Mail Order Pharmacy Formulary.
 - 3) All of the above
 - 4) - None of the above
- 31) What is the purpose of the AMCP Format for Formulary Submissions?
- 1) - To standardize the dossier template for manufacturers to provide clinical, safety, and economic data to health plans.
 - 2) - To improve the timeliness, scope, quality, and research of information for health plans in their decision-making.
 - 3) All of the above
 - 4) - None of the above
- 32) Indirect cost means:
- 1) - The costs associated with providing treatment or prevention
 - 2) The costs attributable to loss of productivity of patients with that disease or condition
 - 3) - All of the above
 - 4) - None of the above
- 33) Pharmacoeconomic is
- 1) - Social science that studies the production, distribution, and consumption of goods and services.
 - 2) Is the description and analysis of the cost of drug therapy to health care system and society
 - 3) - Is the study of drug absorption distribution metabolism excretion
 - 4) - None of the above
- 34) Are the most obvious costs to measure
- 1) Direct medical costs
 - 2) - Direct nonmedical costs
 - 3) - All of the above
 - 4) - None of the above
- 35) Which of the following best describes Health related quality of life?
- 1) - A measure of physical health only
 - 2) A measure of how health affects overall quality of life
 - 3) - A measure of healthcare costs
 - 4) - A measure of social health only
- 36) Role 4: Function D: Advocate and support national policies that promote improved health outcomes
- 1) TRUE.
 - 2) - FALSE.
- 37) Role 4: Function A: Prepare extemporaneous medicine preparations and medical products(
- 1) - TRUE.
 - 2) FALSE.
- 38) Role 3: Function B: Obtain, store and secure medicine preparations and medical products
- 1) - TRUE.
 - 2) FALSE.
- 39) Role 2: Function C: Distribute medicine preparations and medical products





- 1) - TRUE.
2) FALSE.
- 40) Role 1: Function D: Administration of medicines, vaccines and other injectable medications(
1) TRUE.
2) - FALSE.
- 41) Role 1: Function E: Dispensing of medical products
1) TRUE.
2) - FALSE.
- 42) Role 2: Function F: Dispose of medicine preparations and medical products
1) - TRUE.
2) FALSE.
- 43) Role 3: Function A: Assess patient health status and needs
1) - TRUE.
2) FALSE.
- 44) Role 4: Function B: Manage patient medication therapy
1) - TRUE.
2) FALSE.
- 45) Role 4: Function C: Monitor patient progress and outcomes
1) - TRUE.
2) FALSE.
- 46) Role 3: Function D: Provide information about medicines and health-related issues
1) - TRUE.
2) FALSE.
- 47) Role 2: Function A: Plan and implement continuing professional development strategies to improve current and future performance
1) - TRUE.
2) FALSE.
- 48) Role 1: Function A: Disseminate evaluated information about medicines and various aspects of self-care(
1) - TRUE.
2) FALSE.
- 49) Role 2: Function B: Engage in preventive care activities and services
1) - TRUE.
2) FALSE.
- 50) Role 3: Function C: Comply with national professional obligations, guidelines and legislations
1) - TRUE.
2) FALSE.

