

**PHAR 7010 Pharmacy Milestones: Foundational Medication Knowledge and Skills**  
**Fall 2025**

**Course Description**

This milestone is designed for pharmacy students to attain and demonstrate the knowledge and skills that will be utilized during their Introductory and Advanced Pharmacy Practice Experiences (IPPE, APPE).

**Additional Course Information**

The P1 milestones reinforce and assess Foundational Medication Knowledge (i.e. select drugs from the Top 300 Rx/Top 100 OTC/Top 200 Injectable drugs and course relevant drugs).

**Course Credit:** Milestone (Achieved / Not Achieved).

**Pre-requisites:** None

**Co-requisites:** None

**Class meeting days, time, & location:** Fridays, 4:00-4:50 pm, W.T. Brookshire Hall 133

**Milestone Coordinator**

Frank Yu, Pharm.D., MPH

W.T. Brookshire Hall Room 238

Phone number: 903.566.6147 (office); 901.848.7215 (cell)

Email: fyu@uttyler.edu

Office hours: Tuesdays and Thursdays 12:00 – 1:00 pm or by appointment

Preferred method of contact: Email

**Fisch College of Pharmacy (FCOP) and UT Tyler Policies**

This is Part 1 of the syllabus. [Part 2](#) contains UT Tyler and the FCOP policies and procedures. For experiential courses (i.e., IPPE and/or APPE), the Experiential Manual contains additional policies and instructions that supplement the Syllabus Part 1 and 2. Please note, the experiential manual may contain policies with different deadlines and/or instructions. The manual should be followed in these cases.

**Required materials (P1)**

Drug lists and drug information curated from the drug cards will be available online on the Canvas site.

**Recommended materials (P1)**

Most course-required materials are available through the Robert R. Muntz Library. These materials are available online\* (<http://library.uttyler.edu/>). Navigate to Access Pharmacy, once in Access Pharmacy open Study Tools and you will find the links for each card set.

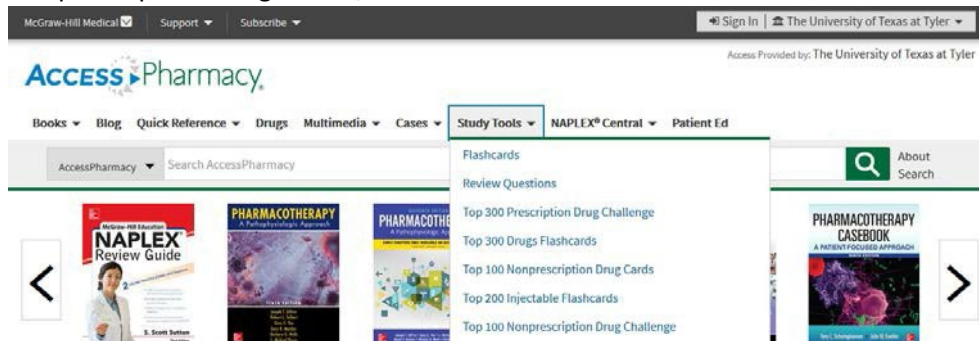
1. 2024-2025\* Top 300 Pharmacy Drug Cards. Kolesar JM, Vermeulen LC. Lange/McGraw Hill.
2. 2023-2024\* Top 200 Injectable Flash Drug Cards. Kolesar JM, Vermeulen LC. Lange/McGraw Hill.
3. 2024-2025\* Top 100 Nonprescription Drug Cards. Kolesar JM, Vermeulen LC. Lange/McGraw Hill.

\*Note that McGraw updates the cards without notice removing the previous edition.

Directions for accessing electronic versions

1. Go to AccessPharmacy through the UT Tyler Library.
2. In the top right corner, select "Sign in" and Create a Free MyAccess profile.
3. Go back to AccessPharmacy, select "Study Tools", select "Top 200 Drug Flashcards" or "Top 100

Nonprescription Drug Cards”, etc.



### Course format

The course may include, but are not limited to, the following activities:

1. Independent study of drug cards.
2. Demonstration of Top 300/200/100 Drug knowledge

### Course Learning Outcomes (CLOs)

CLOs	PLO(s) Assessed for this CLO (1-12)	EPAs (1-13) Only map for Lab, IPPE, APPE. Otherwise N/A	ACPE Appendix 1 (names)	ACCP Didactic Toolkit (names)	NAPLEX (1.A.1 – 5.D)	Assessment Methods (1-13)
1. Recall foundational knowledge from the Top 300 Rx/Top 200 Injectable drugs/Top 100 OTC drug cards	1	N/A	Pharmacology	N/A	N/A	1

### Course Summative Assessment Methods

	Assessment/Examination Method
1	Question-based examination (ExamSoft-based)
2	Question-based examination (paper-based)
3	Comprehensive Case
4	Skills Assessment
5	OSCE
6	Team Project
7	Individual Project
8	Oral Presentation
9	SOAP Note
10	Reflection Essay
11	Simulation
12	Internship/Observation
13	Other major assignment. Please specify:

### Grading Policy & Grade Calculation

Grades will be determined based on evaluation of assignments, formative assessments (for learning), and summative assessments (for mastery). For all intents and purposes, final examinations are synonymous with summative

assessments. Assessments may consist of, but are not limited to, multiple-choice, true/false, fill in the blank, short-answer, essay, and problem-based questions. They may also include a variety of formats beyond the traditional question-based written examination, as each CLO may require different methods to determine student achievement.

Assignments, formative, and summative assessments may be **cumulative**. Students are responsible for material presented during prior courses. The grading scale for all graded material is below. The final course grade will be assigned according to the calculated percentage and the percentages will not be rounded upward or downward. For additional information, see [Part 2](#) of the syllabus.

During the time the course is in progress, students who obtain less than 75% on any summative assessment or a total course grade of less than 75% during a particular semester will receive an academic alert from the course coordinator and the Office of Academic Affairs and be subject to weekly in-course remediation with the course instructor(s).

### Milestone Determination.

To ACHIEVE the milestone, the student must do the following:

#### **Foundational Knowledge.**

- Successful completion of Foundational Knowledge assessments is defined as:
  - (1) Passing 6 out of 7 quizzes with a grade of 70% or higher, or
  - (2) Passing a summative examination with a grade of 70% or higher.
- Students who have not passed 6 out of 7 quizzes will be required to take the final exam.

### Remediation:

- Students have **two** chances to achieve the specific milestone each semester, i.e., the quizzes, and the final summative examination. Therefore, students are provided the opportunity to remediate *within* the semester.
- If a student does **not** achieve the milestone by the final summative examination, they will be disenrolled from all courses scheduled for the next semester.
- To be re-enrolled in classes, the student must retake a milestone examination no later than 1 week prior to the next semester. The date and time to be determined by the FCOP Office of Academic Affairs.
  - If the student achieves the milestone, they may be re-enrolled in classes. Please note that elective courses must be re-requested and previously selected electives may no longer be available for selection.
  - If the student does **not** achieve the milestone with this attempt, they must petition the Professional and Academic Standards Committee for enrollment.
  - If the PASC approves enrollment and subsequent reassessment of the milestone content and the student does not successfully achieve the milestone, the student must re-petition the Professional and Academic Standards Committee for enrollment.
- The deadlines to petition PASC and the appeal processes for PASC petitions are outlined in the Student Handbook.

### Appropriate Use of Artificial Intelligence

For this course, **AI is encouraged to be used as a study tool to prepare for quizzes and tests.**

## Schedule 2025-2026

This course is self-study. Therefore, class will not meet regularly. Class will generally meet every other week for assessment purposes only.

Quizzes will consist of 15-20 questions based on the drug list found on Canvas, focused on the Tier 1 information as illustrated below.

### Tier 1:

#### Foundational Medication Knowledge Tier 1 Assessments.

#### Tier 1 information: Generic name, Brand name, Class, and Common FDA Indications.

↓ Location of Tier 1 information

**ALPRAZOLAM: Xanax, Various**

**Class:** Benzodiazepine, Short or Intermediate Acting, C-IV

**Dosage Forms:** **Tablet:** 0.25 mg, 0.5 mg, 1 mg, 2 mg; **Tablet, Disintegrating:** 0.25 mg, 0.5 mg, 1 mg, 2 mg; **Tablet, Extended Release:** 0.5 mg, 1 mg, 2 mg, 3 mg; **Solution:** 1 mg/mL

**Common FDA Label Indication, Dosing, and Titration.**

- Anxiety: immediate-release, orally disintegrating tablet or solution, 0.25-0.5 mg po tid; max daily dose, 4 mg in divided doses
- Panic disorder, with or without agoraphobia: immediate-release or orally disintegrating tablets, 0.5 mg po tid, extended release 3-6 mg po daily; dose may be increased every 3-4 d by <1 mg/d

**Off-Label Uses.**

- Alcohol withdrawal syndrome: 0.5-1 mg po bid × 7-10 d

**MOA.** Enhances the postsynaptic effect of the inhibitory neurotransmitter, γ-aminobutyric acid (GABA).

**Drug Characteristics: Alprazolam**

<b>Dose Adjustment Hepatic</b>	Reduce initial dose to 0.25 mg in advanced liver disease	<b>Absorption</b>	F = 80%, no effect of food on absorption of immediate-release form
<b>Dialyzable</b>	Not dialyzable	<b>Metabolism</b>	Hepatic 20-30%; major substrate of CYP3A4/5
<b>Box Warnings</b>	Concurrent use with opioids	<b>Elimination</b>	Renal 80% with a half-life of 10-12 h
<b>Contraindications</b>	Hypersensitivity to benzodiazepines, narrow-angle glaucoma, concurrent ketoconazole, or itraconazole	<b>Pharmacogenetics</b>	None known
<b>Briggs Pregnancy Recommendation</b>	Human and animal data suggest risk		
<b>Briggs Breastfeeding Recommendation</b>	Limited human data—potential toxicity		

**Medication Safety Issues: Alprazolam**

<b>Suffixes</b>	<b>Tall Man Letters</b>	<b>Do Not Crush</b>	<b>High Alert</b>	<b>Confused Names</b>	<b>Beers Criteria</b>
XR	ALPRAZolam	ALPRAZolam XR	No	Zantac, LORazepam, Xopenex	Avoid

**ALPRAZOLAM: Xanax, Various**

**Drug Interactions: Alprazolam**

Typical Agents	Mechanism	Clinical Management
Alfentanil, opioids, and other respiratory depressants	Additive respiratory depression	Avoid if possible and consider dose reductions of both agents
CYP3A4/5 inducers	Increased alprazolam metabolism reduces alprazolam effectiveness	Monitor and consider dose increases of alprazolam
CYP3A4/5 inhibitors	Decreased alprazolam metabolism increases risk of alprazolam toxicity	Monitor and consider dose decreases of alprazolam
Digoxin	Reduced renal clearance of digoxin and increased digoxin toxicity	Monitor digoxin levels and consider dose reductions
Ethinyl estradiol and other estrogen-based birth control products	Inhibition of alprazolam metabolism and additional toxicity	Use with caution

**Adverse Reactions: Alprazolam**

Common (>10%)	Less Common (1-10%)	Rare but Serious (<1%)
Ataxia, lethargy, retrograde amnesia, somnolence, weight gain, change in appetite, constipation, fatigue, cognitive dysfunction, decreased libido	Tachycardia, palpitations, nausea and vomiting, blurred vision, confusion	Seizures, mania, depression, liver failure, Stevens-Johnson syndrome

**Efficacy Monitoring Parameters.** Reduction in anxiety symptoms.

**Toxicity Monitoring Parameters.** Severe drowsiness, thoughts of suicide, seizures, slow or irregular heart beat; monitor BP, HR.

**Key Patient Counseling Points.** May cause drowsiness; avoid driving or other tasks requiring motor coordination. Avoid alcohol. Do not crush or break extended release product. Oral disintegrating tablet may be divided but are unstable after breaking. May mix solution in liquid or semi-solid food for administration. If only 1/2 tablet taken, discard the other half. Allow oral disintegrating tablet to dissolve on your tongue. Do not self-increase or abruptly discontinue use.

**Clinical Pearls.** Not for use in children. Consider reduced dose of benzodiazepines in hepatic impairment. Avoid use in elderly; appear more sensitive to the effects. Use other CNS depressants concurrently with caution; may have additive effects. Avoid concomitant use with opioids. Avoid abrupt discontinuation after chronic use; may cause seizures. In general, should only be used for short periods of time; reevaluate need frequently. New boxed warning for benzodiazepines expected in 2021, warning about misuse, addiction, and withdrawal reactions.

WEEK	DAY	TOPIC	Instructor	CLO
1	F: 8/29	Orientation	Yu	
2	F: 9/5	Quiz 1	Yu	1
3	F: 9/12			
4	F: 9/19	Quiz 2	Yu	1
5	F: 9/26			
6	F: 10/3	Quiz 3	Yu	1
7	F: 10/10			
8	F: 10/17	Quiz 4	Yu	1
9	F: 10/24			
10	F: 10/31	Quiz 5	Yu	1
11	F: 11/7			
12	F: 11/14	Quiz 6	Yu	1
13	F: 11/21			
14	F: 12/5	Quiz 7	Yu	1
15	F: 12/12	Final TBD		

**Please note that dates, topics, and assignments are subject to change. In the event of a change, you will be given ample notification of the change.**

