1. Mary Maple is an 80 year old with angina pectoris, what intensity of statin therapy should she receive and how much should her LDL be reduced?
   a. Moderate intensity, 30%
   b. High intensity, 50%
   c. Low intensity, 20%

2. Which statin would not be able to reduce LDL cholesterol by 50% and be considered a high intensity statin?
   a. Rosuvastatin 40mg
   b. Atorvastatin 80mg
   c. Simvastatin 40mg

3. What did the PROVE-IT and TNT trials demonstrate that had not been known before?
   a. Whether higher intensity statin therapy was more effective than lower intensity therapy
   b. That statin therapy was better than placebo in primary prevention of atherosclerotic cardiovascular events
   c. That statin therapy was better than placebo in secondary prevention of atherosclerotic cardiovascular events

4. What is the current best thinking about HDL cholesterol?
   a. High HDL is an important cardiovascular risk factor but lowering it with cardiovascular drugs does not provide additional cardiovascular benefits
   b. Low HDL is an important cardiovascular risk factor but raising it with cardiovascular drugs does not provide additional cardiovascular benefits
   c. Low HDL cholesterol is wholly unimportant as a cardiovascular risk factor

5. What did the FOURIER and IMPROVE IT trials demonstrate that had not been known before?
   a. That further LDL reductions due to adjunctive therapy (either ezetimibe or evolocumab) plus a statin was no better at reducing atherosclerotic cardiovascular events than statin alone
   b. That further LDL reductions due to adjunctive therapy (either ezetimibe or evolocumab) plus a statin was better at reducing atherosclerotic cardiovascular events than statin alone
   c. That further LDL reductions due to adjunctive therapy (either colesevelam or cholestyramine) plus a statin was no better at reducing atherosclerotic cardiovascular events than statin alone

6. If a patient is on rosuvastatin 40mg and needs an 18% reduction in LDL to reach their AHA/ACC 2016 goal, what therapy is the most cost effective?
   a. Cholestyramine
   b. Evolocumab
   c. Ezetimibe
7. Aliki Vishalli is a 65 year old patient without ASCVD but with diabetes mellitus type 2, what is the recommended LDL goal?
   a. <30mg/dL
   b. <70mg/dL
   c. <100mg/dL

8. If Mr Vishalli in the previous question was on atorvastatin 10mg orally and needs a 20% reduction to achieve his LDL goal, what is the best therapeutic option?
   a. Substitute atorvastatin 80mg orally
   b. Add ezetimibe 10mg orally
   c. Add evolocumab 140mg Q2weeks

9. Which therapy is NOT linked to a contraindication or strong precaution for the use of that drug?
   a. BAS – gastroparesis
   b. Statin – pregnancy
   c. PCSK9 inhibitor – myopathy

10. The inclusion of a pharmacist on the healthcare team treating patients with lipid disorders has which of the following effects?
    a. Worsening outcomes for patients versus primary physician care alone
    b. Improved lipid parameters versus primary physician care alone
    c. Poorer patient adherence versus primary physician care alone