2025 | CANDIDATE HANDBOOK

COUNCIL ON PHARMACY STANDARDS

Certification Examination

CPPA

Certified Pharmacy Policy Analyst

Council on Pharmacy Standards

COUNCIL ON PHARMACY STANDARDS

CANDIDATE HANDBOOK

Recognition, Value, Expertise...

It is what certification is all about!

ABOUT CERTIFICATION

Competency-based certification allows pharmacists to demonstrate validated, practice-relevant knowledge in a defined specialty. Through CPS certification, candidates attest to professional accountability, lifelong learning, and safe, effective practice.

The Certification Commission for the Council on Pharmacy Standards (CC-CPS) is the independent body that designs, governs, and maintains CPS certification and recertification programs. CC-CPS operates at arm's length from CPS education and operations, with formal conflict-of-interest controls, documented firewalls, and term limits to preserve independence.

CC-CPS follows recognized best-practice frameworks, including ISO/IEC 17024, the Standards for Educational and Psychological Testing (AERA/APA/NCME), and guidance from ICE and NCCA.

TABLE OF CONTENTS

ELIGIBILITY CRITERIA

All eligibility criteria must be met at the time of application

CURRENT LICENSURE

Candidates must hold a Doctor of Pharmacy (Pharm.D.) or Bachelor of Science in Pharmacy (B.S. Pharm.) degree from a program accredited by the Accreditation Council for Pharmacy Education (ACPE). Graduates of programs outside of the U.S. must hold a degree deemed equivalent and/or possess a Foreign Pharmacy Graduate Examination Committee® (FPGEC) Certificate.

PRACTICE EXPERIENCE

Current/active unrestricted licensure as a pharmacist is required. An "unrestricted" license is not currently subject to any limitations, probation, or disciplinary action.

- **U.S. Licensed Pharmacists**: Must possess an active, unrestricted license to practice pharmacy in at least one U.S. state or territory.
- **International Pharmacists**: Must hold an active and unrestricted license in their country of practice. A certified English translation must be provided if the original license is not in English.

Candidates will need to upload their license or a printout of the verification that includes their name, license number, licensing state or country, and the date the license expires.

SPECIALTY QUALIFICATION

To ensure candidates have foundational knowledge in the specialty, one of the following two pathways must be met:

1. **Standard Pathway**: Completion of one year (12 months) of experience comprised of at least 2000 hours of practice time as a licensed pharmacist in one of the above exam specialties must be documented. **This is not an either/or requirement – both time and hours must be met.**
2. **Certificate Pathway**: The specialty experience requirement is met for candidates who hold an active certificate of completion from a nationally recognized provider in a related subject matter. This includes, but is not limited to, the completion of a relevant PGY residency, fellowship, certificate/training program, or a relevant graduate degree. Recognized providers include:
    - American Society of Health-System Pharmacists (ASHP)
    - American Pharmacists Association (APhA)
    - American College of Clinical Pharmacy (ACCP)
    - American Society of Consultant Pharmacists (ASCP)

RESOURCES

CPS Exam Candidates

Use the Study Guides & Preview Tests page as the official and most current source for all exam materials.

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How to find your materials

1. Visit **pharmacystandards.org/study-guides**.
2. Search by certification name or acronym (e.g., CPOM).
3. Open the items under your credential:
   - **Outline** – Exam content outline & competencies
   - **Guide** – Candidate Guide with policies, sample items, and study tips
   - **Case Study** – Scenario-based practice
   - **Preview** – Short preview quiz
   - **Practice Exam** – Practice test with scoring

Before you register

- Read your Candidate Guide and Testing Guide (remote proctoring rules, ID requirements, system check, reschedule/cancel windows).
- Confirm your name on the account **matches your government ID.**
- Run the **system check** on the device and network you will use on test day.

Need help?

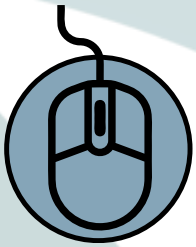
See FAQs or Contact Us from the Study Guides page.

FEES

All fees are non-refundable

Examination Fees

- The total exam fee is $395 (=$50 Application + $345 Examination).
- The $50 application fee is non-refundable.
- If you are found ineligible, CPS refunds the $345 examination portion automatically.
- After you schedule an appointment, reschedule/cancel windows and fees apply (see Administrative Policies, pp. 9–11).
- Payments are online only by Visa, Mastercard, or American Express (U.S. dollars).
- If paid by a third party (e.g., employer), any permitted refund is issued to that payer.
- Applications are not accepted by mail, phone, or fax.



$395

TOTAL EXAM FEE

Application + Examination
Includes a **non-refundable $50 application fee**.

Note: If an applicant is determined ineligible, CPS refunds the $345 examination portion. The $50 application fee is non-refundable.

Group Fee Payments

CPS will accept group payments for certification exams from institutions. Details are on the CPS website.

Other Non-refundable Payment Related Fees

Incomplete Application Fee >
All incomplete applications are subject to a non-refundable $30 reprocessing fee upon the submission of proper documentation. See page 9 for more information.

License Verification >
If licensure information is requested requiring an additional submission, the candidate will have two weeks to provide the license with all the correct information and pay the non-refundable $30 reprocessing fee. If this is not provided within the two weeks, the application will be marked ineligible. Ineligible applicants will receive a refund minus the $50.00 non-refundable application fee. There are no refunds or withdrawals for applications using a bulk code.

Credit Card Chargeback >
Assessed only if a credit-card dispute is resolved in CPS's favor. Future registrations may be blocked until balances are cleared.

FEES

All fees are non-refundable

Computer exam candidates can change their scheduled testing date to a **$50 non-refundable fee**.

Candidates may do this from within their CPS account.

Refer to CPS Testing Guide for details.

Other Exam Related Fees

Reschedule (date/time) — $50 >

Allowed ≥ **48 hours** before your appointment via your CPS account. Changes inside 48 hours are not permitted; the **no-show** policy applies.

Exam Change — $125 >

Administrative change to switch to a different exam (before an appointment is scheduled). May require re-review of eligibility.

Withdrawal — $165 >

Cancel your exam before scheduling or ≥ 7 days before your appointment to withdraw. CPS refunds the examination portion ($345) minus $165. Within 7 days, or after a no-show, the examination portion is forfeited. See Administrative Policies (pp. 9–11) for full timelines.

Retest — $395 >

Retest candidates must pay the full application ($50) and examination ($345) fees and must observe a 45-day wait before reapplying.
See Retest Policy (p. 9).

Refunds

Ineligible Computer Testing Applicants will receive a refund of the $345 examination portion (the **$50 application fee is non-refundable**) minus any outstanding charges.

No refunds

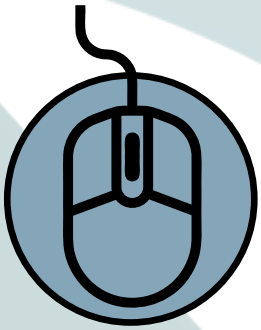
will be issued for the following circumstances:

- Candidates who are not successful in achieving certification.
- No-shows or candidates who fail to test.
- Candidates who are unable to schedule within the eligibility period and do not withdraw per policy.
- Once an exam session has started.

COUNCIL ON PHARMACY STANDARDS

CANDIDATE HANDBOOK

STEPS TO REGISTER



HOW TO REGISTER FOR A CPS EXAM (REMOTE, COMPUTER-BASED)

STEP 1

Confirm eligibility

Review the **Eligibility Criteria** for your credential (link to section).

STEP 2

Submit your application

Submit your application online at the CPS website **PharmacyStandards.org**. Applications can only be submitted online. You cannot submit an application by mail, telephone or fax. Payment must be made online by credit card. Individual or group payments can be made.

STEP 3

Prepare your documents

To get prepared to complete the application - *see the application checklist on the next page*. It is a handy listing of all the information you will need to supply.

STEP 4

Email confirmation of your registration

After completing and submitting the application, you will receive an email confirmation within 30 minutes. **This will be the ONLY confirmation notice you will receive for your application. If you do not receive it, please make sure the email in your profile is accurate and check your email folders.**

STEP 5

Application approval procedure

The application will be reviewed to determine qualification to take the examination. This process can take up to two weeks, depending on the volume of applications received at the time of submission. If the application is incomplete, *see page 10* to learn how to resubmit the application and what fees will need to be paid.

STEP 6

Notification of eligibility to take the exam

If approved, an Eligibility Letter will be emailed and posted in your CPS account with instructions to schedule your exam.

Before scheduling:

- Run the system check on the device/network you will use.
- If you need accommodations, submit your request before booking.
- Ensure your account name matches your government ID.

Eligibility period: You must schedule and test within your 365-day eligibility period (see your letter).

CPS is not responsible for lost or misdirected email. ***Please make sure the email in your profile is accurate and check your account 5-7 days after you have registered*** to ensure your application was complete and additional information is not needed. If you do not receive your examination eligibility letter within 2 weeks of your examination application submission confirmation, use the "Contact Us"link on **PharmacyStandards.org** and select "Application I already submitted" from the drop down menu, to inform CPS.

APPLICATION CHECK LIST

Before filing your application look over the below checklist and gather the information needed to complete it.

☐ **PERSONAL INFORMATION:**

You have complete contact details (name as it appears on your government ID, address, phone, email). Your CPS profile email is current and monitored.

☐ **ELIGIBILITY:**

You reviewed the eligibility requirements and meet one pathway (Standard or Certificate/Training)

☐ **LICENSURE:**

You have your pharmacist license or primary-source verification showing name, license number, jurisdiction, type, and expiration date ready to upload. If not in English, include a certified English translation. Non-US grads include FPGEC® Certification (as applicable). Your license name matches your government ID or you have legal name-change proof.

☐ **EMPLOYMENT:**

You know your current employer contact info (address, phone, email) and have 5-year work history (titles, dates, specialty area, supervisor/contact). Include gaps/unemployment where applicable.

☐ **SPECIALTY QUALIFICATION DOCUMENTS:**

You have documentation for your pathway:

- Standard: summary of qualifying duties and estimated 2,000 hours/12 months within the stated window (verifiable).
- Certificate/Training: certificate of completion (or PGY/residency/fellowship/degree) plus syllabus/competency summary.

☐ **APPLICATION AGREEMENT:**

You will check the agreement box to e-sign the statements below. Applications cannot be submitted without consent.

I have read and agree to abide by CPS policies in the Candidate Guide and Testing Guide, including fees, reschedule/withdrawal timelines, and conduct rules. I understand and consent to remote proctoring, including room scan, screen share, and audio/video recording for security and audit. I certify the information provided is true and complete; I understand that false or misleading statements may result in denial, invalidation, or revocation. I understand my application is subject to audit and authorize CPS to contact employers, licensing boards, and education providers to verify information. I acknowledge the $50 application fee is non-refundable and that other refunds are governed by the published policy.

ADMINISTRATIVE POLICIES

Incomplete Application Processing

An application is **incomplete** if any of the following apply:

- Missing or incorrect information.
- Licensure proof missing required data (name, license number, jurisdiction, type, expiration date) or is not in English without a certified translation.
- Payment not authorized or reversed (declined card, return, or chargeback).
- Any issue that prevents CPS from determining eligibility.

Process:

Incomplete applications are returned with instructions to upload the missing items and pay a **non-refundable $30 reprocessing fee**. All filing deadlines continue to apply. If the resubmission does not fully resolve deficiencies, the application is declared ineligible (the **$50 application fee is not refundable**).

Retest Policy

Candidates who wish to retake a CPS exam must submit a **new application**, meet the then-current eligibility criteria, and pay the **full application ($50) and examination ($345) fees**. CPS does not limit lifetime attempts, but the maximum number of attempts in a calendar year is **three (3)**. Each retest uses a different form of the exam.

Mandatory waiting period

- A **45-day wait is required from the date/time of the last attempt before submitting a retest application or scheduling a new appointment.**
- The wait applies to all delivery modes of testing and all exam forms.
- Applications submitted before the 45-day mark are **not accepted**. If submitted in error, the **application fee remains non-refundable**.

Interruption / invalid attempt rules

- If an exam session experiences **candidate-side** failure (device, internet, environment, refusal of proctoring/ID), the attempt is **invalid** and a retest after 45 days is required; fees follow the **No-Refunds** policy.
- If CPS or the test vendor causes the outage, CPS will provide a no-cost reschedule of the same attempt (no 45-day wait) or, if the attempt cannot be restored, a retest after 45 days without additional fees beyond the original exam fee.

Result notice

- The 45-day date is shown on the candidate's **results/attempt notice** and in the CPS account.

All timelines and fees are governed by the most current online policy at pharmacystandards.org; online versions supersede print.

All policies and procedures are subject to change without notice

CANDIDATE HANDBOOK

ADMINISTRATIVE POLICIES

Changes & Withdrawals

Reschedule (date/time) — $50 non-refundable

For the same exam, you may change your appointment ≥ 48 hours before the start time via your CPS account.

- Must remain within your 365-day eligibility period.
- Limit: 1 reschedule per registration (additional changes require a withdrawal + new registration).
- No changes allowed < 48 hours before the appointment or on exam day.
- See Fees for no-show rules.

Exam or Eligibility-Window Change — $125 non-refundable

Use this to switch to a different CPS exam or to adjust your eligibility period (no appointment scheduled yet).

- Re-establish eligibility for the new exam; CPS may request additional documentation.
- Any approved change uses the original 365-day period (no reset).
- Request must be submitted ≥ 30 days before the end of your eligibility period.
- Limit: 1 exam/window change per registration.
- No refunds of original fees or the change fee.

Rescheduling (same exam): $50 | Exam change: $125

All candidates requesting a change MUST:

- Submit the change request within one calendar year from the first date of their original assigned eligibility period.
- Cancel their exam date (if they have one scheduled), before submitting a change. Scheduled exams may also be canceled using the "Schedule" link in your account.
- Use the CPS website online Change Request Form.
- Submit a non-refundable fee of $125 with the Change Request Form.

Not permitted

- Changes on exam day or after the appointment start time.
- Switching exams after check-in begins.
- Only CPS pharmacy credentials may be selected.

To change examination category:

- Eligibility must be re-established for the new exam category, and additional documentation and fees may be required.
- The time to consider eligibility for the new category will count toward the original assigned computer testing window.
- ***Examinees must take the exam for which they have been determined eligible. No changes will be permitted on examination day***. If a candidate knowingly or unknowingly takes an examination other than they were found eligible to take, the examination will not be scored. No refunds will be allowed, and all fee policies will apply if the candidate reapplies for an examination.
- Candidates must submit their request at least 30 days prior to the end of their 365-day eligibility period.

ADMINISTRATIVE POLICIES

Withdrawal Policy - Computer Testing

- Only the applicant/candidate may request a withdrawal.
- When you may withdraw:
  - Before scheduling an appointment, or
  - ≥ 7 days before your scheduled appointment time (withdrawal cancels the appointment).
- Refund: CPS refunds the examination portion ($345) minus a $165 withdrawal fee → $180. The $50 application fee is not refundable. Any outstanding charges are deducted from the refund.
- Requests < 7 days before the appointment or after a no-show are not eligible for any refund.

Withdrawal Policy - Bulk Purchase Voucher

Withdrawals are not allowed after eligibility is determined. Refunds are governed by the bulk purchase agreement; CPS does not issue refunds for redeemed codes. (Institutions manage reassignment within their terms.)

Substitution Policy

Candidate substitutions are not allowed. The name on the registration must match the government ID presented on test day. Name changes require legal documentation before scheduling.

Score Cancellation

CPS may cancel scores and/or invalidate an attempt for irregularities (e.g., identity mismatch, prohibited items, coaching, tampering, exam content disclosure, policy violations) with or without proof of intent. Fees are not refunded. CPS may impose waiting periods or bar future testing per policy.

Auditing Applications

Applications are subject to audit. Candidates must provide requested documentation (e.g., licensure, employment verification, training certificates) within 14 days. Failure to respond or verify may result in denial or revocation. By submitting an application, you authorize CPS to contact employers, licensing boards, and education providers for verification.

All policies and procedures are subject to change without notice

GENERAL POLICIES

How Exams are Scored

CPS exams are **criterion-referenced**: your outcome is compared to a predefined performance standard, **not** to other candidates. The passing standard is set through periodic **standard-setting studies** (e.g., Angoff/Bookmark) conducted with subject-matter experts and approved by the CPS Board.

CPS uses **item response theory (IRT)** and **test equating** to place different forms of the exam on a common scale. Because some forms may be slightly harder or easier, equating ensures fairness—candidates meeting the standard on any form receive the **same pass/fail decision**.

Score reports provide:

- Your **overall result** (Pass/Fail).
- **Content-area diagnostics** to guide study. These diagnostics are **not percent correct** and are **not comparable** across candidates or attempts. Labels indicate performance **relative to the standard** (e.g., **Below Target / Near Target / At Target / Above Target**).

The passing standard may be reviewed periodically to reflect current practice and blueprint updates.

Retention of Computer Answer Strings

CPS retains computer answer strings and operational testing data for a minimum of 3 years and may retain longer for quality assurance and legal/regulatory purposes. Identity verification media (e.g., audio/video from remote proctoring) are retained per the CPS Privacy & Data Retention Policy.

Test Disclosure

CPS does not release live test questions, answer keys, or full forms. Using, sharing, soliciting, or possessing exam content—before or after testing—is a security violation and may result in score invalidation, revocation, and suspension of testing privileges.

All policies and procedures are subject to change without notice

GENERAL POLICIES

ADA and Nondiscrimination Policies

CPS does not discriminate on the basis of **age, sex, pregnancy, race, color, religion, national origin, ethnicity, disability, marital status, sexual orientation, gender identity or expression, military/veteran status, or genetic information**.
Testing accommodations. CPS provides **reasonable accommodations** consistent with the Americans with Disabilities Act (ADA) for qualified candidates. Requests must be **submitted with the application and before scheduling** an appointment, using the CPS Accommodation Request Form (see **pharmacystandards.org/accommodations**). Documentation must be **current** and signed by a qualified clinician describing the functional limitations and recommended accommodations. CPS will acknowledge requests within **5 business days** and issue a determination within **15 business days** of receiving complete documentation. Information is **confidential** and used only for accommodation determinations. Denials may be **appealed** per the Appeals Procedure below.

Appeals Procedure

Candidates may appeal eligibility determinations, accommodation decisions, exam administration irregularities, or policy applications. Appeals must be **submitted in writing within 60 days** of the decision or event and should include relevant facts and supporting documents. CPS will acknowledge receipt within **5 business days** and render a written decision within **30 days** (or notify if additional time is required). Appeals are reviewed by the **CPS Policy Review Committee**, independent of the original decision maker, and may be escalated to the **Board of Directors**.
CPS does **not** release exam content or answer keys; score verification involves **administrative/technical re-scoring only**.

Revocation

Certification may be denied, suspended, or revoked for: falsification or misrepresentation; **exam security violations** (cheating, proxy testing, item disclosure); misuse of CPS names, logos, or marks; failure to meet or maintain eligibility/recertification requirements; **loss or restriction of the license to practice pharmacy**; nonpayment of required fees; or other material policy violations.
Prior to action, CPS will provide **written notice** of the allegations and an opportunity to **respond**. A written decision (which may include sanctions and eligibility to reapply after a specified period) will be issued and may be **appealed** under this policy.

Designation Authorization

Certification is a non-transferable, revocable, limited, non-exclusive license to use the certification designation, subject to compliance with the policies and procedures, as may be revised from time to time.

Any use or display of CPS certification marks and/or logos without the prior written permission of the CPS is prohibited. Any candidate or certificant who manufacturers, modifies, reproduces, distributes or uses a fraudulent or otherwise unauthorized CPS certificate, CPS designation or other credential may be subject to disciplinary action, including denial or revocation of eligibility or certification. Any individual who engages in such behavior also may be subject to legal action.

All policies and procedures are subject to change without notice

GENERAL POLICIES

Renew Your Certification

CPS requires **recertification every three (3) years** to verify ongoing competence in each credential's core knowledge areas.

Recertification Steps

Earn the required credit using either:

1. Continuing Education (CE) that fits your topics, or
2. Approved professional activities (e.g., teaching, publications, precepting, quality-improvement/projects, committee work).
3. Finish within 3 years, upload documentation, and keep records for audit.

Lapse & Reinstatement

If requirements are **not met by the deadline**, the credential **expires**. Expired credentials may be regained only through **re-examination**, subject to the then-current eligibility criteria. CE completed **after** expiration cannot be applied retroactively.

Audits & Recordkeeping

CPS randomly audits recertification applications. If selected, you must provide CE certificates and short activity descriptions within the requested timeframe. Maintain CE documentation **throughout the cycle and until approval**.

For further details, visit the CPS website **PharmacyStandards.org** and download the recertification catalog for a full description of the recertification process. Click on **Renew your Certification** on the home page.

Verification of Your Credential

CPS provides **third-party verification** of active credentials on request.

- **When available:** After official results post to your CPS account and your digital certificate is issued.
- **What is verified:** Credential name and ID (if applicable), **status** (active/expired), **original certification date**, and **current expiration date**.
- **How to request:** From the CPS website (see **pharmacystandards.org/verification**), select **Request a Verification**, enter the recipient's email, and submit payment.
- **Fee & delivery: $30 per request.** Verifications are sent by email to the designated party.
- **Notes:** CPS cannot verify until certification is achieved. Ensure your name and profile information are accurate before submitting a request.

All policies and procedures are subject to change without notice

EXAM CONTENT OUTLINE

How to Study

CPS does not provide review courses or study materials for the examination. CPS views the examinations as an evaluative process. Eligibility criteria have been established to identify minimum levels of preparation for the examinations. CPS believes your practice experience is your best preparation. Candidates can review detailed test outlines and suggested resources in the Candidate Guides.

Domain 1: Policy Research and Environmental Analysis (20%)

Task 1: Monitor and interpret the legislative, regulatory, and judicial landscapes.

Track proposed bills and regulations at federal and state levels impacting pharmacy.

Analyze the implications of judicial decisions and legal precedents on healthcare policy.

Interpret rules and guidance from key government agencies (e.g., FDA, CMS, DEA, HRSA).

Differentiate between statutes, regulations, and agency sub-regulatory guidance.

Utilize legislative tracking services and government publications to maintain situational awareness.

Task 2: Apply data analytics and real-world evidence (RWE) to inform policy research.

Interpret research evidence from clinical trials, observational studies, and systematic reviews.

Assess the validity and reliability of real-world data (RWD) sources, such as claims and EHRs.

Evaluate how RWE is used by regulatory bodies for post-market surveillance and coverage decisions.

Synthesize findings from multiple data sources to determine the weight of evidence on a policy question.

Translate complex statistical concepts from data analyses into practical implications for policy.

Task 3: Conduct environmental scans and stakeholder analyses.

Identify all key stakeholders and analyze their positions, influence, and interests.

Perform situational analyses (e.g., SWOT) to evaluate the feasibility of policy proposals.

Map the political, economic, and social forces influencing a policy issue.

Gather qualitative intelligence through stakeholder interviews, surveys, and focus groups.

Synthesize scan findings into a comprehensive report to inform strategic planning.

Task 4: Conduct policy simulation, forecasting, and risk analysis.

Develop models to forecast the potential outcomes of a policy under different assumptions.

Use scenario planning to stress-test proposed policies against various future states.

Analyze and predict potential unintended consequences of policy interventions.

Utilize forecasting methods to project future trends in drug spending, utilization, and access.

Assess and formulate mitigation strategies for political, operational, and financial risks.

Task 5: Evaluate policies for specialty pharmaceuticals and novel therapies.

Differentiate the regulatory pathways and market access challenges for biologics, biosimilars, and cell/gene therapies.

Analyze the impact of the Orphan Drug Act on the development and pricing of rare disease treatments.

Assess policies designed to encourage biosimilar uptake and market competition.

Evaluate unique reimbursement and distribution models for high-cost therapies.

Analyze the role of limited distribution networks and specialty pharmacies in managing access.

Task 6: Analyze the structure and function of U.S. healthcare systems.

Differentiate between public and private payers, including Medicare, Medicaid, and commercial health plans.

EXAM CONTENT OUTLINE

Map the pharmaceutical supply chain, including manufacturers, wholesalers, PBMs, and pharmacies.

Evaluate the roles and interactions of integrated delivery networks, ACOs, and other care models.

Assess how market consolidation impacts competition, cost, and access.

Analyze the flow of payment and products for drugs covered under both the pharmacy and medical benefit.

Domain 2: Healthcare Economics and Financial Analysis (20%)

Task 1: Analyze drug pricing, reimbursement, and supply chain economics.

Differentiate between drug pricing benchmarks (e.g., WAC, ASP, NADAC) and their use in payment calculations.

Analyze the economic role and financial incentives of PBMs, wholesalers, and GPOs.

Evaluate the impact of patents, market exclusivity, and generic/biosimilar competition on pricing.

Assess the financial mechanisms of manufacturer rebates and DIR fees.

Model the flow of funds for a prescription from payer to pharmacy.

Task 2: Develop budget and financial impact models.

Construct models to forecast the financial impact of a legislative or regulatory change on an organization.

Calculate the return on investment (ROI) for a proposed clinical program or policy intervention.

Perform sensitivity analyses to test the robustness of financial projections against key assumptions.

Differentiate between direct costs, indirect costs, and cost avoidance in a financial analysis.

Present budget impact analyses in a clear, compelling format for executive decision-making.

Task 3: Evaluate the economic impact of utilization management strategies.

Analyze the financial trade-offs between the administrative costs and savings generated by prior authorization.

Assess the economic impact of formulary design, including tiered co-pays, preferred drug lists, and exclusions.

Model the financial effects of step therapy, quantity limits, and site-of-care policies.

Evaluate the role of utilization management in steering patients toward more cost-effective therapies.

Quantify the potential for unintended costs arising from utilization management, such as non-adherence.

Task 4: Analyze value-based care models and payment reforms.

Evaluate pharmacy·s role and financial incentives within ACOs, bundled payments, and medical homes.

Analyze the structure and financial risk of outcomes-based contracts for pharmaceuticals.

Assess how value assessment frameworks (e.g., ICER) influence payer negotiations and coverage policy.

Differentiate payment models that reward value over volume in medication use.

Model the financial implications for a pharmacy or health system participating in value-based payment arrangements.

Task 5: Apply pharmacoeconomic principles to policy decisions.

Interpret the results of cost-effectiveness, cost-utility, and cost-benefit analyses.

Evaluate the quality and relevance of economic evidence presented in formulary dossiers.

Analyze an Incremental Cost-Effectiveness Ratio (ICER) and its implications for coverage decisions.

Assess how pharmacoeconomic evidence is used in P&T committee deliberations.

Differentiate between economic evaluations conducted from a payer, provider, or societal perspective.

EXAM CONTENT OUTLINE

Task 6: Assess the financial implications of the 340B Drug Pricing Program.

Analyze the eligibility requirements and compliance obligations for 340B covered entities.

Calculate the potential 340B savings and their impact on a covered entity·s budget.

Evaluate the financial risks associated with duplicate discounts, diversion, and GPO prohibition violations.

Analyze the financial impact of manufacturer restrictions and payer reimbursement policies on 340B programs.

Assess how covered entities are required to use 340B savings to benefit patients.

Domain 3: Policy Development and Implementation (20%)

Task 1: Design evidence-based policy proposals and recommendations.

Translate research findings, financial analyses, and environmental scans into a coherent policy proposal.

Formulate clear, measurable, and achievable policy objectives.

Draft policy language that is unambiguous and operationally feasible.

Develop a compelling narrative and rationale to justify the proposed policy.

Present policy options with a balanced analysis of the pros and cons of each.

Task 2: Develop clinical coverage policies and criteria.

Translate evidence-based guidelines into objective, clinically sound coverage criteria.

Design criteria for prior authorization and step therapy that balance access with appropriate use.

Develop policies for formulary exceptions and medical necessity reviews.

Establish a process for the transparent review and update of all clinical criteria.

Ensure coverage policies comply with all applicable state and federal regulations (e.g., non-discrimination).

Task 3: Design operational workflows to support policy implementation.

Map current and future state processes to translate policy into practice.

Develop standard operating procedures (SOPs) that align with new policy requirements.

Identify the technology, staffing, and training resources needed for successful implementation.

Design workflows that are efficient, compliant, and minimize administrative burden.

Incorporate quality assurance checkpoints and feedback loops into workflow designs.

Task 4: Apply implementation science frameworks to support policy adoption and sustainability.

Select frameworks (e.g., RE-AIM, CFIR) to guide policy implementation and evaluation.

Identify and address barriers and facilitators to the adoption of new policies in real-world settings.

Design strategies to promote stakeholder buy-in and organizational readiness for change.

Develop plans for scaling up successful policy interventions.

Create monitoring systems to assess implementation fidelity and ensure long-term sustainability.

Task 5: Manage the policy lifecycle within an organization.

Establish a systematic governance structure for policy review, approval, and maintenance.

Maintain a centralized, version-controlled repository for all official policies.

Develop a schedule and process for the periodic review and retirement of outdated policies.

Ensure policies are updated in response to changes in regulations, evidence, or organizational goals.

Track and document policy revisions to maintain a clear audit trail.

EXAM CONTENT OUTLINE

Task 6: Translate broad legislation into specific organizational policies.

Conduct a gap analysis to identify discrepancies between new legal requirements and current practices.

Develop or revise internal policies and procedures to ensure full compliance with new laws.

Break down complex legal mandates into actionable requirements for different departments.

Collaborate with legal and compliance departments to ensure accurate interpretation.

Design a project plan for achieving and demonstrating compliance by established deadlines.

Domain 4: Communication, Advocacy, and Evaluation (15%)

Task 1: Communicate policy analysis to diverse stakeholders.

Synthesize complex policy issues into concise policy briefs, white papers, and executive summaries.

Develop and deliver compelling presentations tailored to different audiences (e.g., executives, clinicians, legislators).

Translate complex regulatory and economic concepts into plain language.

Utilize data visualization techniques to present quantitative information effectively.

Facilitate meetings on contentious policy issues to build consensus and alignment.

Task 2: Design and execute strategic advocacy plans.

Develop a strategy to influence legislative or regulatory outcomes based on organizational goals.

Draft comment letters in response to proposed rules that are evidence-based and persuasive.

Prepare materials for and participate in legislative visits and agency meetings.

Build coalitions with other organizations to amplify advocacy efforts.

Design grassroots advocacy campaigns to mobilize members or the public.

Task 3: Manage public relations, digital advocacy, and crisis communication.

Prepare talking points, press releases, and background materials for media inquiries.

Develop and execute social media campaigns to support advocacy goals and disseminate information.

Formulate and deploy crisis communication plans for public health events like drug shortages or safety recalls.

Monitor digital and traditional media to assess public sentiment and counter misinformation.

Serve as or support a designated spokesperson on policy matters.

Task 4: Engage with professional associations and stakeholder groups.

Represent the organization in the policy committees and workgroups of professional associations.

Network with policy analysts from other organizations to gather intelligence and share best practices.

Collaborate with patient advocacy groups on issues of mutual interest.

Build and maintain relationships with key staff at government agencies and legislative offices.

Contribute to the development of consensus-based policy statements and standards.

Task 5: Design and conduct program and policy evaluations.

Develop an evaluation plan with clear, measurable research questions and objectives.

Select appropriate metrics and key performance indicators (KPIs) to measure policy impact.

Differentiate between process, outcome, and impact evaluation designs.

Use mixed-methods approaches to assess a policy·s effectiveness and identify unintended consequences.

Analyze evaluation data to draw evidence-based conclusions about a policy's success.

EXAM CONTENT OUTLINE

Task 6: Report on policy outcomes to inform future decisions.

Develop specific, actionable recommendations based on evaluation findings.

Write comprehensive evaluation reports summarizing the methodology, results, and conclusions.

Present evaluation findings to leadership to guide decisions on continuing, modifying, or terminating policies.

Disseminate evaluation results to external stakeholders to contribute to the broader evidence base.

Integrate lessons learned from evaluations into the development of new policies.

Domain 5: Health Equity, Ethics, and Global Policy (15%)

Task 1: Analyze the impact of policy on health disparities.

Use data to identify disparities in access, cost, and outcomes among different populations.

Evaluate how social determinants of health (SDOH) interact with pharmacy policy.

Assess the potential for a proposed policy to widen or narrow existing health disparities.

Analyze policies specific to underserved and rural communities (e.g., FQHCs, Critical Access Hospitals).

Recommend policy modifications to advance health equity and mitigate discriminatory effects.

Task 2: Apply ethical principles to pharmacy policy analysis.

Analyze the ethical trade-offs between cost containment and patient autonomy or access.

Evaluate the ethical implications of drug coverage decisions, rationing, and resource allocation.

Assess the ethical considerations in policies related to drug pricing and affordability.

Differentiate between legal compliance and ethical best practices in policy design.

Apply principles of procedural justice to ensure fair and transparent policy-making processes.

Task 3: Evaluate global and comparative health policy frameworks.

Compare the drug approval processes of the FDA and the European Medicines Agency (EMA).

Analyze the role of global organizations (e.g., WHO, ICH) in setting international standards for drug quality, safety, and development.

Assess the potential impact of international reference pricing on the U.S. pharmaceutical market.

Evaluate policy lessons from international health technology assessment (HTA) bodies.

Analyze the impact of global supply chains and trade agreements on domestic drug availability.

Task 4: Design policies to improve access in underserved communities.

Develop strategies to address pharmacy deserts and workforce shortages in rural and urban areas.

Evaluate the role of state and federal programs in supporting safety-net providers.

Design culturally competent policies that address the needs of diverse patient populations.

Assess the impact of patient assistance programs on medication access for low-income individuals.

Analyze policies that support the integration of pharmacists into care teams in underserved settings.

Task 5: Resolve ethical dilemmas in policy case scenarios.

Apply a structured ethical framework to a complex policy dilemma with competing values.

Analyze conflicts between individual patient needs and population-level policy goals.

Justify a policy recommendation by weighing competing ethical principles.

Formulate strategies to mitigate the negative ethical consequences of a necessary but challenging policy.

EXAM CONTENT OUTLINE

Mediate discussions among stakeholders with conflicting ethical viewpoints.

Task 6: Assess the impact of global public health crises on pharmacy policy.

Analyze policy responses to pandemics, such as emergency use authorizations (EUAs) for diagnostics, vaccines, and therapeutics.

Evaluate policies related to the Strategic National Stockpile and pharmaceutical supply chain resilience.

Assess the role of international cooperation and organizations like the WHO in managing global health threats.

Analyze how public health emergencies impact pharmacist scope of practice regulations.

Evaluate the ethical challenges of resource allocation during a public health crisis.

Domain 6: Emerging Technology and Digital Health Policy (10%)

Task 1: Analyze policy and regulatory issues for digital health tools.

Evaluate the regulatory framework for prescription digital therapeutics (PDTs) and software as a medical device (SaMD).

Assess reimbursement and coverage policies for digital health technologies.

Analyze the role of federal agencies (e.g., FDA, ONC, FTC) in regulating digital health.

Evaluate policies governing data interoperability between pharmacy systems and other health IT.

Assess how digital health tools can be used to support medication adherence and management.

Task 2: Evaluate policy for telepharmacy and technology-enabled care.

Analyze state and federal regulations governing the provision of telepharmacy services.

Assess payment parity and reimbursement policies for telehealth and telepharmacy.

Evaluate policies related to pharmacist scope of practice in technology-enabled care models.

Analyze the impact of telepharmacy on access to care in rural and underserved areas.

Assess quality and safety standards for remote pharmacy services.

Task 3: Apply data privacy and security principles to health policy.

Interpret the requirements of HIPAA, HITECH, and GDPR as they apply to pharmacy data.

Analyze the privacy implications of using large-scale health datasets for policy research.

Evaluate policies for data de-identification, anonymization, and secure data sharing.

Assess the cybersecurity risks associated with interconnected digital health technologies.

Develop policies to ensure the ethical and secure use of patient data in technology platforms.

Task 4: Assess policy for Artificial Intelligence (AI) in pharmacy.

Analyze the regulatory considerations for clinical decision support (CDS) tools powered by AI.

Evaluate the ethical implications of using algorithms in patient care, including the potential for bias.

Assess policies needed to ensure the transparency, fairness, and validity of AI models used in healthcare.

Analyze how AI and predictive analytics can be used to optimize medication use and identify at-risk patients.

Evaluate the impact of AI on pharmacy workforce roles and responsibilities.

Task 5: Analyze policy frameworks for personalized medicine.

Evaluate coverage and reimbursement policies for pharmacogenomic testing.

Assess the regulatory oversight of laboratory-developed tests (LDTs) used in personalized medicine.

Analyze the ethical, legal, and social implications (ELSI) of using genetic information in healthcare.

Evaluate policies needed to integrate pharmacogenomic data into clinical workflows and EHRs.

EXAM CONTENT OUTLINE

Assess data privacy concerns specific to genetic information.

Task 6: Design policies to foster responsible innovation.

Analyze the impact of federal innovation models (e.g., from CMMI) on pharmacy practice.

Develop policies that support pharmacist-led innovation in care delivery and payment.

Evaluate policy frameworks that balance promoting rapid innovation with ensuring patient safety.

Assess the role of public-private partnerships in advancing pharmacy innovation.

Formulate strategies to overcome regulatory and reimbursement barriers to adopting new technologies.

ABOUT CPS

The Council on Pharmacy Standards (CPS) develops and administers professional certification programs for pharmacists. CPS awards credentials to qualified candidates who meet eligibility requirements and successfully pass the appropriate examination. Our programs validate advanced competence in contemporary practice areas, helping candidates demonstrate specialized expertise and employers verify it.

CPS certifications span pharmacy law and compliance, sterile and non-sterile compounding, immunization and public health, point-of-care testing, medication safety and quality, controlled substances stewardship, pharmacogenomics, telepharmacy, veterinary compounding, specialty pharmacy, and pharmacy informatics.

CPS PHILOSOPHY OF CERTIFICATION

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