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QUESTION 1

CJ is a 69-year-old male with a history of diabetes, hypertension and hypercholesterolemia. His fasting lipid profile is TC 530 mg/dL; LDL-C 125; HDL-C 48 mg/dL; and TG 640 mg/dL. His A1c 8.1, calculate creatinine clearance is 65mls/hr, BP 135/80 mm Hg, HR 70 beats /min.

His current medications include metformin 1000mg po bid, lisinopril 20mg daily, sitagliptin 50mg bid and atorvastatin 40mg daily.

What is the best pharmacological agent to initiate on CJ?

- A. Increase atorvastatin to 80mg
- B. Niacin 500mg twice daily
- C. Fenofibrate 162mg daily
- D. Gemfibrozil 600mg twice daily
- E. Fish oil 500mg twice daily

Correct Answer: C

It is reasonable to add triglyceride-lowering medications such as fibrates or niacin to prevent pancreatitis in those with triglyceride levels >500 mg/dL, which applies to this patient as his TG level is 640 mg/dL. C. is wrong because gemfibrozil should not be initiated in patients on statin therapy because of an increased risk for muscle symptoms and rhabdomyolysis. Fenofibrate may be considered concomitantly with a low-or moderate- intensity statin when triglycerides are above 500 mg/dL,², however he is on a high intensity statin therapy. For niacin, the IR dose should start at 100 mg TID2 and niacin does not lower triglyceride levels as much as fibrate do.⁴ Fenofibrates are dose adjusted for renal function lower than 60 mL/min to 54 mg/mL, so this dose is appropriate for this patient because of his renal function being above 60 mL/min. The best option is fenofibrate 162 mg daily, but this needs to be monitored for any symptoms of muscle pain exhibited by the patient, especially as the patient is at a higher risk due to being a diabetic. Fish oil is not a first line agent to treat hypertriglyceridemia.

Reference: http://circ.ahajournals.org/content/129/25_suppl_2/S1

QUESTION 2

Which of the following should be monitored when a patient is on SGLT2 inhibitor?

- A. Hydration status
- B. Blood pressure
- C. Blood glucose
- D. Renal function
- E. All of the above

Correct Answer: E

Because SGLT2 inhibitors work by preventing reabsorption of glucose in the kidneys, this increases frequency of



urination. All of the options are monitoring requirements since the hydration status, blood pressure, blood glucose, and renal function may all be changed from increased urination (from the mechanism of the drug).

QUESTION 3

Pyridoxine is often used in pregnancy to manage which of the following conditions?

- A. Hot flushes
- B. Diarrhea
- C. Nausea / vomiting
- D. Mood disturbances
- E. Insomnia

Correct Answer: C

Pyridoxine is combined with doxylamine to treat morning sickness in pregnant women.

QUESTION 4

The administration of dapsons gel for the topical treatment of acne vulgaris in patients with G6PD deficiency may produce which of these?

- A. Anaphylaxis
- B. Fungal infections
- C. Hemolysis
- D. Immunosuppression

Correct Answer: C

QUESTION 5

LN is 84 YOM who is in hospital for a back surgery. His height is 5 feet and 4 inches, weight 85 kg and NKDA.

His past medical history includes hypertension, diabetes mellitus, major depression, hypothyroidism and chronic back pain. Post-op day 1, LN's medication includes Dexamethasone 8mg iv q6h with taper dosing, Ondansetron 4mg iv q6h prn for N/V, Levothyroxine 0.075mg po daily, Lisinopril 10mg po daily, Citalopram 20mg po daily, Docusate sodium / Senna 1 tab po twice a day, Bisacodyl 10mg suppository daily prn for constipation, Famotidine 20mg iv q12hr, Metoclopramide 10mg iv q6h, Metformin 500mg po bid, D51/2NS with 20K at 125mls/hour and Hydromorphone PCA at 0.2mg/hour of basal rate, demand dose 0.1mg. lockout every 6min, one hour limit 2.2mg/hour. Pertinent morning labs includes serum creatinine 1.4mg/dl, Mg 1.5mg/dl, K 5.0mmol/L, Na 135mmol/L.

Which of the following medication's dose are adjusted for poor renal function?



- A. Famotidine
- B. Metoclopramide
- C. Lisinopril
- D. Citalopram
- E. Ondansetron

Correct Answer: B

Famotidine and Metoclopramide would need to be adjusted for poor renal function. Since his CrCl is less than 50, famotidine would need to be adjusted by decreasing the dose by 50% or increasing the interval to every 36 to 48 hours. Metoclopramide would also need to be adjusted by 50% of the normal dose since his CrCl is less than 40. ACEInhibitors and ARBs should be held if serum K is greater than 5.6 or there is a rise in serum creatinine greater than 30% after initiation.

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