

## NAPLEX<sup>Q&As</sup>

North American Pharmacist Licensure Examination

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**QUESTION 1**

Which of the following beta-blocker is NOT proven to reduce mortality in patients with Systolic CHF?

- A. Bisoprolol
- B. Nadolol
- C. Carvedilol
- D. Metoprolol succinate
- E. Metoprolol Tartrate

Correct Answer: E

Nadolol is not proven to reduce mortality in patients with systolic CHF. The efficacy of nadolol in HF has not been determined. For patients taking nadolol, it should be used with caution in those with compensated heart failure and patients should be monitored for a worsening of the condition. Bisoprolol, carvedilol, and sustained-release metoprolol succinate are the beta-blockers that have been proven to reduce mortality in patients with systolic CHF. These 3 beta-blockers have been effective in reducing the risk of death in patients with chronic HFrEF. Other beta-blockers were found to be less effective. Bucindolol did not exhibit uniform effectiveness across different populations. Metoprolol tartrate was found to be less effective in HF clinical trials.

Reference: <http://circ.ahajournals.org/content/128/16/e240>

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**QUESTION 2**

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,<sup>2</sup> however he is on a high intensity statin therapy. For niacin, the IR dose should start at 100 mg TID and niacin does not lower triglyceride levels as much as fibrates do.<sup>4</sup> 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](http://circ.ahajournals.org/content/129/25_suppl_2/S1)

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### QUESTION 3

What is the best anti-thyroid regimen in a pregnant woman who has clinically significant hyperthyroidism?

- A. Stop treatment and resume post-partum
- B. Propylthiouracil
- C. Methimazole
- D. Propylthiouracil first trimester followed by methimazole for the remainder of pregnancy
- E. Methimazole first trimester followed by propylthiouracil for the remainder of pregnancy

Correct Answer: D

Propylthiouracil (PTU) is recommended for treatment of hyperthyroidism in women who are in their first trimester of pregnancy by the American Thyroid Association (ATA). Methimazole has been associated with congenital malformations including aplasia cutis in rare cases and thus it is not recommended in the first trimester. The ATA recommends switching to methimazole once in the second trimester as there is a risk of liver injury associated with the use of PTU.

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### QUESTION 4

Which H<sub>2</sub>-receptor blocker may cause gynecomastia in men due to its antiandrogenic effects?

- A. Ranitidine
- B. Nizatidine
- C. Cimetidine
- D. Famotidine

Correct Answer: C

Cimetidine has multiple drug interactions due to its inhibitory effects on CYP1A2, 2C9, 2D6, and 3A4. Inhibition of these enzymes can cause an increase in the serum concentrations of drugs metabolized by these enzymes, leading to toxicity.

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### QUESTION 5

Which of the following is/are nominal data?

- A. Sex
- B. Race
- C. Blood Group
- D. NYHA stages I-IV
- E. Stages of breast cancer

Correct Answer: C

Nominal data is considered unordered categories. Sex answers fall into male or female which is unordered. Race can be multiple answers such as Caucasian, African American, Asian, etc which is unordered. Blood group can only have blood type O, A, B, or AB which is also unordered. Ordered, or ordinal data would have categories that are in some sort of order

Reference: <http://www.bmj.com/about-bmj/resources-readers/publications/statistics-square-one>

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