



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

North American Pharmacist Licensure Examination

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**QUESTION 1**

WM did not receive influenza vaccine prior to the start of this season, it's now December. He did get influenza vaccine last year. Which of the following is correct course of action?

- A. Skip influenza vaccine for this year since it's too late.
- B. Skip influenza vaccine for this year since he received vaccine last year.
- C. Start WM on Tamiflu to prevent him from getting influenza.
- D. Vaccinate him with influenza vaccine since influenza season lasts until March in your community.
- E. Start Amantadine 200mg daily

Correct Answer: D

Influenza vaccine is recommended annually, thus, WM should not skip it this year, and B is incorrect. Also, per the CDC, seasonal influenza outbreaks can occur as early as October, however, most activity peaks in January or later. Thus, it is not too late for WM to receive his vaccine in December, thus A is incorrect. Lastly, antiviral medications such as Tamiflu are an important adjunct to vaccinations. They are recommended as early as possible for any patient with confirmed or suspected influenza who, is 1) Hospitalized, 2) has severe, complicated, or progressive illness or 3) is at higher risk for influenza complications. Thus, WM is not a candidate with the given information and C is incorrect. Starting Tamiflu or Amantadine is not recommended for prevention. It has indication for treatment and prophylaxis.

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**QUESTION 2**

In a study where Rivaroxaban was compared to enoxaparin to find total VTE following HIP replacement surgery, there were 17 total VTE out of 1513 patients in the Rivaroxaban group and 57 total VTE out of 1473 patient in the enoxaparin group. What is the relative risk reduction of using Rivaroxaban over Enoxaparin?

- A. 39%
- B. 71%
- C. 29%
- D. 14% E. 42%

Correct Answer: B

Relative risk reduction:  $0.71 = 71\%$  Relative risk:  $(\text{Event rate in rivaroxaban group}) / (\text{Event rate in enoxaparin group}) = (17/1513) / (57/1473) = 0.2903$  Relative risk reduction:  $1 - (\text{relative risk}) = 1 - 0.2903 = 0.7097 = 0.71$ .

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**QUESTION 3**

LT is a 42-year-old white female with past medical history of epilepsy, gastroesophageal reflux disease and seasonal allergies. She weighs 86 kg, height 5'6" and allergic to Aspirin (rash) and Phenobarbital (difficulty breathing).

Her medications include Omeprazole 40mg daily, Phenytoin 200mg twice daily, Valproic acid 500mg four times daily, Loratadine 10mg daily. She comes to your community pharmacy to pick up prescription for Primidone 250mg twice



daily.

Pertaining to Primidone what is the most appropriate action to take?

- A. Notify the physician, Primidone dose is too low.
- B. Notify the physician, Primidone is contraindicated in patient with phenobarbital allergy.
- C. Notify the physician, Primidone is contraindicated in patient with Aspirin allergy.
- D. Notify the physician, patient is already on three anti-seizure medication and primidone is not needed.
- E. Notify the physician, Primidone is contraindicated in patient with gastroesophageal reflux disease.

Correct Answer: B

Primidone is an anticonvulsant drug that is structurally related to phenobarbital. Primidone is metabolized to phenobarbital and therefore shares its anticonvulsant and sedative properties. Primidone may be more effective than therapy with phenobarbital alone because primidone and both of its metabolites, phenobarbital and phenylethylmalonamide (PEMA), possess anticonvulsant activity.

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#### QUESTION 4

Which of the following represents the major route of metabolism for acetaminophen?

- A. Glucuronidation
- B. Sulfation
- C. Cytochrome P-450 oxidation
- D. Direct renal excretion
- E. Plasma breakdown

Correct Answer: A

Acetaminophen is metabolized by choices A through D. The major route is glucuronidation catalyzed by UDP-glucuronyl transferase in the liver. Sulfation is the next most common route and is the target mechanism for NAC therapy. Oxidation by cytochrome P-450 results in the formation of N-acetyl-pbenzoquinone imine, which is responsible for the hepatic necrosis caused by acetaminophen overdose. Direct renal excretion represents approximately 5% of the metabolism of acetaminophen. Plasma metabolism of acetaminophen does not generally occur.

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#### QUESTION 5

Which of the following is recommended to be monitored in patients on Divalproex Sodium?

- A. CBC
- B. Serum ammonia
- C. LFT's



D. Pulmonary function

E. Serum creatinine

Correct Answer: C

A, B, C. Hepatotoxicity, including hepatic failure, has been fatal and may more commonly occur in the first 6 months of treatment. Valproic acid and its analogs are contraindicated in patients with known urea cycle disorders. Patients with urea cycle disorders have a genetic enzyme defect leading to an impaired ability to produce urea. Hyperammonemic encephalopathy has been reported following initiation of valproate therapy. Because of, inhibition of the secondary phase of platelet aggregation, and abnormal coagulation parameters complete blood counts and coagulation tests are recommended before initiating valproic acid therapy and at periodic intervals.

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