



# 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**

JK is a 67 years old African American man who presents to your clinic for his blood pressure management. His past medical history includes Peptic ulcer disease and hypertension. His two BP readings are 160/98, 159/96 and HR 85. He says he has been adherent to his medication and lifestyle. He currently takes 12.5mg Chlorthalidone and Prilosec 20mg daily.

Which of the following is the best strategy to manage his blood pressure?

- A. Increase chlorthalidone to 25mg daily
- B. Add Norvasc 2.5 daily
- C. Add Lisinopril 5mg daily
- D. Add hydrochlorothiazide 25mg daily
- E. Add Lisinopril 20mg daily

Correct Answer: B

As the patient is over the age of 60 and he does not have CKD or diabetes, his goal BP should be SBP andlt; 150 mmHg or DBP andlt; 90 mmHg, and he is not currently at this goal with his medication regimen. Options are to maximize the current medication dosage (option A), or to add a second agent. Since calcium channel blockers like Norvasc are recommended as initial treatment options in African Americans, choosing Norvasc over lisinopril would probably be the more effective option.



Reference: <http://jamanetwork.com/journals/jama/fullarticle/1791497>

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### QUESTION 3

Calculate the Osmolarity of 3% hypertonic saline?

- A. 1026 mOsm/L
- B. 76.9mOsm/L
- C. 287 mOsm/L
- D. 565 mOsm/L
- E. 327 mOsm/L

Correct Answer: A

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### QUESTION 4

Which of the following would be most appropriate to treat infections associated with *Stenotrophomonas maltophilia*?

- A. Meropenem
- B. Vancomycin
- C. Ciprofloxacin
- D. Sulfamethoxazole/trimethoprim
- E. Ampicillin

Correct Answer: D

Primary treatment for *Stenotrophomonas maltophilia* is SMX-TMP. Meropenem, ciprofloxacin, Ampicillin and vancomycin have no coverage.

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### QUESTION 5

A 49-year-old's blood test results have come back from the lab. Their chloride level currently measures 99 mEq/L. How should you interpret this result?

- A. Very low, requires immediate treatment
- B. Slightly below normal
- C. Within the normal range
- D. Very high, requires immediate treatment



Correct Answer: C

Serum chloride levels should ideally fall between 96-106 mEq/L. For this reason, the patient's chloride level has come back as normal.

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