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QUESTION 1

Which of the following antidiabetic medication may cause cyanocobalamin deficiency?

A. Saxagliptin

B. Canagliflozin

C. Pioglitazone

D. Glimepiride

E. Metformin

Correct Answer: E

Metformin is associated with vitamin B12 deficiency because it affects the calcium dependent membrane uptake of it. All other drug classes are not associated with this.

QUESTION 2

Which of the following is/are a risk factor for myopathy with statin therapy?

A. Hypothyroidism

B. Vitamin D deficiency

C. Renal impairment

D. Hepatic dysfunction

E. Vitamin C deficiency

Correct Answer: D

Risk factors for myopathy are hypothyroidism, reduced renal or hepatic function, rheumatologic disorders such as polymyalgia rheumatica, steroid myopathy, vitamin D deficiency, or primary muscle diseases.

QUESTION 3

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.

QUESTION 4

Alteplase is ordered for a 72 YOM who weighs 68kg for Ischemic stroke. The ER physician would like you to dose. As an ER pharmacist you know the dose is 0.9 mg/kg IV (not to exceed 90 mg); give 10% of the total dose as an IV bolus over 1 minute, then give the remaining 90% as an IV infusion over 60 minutes. After reconstitution, the concentration of Altaplace is 1mg/ml. How many ml is needed for the bolus and how many ml is needed for the infusion? Round to the nearest ml.

A. 6ml IV bolus, followed by 55mL IV over 60 minutes

B. 4ml IV bolus, followed by 57mL IV over 60 minutes

C. 3ml IV bolus, followed by 58mL IV over 60 minutes

D. 8ml IV bolus, followed by 52mL IV over 60 minutes E. 9ml IV bolus, followed by 82mL IV over 60 minutes

Correct Answer: A

QUESTION 5

Your patient is a 58-year-old male who presents with onset of severe substernal chest pain and shortness of breath. An ECG reveals an acute STEMI, and he is on his way to the cardiac catheterization suite for percutaneous coronary intervention. Which of the following drugs used in acute coronary syndromes treated with PCI must undergo oxidation by hepatic P450 enzymes to an active form?

A. Clopidogrel

B. Ticlopidine

C. Eptifibatide

D. Aspirin

E. Warfarin

Correct Answer: A

Clopidogrel and ticlopidine are ADP receptor pathway inhibitors. The irreversible inhibition of the ADP-dependent pathway of platelet activation is thought to be the result of covalent modification and inactivation of the platelet P2Y ADP receptor. This receptor is coupled to the inhibition of adenylyl cyclase. Both drugs are prodrugs and undergo conversion to active metabolites in the liver. However, clopidogrel must undergo oxidation by hepatic P450 enzymes to its active form. This is significant because many drugs are metabolized the hepatic P450 enzymes, including statins, and clopidogrel may interact with these medications. Clopidogrel is a second-generation thienopyridine and ticlopidine is a first- generation thienopyridine. Both drugs are indicated in combination with aspirin to prevent stent thrombosis. Eptifibatide is a GPIIb-IIIa receptor antagonist that is used to treat unstable angina and non-ST segment elevation myocardial infarction. Eptifibatide is also used to reduce ischemic events in patients who are undergoing percutaneous coronary intervention. The drug is a synthetic peptide that directly antagonizes the GPIIb-IIIa receptor on the platelet. Aspirin is an antiplatelet drug that works by inhibition of synthesis of prostaglandins. Prostaglandin G2 is the result of a synthesis pathway that is activated by platelets and endothelial cells, and results in localized vasoconstriction and induction of platelet aggregation, as well as causing release of platelet granules. Warfarin is an anticoagulant that acts on vitamin K-dependent reactions in the coagulation pathway. Vitamin K is necessary for hepatic synthesis of coagulation factors II, VII, IX and X, protein C and protein S. Vitamin K-dependent carboxylation is necessary for induction of enzymatic activity of these coagulation factors. Take-home message: Clopidogrel, a second-generation thienopyridine ADP receptor pathway inhibitor, is indicated in combination with aspirin to prevent stent thrombosis in patients who undergo percutaneous coronary intervention after myocardial infarction. Clopidogrel is a prodrug that must undergo oxidation by hepatic P450 enzymes, and therefore may affect the activity of statins and other drugs dependent on the hepatic P450 enzymes.