

KMK LIVE SESSION GENERAL PHARMACY PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE**

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. Which of the following medications does NOT have anti-inflammatory properties?**
 - A. Ibuprofen
 - B. Aspirin
 - C. Fluticasone
 - D. Acetaminophen

- 2. Which of the following systemic medications is considered an Alpha 2 adrenergic agonist?**
 - A. Isoproterenol
 - B. Albuterol
 - C. Clonidine
 - D. Salmeterol

- 3. Aminoglycosides generally have better coverage against which type of bacteria?**
 - A. Gram Negative
 - B. Gram Positive
 - C. Fungi
 - D. Viruses

- 4. ARBs are often prescribed when patients cannot tolerate which side effect commonly associated with ACE inhibitors?**
 - A. Cough
 - B. Dizziness
 - C. Headache
 - D. Fatigue

- 5. Which statement about the mechanism of action of fluoroquinolones is true?**
 - A. They disrupt cell wall synthesis
 - B. They inhibit DNA gyrase and Topoisomerase IV
 - C. They inhibit RNA polymerase
 - D. They inhibit folate synthesis

- 6. MAOI increases which neurotransmitters in the CNS?**
- A. Dopamine and GABA
 - B. Serotonin and Norepinephrine
 - C. Acetylcholine and Dopamine
 - D. Glutamate and GABA
- 7. Which of the following is a known side effect of methotrexate?**
- A. Bone marrow suppression
 - B. Opportunistic infections
 - C. Lymphomas
 - D. All of the above
- 8. Which anticonvulsant is known to cause acute angle-closure glaucoma?**
- A. Topiramate
 - B. Lamotrigine
 - C. Levetiracetam
 - D. Gabapentin
- 9. Which agent among the following is NOT used to treat Herpes infections?**
- A. Trifluridine
 - B. Ganciclovir
 - C. Ribavirin
 - D. Valacyclovir
- 10. Which of the following antibiotics are considered bacteriostatic?**
- A. Penicillins
 - B. Bactrim
 - C. Trimethoprim
 - D. FQs

Answers

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1. D
2. C
3. A
4. A
5. B
6. B
7. D
8. A
9. C
10. C

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Explanations

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1. Which of the following medications does NOT have anti-inflammatory properties?

- A. Ibuprofen
- B. Aspirin
- C. Fluticasone
- D. Acetaminophen**

Antiinflammatory effects come from lowering prostaglandin production in peripheral tissues. Ibuprofen and aspirin are NSAIDs that inhibit cyclooxygenase enzymes (COX-1 and COX-2), which reduces prostaglandins and thus inflammation, pain, and fever. Fluticasone is a corticosteroid; it suppresses inflammation through broad genomic effects that limit inflammatory mediator production and immune cell recruitment. Acetaminophen, while good for pain and fever, does not produce meaningful anti-inflammatory effects because its action is mainly central—comparing to peripheral inflammation, it has little impact there. So acetaminophen is the option without anti-inflammatory properties.

2. Which of the following systemic medications is considered an Alpha 2 adrenergic agonist?

- A. Isoproterenol
- B. Albuterol
- C. Clonidine**
- D. Salmeterol

Alpha-2 adrenergic agonists work by dampening sympathetic outflow, mainly through activation of alpha-2 receptors in the central nervous system, which lowers peripheral vascular resistance and blood pressure. Clonidine fits this mechanism, as it activates CNS alpha-2 receptors to reduce sympathetic tone, producing antihypertensive effects (and also used in other settings like withdrawal management). The other drugs here act on beta receptors instead: isoproterenol is a nonselective beta agonist that increases heart rate and bronchodilation; albuterol and salmeterol are beta-2 agonists used for bronchodilation. Since they do not activate alpha-2 receptors, they are not alpha-2 adrenergic agonists.

3. Aminoglycosides generally have better coverage against which type of bacteria?

- A. Gram Negative**
- B. Gram Positive
- C. Fungi
- D. Viruses

Aminoglycosides are most effective against aerobic Gram-negative bacteria. Their uptake into bacterial cells requires oxygen, so they are less active against anaerobes and most Gram-positive organisms. They work by binding to the 30S ribosomal subunit to disrupt protein synthesis, producing a bactericidal effect that is particularly strong against Gram-negative rods (like Enterobacterales and Pseudomonas). They have limited activity on fungi and viruses, and any significant Gram-positive activity is usually only in synergy with a cell-wall-active agent, not as standalone coverage. Therefore, their general strength lies in Gram-negative coverage.

4. ARBs are often prescribed when patients cannot tolerate which side effect commonly associated with ACE inhibitors?

- A. Cough**
- B. Dizziness
- C. Headache
- D. Fatigue

The key idea is that a persistent cough is the side effect most commonly tied to ACE inhibitors. ACE inhibitors can raise levels of bradykinin in the airways, which can irritate the cough reflex and produce a dry, lingering cough in many patients. Angiotensin receptor blockers (ARBs) work differently: they block the angiotensin II receptor rather than inhibiting the enzyme that breaks down bradykinin, so bradykinin levels aren't increased. That's why ARBs are often chosen when a patient cannot tolerate the cough associated with ACE inhibitors. Dizziness, headache, and fatigue are possible with many blood pressure medications and aren't specific clues for why a patient would switch from an ACE inhibitor to an ARB, so they don't explain the choice as clearly.

5. Which statement about the mechanism of action of fluoroquinolones is true?

- A. They disrupt cell wall synthesis
- B. They inhibit DNA gyrase and Topoisomerase IV**
- C. They inhibit RNA polymerase
- D. They inhibit folate synthesis

The key idea is that fluoroquinolones kill bacteria by blocking two essential enzymes that manage DNA topology during replication: DNA gyrase and topoisomerase IV. DNA gyrase helps twist and unkink DNA by introducing negative supercoils, which is needed as the chromosome is copied. Topoisomerase IV is important for separating the newly replicated chromosomes so the daughter cells can be divided. When fluoroquinolones bind to these enzyme-DNA complexes, they prevent the enzymes from re-ligating the DNA strands, leading to stalled replication and lethal double strand DNA breaks. This action makes them bactericidal and explains why the statement about inhibiting DNA gyrase and topoisomerase IV is true. This mechanism is distinct from agents that disrupt cell wall synthesis, inhibit RNA polymerase, or block folate synthesis, which affect different bacterial processes.

6. MAOI increases which neurotransmitters in the CNS?

- A. Dopamine and GABA
- B. Serotonin and Norepinephrine**
- C. Acetylcholine and Dopamine
- D. Glutamate and GABA

Inhibition of monoamine oxidase raises monoamines in the brain. Monoamine oxidase is the enzyme that breaks down serotonin, norepinephrine, and dopamine. When MAO is blocked, these neurotransmitters are metabolized more slowly, so their levels increase in the CNS. Serotonin and norepinephrine are the ones most characteristically raised by MAO inhibition, which is why they are the correct pairing. Dopamine can also rise with some MAOIs, but GABA, glutamate, and acetylcholine are not primarily affected by MAO.

7. Which of the following is a known side effect of methotrexate?

- A. Bone marrow suppression
- B. Opportunistic infections
- C. Lymphomas
- D. All of the above**

Methotrexate can cause toxicity in several body systems due to its effect on rapidly dividing cells and the immune system. Bone marrow suppression is a classic, dose-limiting toxicity because it disrupts DNA synthesis in hematopoietic cells, leading to lower counts of red cells, white cells, and platelets. With fewer white cells and impaired immune function, the risk of infections, including opportunistic infections, increases. Long-term or immunosuppressive use is also associated with lymphoproliferative disorders, including lymphomas, in some patients. Taken together, these effects reflect the broad toxicity profile of methotrexate, so all of the listed effects are known adverse outcomes. Clinically, this is why monitoring blood counts and liver enzymes, using folic acid supplementation to reduce some toxicities, and adjusting dosing are important.

8. Which anticonvulsant is known to cause acute angle-closure glaucoma?

- A. Topiramate**
- B. Lamotrigine
- C. Levetiracetam
- D. Gabapentin

Drug-induced acute angle-closure glaucoma happens when a medication alters the eye's anatomy, causing the iris-lens diaphragm to move forward and the drainage angle to narrow or close. Topiramate is strongly linked to this condition because it can cause ciliochoroidal effusion, which pushes the iris forward and deepens the anterior chamber in a way that blocks outflow, leading to a rapid rise in intraocular pressure. This usually appears within days to weeks after starting or increasing the dose. The other anticonvulsants mentioned do not have this mechanism or the same risk, so they are not typically associated with this emergency. If suspected, discontinue the drug and seek urgent eye care to lower the pressure and address the structural change.

9. Which agent among the following is NOT used to treat Herpes infections?

- A. Trifluridine
- B. Ganciclovir
- C. Ribavirin**
- D. Valacyclovir

Herpes infections are treated with drugs that specifically disrupt viral DNA replication. These are nucleoside analogs that get activated inside infected cells and then inhibit viral DNA polymerase. Trifluridine is a topical antiviral used for ocular herpes; it's a thymidine analog that blocks viral DNA synthesis directly in the eye. Ganciclovir is another nucleoside analog effective against HSV and CMV, activated by viral kinases, and used for systemic HSV and CMV disease. Valacyclovir is an oral prodrug of acyclovir, increasing bioavailability and used for various HSV infections. Ribavirin, on the other hand, works mainly against RNA viruses and has a different mechanism—inhibiting inosine monophosphate dehydrogenase and causing RNA mutagenesis. It is not used to treat herpes viruses, which are DNA viruses, so it's not part of standard herpes therapy.

10. Which of the following antibiotics are considered bacteriostatic?

- A. Penicillins
- B. Bactrim
- C. Trimethoprim
- D. FQs

Understanding whether an antibiotic is bacteriostatic or bactericidal depends on whether it stops bacterial growth or actually kills the bacteria. Trimethoprim blocks the bacterial enzyme dihydrofolate reductase, which is needed to make tetrahydrofolate and, in turn, synthesize thymidine and other nucleotides essential for DNA replication. With DNA synthesis halted, bacteria stop growing but aren't immediately killed—their cells remain intact and die off only once the immune system clears them. That stopping of growth while viability is preserved is the signature of a bacteriostatic agent. Penicillins and fluoroquinolones, in contrast, damage essential structures or processes that lead to bacterial death, so they're typically bactericidal. Bactrim, the combination of sulfamethoxazole and trimethoprim, acts synergistically to block folate synthesis and is often bactericidal against many pathogens, though the single-agent trimethoprim is commonly described as bacteriostatic.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

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We wish you the very best on your exam journey. You've got this!

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