NABP
National Association of Boards of Pharmacy

NAPLEX Content Outline

Effective for all NAPLEX exams beginning May 1, 2025

Overview

The North American Pharmacist Licensure Examination® (NAPLEX®) is administered by the National Association of Boards of Pharmacy® (NABP®) and is designed to evaluate general practice knowledge. The NAPLEX is taken by graduates of the schools and colleges of pharmacy after they receive their degree. The exam is also taken by foreign-educated pharmacists who have earned Foreign Pharmacy Graduate Examination Committee™ certification.

The NAPLEX Content Outline is used to develop the NAPLEX by identifying all content areas that will be addressed on the NAPLEX and the approximate number of questions on the NAPLEX that will be asked in each major content area (content domain). Stakeholders (eg, prospective examinees, schools of pharmacy, state boards of pharmacy, and the public) may use this outline to better understand how the NAPLEX is developed and the content areas that the NAPLEX assesses.

The NAPLEX Content Outline will take effect for all NAPLEX exams beginning on May 1, 2025.

Content Outline Development

The draft of the NAPLEX Content Outline was developed by a diverse panel of practicing pharmacists who conducted a comprehensive analysis of entry-level pharmacy practice. The panel identified the tasks that are performed by an entry-level pharmacist and the corresponding knowledge, skills, and abilities (KSAs) required to safely and effectively perform those tasks. The panel then organized the identified KSAs into content domains, subdomains, and in some instances, third-level sub-subdomains. Next, a random sample of practicing pharmacists were invited to complete an online survey designed to collect feedback on the content outline draft. A total of 1,999 pharmacists completed the survey by rating the relevance of each content area and providing open-ended feedback on each content domain (missing content areas and/or content areas that were listed but should be considered for removal).

The panel used the survey results to make final revisions to the content outline and to establish content domain weights (ie, the percentage of scored exam questions associated with each content domain). In establishing the content domain weights, the panel considered both the relevance ratings and survey responses for recommended weights.

Content Domains

The content areas on the NAPLEX Content Outline are organized into five major content domains. Within each major content domain are content subdomains and third-level sub-sub domains (where applicable). The full detailed content outline can be found beginning on page four.

Each exam question must be classified to a specific area on the content outline to be included on the NAPLEX. The five content domains are listed in the table at the top of the following page.

NAPLEX Content Domains
1. Foundational Knowledge for Pharmacy Practice
2. Medication Use Process (Prescribing, Transcribing and Documenting, Dispensing, Administering, and Monitoring)
3. Person-Centered Assessment and Treatment Planning
4. Professional Practice
5. Pharmacy Management and Leadership

Exam Development

NABP conducts a rigorous process to develop exam questions that are classified to an area on the content outline. To begin, a group of question writers is recruited from diverse pharmacy practice settings and trained on question writing best practices. Each question writer is then assigned to write questions for specific content areas. Question writers must also provide a reference that validates the correct answer choice for each question. Next, the NAPLEX Review Committee (NRC) reviews, makes revisions where necessary, and approves each question for pilot testing. Prior to pilot testing, an NABP staff review is conducted to ensure adherence to NABP style. Each question that is pilot tested and meets acceptable psychometric criteria is then made eligible for selection on the NAPLEX and inserted into the NAPLEX question pool. Existing exam questions in the NAPLEX question pool are consistently monitored for accuracy.

Sample Questions

The following sample questions demonstrate how questions are classified to the NAPLEX Content Outline.

Which combination of electrolytes has the greatest potential to form a precipitate when mixed in an IV solution?

A. Calcium and phosphate
B. Magnesium and chloride
C. Potassium and acetate
D. Sodium and phosphate

Correct Answer: A
Classification: 1.B.2

Domain (1): Foundational Knowledge for Pharmacy Practice
Subdomain (B): Pharmaceutical compounding
Third-Level (2): Sterile preparations

Which is the most important monitoring parameter for a patient receiving daptomycin?

A. ALT and AST
B. CPK
C. Hemoglobin and hematocrit
D. Platelets

Correct Answer: B
Classification: 3.D.2

Domain (3): Person-Centered Assessment and Treatment Planning
Subdomain (D): Therapeutic monitoring, plan development, evaluation, and modifications
Third-Level (2): Safety

The NAPLEX Content Outline is intended as a supplementary aid for preparation to take the NAPLEX. While every effort has been made to ensure accuracy and relevance, the content is provided "as is" and may be updated, revised, or replaced at any time without prior notice. Use of this document does not guarantee exam performance or outcomes. Due to the constantly changing nature of the practice of pharmacy and the production schedule of this Content Outline, the included Sample Questions are non-active, retired NAPLEX items and are being used solely to illustrate how NAPLEX questions are classified.

Content Domain Weights

The table below provides the exam weights (percentage of scored exam questions associated with each content domain) for the NAPLEX. These percentages represent the approximate number of 200 scored questions associated with each content domain that can be expected on the NAPLEX.

Content Domain	Exam Weight (Approximate Number of Questions)
1. Foundational Knowledge for Pharmacy Practice	25% (50 questions)
2. Medication Use Process (Prescribing, Transcribing and Documenting, Dispensing, Administering, and Monitoring)	25% (50 questions)
3. Person-Centered Assessment and Treatment Planning	40% (80 questions)
4. Professional Practice	5% (10 questions)
5. Pharmacy Management and Leadership	5% (10 questions)

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Detailed NAPLEX Content Outline

Domain 1. Foundational Knowledge for Pharmacy Practice

A. Pharmaceutical science principles and concepts
    1. Pharmacology
    2. Pharmacokinetics, pharmacodynamics, or pharmacogenomics
    3. Pharmaceutics
B. Pharmaceutical compounding
    1. Nonsterile preparations
    2. Sterile preparations
C. Pharmaceutical calculations
    1. Patient parameters or laboratory measures
    2. Quantities of drugs to be dispensed or administered
    3. Rates of administration
    4. Dose conversions
    5. Drug concentrations, ratio strengths, osmolarity, or osmolality
    6. Quantities of drugs or ingredients to be compounded
    7. Nutritional needs and the content of nutrient sources
    8. Biostatistical, epidemiological, or pharmacoeconomic measures
    9. Pharmacokinetic parameters
D. Drug development processes (eg, clinical trial phases, emergency use authorizations)
E. Research design principles and biostatistics (eg, blinding, randomization, biases, statistical tests and outcomes, ethics)
F. Retrieval, assessment, and interpretation of primary, secondary, and tertiary resources

Domain 2. Medication Use Process (Prescribing, Transcribing and Documenting, Dispensing, Administering, and Monitoring)

A. Prescriptions and medication order interpretation
    1. Drug names and therapeutic classes
    2. Indications, usage, and dosing regimens
    3. Available dosage forms
    4. Prescription regulations (eg, boxed warnings, risk evaluation and mitigation strategies)
    5. Safety and effectiveness (eg, laboratory parameters, vital signs)
B. Therapeutic substitutions (eg, formulary restrictions, therapeutic alternatives, shortages, biosimilars)
C. Immunization services and documentation
    1. Indications and scheduling
    2. Contraindications and precautions
    3. Storage and handling

4. Administration (eg, techniques, preparation, routes)
5. Adverse reactions

D. Medication handling, storage, stability, and disposal (eg, hazardous and nonhazardous drugs, controlled substances, parenteral medications, sharps handling, temperature control)

Domain 3. Person-Centered Assessment and Treatment Planning

A. Medication history, allergy history, and reconciliation
B. Health histories, screenings, and assessments
C. Patient health conditions, including special populations and medication-related factors
    1. Signs, symptoms, and findings of medical conditions, etiology of diseases, or pathophysiology
    2. Appropriateness of therapy (eg, medications, immunizations, non-drug therapy, dosing, contraindications, warnings, evidence-based decision making)
    3. Interactions (eg, drug-drug, drug-condition, drug-food, drug-allergy, drug-laboratory)
    4. Errors and omissions (eg, dosing, duplication, additional therapy needed, unnecessary therapy)
    5. Adverse drug reactions
    6. Toxicologic exposures and overdoses
    7. Adherence
D. Therapeutic monitoring, plan development, evaluation, and modifications
    1. Therapeutic goals, clinical endpoints, and follow-up
    2. Safety
    3. Effectiveness
E. Patient education
    1. Lifestyle modifications and health maintenance
    2. Medication use, storage, and disposal
    3. Disease state management
F. Over-the-counter medications and dietary supplements
G. Devices to administer medications and self-monitoring tests

Domain 4. Professional Practice

A. Adverse drug event reporting and medication error reporting (eg, MedWatch, VAERS)
B. Public health initiatives and risk-prevention programs (eg, tobacco and nicotine cessation, antimicrobial stewardship, health screenings, opioid stewardship)
C. Social determinants and drivers of health

D. Ethical considerations (eg, informed consent, ethical principles, professional conduct and responsibility, patient confidentiality)

Domain 5. Pharmacy Management and Leadership

A. Pharmacy operations (eg, operational planning, risk management, regulations and regulatory bodies, technology applications and informatics, error-prevention strategies, medication safety)
B. Inventory and supply management (eg, drug recalls, drug shortages)
C. Quality improvement activities (eg, medication use evaluation, root-cause analysis, continuous quality improvement)
D. Mentorship and preceptorship (eg, providing and receiving feedback, delegation of work activities, preceptor roles)