australian pharmacy council®

OPRA® Exam

Sample Content

30 July 2026 | Version 2.1

Intellectual property statement

This material is the property of the Australian Pharmacy Council.

Be aware of third party content

Our content is the primary reliable source of information. We encourage candidates to be vigilant and cautious of third-party information, scams, and malicious advertisements.

Copyright

All text, images, graphics, and other materials are protected by copyright law. No part of this content may be reproduced, distributed, or modified without prior written permission.

Trade mark

This material contains registered trade marks and trade marks owned by the Australian Pharmacy Council which are otherwise protected by law. Except as expressly authorised, the use or misuse of any of these trade marks is strictly prohibited.

APC SAMPLE PAPER
NOT TO BE REPRODUCED

Contents

Information 4
General standards for all questions 4
Multiple-choice questions 4
Sample content 5
Answer sheet 12

APC SAMPLE PAPER
NOT TO BE REPRODUCED

Information

This document contains sample content for the Overseas Pharmacists Readiness Assessment (*OPRA®)* exam produced by the Australian Pharmacy Council (APC) for information and **practice purposes only**.

The questions in this document are no longer used in our exams. Questions have been selected to allow candidates to familiarise themselves with the format and layout of the exam content.

This sample document includes questions from all content areas assessed in the exam. For additional information about exam content, candidates should refer to the OPRA Exam Guide and Sample Content page on our APC website.

The *OPRA®* exam consists of 120 randomised multiple-choice question and candidates have 2 hours and 30 minutes (150 minutes) to complete it.

The live or actual *OPRA®* exams will vary from this sample content and will be delivered in person at approved test centres using computers. An online sample test is available, providing candidates with the opportunity to familiarise themselves with the exam software.

An answer sheet is available at the end of this document.

General standards for all questions

To ensure consistency and clarity across the exam, all questions adhere to the following standards:

- Drug and ingredient names are presented as per the TGA list of approved names.
- Units for drug quantities and medication directions follow the approved abbreviations from the Australian Commission on Safety and Quality in Health Care Recommendations for safe use of medicines terminology.
- Values are presented in SI (metric) units.
- Determiners are bold and capitalised to highlight the type of response expected. e.g. **CORRECT**, **MOST**, **LEAST**, **NOT**.

Multiple-choice questions

OPRA® exam questions follow a multiple-choice format, providing four options with one correct answer. These questions assess your ability to recognise key concepts, apply knowledge, and eliminate incorrect alternatives.

To answer a multiple-choice question, select the **ONE** correct answer option using your mouse or keyboard.

Please note that while the sample content undergoes regular review, the APC cannot ensure the accuracy of the answers after publication due to the potential for changes in pharmacy practice guidelines or legislation. This sample content is designed to help candidates become familiar with the exam format and question style, rather than reflect the actual exam content. We appreciate your understanding in this matter.

APC SAMPLE PAPER NOT TO BE REPRODUCED

Sample content

1. What is the effect of parathyroid hormone?

A. Decreased excretion of phosphate
B. Decreased renal tubular reabsorption of calcium
C. Decreased resorption of phosphate from bone
D. Increased mobilisation of calcium from bone

2. In females, estradiol is secreted from which part of the endocrine system?

A. Adrenal cortex
B. Anterior pituitary
C. Hypothalamus
D. Ovarian follicle

3. What is the primary pharmacological effect of isoprenaline?

A. Blocks alpha adrenoceptors
B. Blocks dopaminergic receptors
C. Stimulates beta adrenoceptors
D. Releases noradrenaline from noradrenergic nerves

4. The composition of sweat is altered in which disease state?

A. Cystic fibrosis
B. Diabetes insipidus
C. Glomerulonephritis
D. Hypothyroidism

APC SAMPLE PAPER
NOT TO BE REPRODUCED

5. Which structure(s) prevent backflow of blood into the ventricles of the heart?

A. Aortic and pulmonary valves
B. Atrio-ventricular valves
C. Pericardium
D. Valves in the veins

6. Which steroid has a markedly different physiological property to the other three?

A. Norethisterone
B. Levonorgestrel
C. Nandrolone
D. Megestrol

7. When are particle size and crystal structure generally important factors in bioavailability of oral dosage forms?

A. The drug is relatively insoluble in water (less than 1%)
B. The molecular weight of the drug is high (exceeds 1000)
C. The drug is administered as a solution
D. The characteristics of the drug mean it is not absorbed from the gastrointestinal tract

8. Sodium polystyrene sulfonate exerts its therapeutic effect by acting as an exchange resin.

Which ONE of the following ions is exchanged with sodium?

A. Calcium
B. Chloride
C. Phosphorus
D. Potassium

APC SAMPLE PAPER NOT TO BE REPRODUCED

9. Which ONE of the following would be the **LEAST** likely reason for a drug's low plasma concentration?

A. It crosses the blood-brain barrier easily
B. It is distributed extensively in the tissues
C. It is metabolised quickly
D. It is slowly absorbed

10. Which of the following drugs has the longest half-life?

A. Amiodarone
B. Amlodipine
C. Morphine
D. Verapamil

11. Which ONE of the following drugs is **LEAST** likely to need a dosage adjustment in a patient with reduced renal function?

A. Haloperidol
B. Metformin
C. Digoxin
E. Tobramycin

12. What does the term "steady state" mean in relation to the plasma levels of a drug?

A. The dosing interval of the drug remains constant
B. The protein binding of a drug has come to equilibrium
C. The rate of drug administration equals the rate of drug elimination
D. The therapeutically effective levels have been reached

APC SAMPLE PAPER
NOT TO BE REPRODUCED

13. An elderly patient on long-term warfarin therapy for atrial fibrillation presents with mild gum bleeding. Their INR is 6.1 but all other vital signs are normal.

After withholding oral warfarin, what is the **MOST** appropriate approach to management?

A. Give intravenous Vitamin K and prothrombin complex concentrate (PCC) immediately
B. Give subcutaneous Vitamin K and wait for INR to fall
C. Give oral vitamin K and check INR in 7 days
D. Check INR in 10 days

14. Which ONE of the following drugs is **MOST** likely to cause a clinically significant pharmacokinetic drug interaction with warfarin?

A. Sodium valproate
B. Paroxetine
C. Rabeprazole
D. Fluconazole

15. A 32-year-old patient is brought into the emergency department with a low respiratory rate, pinpoint pupils and reduced consciousness after being found next to an empty box of oxycodone tablets.

Which would be the **MOST** appropriate to reduce these symptoms of likely opioid overdose?

A. Flumazenil
B. Hydromorphone
C. Naloxone
D. Buprenorphine

APC SAMPLE PAPER
NOT TO BE REPRODUCED

16. Vancomycin doses should be reduced in patients with which **ONE** of the following?

A. Heart failure
B. Hepatic impairment
C. Pulmonary failure
D. Renal impairment

17. The required dose of dopamine hydrochloride (6.4 mg/100 mL) by intravenous infusion is 5 microgram/kg/min.

What volume per minute should the infusion be set at for a 64 kg adult?

A. 0.2 mL
B. 0.5 mL
C. 2.5 mL
D. 5.0 mL

18. The molecular weight of lithium carbonate, Li_2CO_3 is 73.89.
[Atomic weights: Li = 6.95, C = 12, O = 16]

How many millimol of lithium are there in a 300 mg tablet of lithium carbonate?

A. 2.46 millimol
B. 4.06 millimol
C. 8.12 millimol
D. 12.18 millimol

19. Long term phenytoin therapy has been known to cause which ONE of the following?

A. Cough
B. Anorexia
C. Muscle cramps
D. Hirsutism

APC SAMPLE PAPER
NOT TO BE REPRODUCED

20. Which ONE of the following is the **MOST** appropriate choice to treat infections of penicillinase-producing staphylococci when MRSA is NOT suspected?

A. Dicloxacillin
B. Phenoxymethylpenicillin
C. Clindamycin
D. Amoxicillin + clavulanic acid

21. In the management of gout, which ONE of the following statements is **INCORRECT**?

A. Allopurinol should not be as a sole agent to treat acute attacks
B. Thiazide diuretics can precipitate gout
C. Paracetamol is the preferred medication for an acute attack
D. Diarrhoea is a common side effect of colchicine

22. Clomifene should be taken daily for 5 days starting on what day of the menstrual cycle?

A. Days 2-5 of the menstrual cycle
B. Days 6-9 of the menstrual cycle
C. Days 10-13 of the menstrual cycle
D. Days 14-17 of the menstrual cycle

23. Therapeutic anticoagulation with unfractionated heparin (UFH) requires monitoring of which ONE of the following?

A. International Normalised Ratio (INR)
B. Antifactor Xa
C. Activated partial thromboplastin time (aPTT)
D. Prothrombin time

APC SAMPLE PAPER
NOT TO BE REPRODUCED

24. A patient with Type 2 diabetes is required to administer their isophane insulin twice daily however they often only administer their dose once daily. Their fasting blood glucose level are consistently high.

Which insulin regimen would be **MOST** appropriate to improve adherence and morning fasting blood glucose levels?

A. Insulin aspart at night
B. Insulin glargine at night
C. Insulin regular (Actrapid®) in the morning
D. Insulin lispro before dinner

25. Which ONE of the following drugs is the **LEAST** appropriate for acute treatment of migraine?

A. Aspirin
B. Ibuprofen
C. Oxycodone
D. Sumatriptan

APC SAMPLE PAPER
NOT TO BE REPRODUCED

Answer sheet

Sequence Number	Content Area Assessed	Correct Answer
1	Biomedical Sciences	D
2	Biomedical Sciences	D
3	Biomedical Sciences	C
4	Biomedical Sciences	A
5	Biomedical Sciences	A
6	Medicinal chemistry and biopharmaceutics	C
7	Medicinal chemistry and biopharmaceutics	A
8	Medicinal chemistry and biopharmaceutics	D
9	Pharmacokinetics and pharmacodynamics	A
10	Pharmacokinetics and pharmacodynamics	A
11	Pharmacokinetics and pharmacodynamics	A
12	Pharmacokinetics and pharmacodynamics	C
13	Pharmacology and toxicology	C
14	Pharmacology and toxicology	D
15	Pharmacology and toxicology	C
16	Pharmacology and toxicology	D
17	Therapeutics and patient care	D
18	Therapeutics and patient care	C
19	Therapeutics and patient care	D
20	Therapeutics and patient care	A
21	Therapeutics and patient care	C
22	Therapeutics and patient care	A
23	Therapeutics and patient care	C
24	Therapeutics and patient care	B
25	Therapeutics and patient care	C

SAMPLE PAPER NOT TO BE REPRODUCED

APC SAMPLE PAPER
NOT TO BE REPRODUCED

T1 Level 2, 6 Brindabella Circuit South, Brindabella Business Park, Canberra Airport ACT 2609

PO Box 1227 Fyshwick ACT 2609

p +61 2 6188 4288 | www.pharmacycouncil.org.au