

Improving Clinical and Managed Care Outcomes in Rheumatoid Arthritis: A Focus on Comparative Effectiveness of Current Treatments

This supplement to *The American Journal of Managed Care* provides an overview of the diagnosis, pathophysiology, epidemiology, symptoms, assessment, and prognosis of rheumatoid arthritis (RA). It reviews the goals of treatment, approach to treatment, and monitoring of outcomes in patients with RA with currently available therapies. Special focus is placed on the role of newer biologic agents and their comparative data. This supplement also describes the direct and indirect costs associated with RA, with a focus on treatment-related costs, the role of specialty pharmacy and managed care, and mechanisms to provide disease management that optimizes economic outcomes.

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Medium: Print with Internet-based posttest, evaluation, and request for credit

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Intended Audience

Medical directors, pharmacy directors, specialty pharmacists, and other managed care professionals who oversee the care of patients with rheumatoid arthritis.

Statement of Educational Need

Rheumatoid arthritis (RA) is the most common form of inflammatory arthritis, with a prevalence rate of approximately 1% and an annual incidence of 3 per 10,000 adults. Polyarticular synovial inflammation leading to joint swelling, stiffness, and tenderness is the major cause of initial disability. Over time, synovial inflammation leads to cartilage damage, bone erosions, and joint destruction—the major causes of long-term disability. In addition, patients with RA have increased mortality compared with the general population, largely attributed to an increased risk of cardiovascular disease. The burden of illness associated with RA not only impacts patients and families, but also society through sick leave, loss of work productivity, and utilization of healthcare resources.

Fortunately, management of this daunting disease has been largely transformed from mere symptom control with analgesics and corticosteroids to disease control with disease-modifying antirheumatic drugs (DMARDs) and biologic agents. Over the last decade, optimal use of traditional DMARDs (in particular the anchor methotrexate), as well as availability of biologic agents (eg, tumor necrosis factor [TNF] antagonists, interleukins, T-cell and B-cell agents) have dramatically enhanced the success of RA management by slowing disease progression, improving clinical outcomes, and reducing the accrual of joint damage and disability. With a greater emphasis placed on comparative effectiveness of these therapies, it is imperative that clinicians be aware of emerging research. These critical data are likely to impact clinical decisions on treatment strategies, especially as they relate to appropriate timing and initiation of various DMARDs and the management of patients with more complex RA, such as those with moderate-to-severe disease who are nonresponsive to TNF antagonists.

Educational Objectives

Upon completion of the educational activity, the participant should be able to:

- Describe the epidemiology, burden, and pathophysiology of RA
- Discuss current management of RA, examining comparative effectiveness of DMARDs and biologic agents
- Examine managed care aspects of RA, including direct and indirect medical costs and the role of specialty pharmacy
- Discuss the role of disease therapy management programs in optimizing patient outcomes, including adherence and persistence with treatment

Activity Fee

Physician: This activity is free of charge for physician participants requesting *AMA PRA Category 1 Credit*[™].

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Physician Credit

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