

Approaches to Mitigate Blindness Associated with Neovascular Age-Related Macular Degeneration

Release date: July 13, 2019
Expiration date: July 13, 2020

Pharmacy Credit

Instructions for Receiving Continuing Pharmacy Education (CPE) Credit: Testing and Grading Information

This lesson is free online; receive instant grading and request your CE credit at www.PharmacyTimes.org.

Testing and Grading Directions

1. Each participant evaluating the activity is eligible to receive CE credit.
2. To receive your credit online, go to www.PharmacyTimes.org and complete the online posttest and the online activity evaluation form before the expiration date. Your CE credit will be automatically uploaded to CPE Monitor. Please ensure that your *Pharmacy Times*[®] account is updated with your NABP e-profile ID number and your date of birth (MMDD format). Participation data will *not* be uploaded into CPE Monitor if you do not have your NABP e-profile ID number and date of birth entered into your profile on www.PharmacyTimes.org.

Sample of Online Posttest

Choose the best answer for each of the following:

1. Which of the following is a major modifiable risk factor for developing neovascular age-related macular degeneration (nAMD)?
 - A. Smoking
 - B. Complement factor H risk alleles
 - C. Sunlight exposure
 - D. Age-related maculopathy susceptibility (ARMS) 2 risk alleles
2. Which test is the primary tool for guiding decisions on the appropriate dosing interval in a treat-and-extend or as-needed approach to managing nAMD?
 - A. Preferential hyperacuity perimetry (PHP)
 - B. Optical coherence tomography (OCT)
 - C. Visual acuity
 - D. Fluorescein angiography
3. Which of the following statements about the role of nAMD (wet AMD) and geographic atrophy (dry AMD) is most accurate?
 - A. nAMD, which accounts for about 90% of AMD cases, is treated with anti-vascular endothelial growth factor (VEGF) agents.
 - B. Geographic atrophy, which accounts for about 90% of AMD cases, has no treatment options.
 - C. nAMD, which accounts for about 10% of AMD cases, has no treatment options.
 - D. Geographic atrophy, which accounts for about 10% of AMD cases, is treated with anti-VEGF agents.
4. Which of the following investigational drugs that is being evaluated to treat nAMD is a bispecific antibody that binds both VEGF-A and angiotensin II (Ang)-2?
 - A. Abicipar pegol
 - B. ONS-5010
 - C. Brolucizumab
 - D. Faricimab
5. Which of the following investigational drugs for the treatment of nAMD is being evaluated in a 12-week dosing interval during maintenance therapy?
 - A. Abicipar pegol and brolucizumab
 - B. Brolucizumab
 - C. Brolucizumab and faricimab
 - D. Abicipar pegol, brolucizumab, and faricimab
6. Shirley is a 67-year-old woman who awoke one morning with a small spot in her vision. She noticed that the blind spot tracked with her vision. She contacted her primary care physician who told her it was a floater. After 3 months, she saw an ophthalmologist. He gave her a diagnosis of nAMD. Which of the following statements is TRUE?
 - A. Shirley will probably maintain her independence for at least 20 years.
 - B. Adaptive devices and other indirect costs will be expensive at first, but less expensive over time.
 - C. Shirley should begin treatment with an anti-VEGF agent as soon as possible.
 - D. Shirley should consider pushing for laser photocoagulation before considering an anti-VEGF agent.

7. Which FDA-approved drug is indicated to be able to stretch treatments to every 12 weeks?

- A. Aflibercept
- B. Bevacizumab
- C. Brolucizumab
- D. Ranibizumab

8. How has availability of effective intravitreal therapies affected the global trend with regard to loss of vision and blindness?

- A. The age-standardized prevalence of blindness and vision impairment began falling before 2010, and the trend continues.
- B. The age-standardized prevalence of blindness and vision impairment began rising before 2010, and the trend continues.
- C. The age-standardized prevalence of blindness and vision impairment has been the same for 50 years.
- D. No one has to take the lead to determine the age-standardized prevalence of blindness and vision impairment.

9. Which of the following would be a concern for managed care strategists at the macroeconomic level?

- A. Ophthalmologist complaints about the cost of maintaining inventory
- B. The hours patients spend scheduling, preparing for, and recovering from appointments
- C. Patients' out-of-pocket costs
- D. Allowable reimbursement, rebates, state and local tax regulations, and diagnoses projection

10. Among the following, which is the best plan for specialty pharmacists to address AMD thoroughly?

- A. Educate patients, stress prevention strategy, counsel that AREDS supplementation is unnecessary until late in the disease process.
- B. Educate patients, stress prevention strategy, counsel for early AREDS supplementation, monitor for adverse effects and response to anti-VEGF therapies.
- C. Stress prevention strategy and smoking cessation, discourage AREDS use as it is costly and ineffective, promote early treatment with anti-VEGF therapies
- D. Advocate for buy-and-bill models as the most reasonable option to procure anti-VEGF therapies.

SAMPLE
POSTTEST