

Improving Clinical and Managed Care Outcomes in Rheumatoid Arthritis: New Guidelines, Therapies, and Challenges

Pharmacy Credit

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



This activity is free online at www.ajmc.com/ce and at www.PharmacyTimes.org, where you will be directed to the online pre-test and posttest, activity evaluation, and request for credit. Instant online grading along with a downloadable statement of credit are also available.

Testing and Grading Directions

1. Each participant evaluating the activity and achieving a passing grade of 70% or higher on the online posttest will be eligible to receive a CPE statement of credit.
2. Participants receiving a failing grade on the exam will be notified and permitted to take 1 reexamination at no cost.
3. To receive credit, go to www.ajmc.com/ce or www.pharmacytimes.org, locate this activity in the CE course list, click on the online pre- and posttest link, and complete the online activity evaluation form to receive your statement of credit.

Release Date: May 21, 2014

Expiration Date: May 21, 2016

Sample

Sample of Online CPE Posttest

Choose the best answer for each of the following:

1. Which cells are important effectors of synovitis that act through the release of pro-inflammatory cytokines, reactive oxygen intermediates, production of prostanoids and matrix-degrading enzymes, phagocytosis, and antigen presentation?
 - a. Macrophages
 - b. T helper cells
 - c. Mast cells
 - d. Natural killer cells
2. The effectiveness of CD80/86 blockade as a treatment for RA validates the concept that which cells play an active role in the pathophysiology of rheumatoid arthritis (RA)?
 - a. B cells
 - b. Dendritic cells
 - c. Mast cells
 - d. T cells
3. Which of the following is not a component of the Disease Activity Score (DAS)28 scoring system?
 - a. Number of swollen joints
 - b. Number of tender joints
 - c. Functional capacity as assessed by the Health Assessment Questionnaire
 - d. Patient assessment of global disease activity
4. Which of the following have been implicated as potential environmental triggers for RA?
 - a. Smoking
 - b. Hormonal influences
 - c. Exposure to infectious agents
 - d. All of the above
5. What is the primary means of diagnosing RA?
 - a. Laboratory testing
 - b. Physical examination
 - c. Genetic analysis
 - d. Imaging

6. Which of the following is *not* a factor in the most recent American College of Rheumatology (ACR) and European League Against Rheumatism (EULAR) classification criteria for RA remission?
 - a. Joint involvement
 - b. Acute phase reactants
 - c. Joint damage on imaging
 - d. Simplified Disease Activity Index (SDAI)
7. According to the current ACR recommendations for the management of RA, what is the therapeutic goal of RA treatment?
 - a. Symptomatic relief
 - b. Prevention of disability
 - c. Remission or low disease activity
 - d. Slowing of disease progression
8. According to the ACR, a patient can be considered to be in remission when the score on the SDAI is less than or equal to which of the following?
 - a. 4.5
 - b. 3.3
 - c. 2.6
 - d. 1.8
9. For the purposes of its recommendations for RA management, how does the ACR define early RA?
 - a. Disease duration <2 years
 - b. Disease duration <1 year
 - c. Disease duration <6 months
 - d. Disease duration <3 months
10. What is the lowest DAS28 score that would constitute having high disease activity?
 - a. >5.1
 - b. >6.0
 - c. >7.1
 - d. >4.6
11. According to the ACR algorithm, which of the following is not a feature of poor prognosis?
 - a. Extra-articular disease
 - b. RA vasculitis
 - c. Elevated plasma C-reactive protein
 - d. Bony erosions on radiograph
12. According to the current ACR recommendations for the management of RA, which of the following would be an appropriate treatment regimen for a patient with early RA who exhibits high disease activity and has features of poor prognosis?
 - a. Monotherapy with a tumor necrosis factor (TNF) inhibitor
 - b. Combination therapy with a TNF inhibitor and methotrexate (MTX)
 - c. Double or triple conventional disease modifying antirheumatic drug (DMARD) therapy
 - d. Any of the above
13. Which of the following is not a TNF inhibitor?
 - a. Etanercept
 - b. Tocilizumab
 - c. Golimumab
 - d. Infliximab
14. According to the current ACR and EULAR recommendations for the management of RA, how often should response to treatment with a TNF inhibitor be evaluated?
 - a. Every 6 weeks
 - b. Every 3 months
 - c. Every 6 months
 - d. Every year
15. According to the EULAR guidelines, when should treatment with DMARDs be initiated in patients with RA?
 - a. Within 1 year of diagnosis
 - b. Within 8 months of diagnosis
 - c. Within 3 months of diagnosis
 - d. At the time of diagnosis
16. According to the Agency for Healthcare Research and Quality review of the efficacy and safety of DMARDs, which of the following statements regarding the relative efficacy of biologic and MTX therapy for patients with RA is correct?
 - a. The clinical response to the combination of a biologic and MTX is better than the response to biologic monotherapy.
 - b. Compared with biologic monotherapy, combination therapy with a biologic and MTX results in an equivalent clinical response.

- c. Radiographic outcomes are similar in RA patients treated with biologic monotherapy and with MTX monotherapy.
- d. Quality-of-life outcomes are similar in RA patients treated with biologic monotherapy and with MTX monotherapy.
17. **Annual specialty drug costs for RA have been shown to constitute approximately what percentage of total annual direct per person costs?**
- 15%
 - 25%
 - 50%
 - 75%
18. **Cardiovascular disease has been attributed to what approximate percentage of mortality associated with RA?**
- 20%
 - 40%
 - 60%
 - 80%
19. **Managed care providers can provide improved coordinated care for patients with RA by utilizing which of the following models for care?**
- Specialized arthritis programs based on primary and specialty care
 - Ongoing management models expanding all providers' clinical roles
 - Triage models geared to specific patient populations
 - All of the above
20. **Which of the following is FALSE regarding the prescribing of biologic DMARD therapy to managed care patients?**
- All classes of biologic DMARDs should be available to all patients.
 - Plans should consider limiting the amount of drug switches between agents in the same class.
 - Costs associated with biologic DMARD therapy should be monitored regularly.
 - Patients should be switched to a non-biologic DMARD if treatment with a biologic DMARD fails, as this will be more cost-effective.

Sample
Posttest

