

# Atopic Dermatitis: Focusing on the Patient Care Strategy in the Managed Care Setting

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## 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](http://www.PharmacyTimes.org).

## Testing and Grading Directions

1. Participants evaluating the activity and achieving a passing grade of 70% or higher on the online posttest are eligible to receive CE 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 your credit online, go to [www.PharmacyTimes.org](http://www.PharmacyTimes.org), complete the online posttest (achieving a passing grade of 70% or better) and the online activity evaluation form before the expiration date. Your CE credit will be automatically uploaded to CPE Monitor®. Please ensure 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](http://www.PharmacyTimes.org).

## Sample of Online Posttest

Choose the best answer for each of the following:

- The highest incidence of occurrence for atopic dermatitis (AD) is most commonly seen during**
  - 0-1 month of age
  - 3-6 months of age
  - 7-9 months of age
  - >12 months of age
- What is the primary treatment goal cited by patients suffering from atopic dermatitis?**
  - Decrease itching
  - Decrease dry skin
  - Decrease stress
  - Decrease sleep disturbance
- What are the 2 major risk factors for developing atopic dermatitis?**
  - Higher socioeconomic status and urban environment
  - Higher level of family education and smaller family size
  - Defect in filaggrin and family history of atopic disease
  - Defect in filaggrin and female gender
- Which of the following interventions can best help manage medical costs in treatment of AD?**
  - Use of reactive treatment with topical corticosteroids
  - Preventive use of prescription emollient devices
  - Implementing patient education efforts to improve medication adherence
  - Use of systemic therapies
- What is the most common associated laboratory value with atopic dermatitis in current practice?**
  - CD30
  - Histamine
  - Immunoglobulin E
  - Interleukin-12
- MT, a 5-year-old female, presents to the pharmacy with her parents. They are concerned about the recent AD flare that has occurred on MT's face. She reveals dry, red lesions on both sides of her face, which are accompanied by intense pruritus. Her mother indicates that she picked up a prescription yesterday for hydrocortisone valerate 0.2% cream, but is unsure about the correct application of topical therapy. How many fingertip units (FTUs) of medication should be applied to MT's face, based on her age and body site affected?**
  - 1.5 FTUs
  - 2.5 FTUs
  - 3.5 FTUs
  - 4.5 FTUs
- Which of the following treatments does not have an FDA-approved indication for a child with atopic dermatitis who is 3 years old?**
  - Tacrolimus ointment 0.1%
  - Tacrolimus ointment 0.03%
  - Crisaborole ointment 0.2%
  - Pimecrolimus cream 1%

8. Research shows that families spend an average of how many minutes per day managing their child's atopic dermatitis, after taking into consideration the avoidance of triggers and application of topical therapies?
- A. 12 minutes
  - B. 30 minutes
  - C. 42 minutes
  - D. 63 minutes
9. All the following statements regarding dupilumab are correct, EXCEPT:
- A. Dupilumab is associated with an increased risk of conjunctivitis.
  - B. Dupilumab is approved to treat mild-to-moderate atopic dermatitis in patients aged 2 years and older.
  - C. Dupilumab should be used within 14 days once removed from the refrigerator.
  - D. Dupilumab's recommended dosing regimen includes an initial dose of 600 mg, followed by 300 mg every other week.
10. With respect to written action plans for atopic dermatitis, multiple studies have demonstrated that all the following are true, EXCEPT:
- A. Written action plans improve patients' understanding of exacerbating factors.
  - B. Written action plans have been associated with improvements in disease severity.
  - C. Written action plans improve patients' understanding of the benefits and risks associated with treatments.
  - D. Written action plans are inferior to verbal instruction.

# SAMPLE POSTTEST