

# Examining Therapies for Chronic Inflammatory Demyelinating Polyneuropathy

**Release date:** September 14, 2018

**Expiration date:** September 14, 2019

## 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

- Each participant evaluating the activity is eligible to receive CE credit.
- To receive your credit online, go to [www.PharmacyTimes.org](http://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*<sup>®</sup> 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

- Which of the following statements best describes the characteristics of chronic inflammatory demyelinating polyneuropathy (CIDP)?**
  - CIDP is a common autoimmune disorder affecting central nerves that occurs more often in children and young women.
  - CIDP is a common autoimmune disorder affecting central nerves that is known to be more common in patients with diabetes.
  - CIDP is a rare autoimmune disorder affecting peripheral nerves that occurs exclusively in elderly men.
  - CIDP is a rare autoimmune disorder affecting peripheral nerves that occurs more often in men than in women.
- Which of the following statements best describes the diagnostic criteria for CIDP?**
  - The diagnosis of CIDP is based on clinical history, physical examination, electrophysiology, and supporting laboratory tests.
  - The diagnosis of CIDP is based on clinical history, nerve biopsy, physical examination, and supporting laboratory tests.
  - The diagnosis of CIDP is based on clinical history, high-resolution ultrasound, physical examination, and nerve biopsy.
  - The diagnosis of CIDP is based on clinical history, high-resolution ultrasound, nerve biopsy, and supporting laboratory data.
- First-line options recommended for initial treatment of CIDP include:**
  - Corticosteroids, rituximab, and intravenous immunoglobulin (IVIg)
  - Corticosteroids, IVIg, and therapeutic plasma exchange (TPE)
  - IVIg, subcutaneous immunoglobulin (SCIg), and corticosteroids
  - TPE, corticosteroids, or an immunosuppressant
- Which of the following statements best describes the current role of SCIg in the management of CIDP?**
  - SCIg has no role in the management of CIDP.
  - The primary role of SCIg is initial management of CIDP.
  - SCIg is an alternative for maintenance therapy of CIDP in patients who have responded to IVIg.
  - SCIg is a second-line alternative for patients with CIDP who have not responded to IVIg.
- DK is a 69-year-old man recently diagnosed with pure motor CIDP. He has difficulty raising his arms and walking that has worsened over the past 3 or 4 years. Comorbid conditions include poorly controlled type 2 diabetes, hypertension, and osteoporosis that was diagnosed after a hip fracture 7 years ago. He has a 20-pack/ year history of smoking and reports drinking about 3 beers nightly. His current medications include metformin 1000 mg 2 times per day, glyburide 10 mg once daily, lisinopril 20 mg once daily, and alendronate 10 mg once daily. Which of the following regimens is the best option for initial treatment of CIDP in DK?**
  - Prednisone 60 mg once each morning tapered slowly over at least 2 months
  - IVIg 2 g/kg over 2-4 days, followed by 1 g/kg every 3 weeks
  - TPE in 1-1.5 total plasma exchange volumes 2 or 3 times per week
  - SCIg 0.2 g/kg in 1 or 2 sessions over 1 or 2 consecutive days weekly
- What were the estimated mean health plan-paid costs for patients in the cost study of CIDP performed by Guptill et al?**
  - \$45,000
  - \$55,000
  - \$65,000
  - \$75,000

7. Which of the following represents the approximate market size of IVIg therapies in the United States in 2016 dollars?
- A. \$7 billion
  - B. \$8 billion
  - C. \$9 billion
  - D. \$10 billion
8. In the Hadden study, which assessed clinical outcomes, patient satisfaction, and treatment cost when patients with CIDP or multifocal motor neuropathy were switched from IVIg to a subcutaneous (SC) formulation, all of the following were attributed to SCIg, *EXCEPT*:
- A. Fewer adverse events
  - B. Increased convenience
  - C. Significantly lower cost of therapy
  - D. No wear-off effect
9. Which of the following represent specific payer concerns about management of immunoglobulin drugs for the treatment of immune dysfunctions?
- A. Ease in transition to home-based administration
  - B. On-label use
  - C. Incorrect diagnosis
  - D. Complexities and differences making contracting more difficult
10. Marlon is a 62-year-old man who was diagnosed with CIDP 6 months ago. He returns to his treating neurologist to discuss administration of an IVIg agent because treatment with corticosteroids has been ineffective for him. All of the following types of discussion best represent use of shared decision making between Marlon and his physician, *EXCEPT*:
- A. The physician instructing the patient to use the physician's most often-prescribed agent
  - B. The physician asking the patient about the patient's preferences for treatment
  - C. The physician and patient discussing adverse effects of therapy
  - D. The physician and the patient evaluating the therapy decision once it is made

SAMPLE  
POSTTEST