

Cost-Effectiveness of Disease-Modifying Therapies in Multiple Sclerosis: A Managed Care Perspective

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Sample

Sample of Online Posttest

Choose the best answer for each of the following:

- Approximately what percentage of cases of multiple sclerosis (MS) begin before the age of 18 years?
 - 10%
 - 15%
 - 20%
 - 25%
- Which of the following is considered to be a putative risk factor for the development of MS?
 - Birth in March
 - High vitamin D level
 - Smoking
 - Male sex
- Which of the following factors indicates a worse prognosis in MS?
 - Age >40 years at disease onset
 - Age <30 years at disease onset
 - Female sex
 - No cognitive impairment at disease onset
- Relapsing-remitting MS accounts for what proportion of the initial diagnoses of MS?
 - 30% to 40%
 - 50% to 60%
 - 70% to 80%
 - 90% to 100%
- Linda is a 43-year-old woman who was previously diagnosed with progressive-relapsing MS based on history and physical exam, along with findings from magnetic resonance imaging and cerebrospinal fluid testing. Her most recent 3-month follow-up exam demonstrated the occurrence of contrast-enhancing T1 hyperintense lesions and disability without unequivocal recovery. Based on the 2013 MS phenotype descriptions, Linda would be classified as having:
 - Clinically isolated syndrome
 - Primary-progressive MS
 - Secondary-progressive MS
 - Progressive-relapsing MS

6. The lifetime prevalence of depression in patients with MS may be as high as:
- 25%
 - 50%
 - 75%
 - 100%
7. Results from a longitudinal study evaluating sexual function found that:
- Sexual dysfunction affected predominantly men with MS.
 - Sexual dysfunction affected predominantly women with MS.
 - Sexual dysfunction decreased after initial diagnosis in both men and women with MS.
 - The risk of sexual dysfunction increased over time in both men and women with MS.
8. On average, how many visits to healthcare providers does an individual newly diagnosed with MS make per year?
- 4
 - 8
 - 12
 - 16
9. All of the following are true about catastrophic limits in healthcare insurance coverage, EXCEPT:
- This term refers to the maximum amount of particular covered charges set by a healthcare plan to be paid out-of-pocket by a beneficiary annually.
 - Catastrophic limits define the amount an insured patient must pay before the insurer pays the healthcare bills.
 - Medicare requires enrollees to pay an additional 10% of some specialty drug costs even after the catastrophic limit has been reached.
 - Catastrophic limits may vary among different insurance plans.
10. Charges/costs for MS were found to be significantly higher for patients with which of the common disease sequelae/comorbidities associated with MS?
- Fatigue/malaise
 - Depression
 - Paresthesia
 - All of the above
11. In 2011, approximately what percentage of total MS-related healthcare costs were attributed to monotherapy with a disease-modifying therapy?
- 25%
 - 50%
 - 75%
 - >90%
12. All of the following statements are true about the management of MS relapses, EXCEPT:
- Intravenous immunoglobulin is an option for pregnant women experiencing relapses.
 - Plasmapheresis is first-line treatment for patients experiencing severe relapses.
 - Short-term courses of high-dose corticosteroids are an established practice to treat acute exacerbations.
 - Treatment with steroids has been found to reduce symptoms, improve motor function, and shorten time to recovery from acute attacks.
13. Which of the following DMTs carries a Pregnancy Category X designation?
- Daclizumab
 - Fingolimod
 - Natalizumab
 - Teriflunomide
14. Which of the following DMTs has a black box warning for progressive multifocal leukoencephalopathy?
- Alemtuzumab
 - Mitoxantrone
 - Natalizumab
 - Ocrelizumab
15. All of the following statements are true with regard to treatment adherence, EXCEPT:
- Adherence to therapy is not necessary for effective disease management.
 - Patients who adhere to a DMT regimen use fewer medical resources and have lower disease-related medical costs.
 - Patients with MS who have high out-of-pocket costs are more likely to forgo treatment or stop therapy prematurely than others who have lower out-of-pocket expenses.
 - Real or perceived lack of efficacy, adverse effects, and needle phobia can be barriers to adherence.

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