

## CME/CE QUESTIONS

### Continuing Medical Education Accreditation

ACCESS Medical Group Department of Continuing Medical Education is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. Physicians who complete their exam with a passing grade of 70% will receive 2 credits in Category 1 of the Physician's Recognition Award of the American Medical Association within 4 to 6 weeks of receipt.

After completing the quiz and adding your personal information, please tear out the perforated answer sheet and return it to ACCESS Medical Group Department of Continuing Medical Education, 8420 West Bryn Mawr Avenue, Suite 800, Chicago, IL 60631.

### Continuing Pharmacy Education Accreditation



Medical Outcomes Management, Inc is approved by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. Pharmacists who complete their exam with a passing grade of 70% will receive 0.2 CEU (2.0 contact hours) within 4 to 6 weeks of receipt. (ACPE No. 078-999-04-003-H01)

After completing the quiz and adding your personal information, please tear out the perforated answer sheet and return it to Medical Outcomes Management, Inc, Division of Continuing Pharmaceutical Education, 132 Central Street, Suite 215, Foxborough, MA 02035-2422. Credit will be awarded for submission received through August 31, 2007.

### Instructions for Obtaining Credit

After reading *The Great Debate: Consensus Guidelines or Specialist Discretion for Managing Specialty Pharmaceuticals?* select the 1 best answer to each of the following questions. Complete the accompanying form, evaluation, and answer key, and follow the instructions above for obtaining either CE or CME credit. There is no charge to participate in this program.

### CME/CE QUESTIONS

**1. By definition, specialty pharmaceuticals are agents approved for use only in "rare" or "orphan" diseases (ie, with prevalences of <50 000 in the United States).**

- a) True
- b) False

**2. The number of new drug applications for specialty pharmaceuticals has decreased in recent years.**

- a) True
- b) False

**3. Encouraging patients on self-administration of injectable agents is a common strategy to reduce costs and increase patient convenience for which of the following therapies?**

- a) Triptans
- b) Insulins
- c) Low-molecular-weight heparins
- d) Pegylated interferons
- e) All of the above

**4. Which of the following statements is true regarding use of a biologic agent for a condition that is not part of the approved labeling?**

- a) Off-label use is forbidden by the US Food and Drug Administration
- b) Off-label use is not reimbursed by the Centers for Medicare and Medicaid Services
- c) Off-label use is a widespread practice, especially in cancer therapy
- d) Both b and c are true
- e) All of the above are true

**5. Which one of the following best explains why it is so difficult to establish a treatment guideline for a specialty pharmaceutical?**

- a) Industry and government are reluctant to fund guideline task forces for these therapies
- b) There is often an insufficient clinical database
- c) Patient groups for orphan diseases frequently block efforts at guidelines
- d) The variation in patient response to biologicals is too great
- e) All of the above

**6. In rheumatoid arthritis, which criterion is LEAST likely to be used by managed care organizations to guide prescribing of the specialty agent etanercept?**

- a) Patient duration of morning stiffness
- b) Patient gender and age
- c) Inadequate response to disease-modifying drugs
- d) Number of swollen joints
- e) Treatment while under care of a dermatologist or rheumatologist

**7. In situations where national treatment guidelines have not yet been updated to reflect the introduction of a new specialty pharmaceutical, which of the following options has (have) been used by managed care organizations to set medical policies on payment and prior authorization?**

- a) The product label
- b) Manufacturer-sponsored consensus guidelines
- c) Patient advocacy group recommendations
- d) Specialist recommendations based on peer-reviewed articles
- e) All of the above

*(Questions continued on page S255)*

## CME/CE QUIZ

### *The Great Debate: Consensus Guidelines or Specialist Discretion for Managing Specialty Pharmaceuticals?*

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#### **CME Credit**

To receive CME credit, please complete the registration form, post-test and evaluation, and mail to:

ACCESS Medical Group Department of  
Continuing Medical Education  
8420 West Bryn Mawr Avenue, Suite 800  
Chicago, IL 60631

#### **CE Credit**

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Medical Outcomes Management, Inc  
Division of Continuing Pharmaceutical Education  
132 Central Street, Suite 215  
Foxborough, MA 02035-2422

I have participated in the program *The Great Debate: Consensus Guidelines or Specialist Discretion for Managing Specialty Pharmaceuticals?* I have reviewed all the materials and answered the CME/CE questions. I understand that a certificate for 0.2 CEU credits toward continuing pharmacy education or 2.0 credits of Category 1 PRA (Physician's Recognition Award) will be mailed to me upon receipt of this form, provided I receive a passing score of 70% or higher. I also understand that no fee is required for me to receive credit. Credit can be awarded for submission received through August 31, 2007.

(PLEASE PRINT CLEARLY)

Name: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Title/Position: \_\_\_\_\_

Affiliation (University or Hospital): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature (REQUIRED): \_\_\_\_\_

#### **Post-Test Answer Sheet:**

1. a b
2. a b
3. a b c d e
4. a b c d e
5. a b c d e
6. a b c d e
7. a b c d e
8. a b c d e
9. a b c d e
10. a b c d e

**A98**

*(Evaluation can be found on page S254)*

## CME/CE QUIZ

### Evaluation

*(Please circle the number of your response)*

1. Strongly agree
2. Agree
3. Neutral
4. Disagree
5. Strongly disagree

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. Overall, the materials were clear and to the point.               | 1 | 2 | 3 | 4 | 5 |
| 2. The difficulty level of the material was appropriate.             | 1 | 2 | 3 | 4 | 5 |
| 3. The program content was consistent with its description.          | 1 | 2 | 3 | 4 | 5 |
| 4. The content had substance.  | 1 | 2 | 3 | 4 | 5 |
| 5. The program content was relevant to my work.                      | 1 | 2 | 3 | 4 | 5 |
| 6. The instructional material addressed important practice problems. | 1 | 2 | 3 | 4 | 5 |
| 7. The printed material is likely to be used as future reference.    | 1 | 2 | 3 | 4 | 5 |
| 8. My learning objectives for this program were addressed.           | 1 | 2 | 3 | 4 | 5 |
| 9. I gained new insight relevant to my work.                         | 1 | 2 | 3 | 4 | 5 |
| 10. The program was well organized.                                  | 1 | 2 | 3 | 4 | 5 |

## CME/CE QUIZ

**8. A recent “poster child” of successful guideline promotion and implementation involves which of the following drugs for use after myocardial infarction?**

- a) Calcium channel blockers
- b) Cholesterol-lowering agents
- c) Beta blockers
- d) Angiotensin-converting enzyme inhibitors
- e) B-type natriuretic peptide

**9. In crafting a guideline with physician financial incentives to manage use of a specialty pharmaceutical, which of the following facts would present the gravest ethical problem?**

- a) High cost of the specialty pharmaceutical
- b) Lack of an evidence base on which to base the guideline
- c) Inherent problems of financial incentives
- d) Federal guidelines protecting patients with orphan diseases
- e) All of the above

**10. Which of the following statements about specialty pharmacy networks is FALSE?**

- a) They tend to have lower acquisition costs due to purchasing power
- b) Costs can be reduced through just-in-time delivery
- c) Managed care plans are rapidly moving away from using these networks
- d) They typically provide greater patient oversight
- e) They range in size from large pharmacy benefit managers to small disease-specific niche companies

*The Great Debate:  
Consensus Guidelines or Specialist Discretion  
for Managing Specialty Pharmaceuticals?*

**INTENDED AUDIENCE**

This continuing education monograph has been designed to meet the needs of physicians, including those in primary care and specialists who prescribe specialty pharmaceuticals, pharmacists, medical directors, pharmacy directors, and managed care decision makers.

**LEARNING OBJECTIVES**

After reading this educational program, the participant should be able to do the following:

- Learn what managed care organizations are currently doing to manage specialty pharmaceuticals.
- Evaluate their knowledge of critical issues in specialty pharmacy.
- Investigate the track record of guidelines in influencing provider behavior and improving health outcomes.
- Understand the advantages and disadvantages of using consensus guidelines to manage new biologic therapies.
- Develop an opinion on optimal approaches to managing specialty pharmaceutical therapies.

**ACCREDITATION**

**Physicians**

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**Pharmacists**



Medical Outcomes Management, Inc is approved by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. This is a free CE program. Pharmacists who complete their exam with a passing grade of 70% will receive 0.2 CEUs (2.0 contact hours) within 4 to 6 weeks of receipt. Credit will be awarded for submissions received through August 31, 2007.

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