Challenges and Opportunities for Managing Hemophilia American Journal of Pharmacy Benefits Article

Medical Education Resources, Specialty Healthcare Benefits Council and the National Hemophilia Foundation respect and appreciate your opinions. To assist us in evaluating the effectiveness of this activity and to make recommendations for future educational offerings, please take a few minutes to complete the posttest and evaluation form.

There are no prerequisites or fees for participating in and receiving credit for this activity. During the eligibility period beginning September 27, 2011 and ending July 31, 2014, participants must 1) study the educational activity, 2) complete the posttest by recording the best answer to each question in the answer key on this form and 3) complete the evaluation form.

A statement of credit will be issued only upon receipt of a completed activity evaluation form and a completed posttest with a score of 70% or better. Statements of credit will be mailed within 6 weeks of the activity.

Request for Credit	PLEASE PRINT	
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For Physicians Only		
•	e spent to complete this educational activity to be:	
☐ I participated in the	entire activity and claim two (2) credits.	
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## **Activity Posttest**

1. Hemophilia is an X-linked recessive bleeding disorder that affects approximately 1 of 5000 live male births. True or false

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- 2. Most inhibitors develop early in life at a median age of 1.7 to 3.3 years and after a median of ~9 exposure days (ie, the number of days the patient was exposed to any clotting factor replacement therapy). True or false
- 3. The total cost of care for patients with alloantibody inhibitors is much greater than that for patients without inhibitors. True or false
- 4. Patients who receive care directly from, or coordinated through, an HTC experienced a \_\_\_\_ in mortality.
  - o 50% reduction
  - o 40% reduction
  - o 20% reduction
  - o 20% increase
  - o 40% increase
- 5. HTCs provide a multidisciplinary program. Which services do HTCs provide? Please check all that are correct.
  - o Direct medical care
  - Patient support
  - o Patient education
  - Genetic counseling
  - Mental health counseling
  - Physical therapy
  - o Integrated pharmacy program
  - Outreach programs
  - Diagnostic testing
- 6. MASAC develops policies regarding the care of hemophilia patients include all of the following and 73 others? True or false
  - The selection of an appropriate specialty pharmacy program for hemophilia patients.
  - Standards of care
  - Prophylaxis
  - Preferred drug lists
- 7. Health plans have contracts with all HTCs in the plan's region. True or False
- 8. MASAC recommends that specialty pharmacies provide which of the following attributes?
- Clinical expertise and experience in hemophilia
- Deliver medications within 48 hours on a routine basis and within 3 hours (if logistically possible) for emergencies
- Fill all prescriptions within ±5% to 10% of prescribed assays
- Carefully manage clotting factors based on expiration date
- Provide 24/7 availability in multiple languages.

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- 9. Rising cost-sharing arrangements can significantly increase a hemophilia patient's cost of care. This can place the cost of prophylaxis, make it unaffordable and, hence, lower the quality of outcomes and increase the cost of care. True or False
- 10. As many as 20% to 30% of severe hemophilia A patients10 and approximately 1.5% to 3% of those with severe hemophilia B develop a neutralizing antibody—called an alloantibody inhibitor—directed against the exogenously administered factor replacement therapy. True or False

1=Poor	2=Fair	3=Satisfactory	4=Good	5=Outstanding	Į
		s Met the Identified Ob	-		
<ul> <li>differentia</li> </ul>		ia from hemophilia with in		y the 5 4 3	3 2 1
<ul> <li>evaluate t</li> </ul>		es in the treatment of pedia	atric and adult	5 4 3	3 2 1
the medic	al care and manage	ge additional clinical and fi ment of pediatric and adu veness of all participants in	lt hemophilia patien		3 2 1
<ul> <li>evaluate of specialty  </li> </ul>	current formulary de pharmacy arrangem	velopment and manageme ents and incorporate new of care for both pediatric	ent techniques and concepts to improv		3 2 1
		urces such as hemophilia patient management	treatment centers i	in 5 4 3	3 2 1
ase indicate if th	nis activity was fre	e from commercial bias		☐ Yes	□ No
o, please indica	te the topic(s) that	t were not free from con	nmercial bias.		

#### Overall Effectiveness of the Activity

Objectives were related to overall purpose/goal(s) of activity.	1	2	3	4	5
Enhanced my current knowledge base.	1	2	3	4	5
Will help me improve patient care.	1	2	3	4	5
Provided new ideas or information I expect to use.	1	2	3	4	5
Was timely and will influence my practice of medicine.	1	2	3	4	5
Addressed my most pressing questions.	1	2	3	4	5

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Please indicate any received from this a		ake in your practice of m	edicine as a re	sult of	infor	mati	ion	you ——
Please rat	te your commitment leve	el to making these chang	es.	1	2	3	4	5
	do you anticipate makin							
☐ Immediately	☐ 1-2 months	☐ 3-6 months	☐ At som	At some point in the future				
Based on my partic	ipation in this activity, I v	will incorporate the follow	ving new strate	gies:(cł	neck	all t	hat	apply)
☐ Better utilize med☐ ☐ Better encourage☐ ☐ I already do all the	e compliance with best conese things	armacy providers costly, chronic diseases dinical practice, even for the better able to practice	costly, chronic	diseas	es w			·
	etency of professionalism.	participant master the ABN How well did this activity a		1	2	3	4	5
Please provide gen	eral comments regarding	g this activity and sugge	st how it might	be imp	rove	ed.		
Are future education	nal activities on this topion	c needed?						
☐ Yes ☐ No								
Please indicate me	dical topics that would b	e of interest to you.						

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