

**Post Test, Evaluation, and Credit Application Form**  
***Emerging Solutions in Pulmonary Arterial Hypertension:***  
***Empowering Pharmacists in Treatment Decisions***

**Webcast on Demand**

**Release Date: December 21, 2012    Credit Expiration Date: December 21, 2013**

**ACPE UAN: 0473-9999-12-009-H01-P**

**INSTRUCTIONS FOR CREDIT**

1. Review the entire CE information including target audience, learning objectives, and disclosures.
2. Review each episode.
3. Complete the Post Test, Evaluation, and Credit Application Form.
4. Please note that in order to receive credit you must achieve a score of at least 80%.
5. Mail the completed Post Test, Evaluation, and Credit Application Form to Vemco MedEd, 245 US Highway 22, Suite 304, Bridgewater, NJ 08807 or fax to (908) 235-4222 or email to [bhassid@vemcomeded.com](mailto:bhassid@vemcomeded.com).
6. The information that you participated will be uploaded to CPE Monitor and you will be able to access your credits from the profile you set up with NABP. For more information, please visit <http://www.nabp.net/>.

*Please note: If you have received credit for attending the live symposium by the same name, you are not eligible to apply for credit for this online version.*

**CREDIT APPLICATION (Please Print Clearly)**

Name and Degree (please write clearly) \_\_\_\_\_

Practice Setting \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Phone Number \_\_\_\_\_

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

NABP e-Profile ID \_\_\_\_\_ Date of Birth (in MMDD format) \_\_\_\_\_

I certify that I participated in *Emerging Solutions in Pulmonary Arterial Hypertension: Empowering Pharmacists in Treatment Decisions*.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**POST TEST (Please select the most appropriate answer)**

**1. All of the following is specifically recommended for patients with PAH except:**

- Encouraging exercise and activity within the limits of disease
- Immunizations
- High-dose vitamin E
- Contraception

**2. The therapeutic target of epoprostenal is within the:**

- Endothelin pathway
- Prostacyclin pathway
- Glutathione pathway
- Nitric oxide pathway

**3. The therapeutic target of bosentan is within the:**

- Endothelin pathway
- Prostacyclin pathway
- Glutathione pathway
- Nitric oxide pathway

**4. Treprostinil is available in all of the following formulations except?**

- Oral
- Intravenous
- Subcutaneous
- Inhaled

**5. The use of nitrates is contraindicated in patients receiving a phosphodiesterase type 5 (PDE-5) inhibitor.**

- True       False

<b>LEARNING OBJECTIVES: Please rate if the Learning Objectives were met.</b>	<b>1 Disagree</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 Agree</b>
Differentiate the safety and efficacy among the various classes of medications used in the treatment of PAH					
Utilize evidence-based guidelines to select appropriate therapy to meet individualized patient treatment goals					
Optimize management decisions based on pathophysiology of PAH					
Discuss the role of clinical pharmacists in the management of patients with PAH					

If you answered "Disagree" to any objective, please explain.

**Do you have (1) any suggestions for improving this activity or (2) any additional comments?**

<b>FACULTY: Please rate overall faculty effectiveness and subject matter expertise.</b>	<b>1 Fair</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 Excellent</b>
<b>David B. Badesch, MD</b>					
Teaching Ability					
Knowledge and expertise in the subject					
<b>James C. Coons, PharmD</b>					
Teaching Ability					
Knowledge and expertise in the subject					
<b>Comments:</b>					

<b>OVERALL EVALUATION</b>	<b>1 Disagree</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 Agree</b>
The content was relevant to my practice and educational needs.					
I intend to make changes based on participating in this activity.					
The activity was fair, balanced, and without commercial bias.					

**If you feel that the material was NOT presented in a fair and balanced manner, please explain further.**

**What do you consider to be the biggest challenges in management of patients with PAH?**

<b>COMMITMENT TO CHANGE</b>
<p><b>1. Based on your participation in this activity, do you plan to make changes in your professional practice?</b>  Yes      No</p> <p><b>2. Please describe the changes you plan to implement:</b></p> <p><b>3. What are the barriers you anticipate that may impact implementation of these changes?</b></p>