



Methotrexate: Always Worth a Second Look

Consider the following scenario: You are working in a busy community pharmacy and receive a telephone order from a rheumatologist's office for methotrexate tablets. The caller indicates that the patient is to take 12.5mg once a day. Because you are extremely conscientious, you echo the prescription information back to the caller and verify that the directions you heard are the same directions the caller intended. Upon filling the prescription, you notice a DUR flag indicating that the dose is higher than what is typically prescribed. Because you verified the dose with the person calling in the prescription, **you decide to override the DUR flag and dispense the medication.** You are careful to counsel your patient on the directions.

One week after dispensing this prescription, you receive a call from the local hospital. Your patient is in the emergency room with complaints of severe sores in his mouth and throat. A CBC revealed a very low white blood cell count. On providing a history and physical, the patient reported that he has rheumatoid arthritis. The emergency room physician was not surprised that this patient took methotrexate for treatment of his rheumatoid arthritis. The doctor was surprised when he learned that the patient had been taking the methotrexate *daily*, since methotrexate is nearly always given weekly.

That is when the doctor called you to determine why you dispensed the methotrexate with directions to take it daily.

Recently, we have observed an **increase in the frequency of professional liability claims resulting from errors involving methotrexate.** Because the side effects of methotrexate are so serious, any mistake made with this drug is likely to result in harm to a patient. Injuries can include hair loss, debilitating mouth sores, bleeding, bruising, severely compromised immune system, or even death. As such, claims resulting from errors involving methotrexate prescriptions are costly. Settlements range from tens of thousands to hundreds of thousands of

... any prescriptions calling for a daily dose (of methotrexate) should be clarified with the prescriber. Do not assume the physician intended a daily dose, and do not simply defer to those directions without clarifying.


dollars to compensate patients or their loved ones for medical expenses, lost wages, and pain and suffering. What can you do to prevent errors involving methotrexate prescriptions from occurring in your pharmacy?

The risk management techniques you already use are crucial in preventing methotrexate prescription errors from reaching your patients. When taking telephone orders for methotrexate, make certain to echo the prescription information back to the caller and verify that the directions you heard are the same directions the caller intended. However, this does not absolutely guarantee that the caller gave you the correct directions.

Because methotrexate is normally dosed as several tablets once weekly, the "two dosage unit" rule

would apply to most methotrexate prescriptions. This risk management technique encourages the pharmacist to pay special attention to any prescription where more than two dosage units are required to constitute a dose. Also, when performing your final pharmacist verification, make certain to pay close attention to all DUR flags. Because there are very

few indications for methotrexate to be prescribed as a daily dose in an outpatient setting, any prescriptions calling for a daily dose should be clarified with the prescriber. Do not assume the physician intended a daily dose, and do not simply defer to those directions without clarifying. Finally, because of the unusual directions and serious side effects, take some extra counseling time with patients receiving methotrexate. Not only does this provide you an opportunity to educate your patients on their therapy, but it also provides you with one last opportunity to prevent an error from reaching your patient.

Exercising good risk management is important for preventing errors when filling any prescription. By controlling your environment and following an organized workflow, you take good care of all of your patients. In addition, because of the potential for serious harm in the event of an error, pay special attention to all prescriptions for methotrexate. **Your patients' safety is worth a second look.** 



**Karen E. Peterson,
R.Ph., J.D.,
Attorney,
Professional Liability
Claims, Pharmacists
Mutual Insurance
Company**

How Workers Compensation Should Work

By **Rich Mahoney**, Workers Compensation Claims Manager, Pharmacists Mutual Insurance Company

Workers compensation should be about returning the injured worker to work. Somehow, this has become a “lost cause” for too many insurance companies and employers through the years.

When workers compensation was first established in the state of Wisconsin in 1914, the intent was when an employee was hurt on the job, the company/insurance carrier would pay weekly benefits and 100% of the medical bills until the employee was able to return to work. That’s the way it was done back then and that’s how it should work today. No matter how good the treating physician is, no matter how good and efficient the insurance carrier or third party administrator might be, **a workers compensation program can’t be truly successful unless the employer is willing to participate as a vital partner in the return to work process.**


One of the most important aspects of

a work comp case occurs when the injured employee is released to return to some light duty or moderate capacity; then what? The employer has an important decision to make: do I accommodate this employee and take him back, or only take him back if he’s able to perform 100% of his previous duties?

If the employer does take him back at a light duty position, then the weekly benefits are suspended, the employee can once again become accustomed to the daily routine of employment, his recovery will be quickened, and the cost of the claim will be greatly reduced.

If the employer’s decision is to not make accommodations for a light duty return for the injured employee, then the responsibility/burden shifts to the insurance carrier to find employment. This is often difficult and sometimes

impossible due to the employee’s age, lack of other skills or education, availability of suitable jobs in the area, etc. The result is **the cost of the workers compensation claim increases tremendously,** which ultimately will have a negative impact on the policyholder’s Experience Modifier (E-Mod).

The bottom line is for employers to be better prepared for bringing injured employees back to work, whether at their regular job or a light duty position. Look around your place of business and see what light duty functions could be performed, document them, discuss such with your employees so they know if they get injured, they will be taken care of by you and their insurance company. The end result will be a more productive and trusting employee and workers compensation cost savings. 

Working Together to Control Theft Losses

In St. Joseph’s County, Indiana, there’s a great example of divergent groups working together to control theft losses from pharmacies. Thanks to the efforts of many, but especially Ken Fagerman, RPh, MM; independent community pharmacies and associations, chain pharmacies, local and county law enforcement, county medical groups, state lawmakers, a U.S. Senator, and the federal Department of Justice (DOJ) have all combined their efforts to stem the


rising tide of burglaries, robberies and prescription fraud.

The Senator facilitated a meeting of the minds with the DOJ on the huge hurdle of HIPAA disclosure. DOJ issued an opinion that the sharing of information **was not a HIPAA violation because only police reports, information which is in the public domain, were being shared.** Once that issue was behind them, all concerned parties began to share incidence reports through a “calling tree,” or more accurately in this case, a “fax tree,” process. Doing so has been very successful in curbing all types of crime against pharmacies in St. Joseph’s County, even to the extent that pharmacies in neighboring counties have been getting hit more often and are starting their own crime watch programs.

The St. Joseph’s County group and Mr. Fagerman came very close this year to having the Indiana legislature enact some much tougher laws governing

crimes against pharmacies. They were thwarted by some last minute political maneuvers, but will pick up the good fight again next session.

Mr. Fagerman is doing all he can to get the word out about the successes of the program in St. Joseph’s County. He has written articles, had articles written about the program (Retail Pharmacy Management, July/August 2006), and speaks to the subject often. He has put together a very helpful White Paper titled, Pharmacy Crime Watch: recommendations for starting a local effort. Anyone wanting a reprint of that document can get one by contacting jack.williams@phmic.com.


Using the St. Joseph’s County Crime Watch program as a model would make it easy to start a crime watch in your own area. St. Joseph’s County Crime Watch and Mr. Fagerman have already done the heavy lifting, all you would have to do is get organized and follow their lead. 

Board of Directors:

Kirk M. Hayes, CPCU, Chairman, Algona, IA
Edward T. Berg, MBA, CPA, CPCU, Pres., Algona
Donnie R. Calhoun, R.Ph., Anniston, AL
Gerald W. Deom, R.Ph., Radcliff, KY
Jonathan C. Grether, CPCU, CIC, ARe, AAM, Algona
Holly Whitcomb Henry, R.Ph., Seattle, WA
F. Michael James, R.Ph., Raleigh, NC
Randall S. Myers, R.Ph., Carey, OH
Matthew C. Osterhaus, R.Ph., Maquoketa, IA
Susan L. Sutter, R.Ph., Horicon, WI
Richard H. Williams, R.Ph., Lancaster, PA

Advisory Board:

Earl W. Bradley, R.Ph., Sugar Land, TX
Sharlea M. Leatherwood, P.D., Gladstone, MO
Larry J. Mayhew, R.Ph., Fountain Hills, AZ
Jay L. Orr, R.Ph., Midwest City, OK

Fire extinguishers should be kept in the garage, kitchen, and on each floor of the house. The potency of the extinguishers should be checked on a semi-annual basis. 

Volunteering? Make Sure You're Covered

Millions of Americans volunteer their time and efforts each year toward various community and voluntary activities. According to the Bureau of Labor Statistics of the U.S. Department of Labor, about 64.5 million people did **volunteer work** at least once from September 2003 to September 2004. The proportion of the population who volunteered during the year held steady at nearly 29 percent. Many of these voluntary positions are at an officer or director's level.


Numerous loss exposures accompany these types of activities, which may not be adequately identified and addressed. For instance, if the insured is a director or officer in a nonprofit organization, he or she should verify that the appropriate directors and officers (D&O) coverage is in force with liability limits of at least \$1 million. This is

important because the **vast majority of D&O claims involve allegations of managerial or financial malfeasance.**

In contrast, the standard unendorsed homeowners' policy covers only bodily injury and property damage. In addition, the D&O policy for the nonprofit organization should be broad enough to cover activities of all volunteers, not just directors and officers.

In rare cases, the director or officer may be **sued for a personal injury claim such as libel.** (Some D&O policies cover this and some do not.) The homeowners' policy would provide liability coverage for this loss if the personal injury coverage endorsement is attached, provided the director or officer is not paid for these activities. The personal injury endorsement should be particularly recommended for volunteers who may have a heightened exposure in this area, such

as an editor of a nonprofit organization newsletter. Note that the coverage provided under this endorsement is on an excess basis only. If the D&O policy does not cover personal injury, the properly endorsed homeowners' policy would drop down to provide coverage.

A person who is a **director or officer of a condominium or homeowners' association** will also want to confirm that the association has D&O coverage in place. A related exposure concerns a **unitowner in the condominium.** They should verify that they receive written specifications as to the insurance furnished by the association on common property areas and specifically informed as to their personal responsibility for improvements and betterments. If the condominium association has very high property deductibles for common areas that result in more than \$1,000 in assessment exposures to individual unitowners, the insured should consider procuring higher loss assessment limits under his/her homeowners' policy. 

Questions or requests concerning

The contents of this newsletter? Safety Consultation Services?
call **800-247-5930 ext. 7229** or e-mail **jack.williams@phmic.com**

Pharmacists
Mutual Companies

P.O. Box 370
Algona, IA 50511-0370

PRSRT STD
U.S. Postage Paid
Mason City, Iowa
Permit No. 429

Need Human Resources Help?

Have you ever had a **suspicious workers comp claim** filed against your company? Ever been **sued for discrimination**? Been **accused of harassment**? Had to sort out employee disputes because policies and procedures were not documented clearly? Almost every business owner or manager has had to deal with at least one of these situations. The hiring and firing, employee handbook, anti-harassment and anti-discrimination aspects of human resources (HR) management have long been known to be prime **cost controllers** in the workers compensation and general business liability lines of insurance. Now, help is on the way!

Pharmacists Mutual recently entered into a business relationship with **HR-OneSource**, a nationally known company that **provides human resources information and assistance to clients**.

In the past, to aid our policyholders who have needed help with these issues, Pharmacists Mutual has offered generic HR risk management templates on our website. The problem has always been that the information provided has been

just that – generic - not state-specific as it needs to be in so many instances. We always had to add the caveat for users of the material to check with local counsel before implementing any of the suggested forms, policies, or procedures. By creating the business partnership with **HR-OneSource**, we can now offer our policyholders the state-specific and up-to-date information in **HR-OneSource's** databank, and allow users to bypass that trip to their attorney.

The discounted cost paid by our policyholders to access this web-based databank will be a small price to pay for the vast array of available information. Hiring policy templates, job description templates (one of the most important tools in controlling workers comp claims and costs), direct links to government regulatory agency websites, employee handbook outlines and suggestions, child labor laws, the Equal Employment Opportunity Commission, the Americans with Disabilities Act: these are among the many topics covered by **HR-OneSource's** easily searchable website. **HR-OneSource** also offers consultation services for those interested in a more

comprehensive, in-depth approach. Additionally, **HR-OneSource** has agreed to provide Pharmacists Mutual policyholders, whether paying customers of **HR-OneSource** or not, a free subscription to their monthly e-newsletter. Simply send your e-mail address to jack.williams@phmic.com with the subject line "HR newsletter", and we'll get you on the mailing list.

If your business is a Pharmacists Mutual Business Owners, Commercial Package Policy, and/or Workers Compensation policyholder, and you would like help in these sensitive HR matters, click the **HR-OneSource** link on the Risk Management page of www.phmic.com and enter your Pharmacists Mutual customer number. You will be taken to the guest login page to preview the **HR-OneSource** website on a limited basis. If you want to subscribe to the **HR-OneSource** website, select the sign-up link and enter your contact and payment information. This will grant you access to the website for the first year. 📧

Defensive Driving Reminders

Chet hasn't had an accident or moving violation in over 20 years of delivery driving. One day he gets a call on his cell phone, is distracted, and rearends a car stopped at a stop sign.

Kay is a registered nurse doing home care calls. She's never had a ticket in her life. One afternoon, after a particularly stressful call, she is thinking so much about that call that she forgets to look both ways at an intersection and pulls into the path of another vehicle.

Harry's driving from one sales call to another. He's running late so he's pushing it a little. He's on the freeway and gets himself in one of those bumper-to-bumper "pods." Everybody is moving along fine until a car two cars in front of Harry has a blowout. Harry becomes part of a huge chain reaction accident that he might have avoided if he had left himself an escape route.

Are these people bad drivers? Not really, but each of them forgot a cardinal rule of defensive driving.

Chet forgot to **pay attention** to the task at hand. That call was not the most important thing Chet had to do. His most important duty was to get from point A to point B safely, so he could deliver his product, do his job without injury, and get home safely. Let the voicemail system answer the call and call back when your vehicle is stopped.

Kay forgot to **use her eyes**. Scanning both ways before entering an intersection, not just roadside to roadside, but building to building. Watching what is happening not just to the car directly ahead, but 3 or 4 cars in front also. Scanning the rearview mirrors every 5 to 7 seconds is also a habit that should be developed.

Harry simply forgot the third principle of defensive driving. He forgot to **leave an escape route**. That can be to the left, to the right, or in this case on a crowded freeway, in front. Always try to maintain adequate space between you and the vehicle ahead to be able to stop your

vehicle before colliding. The "two-second" rule is a good measure of clearance for cars. Larger vehicles and or inclement weather can necessitate bigger intervals to ensure being able to stop in that "assured clear distance" investigating officers often cite. 📧

Pharmacists Mutual Companies:

Pharmacists Mutual Ins. Co.; Pharmacists Life Ins. Co.; Pro Advantage Services, Inc.; and PMC Quality Commitment, Inc.

Risk Management in Pharmacy is published by Pharmacists Mutual Insurance Company, P.O. Box 370, 808 Hwy. 18 West, Algona, IA 50511, ph. 515-295-2461.

This newsletter is distributed to policyholders of Pharmacists Mutual Insurance Co.

Editor: Jack Williams
Assistant Editor: Shelly Brown

All rights are reserved, no material may be reprinted without permission.