



BY JOSEPH S. EASTERN, M.D.

MANAGING YOUR DERMATOLOGY PRACTICE

Winning the Insurance Claim Game

A dermatologist in the Midwest wrote to me for advice on dealing with everyone's worst nightmare, the burglary and arson of his office.

Filing an insurance claim was his first priority, of course. We all buy insurance hoping we will never need it, but when we do, it's important to get it right.

Prompt claim filing is key. All policies have a filing deadline, which varies for different policies and states, but just because you file promptly does not mean you have to settle on a payment just as fast.

Most insurers want a quick resolution

as much as you do, but if you allow yourself to be rushed, you could end up with a smaller settlement than you deserve.

If you're a regular reader, you're quite familiar with my first rule of dealing with health insurers: Everything is negotiable. It's no different with casualty insurers. Regardless of what adjusters tell you, the initial amount offered is never engraved in stone. Adjusters are evalu-

ated on the basis of how much money they "save" on claims, so their initial number will usually be low.

As with health insurance claims, casualty policies have gray areas. Those areas include reasonable expenses for repairing or replacing damaged medical equipment or the rental of alternative office space.

Other negotiable costs include moving expenses, storage of damaged and undamaged equipment, and depreciation on specific items. And as we all know from our health insurance experience, injuries are fertile areas for negotiation.

Another adjuster's trick, which you may have already encountered with a damaged car, is to steer people to certain repair shops and contractors that give the insurer better prices for their work but may offer inferior parts and service. Most policies do not require that you accept the insurer's choice of contractors. Insist on having work done by people you know and trust.

Do your own research on the value of lost and damaged items—the more documentation you have, the less likely an adjuster is to question your claim.

Document your losses very specifically. Adjusters often attempt to group material losses nonselectively, just as health insurers sometimes attempt to bundle your services. If a certain cabinet contained medical supplies, be very specific about the supplies it contained so you can assign value to the individual items.

Also remember that, after the trauma of a burglary or fire, you may overlook some losses. Your insurer may not tell you that you can file another claim for additional losses, even after you settle.

Don't be intimidated by the limits of your policy coverage. Depending on the policy, you may be able to recover more than the cited policy limit if you have "replacement cost" coverage. And don't assume you won't make your deductible in spite of initial estimates. Damage that is not immediately apparent can add up to a significant sum later.

It is usually not wise to rely solely on your insurance agent in such situations because an agent's loyalty resides primarily with the insurance company, not the insured. Retaining a lawyer is often a good idea, if only to review paperwork and help you value your losses. It will cost comparatively little and is usually money well spent.

A lawyer also can help negotiate any disputes with the insurer, but a public insurance adjuster may be a less expensive alternative. Public adjusters are professionals, employed by policyholders rather than insurers, who handle all aspects of a claim. You can find more information at the Web site of the National Association of Public Insurance Adjusters (www.napia.com).

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METROGEL®

(metronidazole gel), 1%
BRIEF SUMMARY

For topical use only. Not for oral, ophthalmic or intravaginal use.

INDICATIONS AND USAGE

METROGEL® (metronidazole gel), 1% is indicated for the topical treatment of inflammatory lesions of rosacea.

CONTRAINDICATIONS

METROGEL® (metronidazole gel), 1% is contraindicated in those patients with a history of hypersensitivity to metronidazole or to any other ingredient in this formulation.

PRECAUTIONS

General: Topical metronidazole has been reported to cause tearing of the eyes. Therefore, contact with the eyes should be avoided. If a reaction suggesting local skin irritation occurs, patients should be directed to use the medication less often or discontinue use. Metronidazole is a nitroimidazole and should be used with care in patients with evidence of, or history of, blood dyscrasia.

Information for Patients: Patients using METROGEL® (metronidazole gel), 1% should receive the following information and instructions:

1. This medication is to be used as directed.
2. It is for external use only.
3. Avoid contact with the eyes.
4. Cleanse affected area(s) before applying METROGEL® (metronidazole gel), 1%.
5. This medication should not be used for any other condition than that for which it is prescribed.
6. Patients should report any adverse reaction to their physicians.

Drug Interaction: Oral metronidazole has been reported to potentiate the anticoagulant effect of coumarin and warfarin, resulting in a prolongation of prothrombin time. Drug interactions should be kept in mind when METROGEL® (metronidazole gel), 1% is prescribed for patients who are receiving anticoagulant treatment, although they are less likely to occur with topical metronidazole administration because of low absorption.

Carcinogenesis, Mutagenesis and Impairment of Fertility: Metronidazole has shown evidence of carcinogenic activity in a number of studies involving chronic, oral administration in mice and rats, but not in studies involving hamsters.

In several long-term studies in mice, oral doses of approximately 225 mg/m²/day or greater (approximately 37 times the human topical dose on a mg/m² basis) were associated with an increase in pulmonary tumors and lymphomas. Several long-term oral studies in the rat have shown statistically significant increases in mammary and hepatic tumors at doses >885 mg/m²/day (144 times the human dose).

Metronidazole has shown evidence of mutagenic activity in several *in vitro* bacterial assay systems. In addition, a dose-related increase in the frequency of micronuclei was observed in mice after intraperitoneal injections. An increase in chromosomal aberrations in peripheral blood lymphocytes was reported in patients with Crohn's disease who were treated with 200 to 1200 mg/day of metronidazole for 1 to 24 months. However, in another study, no increase in chromosomal aberrations in circulating lymphocytes was observed in patients with Crohn's disease treated with the drug for 8 months.

In one published study, using albino hairless mice, intraperitoneal administration of metronidazole at a dose of 45 mg/m²/day (approximately 7 times the human topical dose on a mg/m² basis) was associated with an increase in ultraviolet radiation-induced skin carcinogenesis. Neither dermal carcinogenicity nor photocarcinogenicity studies have been performed with METROGEL® (metronidazole gel), 1% or any marketed metronidazole formulations.

Pregnancy: Teratogenic Effects: Pregnancy Category B. There are no adequate and well-controlled studies with the use of METROGEL® (metronidazole gel), 1% in pregnant women.

Metronidazole crosses the placental barrier and enters the fetal circulation rapidly. No fetotoxicity was observed after oral administration of metronidazole in rats or mice at 200 and 20 times, respectively, the expected clinical dose. However, oral metronidazole has shown carcinogenic activity in rodents. Because animal reproduction studies are not always predictive of human response, METROGEL® (metronidazole gel), 1% should be used during pregnancy only if clearly needed.

Nursing Mothers: After oral administration, metronidazole is secreted in breast milk in concentrations similar to those found in the plasma. Even though blood levels taken after topical metronidazole application are significantly lower than those achieved after oral metronidazole, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother and the risk to the infant.

Pediatric Use: Safety and effectiveness in pediatric patients have not been established.

Geriatric Use: While specific clinical trials in the geriatric population have not been conducted, sixty-six patients aged 65 years and older treated with METROGEL® (metronidazole gel), 1% over ten weeks showed comparable safety and efficacy as compared to the general study population.

ADVERSE REACTIONS

In a controlled clinical trial, 557 patients used METROGEL® (metronidazole gel), 1% and 189 patients used the gel vehicle once daily. The following table summarizes adverse reactions that occur at a rate of ≥ 1% in the clinical trials:

System Organ Class/Preferred Term	Metronidazole Gel, 1% N= 557	Gel Vehicle N=189
Patients with at least one AE	186 (33.4)	51 (27.0)
Infections and infestations	76 (13.6)	28 (14.8)
Bronchitis	6 (1.1)	3 (1.6)
Influenza	8 (1.4)	1 (0.5)
Nasopharyngitis	17 (3.1)	8 (4.2)
Sinusitis	8 (1.4)	3 (1.6)
Upper respiratory tract infection	14 (2.5)	4 (2.1)
Urinary tract infection	6 (1.1)	1 (0.5)
Vaginal mycosis	1 (0.2)	2 (1.1)
Musculoskeletal and connective tissue disorders	19 (3.4)	5 (2.6)
Back pain	3 (0.5)	2 (1.1)
Neoplasms	4 (0.7)	2 (1.1)
Basal cell carcinoma	1 (0.2)	2 (1.1)
Nervous system disorders	18 (3.2)	3 (1.6)
Headache	12 (2.2)	1 (0.5)
Respiratory, thoracic and mediastinal disorders	22 (3.9)	5 (2.6)
Nasal congestion	6 (1.1)	3 (1.6)
Skin and subcutaneous tissue disorders	36 (6.5)	12 (6.3)
Contact dermatitis	7 (1.3)	1 (0.5)
Dry skin	6 (1.1)	3 (1.6)
Vascular disorders	8 (1.4)	1 (0.5)
Hypertension	6 (1.1)	1 (0.5)

The following table summarizes the highest scores of local cutaneous signs and symptoms of irritation that were worse than baseline:

	Metronidazole Gel, 1% N= 544	Gel Vehicle N=184
Sign/Symptom		
Dryness	138 (25.4)	63 (34.2)
Mild	93 (17.1)	41 (22.3)
Moderate	42 (7.7)	20 (10.9)
Severe	3 (0.6)	2 (1.1)
Scaling	134 (24.6)	60 (32.6)
Mild	88 (16.2)	32 (17.4)
Moderate	43 (7.9)	27 (14.7)
Severe	3 (0.6)	1 (0.5)
Pruritus	86 (15.8)	35 (19.0)
Mild	53 (9.7)	21 (11.4)
Moderate	27 (5.0)	13 (7.1)
Severe	6 (1.1)	1 (0.5)
Stinging/burning	56 (10.3)	28 (15.2)
Mild	39 (7.2)	18 (9.8)
Moderate	7 (1.3)	9 (4.9)
Severe	10 (1.8)	1 (0.5)

The following additional adverse experiences have been reported with the topical use of metronidazole: skin irritation, transient redness, metallic taste, tingling or numbness of extremities, and nausea.

OVERDOSAGE: There are no reported human experiences with overdosage of METROGEL® (metronidazole gel), 1%. Topically applied metronidazole can be absorbed in sufficient amount to produce systemic effects.

DOSSAGE AND ADMINISTRATION: Areas to be treated should be cleansed before application of METROGEL® (metronidazole gel), 1%. Apply and rub in a thin film of METROGEL® (metronidazole gel), 1% once daily to entire affected area(s). Patients may use cosmetics after application of METROGEL® (metronidazole gel), 1%.

HOW SUPPLIED: METROGEL® (metronidazole gel), 1% is supplied as follows:

60 gram tube – NDC 0299-3820-60

60 gram tube with complimentary 4 oz Cetaphil® Gentle Skin Cleanser – NDC 0299-3820-04

Keep out of the reach of children.

Storage Conditions: Store at controlled room temperature: 20° to 25°C (68° to 77°F), excursions permitted between 59° and 86°F (15°-30°C).

Prescribing Information as of February 2007.

Rx Only
US Patent No. 6,881,726

Manufactured by:

Galderma Production Canada Inc.
Baie d'Urfé, QC, H9X 3S4 Canada
Made in Canada.

Marketed by:

Galderma Laboratories, L.P.
Fort Worth, Texas 76177 USA
P50742-1 0207

References: 1. Wolters Kluwer, PHas Database, January 2008. 2. Data on file. A multi-center clinical study of metronidazole 1% compared to vehicle for 10 weeks (n=552). 3. Data on file. HSA-3. Galderma Laboratories, L.P. 4. Odom RB. The subtypes of rosacea: implications for treatment. *Cutis*. 2004;73:9-14.

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