
North Dakota Medicaid Pharmacy Program Quarterly News

Published Quarterly by Health Information Designs, LLC

Welcome to the “North Dakota Medicaid Pharmacy Program Quarterly News,” a pharmacy newsletter presented by the North Dakota Department of Human Services and published by Health Information Designs, LLC. This newsletter is published as part of a continuing effort to keep the Medicaid provider community informed of important changes in the North Dakota Medicaid Pharmacy Program.

The North Dakota Department of Human Services has contracted with Health Information Designs, LLC (HID) to review and process prior authorizations (PAs) for medications. For a current list of medications requiring a PA, as well as the necessary forms and criteria, visit www.hidesigns.com/ndmedicaid, or call HID at (866) 773-0695 to have this information faxed. An important feature on this website is the NDC Drug Lookup. This allows you to determine if a specific NDC is covered (effective date), reimbursement amount, MAC pricing, copay information, and any limitations (prior authorization or quantity limits).

This newsletter provides information regarding head lice and the current ND Medicaid utilization of agents used to treat it.

The North Dakota Medicaid Pharmacy Program team appreciates your comments and suggestions regarding this newsletter. To suggest topics for inclusion, or to make comments, please contact Health Information Designs, LLC at (334) 502-3262, call toll free at 1-800-225-6998, or e-mail us at info@hidinc.com.



Helpful Numbers

PA Help Desk 866-773-0695
To fax PAs 855-207-0250
To report adverse reactions 800-FDA-1088

Inside this issue:	Page
Welcome	1
Helpful Numbers	1
Head Lice	2
Utilization of Head Lice Medications	3
Health Information Designs, LLC	4

Visit HID's North Dakota Department of Human Services Prior Authorization Webpage, www.hidesigns.com/ndmedicaid.

Head Lice

Head lice, or *Pediculus capitis*, are parasitic insects that can infest the hair on the head, particularly around and behind the ears and near the nape of the neck. Uncommonly, head lice may be found on the eyebrows and eyelashes. Head lice feed on human blood several times a day.

The egg, or nit, is laid by the adult female at the base of the hair shaft nearest the scalp. Nits usually take about eight to nine days to hatch, being somewhat shorter in hot climates and longer in cold climates. Nits cannot hatch at a lower ambient temperature than that near the scalp. A nymph is an immature louse that hatches from the nit. Nymphs mature into adults about nine to 12 days after hatching. The fully grown and developed adult louse is 2 to 3 mm long, or about the size of a sesame seed, has 6 legs, and is usually tan to grayish-white in color. A female louse can live up to 3 to 4 weeks and can lay up to 10 eggs per day. An adult head louse can live about 30 days on a person's head.

Many school-aged children will be affected by head lice during the school year. In the United States, it is estimated that 6 million to 12 million infestations occur yearly among children 3 to 13 years of age. Infestations are most common among children attending child care and elementary school. Head lice infestations affect all socioeconomic groups and are not influenced by hair length or frequency of shampooing or brushing. Transmission by contact with personal belongings or clothing is uncommon because head lice survive less than two days at room temperature. Head lice move by crawling and cannot hop or fly. The greatest risk of transmission occurs from direct head-to-head contact with someone who already has lice. Pets do not play a role in the transmission of human lice.

Treatment of head lice is indicated for persons with an active infestation. The American Academy of Pediatrics (AAP) recommends starting therapy with an over-the-counter (OTC) 1% permethrin product or with a pyrethrin combined with piperonyl butoxide product. If there is failure of an OTC product, the AAP recommends using malathion, benzyl alcohol lotion, or spinosad suspension. Retreatment is often necessary because no product is truly ovicidal, although malathion and spinosad are partially ovicidal. Retreatment should occur after the eggs that are present at the time of initial treatment have hatched but before any new eggs have been produced.

Itching or mild burning of the scalp may occur after a topical pharmaceutical agent has been used. Discomfort may persist for many days after lice are killed and this is not grounds for re-treatment. If needed, oral antihistamines or topical corticosteroids may be used for symptom relief.

References:

Devore CD, Schutze GE and The Council on School Health and Committee on Infectious Disease, American Academy of Pediatrics. Head Lice. *Pediatrics* 2015; 135(5):e1355-1365.

Agents Used to Treat Head Lice

Product Name	Active Ingredient	Indicated Age	Contraindication
Permethrin 1%	permethrin 1%	≥ 2 months	
Rid®	pyrethrin plus piperonyl butoxide	≥ 2 years	Pyrethrins are contraindicated in those allergic to chrysanthemums or ragweed
Ovide®	malathion 0.5%	≥ 6 years	Children < 2 years
Ulesfia®	benzyl alcohol 5%	≥ 6 months	Avoid use in neonates
Natroba®	spinosad 0.9%	≥ 6 months	Do not use in infants < 6 months due to benzyl alcohol
Sklice®	ivermectin 0.5%	≥ 6 months	

ND Medicaid			
Utilization of Agents Used to Treat Head Lice			
09/15/14 - 09/14/15			
Label Name	Rx Num	Total Reimb Amt	Avg Cost per Script
LINDANE 1% LOTION	12	\$1,330.78	\$110.90
LINDANE 1% SHAMPOO	36	\$4,150.32	\$115.29
MALATHION 0.5% LOTION	95	\$18,860.38	\$198.53
NATROBA 0.9% TOPICAL SUSP	7	\$1,787.17	\$255.31
OVIDE 0.5% LOTION	1	\$150.07	\$150.07
PERMETHRIN 1% LOTION	147	\$1,914.44	\$13.02
PERMETHRIN 5% CREAM	806	\$64,040.18	\$79.45
Totals 827 recipients	1104	\$92,233.34	



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Health Information Designs, LLC is the most experienced and qualified provider of drug utilization review and pharmacy support services in the country. We specialize in helping our clients promote clinically appropriate and cost-effective prescribing, dispensing, and utilization of prescription drugs.



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