

ABOUT LINDANE SHAMPOO : PATIENTS & PARENTS : HEALTHCARE PROFESSIONALS

OVERVIEW OF HEAD LICE : PHARMACY INFORMATION : SCABIES

IMPORTANT SAFETY INFORMATION : CONTACT US : ESPAÑOL : HOME

# Lindane SHAMPOO

## USP 1%

Lindane Shampoo is a highly effective topical prescription product for head lice that works in **JUST 4 MINUTES!**



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NOW AVAILABLE  
IN SINGLE USE  
2 oz BOTTLES!

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### About Lindane Shampoo:

- Lindane Shampoo has been marketed for the topical treatment of head lice and pubic lice since 1947
- It has a fifty year history of being an effective treatment for head lice and pubic lice when used as directed by the FDA approved label.
  - Lindane Shampoo has a FAST treatment time for head lice ... it works in just 4 MINUTES!
    - Lindane Shampoo does not have an unpleasant odor
    - Lindane Shampoo is not flammable and does not contain any alcohol or oils
  - Lindane Shampoo is covered under most managed care and state Medicaid drug programs
    - Lindane Shampoo is only available in a single-use 2 fluid ounce bottle

It is important that all patients and parents of patients adhere to the administration directions provided with each prescription of Lindane Shampoo.



[Lindane Shampoo Medication Instruction Guide](#)

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[OVERVIEW OF HEAD LICE](#) : [PHARMACY INFORMATION](#) : [SCABIES](#)

[IMPORTANT SAFETY INFORMATION](#) : [CONTACT US](#) : [ESPAÑOL](#) : [HOME](#)

### Information for Patients and Parents:

[Overview of Head Lice](#) : [Tips on Removing Head Lice](#) : [Medication Treatment Guide](#)

## Overview of Head Lice

Every day in the United States and the rest of the world, hundreds of people are infested with the parasite Head Lice (*Pediculus capitis*). In fact, head lice is the most common parasitic infestation to afflict humans.

The overwhelming majority of these infestations occur in children from 3 to 15 years of age. While there is no mortality associated with Head Lice, it does cause significant annoyance, embarrassment, and stress to the individual and the family.

Head lice (*Pediculus humanus capitis*) or head louse are small **parasitic** insects exquisitely adapted to living mainly on the scalp and neck hairs of their human host. The lice are **ectoparasites** that feed on human blood after piercing the skin and injecting their saliva. Head lice derive nutrient by blood-feeding once or more often each day. This feeding along with the saliva and feces may cause a localized allergic response mostly responsible for the intense itching. Mature lice are 3-4 mm long (approximately the size of a sesame seed). Their six impressive legs are elegantly evolved to grasp hair shafts and provide a striking example of biological specialization.

The head louse (*Pediculus humanus capitis*) and the body louse (*Pediculus humanus corporis*) are of similar size and can interbreed. The pubic louse (*Phthirus pubis*), or "crab," is **morphologically** distinct from the other two. The head louse is the most common of the three species and represents over 60% of all cases of human louse infestation.

Long associated with people, head lice have been recovered from prehistoric mummies. Head lice are equal opportunity parasites; they do not respect economic class distinctions. Their presence does not connote a lack of hygiene or sanitation practiced by their host.

Head lice are neither able to fly nor jump, lice are also unlikely to wander far from their preferred habitat. Lice and their eggs are unable to burrow into the scalp.

Lice are also called louse and sometimes referred to as cooties. Eggs are called **nits** and infested people as lousy. The infestation by head or body lice is termed **pediculiasis**, and the associated "disease" **pediculosis**. Delousing (more properly termed lousing) consists of any method for eliminating an infestation. Chemical treatments directed against lice are **pediculicides**. Those that kill adult and nymphal lice are sometimes called lousicides; those that kill the developing embryo within the egg are **ovicides**.

[<<<Back to top](#)

## Tips on Removing Head Lice

Treatment should be considered when active lice or viable eggs are observed. Itching of the scalp or the perception that something is crawling on the head does not mean you have lice or warrant treatment for lice. The first step toward treatment of head lice is to ensure that a correct diagnosis/identification has been made before considering treatment options. An old infestation, manifested solely by hatched eggs or continued itching of the skin or scalp, is not a cause for treatment. Treatment should be considered only when active lice, scabies or viable eggs are observed.

Once a bona-fide diagnosis of head lice or scabies has been confirmed it is then the decision of the healthcare provider to decide on what course of therapy for treatment.

Treatment of patients with head lice consists of two parts: Medication and Environmental Control Measures.

**Medication:** The goal of therapy is to eliminate the mite. There are several effective shampoos available to treat head lice. Lindane Shampoo is indicated for the treatment of head lice. Most treatments are highly effective at killing the nymphs and mature lice and less effective in killing the eggs or nits. It is important to follow the directions from the physician closely as in most cases these medications contain pesticides which if used or administered incorrectly may cause harm. Patients who are pregnant or breast feeding must alert their doctor as some products may not be suitable for their treatment. Drug therapy for head lice, when used appropriately, produces a cure rate in more than 90% of cases.

**Environmental Control Measures:** It is beneficial to launder all fomites (e.g., towels, pillow cases, sheets, hats, and children's stuffed animals) in hot water, followed by machine drying using the hottest cycle.

Temperatures exceeding 131 degrees Fahrenheit (55 degree Celsius) for more than 5 minutes will kill eggs, nymphs and mature lice.

Dry cleaning may be an effective alternative.

Combs and brushes can be treated by soaking them for more than 5 minutes in very hot water ( >131 degrees F or 55 degrees C). Along with treatment of the hair and scalp all clothing, bedding and towels must be washed in hot water or dry cleaned

Since adult lice cannot survive for long if they are separated from a host, and since eggs hatch in 6-10 days, carefully

sealing potential fomites in plastic bags for 12-14 days can be effective. This technique works well for objects such as stuffed animals that do not tolerate laundering or dry cleaning.

Vacuuming selected areas of the home, including couches used by patients with infestation, is recommended by some as an adjunctive control measure.

Chemical insecticide sprays used in the home environment have not been shown to be effective in the control of head lice.

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[<<<Back to top](#)

### Medication Treatment Guide



[English](#)



[Spanish](#)

[<<<Back to top](#)

  
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## Information for Healthcare Professionals:

### Lindane Overview

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### Important Safety Information

#### WARNINGS:

Lindane Shampoo should only be used in patients who cannot tolerate or have failed first-line treatment with safer medications for the treatment of lice. (See INDICATIONS AND USAGE section of the full prescribing information.) Lindane Lotion should only be used in patients who cannot tolerate or have failed first-line treatment with safer medications for the treatment of scabies. (SEE INDICATIONS AND USAGE section of the full prescribing information.)

#### Neurologic Toxicity

Seizures and deaths have been reported following Lindane Shampoo and Lotion use with repeat or prolonged application, but also in rare cases following a single application according to directions. Lindane Shampoo and Lotion should be used with caution in infants, children, the elderly, and individuals with other skin conditions (eg, atopic dermatitis, psoriasis) and those who weigh < 110 lbs (50 kg) as they may be at risk of serious neurotoxicity.

#### Contraindication

Lindane Shampoo and Lotion are contraindicated in premature infants and individuals with known controlled seizure disorders.

#### Proper Use

Instruct patients on proper use of Lindane Shampoo and Lotion, the amount to apply, how long to have it on, and avoiding retreatment. Inform patients that itching occurs after the successful killing of lice and it is not necessarily an indication for retreatment with Lindane Shampoo or Lotion. (SEE DOSAGE AND ADMINISTRATION sections of the full prescribing information.)

#### Full Prescribing Information



[Please click here to download full prescribing information.](#)



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ABOUT LINDANE SHAMPOO : PATIENTS & PARENTS : HEALTHCARE PROFESSIONALS

OVERVIEW OF HEAD LICE : PHARMACY INFORMATION : SCABIES

IMPORTANT SAFETY INFORMATION : CONTACT US : ESPAÑOL : HOME

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[OVERVIEW OF HEAD LICE](#) : [PHARMACY INFORMATION](#) : [SCABIES](#)

[IMPORTANT SAFETY INFORMATION](#) : [CONTACT US](#) : [ESPAÑOL](#) : [HOME](#)

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#### Proper Use

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- OVERVIEW OF HEAD LICE : PHARMACY INFORMATION : SCABIES
- IMPORTANT SAFETY INFORMATION : CONTACT US : ESPANOL : HOME

### Contact Us :

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333 North Point Center East Suite 250  
Alpharetta, Georgia 30022

**Phone:** 770.817.4500

You may also direct any comments or questions to us using the following form:

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USP 1%



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<a href="#">OVERVIEW OF HEAD LICE</a>	:	<a href="#">PHARMACY INFORMATION</a>	:	<a href="#">SCABIES</a>		
<a href="#">IMPORTANT SAFETY INFORMATION</a>	:	<a href="#">CONTACT US</a>	:	<a href="#">ESPAÑOL</a>	:	<a href="#">HOME</a>

### Guía de Instrucciones del Medicamento:

 [Chasque por favor aquí para descargar la guía de las instrucciones de la medicación](#)

# Medication Instruction Guide

**Lindane** SHAMPOO  
USP 1%

Prescription Lindane Shampoo USP, 1% is an effective prescription treatment to rid patients of head lice and crab lice. This second-line therapy is indicated in patients who cannot tolerate other approved therapies or when previous lice treatments have failed.

## Read all instructions before using Lindane Shampoo.

It is imperative that instructions be followed carefully to ensure safe use. However, these basic instructions do not take the place of speaking with a physician. Use this product exactly as prescribed.

## What to avoid

- Do not get Lindane Shampoo in the eyes. If this occurs, immediately rinse the eyes with water. Seek medical help if the eyes continue to hurt.
- If pregnant, do not use Lindane Shampoo or apply to others without first consulting a physician. If necessary, see "Proper use of gloves" below.
- Do not use oils on the skin or hair before or after using Lindane Shampoo. (Oils include oil-based hair products and conditioners.)

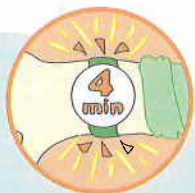
## Proper use of gloves

- If applying Lindane Shampoo to self or others, only wear gloves made of nitrile, latex with neoprene, or sheer vinyl. Do not use natural latex gloves.
- Continue to wear gloves until Lindane is completely washed out of hair.
- When finished, remove and dispose of gloves. Wash hands well.
- Make sure hair and skin on the head and neck are free from any residual shampoo, cream, or oils. (Oils can make Lindane Shampoo go through the skin faster and may increase the risk of seizure.)

## Condition of hair

- Make sure hair is clean and dry.
- Use regular shampoo, without conditioner.
- Do not wash hair within 1 hour before use.

## Applying Lindane Shampoo



- Shake bottle well.
- Use just enough Lindane Shampoo on dry hair to wet the hair and scalp.
- Do not add water to hair at this time.
- Also apply Lindane Shampoo to the short hairs at the back of the neck.
- Keep Lindane Shampoo on hair for 4 minutes.
- Do not wear a shower cap or any head covering at this time.
- Close the bottle with any leftover Lindane Shampoo and dispose in a trash container.
- **Keep out of reach of children.**

## Removing Lindane Shampoo



- After 4 minutes, use a small amount of warm water to lather the Lindane Shampoo. (Hot water is not safe.)
- Once lather is created, wash Lindane Shampoo off the head.
- Avoid unnecessary contact of lather with other body surfaces.
- Do not leave any Lindane Shampoo on the head or hair. (Leaving shampoo on too long will not kill more of the lice and may continue to go through the skin, causing serious problems, such as seizures.)

## After Lindane Shampoo use



- Dry hair with a towel.
- Use a special comb (called a nit comb) or tweezers to remove the dead nits (lice eggs) from hair. (It is best if another person performs this task.)
- All recently worn clothing, underwear, pajamas, hats, used sheets, pillow cases, and towels should be washed in very hot water or dry-cleaned.
- Do not use Lindane Shampoo a second time. If lice are still present, consult a physician.
- If the patient continues to itch after Lindane Shampoo is used, it does not mean more Lindane Shampoo is needed. Even after all lice are dead, the skin may itch for a long time. Lindane Shampoo can sometimes worsen the itch. Talk with a physician about ways to soothe this itch.
- For complete instructions, consult a patient medication guide enclosed in each 2-oz bottle of Lindane Shampoo.

Lindane Shampoo should only be used in patients who cannot tolerate or have failed first-line treatment with safer medications for the treatment of head lice and crab lice.

Seizures and deaths have been reported following Lindane Shampoo use with repeat or prolonged application, but also in rare cases following a single application according to directions. Lindane Shampoo should be used with caution in infants, children, the elderly, individuals with other skin conditions (eg, atopic dermatitis, psoriasis), and those who weigh <110 lbs (50 kg) as they may be at risk of serious neurotoxicity.

Lindane Shampoo is contraindicated in premature infants and individuals with known uncontrolled seizure disorders.

Instruct patients on proper use of Lindane Shampoo, the amount to apply, how long to leave it on, and avoiding retreatment. Inform patients that itching occurs after the successful killing of head lice and crab lice and is not necessarily an indication for retreatment with Lindane Shampoo.

Lindane Shampoo has been reported to cause central nervous system stimulation ranging from dizziness to seizures. Although seizures were almost always associated with ingestion or misuse of the product (including repeat treatment), seizures and deaths have been reported when Lindane Shampoo was used according to directions. Irritant dermatitis from contact with this product has also been reported.

See accompanying full prescribing information.

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# Guía de Instrucciones del Medicamento

**Lindane** SHAMPOO  
USP 1%

La prescripción para el Champú de Lindano al 1% USP, es una efectiva prescripción utilizada en el tratamiento contra la infestación del cabello con piojos y del vello púbico con ladillas. Esta terapia de "segunda línea" se indica cuando tratamientos previos contra los piojos han fallado o en caso de pacientes que no puedan tolerar otras terapias aprobadas.

**Lea todas las instrucciones antes de usar el Champú de Lindano.** Es imperativo que las instrucciones sean seguidas cuidadosamente para asegurar un uso seguro. Sin embargo, estas instrucciones básicas no reemplazan la consulta con el médico. Use este producto exactamente como se prescribe.

## Qué evitar

- No coloque Champú de Lindano en los ojos. Si esto ocurriera, enjuáguese inmediatamente los ojos con agua. Busque asistencia médica si los ojos le continúan doliendo.
- Si está embarazada, no use el Champú de Lindano ni lo aplique a otros sin primero consultar con el médico. De ser necesario, véase abajo "Uso apropiado de los guantes."
- No use aceites sobre la piel o pelo ni antes ni después de usar el Champú de Lindano. (Entre los aceites están los productos para el cabello y acondicionadores con base de aceite.)

## Uso apropiado de guantes

- Si se va a aplicar el Champú de Lindano a usted misma o a otros, use únicamente guantes hechos de nitrilo, látex con neopreno, o vinilo puro. No use guantes de látex natural.
- Cuando termine, remueva y deseche los guantes. Lávese bien las manos.
- Asegúrese de que su pelo y piel sobre la cabeza y cuello están libres de cualquier residuo de champú, crema o aceites. (Los aceites pueden hacer que el Champú de Lindano penetre por la piel más rápidamente y puede incrementar el riesgo de convulsión.)

## Condición del cabello

- Asegúrese de que el cabello esté limpio y seco.
- Use champú común sin acondicionador.
- No lave el cabello durante la hora previa al uso del champú.

## Aplicando el Champú de Lindano

- Agite bien el frasco.
- Use solo la cantidad de Champú de Lindano necesaria para mojar el cabello y el cuero cabelludo.
- No vierta agua sobre el cabello en ese momento.
- Aplique también Champú de Lindano sobre los vellos de la nuca.
- Deje actuar el Champú de Lindano por 4 minutos. Use un cronómetro o un reloj para tomarse el tiempo.
- No use gorros de ducha ni cualquier otro cobertor para la cabeza en ese momento.
- Cierre el frasco con cualquier resto de Champú de Lindano y póngalo en el cesto de la basura.
- **Manténgase lejos del alcance de los niños.**



## Removiendo el Champú de Lindano



- Después de transcurridos los 4 minutos, use una pequeña cantidad de agua tibia para formar espuma con el Champú de Lindano.
- Una vez que se ha creado espuma, enjuáguese el Champú de Lindano.
- Evite que otras superficies del cuerpo entren innecesariamente en contacto con la espuma.
- No deje Champú de Lindano en la cabeza o pelo. (El dejar champú por más tiempo no eliminará más piojos y podría continuar penetrando a través de la piel, causando serios problemas, tales como convulsiones.)

## Después de usar Champú de Lindano



- Séquese el cabello con una toalla.
- Use un peine especial (llamado peine para liendres) o unas pinzas para remover las liendres muertas (huevos de piojos) del cabello. (Sería mejor que otra persona hiciera esto por usted.)
- Toda la ropa, pijamas, ropa interior, sombreros, sábanas usadas, fundas de almohada y toallas recientemente usadas, deberían ser lavadas con agua bien caliente o lavadas al seco.
- No use el Champú de Lindano por segunda vez. Si los piojos continúan presentes, consulte al médico.
- El hecho de que el paciente continúe con picor aún después de haber sido aplicado el Champú de Lindano, no quiere decir que sea necesario usar más Champú de Lindano. Aún después de eliminados todos los piojos, la piel puede sentir picor por un período prolongado. En ocasiones puede que el Champú de Lindano empeore el picor. Hable con un médico sobre las maneras de aliviar esta picazón.
- Para instrucciones detalladas, consulte la guía médica para el paciente adjunta en cada frasco de 2 onzas de Champú de Lindano.

El Champú de Lindano debería ser solamente usado en pacientes que no puedan tolerar o les haya fallado el tratamiento de primera línea con medicamentos más seguros para el tratamiento contra piojos y ladillas.

Se han reportado casos de convulsiones y muertes debido al uso repetitivo o la aplicación prolongada de El Champú de Lindano; sin embargo, esporádicamente también se han reportado esos casos aún cuando se habían seguido las instrucciones para su aplicación. El Champú de Lindano debería ser usado con precaución en infantes, niños, ancianos e individuos con otros problemas de piel (por ejemplo, dermatitis atópica, soriasis) y en aquellos que pesen menos de 110 libras (50 Kg.) ya que pueden estar en riesgo de serios problemas de neurotoxicidad.

El Champú de Lindano está contraindicado en infantes prematuros e individuos con problemas de convulsiones descontroladas.

Instruya a los pacientes sobre el uso apropiado de El Champú de Lindano, la cantidad a aplicar, el tiempo que necesita dejárselo puesto, y el evitar doble tratamiento. Informe a los pacientes que el picor ocurre aún después de la eliminación exitosa de los piojos y las ladillas, y que esto no necesariamente indica la necesidad de repetir el tratamiento con El Champú de Lindano.

Se ha reportado que la Loción de Lindano causa estimulación en el sistema nervioso central, yendo desde mareos hasta convulsiones. Aunque las convulsiones estuvieron casi siempre asociadas con la ingestión o mal uso del producto (lo que incluye repetir el tratamiento), también se han reportado casos de convulsiones y muertes al usar Loción de Lindano siguiendo las instrucciones. Dermatitis irritante por contacto con este producto ha sido también reportada.

Véase la información completa sobre la prescripción en el texto explicativo adjunto.

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PAGE NAVIGATION:

[OUR VISION](#) : [LEADERSHIP TEAM](#) : [PRODUCT PORTFOLIO](#)

### COMPANY SNAPSHOT

Alliant Pharmaceuticals, Inc. is a Specialty Pharmaceutical Company focused on acquiring, developing and commercializing proprietary products for the pediatric and pediatric specialty markets.

While a unique niche, the pediatric market is one of the fastest-growing pharmaceutical sectors. Our product focus includes the sub-specialties of allergy & immunology, psychiatry, neurology, dermatology, urology and infectious diseases.

Alliant Pharmaceuticals, founded in 2004, has seen tremendous growth since its inception. Alliant's management team and Board of Directors have more than 150 years of combined leadership experience in the industry. Our sales force comprises the best, and surrounding us all is an overriding set of values providing rewards for success, accountability to accomplish and challenges for growth.

Our strategy is to co-market, in-license or acquire pharmaceutical products that other companies either under market or do not actively market. The products must have unmet medical needs, significant patient benefits, high sales growth potential, be promotional sensitive and complement our existing products. In addition, with our search and development strategy we intend to develop new patented formulations, using new and innovative delivery formulations and technology.

We will also seek regulatory approval for new indications of existing drugs. Alliant will also look at acquiring businesses with complementary products or developmental pipelines consistent with our therapeutic focus.

### OUR VISION

To be the leading pediatric specialty pharmaceutical company by improving the lives of children through innovative products, experienced leadership, and sales excellence.

[<<< Back To Top](#)

### LEADERSHIP TEAM

Alliant Pharmaceuticals' management team and board have more than 150 years combined leadership experience in the pharmaceutical industry. The team includes three former pharmaceutical company chief executive officers and a chief financial officer. The team has experience in acquiring, developing and launching prescription pharmaceutical products. In addition, our team has a proven track record in delivering top line sales results and handsomely rewarding employees and shareholders.

**Mark Pugh - President & CEO**

Leading Alliant is Mark Pugh. With more than 16 years of industry experience, Pugh has a documented record of success in identifying and capturing new business opportunities to

build high-profit, high-growth corporations. Pugh is proficient in building and directing sales and marketing teams. His leadership includes launching more than 20 branded pharmaceutical products ranging in sales from several million to more than a billion. Pugh was selected in 2005 as one of the metro-Atlanta area's "Up and Comers" by business publication, *The Atlanta Business Chronicle*. His leadership in driving Alliant's growth has also landed the organization honorable mention by *Catalyst Magazine* as "One to Watch" and Alliant was ranked # 4 in *Entrepreneur Magazine* and Pricewaterhouse Coopers Hot 100 ranking the country's fastest growing companies. Pugh is a native of Birmingham, AL and today makes his home in Alpharetta with his wife and two daughters. He holds a degree in marketing from Auburn University. Pugh serves on the board of the Starlight-Starbright Children's Foundation.

#### **William C. (Bill) Bucher - CFO**

Bill Bucher has over 20 years of professional experience in growing organizations and making substantial improvements in companies. His background includes leadership and managerial roles with large publicly traded companies, high-growth and start-up organizations, and 8 years of health care consulting experience with Big Four consulting and accounting firms. Prior to joining Alliant, Mr. Bucher was a partner with Tatum, LLC, a firm specializing in executive and CFO services for companies in transition. In this role, he served as the CFO for Source One Direct, a technology based company in Atlanta, GA. Other CFO positions held by Mr. Bucher include Freelian, Inc., an Application Service Provider in Memphis, TN, and CareServices of America, a multi-state home care company in Williamsburg, VA. He was also Senior Vice President of Finance for Medshares, a large national home health organization, in Memphis, TN, Regional Controller for Allied Waste Industries, and Director of Reimbursement Operations for Caremark International, a pharmaceutical distribution company. Bill has significant due diligence and acquisition experience, and has worked on over 20 merger and acquisition initiatives, totaling over \$1 billion in annual revenue. Mr. Bucher received his MBA in Finance from Old Dominion University and BS in General Business from the University of Wyoming. He is a CPA and a former CMA. He is a member of the American Institute of CPAs, Financial Executives International, and the Financial Executives Networking Group.

#### **Art Deas - Vice President, Sales and Marketing**

Mr. Deas started his career more than 21 years ago with Marion Laboratories. Since that time he has held positions of progressive leadership and responsibility within the pharmaceutical and biotech industry. Former positions include: sales, institutional sales, marketing, clinical research, professional education, new product marketing, district manager, regional manager and division sales manager. Mr. Deas has a Bachelor of Science in Biology from the University of South Carolina and an MBA in International Business from The Edinburgh Business School.

#### **Allen Fields - Vice President, Research and Development**

Allen Fields has more than 14 years of experience as a clinical and regulatory affairs professional. He has managed INDs, NDAs, SNDAs, ANDAs, strategic clinical and regulatory planning, meetings with the FDA and other regulatory agencies, global clinical development programs, drug development programs Phases I to IV, and drug safety and pharmacovigilance. Fields has held clinical and regulatory affairs positions at Sepracor, Inc., Quintiles, Inc., Purdue Pharma L.P, and TAP Holdings. He holds a BS in Chemistry from Kansas Wesleyan University; MS/MEd from Kansas State University and University of Kansas School of Medicine; Neuropharmacology Fellowship from Duke University, and additional graduate work for his DrPH from John Hopkins University, Bloomberg School of Public Health and the University of Kansas School of Medicine. He is a PhD. candidate in Pharmacology.

#### **Pete Joiner - Vice President, Managed Markets**

Pete Joiner has over 28 years experience in the pharmaceutical industry in a number of key management positions. These have included large national account customer management, sales force management, pharmaceutical company strategic business planning/business analysis, and large-scale information systems development. He has established significant partnerships and relationships with key organizations in the health care industry. Joiner is a native of Cincinnati, Ohio and today makes his home in Leawood, KS with his wife and two sons. He has a Bachelor of Science in Electrical Engineering and an MBA in Industrial Management from the University of Cincinnati.

[<<< Back To Top](#)

## PRODUCT PORTFOLIO

Alliant Pharmaceuticals is committed to identifying and developing important therapies that address the medical needs of our young patients. Our current focus provides the following products within the Alliant family.

### ASTHMA

*Asthma Exacerbation*

[Orapred](#)

[Orapred ODT](#)

### CNS (Central Nervous System)

*ADHD & Narcolepsy*

[Methylin Oral Solution](#)

[Methylin Chewable Tablets](#)

### DERMATOLOGY

*Head Lice & Scabies*

[Lindane Shampoo](#)

[Lindane Lotion](#)

### RESPIRATORY

*Allergies & Cough/Cold*

[Rondec Syrup & Oral Drops](#)

[Rondec-DM Syrup & Oral Drops](#)

[<<< Back To Top](#)

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- BUSINESS DEVELOPMENT & INVESTOR INFORMATION
- NEWS & PRESS
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**NEW FROM ALLIANT**



**ORAPRED ODT**  
[CLICK HERE FOR DETAILS](#)




(prednisolone sodium phosphate orally disintegrating tablets)  
Equivalent to prednisolone 15mg

New! Orapred ODT (prednisolone sodium phosphate orally disintegrating tablets) are now available! Orapred ODT's exclusive technology helps mask prednisolone's typically bitter taste and the orally disintegrating tablet formulation melts in the mouth without water or messy spoons.

[Please see important safety information below.](#)

[>>> Visit Web Site](#)



(prednisolone sodium phosphate oral solution) 15 mg/5 mL

Prednisolone, a glucocorticoid steroid, is commonly used to reduce inflammation seen in numerous medical conditions. The proprietary, taste-masking technology of Orapred helps cover the bitter taste of prednisolone.

[Please see important safety information below.](#)


[>>> Visit Web Site](#)



(Methylphenidate HCl) 5 mg/5 mL & 10 mg/5 mL

Methylin Oral Solution is the first and only liquid product for attention deficit/hyperactivity disorder (ADHD). It is the choice for patients who have difficulty swallowing tablets or who need dosing flexibility. Methylin Oral Solution (methylphenidate HCl) contains methylphenidate which has a fifty year history of safety and efficacy in managing ADHD.





[>>> Visit Web Site](#)



(Methylphenidate HCl) 2.5 mg, 5 mg & 10 mg

Methylin Chewable Tablets is the first and only chewable product for attention deficit/hyperactivity disorder (ADHD). It is the choice for patients who have difficulty swallowing tablets. Methylin Chewable Tablets (methylphenidate HCl) contains methylphenidate which has a fifty year history of safety and efficacy in managing ADHD.

[>>> Visit Web Site](#)

	<p>Lindane Shampoo is a fast and effective treatment for head lice. Recommended treatment time is just FOUR MINUTES. Lindane Shampoo has shown an efficacy rate of 92% at seven days and 85% at fourteen days <sup>1</sup>. Lindane Shampoo is indicated for the treatment of head lice, crab lice, and their ova in patients who cannot tolerate other approved therapies, or who have failed treatment with other therapies. Please see black box warning and other important safety information by clicking on the link below.</p>
	<p><a href="#">&gt;&gt;&gt; Visit Web Site</a></p>
	<p>Lindane Lotion is a fast and effective treatment for scabies. Recommended minimum treatment time is just EIGHT HOURS. Lindane Lotion has shown an efficacy rate of 86% <sup>2</sup>. Lindane Lotion is indicated for the treatment of scabies in patients who cannot tolerate other approved therapies, or who have failed treatment with other therapies. Please see black box warning and other important safety information by clicking on the link below.</p>
	<p><a href="#">&gt;&gt;&gt; Visit Web Site</a></p>
	<p>Rondec Syrup and Oral Drops* are decongestant and antihistamine combinations used to treat the symptoms of hay fever (seasonal rhinitis) and other types of inflammation in the nose (perennial and vasomotor rhinitis). Rondec Syrup and Oral Drops have a great tasting bubble gum flavor that kids love!</p>
	<p><a href="#">&gt;&gt;&gt; Visit Web Site</a></p>
	<p>Rondec-DM Syrup and Oral Drops* are decongestant, antihistamine, and cough suppressant combinations used to treat coughs and upper respiratory symptoms, including nasal congestion, associated with allergy or the common cold. Rondec-DM Syrup and Oral Drops have a great tasting grape flavor that kids love!</p>
	<p><a href="#">&gt;&gt;&gt; Visit Web Site</a></p>

\*Should not be used in patients with severe hypertension, severe coronary artery disease, and patients on Monamine Oxidase (MAO) inhibitor therapy.

1. Brandenburg K, Deinard AS, DiNapoli J, et al. 1% permethrin cream rinse vs 1% lindane shampoo in treating Pediculosis capitis. Am J Dis Child. 1986;140(9):894-896. 2. Schultz MW, Gomez M, Hansen RC, et al. Comparative study of 5% permethrin cream and 1% Lindane Lotion for the treatment of scabies. Arch Dermatol. 1990; 126:167-170.

#### Important Safety Information

Orapred® (prednisolone sodium phosphate oral solution) and Orapred ODT™ (prednisolone sodium phosphate orally disintegrating tablets) are prescription drug products indicated for the control of severe or incapacitating allergic conditions intractable to adequate trials of conventional treatment in an adult and pediatric populations with asthma or asthma caused by respiratory disorders. Orapred is contraindicated in patients with systemic fungal infections.

Administration of live or live, attenuated vaccines is contraindicated in patients receiving immunosuppressive doses of corticosteroids. Killed or inactivated vaccines may be administered, however, the response to such vaccines cannot be predicted. Immunization procedures may be

undertaken in patients who are receiving corticosteroids as replacement therapy, e.g., for Addison's disease.

Orapred may cause mood swings. Adverse effects of Orapred include the following: endocrine (including development of cushingoid state, increased requirements for insulin or oral hypoglycemic agents in diabetic patients, manifestations of latent diabetes mellitus); fluid and electrolyte disturbances (including fluid retention, hypertension); gastrointestinal (including peptic ulcer with possible perforation and hemorrhage); increased appetite; and weight gain.

[<<< Back To Top](#)

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BUSINESS DEVELOPMENT  
& INVESTOR INFORMATION

NEWS & PRESS

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## BUSINESS DEVELOPMENT & INVESTOR INFORMATION

PAGE NAVIGATION:

[BUSINESS DEVELOPMENT](#) : [INVESTORS](#)

### BUSINESS DEVELOPMENT

Alliant Pharmaceuticals is driven to be the best sales and marketing specialty pharmaceutical company in the U.S. We are actively pursuing our acquisition strategy of acquiring under-promoted and late stage development products in the pediatric and pediatric specialty markets for marketing in the United States.

With an experienced leadership team and a highly motivated sales force we are well positioned to make our deal structures a win-win for all parties. Due to our experience, organizational structure and current resources we are able to move quickly in closing transactions.

Please contact us with the following opportunities:

1. Pharmaceutical or research based pharmaceutical company that is looking for a sales and marketing partner
2. Foreign Pharmaceutical company looking for a strategic partner in the United States
3. U.S. based pharmaceutical company that has developed a product that has sales thresholds below your requirements
4. Pharmaceutical company that is looking for a partner in the pediatric and/or pediatric specialty market
5. Products in the pediatric and pediatric specialty markets that are being divested, withdrawn or under-promoted

To learn how Alliant Pharmaceuticals can be your partner of choice in the Pediatric and Pediatric Specialty Markets please contact: [BD@alliantpharma.com](mailto:BD@alliantpharma.com)

[<<< Back To Top](#)

### INVESTORS

Alliant Pharmaceuticals is poised for continued growth. The company was recently ranked # 4 by *Entrepreneur Magazine* and Pricewaterhouse Coopers in their "Hot 100" listing of the fastest growing companies in the U.S. Alliant's goals and strategy are aligned to keep the growth moving at a rapid pace.

Our experienced management team, dedicated sales force, organizational structure, & current resources provide the needed components to move quickly closing transactions.

#### Business Strategy

- In-License, co-market or acquire high potential products from pharmaceutical and development companies
- Develop new patented products through line extensions and product



development

- Create a company owned by its associates that will have Boundary-less Culture
- Reward those associates who produce
- Leverage the capabilities of our Nimble, Aggressive and Driven sales force
- Run a Streamlined and Efficient Operation
- Provide the highest level of return to our investors and shareholders

For more information regarding the company, structure and investor opportunities, please contact [BD@alliantpharma.com](mailto:BD@alliantpharma.com)

[<<< Back To Top](#)

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[ABOUT ALLIANT](#)

[OUR PRODUCTS](#)

[BUSINESS DEVELOPMENT  
& INVESTOR INFORMATION](#)

[NEWS & PRESS](#)

[CONTACT US](#)

[AGENT ACCESS LOGIN](#)

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## NEWS & PRESS RELEASES

### PRESS RELEASES for 2006

4.24.07	<a href="#">Sciele Pharma to Acquire Alliant Pharmaceuticals, a Pediatric Specialty Pharmaceutical Company</a>
4.17.07	<a href="#">Alliant Pharmaceuticals Listed Among Atlanta's Pacesetters <i>Alliant ranked second among Atlanta's fastest-growing private companies</i></a>
3.29.07	<a href="#">Orapred ODT Tastes Good Survey Shows 89% of Patients Prefer Orapred ODT Over Liquid</a>
12.11.06	<a href="#">Alliant Pharmaceuticals Signs Co-promotion Agreement with sanofi-aventis for Allegra® (fexofenadine hydrochloride) Oral Suspension</a>
12.05.06	<a href="#">Alliant Pharmaceuticals to Present at RBC Capital Markets Healthcare Conference</a>
10.30.06	<a href="#">Methylin Oral Solution is Child Preferred</a>
9.12.06	<a href="#">Alliant Pharmaceuticals Hires Marketing Firm</a>
8.28.06	<a href="#">Orapred ODT Arrives in U.S. Market</a>
7.25.06	<a href="#">Orapred Tackles Generic Competitors</a>
06.15.06	<a href="#">Rondec® Does Not Contain Carbinoxamine</a>
06.06.2006	<a href="#">Alliant Pharmaceuticals Announces Return of Methylin Chewable Tablets</a>
06.01.2006	<a href="#">BioMarin and Alliant Announce FDA Approval of Orapred ODT</a>
05.22.2006	<a href="#">Entrepreneur and Pricewaterhouse Coopers Release 12th Annual Hot 100 Listing of Fastest-growing New Companies in the U.S.</a>
04.03.2006	<a href="#">Alliant Pharmaceuticals to Present at UBS Global Specialty Pharmaceuticals Conference</a>
03.15.2006	<a href="#">BioMarin and Alliant Pharmaceuticals Announce North American Licensing Agreement for Orapred</a>
01.10.2006	<a href="#">Alliant Chooses Synergistix for Sales Force Automation</a>

[2005 PRESS RELEASE ARCHIVES](#) : [2004 PRESS RELEASE ARCHIVES](#)

### PRESS KIT

[CLICK HERE](#) to download the 2006 Alliant Pharmaceuticals Press Kit



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**NEWS & PRESS RELEASES**

**PRESS RELEASE ARCHIVES**

[<<< Return to Current Press Releases](#)

**2005 Press Releases**

12.07.2005	<a href="#">Alliant Pharmaceuticals Appoints Two to Corporate Positions</a>
10.27.2005	<a href="#">Alliant Pharmaceuticals Among "One To Watch"</a>
10.24.2006	<a href="#">Alliant Pharmaceuticals Presents at BIO Investor Forum 2005</a>
08.12.2005	<a href="#">Alliant Pharmaceuticals To Conduct Largest U.S. ADHD Clinical Survey</a>
08.03.2006	<a href="#">Alliant Pharmaceuticals Adds Rondec to its Product Line</a>
06.01.2005	<a href="#">Alliant Pharmaceuticals Gains Licenses For Two Prescription Products for Head Lice and Scabies from Morton Grove Pharmaceuticals</a>
05.13.2005	<a href="#">Alliant Pharmaceuticals In Negotiations to Acquire and In-License Three Pediatric Products</a>
02.09.2005	<a href="#">Alliant Pharmaceuticals Expands Its Voluntary Nationwide Recall of Methylin ® CT</a>

[<<< Return to Current Press Releases](#)

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OUR PRODUCTS

BUSINESS DEVELOPMENT  
 & INVESTOR INFORMATION

NEWS & PRESS

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## NEWS & PRESS RELEASES

### PRESS RELEASE ARCHIVES

[<<< Return to Current Press Releases](#)

#### 2004 Press Releases

12.15.2004	<a href="#">Alliant Pharmaceuticals Announces the Expansion of its North American Sales Force for the Marketing of Methylin Chewable Tablets and Oral Solution</a>
09.07.2004	<a href="#">Alliant Pharmaceuticals, Inc. launches new advance therapies for the treatment of ADHD</a>
05.01.2004	<a href="#">Alliant Pharmaceuticals Acquires Two New Drugs for ADHD and Completes Private Placement Financing</a>

[<<< Return to Current Press Releases](#)

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ABOUT ALLIANT

OUR PRODUCTS

BUSINESS DEVELOPMENT  
& INVESTOR INFORMATION

NEWS & PRESS

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ABOUT ALLIANT

OUR PRODUCTS

BUSINESS DEVELOPMENT  
& INVESTOR INFORMATION

NEWS & PRESS

CONTACT US

AGENT ACCESS LOGIN

HOME

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**Thank You For Your Submission!**  
*Someone will get back with you as soon as possible.*

You may also direct any comments or questions to us using the following form

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[OUR PRODUCTS](#)

[BUSINESS DEVELOPMENT  
& INVESTOR INFORMATION](#)

[NEWS & PRESS](#)

[CONTACT US](#)

[AGENT ACCESS LOGIN](#)

[HOME](#)

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ABOUT ALLIANT

OUR PRODUCTS

BUSINESS DEVELOPMENT  
& INVESTOR INFORMATION

NEWS & PRESS

CONTACT US

AGENT ACCESS LOGIN

HOME

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[CLICK HERE FOR DETAILS](#)

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PAGE NAVIGATION:

[VALUES](#) : [BENEFITS](#) : [CURRENT OPENINGS](#)

Welcome to the Alliant Pharmaceuticals, Inc. employment page. Our future largely depends on the health, well-being and career growth of all our people.

Alliant Pharmaceuticals is committed to ensuring that no one is discriminated against because of race, creed, color, national origin, religion, sex, age, handicap, or for having been a Vietnam-era veteran, all as prescribed by law. This policy extends to recruitment, training, development, working conditions, promotions, benefit programs and all other terms and conditions of employment.

### Values of Our Associates

**Ambition** - We will value and reward those who set lofty goals for the company, their teams and themselves. By encouraging those who reach high, we will create an atmosphere where we:

- Are energized and enthusiastic
- Are dissatisfied with the status quo
- Are passionate about our success

**Ownership** - We expect every associate of Alliant to feel a strong sense of responsibility, authority and accountability for creating competitive advantage for the piece of the business that they "own." We will find ways to improve productivity and results in all that we do. With the achievement of superior performance will come the highest level of reward.

**Urgency** - Alliant will encourage and reward those who approach their daily activities as urgent matters that will change the future of our company and who are eager to turn our aspiration into reality. In such an environment, we will despise bureaucracy and value speed as a competitive advantage. We will always remember that our customers are waiting, our colleagues are waiting and, most importantly, the patients are waiting. We will also remember that our competitors are not!

**Integrity** - We will value integrity in all that we do. This applies to our dealings with each other, our customers, regulators and, above all, patients. The only way to achieve the trust, directness and openness that will be necessary to realize our aspiration is to steadfastly honor this principle.

**Results Oriented** - Those that produce will share in the wealth of the company. Alliant will have a complete focus on driving results for the organization. We will create a culture that pays for performance. "Those who produce will share in the results" - Ewing Kauffman-Founder of Marion Laboratories

### Benefits

- Health Insurance
- Dental Insurance
- Stock options
- Car allowance
- Commission

- Recognition and Awards

**Currently we have the following positions available:**

If you are interested in any of the following positions please email your resumé and a cover letter in Microsoft Word Format to Our HR Department at: [careers@alliantpharma.com](mailto:careers@alliantpharma.com)

CLICK ON THE JOB LISTING FOR MORE INFORMATION

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[Pharmaceuticals Sales Representative](#)

HOUSTON, TX

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ABILENE, TX

[Pharmaceuticals Sales Representative](#)

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# The Nit Picking News

Vol. 1 No. 1

Sept/Oct 2006

## NO NIT left behind

In a new twist on educational-reform mandates like the "No Child Left Behind" Law, *Pediculus humanus capitis* (the common head louse) could be coming out a front-runner. Once hard-lined about "no-nit" policies, schools are relaxing their standards to allow lice-infested children to remain or return to school in order to maintain attendance per requirements of federal law. Under the No Child Left Behind policy, student attendance is a major variable in determining the adequacy of statewide educational programs. Schools not meeting attendance criteria face sanctions that could include state takeovers of their schools. Thus, the entire system incentive seems to maximize attendance rather than prioritize health concerns... should we be concerned?

Since the late 1990s, groups like the American Academy of Pediatrics (AAP) have gone on record opposing no-nit policies, saying there is no medical justification for them. Similarly, the National Association of School Nurses (NASN) recommends the elimination of no-nit policies citing the following:

- Head lice are often misdiagnosed.
- Students sent home miss valuable in-school instruction.
- Removal of students for lice infestation can lead to teasing.<sup>1</sup>

Growing opposition to the no-nit policies found effective substantiation when a study by Pollack et al in 2000 found that children with misdiagnosed infestations were more likely to be sent home than children with viable lice infestations. Surprisingly, physicians were least accurate in distinguishing nits from other material, such as dandruff and other debris. School nurses, while most accurate in diagnosing lice infestation, did not effectively distinguish live from extinguished infestations.<sup>2</sup>

Relaxation of no-nit policies has sparked opposition from the National Pediculosis Association (NPA). Founded in 1983, the NPA maintains that mechanical removal of lice eggs is the only safe and reliable way to end infestations. Also note that the NPA sells a trademarked nit-picking comb (LiceMeister®).

The American Head Lice Information Resource Center (AHLIRC) is lukewarm on the no-nit policy, stating, "We believe that school nurses should have some discretion in implementation. No child should be forced out of school for long periods because of a head lice infestation that won't go away despite a parent's best efforts."<sup>3</sup>

No, lice do not present a life or death situation (in most circumstances). But, they certainly can pose a public health concern, as they are easily transmitted by human contact or the close contact of clothing, such as coats or other personal items. Parents seem to be the most aggravated by the repealing of no-nit policies. The idea of lice sharing residence with the family, living in and dining on the children is a ghastly prospect to most responsible parents, and unfruitful efforts to eradicate this pesky visitor because of perceived non-cooperation from the schools is both monetarily and emotionally costly.

A recent article in the *Wall Street Journal* cited the opinions of several parents whose children had been infested and reinfested as a result of the new nit tolerance in the classroom. They agreed that the time and money spent to clear their child from infestations was more than a nuisance.<sup>4</sup> (continued on Page 2)



At the heart of the no-nit controversy is the school nurse. The school nurse is the key facilitator of successful lice eradication and prevention programs. Nurses are in a position to most accurately diagnose, provide educational information and support to families, and advise school administration. Whether or not the school has a no-nit policy, the nurse must educate and re-educate the families about appropriate and effective treatment, and treatment compliance.

School nurse, Judy Magee, studied parental louse-treatment compliance of 27 families, a total of 119 children, and found the following:

- Over-the-counter lice control products containing pyrethrins or pyrethroids were used on over 90% of the children during the past year. Only 18% of the families surveyed used these products according to label directions.
- 23% of the children had been treated with (doctor-prescribed) Lindane Shampoo. Only one of the six families said they used Lindane as prescribed. Lindane Shampoo is indicated as a

second-line alternative to other treatments that have not eradicated head lice.

- 32% of the children were "treated" with dangerous "home remedies." One mother rubs Black Flag Roach Killer into her children's hair every day. Raid, flea soap, kerosene and/or the illegal roach product Chinese Chalk, were also used.
- One-third of U.S. adults read at or below the reading level of the instructions on the treatment product. One-quarter of the families surveyed could not read English.<sup>5</sup>

Educating parents regarding treatment and the need to follow up on and/or reiterate the importance of labeled use of pediculicides cannot be overstressed. The school nurse should provide a parental education booklet, outlining the school policy and effective treatment guidelines. Presentations at PTO meetings or on health days are also helpful in raising awareness. Talk to the children. Sometimes they listen better than their parents. Make sure the teachers are on board.

The keys to effective head lice eradication are:

- preparedness
- education
- compliance
- persistence

Initiatives by the government to assure success of the educational system (No Child Left Behind) and to enforce attendance policies are, for better or worse, well-meaning substitutes for responsible parental mandates for effective education. Growing support for a more relaxed no-nit policy has been adopted by leading lice experts across the country, with the caveat that a rational approach will include aggressive education of and participation by all parties involved to achieve a successful outcome—No Nit Left Behind.

## LINDANE facts

- 4 minute application time<sup>12</sup>
- Non-flammable<sup>12</sup>
- Indicated for head lice and pubic lice<sup>12,13</sup>
- Good cosmetic acceptability<sup>14</sup>
- Prescribed for over 50 years
- Number 1 prescribed product for head lice<sup>15</sup>
- "FDA has determined that lindane products have benefits that outweigh risks when used as directed. **Most serious adverse events reported in association with lindane products have been due to misuse.**"<sup>16</sup>

### WARNINGS:

Lindane Shampoo should only be used in patients who cannot tolerate or have failed first-line treatment with safer medications for the treatment of head lice.

#### Neurologic Toxicity

Seizures and deaths have been reported following Lindane Shampoo use with repeat or prolonged application, but also in rare cases following use for other skin conditions (eg, atopic dermatitis, psoriasis) and those who weigh <119 lbs (50 kg) as they may be at risk of serious neurotoxicity.

#### Contraindications

Lindane Shampoo is contraindicated in premature infants and individuals with known uncontrolled seizure disorders.

#### Proper Use

Instruct patients on proper use of Lindane Shampoo, the amount to apply, how long to leave it on, and avoiding retreatment. Inform patients of the risks of misuse. (See DOSAGE AND ADMINISTRATION sections of the full prescribing information).



# SURFING FOR safe answers

## Internet Head Lice Treatments...Reality or Ripoff?

When a child has head lice or has been exposed to head lice, it is of utmost importance that a sound medical treatment plan be presented to parents. When clear-cut guidelines and treatment options are not made available, desperate, well-meaning parents turn to personal sources of information. This includes friends and acquaintances, surfing the internet for safe answers to "kill lice, not kids," or even asking the local beauty consultant for her favorite recipe, all of which can result in ineffective and often unsafe head lice treatment.

With internet information technology at our fingertips, we are inclined to take things into our own hands and, like the old adage, "We discover just enough to be dangerous." So how does one sift through the cyber-market to decide what is effective, safe, accepted, or supported by legitimate sources? First, look for legitimate websites; that is, sites of national lice organizations or medical sources. Be wary of sites that appear to sponsor a certain product, their bottom line is sales. See the list in this newsletter for examples of helpful websites.

Second, don't believe information just because you read it somewhere once. Substantiation for use of a certain pediculicide should come from several reputable sources. No good researcher draws definitive conclusions based upon one piece of evidence. This is especially true when it comes to medicating children, for whom safety should be the primary concern. It is precisely the safety issue that motivates parents to search for alternative delousing methods. Natural cures present an attractive substitute to soaking their child's head in insecticide. This is a commendable concern, but safe is not always effective. Soap and water are safe, but do not kill head lice. Effective treatment and safety must be a balanced approach. Let's take a look at some "alternative" lice treatments likely to show up on a Google "head lice" search.

*Essential Oils:* These include herbal extracts and homeopathic tinctures. There is no scientific evidence for the efficacy of

these products against adult lice or eggs, and they may contain substances that irritate the skin. Commonly used agents are extracts of paw paw, tea tree, thymol, rosemary, coconut, anise, and Ylang Ylang. One such product, Hair Clean 123 (Quantum, Inc., Eugene, Oregon) has been tested in clinical trial settings by researchers from the University of Miami and Hasdassah-Medical School, Jerusalem, Israel, with up to 93% treatment success.

*Enzyme Treatments:* Several commercial products claim to dissolve the "cement" that binds the nit to hair. This is a resistant bond to break, even with a diverse range of chemicals and certain efficacy has not been established. These are not endorsed by professionals in the treatment of head lice. Fairy Tales Lice Goodbye™ Mousse is an example. Vinegar has also been said to dissolve the nit/hair bond.

*Suffocating Agents:* Smothering lice has been a popular concept in "safe" delousing. Treating the hair with products like mayonnaise, olive oil or petroleum jelly have been purported to smother adult lice and eggs. It is recommended to leave these products on the hair for extended periods of time, and even then, their effectiveness on lice and eggs is questionable. Adult lice and eggs survive for many hours without breathing air. Additionally, rinsing these products out of the hair is very difficult.

A small study was undertaken by Harvard University School of Public Health wherein six live lice were submerged in olive oil for one and two hours. Those removed after one hour recovered, but two hours in olive oil resulted in death. The researchers stressed the preliminary nature of this experiment stating, "it would be an error to extrapolate from such an informal test...we do not recommend the use of olive oil as a treatment for head lice."<sup>6</sup>

Nonits® (Changes and Co.) is available as an olive oil-based solution or coconut oil-based shampoo. These also contain the essential oils of lavender and tea tree to prevent reinfestation and

ment of lice. (See INDICATIONS AND USAGE section of the full prescribing information.)

single application according to directions. Lindane Shampoo should be used with caution in infants, children, the elderly, and individuals with

that itching occurs after the successful killing of lice and is not necessarily an indication for retreatment with Lindane Shampoo.

promote healing. The only evidence for efficacy for this product is the pilot study on 6 lice with olive oil at Harvard, however, the product seems to be favorably perceived by some organizations, including the New York Coalition for Alternatives to Pesticides (NYCAP).<sup>7</sup>

Dr. Andrew Weil, Founder and Director of the Program in Integrative Medicine (PIM) at the College of Medicine, University of Arizona, suggests a home-made treatment of vegetable oil, tea tree oil, rosemary, lavender and lemon. Dr. Weil recommends irritancy testing this remedy on the sensitive skin of the inside elbow for several hours before using the mixture on the head. Apply the mixture to the hair, wrap the head in a towel and leave for 1 hour, then shampoo.

Once again, there is no solid, consistent research evidence that oils, essential or otherwise, effectively treat lice infestations.

*Antibiotics:* Some physicians prescribe antibiotics for head lice infestation based upon a premise that has been established for body lice. The rationale is that antibiotic treatment kills the gut bacteria of the louse, leaving the insect unable to digest its blood meal, with ultimate death. In particular, the antibiotics Bactrim® or Septra® have been prescribed in this manner. This treatment methodology is not widely supported by public health specialists or pediculosis experts.

*Heat or Cold:* Using heat to kill lice and eggs is not 100% foolproof and can be dangerous. Standard protocols for effective use (treatment times, temperature, distance from the head) of blow dryers, curling irons and hair straightening devices are not established. Prolonged exposure to heat from these devices may scald the hair and scalp. It is also difficult to apply heat to the hair nearest the scalp where nits reside with these devices.

*Mechanical Lice and Nit Removal:* No matter what treatment one applies, combing nits out with specially designed nit combs is an essential part of effective treatment. Careful, systematic hair combing not only allows removal of lice and nits, but provides an opportunity to recheck for ongoing infestation. The problem with using this method exclusively is that it does not kill lice or louse eggs. The American Academy of Pediatrics (AAP) states in its guidelines for treating head lice that "manual removal of lice, in the absence of other treatment, is unlikely to be effective because lice may be difficult to find or may crawl away during the removal process."<sup>8</sup> Neither adult lice

nor eggs live long once separated from the host. Adult lice can, however, reinfest the same person or be transmitted to another person if they contact the object harboring lice (e.g. comb, sofa, coat, headphones). Combing is not recommended as a first-line delousing method, as it is time consuming and rarely results in complete cure.

Combing is recommended as adjunct to use of an effective pediculicide. Effective treatment with any good pediculicide requires at least two treatments 5 to 7 days apart, to assure that both adult lice and eggs are killed by the treatment. Combing should follow both treatments to remove nits and dead lice and check for reinfestation.

The Centers for Disease Control and Prevention (CDC) state that "the most important step in treating a head lice infestation is to treat the person and other family members with head lice with medication to kill the lice."<sup>9</sup>

Recommended effective pediculicides are thoroughly described at <http://www.guideline.gov/guidelines/FTNGC-2451.html>, and summarized as follows:

1. Use of pyrethroid pediculicides: Permethrin and synergized pyrethrin both kill non-resistant crawling lice, but synergized pyrethrin is significantly more ovicidal than permethrin.<sup>10</sup> Treatment failures are common with the pyrethroids due to emergence of resistant strains.<sup>11</sup>
2. If treatment with over-the-counter pyrethroids is unsuccessful or the child cannot be treated with these products, prescription products, lindane or malathion may be used.
3. Combing: The use of a nit comb daily for two weeks is often recommended.

Regardless of what treatment you choose, the most important "rules" to follow when trying to cure head lice are:

1. Safety.
2. Follow the product instructions exactly as written.
3. Retreat in 5-7 days (one treatment will not cure).
4. Comb daily for 2 weeks to remove lice and nits.
5. Be patient and persistent.
6. Follow-up with a professional (nurse or physician) to confirm cure.

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### LIBRARY OF LICE: Fall 2006

<http://www.headliceinfo.com>  
American Head Lice Information and Resource Center  
[www.cdc.gov/ncidod/dpd/parasites/headlice/default.htm](http://www.cdc.gov/ncidod/dpd/parasites/headlice/default.htm)  
CDC, Parasitic Disease Information  
[www.hsph.harvard.edu/headlice.html](http://www.hsph.harvard.edu/headlice.html)  
Laboratory of Public Health Entomology  
Harvard School of Public Health

To obtain free lice kits,  
visit [www.lindane4lice.com](http://www.lindane4lice.com) or call 1-877-786-7542.



# NURSE'S notes

With the current variable enforcement of school no-nit policies, the school nurse must be prepared to facilitate maximum attendance of healthy, lice-free students, with or without nits. Stringent anti-lice procedures are a must. The following outlines areas to cover in a school lice eradication/prevention program:

## *School Nurse Responsibilities:*

- Do a thorough whole school nit check four to five times a year (when kids return from breaks: summer, Thanksgiving, Christmas, winter and spring breaks).
- Stay current on the latest research on head lice.
- *Educate children and parents about head lice, treatment compliance and resources.*
- Be prepared; have a plan and information available ahead of time.
- Make sure people know to clean head phones, athletic headgear, etc.
- Help students keep their coats, hats, and other clothing separated.
- *Re-educate* if the outbreak is not cleared up within a reasonable period of time.

## *Explicit instructions to parents should include:*

- How to identify and remove nits.
- Where to find nit-picking combs. How often to comb. When to comb. They may need a magnifying glass to see the nits.
- The most effective products to use to kill adult lice and eggs and how to use them.
- When to call a physician.
- Over the counter pediculicides – permethrin/synergized pyrethrins (NIX®, RID®, A-200®) according to package instructions are first line of treatment, followed by prescription pediculicides – Lindane Shampoo or malathion (OVIDE®) if OTC treatment fails.
- The error of using "alternative" remedies that do not kill lice.
- What to do when their first efforts fail – stressing accurate following of labeled treatment procedures, nit combing, and the safety ramifications of appropriate use of prescription pediculicides.
- Contact information for the school nurse.

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