Neighborhood Health Plan Of RI

Non-Formulary Head Lice Treatment Request Form
(Malathion, Natroba®, Stromectol®, Ulesfia®, etc.)

Instructions:
Failure to complete this form will result in Neighborhood not paying for the ordered drug and may delay delivery of the drug to your patient.
Please complete this form and fax to: Neighborhood Customer Service at fax # 866-423-0945.

Please complete the following information: Date of Request: ____/_____/_____

Prescriber Name: (required) _____ **Address** (required) _____ **City**_____ **Zip**_____ **Prescriber Specialty:** (required)_____	**Member Name:** (required)
Tel # & extension: (required) **( ) -**	**Member ID Number, otherwise SSN#:** (required)
Office Fax Number: (required) **( ) -**	**Member Date of Birth:** (required)
Contact Person at Office:	**Member Sex:** M F (Circle One)

Medication requested: _____ Strength: _____

Quantity: _____ Day Supply _____Directions: _____

*If requesting Ulesfia, please indicate the length of the member's hair_____

Neighborhood covers OTC Permethrin 1% lotion (Nix®) and pyrethrins shampoo (Rid®) when ordered on a prescription (written or verbal). Authorization for non-formulary agents require that the member have a trial with Permethrin or Pyrethrins shampoo for ***3 treatment cycles*** (day 0, 7 and 13-15)[1].

Please check the appropriate box below

- ☐ Patient has completed ***3 treatment cycle (day 0, 7 and 13-15)*** with Permethrin or Pyrethrins shampoo
- ☐ Patient is not a candidate for use of Permethrin and/or Pyrethrins shampoo. Please explain _____

_____

[1]alternative treatment schedule as described by the American Academy of Pediatrics in the document by Frankowski BL, Bocchini JA, The Council on School Health and Committee on Infectious Disease. Clinical Report-Head Lice. *Pediatrics* 2010; 126;392 originally published online July 26, 2010; accessed June 30 2011

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Prescriber's Signature_____ NPI _____ Date_____

For updated Neighborhood pharmacy information, please supply email address _____

Completed form must be faxed to:
Neighborhood Customer Service at fax # 866-423-0945