



**Amy S. Paller, M.D.**  
Walter J. Hamlin Professor and Chair  
Residency Director  
Department of Dermatology  
Professor, Dept. of Pediatrics  
The Feinberg School of Medicine  
Northwestern University

Medical School Office:  
Department of Dermatology  
Suite 1600  
676 N. St. Clair  
Chicago, Illinois 60611-2997  
312.695.3721 Phone  
312.695.0664 Fax

apaller@northwestern.edu

Children's Office:  
Division of Dermatology #107  
Children's Memorial Hospital  
2300 Children's Plaza  
Chicago, Illinois 60614-3318  
773.327.3281 Phone  
773.327-3448 Fax



**NORTHWESTERN**  
UNIVERSITY

May 24, 2007

The Honorable Rebekah Warren  
Chair of Great Lakes and Environment &  
Honorable Members of the Committee  
P.O. Box 30014  
Lansing, MI 48909

**Re: Legislation to Control Lindane Prescription Products**

Dear Chairman Warren and Honorable Members of the Committee:

I am presently the Chair of the Department of Dermatology at the Feinberg School of Medicine and Northwestern Memorial Hospital. From 1988 until I became Chair of Dermatology at Northwestern in 2004, I served as head of the dermatology division at Children's Memorial Hospital in Chicago.

It has come to my attention that you are sponsoring legislation to restrict the use of lindane as a treatment of lice or scabies to in-office dispensation. I write to discourage you from passing such legislation.

Scabies and head lice are extremely uncomfortable conditions. If left untreated, scabies and lice infestations become almost intolerable. Unfortunately, the mite or insect, respectively, that causes these conditions may become resistant to a first-line therapy such as permethrin, and it is therefore necessary to have a variety of treatment alternatives. As a physician who regularly treats patients suffering from scabies and head lice, I can tell you that lindane products (lindane lotion and lindane shampoo) should be retained as out-patient prescribed second-line therapies for patients who have not responded to other treatment alternatives. There are few viable FDA-approved medication options, and the resistance to other agents is increasing in the United States.

I prescribed lindane to countless patients over a period of more than 25 years in practice. This goes back to a time when there were no other alternative therapies and lindane was the drug of choice. In my experience, lindane is safe and effective when used as directed, with avoidance of use in infants and neonates, patients with neurologic disorders or disorders with altered skin barriers, and in pregnant or lactating women, a relatively small proportion of the treated population. I have never seen a complication from lindane use other than skin irritation (no different in frequency from other currently available therapies).

May 24, 2007

Page 2

I strongly urge allow lindane pharmaceutical products to be available for prescription. I cannot imagine any physician who would consider use of these products if required to dispense and administer treatment in their offices (would require having the facility to wash hair and shower, which most physicians do not have and will not add for this specific purpose). Although not frequently used, the safety profile of lindane does not justify these actions.

If you have questions or would like to speak with me about the medical issues related to these products, please feel free to contact me at 312-695-3721.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Amy Paller".

Amy S. Paller, M.D.

Walter J. Hamlin Professor and Chair

Department of Dermatology

Professor of Pediatrics

Feinberg School of Medicine

Northwestern University

ASP