References


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Automated Screening for Influenza Vaccination

TO THE EDITOR—The recent report on Automated Screening for Influenza Vaccination is very interesting [1]. Pollack et al [1] noted that “an automated, hospital-based influenza vaccination program integrated into the EMR can increase vaccinations of hospitalized patients.” In fact, to increase vaccination rate of hospitalized patients is an important issue. There are several attempts to increase the rate. The use of automated screening can be useful, but there are many concerns. First, the cost for implementation of the automated screening should be discussed. Whether it is cost-effective or not is questionable. Second, Pollack et al. [1] noted that the tool could facilitate “vaccine ordering without requiring involvement of a physician or other provider.” This process is of concern. The automated tool might be used to identify the cases that do not get vaccination; however, the tool might not be able to judge the benefit and risk for individual cases. Third, the decision to get vaccine or not is based on the patient’s decision. The automated tool cannot promote or stimulate the patient and parent for acceptance of vaccination.

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The Medicaid Cost of Palivizumab

TO THE EDITOR—Borse et al. [1] describe an economic analysis of respiratory syncytial virus (RSV) prophylaxis for infants in Alaska’s Yukon-Kuskokwim Delta. The authors should be congratulated for evaluating this important question with a robust analysis. As these infants are almost entirely insured by Medicaid, we wish to clarify the net Medicaid cost of palivizumab. Based on the 2010 average wholesale price (AWP), Alaska Medicaid’s published reimbursement rate, and the minimum Medicaid rebate, the authors estimated a cost of $1055 per 50 mg [1]. However, using Alaska Medicaid’s reported pre-rebate expenditures for palivizumab and incorporating all components of the Medicaid rebate yields a more accurate estimate, which is substantially lower at $588 per 50 mg [2, 3].

AWP is determined by drug reference companies and does not reflect a price at which manufacturers sell products to wholesalers. The US Office of the Inspector General has described AWP-based reimbursement as “fundamentally flawed” and has recommended payment based on a single national pricing benchmark.
Letters to the Editor

Vizumab Expenditure for 2010

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Interferon Gamma Release Assays to Diagnose Latent Tuberculosis Infection in Pediatric Dialysis Patients

To the Editor—Dialysis patients have a 10- to 25-fold increased risk of...