

Retraction and Republication: A Real-World Observational Study of Hospitalization and Health Care Costs Among Nonvalvular Atrial Fibrillation Patients Prescribed Oral Anticoagulants in the U.S. Medicare Population

The editors of the *Journal of Managed Care & Specialty Pharmacy* were informed by the authors of “A Real-World Observational Study of Hospitalization and Health Care Costs Among Nonvalvular Atrial Fibrillation Patients Prescribed Oral Anticoagulants in the U.S. Medicare Population” (*J Manag Care Spec Pharm.* 2018;24[9]:911-20) of an unintentional error that affected their study findings. According to the authors, because of an inadvertent error with the underlying dataset received by the authors for the CMS Medicare database, a proportion of Medicare patients who should have been included in the analysis was excluded from the study. Specifically, those excluded patients were newly diagnosed with atrial fibrillation and initiated anticoagulation therapy in the same calendar year (2014).

The authors have corrected the analyses by adding back those excluded patients. Results sections in the abstract and main body of the article and Tables 1-2, Figures 1-3, and Appendices A-B have been changed to reflect the corrected analyses. These corrections have increased the sample size from 186,132 to 264,479 patients.

Overall, the results were consistent with the original analysis. In the updated analysis, stroke/SE-related per patient per month (PPPM) medical costs were similar for patients initiating their treatment with apixaban as compared with patients initiating their treatment with dabigatran or rivaroxaban. In the original analysis, patients initiating their treatment with apixaban had significantly lower stroke/SE-related PPPM medical costs as compared with patients initiating their treatment with dabigatran or rivaroxaban. Emergency room/outpatient PPPM medical costs were significantly higher for patients initiating apixaban compared with patients initiating dabigatran in the updated analyses. In the original analyses, there was no difference in emergency room/outpatient PPPM medical costs for patients initiating apixaban or dabigatran. There were no other material changes to the study findings or conclusions.

Because of these substantial changes, the *Journal of Managed Care & Specialty Pharmacy* has retracted the original article (*J Manag Care Spec Pharm.* 2018;24[9]:911-20) and is republishing the corrected revised article in the May 2020 issue (*J Manag Care Spec Pharm.* 2020;26[5]:639-51).