

■ Corrections

Economic Outcomes of First-Line Regimen Switching

Among Stable Patients with HIV. Rosenblatt L, Buikema A, Seare J, Bengtson L, Johnson J, Cao F, and Villasis-Keever A. *J Manag Care Spec Pharm.* 2017 Jul;23(7):725-34.

The authors would like to make the following corrections to the above article:

Page 729, top of second column:

- The text reporting use of initial ART regimens with a backbone of atazanavir/ritonavir did not include atazanavir/ritonavir-based regimens used by <2% of the sample, which are not presented in Table 2. The frequency of all atazanavir/ritonavir-based regimens comparing switchers to nonswitchers should have been reported as (14.9% vs. 7.8%, $P < 0.001$), rather than (13.7% vs. 6.8%, $P < 0.001$).
- The proportion of efavirenz-based regimens among non-switchers should be 67.1%, rather than 67.2%.

Page 730, first paragraph:

- The P value comparing total ambulatory health care costs between switchers and nonswitchers should have been reported as 0.008, rather than 0.007.
- Table 2: Footnote d should read “Only regimens used by $\geq 2.0\%$ of the full study population are listed.”

Page 732: Several errors are located in the tabular data of Figure 2:

- Total mean (standard deviation) pharmacy costs for nonswitchers in the full population should be given as 24,758^b (9,725), not as 31,555^b (33,470).
- The standard deviation of ambulatory costs for switchers in the full population should be 14,103, not 14,203.
- The significance indicators are missing from the values for ambulatory and emergency costs in the full population. These categories should each have a superscript c to indicate $P < 0.05$.

While the authors regret these errors, they do not affect the conclusions of the article.