Correction to: Medication Adherence and Healthcare Costs Among Patients with Pulmonary Arterial Hypertension Treated with Oral Prostacyclins: A Retrospective Cohort Study

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Changes within text are indicated in **bold**.

Page 1, Abstract, Results section: The following sentence, which previously read:

“The **oral treprostinil** cohort had 66.9% **lower** total PAH-related healthcare costs (**mean difference – \$75,183; 95% confidence interval [CI] – 102,584 to – 49,771**) and 70.6% **lower** PAH-related pharmacy costs (**mean difference – \$76,439; 95% CI – 104,512 to – 51,458**) than the **selexipag** cohort, with similar differences in all-cause healthcare and pharmacy costs.”

should read:

“The **selexipag** cohort had 66.9% **higher** total PAH-related healthcare costs (**mean difference \$75,183; 95% confidence interval [CI] 49,771 to 102,584**) and 70.6% **higher** PAH-related pharmacy costs (**mean difference \$76,439; 95% CI 51,458 to 104,512**) than the **oral treprostinil** cohort, with similar differences in all-cause healthcare and pharmacy costs.”

The original article can be found online at <https://doi.org/10.1007/s40801-020-00183-x>.

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Page 3, Methods, Section 2.2, top of column 2, lines 1–2: The following sentence that previously read:

“PAH-related HCRU was identified using PH diagnosis codes in **any position**.”

should read:

“PAH-related HCRU was identified using PH diagnosis codes in **the primary diagnosis code field**.”

Page 4, Results section, column 1, paragraph 1, lines 18–22: The following sentence that previously read:

“There was a **10%** difference in the proportion of patients who underwent RHC in the 6 months prior to being prescribed oral prostacyclin, although this difference did not meet statistical significance (47.7 vs. 36.5% for oral treprostinil and selexipag, respectively; $p=0.07$).”

should read:

“There was an **11.2% absolute** difference in the proportion of patients who underwent RHC in the 6 months prior to being prescribed oral prostacyclin, although this difference did not meet statistical significance (47.7 vs. 36.5% for oral treprostinil and selexipag, respectively; $p=0.07$).”

Page 6, Sect. 3.3 Healthcare Resource Use and Costs, column 1, paragraph 2, lines 7–10: The following sentence that previously read:

“Notably, a higher proportion of patients in the oral treprostinil cohort received RHC during the post-index period compared with the selexipag cohort (**13.2** vs. 5.6%, respectively; $p=0.039$).”

should read:

“Notably, a higher proportion of patients in the oral treprostinil cohort received RHC during the post-index period compared with the selexipag cohort (13.1 vs. 5.6%, respectively; $p=0.039$).”

Page 6, Sect. 3.3 Healthcare Resource Use and Costs, column 2, last paragraph: The following sentence that previously read:

“After adjustment for covariates, treatment with **oral treprostinil** was associated with 51.4% **lower** total all-cause healthcare costs than treatment with **selexipag** (difference in mean – \$73,680; 95% confidence interval [CI] – 103,702 to – 43,963) (Fig. 4). This difference in all-cause healthcare costs was largely driven by all-cause pharmacy costs, which were 68.2% **lower** in patients being treated with **oral treprostinil** than in those being treated with **selexipag** (difference in mean – \$77,654; 95% CI – 105,392 to – 52,118). Treatment with **oral treprostinil** was associated with 66.9% **lower** total PAH-related healthcare costs compared with being treated with **selexipag** (difference in mean – \$75,183; 95% CI – 102,584 to – 49,771). Differences in PAH-related healthcare costs were largely driven by PAH-related pharmacy costs, which were 70.62% **lower** in patients treated with **oral treprostinil** than in those treated with **selexipag** (difference in mean – \$76,439; 95% CI – 104,512 to – 51,458).”

should read:

“After adjustment for covariates, treatment with **selexipag** was associated with 51.4% **higher** total all-cause healthcare costs than treatment with **oral treprostinil** (difference in mean \$73,680; 95% confidence interval [CI] \$43,963 to \$103,702) (Fig. 4). This difference in all-cause healthcare costs was largely driven by all-cause pharmacy costs, which were 68.2% **higher** in patients being treated with **selexipag** than in those being treated with **oral treprostinil** (difference in mean \$77,654; 95% CI \$52,118 to \$105,392). Treatment with **selexipag** was associated with 66.9% **higher** total PAH-related healthcare costs compared with being treated with **oral treprostinil** (difference in mean \$75,183; 95% CI \$49,771 to \$102,584). Differences in PAH-related healthcare costs were largely driven by PAH-related pharmacy costs, which were 70.62% **higher** in patients treated with **selexipag** than in those treated with **oral treprostinil** (difference in mean \$76,439; 95% CI \$51,458 to \$104,512).”

Page 7, Table 2, ‘Healthcare resource utilization during the post-index period’: The cell entry in the ‘ p value’ column, ‘Inpatient visits’ row, which was previously blank, should read “0.073”

Page 8, Discussion section, column 1, first paragraph, lines 9–19: The following sentence that previously read:

“Results suggest that treatment with **oral treprostinil** was associated with 51.4% **lower** total all-cause healthcare costs compared with treatment with **selexipag**, and this was largely driven by all-cause pharmacy costs, which were 68.2% **lower** in patients treated with **oral treprostinil** than in those treated with **selexipag**. Treatment with **oral treprostinil** was associated with 66.9% **lower** total PAH-related healthcare costs compared with treatment with **selexipag**, again largely driven by 70.6% **lower** PAH-related pharmacy costs in patients being treated with **oral treprostinil** than in those being treated with **selexipag**.”

should read:

“Results suggest that treatment with **selexipag** was associated with 51.4% **higher** total all-cause healthcare costs compared with treatment with **oral treprostinil**, and this was largely driven by all-cause pharmacy costs, which were 68.2% **higher** in patients treated with **selexipag** than in those treated with **oral treprostinil**. Treatment with **selexipag** was associated with 66.9% **higher** total PAH-related healthcare costs compared with treatment with **oral treprostinil**, again largely driven by 70.6% **higher** PAH-related pharmacy costs in patients being treated with **selexipag** than in those being treated with **oral treprostinil**.”

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