Corrections

Correction in article by Olry de Labry Lima et al. "Cost-effectiveness and Budget Impact of Treatment With Evolocumab Versus Statins and Ezetimibe for Hypercholesterolemia in Spain", Rev Esp Cardiol. 2018;71:1027–1035.

Corrección en el artículo de Olry de Labry Lima et al. «Coste-efectividad e impacto presupuestario del tratamiento con evolocumab frente a estatinas y ezetimiba para la hipercolesterolemia en España», Rev Esp Cardiol. 2018;71:1027–1035.

In the article by Olry Labry Lima et al. entitled, "Cost-effectiveness and Budget Impact of Treatment With Evolocumab Versus Statins and Ezetimibe for Hypercholesterolemia in Spain" (*Rev Esp Cardiol.* 2018;71:1027–1035), the authors report an error in the calculation of the Markov model that affects the results reported in the Abstract, the second paragraph of the Markov Model subsection, and Table 3.

In the Abstract, where it says "To perform the 10-year Markov model, the average cost of standard treatment was 13 948.45€ vs 471 417.37€ with evolocumab.", it should say, "To perform the 10-year Markov model, the average cost of standard treatment was €1622.63 vs €47 297.16 with evolocumab."

In the Markov model subsection, second paragraph, where it says, "For the primary outcome, the projected mean cost of standard therapy with no discounting rate applied was €13 948.45, contrasting with €471 417.37 for evolocumab. This translates into a 10-year ICER of €1 531 434.19, which represents the projected cost of averting 1 additional cardiovascular event upon switching from standard therapy to evolocumab. Application of the 3.5% and 6% discounting rates produced ICER values of €3 101 123.88 and €4 896 643.93, respectively. For the secondary outcome, the switch from standard therapy to evolocumab incurred an additional cost of €2 171 421.91 for each averted event with no discounting. Applying the 3.5% and 6% discounting rates increased this cost to €4 090 566.86 and €6 177 284.00, respectively.", it should say, "For the primary outcome, the projected mean cost of standard therapy with no discounting rate applied was €1622.63, contrasting with €47 297.16 for evolocumab. This translates into a 10-year ICER of €1 519 409.05, which represents the projected cost of averting 1 additional cardiovascular event upon switching from standard therapy to evolocumab. Application of the 3.5% and 6% discounting rates produced ICER values of €3 043 757.82 and €4 756 038.37, respectively. For the secondary outcome, the switch from standard therapy to evolocumab incurred an additional cost of €1 950 532.99 for each averted event with no discounting. Applying the 3.5% and 6% discounting rates increased this cost to €3 807 204.92 and €5 781 326.32, respectively."

The correct Table is:

Table 3

Treatment alternative	Cost, €	Incremental cost, €	Effectiveness, years[a]	Incremental effectiveness, years[b]	ICER
10-year projection					
Primary outcome[c]					
Standard therapy	1622.63		0.807		
Evolocumab	47 297.16	45 674.53	0.837	0.030	1 519 409.05
Primary outcome[c] (discounting rate = 3.5%)					
Standard therapy	405.57		0.210		
Evolocumab	11 098.31	10 692.74	0.213	0.004	3 043 757.82
Primary outcome[c] (discounting rate = 6%)					
Standard therapy	246.03		0.129		
Evolocumab	6578.58	6332.55	0.130	0.001	4 756 038.37
Secondary outcome[d]					
Standard therapy	1444.26		0.870		
Evolocumab	42 780.26	41 336.00	0.891	0.021	1 950 532.99
Secondary outcome[d] (discounting rate = 3.5%)					
Standard therapy	344.71		0.218		
Evolocumab	10 484.73	10 140.02	0.221	0.003	3 807 204.92
Secondary outcome[d] (discounting rate = 6%)					
Standard therapy	205.61		0.132		
Evolocumab	6308.35	6102.73	0.133	0.001	5 781 326.32

ICER, incremental cost-effectiveness ratio, which represents the additional cost per cardiovascular event or death avoided.
[a] Average number of years without a cardiovascular event.
[b] Difference in effectiveness between alternative treatments.
[c] Primary outcome measure: composite of cardiovascular death, myocardial infarction, stroke, hospitalization due to unstable angina, or coronary revascularization.
[d] Secondary outcome measure: composite of cardiovascular death, myocardial infarction, or stroke.

This correction was introduced in the electronic version of the article on December 1st, 2018.