



CORRECTIONS

Oral anticoagulants for prevention of stroke in atrial fibrillation: systematic review, network meta-analysis, and cost effectiveness analysis



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The prices quoted for the threshold analysis at the end of the cost effectiveness results section and in the table of Appendix 2 of this Research paper (*BMJ* 2017;359:j5058, doi:10.1136/bmj.j5058) are incorrect. The authors found that, to be more cost effective than apixaban, dabigatran's price would have to reduce from an annual cost of £801.76 to £487.86, edoxaban

would have to reduce from £801.76 to £222.93, and rivaroxaban would have to reduce from £766.52 to £201.47. A substantial discount is therefore necessary for these direct acting oral anticoagulants to become more cost effective than apixaban, but negative prices are not necessary.