patients who started therapy on GA had a significantly lower two-year risk of relapse (10.01% vs 5.18%; \( p = 0.0034 \)) and significantly lower two-year total medical costs ($44,201 vs $41,121; \( p = 0.0294 \)). In the CU cohort, compared to those who used IFN-\( \beta \)-1a [IM], patients who used GA also had a significantly lower two-year risk of relapse (7.25% vs 2.16%; \( P = 0.0048 \)) and significantly lower total medical costs ($67,744 vs $63,714; \( P = 0.0445 \)).

**CONCLUSIONS:** Results from this study indicate that, compared to the use of IFN beta-1a [IM], GA use is associated with significantly lower probability of relapse and significantly lower two-year total direct medical costs.