outcomes and costs was not conducted because the time horizon of the analysis did not take into account the variability in size and severity of the patients. For the 1-year time horizon, the model used 5,000 simulated patients, resulting in an overall range of $12,000 to $29,000 for incremental cost-effectiveness ratios (ICERs) compared with other treatments. The primary outcome measure was the incremental cost per quality-adjusted life year (QALY). Univariate and multivariate analyses were performed to identify factors associated with differences in costs and outcomes.

CONCLUSIONS: The costs and QALYs of patients using or not using DMF were similar. The findings suggest that DMF is a cost-effective treatment option for RRMS patients. Further studies are needed to confirm these findings and to evaluate the long-term outcomes of patients using DMF.