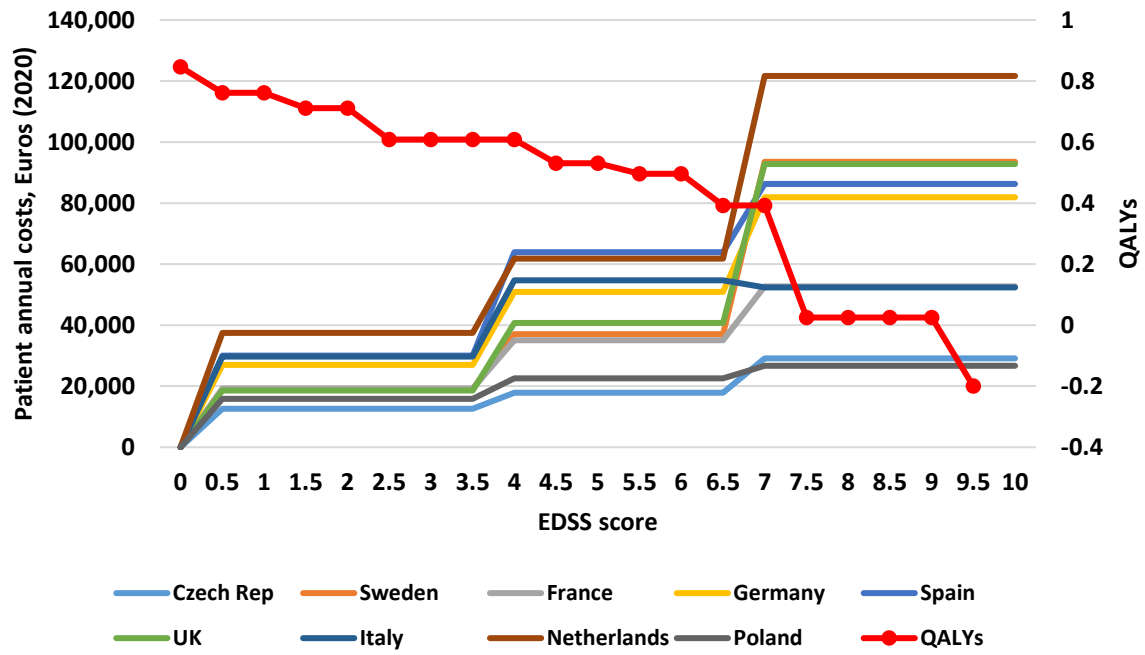


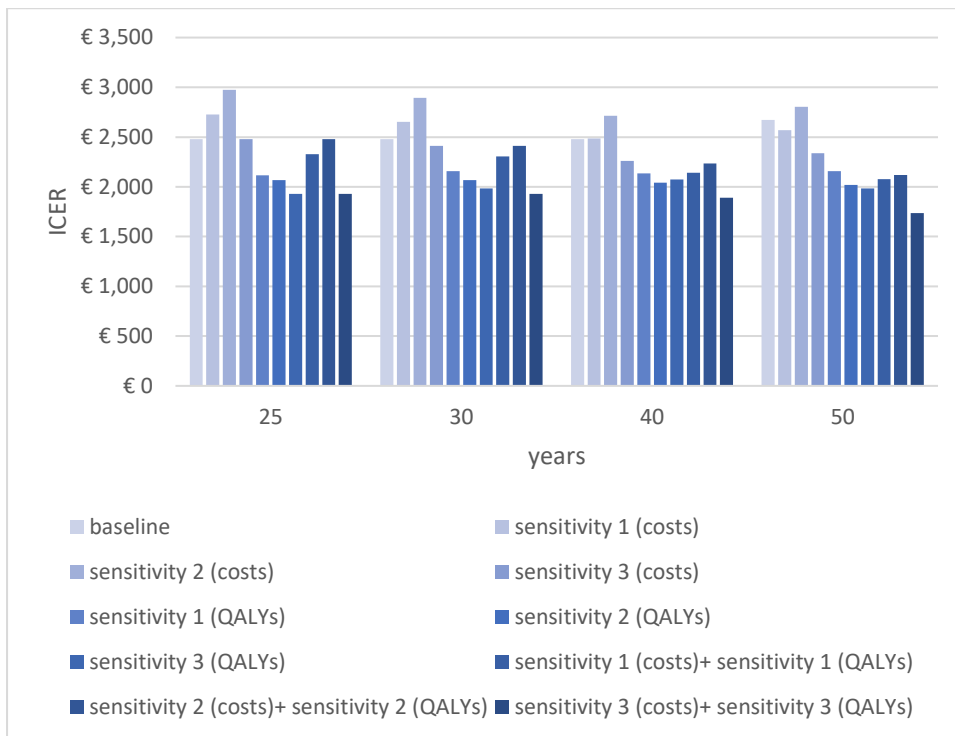
Figure 1. Annual (direct and indirect) costs and QALYs per patient according to EDSS score



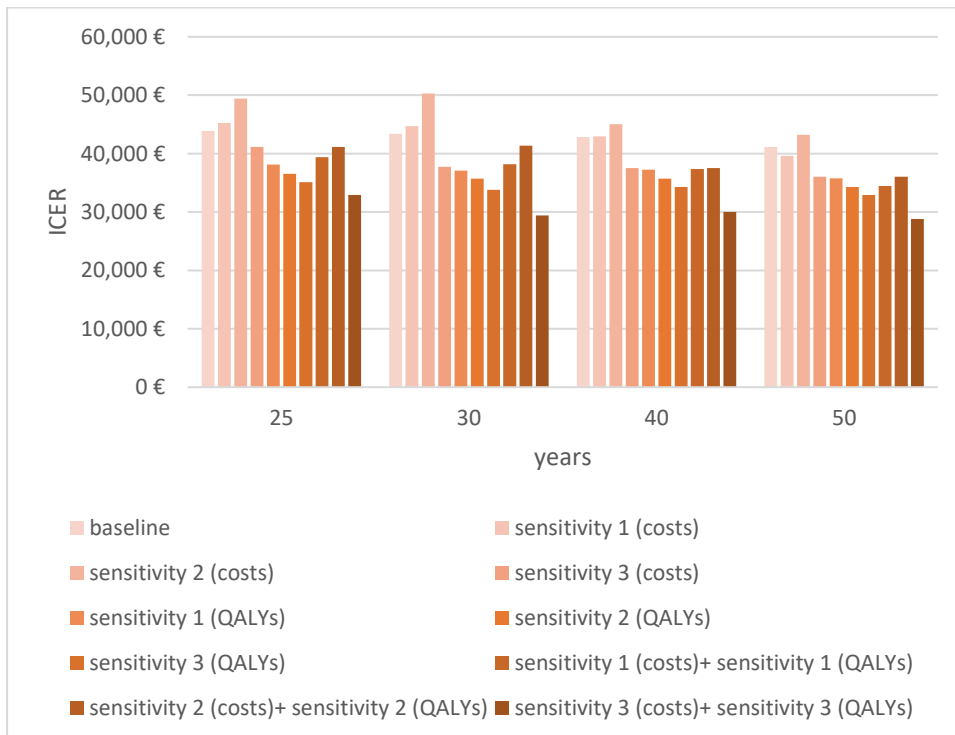
Cost data source: Ernstsson et al. (2016) QALY data source: Hawton et al. (2016)

Figure 2. Incremental cost-effectiveness ratio (healthcare provider perspective)

(a) Italy

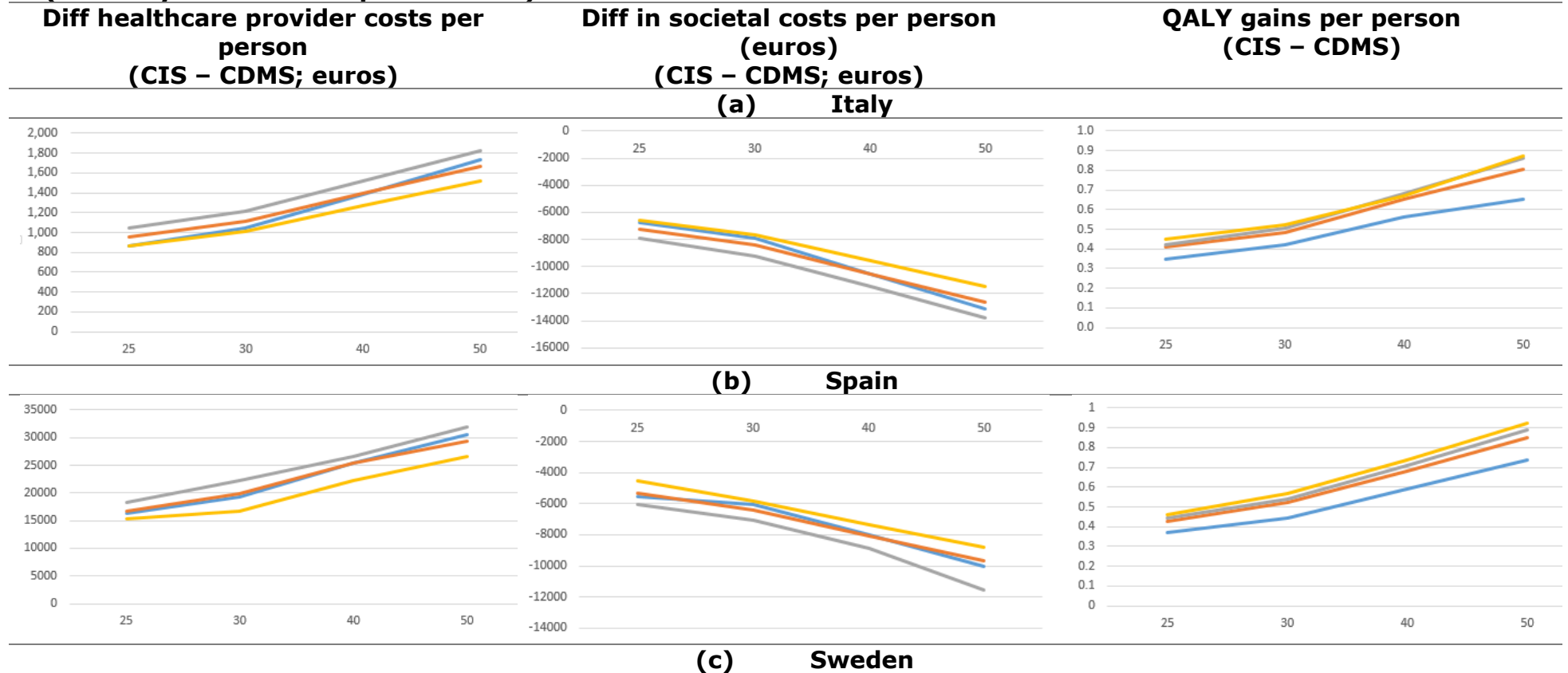


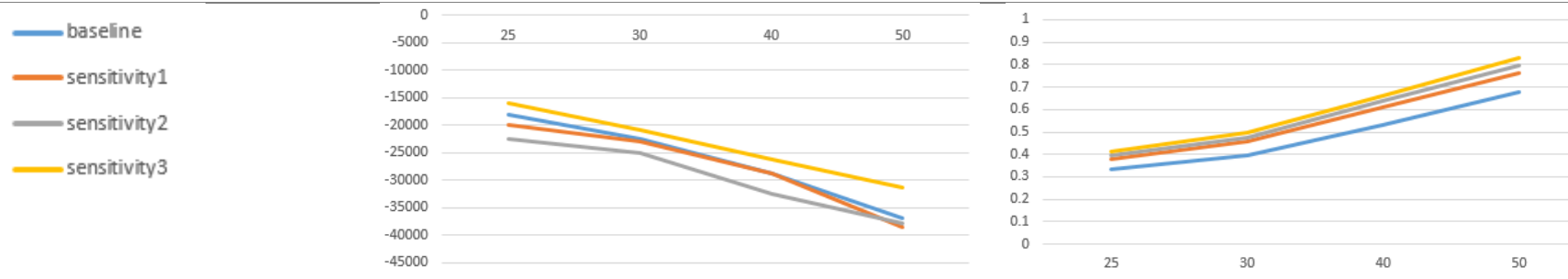
(b) Spain



Note: Sweden: no healthcare provider estimates are available. Assumptions for the modelling and respective sensitivity analyses are presented in appendices 1 and 2.

Figure 3. Cost-effectiveness of treatment to reduce conversion of CIS (clinically isolated syndrome) to CDMS (Clinically Definite Multiple Sclerosis)

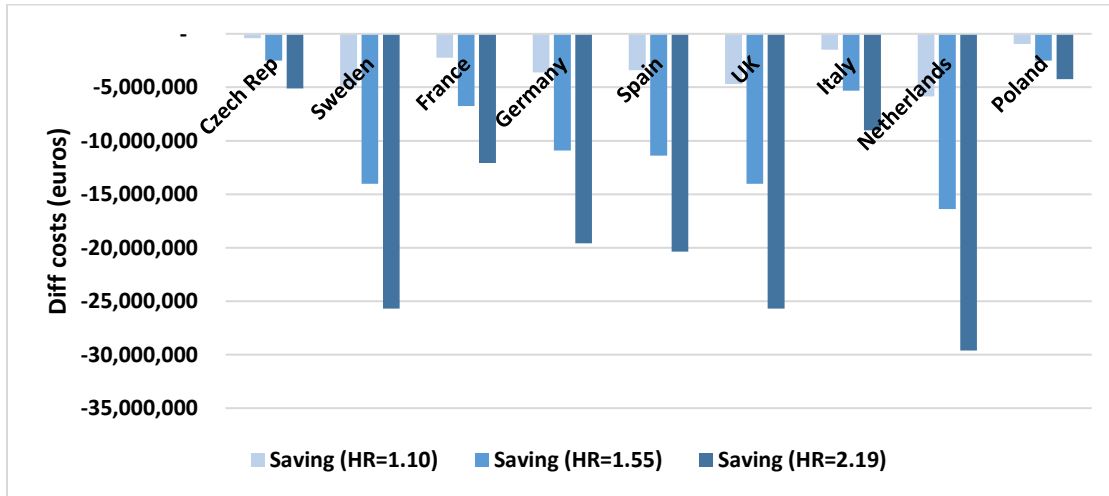




Note: Sweden: no healthcare provider estimates are available. Difference in costs (negative sign = saving; positive sign = investment made) and QALYs (positive sign = QALY gains) according to different country setting evaluations. Assumptions for the models and respective sensitivity analyses are presented in appendices 1 and 2.

Figure 4. Smoking cessation (baseline scenario and sensitivity analyses 1-2, based on Hempel et al, 2017 a): difference in costs (annual costs; negative sign = saving) and QALY gains according to different adjusted estimate of risk (HR, Hazard Ratio) when considering a pop. of 1000 MS non-smokers (compared with 1000 MS smokers)

(a) Cost saving



(b) QALY gains

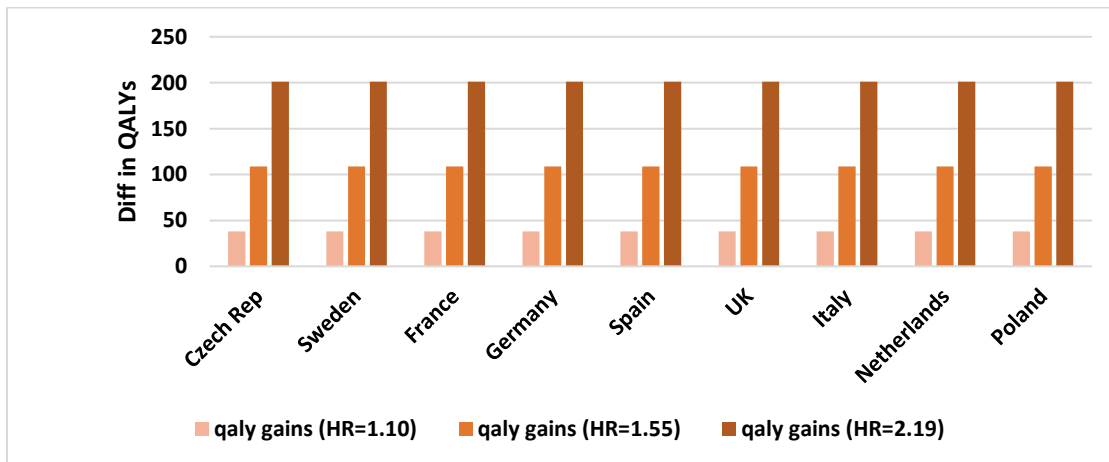
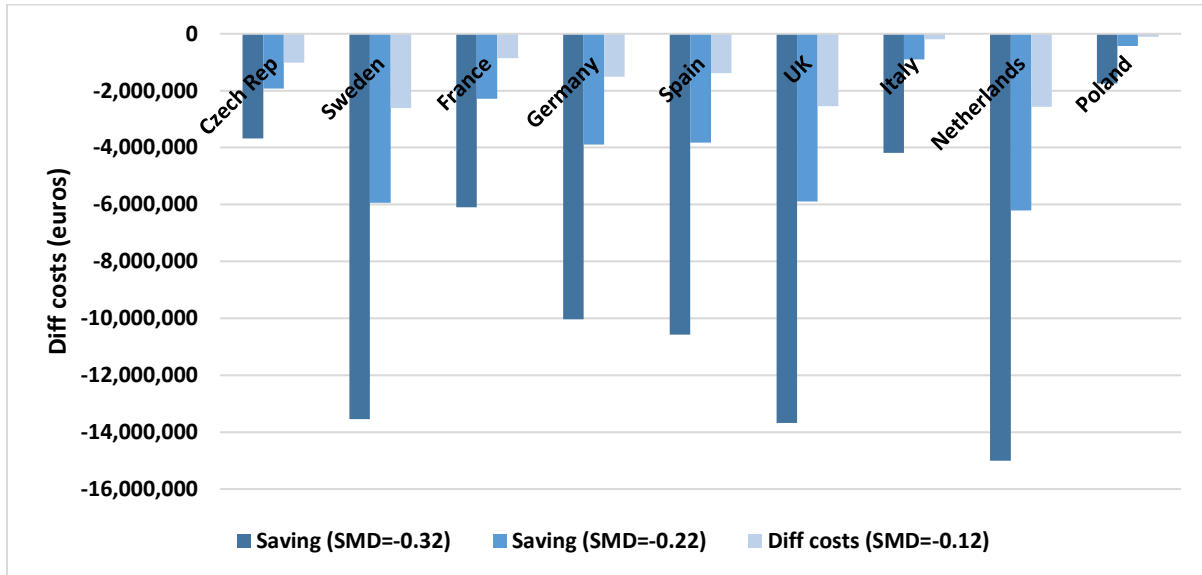


Figure 5. Increase of 25 hydroxy vitamin D (25(OH)D) serum levels (baseline scenario and sensitivity analyses 1-2, based on Hempel et al. 2017 (a)): difference in costs (annual costs; negative sign = saving) and QALY gains according to different adjusted estimate of risk (SDM, Standardised Mean Difference) when considering a pop. of 1000 MS increase of 25(OH)D serum levels (from <20 mmol/l to 20+ mmol/l), compared with 1000 MS no increase of 25(OH)D serum levels.

(a) Cost saving



(b) QALY gains

