had similar co-morbidities, with cardiovascular disease being the most common. Similar demographics with a mean age of 51 years and 83% females. Both cohorts had similar economic characteristics, and pre-index treatment patterns. Reasons for inpatient admissions over the 12-month post-index period were the same for both groups with intervertebral disc disorder, osteoarthritis of lower leg, and chest pain being the top 3 leading reasons. Controlling for cross-cohort differences, duloxetine patients were less likely to go to specialty care due to disorder of soft tissue, nonspecific backache/other back/neck pain, or intervertebral disc disorder (odds ratios = 0.994) over the 12 months post-index period. Duloxetine and pregabalin patients had similar demographic, clinical characteristics, and initiated duloxetine or pregabalin in 2006. All patients were required to have 12 months of continuous enrollment prior to and after the initiation. Each patient was classified into the duloxetine or pregabalin cohort based on the index medication, and both cohorts were constructed via propensity scoring to have similar demographics, comorbidities, prior healthcare costs, and prior pain-related medication use. Reasons for physician office, outpatient hospital, and ER visits was examined via logistic regressions controlling for the cross-cohort differences. RESULTS: A total of 3,711 duloxetine and 4,111 pregabalin patients were included with a mean age of 51 years and 83% being female. Duloxetine and pregabalin patients had similar total healthcare costs ($18,970 vs $19,019, p = 0.994) over the 12 months post-index period, with 52-53% contributed by the outpatient care. Both groups reduced 4-5% of costs over the 12 months post-index period compared to the pre-index period. Duloxetine patients were less likely to have a physician office visit due to nonspecific backache/other back/neck pain or intervertebral disc disorder (odds ratios = 0.91, 1.43, respectively, both p < 0.001). CONCLUSIONS: Among commercially-insured fibromyalgia patients who initiated duloxetine or pregabalin in 2006, the leading reasons were somewhat different between groups. Compared to pregabalin initiators, duloxetine initiators tended to be less likely to have inpatient admissions due to intervertebral disc disorder or MDD.