in health care consumed for the treatment of multiple sclerosis (MS) in patients enrolled in large multi-institutional [commercial] and publicly [Medicaid] funded health insurance programs. METHODS: In a retrospective analysis, integrated medical and pharmacy claims data were analyzed to select patients with a diagnosis of MS (ICD-9 code 340) during 2012 calendar year. The presence of comorbidities was also determined using ICD-9 codes present on medical claims. Prescription drug use was evaluated by pharmacy claims and drug-specific billing codes. RESULTS: 19,984 patients with MS were identified, 18,269 from commercial payers and 1715 from Medicaid. Patients in the Medicaid group were younger (44 vs 48.8 years) and female (81.5% vs. 76.8%) compared to Commercial group, respectively. Although total annual costs related to the care of MS for the groups reflected a modest difference ($31,107 commercial; $33,344 Medicaid), costs associated with specific service categories, varied greatly. Pharmacy costs were considerably less in the Medicaid group, however inpatient and emergency room costs were as much as 5 times higher. The lower pharmacy costs in the Medicaid group are related to lower use of disease modifying treatments (DMTs), overall use of DMTs in the Medicaid group was seen in 32.5% of patients, while in the commercial patient group was 52.1%. Multivariate regression will be performed to examine the differences in cost and utilization adjusting for differences in baseline characteristics. CONCLUSIONS: This study may provide important insights into the utilization and costs of health care services for patients with MS in the United States. Future study should consider expanding the current study population to include those patients who were not enrolled in health plans offering a defined formulary or those who were not in the commercial group. METHODS: A retrospective analysis of integrated medical and pharmacy claims data was performed to compare patients with a diagnosis of MS (ICD-9-CM 340.xx) initiating DMD therapy in 2002 to those who were not (Non-DMD).RESULTS: A total of 34,450 patients were identified as initiating DMD therapy in the United States in 2002. The patients were divided into two groups: those initiating treatment with a medication in each DMD category (DMT) versus those who were not (Non-DMT). The DMT group included: Copaxone (16%), Avonex (10%), Rebif (7%), Alembia (5%), Extavia/Betaseron (4%), and Tecfidera (3%). The total costs of care during the 36 months following DMD initiation were $101,171 per patient for the DMT group and $37,952 per patient for the Non-DMT group. CONCLUSIONS: This study confirms the results of prior studies demonstrating a substantial savings in the costs of care for patients initiating DMD therapy. The results also suggest that patients are more likely to initiate DMD therapy if they are receiving a prescription drug benefit. METHODS: We extracted 150 records for MS patients from a unique database of physician-ordered laboratory tests. The objective of this study was to examine the relationship between self-reported health behaviors and medication adherence. RESULTS: Of the 150 patients, 110 (73.3%) were adherent to their medication regimen (assessed by self-report). Adherent patients were more likely to report adherence to their medications (P<0.05). In addition, adherent patients were more likely to report engaging in health promotion activities (P<0.05) and to engage in regular exercise (P<0.05). CONCLUSIONS: These findings suggest that self-reported health behaviors may be useful in predicting medication adherence. METHODS: We extracted 150 records for MS patients from a unique database of physician-ordered laboratory tests. The objective of this study was to examine the relationship between self-reported health behaviors and medication adherence. RESULTS: Of the 150 patients, 110 (73.3%) were adherent to their medication regimen (assessed by self-report). Adherent patients were more likely to report adherence to their medications (P<0.05). In addition, adherent patients were more likely to report engaging in health promotion activities (P<0.05) and to engage in regular exercise (P<0.05). CONCLUSIONS: These findings suggest that self-reported health behaviors may be useful in predicting medication adherence.