impairment, and numerically greater decreases in absenteeism, versus placebo at 60 hours, 6 months post-index were required. Medication Possession Ratio (MPR) was calculated as \[\text{total days on IFX therapy based on infusion dates and duration of action among individuals with inflammatory bowel disease (IBD) treated with infliximab.}

**Methods:** Adult patients with new diagnoses for IBD who received infliximab between July 1/2007 and July 31/2011 were identified. Index date was the date of first infusion. All patients were aged 18-89 with CD newly initiating IFX treatment between 7/1/2007 and 7/31/2011. Index date was the date of first IFX claim, 6 months post-index and 12 months post-index were required. Medication Possession Ratio (MPR) was calculated as [total days on IFX therapy based on infusion dates and duration of action among individuals with inflammatory bowel disease (IBD) treated with infliximab.}

**Results:** A total of 173 patients were identified, 156 of which had at least 2 infusions. Mean age was 47.9 years, 59.5% were female, and treatment duration of action among individuals with inflammatory bowel disease (IBD) treated with infliximab.}

**Conclusions:** Although physician office visits and IBD-related costs, hospitalization cost was significantly higher for non-adherent patients.

**Methods:** Crohn’s disease (CD; ICD-9-CM: 555.XX) and ulcerative colitis (UC; ICD-9-CM: 556.XX) were identified from Thomas Reuters Marketscan Databases. Patients were required to be continuously enrolled for 12 months before and after their first infusion (index date). Patients with evidence of another biologic or rheumatoid arthritis (ICD-9-CM: 714.XX) were excluded. Being adherent was defined as having an adherence rate of 80% or greater. The sum of unduplicated days of therapy based on infusion dates and duration of action from prescribing information, divided by 360 days. Site of care was defined from the first infliximab infusion claim. Sites were divided into three settings: office, outpatient hospital and “other” (e.g., home, ER). Odds of being adherent versus non-adherent were compared for these settings in a logistic model controlling for patient characteristics and resource use variables. **Results:** 1664 IBD patients were identified, 57.4% CD and 42.6% UC. The mean (SD) age was 44 ± 5.6 years and 51.7% were male. On index, 1,052 (63.9%) patients had a site of care for their first infliximab infusion claim, 510 (31.0%) had outpatient hospital, and 84 (5.1%) had ‘other’. Patients in the office setting had greater odds of being adherent relative to the outpatient hospital setting (aOR: 2.76; 95% CI 2.02-3.76). Younger patients were less likely to miss workdays, as well as being skin friendly. The top ranked patient preferences regarding open-end bags were also that the filter should reduce smell and should not leak. The bag should be easy to empty but also that the base plate has good adhesive properties as well as being skin friendly. **Conclusions:** The top-ranked patient preferences were mainly characteristics regarding the filter and base plate.