Conclusions The main reasons for changing from HAART to two-drug regimens were drug resistance tests and simplification of the antiretroviral treatment. Taking into account the limitation of the study due to its short follow-up and the limited number of patients, we can say that in our study, the change to a treatment with two active antiretroviral drugs seems to be at least as effective as the three-drug HAART regimen.

Background Toxilizumab (TCZ) is an anti-IL-6 agent given as second-line biotheraphy in the treatment of rheumatoid arthritis (RA). Guidelines for the prescription of TCZ indicate that it must be administered after failure of anti-TNF-α failure at the University Hospital of Montpellier (UHM).

Purpose To assess the prescriptions for TCZ and check them against the existing guidelines since an increasing number of patients are treated at the UHM.

Materials and Methods The study was conducted over a period of 20 months, from January 2010 (marketing of TCZ) to July 2011. Patients treated with TCZ were identified thanks to the hospital information database. Data collected were: indications, previous treatment, number of anti-TNF-α drugs used before TCZ, association with conventional treatment, and biotherapy implemented if TCZ fails.

Results 149 patients were treated with TCZ. RA 93.4%, juvenile idiopathic arthritis 5.7%, Still’s disease and ankylosing spondylitis 2.9% (off-label).

All patients had previously been treated with methotrexate (MTX).

TCZ was administered after failure of anti-TNF-α in 79.2% of the cases. 13.4% received TCZ as first-line biotheraphy.

For 59.1% of patients, TCZ was associated with the conventional treatment. 62.6% were treated with MTX.

We evaluated the effectiveness of TCZ in 88 patients (patients who had not started their treatment in clinical trials in the last 6 months of the study): the treatment was successful for 67 of them (76.1%). TCZ was not effective in 23.9% with a mean treatment duration of 7.1 months. For these patients, TCZ was switched to abatacept (anti-CTLA4) 47.6%, anti-TNF-α 33.3% or rituximab (anti-CD20) 19.1%.

Conclusions TCZ is an active molecule in the treatment of RA. Our guidelines are not always respected since TCZ was used as first-line biotheraphy in 13.4% of patients. Further evaluation of this early use is needed to understand the practise of the prescribers.

No conflict of interest.