Kineret® (anakinra)

GETTING STARTED

Use this checklist to set expectations for your patient before they begin Kineret® (anakinra)

Review the basics

- Review patient's prescribed dose
- Remind patient to inject Kineret around the same time every day[1]
- Review Kineret storage requirements
- Raise awareness of the potential side effects of Kineret

Teach patient how to inject Kineret

- Supplies needed: Kineret syringe, alcohol wipe, dry gauze, puncture-resistant sharps disposal container[1]
- Let Kineret warm to room temperature for 30 minutes before injecting[1]
- Walk patient through the steps provided in their demo kit or in the downloadable brochure on KineretRX.com, ***An Introduction to Kineret***

Talk to your patient about injection site reactions

Explain to your patient that they may get raised red patches at the injection site. Walk them through these tips:

- Cool the site with a cold compress or ice pack for a few minutes, both before and after the injection[2]
- Don't skip the warm-up step of bringing Kineret to room temperature[1]
- Apply hydrocortisone or an antihistamine cream to the injection site[2]
- Rotate sites to avoid soreness.[1] A diary or the ***Kineret Injection Tracker*** can help keep track of sites
- Don't inject into skin that is red, bruised, tender, or hard[1]

Review resources

Encourage your patient to access the additional support available to them when they begin treatment. Let them know when they should call your office with questions.

- KineretRX.com
- The downloadable patient brochure, ***An Introduction to Kineret***
- Kineret Welcome Kit
- KINERET® On TRACK™
- Injection video on KineretRX.com

PATIENT NAME _____ HCP NAME _____ DATE _____

INDICATION

KINERET® (anakinra) is an interleukin-1 receptor antagonist indicated for:

Rheumatoid Arthritis (RA). Reduction in signs and symptoms and slowing the progression of structural damage in moderately to severely active rheumatoid arthritis, in patients 18 years of age or older who have failed 1 or more disease-modifying antirheumatic drugs (DMARDs)

Cryopyrin-Associated Periodic Syndromes (CAPS). Treatment of Neonatal-Onset Multisystem Inflammatory Disease (NOMID)

Deficiency of Interleukin-1 Receptor Antagonist (DIRA). Treatment of Deficiency of Interleukin-1 Receptor Antagonist (DIRA)

CONTRAINDICATION

KINERET is contraindicated in patients with known hypersensitivity to *E. coli*–derived proteins, KINERET, or to any components of the product

IMPORTANT SAFETY INFORMATION

Serious Infections. In RA, discontinue use if serious infection develops. In KINERET-treated NOMID or DIRA patients, the risk of a disease flare when discontinuing KINERET treatment should be weighed against the potential risk of continued treatment. Do not initiate KINERET in patients with active infections

Please see additional Important Safety Information on page 2.

Click here for full Prescribing Information for KINERET, including Patient Information.

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Use in combination with Tumor Necrosis Factor (TNF)-blocking agents is not recommended
Hypersensitivity reactions, including anaphylactic reactions and angioedema, and serious cutaneous reactions including drug reaction with eosinophilia and systemic symptoms (DRESS) have been reported. Patients with DIRA may have an increased risk of allergic reactions, particularly in the first several weeks after starting KINERET treatment
Immunosuppression. The impact of treatment with KINERET on active and/or chronic infections and the development of malignancies is not known
Immunizations. Live vaccines should not be given concurrently with KINERET
Neutrophil counts should be assessed prior to initiating KINERET treatment, and while receiving KINERET, monthly for 3 months, and thereafter quarterly for a period up to 1 year

Serious Adverse Reactions

RA: The most serious adverse reactions were: Serious Infections and Neutropenia, particularly when used in combination with TNF blocking agents.
NOMID and DIRA: The most serious adverse events were infections.

Most Common Adverse Reactions

RA: The most common adverse reactions (incidence ≥ 5%) are injection site reaction, worsening of rheumatoid arthritis, upper respiratory tract infection, headache, nausea, diarrhea, sinusitis, arthralgia, flu-like symptoms, and abdominal pain
NOMID: The most common AEs during the first 6 months of treatment (incidence > 10%) are injection site reaction, headache, vomiting, arthralgia, pyrexia, and nasopharyngitis
DIRA: The most common AEs are upper respiratory tract infections, rash, pyrexia, influenza-like illness, and gastroenteritis

Post-marketing Experience

Hepato-biliary disorders (elevations of transaminases; non-infectious hepatitis), thrombocytopenia, including severe thrombocytopenia, and DRESS have been identified during postapproval use of KINERET. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

These are not all the possible risks associated with KINERET. Please see Full Prescribing Information for KINERET at https://www.kineretrx.com/hcp/

To report suspected adverse reactions, contact Sobi North America at 1-866-773-5274 or FDA at 1-800-FDA-1088

REFERENCES: 1. KINERET (anakinra) prescribing information. Stockholm, Sweden: Swedish Orphan Biovitrum AB (publ). 2024. **2.** Kaiser C, Knight A, Nordström D, et al. Injection-site reactions upon Kineret (anakinra) administration: experiences and explanations. *Rheumatol Int*. 2012;32(2):295-299. doi:10.1007/s00296-011-2096-3

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