Kineret® (anakinra)

What makes that one RA patient so difficult to treat might make them right for KINERET® (anakinra).

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)

CONTRAINDICATION

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

Please see Important Safety Information on page 4. Click here for full Prescribing Information for KINERET, including Patient Information.

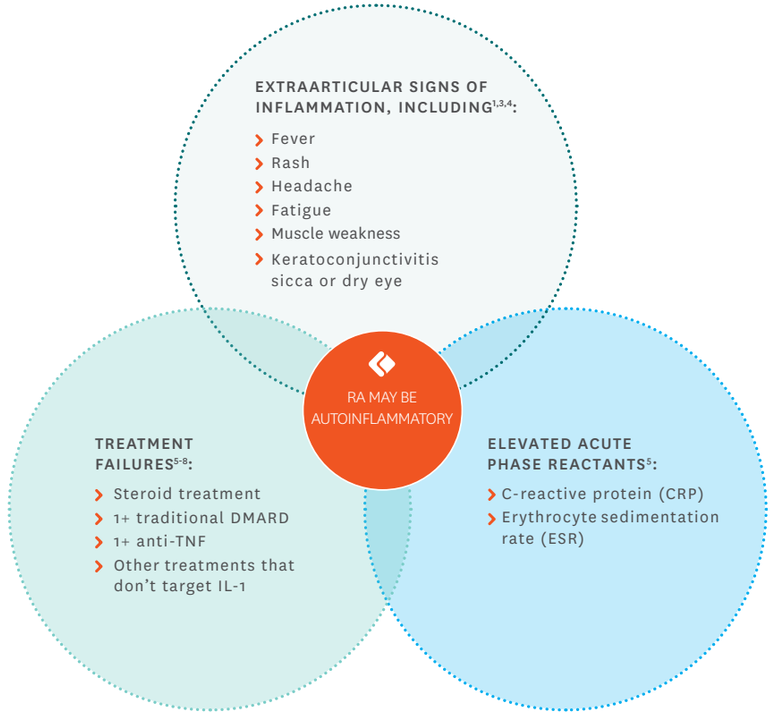
Evaluate

While RA is mainly thought of as an autoimmune disease, patients with difficult-to-treat RA may have an autoinflammatory component to their disease.[1,2]

Difficult-to-treat patients could have RA with more autoinflammatory components than those who fit the standard profile.[1,2]

Identify

A few general criteria may provide important context for identifying if any of your patients have predominantly autoinflammatory RA.



DMARD, disease-modifying antirheumatic drug; IL, interleukin; JAK, Janus kinase; TNF, tumor necrosis factor.

Accelerate

After unsuccessfully cycling through multiple RA treatments, targeted cytokine therapy should be considered.[2,5]

KINERET® (anakinra) COULD BE THE NEXT LOGICAL OPTION FOR YOUR APPROPRIATE RA PATIENTS[5]

IMPORTANT SAFETY INFORMATION (cont'd)
Serious Infections. In RA, discontinue use if serious infection develops. Do not initiate KINERET in patients with active infections

IMPORTANT SAFETY INFORMATION (cont'd)
Use in combination with Tumor Necrosis Factor (TNF)-blocking agents is not recommended

IMPORTANT SAFETY INFORMATION (cont'd)
Hypersensitivity reactions, including anaphylactic reactions and angioedema, and serious cutaneous reactions including drug reaction with eosinophilia and systemic symptoms (DRESS) have been reported.

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Help your patients with a different treatment approach: KINERET® (anakinra).[5]

SAFETY PROFILE[5]

- The safety profile of KINERET was demonstrated in a high-risk RA patient population and shown to be well tolerated among those with:
  - Varying degrees of disease activity
  - Concurrent medications
  - Complicating conditions, including:
    - Asthma
    - Diabetes
    - Chronic obstructive pulmonary disease
    - Pneumonia

FLEXIBLE, FOR BETTER CONTROL.

KINERET's 4-6 hour half-life gives doctors the flexibility to stop and restart treatment as necessary.[5,12]

Kineret ON TRACK™

Our team of experts can help you, your team, and your patients navigate the treatment journey.

We provide insurance and reimbursement assistance and prescription delivery support to ensure your patient has a seamless start on KINERET.

LEARN MORE:

Call us: 866.547.0644
M-F 8 AM TO 8 PM ET

Visit: kineretrxhcp.com

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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.

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

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. Dinarello CA, et al. *Nat Rev Drug Discov*. 2012;11(8):633-652. **2.** Savic S, et al. *RMO Open*. 2017;3(2):1-6. **3.** Vela P. *EMJ Rheumatol*. 2014;1:103-112. **4.** Sofat N, et al. *QJM*. 2006;99:69-79. **5.** KINERET (anakinra) prescribing information. Stockholm, Sweden: Sobi, Inc. 2024. **6.** Matteson E. *Mayo Clin Proc*. 2000;75:69-74. **7.** Soliman MM, et al. *Arthritis Care Res (Hoboken)*. 2012;64(8):1108-1115. **8.** Singh JA, et al. *Arthritis Care Res (Hoboken)*. 2016;68(1):1-25. **9.** Magyari L, et al. *World J Orthop*. 2014;5(4):526-536. **10.** Yamaoka K, et al. *Genome Biol*. 2004;5(12):253. **11.** Kubo S, et al. *Front Immunol*. 2018;9:1510. **12.** Nordström DC. *Future Rheumatol*. 2007;2(4):353-360.

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