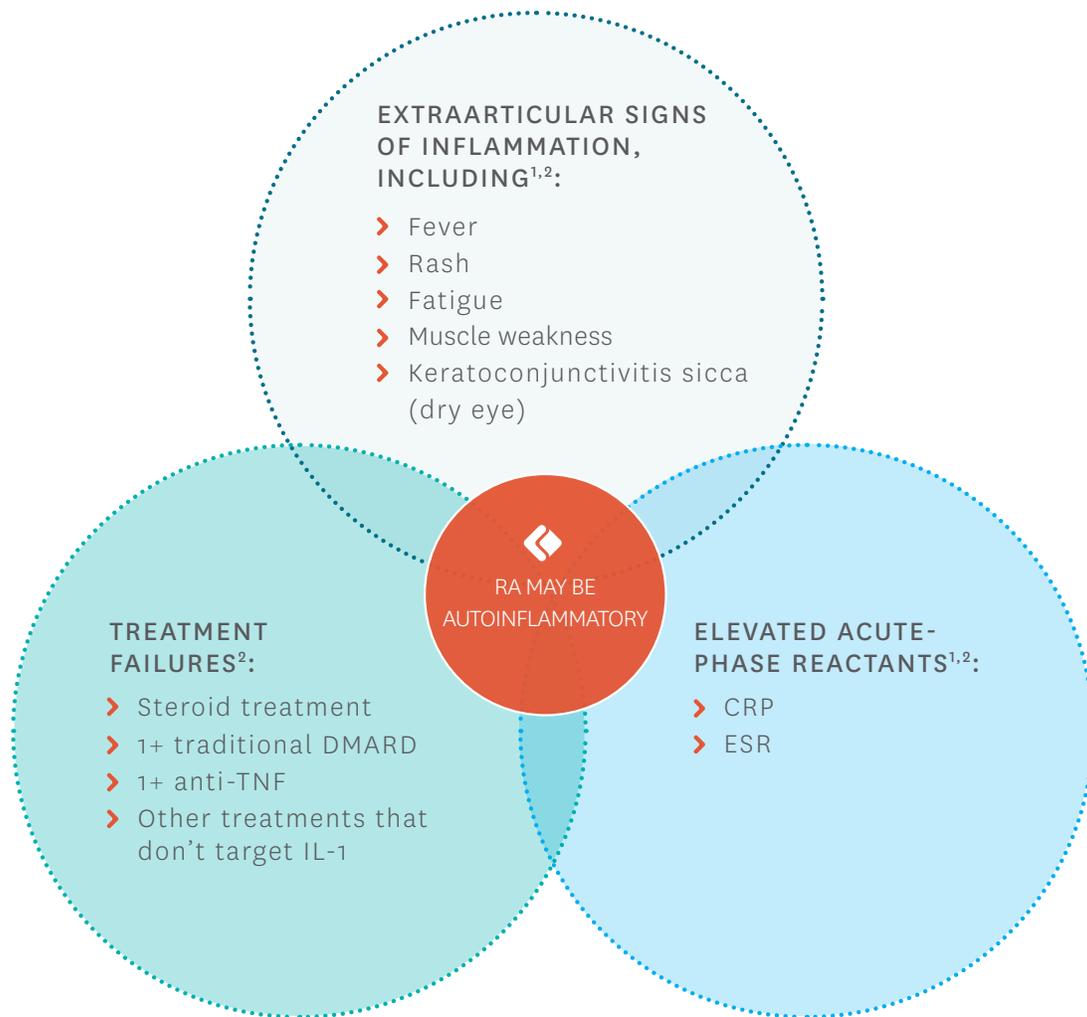


Identifying an autoinflammatory component in your patient's rheumatoid arthritis (RA) is a multifactorial process. However, a few general criteria may provide context.



CRP, C-reactive protein; DMARD, disease-modifying antirheumatic drug; ESR, erythrocyte sedimentation rate; IL-1, interleukin-1; TNF, tumor necrosis factor.

## 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)

## IMPORTANT SAFETY INFORMATION

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

**Please see additional Important Safety Information on reverse. [Click here for full Prescribing Information for KINERET, including Patient Information.](#)**

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- Discontinue use if serious infection develops.
- Use in combination with Tumor Necrosis Factor (TNF)-blocking agents is not recommended
- Hypersensitivity reactions, including anaphylactic reactions and angioedema, have been reported.
- The impact of treatment with KINERET on active and/or chronic infections and the development of malignancies is not known
- 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
- The most common adverse reactions (incidence  $\geq 5\%$ ) are injection site reaction, worsening of rheumatoid arthritis, upper respiratory tract infection, headache, nausea, diarrhea, sinusitis, arthralgia, flu-like symptoms, and abdominal pain
- A higher rate of serious infections has been observed in RA patients treated with concurrent KINERET and etanercept therapy than in patients treated with etanercept alone. Use of KINERET in combination with TNF-blocking agents is not recommended
- Because there is a higher incidence of infections in the elderly population in general, caution should be used in treating the elderly
- KINERET is known to be substantially excreted by the kidney, and the risk of toxic reactions to this drug may be greater in patients with impaired renal function

**[Click here for full Prescribing Information for KINERET, including Patient Information.](#)**

## REFERENCES:

1. Vela P. Extra-articular manifestations of rheumatoid arthritis, now. *EMJ Rheumatol.* 2014;1:103-112.
2. Savic S, Mistry A, Wilson AG, et al. Autoimmune-autoinflammatory rheumatoid arthritis overlaps: a rare but potentially important subgroup of diseases. *RMD Open.* 2017;3(2):e000550. doi:10.1136/rmdopen-2017-000550