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 reduction in signs and symptoms and slowing the progression of structural damage in moderately to severely active rheumatoid arthritis (RA), in patients 18 years of age or older who have failed 1 or more disease-modifying antirheumatic drugs (DMARDs). KINERET can be used alone or in combination with DMARDs other than tumor necrosis factor (TNF)-blocking agents.

CONTRAINDICATION

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 last page.
Click here for full Prescribing Information for KINERET.

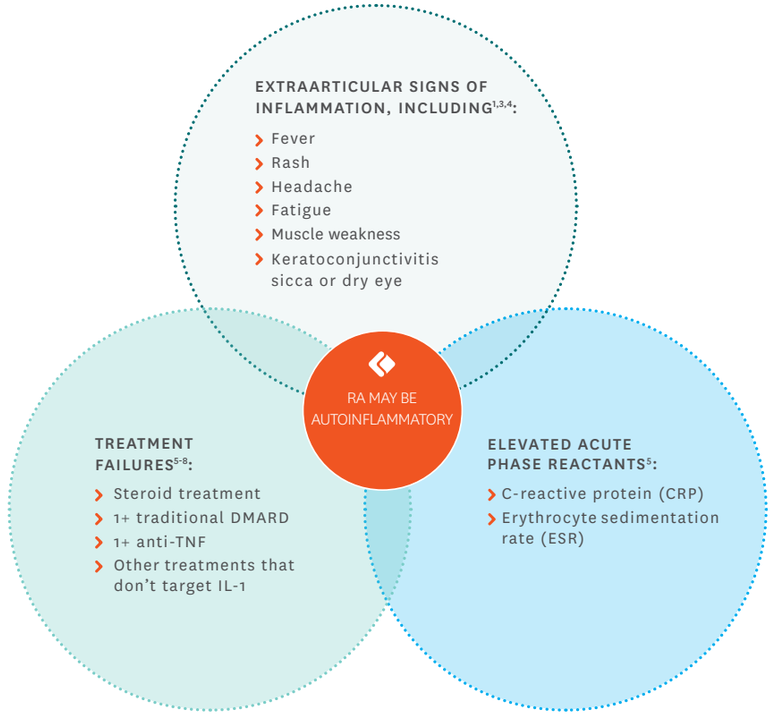
Evaluate

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

Serious Infections. KINERET has been associated with an increased incidence of serious infections in clinical trials in RA. Discontinue use if serious infection develops. Do not initiate KINERET in patients with active infections.

IL-1 blocking drugs such as KINERET may increase the risk of tuberculosis (TB) or other opportunistic infections.

IMPORTANT SAFETY INFORMATION (cont'd)

Use in combination with tumor necrosis factor (TNF)-blocking agents is not recommended due to potential for increased rate of serious infections.

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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.

For severe hypersensitivity or allergic reactions, promptly discontinue KINERET and treat appropriately.

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.

The 4- to 6-hour half-life of KINERET 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.

Kineret ON TRACK® can provide information regarding patient insurance coverage and financial assistance information that may be available.

LEARN MORE:

Call us: 866.547.0644
M-F 8:30 AM TO 7 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.

Amyloidosis. There have been post-marketing reports of injection site amyloid deposits, and in some cases systemic AIL1RAP (IL-1 receptor antagonist protein) amyloidosis. Recommend patients to rotate their injection sites. Monitor proteinuria for systemic amyloidosis in patients with confirmed injection site amyloid deposits.

Immunizations. Live vaccines should not be given concurrently with KINERET.

Decreases in neutrophil counts may occur with KINERET treatment. Assess neutrophil counts 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

The most serious adverse reactions were serious infections and neutropenia, particularly when used in combination with TNF-blocking agents.

Most Common Adverse Reactions

The most common adverse reactions (≥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.

For statutory pricing disclosures, visit https://www.sobi.com/usa/en/state-disclosure-requirements.

REFERENCES: 1. Dinarello CA, et al. *Nat Rev Drug Discov*. 2012;11(8):633-652. **2.** Savic S, et al. *RMD 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. 2025. **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.