



## A guide for identifying patients who might be right for KINERET® (anakinra)

Peggy, a registered nurse living with difficult-to-treat rheumatoid arthritis (RA), treats her symptoms with KINERET.

Individuals featured in this material have experience with KINERET and may no longer be on treatment.

How an informed discussion might make a difference



### 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)

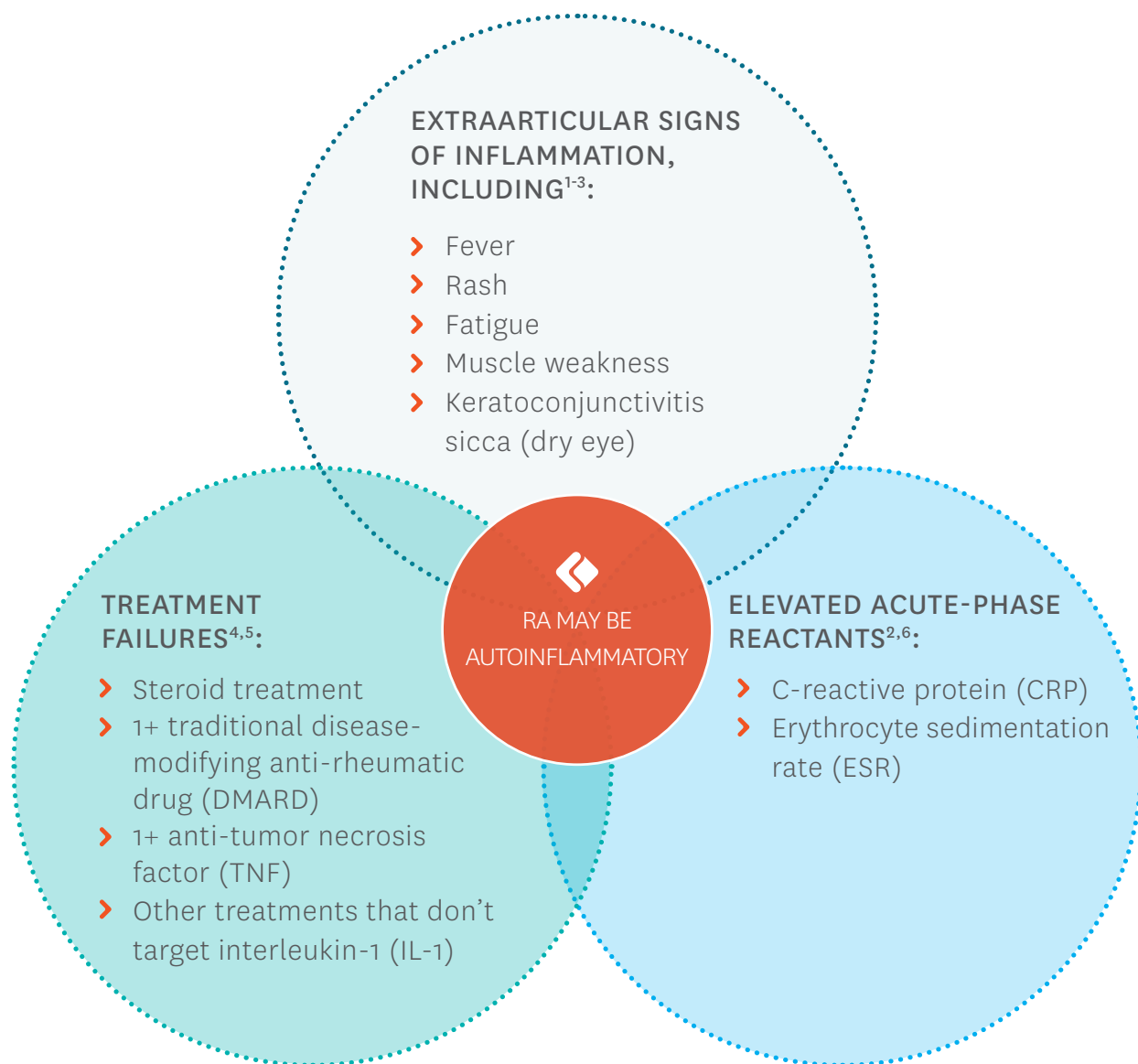
### IMPORTANT SAFETY INFORMATION

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

Please see Important Safety Information throughout and accompanying full Prescribing Information for KINERET, including Patient Information.

# You're on the lookout for a particular type of patient

- › How do you spot a patient with difficult-to-treat RA? By knowing what to look for. Consider their treatment history in addition to the signs and symptoms they've been experiencing. These are often 2 of the biggest indicators of patients who have RA driven by autoinflammation.



What makes that one patient with RA difficult to treat might make them right for KINERET<sup>®</sup> (anakinra).

## Serious Infections

Discontinue use if serious infection develops. Do not initiate KINERET in patients with active infections.<sup>4</sup>

# Have a collaborative conversation

- The right type of dialogue can lead to better-informed treatment decisions. In assessing your patients, ensure that you ask about all of their inflammatory symptoms, understand every treatment they've tried, and make note of any existing biomarkers that may be present.

Questions to consider asking your patients:

1. When did you begin experiencing symptoms?
2. How often do you experience flares?
3. What treatments are you currently taking?



## How KINERET® (anakinra) can help

For these types of patients, the improvements seen from KINERET can be considerable<sup>4</sup>

KINERET is an IL-1 receptor antagonist. That means it works by blocking the underlying cause of inflammation that may be responsible for some of the hallmarks of the disease, including<sup>4</sup>:



Cartilage degradation



Bone resorption



Other autoimmune symptoms

### IMPORTANT SAFETY INFORMATION

- 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.

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### WORK WITH YOUR RHEUMATOLOGIST

If you think autoinflammation could be the cause behind your patient's difficult-to-treat RA, talk to your rheumatology team about considering KINERET.

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- 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

Please see accompanying full Prescribing Information, including Patient Information.

### REFERENCES:

1. Dinarello CA. Interleukin-1 in the pathogenesis and treatment of inflammatory diseases. *Blood*. 2011;117(14):3720-3732.
2. Vela P. Extra-articular manifestations of rheumatoid arthritis, now. *EMJ Rheumatol*. 2014;1:103-112.
3. 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):1-6.
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5. Singh JA, Saag KG, Bridges SL Jr, et al. 2015 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis. *Arthritis Rheumatol*. 2016;68(1):1-26.
6. Dinarello CA, Simon A, van der Meer JWM. Treating inflammation by blocking interleukin-1 in a broad spectrum of diseases. *Nat Rev Drug Discov*. 2012;11(8):633-652.

