Kineret® (anakinra)

GETTING STARTED

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

Review the basics

- Review their prescribed dose
- Remind them to inject KINERET around the same time every day[1]
- Review KINERET storage requirements
- Discuss use and the potential side effects of KINERET
- Provide the Patient Information and Instructions for Use and advise them to read them

Teach your patient how to inject KINERET

- Supplies needed: KINERET syringe, alcohol wipe, dry gauze, and puncture-resistant sharps disposal container[1]
- Let KINERET warm to room temperature for 30 minutes before injecting[1]
- Walk them through the steps provided in their demo kit or in the downloadable brochure
- Thoroughly instruct them on the importance of proper disposal and caution against the reuse of needles, syringes, and drug product

Talk to your patient about infections

- Inform them that KINERET may lower the ability of their immune system to fight infections[1]
- Discuss the importance of contacting their doctor if they develop any symptoms of infection

Scan the QR code or visit KineretRX.com/ra/resources to find downloadable patient resources

Talk to your patient about injection site reactions

Explain 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, swollen, or hard[1]

Talk to your patient about allergic or other drug reactions

- Inform them about the signs and symptoms of allergic and other adverse drug reactions and the appropriate actions they should take if they experience any of these signs and symptoms

Review resources

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

- ***An Introduction to KINERET*** patient brochure
- KINERET Welcome Kit
- **Kineret ON TRACK®** Patient Assistance Program
- KINERET injection video on **KineretRX.com**

PATIENT NAME | HCP NAME | DATE

INDICATIONS

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). KINERET can be used alone or in combination with DMARDs other than tumor necrosis factor (TNF)-blocking agents

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.

Please see Important Safety Information on page 2 and accompanying full Prescribing Information for KINERET, including Patient Information.

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IMPORTANT SAFETY INFORMATION

Serious Infections. KINERET has been associated with an increased incidence of serious infections in clinical trials in RA. In RA, discontinue use if serious infection develops. In NOMID or DIRA patients, the risk of 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.

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

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

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.

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

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

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 (≥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 (>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: Sobi, Inc. 2025. **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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