Drug Coverage Policy

Effective Date.....10/15/2025
Coverage Policy Number.....IP0661
Policy Title.....Kineret Prior Authorization Policy

Inflammatory Conditions – Kineret Prior Authorization Policy

- Kineret® (anakinra subcutaneous injection – Swedish Orphan Biovitrim)

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OVERVIEW

Kineret, an interleukin-1 (IL-1) blocker, is indicated for the following uses:[1]

- **Cryopyrin-associated periodic syndromes** (CAPS), for treatment of neonatal-onset multisystem inflammatory disease (NOMID).
- **Deficiency of interleukin-1 receptor antagonist** (DIRA) treatment.
- **Rheumatoid arthritis**, to reduce the signs and symptoms and slow the progression of structural damage with moderately to severely active disease in adults who have failed one or more disease-modifying antirheumatic drugs (DMARDs); Kineret can be used ± DMARDs, other than tumor necrosis factor inhibitors (TNFis).

Guidelines

Kineret is used for treatment of a variety of periodic fever syndromes and inflammatory conditions.

CAPS and DIRA

The European Alliance of Associations for Rheumatology (EULAR) and American College of Rheumatology (ACR) [2021] provide treatment guidelines for IL-1 mediated autoinflammatory diseases: CAPS, tumor necrosis factor receptor-associated periodic syndrome, mevalonate kinase deficiency, and deficiency of the IL-1 receptor antagonist.[2] Guidelines indicate IL-blocking therapy has become the preferred treatment and a therapeutic trial with IL-1 blocking agents may be started when strong clinical suspicious of a diagnosis of CAPS, TRAPS, MKD, or DIRA is suspected. The guidelines also provide additional diagnosis-specific treatment recommendations:

- **CAPS:** CAPS encompasses three rare genetic syndromes (familial cold autoinflammatory syndrome, Muckle-Wells syndrome, and neonatal onset multisystem inflammatory disease formerly known as chronic infantile neurological cutaneous and articular syndrome) that are thought to be one condition along a spectrum of disease severity. IL-1 blockers are recommended as standard of care across the spectrum of disease for improved symptom control and reduced systemic and tissue/organ inflammation. The dose and/or frequency of administration should be adjusted to control disease activity, normalize markers of systemic inflammation, and for appropriate weight gain and development in the growing patient. In many cases, patients with CAPS reported an immediate clinical response to Kineret with rash, fever, and arthritis disappearing within a few days and not recurring during follow-up.[3] Dramatic and persistent normalization of inflammatory markers and hematologic tests have also been achieved.
- **DIRA:** DIRA is caused by recessive loss-of-function pathogenic variants in the *IL1RN* gene.[2] Treatment with agents that block both IL-α and IL-β is recommended and includes Kineret and Arcalyst® (rilonacept subcutaneous injection). Kineret approval for the treatment of DIRA was based on a natural-history study in nine patients (aged 1 month to 9 years at baseline) with genetically confirmed DIRA.[1] Patients were treated with Kineret for up to 10 years. All nine patients achieved remission while on Kineret for DIRA. In some patients, skin and bone manifestations resolved within days and weeks, respectively.

Rheumatoid Arthritis

Current recommendations for the treatment of rheumatoid arthritis from the American College of Rheumatology (ACR) [2021] do not make a recommendation for the use of Kineret.[4] The recommendations also note that Kineret is used infrequently for rheumatoid arthritis and that TNFis and other non-TNFi biologics (i.e., rituximab, Actemra® [tocilizumab intravenous infusion, tocilizumab subcutaneous injection], and Orencia® [abatacept intravenous infusion, abatacept subcutaneous injection]) are appropriate initial biologic therapy for most patients with rheumatoid arthritis.

Still's disease [including Systemic Juvenile Idiopathic Arthritis (SJIA) and Still's Disease, Adult Onset (AOSD)]

The European Alliance of Associations for Rheumatology (EULAR) and Pediatric Rheumatology European Society (PReS) joint clinical guidelines for management of Still's disease (2024) indicate SJIA and AOSD are the same disease, differing in age of onset, and can be referred to collectively as Still's disease.[5] Guidelines recommend an IL-1 or IL-6 inhibitor be initiated as early as possible after diagnosis. No preferred agent is provided. Macrophage activation syndrome (MAS), which is a life-threatening complication of Still's disease, should be treated with high dose steroids and if needed, other treatments which includes Kineret.

Other Uses with Supportive Evidence
The National Comprehensive Cancer Network (NCCN) recommends Kineret for treatment or supportive care for the following uses:

- **Castleman Disease:** NCCN guidelines (version 2.2025 – January 28, 2025) list Kineret as an alternative regimen for subsequent therapy as a single agent for multicentric Castleman disease that is relapsed or refractory disease.[13]
- **Histiocytic Neoplasms:** NCCN guidelines (version 1.2025 – June 20, 2025) provide recommendations for Kineret as first-line or subsequent treatment for Erdheim-Chester disease regardless of mutation.[14]
- **Immunotherapy-Related Toxicities:** NCCN guidelines (version 1.2025 – December 20, 2024) provide recommendations for use of Kineret as a treatment option in the management of immune checkpoint inhibitor-related hemophagocytic lymphohistiocytosis (HLH-like syndrome), chimeric antigen receptor (CAR) T-cell-related toxicities, including prophylaxis of immune effector cell-associated neurotoxicity syndrome (ICANS), and for the management of cytokine release syndrome.[15]

Coverage Policy

POLICY STATEMENT
Prior Authorization is required for benefit coverage of Kineret. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days. Because of the specialized skills required for evaluation and diagnosis of patients treated with Kineret as well as the monitoring required for adverse events and long-term efficacy, initial approval requires Kineret to be prescribed by or in consultation with a physician who specializes in the condition being treated.

NOTE: This product also requires the use of preferred products before approval of the requested product. Refer to the respective *Inflammatory Conditions Preferred Specialty Management Policy for Employer Plans: Standard/Performance, Value/Advantage, Total Savings Prescription Drug Lists (PSM001); Individual and Family Plans (PSM002); or Inflammatory Conditions Preferred Specialty Management Policy for Employer Plans: Legacy Prescription Drug Lists (PSM017)* for additional preferred product criteria requirements and exceptions.

Kineret is considered medically necessary when ONE of the following is met (1, 2, 3, 4, or 5):

FDA-Approved Indications

1. **Cryopyrin-Associated Periodic Syndromes (CAPS).** Approve for the duration noted if the patient meets ONE of the following (A or B):
   A) Initial Therapy. Approve for 6 months if the patient meets BOTH of the following (i and ii):

i. The medication is being used for treatment of familial cold autoinflammatory syndrome (FCAS), Muckle-Wells Syndrome (MWS), and/or neonatal onset multisystem inflammatory disease (NOMID) formerly known as chronic infantile neurological cutaneous and articular (CINCA) syndrome; AND

ii. The medication is prescribed by or in consultation with a rheumatologist, geneticist, allergist/immunologist or a dermatologist; OR

B) Patient is Currently Receiving Kineret. Approve for 1 year if the patient meets BOTH of the following (i and ii):

i. Patient has been established on this medication for at least 6 months; AND
Note: A patient who has received < 6 months of therapy or who is restarting therapy with this medication is reviewed under criterion A (Initial Therapy).

ii. Patient meets at least ONE of the following (a or b):

a) When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating the requested drug); OR
Note: Examples of objective measures include resolution of fever, improvement in rash or skin manifestations, clinically significant improvement or normalization of serum markers (e.g., C-reactive protein, amyloid A), reduction in proteinuria, and/or stabilization of serum creatinine.

b) Compared with baseline (prior to initiating the requested drug), patient experienced an improvement in at least one symptom.
Note: Examples of improvement in symptoms include fewer cold-induced attacks; less joint pain/tenderness, stiffness, or swelling; decreased fatigue; improved function or activities of daily living.

2. Deficiency of Interleukin-1 Receptor Antagonist (DIRA). Approve for the duration noted if the patient meets ONE of the following (A or B):

A) Initial Therapy. Approve for 6 months if the patient meets BOTH of the following (i and ii):

i. Genetic testing has confirmed biallelic pathogenic variants in the *IL1RN* gene; AND

ii. The medication is prescribed by or in consultation with a rheumatologist, geneticist, dermatologist, or a physician specializing in the treatment of autoinflammatory disorders; OR

B) Patient is Currently Receiving Kineret. Approve for 1 year if the patient meets BOTH of the following (i and ii):

i. Patient has been established on this medication for at least 6 months; AND
Note: A patient who has received < 6 months of therapy or who is restarting therapy with this medication is reviewed under criterion A (Initial Therapy).

ii. Patient meets at least ONE of the following (a or b):

a) When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating the requested drug); OR
Note: Examples of objective measures include improvement in rash or skin manifestations, clinically significant improvement or normalization of serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate), reduction in proteinuria, and/or stabilization of serum creatinine.

b) Compared with baseline (prior to initiating the requested drug), patient experienced an improvement in at least one symptom.
Note: Examples of improvement of symptoms include improvement of skin or bone symptoms; less joint pain/tenderness, stiffness, or swelling.

3. Rheumatoid Arthritis. Approve for the duration noted if the patient meets ONE of the following (A or B):

A) Initial Therapy. Approve for 6 months if the patient meets ALL of the following (i, ii, and iii):

i. Patient is ≥ 18 years of age; AND

ii. Patient has had a 3-month trial of a biologic OR targeted synthetic disease-modifying antirheumatic drug (DMARD) for this condition, unless intolerant; AND
Note: This is a 3-month trial of at least one biologic other than the requested drug. A biosimilar of the requested biologic does not count. Refer to Appendix for examples of biologics and targeted synthetic DMARDs used for rheumatoid arthritis. Conventional synthetic DMARDs such as methotrexate, leflunomide, hydroxychloroquine, and sulfasalazine do not count.

iii. The medication is prescribed by or in consultation with a rheumatologist; OR

B) Patient is Currently Receiving Kineret. Approve for 1 year if the patient meets BOTH of the following (i and ii):

i. Patient has been established on therapy for at least 6 months; AND
Note: A patient who has received < 6 months of therapy or who is restarting therapy is reviewed under criterion A (Initial Therapy).

ii. Patient meets at least ONE of the following (a or b):

a) When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating the requested drug); OR
Note: Examples of standardized and validated measures of disease activity include Clinical Disease Activity Index (CDAI), Disease Activity Score (DAS) 28 using erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP), Patient Activity Scale (PAS)-II, Rapid Assessment of Patient Index Data 3 (RAPID-3), and/or Simplified Disease Activity Index (SDAI).

b) Compared with baseline (prior to initiating the requested drug), patient experienced an improvement in at least one symptom, such as decreased joint pain, morning stiffness, or fatigue; improved function or activities of daily living; decreased soft tissue swelling in joints or tendon sheaths.

Other Uses with Supportive Evidence

4. Castleman Disease. Approve for the duration noted if the patient meets ONE of the following (A or B):

A) Initial Therapy. Approve for 6 months if the patient meets ALL of the following (i, ii, and iii):

i. Patient is ≥ 18 years of age; AND

ii. The medication is being used for multicentric disease that is relapsed or refractory disease; AND

iii. The medication is prescribed by or in consultation with an oncologist or hematologist; OR

B) Patient is Currently Receiving Kineret. Approve for 1 year if the patient meets BOTH of the following (i and ii):

i. Patient has been established on therapy for at least 6 months; AND
Note: A patient who has received < 6 months of therapy or who is restarting therapy with this medication is reviewed under criterion A (Initial Therapy).

ii. Patient meets at least ONE of the following (a or b):

a) When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating the requested drug); OR
Note: Examples of objective measures include clinically significant improvement or normalization of serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate, fibrinogen, albumin, and/or hemoglobin), increased body mass index, and/or reduction in lymphadenopathy.

b) Compared with baseline (prior to initiating the requested drug), patient experienced an improvement in at least one symptom.

Note: Examples of symptoms include constitutional symptoms such as fatigue, physical function.

5. **Erdheim-Chester Disease.** Approve for 1 year if the patient meets BOTH of the following (A and B):
   A) Patient is ≥18 years of age; AND
   B) The medication is prescribed by or in consultation with an oncologist or hematologist.

6. **Immunotherapy-Related Toxicities associated with Chimeric Antigen Receptor (CAR) T-cell Therapy.** Approve for 1 month if prescribed for a patient who has been or will be treated with a CAR T-cell therapy.
   Note: Examples of CAR T-cell therapy include Abecma (idecabtagene vicleucel intravenous infusion), Aucatzyl (obecabtagene autoleucel intravenous infusion), Breyanzi (lisocabtagene maraleucel intravenous infusion), Carvykti (ciltacabtagene autoleucel intravenous infusion), Kymriah (tisagenlecleucel intravenous infusion), Tecartus (brexucabtagene intravenous infusion), and Yescarta (axicabtagene ciloleucel intravenous infusion).

7. **Still's Disease, Adult Onset (AOSD).** Approve for the duration noted if the patient meets ONE of the following (A or B):
   Note: Adult-onset Still's disease (AOSD) and systemic juvenile idiopathic arthritis (SJIA) are considered the same disease (Still's disease) but differ in age of onset. For a patient < 18 years of age, refer to the SIJA indication below.
   A) Initial Therapy. Approve for 6 months if the patient meets BOTH of the following (i, and ii):
      i. Patient is ≥ 18 years of age; AND
      ii. The medication is prescribed by or in consultation with a rheumatologist; OR
   B) Patient is Currently Receiving Kineret. Approve for 1 year if the patient meets BOTH of the following (i and ii):
      i. Patient has been established on this medication for at least 6 months; AND
      Note: A patient who has received < 6 months of therapy or who is restarting therapy with this medication is reviewed under criterion A (Initial Therapy).
      ii. Patient meets at least ONE of the following (a or b):
         a) When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating the requested drug); OR
         Note: Examples of objective measures include resolution of fever, improvement in rash or skin manifestations, clinically significant improvement or normalization of serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate), and/or reduced dosage of corticosteroids.
         b) Compared with baseline (prior to initiating the requested drug), patient experienced an improvement in at least one symptom, such as less joint pain/tenderness, stiffness, or swelling; decreased fatigue; improved function or activities of daily living.

8. **Systemic Juvenile Idiopathic Arthritis (SJIA).** Approve for the duration noted if the patient meets ONE of the following (A or B):
   Note: Systemic juvenile idiopathic arthritis (SJIA) and adult-onset Still's disease (AOSD) are considered the same disease (Still's disease) but differ in age of onset. For a patient ≥ 18 years of age, refer to AOSD indication above.
   A) Initial Therapy. Approve for 6 months if the patient meets BOTH of the following (i and ii):
      i. Patient is ≥ 2 years of age; AND
      ii. The medication is prescribed by or in consultation with a rheumatologist; OR
   B) Patient is Currently Receiving Kineret. Approve for 1 year if the patient meets BOTH of the following (i and ii):
      i. Patient has been established on this medication for at least 6 months; AND

Note: A patient who has received < 6 months of therapy or who is restarting therapy with this medication is reviewed under criterion A (Initial Therapy).

ii. Patient meets at least ONE of the following (a or b):

a) When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating the requested drug); OR
Note: Examples of objective measures include resolution of fever, improvement in rash or skin manifestations, clinically significant improvement, or normalization of serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate), and/or reduced dosage of corticosteroids.

b) Compared with baseline (prior to initiating the requested drug), patient experienced an improvement in at least one symptom, such as less joint pain/tenderness, stiffness, or swelling; decreased fatigue; improved function or activities of daily living.

Conditions Not Covered

Kineret for any other use is considered not medically necessary, including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

1. **Ankylosing Spondylitis.** Kineret has been beneficial in a few patients with ankylosing spondylitis, but results are not consistent.[6,7] In a small open-label study, patients with active ankylosing spondylitis who were refractory to NSAIDs (n = 20) received Kineret 100 mg daily.[15] The Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score decreased over a 6-month period but was not significant (5.8 at baseline vs. 5.0 at Week 12, and 4.8 at Week 24). No significant change was found in Bath Ankylosing Spondylitis Functional Index (BASFI) and patients' and physicians' global assessment of general pain during the study. After 12 weeks, both the assessment in ankylosing spondylitis (ASAS) 20 and 40 responses improved in 10.5% of patients (intention-to-treat analysis). After 24 weeks, ASAS 20 was attained in 26% of patients, ASAS 40 in 21% of patients, and ASAS 70 in 10.5% of patients. Guidelines for axial spondyloarthritis from the Assessment of SpondyloArthritis International Society (ASAS)/European Union Against Rheumatism (EULAR) [2016] do not mention Kineret as a treatment option.[8]

2. **Concurrent Use with a Biologic or with a Targeted Synthetic Oral Small Molecule Drug.** This medication should not be administered in combination with another biologic or with a targeted synthetic oral small molecule drug used for an inflammatory condition (see Appendix for examples). Combination therapy is generally not recommended due to a potentially higher rate of adverse events and lack of controlled clinical data supporting additive efficacy.[9]
Note: This does NOT exclude the use of conventional synthetic disease-modifying antirheumatic drugs (e.g., methotrexate, leflunomide, hydroxychloroquine, and sulfasalazine) in combination with this medication.

3. **Lupus Arthritis.** The effectiveness and safety of Kineret were evaluated in an open 3-month pilot trial in patients (n = 4) with systemic lupus erythematosus (SLE) and severe, therapy-refractory non-erosive polyarthritis (three patients had deforming Jaccoud's arthropathy) and no other uncontrolled major organ involvement.[10] Patients were refractory to NSAIDs, antimalarials, corticosteroids, methotrexate, cyclophosphamide, and azathioprine. SLE was controlled with stable doses of corticosteroids and/or antirheumatic or immunosuppressive agents; pain was managed with NSAIDs and/or other medications. Patients had improved clinically after 4 weeks on Kineret, but after 12 weeks, the clinical activity parameters tended

to increase again. The results from this study are preliminary and a larger controlled study is needed.

4. **Osteoarthritis.** In a Phase II study in patients with painful osteoarthritis of the knee, Kineret 150 mg administered by intraarticular injection was well tolerated.[11] The study was not designed to assess the analgesic efficacy of Kineret. Patients with osteoarthritis of the knee were enrolled in a multicenter, double-blind, placebo-controlled study and randomized to Kineret 50 mg, Kineret 150 mg, or placebo for intraarticular injection.[12] Although the injections were well tolerated, there were no significant differences in improvement in knee pain, stiffness, function or cartilage turnover between Kineret doses and placebo. Similar to other studies in this population, there was a significant placebo effect noted.

References

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14. The NCCN Histiocytic Neoplasms Clinical Practice Guidelines in Oncology (version 1.2025 – June 20, 2025). © 2025 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on July 14, 2025.

15. The NCCN Management of Immunotherapy-Related Toxicities Clinical Practice Guidelines in Oncology (version 1.2025 – December 20, 2024). © 2024 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on July 14, 2025.

Revision Details

Type of Revision	Summary of Changes	Date
New	New policy	11/01/2024
Annual Revision	**Cryopyrin-Associated Periodic Syndromes:** An "allergist/immunologist" was added to the existing requirement that the medication is being prescribed by or in consultation with a rheumatologist, geneticist, or dermatologist. For a patient currently receiving Kineret, the examples of improvements in symptoms were moved from the criteria to a Note. **Deficiency of Interleukin-1 Receptor Antagonist:** The term "mutation" was rephrased to "biallelic pathogenic variants". For a patient currently receiving Kineret, the examples of improvements in symptoms were moved from the criteria to a Note. **Rheumatoid Arthritis:** The previous requirement "Patient experienced a beneficial clinical response when assessed by at least one objective measure" was reworded to "When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating the requested drug)". The previous requirement "Patient experienced an improvement in at least one symptom…" was updated add "Compared with baseline (prior to initiating the requested drug)". **Still's Disease, Adult-Onset**: The following Note was added "Adult-onset Still's disease (AOSD) and systemic juvenile idiopathic arthritis (SJIA) are considered the same disease (Still's disease) but differ in age of onset. For a patient < 18 years of age, refer to the SIJA indication below." **Systemic Juvenile Idiopathic Arthritis**: The following Note was added "Systemic juvenile idiopathic arthritis (SJIA) and adult-onset Still's disease (AOSD) are considered the same disease (Still's disease) but differ in age of onset. For a patient ≥ 18 years of age, refer to AOSD indication above."	05/01/2025
Selected Revision	**COVID-19 (Coronavirus Disease 2019):** Removed from Other Uses with Supportive Evidence.	06/01/2025

Selected Revision	**Still's Disease, Adult Onset:** For initial therapy, the following requirements were removed: "Patient has tried one corticosteroid and had an inadequate response to one conventional synthetic disease-modifying antirheumatic drug" and "According to the prescriber, patient has at least moderate to severe active systemic features of this condition or active systemic features with concerns of progression to macrophage activation syndrome."	07/15/2025
Selected Revision	**Castleman Disease:** This condition was added to Other Uses with Supportive Evidence. **Erdheim-Chester Disease:** This condition was added to Other Uses with Supportive Evidence. **Immunotherapy-Related Toxicities associated with Chimeric Antigen Receptor T-cell Therapy:** This condition was added to Other Uses with Supportive Evidence.	10/15/2025

The policy effective date is in force until updated or retired.

APPENDIX

	Mechanism of Action	Examples of Indications*
Biologics		
Adalimumab SC Products (Humira®, biosimilars)	Inhibition of TNF	AS, CD, JIA, PsO, PsA, RA, UC
Cimzia® (certolizumab pegol SC injection)	Inhibition of TNF	AS, CD, nr-axSpA, PsO, PsA, RA
Etanercept SC Products (Enbrel®, biosimilars)	Inhibition of TNF	AS, JIA, PsO, PsA, RA
Infliximab IV Products (Remicade®, biosimilars)	Inhibition of TNF	AS, CD, PsO, PsA, RA, UC
Zymfentra® (infliximab-dyyb SC injection)	Inhibition of TNF	CD, UC
Simponi®, Simponi Aria® (golimumab SC injection, golimumab IV infusion)	Inhibition of TNF	SC formulation: AS, PsA, RA, UC
		IV formulation: AS, PJIA, PsA, RA
Tocilizumab Products (Actemra® IV, biosimilar; Actemra SC, biosimilar)	Inhibition of IL-6	SC formulation: PJIA, RA, SJIA
		IV formulation: PJIA, RA, SJIA
Kevzara® (sarilumab SC injection)	Inhibition of IL-6	RA
Orencia® (abatacept IV infusion, abatacept SC injection)	T-cell costimulation modulator	SC formulation: JIA, PSA, RA
		IV formulation: JIA, PsA, RA
Rituximab IV Products (Rituxan®, biosimilars)	CD20-directed cytolytic antibody	RA
Kineret® (anakinra SC injection)	Inhibition of IL-1	JIA^, RA
Omvoh® (mirikizumab IV infusion, SC injection)	Inhibition of IL-23	UC
Stelara® (ustekinumab SC injection, ustekinumab IV infusion)	Inhibition of IL-12/23	SC formulation: CD, PsO, PsA, UC
		IV formulation: CD, UC
Siliq® (brodalumab SC injection)	Inhibition of IL-17	PsO

Cosentyx® (secukinumab SC injection; secukinumab IV infusion)	Inhibition of IL-17A	SC formulation: AS, ERA, nr-axSpA, PsO, PsA
		IV formulation: AS, nr-axSpA, PsA
Taltz® (ixekizumab SC injection)	Inhibition of IL-17A	AS, nr-axSpA, PsO, PsA
Bimzelx® (bimekizumab-bkzx SC injection)	Inhibition of IL-17A/17F	PsO
Ilumya® (tildrakizumab-asmn SC injection)	Inhibition of IL-23	PsO
Skyrizi® (risankizumab-rzaa SC injection, risankizumab-rzaa IV infusion)	Inhibition of IL-23	SC formulation: CD, PSA, PsO, UC
		IV formulation: CD, UC
Tremfya® (guselkumab SC injection, guselkumab IV infusion)	Inhibition of IL-23	SC formulation: PsA, PsO, UC
		IV formulation: UC
Entyvio® (vedolizumab IV infusion, vedolizumab SC injection)	Integrin receptor antagonist	CD, UC
Oral Therapies/Targeted Synthetic Oral Small Molecule Drugs		
Otezla® (apremilast tablets)	Inhibition of PDE4	PsO, PsA
Cibinqo™ (abrocitinib tablets)	Inhibition of JAK pathways	AD
Olumiant® (baricitinib tablets)	Inhibition of JAK pathways	RA, AA
Litfulo® (ritlecitinib capsules)	Inhibition of JAK pathways	AA
Leqselvi® (deuruxolitinib tablets)	Inhibition of JAK pathways	AA
Rinvoq® (upadacitinib extended-release tablets)	Inhibition of JAK pathways	AD, AS, nr-axSpA, RA, PsA, UC
Rinvoq® LQ (upadacitinib oral solution)	Inhibition of JAK pathways	PsA, PJIA
Sotyktu® (deucravacitinib tablets)	Inhibition of TYK2	PsO
Xeljanz® (tofacitinib tablets/oral solution)	Inhibition of JAK pathways	RA, PJIA, PsA, UC
Xeljanz® XR (tofacitinib extended-release tablets)	Inhibition of JAK pathways	RA, PsA, UC
Zeposia® (ozanimod tablets)	Sphingosine 1 phosphate receptor modulator	UC
Velsipity® (etrasimod tablets)	Sphingosine 1 phosphate receptor modulator	UC

* Not an all-inclusive list of indications. Refer to the prescribing information for the respective agent for FDA-approved indications; SC – Subcutaneous; TNF – Tumor necrosis factor; AS – Ankylosing spondylitis; CD – Crohn's disease; JIA – Juvenile idiopathic arthritis; PsO – Plaque psoriasis; PsA – Psoriatic arthritis; RA – Rheumatoid arthritis; UC – Ulcerative colitis; nr-axSpA – Non-radiographic axial spondyloarthritis; IV – Intravenous, PJIA – Polyarticular juvenile idiopathic arthritis; IL – Interleukin; SJIA – Systemic juvenile idiopathic arthritis; ^ Off-label use of Kineret in JIA supported in guidelines; ERA – Enthesitis-related arthritis; DMARD – Disease-modifying antirheumatic drug; PDE4 – Phosphodiesterase 4; JAK – Janus kinase; AD – Atopic dermatitis; AA – Alopecia areata; TYK2 – Tyrosine kinase 2.