Arcalyst® (rilonacept) For Injection

Protect against flares of recurrent pericarditis

Your choice matters:
ARCALYST is the first and only FDA-approved treatment for recurrent pericarditis[1]

2025 ACC Concise Clinical Guidance on the Diagnosis and Management of Pericarditis affirms the key role of interleukin (IL)-1 pathway inhibition in the treatment of recurrent pericarditis[2]

ACC, American College of Cardiology

INDICATION

ARCALYST is indicated for the treatment of recurrent pericarditis (RP) and reduction in risk of recurrence in adults and pediatric patients 12 years and older.

IMPORTANT SAFETY INFORMATION

Warnings and Precautions

- Interleukin-1 (IL-1) blockade may interfere with the immune response to infections. Treatment with another medication that works through inhibition of IL-1 or inhibition of tumor necrosis factor (TNF) is not recommended as this may increase the risk of serious infection. Serious, life-threatening infections have been reported in patients taking ARCALYST. Do not initiate treatment with ARCALYST in patients with an active or chronic infection.

Please see Important Safety Information throughout and full Prescribing Information.

Earlier diagnosis and appropriate intervention can make a difference[3]

There are an estimated 160,000 individuals with pericarditis in the United States[4]

~1 in 3 individuals with an initial episode of pericarditis may experience a recurrence within 18 months[3,*]

~40K individuals seek care for recurrent pericarditis annually[3,*]

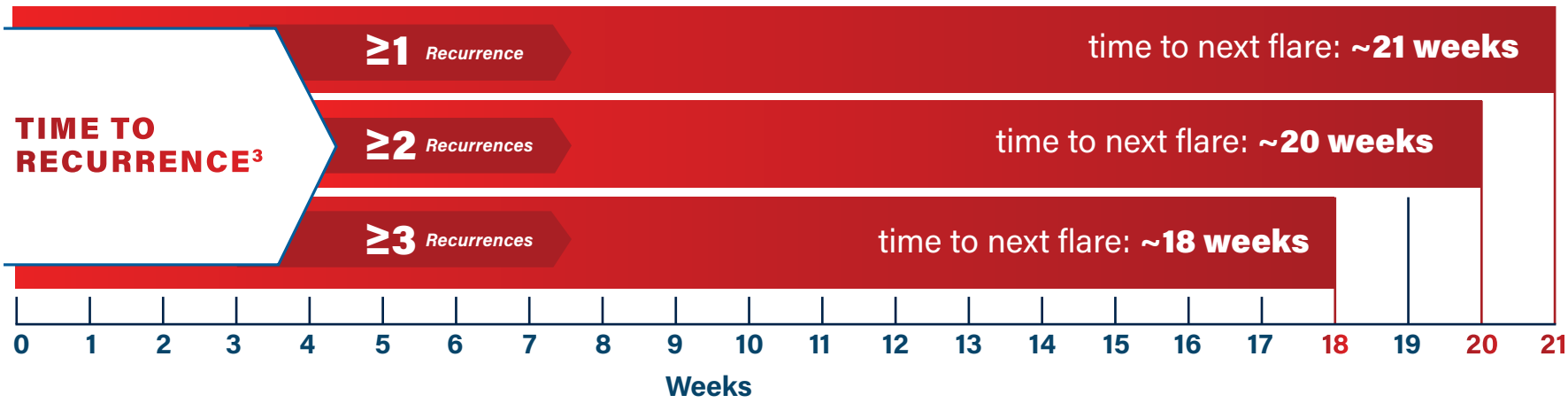
With multiple events, the risk of recurrence increases, while the time to recurrence decreases[3]

RISK OF RECURRENCE[3]

Nearly doubles after the first recurrence

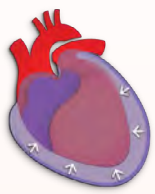
AFTER 1ST EPISODE	*AFTER 1ST RECURRENCE*	*AFTER 2ND RECURRENCE*
28%	**47%**	**54%**
(2096 of 7502 patients)	*(994 of 2096 patients)*	*(541 of 994 patients)*

TIME TO RECURRENCE[3]



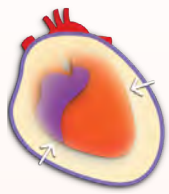
Patients with recurrent pericarditis have heightened risk of serious complications vs the overall pericarditis population[3,*]

Pericardial effusion:



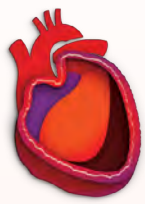
~3x greater (49% vs 18.1%)

Cardiac tamponade:



~2x greater (8.9% vs 5.1%)

Constrictive pericarditis:



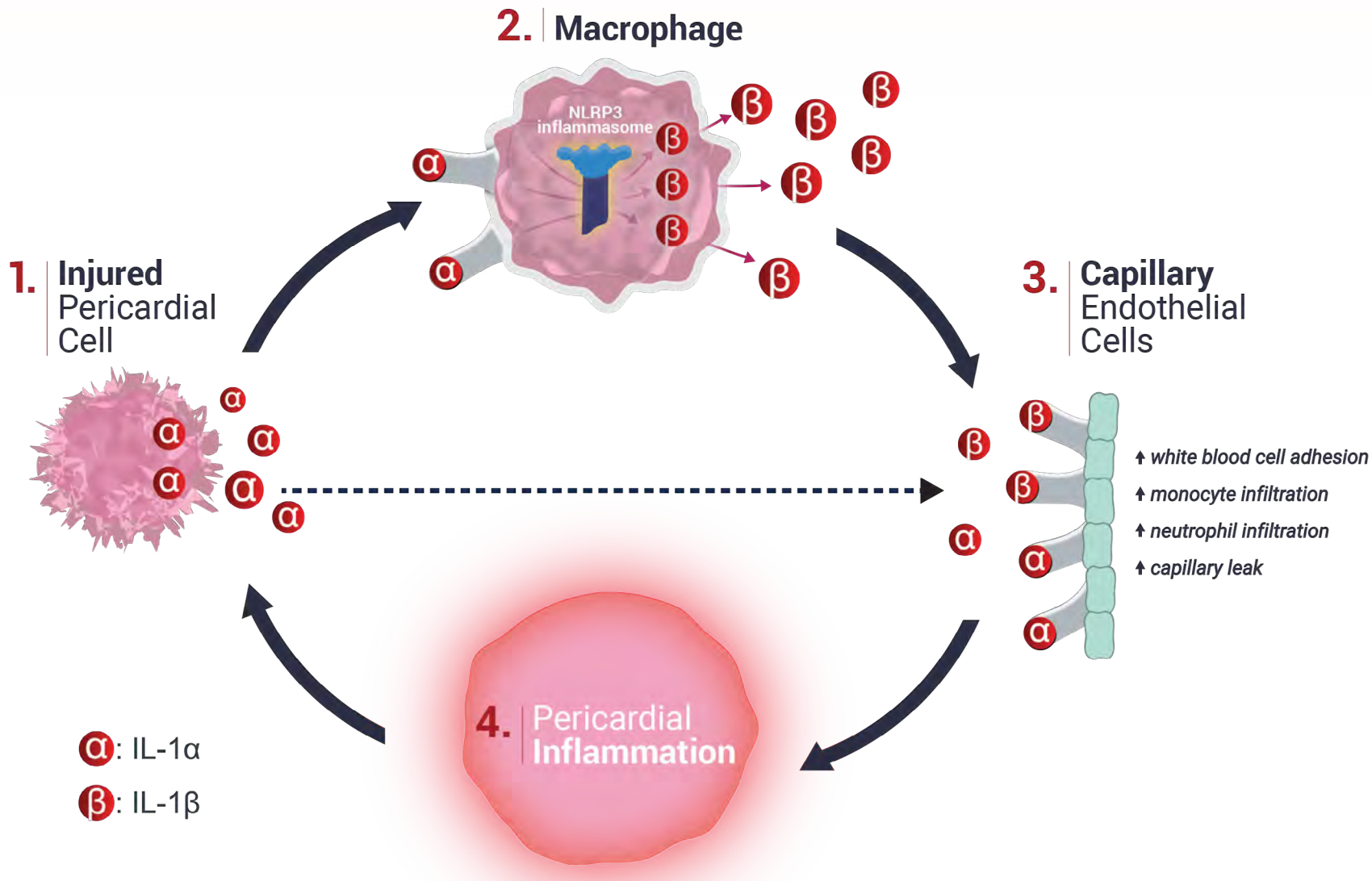
~2x greater (3.9% vs 1.7%)

*Klein et al. *JAHA* 2021. Data from the PharMetrics Plus database, collected between January 1, 2013 and March 31, 2018, were used for this retrospective analysis (N=7502 patients with pericarditis, 2096 of whom experienced ≥2 recurrences). These data may be underestimations since nearly 10 years have passed since their collection.

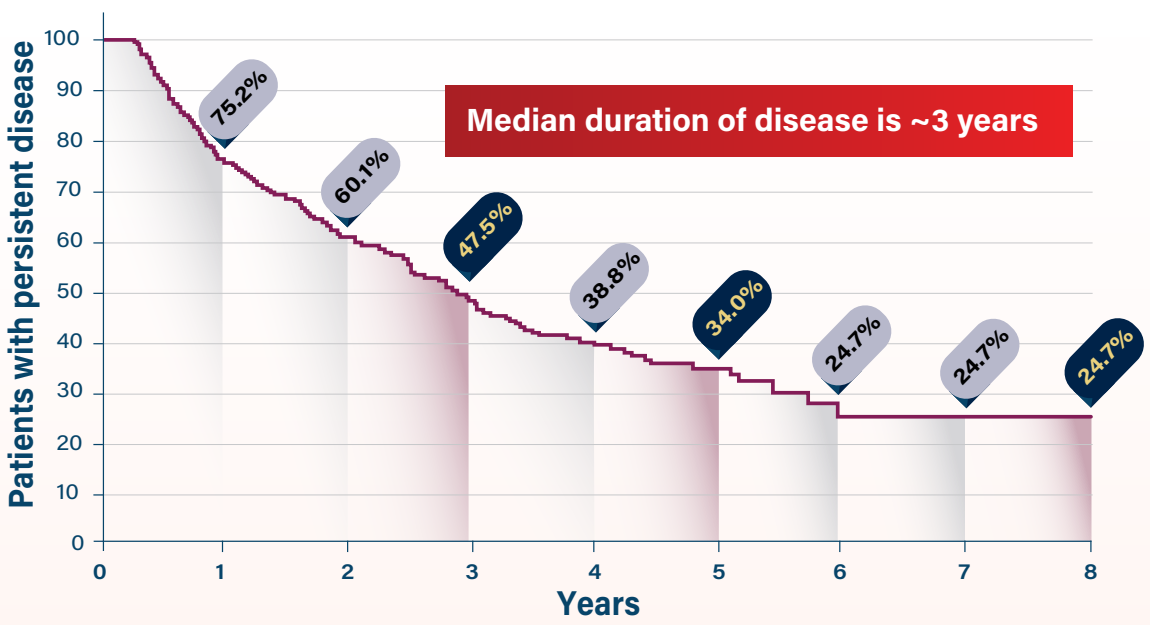
Without appropriate intervention, patients with recurrent pericarditis may suffer from the disease for years[5-7]

Recurrent pericarditis is a chronic, IL-1-driven autoinflammatory disease often lasting 3 years or more in many patients with multiple* recurrences[5,6]

*Defined as ≥2 or more recurrences.



Observational study of 375 patients with multiple* recurrences of recurrent pericarditis[5]



- Approximately one-third of patients were still suffering at **5 years**†
- Approximately one-quarter of patients were suffering at **8 years**†

IL, Interleukin.

Data from Optum Health Care Solutions, Inc., collected from January 1, 2007 through March 31, 2017 were analyzed.

*Defined as ≥2 or more recurrences.

†Median duration of disease in patients with recurrent pericarditis who experienced multiple recurrences.

Are any of these four patients **similar to those in your practice?**

Below are real patients who were diagnosed with recurrent pericarditis—for each patient, read more for a snapshot of their journey and previous treatments.

Unrecognized burden

"It feels like sharp stabbing pain that radiates to your back."

Vanessa, 40

CLINICAL HIGHLIGHTS

Symptoms: Starting at disease onset, she experienced fatigue, chest pain, difficulty breathing, and frequent illnesses

Impact: Absences at work and school combined with feelings of social isolation

Initial treatment: Delayed receiving treatment for 2 years due to misdiagnoses. Initially treated with steroids and colchicine; subsequent transition to anakinra, however, had limited response and an allergic reaction

Discontinued steroids

"We tried tapering off prednisone. My inflammation markers rose and I experienced another flare."

Zenda, 54

CLINICAL HIGHLIGHTS

Symptoms: From disease onset, she experienced chest pain, shortness of breath, and fatigue

Impact: Difficulty accomplishing work and chores

Initial treatment: Initially treated with colchicine; experienced a second recurrence and subsequently treated with steroids, however, experienced side effects while on treatment

In a Harris Poll survey of 125 patients with recurrent pericarditis[8]:

85% said they **often feel like they "fall through the cracks"***

88% **want their doctor to ask more questions** about symptoms and/or flares*

*This survey was conducted online within the United States by The Harris Poll on behalf of Kiniksa Pharmaceuticals from May 4–June 1, 2023. Among 125 US adults ages 18+ who were diagnosed with recurrent pericarditis and were not currently pregnant or breastfeeding and had never used/were not currently using an IL-1 antagonist. The sampling precision of Harris online polls was measured using a Bayesian credible interval. For this study, the sample data were accurate to within +/– 8.7 percentage points using a 95% confidence level.[8]

IMPORTANT SAFETY INFORMATION (continued)

Warnings and Precautions (continued)

- Discontinue ARCALYST if a patient develops a serious infection.

Please see Important Safety Information throughout and full Prescribing Information.

Arcalyst® (rilonacept) For Injection

While each patient with recurrent pericarditis may present differently, **the burden of disease remains meaningful.**[8]

Cycled NSAIDs/colchicine

"When I've had flares, they affected everything. I've had to resign from my job—it was my identity."

Cathy, 56

CLINICAL HIGHLIGHTS

Symptoms: First symptoms included fatigue, chest pain, and dizziness

Impact: Once very active with exercise, but her flares made her more sedentary

Initial treatment: Initial treatments included repeated cycles of NSAIDs and colchicine; she experienced 12 flares in 5 years

Consistency was critical

"I thought this was behind me after the last treatment."

Gary, 50

CLINICAL HIGHLIGHTS

Symptoms: Initial symptoms included chest pain and difficulty breathing

Impact: Forced to take an extended absence from work due to difficulty walking

Initial treatment: Discontinued prematurely after 3 months while not experiencing symptoms, but had a recurrence within 30 days

In a Harris Poll survey of 125 patients with recurrent pericarditis[8]:

70% **missed out on important events or functions** due to recurrent pericarditis

86% were worried they could **have a flare at any time**

IMPORTANT SAFETY INFORMATION (continued)

Warnings and Precautions (continued)

- It is possible that taking drugs such as ARCALYST that block IL-1 may increase the risk of tuberculosis (TB) or other atypical or opportunistic infections.

Please see Important Safety Information throughout and full Prescribing Information.

Arcalyst® (rilonacept) For Injection

Patients may suffer for years before an accurate diagnosis[5,8]

In a Harris Poll survey of 125 patients with recurrent pericarditis[8]:

96% were misdiagnosed with other conditions before receiving an accurate diagnosis*

~3 episodes on average prior to recurrent pericarditis diagnosis*

2025 ACC CCG: Criteria for Diagnosis of Recurrent Pericarditis

According to the 2025 ACC CCG, a diagnosis of recurrent pericarditis follows the same criteria as first-episode pericarditis, plus a symptom-free interval of ≥4 to 6 weeks

Must be present:
Pleuritic chest pain
(or equivalent suggestive presentation)†

and

1 more finding (possible diagnosis)
2 or more findings (definite diagnosis)

Findings may include:

- ✓ Inflammatory biomarkers (e.g., CRP)
- ✓ Electrocardiogram changes
- ✓ Pericardial friction rub
- ✓ Cardiac imaging evidence of new or worsening pericardial effusion (e.g., echocardiogram)
- ✓ Cardiac imaging evidence of pericardial inflammation (e.g., magnetic resonance imaging)

ACC, American College of Cardiology; CRP, C-reactive protein.

*This survey was conducted online within the United States by The Harris Poll on behalf of Kiniksa Pharmaceuticals from May 4–June 1, 2023. Among 125 US adults ages 18+ who were diagnosed with recurrent pericarditis and were not currently pregnant or breastfeeding and had never used/were not currently using an IL-1 antagonist. The sampling precision of Harris online polls was measured using a Bayesian credible interval. For this study, the sample data were accurate to within +/– 8.7 percentage points using a 95% confidence level.[8]

†If there are no other findings, recurrent pericarditis is unlikely but cannot be ruled out.[2]

IMPORTANT SAFETY INFORMATION (continued)

Warnings and Precautions (continued)

- Although the impact of ARCALYST on infections and the development of malignancies is not known, treatment with immunosuppressants, including ARCALYST, may result in an increase in the risk of malignancies.

Please see Important Safety Information throughout and full Prescribing Information.

Arcalyst® (rilonacept) For Injection

ACC CCG affirms the role of ARCALYST: The next step in care after NSAIDs + colchicine and instead of corticosteroids.[2]

IL-1 pathway inhibition is an ACC-recommended next therapy after initial treatment for recurrent pericarditis

INITIAL THERAPY:
NSAID or aspirin plus colchicine

NO RESPONSE
(autoinflammatory phenotype)*

RECOMMENDED NEXT LINE OF THERAPY:
IL-1 pathway inhibition (e.g., ARCALYST)

ARCALYST blocks IL-1 signaling, breaking the cycle of IL-1-mediated autoinflammation, a key **driver of recurrent pericarditis**[1,2]

CONSIDER CORTICOSTEROID

Traditional therapies, such as **corticosteroids, do not target the underlying disease** directly[2]

REFRACTORY CASES

CONSIDER RADICAL PERICARDIECTOMY
(at a high-volume surgical center)

Adapted from Wang TKM, et al. *J Am Coll Cardiol.* 2025.

- "**No response**" refers to individuals who experience recurrences or intolerance to NSAIDs or aspirin + colchicine[2]

NSAIDs, Nonsteroidal Anti-inflammatory Drugs.

*Autoinflammatory phenotype is defined as patients having fever and/or elevation of C-reactive protein and/or cardiac magnetic resonance imaging evidence of pericardial inflammation.

IMPORTANT SAFETY INFORMATION (continued)

Warnings and Precautions (continued)

- Hypersensitivity reactions associated with ARCALYST occurred in clinical trials. Discontinue ARCALYST and initiate appropriate therapy if a hypersensitivity reaction occurs.

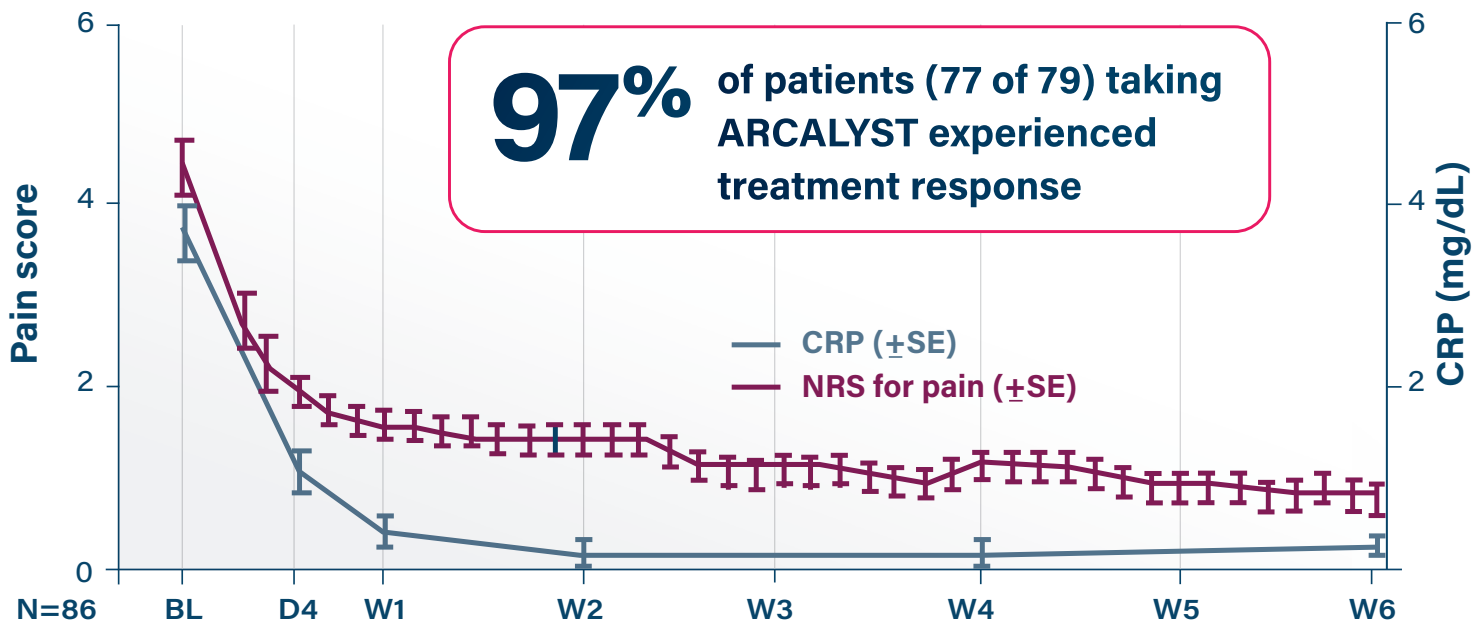
Please see Important Safety Information throughout and full Prescribing Information.

Arcalyst® (rilonacept) For Injection

In RHAPSODY,

ARCALYST delivered rapid treatment response— as early as after the first dose[1,9]

RHAPSODY run-in period: ARCALYST delivered rapid treatment response in patients with recurrent pericarditis[1]



Median time to **treatment response*: 5 days** (95% CI: 4.0, 7.0)

Median time to **pain response: 5 days** (95% CI: 4.0, 6.0)

Median time to **CRP normalization: 7 days** (95% CI: 5.0, 8.0)

*Time to treatment response was defined as the time from the first dose to the first day when pericardial pain was NRS ≤2 (0-10) and CRP ≤0.5 mg/dL (measured within 7 days before or after the pain response).[9]

In RHAPSODY, ARCALYST was steroid sparing[9]:

- 48% (41 of 86) of patients were receiving corticosteroids at baseline
- 100% of the 41 patients receiving corticosteroids (CS) at baseline were able to transition off CS soon after initiating therapy†
- Median time to ARCALYST monotherapy was 7.9 weeks†
- No patient in the randomized-withdrawal period had a reintroduction of CS therapy

†Medications used at baseline: NSAIDs (n=58), colchicine (n=69), or corticosteroids (n=41), alone or in combination.[9]
BL, Baseline; CI, Confidence Interval; CRP, C-reactive protein; NRS, Numerical Rating Scale; SE, Standard Error.

IMPORTANT SAFETY INFORMATION (continued)

Warnings and Precautions (continued)

- Increases in non-fasting lipid profile parameters occurred in patients treated with ARCALYST in clinical trials. Patients should be monitored for changes in their lipid profiles.

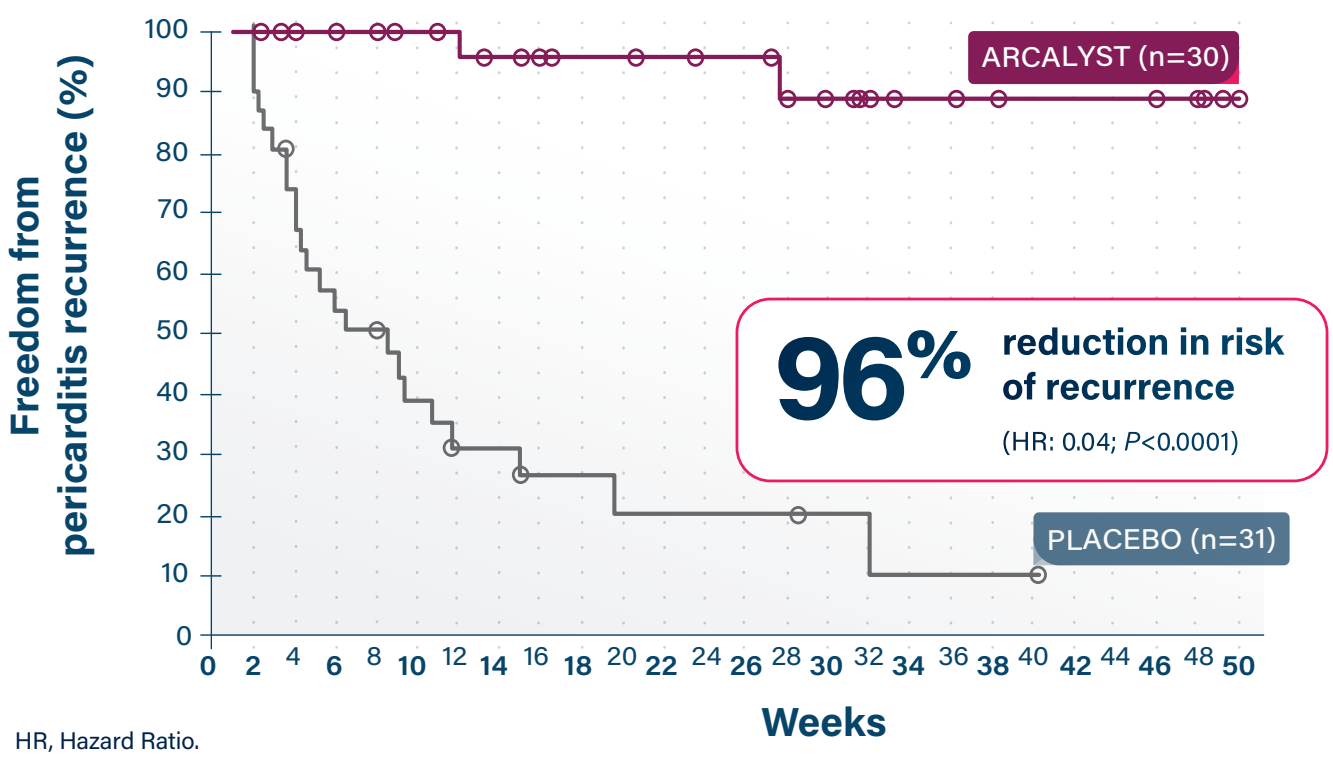
Please see Important Safety Information throughout and full Prescribing Information.

Arcalyst® (rilonacept) For Injection

In RHAPSODY,

ARCALYST provided sustained reduction in recurrence of flares while on treatment[1,9]

RHAPSODY randomized-withdrawal period (primary endpoint)*



- Recurrence-free rate was 93% (28 of 30) for ARCALYST and 26% for placebo (8 of 31) at the time that the event-driven, randomized-withdrawal period was closed
- All recurrences in patients treated with ARCALYST occurred during temporary treatment interruptions of 1-3 doses

HR, Hazard Ratio.
*Primary efficacy endpoint was the time to first adjudicated recurrence.

In the randomized-withdrawal period, patients on ARCALYST reported 92% of trial days with minimal to no pericarditis pain compared to 40% of trial days for patients on placebo (*P*<0.0001)†

†Secondary endpoint assessed at Week 16 of the withdrawal period. Rated using the 11-point numeric rating scale (NRS) for average pericarditis pain intensity (0-10). A pain rating of NRS ≤2 indicates no pain to minimal pain.

"After starting ARCALYST, I didn't experience any flares or recurrent pericarditis-related pain. I was able to be more present for my family."

- Leslie, patient previously treated with ARCALYST

IMPORTANT SAFETY INFORMATION (continued)

Warnings and Precautions (continued)

- Since no data are available, avoid administration of live vaccines while patients are receiving ARCALYST. ARCALYST may interfere with the normal immune response to new antigens, so vaccines may not be effective in patients receiving ARCALYST. It is recommended that, prior to initiation of therapy with ARCALYST, patients receive all recommended vaccinations, as appropriate.

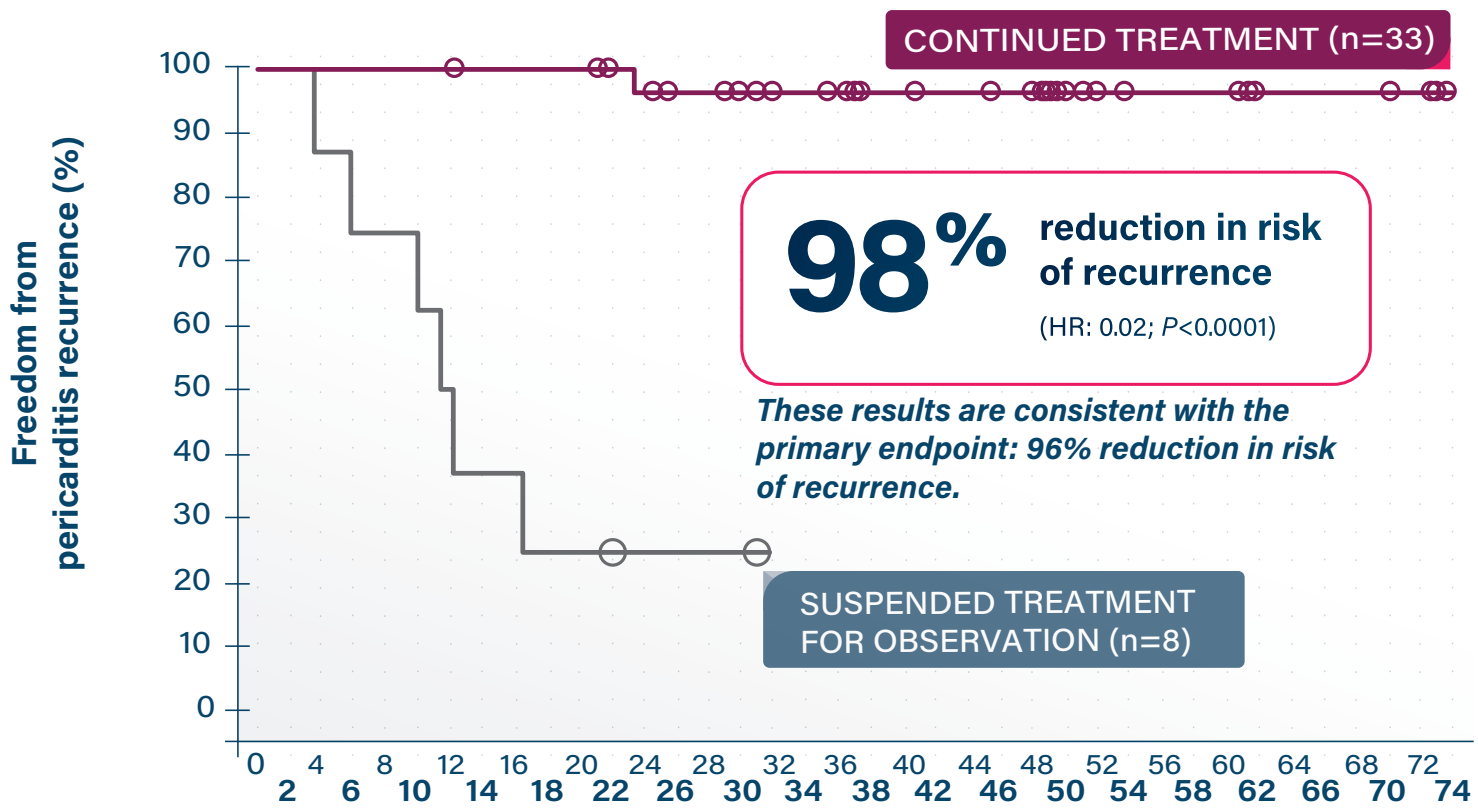
Please see Important Safety Information throughout and full Prescribing Information.

Arcalyst® (rilonacept) For Injection

In RHAPSODY,

ARCALYST provided sustained prevention of pericarditis flares while on treatment[10]

RHAPSODY long-term extension after the 18-month decision milestone



- Recurrence-free rate was 97% (32 of 33) for ARCALYST and 25% (2 of 8) for those who suspended therapy
- The 1 recurrence in the ARCALYST group occurred during a treatment interruption of 4 weeks

> **"I started taking ARCALYST in April of 2021. Since starting ARCALYST, I haven't experienced any flares."**
>
> - Zenda, patient on ARCALYST*

*As of June 2026.

IMPORTANT SAFETY INFORMATION (continued)

Adverse Reactions

- The most common adverse reactions (≥10%) include injection-site reactions and upper respiratory tract infections.

Please see Important Safety Information throughout and full Prescribing Information.

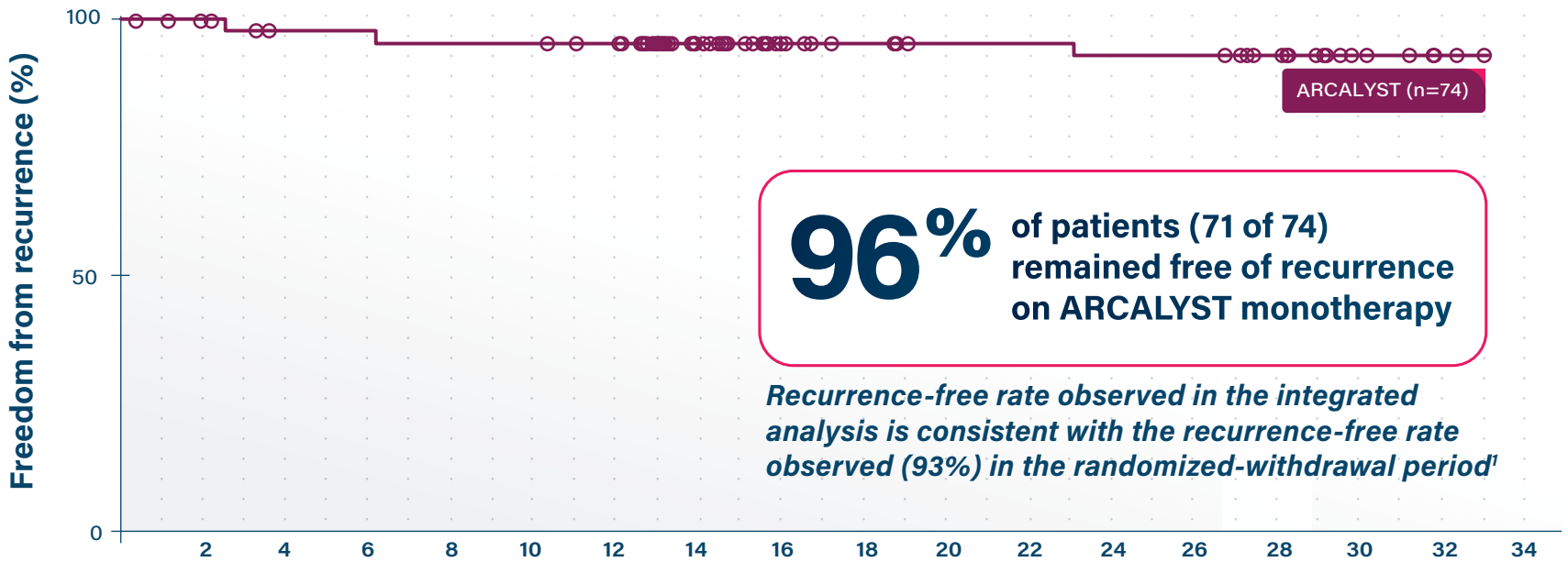
Arcalyst® (rilonacept) For Injection

In RHAPSODY,

The vast majority of patients remained free of recurrence on ARCALYST monotherapy for up to 3 years[11]

ARCALYST as **monotherapy for long-term recurrent pericarditis management**: Sustained disease control up to 3 years

(integrated post-hoc analysis from the randomized-withdrawal period and long-term extension)



- All recurrences in patients treated with ARCALYST occurred during temporary treatment interruptions of 1-3 doses[10]
- Data are from an integrated post-hoc analysis and should be interpreted within that context[11]

IMPORTANT SAFETY INFORMATION

Drug Interactions

- In patients being treated with CYP450 substrates with narrow therapeutic indices, therapeutic monitoring of the effect or drug concentration should be performed, and the individual dose of the medicinal product may need to be adjusted.

Please see Important Safety Information throughout and full Prescribing Information.

Arcalyst® (rilonacept) For Injection

Proven safety profile in recurrent pericarditis[1,9]

TEAEs occurring in the run-in and randomized-withdrawal periods of the RHAPSODY study in ≥5% of patients with recurrent pericarditis[9]

TEAE	ARCALYST or Placebo, n (%) (n=86)
Patients with any TEAE	74 (86.0)
Injection-site reactions*	29 (33.7)
***Upper respiratory infections**†*	19 (22.1)
Arthralgia	10 (11.6)
Myalgia	10 (11.6)
Headache	7 (8.1)
Musculoskeletal chest pain	7 (8.1)
Cough	6 (7.0)
Back pain	5 (5.8)
Diarrhea	5 (5.8)
Fatigue	5 (5.8)

During the run-in and randomized-withdrawal periods (n=86):

- No AEs led to death
- Four AEs led to treatment discontinuation*
- Five SAEs occurred: One during the run-in period (stroke due to carotid artery dissection), one in the ARCALYST treatment arm (squamous cell carcinoma), one in the placebo arm (cardiac flutter), and two in the placebo arm following ARCALYST bailout (pyrexia and ileus)

AEs reported in RHAPSODY were generally consistent with adverse events in the Prescribing Information.[1]

In the long-term extension (median duration: 22 months, maximum 35 months), adverse events were generally consistent with the Phase 3 pivotal trial.[9,10]

ARCALYST demonstrated a generally consistent long-term safety profile[1,9,10]

AE, Adverse Event; SAE, Serious Adverse Event; TEAE, Treatment-Emergent Adverse Event.

*Injection-site reactions include events occurring at the injection site; other events anatomically distant from the injection site may have been assessed as injection-site reactions.[9]

†Pooled terms, patients counted only once within a preferred term or system organ class.[9]

IMPORTANT SAFETY INFORMATION (continued)

INDICATION

ARCALYST is indicated for the treatment of recurrent pericarditis (RP) and reduction in risk of recurrence in adults and pediatric patients 12 years and older.

Please see Important Safety Information throughout and full Prescribing Information.

Arcalyst® (rilonacept) For Injection

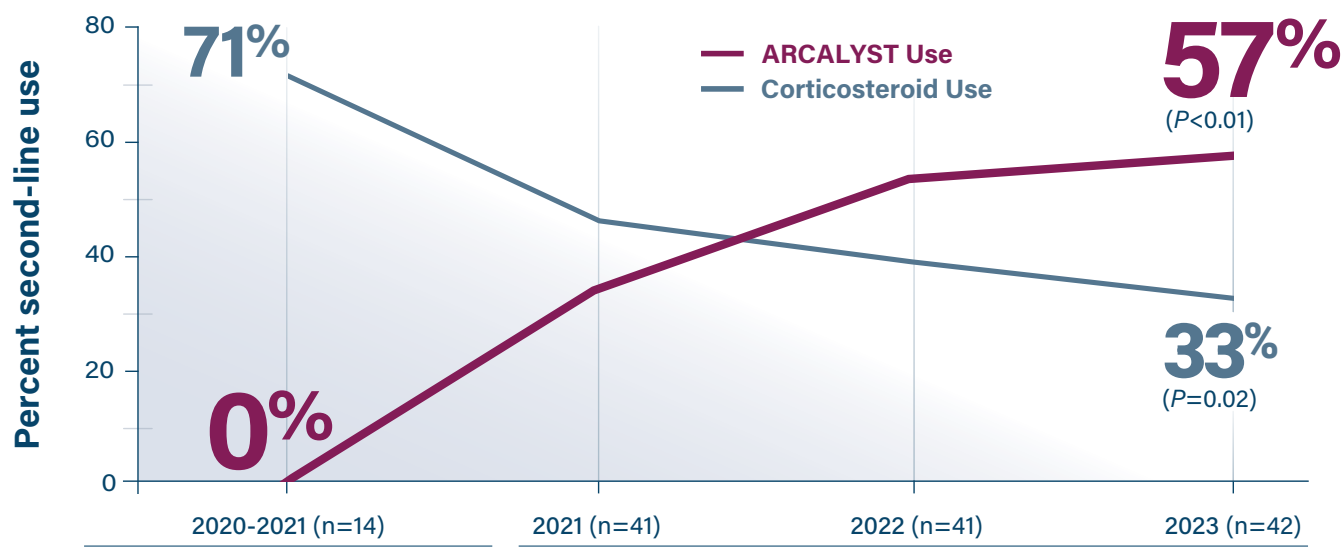
In the 3 years after the approval of ARCALYST in recurrent pericarditis,

Following NSAIDs + colchicine, **ARCALYST increasingly replaced corticosteroids**[12]

Data from RESONANCE, the **largest real-world registry** from expert centers of patients with **recurrent pericarditis**

Use in patients with recurrent pericarditis failing aspirin/NSAIDs/colchicine

- Data drawn from 313 patients with recurrent pericarditis from 29 sites*



RESONANCE builds on the RHAPSODY evidence-base[13]

- Real-world data from RESONANCE affirmed the evidence-based shift to a glucocorticoid-sparing paradigm recommended by the 2025 ACC CCG and the need for prompt escalation to effective second-line therapies for recurrent pericarditis

Interval data analysis: March 1, 2020 to December 31, 2023.[12]

These data are retrospective and observational in nature and should be interpreted within that context. Predictive value is therefore limited. Results are possibly subject to bias due to site experience; generalizability to centers with different experience levels may be affected.[14]

*RESONANCE registry sites as of the July 1, 2024 data cutoff: Cleveland Clinic Foundation, OH; Mayo Clinic Rochester, MN; Allegheny Health Network, PA; Brigham & Women's Hospital, MA; Massachusetts General Hospital, MA; NYU Langone Health, NY; Virginia Commonwealth University, VA; TKL Research (decentralized site), NJ; Northwell Health/Lenox Hill Hospital, NY; Barnes Jewish/Washington University in St. Louis, MO; Houston Methodist, TX; University of California, San Diego, CA; Minneapolis Heart Institute Foundation, MN; Johns Hopkins, MD; Pima Heart and Vascular, AZ; Seattle Children's Hospital, WA; Scripps, CA; CedarsSinai, CA; Northwestern University, IL; University of Utah, UT; University of Vermont, VT; Alaska Heart and Vascular Institute, AK; Swedish Medical Center/Providence Health, WA; Wayne State/Detroit Medical Center,MI; Cleveland Clinic – Florida, FL; University of Texas Southwestern, TX; Cincinnati Children's Hospital, OH; Children's National Hospital, DC; Christ Hospital, OH.[14]

IMPORTANT SAFETY INFORMATION (continued)

Warnings and Precautions (continued)

- Interleukin-1 (IL-1) blockade may interfere with the immune response to infections. Treatment with another medication that works through inhibition of IL-1 or inhibition of tumor necrosis factor (TNF) is not recommended as this may increase the risk of serious infection. Serious, life-threatening infections have been reported in patients taking ARCALYST. Do not initiate treatment with ARCALYST in patients with an active or chronic infection.
- Discontinue ARCALYST if a patient develops a serious infection.

Please see Important Safety Information throughout and full Prescribing Information.

Arcalyst® (rilonacept) For Injection

ARCALYST offers broad coverage across all major payer types and low out-of-pocket cost*

BROAD COVERAGE *across* **ALL MAJOR PAYER TYPES†** > **98%** **PA approval**

LOW *out-of-pocket* **COST** **$0**

*Eligible, commercially insured patients pay as little as **$0 per month** for ARCALYST treatment with the copay assistance program‡

> **"The folks put me in touch with Kiniksa OneConnect. I work with [my dedicated PAL] who is just great to work with. She helped me navigate all of the insurance and financial aspects."**
>
> - Warren, prescribed ARCALYST

Reimbursement Support

Insurance coverage and benefits

After verifying benefits with the insurer, the PAL will provide both you and your patient a summary of benefits, including the patient's copay responsibility.

PA support

We'll inform your office if a PA is required, including documentation required and how to submit.

Appeals support

If you receive notification that coverage has been denied, your PAL can provide a guide with a sample letter template for submitting a Letter of Appeal to the insurer.

Financial Assistance Programs

Commercial Copay Assistance Program‡

Eligible, commercially insured patients pay as little as $0 per month for treatment.

Quick Start Program§

Supports eligible patients with delay in coverage for treatment initiation.

- Program offered at no cost for up to 60 days while awaiting PA

Patient Assistance Program‖

Supports eligible patients with limited or no coverage for treatment.

- Qualified patients can receive treatment at no cost for up to 12 months

Eligibility requirements, terms and conditions, and restrictions apply.

PA, Prior Authorization; PAL, Patient Access Lead.

†Commercial, Medicare, Medicaid, Tricare, and Department of Defense. Based on completed cases in 2025.
‡To be eligible for the Kiniksa Copay Assistance Program, your patient must have commercial insurance, must not have Medicare, Medicaid, or other government insurance, and must meet other eligibility criteria. Your patient also must agree to the rules set forth in the terms and conditions for the program.
§Program offered for up to 60 days. To be eligible for the Kiniksa Quick Start Program, your patient must meet certain financial eligibility requirements. Please visit kiniksapolicies.com/qstart to review additional eligibility criteria.
‖Program offered for up to 12 months. Please visit kiniksapolicies.com/pap to review additional eligibility criteria.

IMPORTANT SAFETY INFORMATION (continued)

Warnings and Precautions (continued)

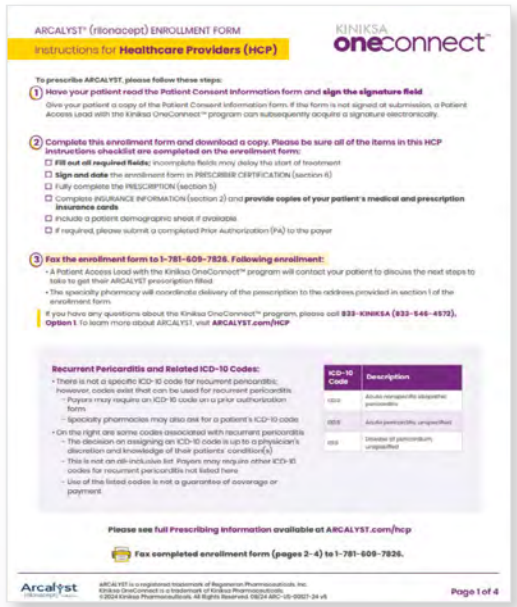
- It is possible that taking drugs such as ARCALYST that block IL-1 may increase the risk of tuberculosis (TB) or other atypical or opportunistic infections.

Please see Important Safety Information throughout and full Prescribing Information.

Kiniksa OneConnect™:
Comprehensive support throughout the treatment journey

ARCALYST Enrollment Form

Download an ARCALYST Enrollment Form with this QR code *or* at ARCALYST.com/enrollment


ARCALYST® (rilonacept) ENROLLMENT FORM

Instructions for **Healthcare Providers (HCP)**

KINIKSA oneconnect

To prescribe ARCALYST, please follow these steps:

1. **Have your patient read the Patient Consent information form and sign the signature field**
   Give your patient a copy of the Patient Consent information form. If the form is not signed at submission, a Patient Access Lead with the Kiniksa OneConnect™ program can subsequently acquire a signature electronically.
2. **Complete this enrollment form and download a copy. Please be sure all of the items in this HCP instructions checklist are completed on the enrollment form:**
   - ☐ **Fill out all required fields;** incomplete fields may delay the start of treatment
   - ☐ **Sign and date** the enrollment form in PRESCRIBER CERTIFICATION (section 6)
   - ☐ Fully complete the PRESCRIPTION (section 5)
   - ☐ Complete INSURANCE INFORMATION (section 2) and **provide copies of your patient's medical and prescription insurance cards**
   - ☐ Include a patient demographic sheet if available
   - ☐ If required, please submit a completed Prior Authorization (PA) to the payer
3. **Fax the enrollment form to 1-781-609-7826. Following enrollment:**
   - A Patient Access Lead with the Kiniksa OneConnect™ program will contact your patient to discuss the next steps to take to get their ARCALYST prescription filled.
   - The specialty pharmacy will coordinate delivery of the prescription to the address provided in section 1 of the enrollment form.

If you have any questions about the Kiniksa OneConnect™ program, please call **833-KINIKSA (833-546-4572), Option 1**. To learn more about ARCALYST, visit **ARCALYST.com/HCP**

Recurrent Pericarditis and Related ICD-10 Codes:

- There is not a specific ICD-10 code for recurrent pericarditis; however, codes exist that can be used for recurrent pericarditis
  - Payers may require an ICD-10 code on a prior authorization form
  - Specialty pharmacies may also ask for a patient's ICD-10 code
- On the right are some codes associated with recurrent pericarditis
  - The decision on assigning an ICD-10 code is up to a physician's discretion and knowledge of their patients' condition(s)
  - This is not an all-inclusive list. Payers may require other ICD-10 codes for recurrent pericarditis not listed here
  - Use of this listed codes is not a guarantee of coverage or payment

ICD-10 Code	Description
I30.0	Acute nonspecific idiopathic pericarditis
I32.0	Acute pericarditis, unspecified
I32.9	Disease of pericardium, unspecified

Please see full Prescribing Information available at ARCALYST.com/hcp

Fax completed enrollment form (pages 2-4) to 1-781-609-7826.

Arcalyst

ARCALYST is a registered trademark of Regeneron Pharmaceuticals, Inc. Kiniksa OneConnect is a trademark of Kiniksa Pharmaceuticals. ©2024 Kiniksa Pharmaceuticals. All Rights Reserved. 08/24 ARC-US-00027-24 v5

Page 1 of 4


PATIENT CONSENT INFORMATION

Please read the following, then complete and sign the areas indicated below.

oneconnect

I understand that the Kiniksa OneConnect™ program ("the Program") is a patient support service offered by Kiniksa Pharmaceuticals ("Kiniksa") to help eligible patients who have been prescribed a Kiniksa therapy to obtain financial assistance and access other patient support programs and services provided by the Program.

By signing below, I authorize my healthcare providers and staff (eg, physicians, pharmacies) and my insurance company to disclose in electronic or other form, personal health information about me, including information related to my medical condition and any treatment, my health insurance coverage, and my address, email address, and telephone number (collectively, my "PHI") to Kiniksa, its affiliates, agents, contractors, and representatives, and the Program so that Kiniksa may review, use, and disclose the PHI and information on this form for purposes of: (1) verifying, investigating, assisting with, and coordinating my coverage for the therapy with my healthcare provider or health insurers; (2) assessing my eligibility for co-pay assistance or free drug or referring me to other programs and sources of funding and financial support; (3) coordinating delivery of the therapy to me or my healthcare provider; (4) providing education, information on Kiniksa products, and support services to me related to the therapy; (5) gathering feedback on my therapy and/or disease state; (6) contacting me by mail, email, phone, or text for any of the above purposes; and (7) creating information that does not identify me personally for use other than for the legitimate purposes as set forth in this authorization. I also authorize Kiniksa and my healthcare providers and my insurance company to use my PHI to communicate with me about Kiniksa products and services. I authorize my pharmacy and Kiniksa contractors to receive remuneration from Kiniksa for disclosing or using my PHI and/or for providing support services as outlined in this authorization. I understand that once disclosed pursuant to this authorization, my PHI may no longer be protected under federal or state law and could be disclosed by Kiniksa to others, but I also understand that Kiniksa will make reasonable efforts to keep my PHI private and to disclose it only for purposes set forth in this authorization.

I understand that I do not have to sign this authorization to obtain health care treatment or benefits; however, in order to receive the services and communications described above, I must sign the authorization. I understand that I may cancel my authorization at any time by contacting Kiniksa by fax at 1-781-609-7828, or by mail at Kiniksa OneConnect Program, 100 Hayden Avenue, Lexington, MA 02421. My cancellation of this authorization will be effective for Kiniksa upon receipt, and will be effective for each of my healthcare providers and insurance companies when they are notified of it, but the cancellation will not affect prior uses or disclosures of PHI.

I understand that I have a right to receive a copy of this authorization.

I understand that this authorization will remain valid for 5 years after the date I sign it as shown below, unless I cancel it earlier as described above, or unless a shorter period is required under state or local laws.

If the form is not signed at submission, a Patient Access Lead with the Kiniksa OneConnect™ program can subsequently acquire a signature electronically.

***Required information.**

***PATIENT CONSENT** If patient consent on this form during submission is not possible, consent can be acquired electronically.

I have read, understand, and agree to all the PATIENT CONSENT INFORMATION and verify that the information I have provided in this authorization is complete and accurate.

*Printed Name of Patient, Legal Guardian, or Personal Representative:

*Relationship to Patient: Email:

*Signature of Patient, Legal Guardian, or Personal Representative: *Date:

Please review the statements below. Checking these boxes is optional.

☐ By checking this box, I consent to receive recurring text messages from the Kiniksa OneConnect™ program, including service updates and medication reminders, to the number I have provided. Message and data rates may apply. I am not required to provide my consent as a condition to receiving any goods or services. I can text STOP to unsubscribe any time. For more details, please visit kiniksapolicies.com/privacy.html

☐ By checking this box, I consent to participate in marketing surveys and receive marketing communications and materials from Kiniksa via phone, mail, or email. I understand that the personal data I provide on this form may be shared with third parties operating on behalf of Kiniksa to conduct market research. I also authorize Kiniksa and these third parties to contact me for market research purposes. I understand that I may opt out of receiving such messages at any time by calling 833-KINIKSA (833-546-4572) or emailing KiniksaOneConnect@kiniksa.com.

Fax completed enrollment form (pages 2-4) to 1-781-609-7826.

Page 3 of 4


ENROLLMENT FORM *Required information

oneconnect

4 *DIAGNOSIS FOR ARCALYST® (rilonacept) TREATMENT (Choose only ONE diagnosis below, A or B)

A Recurrent Pericarditis (RP) Diagnosis OR **B**

- ☐ I30.0 Acute nonspecific idiopathic pericarditis
- ☐ I32.0 Acute pericarditis, unspecified
- ☐ I32.9 Disease of pericardium, unspecified
- ☐ Unknown (ICD-10 Code:)
- ☐ Other (ICD-10 for RP Patient:)

5 *PRESCRIPTION FOR ARCALYST® (rilonacept) injectable sterile powder for reconstitution, 220 mg/vial
Reconstitute each single-dose vial of ARCALYST with 2.2 mL preservative-free sterile water for injection, resulting in 80 mg/mL solution. See full Prescribing Information for complete Dosing and Administration Instructions.

Patient first name: Last name: DOB: / /

FOR PATIENTS ≥18 YEARS OF AGE (or Recurrent Pericarditis (RP))	FOR PATIENTS 12 TO 17 YEARS OF AGE (for Recurrent Pericarditis (RP))
ARCALYST is dispensed as 4 vials per carton.	ARCALYST is dispensed as 4 vials per carton.
☐ LOADING DOSE: Inject 320 mg (given as two 2.2 mL (160 mg) injections) subcutaneously on day 1 (inject each dose at a different injection site). Then inject 2 mL (160 mg) for maintenance dose subcutaneously once weekly thereafter. Rotate injection sites.	☐ LOADING DOSE: Inject [from 12 calculation below] mL (mg) subcutaneously on day 1 (if dose volume is greater than 2 mL, administer at different injection sites). Loading dose should not exceed 320 mg (4 mL). Patient weight: kg x 4.4 mg = Loading Dose (LD) mg ÷ 80 mg/mL = mL
Quantity: 4 vials Days Supply: 28 Refills: 11	Quantity: vials Refills: 5
☐ MAINTENANCE DOSE: Inject 2 mL (160 mg) subcutaneously once weekly. Rotate injection sites.	☐ MAINTENANCE DOSE: Inject [from 12 calculation below] mL (mg) subcutaneously once weekly. Maintenance dose should not exceed 160 mg (2 mL). Rotate injection sites.
Quantity: 4 vials Days Supply: 28 Refills: ☐ 11 ☐ Other	Patient weight: kg x 2.2 mg = Maintenance Dose (MD) mg ÷ 80 mg/mL = mL
	Quantity: vials Days Supply: 28 Refills: ☐ 11 ☐ Other

Include supplies listed below for administration of ARCALYST (quantity and refills align with above ARCALYST dosing).

Preservative-free sterile water for injection
- 4 vials (5 mL or whatever is available) for loading/initial maintenance dose
- 4 vials (5 mL or whatever is available) for monthly maintenance dose

Ancillary supplies
- 32 sterile 1-milliliter (mL) disposable syringes
- 8 sterile disposable needles, 27-gauge, ½-in
- 32 sterile blunt-blocked needles with needle-covers, 18-gauge, 1 in or ½ in
- 20 alcohol wipes
- 8 gauze pads
- 1 puncture-resistant container for disposal of used needles, syringes, and vials

☐ QUICK START: Up to 60-days supply of free drug for eligible patients while awaiting payer determination. Prior authorization submission required. Terms and conditions apply.

Injection training for patient will be conducted by: ☐ Prescriber/Practice (In-Office) ☐ Kiniksa OneConnect™ Program Injection Training Support

6 *PRESCRIBER CERTIFICATION Please manually sign and date below. No rubber stamps, signature by other office personnel or computer-generated images are allowed.

Dispense As Written* / Brand Medically Necessary / Do Not Substitute / No Substitution / DAW / May Not Substitute

May Substitute / Product Selection Permitted / Substitution Permissible

Prescriber's signature: OR Prescriber's signature:

NPI#: Date: NPI#: Date:

If NP or PA, under direction of Dr. License #: If NP or PA, under direction of Dr. License #:

The prescriber is to comply with his/her state specific prescription requirements such as e-prescribing, state specific prescription form, fax language, etc. non-compliance with state specific requirements could result in outreach to the prescriber. **At the New York and lowa providers, please submit electronic prescriptions for ARCALYST (rilonacept) AND sterile water.**

By signing above, I certify that (1) the information contained in this application is current, complete, and accurate to the best of my knowledge; (2) the therapy is medically necessary and in the best interest of the patient identified above; (3) I have obtained and provided any consent required under federal and state law for the release and use of the patient's personal health information including diagnosis, treatment, medical information and insurance information contained on this form to Kiniksa Pharmaceuticals ("Kiniksa") and its agents, including commercial and field-based teams, for purposes of benefits verification and coordination of dispensing therapy, or to otherwise assist the patient to initiate or continue the prescribed therapy and/or to evaluate the patient's eligibility for the QuickStart Program, Patient Assistance Program, or other programs for ARCALYST; and (4) I will not seek payment from any payer, patient, or other source for this product provided directly to the patient.

I understand that I am under no obligation to prescribe any Kiniksa therapies, to participate in the Kiniksa OneConnect™ program, and that I have not received, nor will I receive, any remuneration or benefit for prescribing a Kiniksa therapy. I certify that I am not employed by a Kiniksa competitor (or its contractor).

I authorize Kiniksa and its agents to convey the above prescription by any means allowed under applicable law to the dispensing pharmacy.

Fax completed enrollment form (pages 2-4) to 1-781-609-7826.

Page 4 of 4

The Kiniksa OneConnect™ program is designed to simplify the treatment experience for your patients.

Once your patient is enrolled in the program, a dedicated PAL will be the point of contact for your patient throughout their treatment journey.

PAL, Patient Access Lead.

KINIKSA oneconnect®

IMPORTANT SAFETY INFORMATION (continued)

Warnings and Precautions (continued)

- Although the impact of ARCALYST on infections and the development of malignancies is not known, treatment with immunosuppressants, including ARCALYST, may result in an increase in the risk of malignancies.

Please see Important Safety Information throughout and full Prescribing Information.

A chance at freedom from future flares for your patients with recurrent pericarditis

In recurrent pericarditis, treat a key driver of disease, not just the symptoms[1,2]

- Traditional oral therapies, such as corticosteroids, do not target the underlying disease directly[2]
- ARCALYST targets IL-1-mediated autoinflammation, a key driver of recurrent pericarditis[1,2]

The totality of clinical trials evidence, including data from RHAPSODY, has informed both published guidance and real-world practice of a steroid-sparing paradigm in recurrent pericarditis[2,12]

Your choice matters:
After NSAIDs/colchicine, consider ARCALYST—the first and only FDA-approved treatment for recurrent pericarditis[1,2]

"ARCALYST wasn't just a 'Band-Aid' for symptoms—I was excited to try a treatment shown to treat the disease and reduce the risk of recurrences."

- Leslie, patient previously treated with ARCALYST

References: 1. ARCALYST. Package insert. Kiniksa Pharmaceuticals; 2025. **2.** Wang TKM, Klein AL, Cremer PC, et al. 2025 concise clinical guidance: an ACC expert consensus statement on the diagnosis and management of pericarditis: a report of the American College of Cardiology Solution Set Oversight Committee. *J Am Coll Cardiol*. 2025;86(25):2691-2719. doi:10.1016/j. jacc.2025.05.023 **3.** Klein A, Cremer P, Kontzias A, et al. US database study of clinical burden and unmet need in recurrent pericarditis. *J Am Heart Assoc*. 2021;10(15):e018950. doi:10.1161/JAHA.120.018950 **4.** Luis SA, LeWinter MM, Magestro M, et al. Estimating the US pericarditis prevalence using national health encounter surveillance databases. *Curr Med Res Opin*. 2022;38(8):1385-1389. doi :10.1080/03007995.2022.2070381 **5.** Lin D, Laliberté F, Majeski C, et al. Disease and economic burden associated with recurrent pericarditis in a privately insured United States population. *Adv Ther.* 2021;38(10):5127-5143. doi:10.1007/ s12325-021-01868-7 **6.** Dinarello CA, Simon A, van der Meer JWM. Treating inflammation by blocking IL-1 in a broad spectrum of diseases. *Nat Rev Drug Discov*. 2012;11(8):633-652. doi:10.1038/nrd3800 **7.** Imazio M, Mardigyan V, Andreis A, Franchin L, De Biasio M, Collini V. New developments in the management of recurrent pericarditis. *Can J Cardiol*. 2023;39(8):1103-1110. doi:10.1016/j.cjca.2023.04.008 **8.** Data on file. Kiniksa Pharmaceuticals. **9.** Klein AL, Imazio M, Cremer P, et al. Phase 3 trial of interleukin-1 trap rilonacept in recurrent pericarditis. *N Engl J Med*. 2021;384(1):31-41. doi:10.1056/NEJMoa2027892 **10.** Imazio M, Klein AL, Brucato A, et al. Sustained pericarditis recurrence risk reduction with long-term rilonacept. *J Am Heart Assoc*. 2024;13(6):e032516. doi:10.1161/JAHA.123.032516 **11.** Lotan D, Imazio M, Klein AL, et al; for the RHAPSODY Investigators. Rilonacept as monotherapy for long-term recurrent pericarditis management: sustained disease control over three years. Presented at: European Society of Cardiology Congress; August 29, 2025-September 1, 2025; Madrid, Spain. **12.** Cremer PC, Luis SA, Garshick MS, et al. IL-1 pathway inhibition in recurrent pericarditis management: real-world adoption of corticosteroid sparing in RESONANCE. *JACC Adv*. 2025;4(9):102050. doi:10.1016/j.jacadv.2025.102050 **13.** Cremer PC, Garshick MS, Luis SA, et al. Rilonacept reduces pericarditis recurrence risk, hospitalizations, and ED visits: outcomes from the RESONANCE patient registry. Poster presented at: American College of Cardiology (ACC) Annual Scientific Session; March 28–30, 2026; New Orleans, LA. **14.** Cremer PC, Garshick M, Luis SA, et al. Increased adoption of IL-1 pathway inhibition and the steroid-sparing paradigm shift: temporal trends in recurrent pericarditis treatment from the RESONANCE patient registry. Poster presented at: European Society of Cardiology Congress; August 30–September 2, 2024; London, UK.

IMPORTANT SAFETY INFORMATION (continued)

Warnings and Precautions (continued)

- Hypersensitivity reactions associated with ARCALYST occurred in clinical trials. Discontinue ARCALYST and initiate appropriate therapy if a hypersensitivity reaction occurs.

Please see Important Safety Information throughout and full Prescribing Information.

Arcalyst® (rilonacept) For Injection | KINIKSA

07/26 ARC-US-00073

ARCALYSThcp.com