

4. Has the patient had failure to an adequate trial (3 months) of two disease modifying anti-rheumatic drugs (DMARDs) regimens (one must be methotrexate)? Y N

If yes, list medications tried: _____

Note: Monotherapy regimen: methotrexate (MTX), hydroxychloroquine (HCQ), leflunomide (LEF), sulfasalazine (SSZ).

Combination regimen: MTX+SSZ+HCQ; MTX+HCQ, MTX+LEF, MTX+SSZ, SSZ+HCQ

[If yes, skip to question 6.]

5. Does the patient have a contraindication to methotrexate? Y N

Note: Contraindications such as Pregnancy, alcoholism, Chronic liver disease, Leukopenia, thrombocytopenia, or anemia.

If yes, please document contraindication:_____

[If no, then no further questions]

6. Has the patient had a trial and failure of at least one formulary anti-TNF? Y N

Please list agent tried:_____

[If no, then no further questions.]

7. Is the patient at least 18 years of age? Y N

[If no, then no further questions.]

[If yes, skip to question 16.]

8. Does the patient have a diagnosis of juvenile idiopathic arthritis (JIA)? Y N

[If no, skip to question 13.]

9. Does the patient have the systemic subtype of JIA? Y N

[If no, then no further questions.]

10. Does the patient currently have ACTIVE systemic features AND synovitis in at least one joint? Y N

Note: Systemic features such as fever, evanescent rash, lymphadenopathy, hepatomegaly, splenomegaly, or serositis.

If yes, please list: _____

[If yes, skip to question 15.]

11. Does the patient continue to have synovitis in at least 1 joint despite 3 months of treatment with methotrexate or leflunomide? Y N

[If yes, skip to question 15.]

12. Does the patient have contraindications to methotrexate and leflunomide? Y N

Note: Contraindications such as Pregnancy, alcoholism, Chronic liver disease, Leukopenia, thrombocytopenia, or anemia.

If yes, please document contraindication: _____

[If no, then no further questions.]

[If yes, skip to question 15.]

13. Does the patient have a diagnosis of Cryopyrin-Associated Periodic Syndromes (CAPS)? Y N

[If no, then no further questions.]

14. Has the diagnosis been confirmed by a positive genetic test for the NALP3, CIAS1, or NLRP3 mutation(s)? Y N

[If no, then no further questions.]

[If yes, skip to question 16.]

15. Is the patient at least 2 years of age? Y N

[If no, then no further questions.]

16. Is Kineret being prescribed by, or in consultation with a rheumatologist? Y N

[If no, then no further questions.]

17. Has the patient been screened for latent tuberculosis (TB) and hepatitis B? Y N

