Understanding Long-term Prophylaxis for Hereditary Angioedema

DECERA CLINICAL Education

How regular preventive treatment may help reduce attacks, limit severity, and improve daily life

WHAT IS HAE?

Hereditary angioedema (HAE) is a rare condition that causes repeated swelling attacks. Swelling can affect the skin, belly, genitals, or airway. HAE attacks are usually driven by too much bradykinin, a natural chemical that can make blood vessels leak fluid into nearby tissue.

Repeated swelling attacks

Attacks can be painful, disruptive, and sometimes dangerous

Bradykinin causes swelling

Too much bradykinin can trigger fluid leakage and swelling

LTP is taken regularly

Long-term prophylaxis (LTP) is used on a schedule to help prevent attacks

Results vary

Many people have fewer attacks on LTP, but each person's response is different

WHY CONSIDER LTP?

LTP can help people with HAE take a more proactive approach to their care. Benefits may include:

- **Reduce how often attacks happen**
- **Lower the chance of severe or disruptive attacks**
- **Make work, school, travel, and family life feel more predictable**
- **Reduce worry about the next attack and support better quality of life**
- **Help treatment align with long-term goals, routines, and preferences**

For many people, moving from only reacting to attacks toward preventing attacks can be an important shift in care.

WHAT RESEARCH TELLS US ABOUT LTP

LTP helps prevent HAE attacks by reducing the chance that swelling occurs.

FEWER ATTACKS

Research across several preventive treatments shows that LTP can reduce how often HAE attacks occur.

LESS DISEASE BURDEN

By preventing attacks, LTP may reduce disruptions to daily life and support better quality of life.

PERSONALIZED GOALS

The best approach depends on attack burden, treatment risks, and what matters most to each person.

LTP does not guarantee zero attacks. Keep on-demand treatment available for breakthrough attacks.

TREATMENT TYPES: WHAT'S THE DIFFERENCE?

HAE treatment plans may include different types of treatment. Each serves a different purpose.

On-demand treatment

Used when an attack starts to help treat swelling

Short-term prophylaxis

Used before a known trigger, such as medical procedure, when extra protection is needed

Long-term prophylaxis

Taken regularly to help prevent attacks over time

Even if you use LTP, your healthcare team may still recommend keeping on-demand treatment available for breakthrough attacks.

Understanding Your Long-term Prevention Options

HOW THESE TREATMENTS HELP

C1 inhibitor replacement

C1 inhibitor is a natural protein that acts like a brake to help control swelling. Some medicines add more C1 inhibitor to help restore that brake.

Kallikrein blockers

Kallikrein is a protein that helps the body make bradykinin. Blocking kallikrein can lower bradykinin and help prevent swelling attacks.

Factor XIIa blocker

Factor XIIa is an early switch in the swelling pathway. Blocking it may help stop the chain of events before too much bradykinin is made.

Prekallikrein reduction

Some medicines tell the body to make less prekallikrein, which leads to less kallikrein and less bradykinin over time.

Bradykinin is the chemical that can make blood vessels leak and cause swelling.

FDA-APPROVED LTP OPTIONS AT A GLANCE

Intravenous Replacement C1 Inhibitor

How it works: adds back C1 inhibitor, the natural protein that helps control swelling
How it is given: IV infusion every 3 or 4 days
Approved for: ages 6 years and older
Practical note: infusion training is needed

Subcutaneous Replacement C1 Inhibitor

How it works: adds back C1 inhibitor to help control the swelling pathway
How it is given: under the skin every 3 or 4 days
Approved for: ages 6 years and older
Practical note: self-injection may be possible after training

Lanadelumab

How it works: blocks kallikrein to help lower bradykinin
How it is given: under the skin every 2 weeks; some people may switch to every 4 weeks if well controlled
Approved for: ages 2 years and older
Practical note: injection-site reactions can happen

Berotralstat

How it works: blocks kallikrein to help lower bradykinin
How it is given: taken by mouth once daily
Approved for: ages 2 years and older
Practical note: it is an oral option; stomach side effects or drug interactions may need to be discussed

Garadacimab

How it works: blocks factor XIIa, an early switch in the swelling pathway
How it is given: under the skin once monthly after a starting loading dose
Approved for: ages 12 years and older
Practical note: monthly dosing may appeal to some patients

Donidalorsen

How it works: helps the body make less prekallikrein, so less bradykinin is produced
How it is given: under the skin every 4 weeks; every 8 weeks may be considered
Approved for: ages 12 years and older
Practical note: less frequent dosing may be an option for some people

The best option depends on your attack pattern, age, preferences, access, and conversations with your healthcare team.

WHAT MATTERS MOST TO YOU?

- How do you prefer to take treatment: by mouth, injection, or IV infusion?
- How often do you want to take a dose?
- Do you want at-home treatment after training?
- How important are travel flexibility and convenience of schedule?
- What side effects or safety questions do you want to discuss?
- What are your goals: fewer attacks, fewer ER visits, less missed work or school, or more confidence in daily life?

IMPORTANT REMINDERS

Keep on-demand medicine available

Breakthrough attacks can still happen

Seek emergency help for throat swelling

Use emergency guidance from your care team and call 911 if needed

Talk with your HAE specialist before making changes

Never stop, start, or switch treatment without medical guidance

This resource is for educational purposes only and does not replace medical advice.
Treatment decisions should be made with your HAE specialist using the most current prescribing information.

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