BRING THIS TO YOUR DOCTOR · GREY PEPTIDES

Ecallantide

Also called: Kalbitor; DX-88

What it is

A subcutaneous plasma kallikrein inhibitor approved as Kalbitor (2009) for acute hereditary angioedema attacks in people 12 and older.

Approval status

FDA Approved. Approved in the US as Kalbitor, BLA 125277, on December 1, 2009, for acute attacks of hereditary angioedema; the label carries a boxed warning for anaphylaxis and restricts administration to healthcare professionals (Drugs@FDA via openFDA and the Kalbitor label, read October 3, 2026).

Dosing, as printed in the page's Recommended Dosing box

Manufacturer's recommended dosing (FDA label)

From the prescribing information. Other doses studied, if any, are in the full dosing data below.

Protocol and source	Dose	Frequency	Duration	Route
Label: acute attack of hereditary angioedema, age 12+ **[Approved label]** KALBITOR (ecallantide) injection Prescribing Information, boxed warning and sections 1, 2 and 12.3 (DailyMed version 19, effective July 1, 2025)	30 mg (3 mL) as three 10 mg (1 mL) injections; if the attack persists, another 30 mg may be given within 24 hours	Per attack	Single dose, with one repeat allowed within 24 hours	Subcutaneous

Educational information, not medical advice. Each dose above is tagged with its source: an approved label, a published human study, animal data, or amounts reported by users. None is a recommendation for you. An unapproved compound has no established safe or effective human dose, and products sold for "research use only" are not made or tested for people. Talk to a doctor before acting on anything on this site, including before you start, stop or change any medicine or dose.

Key human evidence

The first 3 of the 10 human studies carded on the page (13 study cards in all):

• **EDEMA4: phase 3** (Human, 2010). In 72 patients with acute attacks, the median treatment outcome score at 4 hours was 50.0 on ecallantide against 0.0 on placebo (P = 0.004), with symptom severity improving more; there were no deaths, treatment-related serious adverse events or withdrawals for adverse events. **PMID 20818887**

• **Not for ACE-inhibitor angioedema** (Human, 2015). In 79 emergency patients with angioedema from ACE inhibitors, discharge criteria were met by 72% on placebo and 85% to 89% on ecallantide 10 to 60 mg, a difference that was not significant. **PMID 25182544**

• **How often a second dose is needed** (Human, 2013). Across 732 hereditary angioedema attacks in 179 patients, one 30 mg dose sufficed for 88%; a second dose was needed most often for peripheral attacks (16.5%). **PMID 23548526**

Interactions

A PubMed search for interaction studies of this compound with any drug (October 3, 2026, 0 records) found none in people. That is not evidence that it is safe to combine with anything.

Side effects and cautions

Reported side effects	Contraindications and cautions
• Anaphylaxis in 3.5% of patients across 1,045 doses • No treatment-related serious adverse events in EDEMA4	• Boxed warning: anaphylaxis; administer only where anaphylaxis can be managed • Hypersensitivity reactions

Five questions to ask

1. Is Ecallantide right for me, and is the labelled dose on this sheet right for my weight, age, kidney and liver function?
2. Here are the medicines and supplements I take. Do any of them interact with Ecallantide? This sheet records none published, which does not mean none exist.
3. Which side effects should make me stop and call you, for example anaphylaxis in 3.5% of patients across 1,045 doses?
4. Do any of the cautions on this sheet apply to me, such as: Boxed warning: anaphylaxis?
5. What should we check before I start and while I am on it (blood tests, blood pressure, weight), and how often?

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