

protein C concentrate (Ceprotin)

Medical Benefit Drug Policy

Place of Service

Home Infusion Administration

Infusion Center Administration

Office Administration

Outpatient Facility Administration

Drug Details

USP Category: BLOOD PRODUCTS AND MODIFIERS

Mechanism of Action: Protein C inactivates the activated forms of factors V and VIII with subsequent reduction in thrombin formation

HCPCS:

J2724:Injection, protein c concentrate, intravenous, human, 10 iu

How Supplied:

Single-dose vials that contain the following nominal product strengths

- 500 IU per vial
- 1000 IU per vial

Condition(s) listed in policy *(see coverage criteria for details)*

- Congenital Protein C Deficiency, Prevention and Treatment of Associated Venous Thrombosis and Purpura Fulminans

Any condition not listed in this policy requires a review to confirm it is medically necessary. For conditions that have not been approved for intended use by the Food and Drug Administration (i.e., off-label use), the criteria outlined in the California Code of Regulations (CCR), Title 22, Section 51303 and 51313 must be met.

Special Instructions and Pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

Coverage Criteria

The following condition(s) require Prior Authorization/Preservice.

Congenital Protein C Deficiency, Prevention and Treatment of Associated Venous Thrombosis and Purpura Fulminans

Meets medical necessity if all the following are met:

Covered Doses:

Up to 3,000 units given intravenously per date of service

Coverage Period:

Indefinite

ICD-10:

D68.59

References

1. AHFS. Available by subscription at <http://www.lexi.com>
2. Ceprotin (Protein C Concentrate (Human)) Prescribing Information. Takeda Pharmaceuticals U.S.A., Cambridge, MA: 9/2024.
3. DrugDex. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>

Review History

Date of Last Annual Review: 2Q2025

Changes from previous policy version:

- No clinical change to policy following annual review.

*Blue Shield of California Medication Policy to Determine Medical Necessity
Reviewed by P&T Committee*