Ceprotin is a lyophilized powder of concentrated human Protein C

**Pre-authorization Criteria:**
pediatric and adult patients with severe congenital Protein C deficiency for the prevention and treatment of venous thrombosis and purpura fulminans.

**Dosing (IV, Adult/Pediatric):**

Acute episode/short-term prophylaxis: Initial dose: 100-120 units/kg (for determination of recovery and half-life)

Subsequent 3 doses: 60-80 units/kg every 6 hours (adjust to maintain peak protein C activity of 100%)

Maintenance dose: 45-60 units/kg every 6 or 12 hours (adjust to maintain recommended maintenance trough protein C activity levels >25%)

Long-term prophylaxis: Maintenance dose: 45-60 units/kg every 12 hours (recommended maintenance trough protein C activity levels >25%)

**NOTE:** 1) Patient variables (including age, clinical condition, and plasma levels of protein C) will influence dosing and duration of therapy. Individualize dosing based on protein C activity and patient pharmacokinetic profile. Dosing is dependent on the severity of protein C deficiency, age of patient, clinical condition, and patient's level of protein C. The frequency, duration, and dose should be individualized.

2) Maintain target peak protein C activity of 100% during acute episodes and short-term prophylaxis. Maintain trough levels of protein C activity >25%. Higher peak levels of protein C may be necessary in prophylactic therapy of patients at increased risk for thrombosis (eg, infection, trauma, surgical intervention).

**PRECAUTIONS:** As with all drugs which may affect hemostasis, bleeding may be associated with protein C administration. Hemorrhage may occur at virtually any site. Risk is dependent on
multiple variables, including the concurrent use of multiple agents that alter hemostasis and patient susceptibility.

**DRUG INTERACTIONS:** agents with antiplatelet properties; anticoagulants; Dabigatran; NSAIDs; thrombolytic agents; vitamin E

**REFERENCES**


**Revision History:**

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