

Peramivir injection (Rapivab®)

Place of Service

Hospital Administration
Infusion Center Administration
Office Administration
Outpatient Facility Administration

HCPCS: J2547 per 1 mg

Condition listed in policy (see criteria for details)

- [Acute uncomplicated influenza](#)

AHFS therapeutic class: Antiviral

Mechanism of action: Inhibitor of influenza virus neuraminidase

(1) Special Instructions and Pertinent Information

Covered under the Medical Benefit, please submit clinical information for prior authorization review via fax.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for Rapivab™ (peramivir) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Acute uncomplicated influenza

1. Has been symptomatic for no more than two days, **AND**
2. Has a medical reason why Tamiflu, Relenza, and Xofluza cannot be used

Covered Doses

600 mg IV as a single dose [for CrCl 30-49 mL/min: 200 mg; for CrCl 10-29 mL/min: 100 mg]

Coverage Period

Once per course of treatment

ICD-10:

J09.X1, J09.X2, J09.X3, J09.X9, J10.00, J10.01, J10.08, J10.1, J10.2, J10.81, J10.82, J10.83, J10.89, J11.00, J11.08, J11.1, J11.2, J11.81, J11.82, J11.83, J11.89, J12.9

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for Rapivab® (peramivir) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT medically necessary for the following condition(s)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied:

200 mg (single-use vial)

(6) References

- AHFS®. Available by subscription at <http://www.lexi.com>
- Centers for Disease Control and Prevention (CDC). Influenza antiviral medications: summary for clinicians. Last updated January 15, 2020. Available from: <https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>. Accessed 2/28/2020.
- DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
- Rapivab® (peramivir) [Prescribing Information]. Durham, NC: BioCryst Pharmaceuticals, Inc., January 2021.

(7) Policy Update

Date of last review: 1Q2023

Date of next review: 1Q2024

Changes from previous policy version:

- No clinical change to policy following routine annual review.

*BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee*