

## peramivir (Rapivab)

### Commercial Medical Benefit Drug Policy

#### Place of Service

Hospital Administration  
Infusion Center Administration  
Office Administration  
Outpatient Facility Administration

### Drug Details

**USP Category:** ANTIVIRALS

**Mechanism of Action:** Inhibitor of influenza virus neuraminidase

#### HCPCS:

J2547:Injection, peramivir, 1 mg

#### How Supplied:

200 mg in 20 mL (10 mg/mL) in a single-use vial

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

- Acute Uncomplicated Influenza

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 Health and Safety Code section 1367.21 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.

For billing purposes, drugs must be submitted with the drug's assigned HCPCS code (as listed in the drug policy) and the corresponding NDC (national drug code). An unlisted, unspecified, or miscellaneous code should not be used if there is a specific code assigned to the drug.

### Coverage Criteria

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

#### Acute Uncomplicated Influenza

**Meets medical necessity if all the following are met:**

1. Has been symptomatic for no more than two days
2. Has a medical reason why Tamiflu (oseltamivir), Relenza (zanamivir), and Xofluza (Baloxavir marboxil) cannot be used

#### **Covered Doses:**

Not to exceed 600 mg given intravenously 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

**References**

1. AHFS. Available by subscription at <http://www.lexi.com>
2. Centers for Disease Control and Prevention (CDC). Influenza antiviral medications: summary for clinicians. Last updated January 12, 2026. Available from: Influenza Antiviral Medications: Summary for Clinicians | Influenza (Flu) | CDC Accessed 1/28/2026.
3. DrugDex. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
4. Rapivab (peramivir) Prescribing Information. BioCryst Pharmaceuticals, Inc., Durham, NC: 6/2024.

**Review History**

Date of Last Annual Review: 1Q2026

Changes from previous policy version:

- No clinical change following annual review.

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