blue california
Promise Health Plan

## peramivir (Rapivab)

## 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 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.**

**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:**



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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*