

Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	July 1, 2025

## Nefly® (epinephrine nasal spray)

**LENGTH OF AUTHORIZATION:** 1 year

**REVIEW CRITERIA:**

- Patient must be  $\geq 4$  years of age and weigh  $\geq 15$  kg; **AND**
- Patient has diagnosis of an allergy that may require emergency treatment; **AND**
- Prescriber attests the patient does not have a nasal condition such as nasal polyps or history of nasal surgery.

**DOSING AND ADMINISTRATION:**

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>
- Available as 1 mg/0.1 mL and 2 mg/0.1 mL epinephrine/spray nasal spray