

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

Neffy[®] (epinephrine nasal spray)

LENGTH OF AUTHORIZATION: 1 year

REVIEW CRITERIA:

- Patient must be ≥ 4 years of age and weigh ≥ 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