

# BC PharmaCare Drug Information

The drug below is being considered for coverage under the BC PharmaCare program. PharmaCare is a government-funded drug plan that helps B.C. residents with the cost of eligible prescription drugs and medical supplies. For more information about PharmaCare, visit the [PharmaCare website](#).

PharmaCare reviews each drug for treating a specific illness or medical condition (also called an “indication”). If PharmaCare decides to cover a drug, that coverage applies only to the indication(s) specified. In some cases, PharmaCare covers a drug only for people who have not responded to other drugs that treat the same indication.

More information about the PharmaCare drug review process is provided on the last page of this document.

Drug information	
Generic name (scientific name)	<b>epinephrine nasal spray</b>
Brand name	<b>neffy™</b>
Manufacturer	ALK-Abelló Pharmaceuticals Inc.
Indication	Emergency treatment of type I allergic reactions, including anaphylaxis, in adult and pediatric patients who weigh 30 kg or greater.
Has the drug been reviewed by CDA-AMC, or will CDA-AMC be reviewing it? (See note below.)	Yes For more information about the CDA-AMC Reimbursement Review (CRR) of epinephrine nasal spray (neffy), <a href="#">Search the CDA-AMC Reports</a> .
Public input start date	<b>Wednesday, December 31, 2025</b>
Public input closing date	<b>Tuesday, January 27, 2026, at 11:59 pm</b>
How is the drug given?	Epinephrine nasal spray is given intranasally (through the nose).
How often is the drug given?	Epinephrine nasal spray is given as a single dose of one spray into one nostril. In the absence of clinical improvement or if symptoms worsen after initial treatment, a second dose can be given in the same nostril 5 minutes after the first dose. Each epinephrine nasal spray device is single-use only.

## General drug and/or drug study information

Epinephrine nasal spray is being reviewed by the Ministry of Health for the treatment of type I allergic reactions, including anaphylaxis, in adults and pediatric patients who weigh 30 kg or greater.

Type I allergic reactions occur when the immune system triggers an overactive response to substances such as certain foods, medications, or insect venom. These reactions include common conditions such as asthma, hay fever (rhinitis), eye allergies (conjunctivitis), and eczema (dermatitis), as well as more serious allergic diseases such as anaphylaxis, hives (urticaria), swelling (angioedema), and food or drug allergies.

Anaphylaxis is the most severe form of Type I allergic reaction. It can affect multiple body systems very quickly and become life-threatening.

Symptoms may include swelling of the tongue, trouble breathing, wheezing, dizziness, and loss of consciousness. Anaphylaxis is a medical emergency that needs immediate treatment with epinephrine.

Epinephrine nasal spray contains a synthetic form of epinephrine, a hormone and neurotransmitter that occurs naturally in the body.

Epinephrine works directly on the cardiovascular and respiratory systems to stop the potentially fatal effects of a severe allergic reaction that can lead to anaphylactic shock. In acute allergic reactions, it improves blood pressure, heart function, and breathing, and reduces tissue swelling.

Studies looked at the following:

- Comparative bioavailability<sup>a</sup> of intranasal epinephrine (IE) versus intramuscular (IM) epinephrine (including EpiPen).
- Comparative pharmacodynamic (PD) response<sup>b</sup> based on systolic blood pressure (SBP), diastolic blood pressure (DBP), and heart rate (HR).
- Impact of nasal conditions, e.g., allergic rhinitis (hayfever), nasal congestion, edema (swelling), on absorption of epinephrine.
- Comparative pharmacokinetics (PK)<sup>c</sup> and PD<sup>b</sup> of single and repeat doses of IE versus IM epinephrine.
- PK<sup>c</sup> and PD<sup>b</sup> of IE in pediatric subjects weighing at least 30 kg.
- Comparative PK<sup>c</sup> and PD<sup>b</sup> after self-administration of IE versus staff-administered IM epinephrine.
- Relative bioavailability<sup>a</sup> of IE when administered in one nostril versus both nostrils.
- PK/PD relationship for IE and IM epinephrine under normal and allergic rhinitis conditions.<sup>d</sup>

Drug information	
	<ul style="list-style-type: none"> <li>• Safety and tolerability of IE compared to IM epinephrine.</li> <li>• Dosing error rates with self-administered IE.</li> <li>• Impact of dosing errors on pharmacokinetics<sup>c</sup>.</li> <li>• Safety and tolerability of IE in pediatric allergy subjects.</li> <li>• Bad reactions</li> <li>• Serious bad reactions</li> <li>• Patients leaving the trial due to bad reactions</li> <li>• Bad reactions of special interest: None</li> </ul>
Other considerations	None

Note:

CDA-AMC ([Canada's Drug Agency-L'Agence des Médicaments du Canada](#)) is a national organization that reviews drugs on behalf of Canadian public sector plans when drug manufacturers want those plans to provide coverage for the drug. For detailed information about the PharmaCare drug review process, including the role of the CDA-AMC Reimbursement Review (CRR) in that process, visit [How PharmaCare Decides Which Drugs to Cover](#).

Table of Comparators Used to Treat the Same Indication		
Generic Name (Brand Name) of Drug Comparator	Dosage Form	PharmaCare Status (if and how the drug is already covered)
epinephrine nasal spray (neffy)	Nasal spray	Under Review
<b>Comparators</b>		
epinephrine auto-injector (Epipen®, Epipen Jr®)	Auto-injector	Regular Benefit

<sup>a</sup> Bioavailability refers to the proportion of a medication that enters the bloodstream and becomes available for the body to use. Comparing bioavailability shows which treatment delivers the drug more effectively.

<sup>b</sup> Comparative pharmacodynamic (PD) response means looking at how each treatment affects the body after the drug is absorbed. It compares the actual effects of the treatments—such as how well they control symptoms or change certain measurements in the body.

<sup>c</sup> Comparative pharmacokinetics (PK) refers to comparing how each treatment is absorbed, distributed, metabolized, and eliminated by the body. This shows differences in how the body processes each drug.

<sup>d</sup> Pharmacokinetic/pharmacodynamic (PK/PD) relationship for intranasal epinephrine (IE) and intramuscular epinephrine (IM) under normal and allergic rhinitis (hayfever) conditions means comparing how epinephrine is absorbed and processed (pharmacokinetics) and its effects (pharmacodynamics) when given by the intranasal route or the intramuscular route, both with and without allergic rhinitis.

### The Drug Review Process in B.C.

A manufacturer submits a request to the Ministry of Health (Ministry).

An independent group called the [Drug Benefit Council \(DBC\)](#) gives advice to the Ministry. The DBC looks at:

- whether the drug is safe and effective
- advice from a national group called [Canada's Drug Agency-L'Agence des médicaments du Canada \(CDA-AMC\)](#)
- what the drug costs and whether it is a good value to the citizens of B.C.
- ethical considerations related to covering or not covering the drug
- input from physicians, patients, caregivers, patient groups and drug submission sponsors

The Ministry makes PharmaCare coverage decisions by taking into account:

- existing PharmaCare policies, programs and resources
- the evidence-informed advice of the DBC
- the drugs already covered by PharmaCare to treat similar medical conditions
- the overall cost of covering the drug

For more information about the drug review process in B.C., visit: the [How PharmaCare decides which drugs to cover](#).

**This document provides information only.**

It does not take the place of advice from a physician or other qualified health care provider.