Prescribe *neffy* without hesitation

neffy® (epinephrine nasal spray)

Follow these simple steps when prescribing ***neffy*** for your patients.

Key benefits of *neffy* to highlight when talking with your patients:

- **Designed to be compact, easy to carry,** and is the only epinephrine nasal spray for allergic reactions[1-4]
- **Extended shelf life** that expires **up to 2.5 years** after its manufacture date[4,5]
- **Flexible storage** at room temperature with excursions **up to 122°F** (50°C) for a few days[1]
- **Commercially insured patients** can get up to 4 devices for as low as **$25 at their local pharmacy***

*Terms and conditions apply.

Not actual size.

DID YOU KNOW?

More than half of commercially insured patients can get ***neffy*** **without a prior authorization.**[6]

For patients who do need assistance with their prescription approval, **please see the next page.**

INDICATION

neffy is indicated for emergency treatment of type I allergic reactions, including anaphylaxis, in adult and pediatric patients aged 4 years and older who weigh 15 kg or greater.

IMPORTANT SAFETY INFORMATION

It is recommended that patients are prescribed and have immediate access to two ***neffy*** nasal sprays at all times. In the absence of clinical improvement or if symptoms worsen after initial treatment, administer a second dose of ***neffy*** in the same nostril with a new nasal spray starting 5 minutes after the first dose.

neffy is for use in the nose only.

Advise patients when to seek emergency medical assistance for close monitoring of the anaphylactic episode and in the event further treatment is required.

Absorption of ***neffy*** may be affected by underlying structural or anatomical nasal conditions.

Administer with caution to patients who have heart disease; epinephrine may aggravate angina pectoris or produce ventricular arrhythmias. Arrhythmias, including fatal ventricular fibrillation, have been reported, particularly in patients with underlying cardiac disease or taking cardiac glycosides, diuretics, or anti-arrhythmics.

The presence of a sulfite in ***neffy*** should not deter use.

neffy may alter nasal mucosa for up to 2 weeks after administration and increase systemic absorption of nasal products, including ***neffy***.

Patients with certain medical conditions or who take certain medications for allergies, depression, thyroid disorders, diabetes, and hypertension, may be at greater risk for adverse reactions.

Epinephrine can temporarily exacerbate the underlying condition or increase symptoms in patients with the following: hyperthyroidism, Parkinson's disease, diabetes, renal impairment. Epinephrine should be administered with caution in patients with these conditions, including elderly patients and pregnant women.

Most common adverse reactions are nasal discomfort, headache, rhinorrhea, dizziness, nausea, vomiting, throat irritation, nasal congestion, paresthesia, sneezing, upper respiratory tract congestion, epistaxis, rhinalgia, nasal dryness, dry throat, fatigue, and feeling jittery.

These are not all of the possible side effects of ***neffy***. To report suspected adverse reactions, contact ARS Pharmaceuticals Operations, Inc. at **1-877-MY-NEFFY (877-696-3339)** or FDA at 1-800-FDA-1088 or **www.fda.gov/medwatch**.

Please see full Prescribing Information for *neffy*.

Best practices for navigating ***neffy*** prior authorization

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The quality of prior authorization submissions can be an obstacle for getting patients approved.[7]

Submitting a comprehensive medical history—not just a prior therapy history—and including the relevant ICD code(s) **can improve your patients' chances of approval**. Before submitting, be sure that personal history of anaphylaxis or allergic reaction **(Z87.892 and/or T78.XX)** is always documented.[7,8]

Use these ICD codes to document the medical histories of your patients.

To document your patient's need for *neffy*, consider including the information—and the appropriate ICD-10 code(s)—below that best characterizes their barriers to administering epinephrine.

Failed administration due to needle fears[2,9*]

- **F40.231** – Trypanophobia[8]
- **Y63.6** – Underdosing and nonadministration of necessary drug, medicament or biological substance[8]
- **Z91.128** – Patient's intentional underdosing of medication for unspecified reason[8]

Administration challenges due to physical limitations[10]

- **G25.0** – Essential tremor[8]
- **G35** – Multiple sclerosis[8]
- **M19.90** – Osteoarthritis, unspecified site[8]
- **M79.609** – Pain in an unspecified limb[8]
- **R27.9** – Unspecified lack of coordination[8]
- **Y63.6** – Underdosing and nonadministration of necessary drug, medicament or biological substance[8]
- **Z91.128** – Patient's intentional underdosing of medication for unspecified reason[8]
- **Z91.148** – Patient's other noncompliance with medication regimen for other reasons (eg, if due to physical limitations)[8]

Lack of device portability limits preparedness[11]

- **Y63.6** – Underdosing and nonadministration of necessary drug, medicament or biological substance[8]
- **Z91.128** – Patient's intentional underdosing of medication for unspecified reason[8]
- **Z91.148** – Patient's other noncompliance with medication regimen for other reason (eg, lack of portability due to temperature sensitivity, device bulkiness, or other handling challenges)[8]

Missed refills & storage issues

- Missed or delayed refill leading to expired prescription:
  - **Z91.120** – Patient's intentional underdosing of medication regimen due to financial hardship[8]
  - **Z91.14** – Patient's other reasons for noncompliance with medication regimen[8]
- Refill required due to improper storage (eg, temperature exposure)[12]:
  - **T88.7** – Unspecified adverse effect of drug (eg, if epinephrine was deemed ineffective due to storage issues)[8]
  - **Z91.148** – Patient's other noncompliance with medication regimen for other reasons (eg, improper handling or loss)[8]

***Additional notes:** Patient has concerns with needle safety and/or adverse reactions associated with needle injection.[9,13]

References: 1. ***neffy*** [prescribing information]. San Diego, CA: ARS Pharmaceuticals Operations, Inc. **2.** Casale TB, Ellis AK, Nowak-Wegrzyn A, Kaliner M, Lowenthal R, Tanimoto S. Pharmacokinetics/pharmacodynamics of epinephrine after single and repeat administration of ***neffy***, EpiPen, and manual intramuscular injection. *J Allergy Clin Immunol*. 2023;152(6):1587-1596. **3.** Data on file. ***neffy*** value assessment advisory board. ARS Pharmaceuticals Operations, Inc. 2022. **4.** ARS Pharmaceuticals Operations, Inc. ARS Pharmaceuticals announces OptumRx, Cigna Healthcare and Navitus Health Systems add ***neffy***® (epinephrine nasal spray) to national formularies, further expanding coverage for patients [press release]. February 21, 2025. Accessed March 26, 2025. **5.** Data on file. ***neffy*** Expiration 2024. ARS Pharmaceuticals Operations, Inc. 2024. **6.** ARS Pharmaceuticals Operations, Inc. Field team approved market access communication with HCPs [internal memo]. March 2025. **7.** 7 common prior authorization hurdles and how to overcome them. CoverMyMeds. https://insights.covermymeds.com/healthcare-technology/prior-authorization/common-prior-authorization-hurdles-and-how-to-overcome-them. December 3, 2024. Accessed March 28, 2025. **8.** Centers for Medicare & Medicaid Services. 2025 ICD-10-CM files. https://www.cms.gov/medicare/coding-billing/icd-10-codes. February 26, 2025. Accessed April 1, 2025. **9.** Ellis AK, Casale TB, Kaliner M, et al. Development of ***neffy***, an epinephrine nasal spray, for severe allergic reactions. *Pharmaceutics*. 2024;16(6):811. **10.** Antalfy A, Berman K, Everitt C, Alten R, Latymer M, Godfrey CM. The adherence and outcomes benefits of using a connected, reusable auto-injector for self-injecting biologics: a narrative review. *Adv Ther*. 2023;40(11):4758-4776. **11.** Warren CM, Zaslavsky JM, Kan K, Spergel JM, Gupta RS. Epinephrine auto-injector carriage and use practices among US children, adolescents, and adults. *Ann Allergy Asthma Immunol*. 2018;121(4):479-489. **12.** Parish HG, Bowser CS, Morton JR, Brown JC. A systematic review of epinephrine degradation with exposure to excessive heat or cold. *Ann Allergy Asthma Immunol*. 2016;117(1):79-87. **13.** Posner LS, Camargo Jr CA. Update on the usage and safety of epinephrine auto-injectors, 2017. *Drug Health Patient Saf*. 2017;9:9-18.

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