From Andrea Linton,
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Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Sent via email only to:

HSC Trust Heads of Pharmacy and Medicines Management
HSC Trust Medical Directors
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Strategic Planning and Performance Group
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Email: Andrea.Linton@hscni.net

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Dear Colleagues,

Re: Prescribing of EURneffy® (single-dose adrenaline (epinephrine) nasal spray) in Northern Ireland (REVISED)

SPPG's previous communication on EURneffy® (24 April 2026) stated that adrenaline auto-injectors (AAIs) remain the established standard of care for the emergency treatment of anaphylaxis.

Since that position was published, the All Wales Medicines Strategy Group (AWMSG) has recommended EURneffy® for use within NHS Wales. Following consideration of this development and consultation with local allergy specialists, SPPG has revised its position as follows:

- Adrenaline auto-injectors remain the preferred treatment option for the majority of patients at risk of anaphylaxis. SPPG does not support the routine first-line use of EURneffy® or routine switching.
- EURneffy® may be considered within its licensed indications where there is a clear clinical rationale that a needle-free nasal formulation is likely to overcome significant barriers to carrying or using an adrenaline auto-injector
- Such barriers may include psychosocial, physical or practical factors that may affect the timely administration of adrenaline during an anaphylactic emergency.

Examples of patients who may benefit from consideration of EURneffy® include children, young people and adults:

- With significant needle phobia.
- With sensory, cognitive, physical, motor or visual impairments that make use of an adrenaline auto-injector particularly difficult.

- For whom a clinician considers that a nasal formulation is likely to remove barriers to carrying the medication, improve accessibility, enhance confidence in use, or support timely administration during an anaphylactic emergency.

SPPG notes the British Society for Allergy and Clinical Immunology (BSACI) view is that current evidence does not yet demonstrate equivalent effectiveness to intramuscular adrenaline in all patient groups. Advice is that patients who have **previously required more than one dose of adrenaline,** or who have **experienced severe anaphylaxis associated with hypotension**, should continue to carry adrenaline auto-injectors. Where EURneffy® is prescribed for such patients, BSACI recommends ongoing access to adrenaline auto-injectors should also be maintained.

Initiation or switching to EURneffy® should be undertaken only where the prescriber is satisfied that appropriate patient training can be provided and that the patient or carer understands when and how to use the device.

EURneffy® is licensed in the UK as a 2mg nasal spray for adults and children weighing 30 kg and over, and a 1mg nasal spray for children aged 4 years old and over, weighing 15-30 kg. The considerations outlined above may therefore apply to both licensed strength presentations, where clinically appropriate.



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