Grŵp Strategaeth Meddyginiaethau Cymru Gyfan
All Wales Medicines Strategy Group

Licensed One Wales Medicines Assessment Group Recommendation
Adrenaline (EURneffy®) 2 mg nasal spray, solution in single-dose container

Submission by ALK-Abelló Ltd
Date of advice: September 2026
AWTTC reference number: 6284

Adrenaline (EURneffy®) is recommended as an option for use in NHS Wales for the emergency treatment of severe allergic reactions (anaphylaxis) due to insect stings or bites, foods, medicinal products, and other allergens as well as idiopathic or exercise-induced anaphylaxis. Treatment is indicated for adults and children with a body weight ≥ 30 kg.

Prescribers are reminded to consult the British Society for Allergy and Clinical Immunology (BSACI) advice on the prescribing of self-administered emergency adrenaline to people at risk of anaphylaxis.

This recommendation has been endorsed by the All Wales Medicines Strategy Group (AWMSG) and ratified by Welsh Government.

This recommendation will be reviewed if there is new evidence that is likely to change it.

Licensed Medicines One Wales Medicine Assessment Group summary of decision rationale

Medicine: **Intranasal adrenaline (EURneffy®)**
Assessment type: **Limited**
Indication under consideration: **The emergency treatment of severe allergic reactions (anaphylaxis) due to insect stings or bites, foods, medicinal products, and other allergens as well as idiopathic or exercise-induced anaphylaxis. Treatment is indicated for adults and children with a body weight ≥ 30 kg**
Meeting date: **1 July 2026**

Criteria	LOWMAG opinion
Clinical effectiveness/equivalence	The AWMSG Scrutiny Panel were satisfied that the clinical equivalence of adrenaline delivered intranasally versus by autoinjector is sufficiently established and therefore no clinical effectiveness evidence was presented to or considered by LOWMAG.
Cost-effectiveness	As this is a limited assessment cost effectiveness is not considered.
Budget impact	LOWMAG considers the applicant company estimates of patient numbers to be reasonable although acknowledges the views of the clinical experts present at the meeting that these are difficult to predict as differences in clinical practice and patient/carer preference will influence uptake of EURneffy. LOWMAG agrees that EURneffy will be positioned as an alternative to adrenaline autoinjectors (AAIs) for people weighing over 30 kg. LOWMAG notes that the company has based their budget impact calculations using the average remaining shelf life (functional shelf life) of both EURneffy and AAIs at the point of dispensing to the patient; using this measure results in EURneffy being cost saving in comparison to AAIs. The functional shelf life is typically shorter than the whole shelf life meaning that the useability period for the patient until device expiry is shorter; for AAIs the company have used a functional shelf life of 11 months (compared to a whole shelf life of 24 months) and 22 months for EURneffy (compared to a whole shelf life of 30 months). LOWMAG note that the average functional shelf life for both EURneffy and AAIs is informed by real world evidence collected by the applicant company from 50 community pharmacies in England. LOWMAG also notes feedback sought by AWTTC from Community Pharmacy Wales who confirm that the expiry date of AAIs dispensed to patients is sometimes 12 months or less. LOWMAG acknowledges that a small cost saving is also predicted in net resource costs accountable to the lower refill rate of EURneffy compared to AAIs at community pharmacy.

	However, LOWMAG notes that EURneffy would increase treatment costs for this patient group if budget impact calculations are based on the whole shelf life of EURneffy and of AAIs. LOWMAG also notes that BI calculations assume that the usage of EURneffy will be the same as usage of AAIs when clinicians at the meeting advise that the threshold for using EURneffy may be lower than for an AAI, therefore increasing the number of EURneffy devices required by a (very) small number of patients in comparison to the number of AAIs typically required over a similar time period. It was noted that patients would be prescribed either an AAI or EURneffy but not both in order to reduce operator confusion. Having taken all these factors into account, LOWMAG agrees that it is reasonable to anticipate EURneffy being cost saving when compared to AAIs although the magnitude of such savings is uncertain.
Resource use	LOWMAG considers that the company assumption that monitoring costs and costs associated with adverse events for both EURneffy and AAIs to be virtually the same is reasonable. This is because EURneffy and AAIs are considered to be therapeutically equivalent and all people experiencing anaphylaxis, irrespective of whether emergency adrenaline has been self-administered and by which type of device, are advised to immediately seek urgent medical attention and will be taken to hospital for monitoring and further treatment if necessary. LOWMAG agrees that no additional burden on health or social care services is expected and acknowledges that EURneffy may be resource saving as it may reduce patient barriers in the self-administration of adrenaline allowing timely treatment to help prevent life-threatening complications which may require more prolonged treatment in hospital or even life lost.
Other factors	LOWMAG notes the importance of people at risk of anaphylaxis knowing exactly how and when to use prescribed adrenaline. LOWMAG notes that despite the availability of AAIs, published real world data consistently show that these devices are often not used when needed due to a complex interplay of behavioural, psychological, and practical barriers. The company noted that as adrenaline devices are rarely used, people may forget how to use their devices, and a simpler intranasal device will be more intuitive for the patient or carer to use. LOWMAG acknowledges the views of the patient organisation, Anaphylaxis UK, the

	British Society of Allergy and Clinical Immunology and clinicians at the meeting that the availability of a needle-free device which is easier to administer and is smaller than AAIs is likely to reduce the barriers for carrying and/or using emergency adrenaline in specific patient groups. In particular, EURneffy may offer adolescents who are reluctant to carry needles, and some people with clinical indications such as needle phobia, neurodivergence or additional learning needs advantages over AAIs. LOWMAG notes that the company proposes that EURneffy may provide benefit for patients where communication barriers may be present such as non-native Welsh/English speakers or those with hearing impairments, as training in correct device usage is more straight forward than for AAIs although clinicians at the meeting did not highlight that communication barriers in the correct use of AAIs was a particular barrier seen in their clinical practice. LOWMAG also notes that the simpler administration may reduce user hesitancy from third parties, such as parents, caregivers and school staff, who may need to administer emergency adrenaline to people under their care, a view supported by clinicians at the meeting. LOWMAG acknowledges that EURneffy may have a lower environmental impact than AAIs as used devices may be disposed of in household waste, whereas AAIs should be disposed as 'sharps waste' (most commonly via community pharmacies) and which has a higher carbon footprint. It contains less plastic than AAIs. The device is mechanical and has no chemical propellants. However, the extent of the benefit on the carbon footprint was not quantified. LOWMAG also acknowledges that EURneffy is likely to have a potential positive impact on some groups of people within the protected characteristics of the Equality Act 2010 and on the environment as outlined in the Equality and Health Impact Assessment completed for this assessment.
Final recommendation	LOWMAG recommends the use of intranasal adrenaline (EURneffy) as an option for the emergency treatment of severe allergic reactions (anaphylaxis) due to insect stings or bites, foods, medicinal products, and other allergens as well as idiopathic or exercise-induced anaphylaxis. Treatment is indicated for adults and children with a body weight ≥ 30 kg.

Summary of rationale	LOWMAG notes the importance of people at risk of anaphylaxis knowing exactly how and when to use prescribed adrenaline. LOWMAG notes that EURneffy is a needle-free alternative to autoinjectors for the self-administration of adrenaline in the event of anaphylaxis. LOWMAG recognises that the smaller size and easier administration of EURneffy offers benefits to certain patient groups by reducing the barriers for carrying and/or using emergency adrenaline, resulting in more timely treatment of reactions and decreasing the risk of severe outcomes. LOWMAG considers it reasonably likely that making EURneffy available as an option in NHS Wales may result in a cost-saving in comparison to AAIs although the magnitude of such savings is uncertain as estimates are based on several assumptions.