

FOI 4081

**Spinal Muscular Atrophy Diagnosis and Treatment**

**Provide the following information related to the diagnosis and treatment of Spinal Muscular Atrophy.**

**Q1. How many patients have a current diagnosis for Spinal Muscular Atrophy (ICD-10 Code G12.0, G12.1, G12.8 and G12.9) at your Trust?**

Information not held.

**Q2. How many patients have been treated in the last 4 months (January to April 2026) with the following products:**

**\* Evrysdi (Risdiplam)**

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**Q3. If available, provide the split of the number of patients treated with Evrysdi (Risdiplam) by TABLET and SOLUTION formulations.**

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**\* Spinraza (Nusinersen)**

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**\* Zolgensma (Onasemnogene)**

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