Mersey and West Lancashire
Teaching Hospitals
NHS Trust

Ref. No:	FOI2797
Date:	11/09/2026
Subject:	Spinal Muscular Atrophy (SMA)

REQUEST

I have a freedom of information request related to the diagnosis and treatment of Spinal Muscular Atrophy

1. Within your trust, how many patients currently have a diagnosis for:

- **SMA Type 1, aged less than 6 months (ICD-10 Code G12.0)**
- **SMA Type 2, aged 6–17 months (ICD-10 Code G12.1)**
- **SMA Type 3, aged 18 months–17 years (ICD-10 Code G12.1)**
- **SMA Type 4, aged 18 years and over (ICD-10 Code G12.1)**
- **SMA Unspecified (ICD-10 Code G12.9)**

2. Please provide the number of total patients, who have been treated in the last 4 months (May to August 2026) with the following products:

Drug Type		**Total Patients**
Evrysdi (Risdiplam)	Total	
	Tablets	
	Oral Solution	
Spinraza (Nusinersen)	Total	
	12 mg/5 mL Intrathecal Injection	
	28 mg/5 mL Intrathecal Injection	
Zolgensma (Onasemnogene)	Total	

RESPONSE

Q1 – Pharmacy unable to answer, no diagnosis information kept.

2. Please provide the number of total patients, who have been treated in the last 4 months (May to August 2026) with the following products:

Drug Type		**Total Patients**
Evrysdi (Risdiplam)	Total	0
	Tablets	0
	Oral Solution	0
Spinraza (Nusinersen)	Total	0
	12 mg/5 mL Intrathecal Injection	0
	28 mg/5 mL Intrathecal Injection	0
Zolgensma (Onasemnogene)	Total	0