Stakeholder update: NHS secures deal to enable patients to receive the first oral treatment for Spinal Muscular Atrophy

NHS England and NHS Improvement has reached an agreement with the manufacturer of risdiplam (Evrysdi) to enable patients with Spinal Muscular Atrophy (SMA) to access the treatment.

Risdiplam (Evrysdi), the first non-injectable treatment for SMA, is an oral syrup medicine that can be taken at home. The drug is the third treatment for SMA recommended for use in NHS in less than three years for individuals with SMA types 1, 2 and 3.

On 19 November 2021, NICE published a draft Final Appraisal Document which recommended risdiplam (Evrysdi) under the conditions of a Managed Access Agreement (MAA).

We wanted to share an update with you along with some further information for the patients and families you support.

What is risdiplam (Evrysdi)?
Risdiplam (Evrysdi) is a treatment for SMA which is shown to improve motor function in SMA types 1 to 3. There is some evidence suggesting that people with type 1 SMA who have risdiplam (Evrysdi) live for longer. It is an oral syrup medicine and can be taken once a day after meals. The liquid drug works by modifying the *SMN2* gene to produce increased amounts of SMN protein which is essential for the health of nerve cells that control muscle movement.

Who will be eligible?
Risdiplam (Evrysdi) is recommended as an option for treating 5q SMA in people 2 months and older with a clinical diagnosis of SMA types 1, 2 or 3 or with pre-symptomatic SMA and 1 to 4 *SMN2* copies.

How can I access risdiplam (Evrysdi)?
Individuals and their families should discuss appropriate treatment options with their clinical team in their specialist neuromuscular centre. The most optimal treatment for any individual will be based on a number of medical considerations, and individual patients' choice.

All specialist neuromuscular centres will be able to treat eligible patients with risdiplam (Evrysdi). If an individual is no longer in touch with a specialist neuromuscular centre, they should contact either the centre where they received care previously or their nearest centre. Individuals should discuss genetic testing with their clinical team.

To date, 215 eligible patients have already started treatment with risdiplam (Evrysdi) as part of the Early Access to Medicines Scheme (EAMS), which closed in July 2021. There remain a small number of patients who are eligible for treatment including patients who have been diagnosed since July 2021; patients who are no longer able to be treated with nusinersen (Spinraza); patients with SMA type 3 who were not eligible for the EAMS; and patients who are cared for by specialist neuromuscular centres that did not initiate individuals on treatment during the EAMS. These individuals should contact their specialist neuromuscular centre in the first instance.

When can I access risdiplam (Evrysdi)?
The NHS aims to make risdiplam (Evrysdi) available to eligible patients within 30 days following the date on which NICE publishes its final guidance. This means that eligible patients will be able to access risdiplam (Evrysdi) more quickly than the usual 90-day period following NICE guidance, recognising the drug was previously made available via the EAMS. **NB added on 22nd November:** If there is no appeal NICE's final guidance should be published on 16th December 2021. NHSE&I works to calendar days so would expect to have the programme up and running by 15th January 2022.

Which specialist neuromuscular centres will be offering risdiplam (Evrysdi)?
The NHS will make risdiplam (Evrysdi) accessible through the following specialist neuromuscular centres.

Paediatric centres
1. Alder Hey Children's NHS Foundation Trust
2. Cambridge University Hospitals NHS Foundation Trust
3. Great Ormond Street Hospital for Children NHS Foundation Trust
4. Guy's & St Thomas' NHS Foundation Trust
5. Leeds Teaching Hospitals NHS Trust
6. Manchester University NHS Foundation Trust
7. Nottingham University Hospitals NHS Trust
8. Oxford University Hospitals NHS Foundation Trust
9. Sheffield Children's NHS Foundation Trust
10. The Newcastle upon Tyne Hospitals NHS Foundation Trust
11. The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
12. University Hospital Southampton NHS Foundation Trust
13. University Hospitals Bristol NHS Foundation Trust
14. University Hospitals Birmingham NHS Foundation Trust

Adult centres
1. Bristol North NHS Trust
2. Cambridge University Hospitals NHS Foundation Trust
3. King's College London NHS Foundation Trust
4. Leeds Teaching Hospitals NHS Trust
5. Nottingham University Hospitals NHS Trust
6. Oxford University Hospitals NHS Foundation Trust
7. Salford Royal NHS Foundation Trust
8. Sheffield Teaching Hospitals NHS Foundation Trust
9. St George's University Hospitals NHS Foundation Trust
10. The Newcastle upon Tyne Hospitals NHS Foundation Trust
11. The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
12. The Walton Centre NHS Foundation Trust
13. University College London Hospitals NHS Foundation Trust
14. University Hospitals Birmingham NHS Foundation Trust
15. University Hospital Southampton NHS Foundation Trust

What will happen if my clinician agrees that I can be treated by risdiplam (Evrysdi)?
A patient's treating physician will provide information about risdiplam (Evrysdi), including the informed consent form, managed access patient agreement form, and instructions for use.

Patients will be required to read these materials, complete and return the informed consent form to their treating physician.

How would I receive risdiplam (Evrysdi)?
Risdiplam (Evrysdi) is supplied as a liquid with a prescribed dose based on a patient's weight.

Risdiplam (Evrysdi) should be taken once daily after a meal, at approximately the same time each day by mouth (orally) or feeding tube, using the provided syringe. Risdiplam (Evrysdi) will be provided in a box that should be kept in a fridge at a temperature between 2^{O}C and 8^{O}C.

It may be possible to have risdiplam (Evrysdi) delivered to a patient's home by a homecare provider, who will deliver risdiplam (Evrysdi) as a liquid. The alternative is that risdiplam (Evrysdi) will be provided to the specialist neuromuscular centre as a powder, that is constituted with purified water by the pharmacy. Where and how a patient receives treatment is ultimately the responsibility of the clinical team in their specialist neuromuscular centre.

What are the possible side effects from risdiplam (Evrysdi) that I and my clinician must look for and report?
All medicines can cause side effects, although not everybody gets them. You can read more about the treatments side effects in the summary of product characteristics.

If any side effects are observed, the patient or their family should talk to their specialist neuromuscular centre.

Side effects should also be reported by patients or their families directly via the Yellow Card Scheme at: **www.mhra.gov.uk/yellowcard** or call freephone 0800 731 6789 (10am to 2pm Monday-Friday only) or Roche can be contacted on telephone 01707 367554 (24 hours).

Reporting side effects helps to provide more information on the safety of this medicine.

I am already enrolled in the risdiplam (Evrysdi) Early Access to Medicines Scheme (EAMS) – will the new guidance effect my treatment?
Patients receiving risdiplam (Evrysdi) through EAMS will continue to receive risdiplam (Evrysdi) if they meet the treatment eligibility criteria within the managed access agreement.

How does risdiplam (Evrysdi) compare to other SMA drugs?
There are now three licenced drugs available for NHS patients with SMA, where only three years ago there were none. Patients should discuss treatment options with the clinical team in their specialist neuromuscular centre. The most optimal treatment for that individual will be based on a number of factors which can be discussed with the treating physician.

Will I be able to get more than one SMA drug?
As the published evidence shows that onasemnogene abeparvovec (Zolgensma) is an effective one-off treatment, there is no clinical reason for children to also need subsequent treatment with nusinersen (Spinraza) or risdiplam (Evrysdi).

Exceptionally, if a patient's treating clinician believes that, following treatment with onasemnogene abeparvovec (Zolgensma), there has been an unexpected deterioration in motor and/or respiratory function, they may seek the advice of the NHS England Clinical Panel who can offer advice to the treating clinician to inform their decision about whether or not it is clinically appropriate for treatment with nusinersen (Spinraza) or risdiplam (Evrysdi) to be considered.

There may be occasions where it is clinically appropriate for individuals to switch between nusinersen (Spinraza) and risdiplam (Evrysdi) (or vice versa) but there are no clinical reasons for an individual to be on both treatments at the same time. Individuals should discuss the best treatment option for them/ their child with the clinical team in their specialist neuromuscular centre. For clinical reasons, there would usually need to be a gap of four months between a maintenance dose of nusinersen (Spinraza) and treatment with risdiplam (Evrysdi). The NHS England Clinical Panel can also offer advice to treating clinicians about switching between these two treatments.

What is a Managed Access Agreement (MAA) and why is risdiplam (Evrysdi) being recommended as part of an MAA?
NICE makes recommendations on new medicines by reviewing clinical and cost effectiveness evidence. When a medicine shows promising potential but there is significant uncertainty in the clinical evidence, it may be recommended for time limited NHS funded access in England as part of a MAA. This is a way for patients to receive promising new treatments, while further evidence is collected to assess the long-term benefits of a new medicine.

Based on the evidence available when NICE made its decision about recommending risdiplam (Evrysdi) the long-term benefits for patients were still very uncertain. The MAA has been designed to allow enough time for additional evidence to be generated for NICE.

At the end of the MAA period, NICE will review the new evidence and review its guidance to indicate whether the medicine should be recommended to use in the NHS – this may result in a difference to what the NHS will pay for the drug for example. While most topics recommended for managed access go on to be recommended for routine use on the NHS, there is no guarantee that it will be recommended when it is reviewed by NICE.

It is anticipated that the company will resubmit the new evidence available to NICE in March 2024.

You can find out more about the announcement by going to:
https://www.england.nhs.uk/2021/11/nhs-deal-on-spinal-muscular-atrophy-at-home-treatment/