Spinal Muscular Atrophy
AUSTRALIA INC.

The table below provides an overview of the three medicines available in Australia for people with SMA that can help slow or stop the progression of SMA. While there is no cure for SMA, treatment focuses on managing symptoms and improving quality of life

SMA Australia does not recommend any specific treatment for people living with SMA. Your healthcare team will provide detailed information about available treatments and develop a personalised management plan tailored to you or your child's needs.

TREATMENT	**Evrysdi® (risdiplam)**	**Spinraza® (nusinersen)**	**Zolgensma® (onasemnogene abeparvovec)**
Type of treatment	mRNA splicing modifier	Antisense oligonucleotide	Single stranded *SMN1* DNA packaged in a viral vector
How it works	Targets the body's working *SMN2* gene, causing it to produce more SMN protein	Targets the body's working *SMN2* gene, causing it to produce more SMN protein	Replaces the function of the body's *SMN1* gene, which is missing or faulty
Method of treatment delivery	Liquid taken by mouth	Injection into spinal fluid (lumbar puncture)	Injection into vein (intravenous infusion)
Location of treatment	At home	Hospital setting, managed by a doctor experienced in giving lumbar punctures	Hospital setting, managed by a doctor or nurse experienced in treating SMA
Frequency of treatment	Daily, after a meal, at same time each day. Can be taken with or without food.	4 doses in the first 2 months, then 1 dose every 4 months thereafter	One time only
Treatment storage	In the fridge	N/A	N/A
TGA approval date	June 2021	November 2017	February 2021
Initial PBS listing date	Children – 1 August 2021 Adults – 1 October 2023	Children – 1 June 2018 Adults – 1 August 2022	Children – 1 May 2022
Available on PBS?	Yes, for people with SMA symptoms and a diagnosis of SMA types 1–3, or presymptomatic people with 1, 2 or 3 copies of the *SMN2* gene	Yes, for people with SMA symptoms and a diagnosis of SMA types 1–3, or pre-symptomatic people with 1, 2 or 3 copies of the *SMN2* gene	Yes, for children under 9 months of age with SMA symptoms and a diagnosis of SMA Type 1, or pre-symptomatic children with 1, 2 or 3 copies of the *SMN2* gene