List of medicines included in the ultra-orphan drugs risk share arrangement (June 2025)

The Scottish Government announced a new ultra-orphan medicines pathway in June 2018 with a view to improving early access to ultra-orphan medicines whilst collecting real world data to support future SMC reassessment and decision making.

The Scottish Board Chief Executives (BCEs) agreed in April 2020 to set up a new risk sharing arrangement to fund this initiative. This scheme replaces the old Ultra Orphan Drugs Risk Sharing scheme created in 2005. Medicines for inherited metabolic diseases (IMD) which were funded through the old scheme are now covered by the IMD medicines risk share.[1]

The new (2020) Ultra Orphan Drug Risk Share provides funding for medicines that have been approved via the new ultra-orphan medicines pathway. The scheme also funds a small number of ultra-orphan products which have been accepted by SMC outside the new ultra-orphan process (see Appendix A for detail) if agreed by the boards.

The below list will change as new products become available through the ultra-orphan pathway or are added by agreement of the health boards.

List of medicines and indications

- **Afamelanotide (Scenesse®)** for prevention of photoxicity in adult patients with erythropoietic protoporphyria (EPP).
- **Ataluren (Translarna®)** for the treatment of Duchenne muscular dystrophy (DMD) resulting from a nonsense mutation in the dystrophin gene, in ambulatory patients aged 2 years and older.
- **Atidarsagene autotemcel (Libmeldy®)** for the treatment of metachromatic leukodystrophy.
- **Belumosudil (Rezurock®)** for the treatment of patients aged 12 years and older with chronic graft-versus-host disease (chronic GvHD) who have received at least two prior lines of systemic therapy**.**
- **Burosumab (Crysvita®)** for the treatment of X-linked hypophosphataemia (XLH) with radiographic evidence of bone disease in children 1 year of age and older and adolescents with growing skeletons.
- **Burosumab (Crysvita®)** for the treatment of X-linked hypophosphataemia (XLH) in adults.
- **Birch Bark Extract (Filsuvez®)** for the treatment of partial thickness wounds associated with dystrophic and junctional epidermolysis bullosa (EB) in patients 6 months and older**.**
- **Eladocagene Exuparvovec (Upstaza®)**: for the treatment of patients aged 18 months and older with a clinical, molecular, and genetically confirmed diagnosis of aromatic L-amino acid decarboxylase (AADC) deficiency with a severe phenotype.

[1] Any IMD medicine that becomes available through the new ultra-orphan pathway will be added to the IMD risk share.

- **Exagamglogene Autotemcel (exa-cel) (Casgevy®)** for the treatment of transfusion-dependent-thalassaemia in patients 12 years of age and older for whom haematopoietic stem cell transplantation is appropriate and a human leukocyte antigen (HLA)-matched related haematopoietic stem cell (HSC) donor is not available.
- **Inotersen (Tegsedi®)** for the treatment of stage 1 or stage 2 polyneuropathy in adult patients with hereditary transthyretin amyloidosis (hATTR).
- **Metreleptin (Myalepta®)** an adjunct to diet as a replacement therapy to treat the complications of leptin deficiency in lipodystrophy (LD) patients.
- **Mifamurtide (Mepact®)** for the treatment of high-grade resectable non-metastatic osteosarcoma in children, adolescents and young adults.
- **Nusinersen (Spinraza®)** for Spinal Muscular Atrophy (SMA) Type I.
- **Nusinersen (Spinraza®)** for SMA Type II and III.
- **Odevixibat (Bilvay®)** for treatment of progressive familial intrahepatic cholestasis (PFIC) in patients aged 6 months or older.
- **Onasemnogene abeparvovec (Zolgensma®)** treatment of patients with 5q spinal muscular atrophy (SMA) with a bi-allelic mutation in the SMN1 gene and a clinical diagnosis of SMA type 1, or patients with 5q SMA with a bi-allelic mutation in the SMN1 gene and up to 3 copies of the SMN2 gene.
- **Patisiran (Onpattro®)** for the treatment of hereditary transthyretin-mediated amyloidosis (hATTR amyloidosis) in adult patients with stage 1 or stage 2 polyneuropathy.
- **Risdiplam (Evrysdi®)** for the treatment of 5q spinal muscular atrophy (SMA) in patients from birth with a clinical diagnosis of SMA type 1, type 2 or type 3 or with one to four SMN2 [survival of motor neuron 2] copies.
- **Voretigene neparvovec (Luxturna®)** for the treatment of adult and paediatric patients with vision loss due to inherited retinal dystrophy caused by confirmed biallelic RPE65 mutations and who have sufficient viable retinal cells.
- **Vutrisiran (Amvuttra®)** for the treatment of hereditary transthyretin-mediated amyloidosis (hATTR amyloidosis) in adult patients with stage 1 or stage 2 polyneuropathy.

Inclusion criteria

National funding for new ultra-orphan designated pathway medicines commences from the date that a medicine becomes available, that is once all four elements of the pathway are in place. These are:

1. Medicine validated as an ultra-orphan according to the SMC definition
2. Company makes full submission to the SMC for the initial assessment stage that meets SMC requirements for assessment under the ultra-orphan process
3. Company offers acceptable Patient Access Scheme (PAS) the Patient Access Scheme Assessment Group (PASAG)
4. Company agrees data collection arrangements with SG to enable evidence generation to support re-assessment under the ultra-orphan pathway

All medicines will be reviewed after 3 years of availability by SMC to make a recommendation about their routine availability.

From the date that all four conditions are met, funding covers both new patients and those who have been historically prescribed the treatment through either an EAMS, compassionate use programmes or IPTR/PACS process (see Appendix B for

registration and reimbursement process).

Medicines that are approved through the ultra orphan pathway mechanism are added automatically to the scheme.

Appendix A: Additional drugs/indications in the new (2020) Ultra Orphan Sharing Scheme

Nusinersen for SMA Type 1
While nusinersen for SMA Type II and III has been approved through the new SMC Ultra Orphan pathway, nusinersen for SMA Type I has been recommended by SMC for routine use in Scotland. The company is not required to make an updated submission to SMC for this indication after 3 years. This indication has been included in the risk share to minimize confusion about funding streams for this drug.

Inotersen and Patisiran
Inotersen for the treatment of stage 1 or stage 2 polyneuropathy in adult patients with hereditary transthyretin amyloidosis (hATTR) has been accepted by SMC in August 2019.

Although validated as an UO according to the new definition, the company chose to submit through the previous UO process just prior to it closing, which means that there is no requirement for data collection and reassessment after 3 years. Patisiran for the same indication was also recommended by SMC in June 2019 and would also have been likely to be eligible for the new pathway. Both medicines have been approved subject to a PAS agreement.

Given that both medicines have been approved by SMC and meet the updated UO definition, BCE agreed to include both products in the UO risk sharing arrangements.

Mifamurtide for the treatment of high-grade resectable non-metastatic osteosarcoma in children, adolescents and young adults is the only non-IMD medicine on the old (2005) Ultra Orphan Drugs Risk Share.

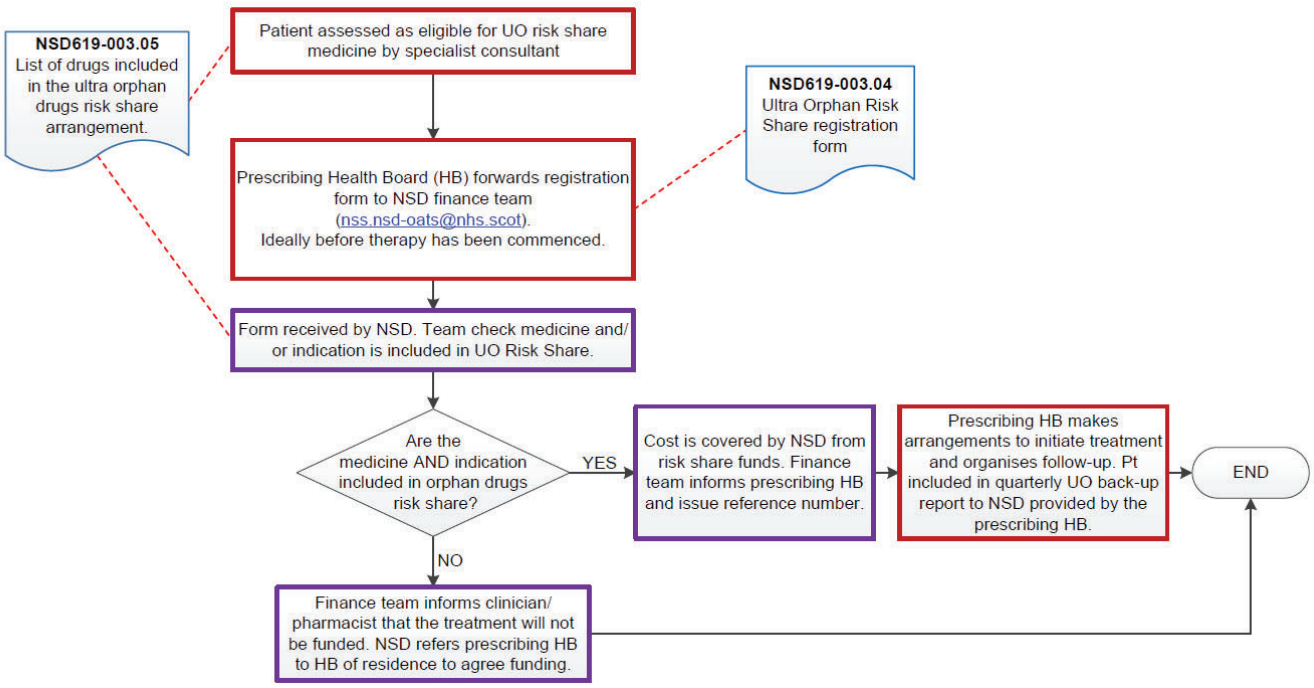
Onasemnogene abeparvovec for the treatment of patients with 5q spinal muscular atrophy (SMA) with a bi-allelic mutation in the SMN1 gene and a clinical diagnosis of SMA type 1, or patients with 5q SMA with a bi-allelic mutation in the SMN1 gene and up to 3 copies of the SMN2 gene. Approved for inclusion to UO risk sharing due to cost.

Risdiplam (Evrysdi) for the treatment of 5q spinal muscular atrophy (SMA) in patients 2 months of age and older, with a clinical diagnosis of SMA type 1, type 2 or type 3 or with one to four SMN2 [survival of motor neuron 2] copies. Approved by SMC in January 2021 and added to risk sharing from January 2023. Added as alternative therapies for the same indication are funded through the Ultra Orphan Risk Share.

Vutrisiran (Amvuttra®) for the treatment of hereditary transthyretin-mediated amyloidosis (hATTR amyloidosis) in adult patients with stage 1 or stage 2 polyneuropathy. Approved by SMC in 2023 and added to risk sharing in November 2023 as alternative therapies for the same indication. are already funded through the Ultra Orphan Risk Share.

Appendix B: Registration and reimbursement process

Patient Registration Process



UO (and IMD) Risk Share Reimbursement Process