List A: Advanced therapies covered by your policy – May 2025

New treatments become available all the time and we regularly review them so you can access the latest medical advances. Lists A, B and C are the lists of advanced therapies that are covered by our policies. Advanced therapies fall into three main types: gene therapy medicines, somatic-cell therapy medicines and tissue-engineered medicines. These are defined by the European Medicines Agency and within the UK as Advanced Therapy Medicinal Products (ATMPs).

Please check your membership or trust certificate or guide to find out whether your policy covers **List A, List B** or **List C**. If your certificate or guide:

- mentions **List A**, then **List A**, which is this list, applies to your policy.
- doesn't mention either **List A**, **B** or **C**, then **List A** applies to your policy.
- mentions **List B**, then List B, applies to your policy, see List B here www.bupa.co.uk/list-b-advanced-therapies
- mentions **List C**, then List C applies to your policy, see List C here www.bupa.co.uk/list-c-advanced-therapies

As new therapies and medical information become available, we may add or remove them from these lists. You can find more information about when these lists may change in the Changes to Lists section of your membership or trust guide.

You may wish to share this list with your doctor so it's important that you access the latest version at www.bupa.co.uk/policyinformation

We will only fund advanced therapies that are listed below and are covered by your policy.

Please make sure you call your usual Bupa helpline to authorise any of the advanced therapies listed below before treatment begins. You can find the phone number on your membership or registration certificate or in your guide. We're open from 8am to 8pm Monday to Friday and 8am to 4pm on Saturdays. We're here to help.

List A: Advanced therapies

Information for you			Information for your doctor	
(i) Generic name **(ii) Brand name**	**(i) Condition** **(ii) approval required from a multi-disciplinary team**	**Bupa authorisation required before treatment begins**	**When covered by Bupa**	**Bupa code**
(i) Talimogene laherparepvec (T VEC) (ii) Imlygic	(i) Cancer only (ii) Yes	Yes	Treatment of adults with unresectable melanoma that is regionally or distantly metastatic (Stage IIIB, IIIC and IVM1a) with no bone, brain, lung or other visceral disease	AD926
(i) Talimogene laherparepvec (T VEC) (ii) Imlygic	(i) Cancer only (ii) Yes	Yes	Treatment of adults with unresectable melanoma that is regionally or distantly metastatic (Stage IIIB, IIIC and IVM1a) with no bone, brain, lung or other visceral disease	AD927
(i) INN-tisagenlecleucel (ii) Kymriah	(i) Cancer only AND (ii) Yes	Yes	Treatment of paediatric and young adult patients up to 25 years of age with B-cell acute lymphoblastic leukaemia (ALL) that is refractory, in relapse post-transplant or in second or later relapse.	AT001

			Treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL) after two or more lines of systemic therapy.	
			Treatment of adult patients with relapsed or refractory follicular lymphoma (FL) after two or more lines of systemic therapy.	
(i) Autologous anti-CD19-transduced CD3+ cells (ii) Tecartus	(i) Cancer only AND (ii)Yes	Yes	Treatment of adult patients with relapsed or refractory mantle cell lymphoma (MCL) after two or more lines of systemic therapy, one of which must have included a Bruton's tyrosine kinase (BTK) inhibitor. Treatment of adult patients 26 years of age and above with relapsed or refractory B-cell precursor acute lymphoblastic leukaemia (ALL).	AT003
(i) INN-axicabtagene ciloleucel (ii) Yescarta	(i) Cancer only AND (ii) Yes	Yes	Treatment of adult patients with diffuse large B-cell lymphoma (DLBCL) and high-grade B-cell lymphoma (HGBL) that relapses within 12 months from completion of, or is refractory to, first-line chemoimmunotherapy. Treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL) and primary mediastinal large B-cell lymphoma (PMBCL), after two or more lines of systemic therapy.	AT002

			Treatment of adult patients with relapsed or refractory follicular lymphoma (FL) after three or more lines of systemic therapy.	
(i) INN- idecabtagene vicleucel Abecma	(i) Cancer only AND (ii) Yes	Yes	Treatment of adult patients with relapsed and refractory multiple myeloma who have received at least two prior therapies, including an immunomodulatory agent, a proteasome inhibitor and an anti CD38 antibody and have demonstrated disease progression on the last therapy.	AT004
(i) INN- Ciltacabtagene autoleucel (ii) Carvykti	(i) Cancer only AND (ii) Yes	Yes	Treatment of adult patients with relapsed and refractory multiple myeloma, who have received at least one prior therapy, including an immunomodulatory agent and a proteasome inhibitor, have demonstrated disease progression on the last therapy, and are refractory to lenalidomide.	AT005
(i) INN- lisocabtagene maraleucel (ii) Breyanzi	(i) Cancer only AND (ii) Yes	Yes	Treatment of adult patients with diffuse large B-cell lymphoma (DLBCL), high grade B-cell lymphoma (HGBCL), primary mediastinal large B-cell lymphoma (PMBCL) and follicular lymphoma grade 3B (FL3B), who relapsed within 12 months from completion of, or are refractory to, first-line chemoimmunotherapy. Treatment of adult patients with relapsed or refractory DLBCL, PMBCL and FL3B, after two or more lines of systemic therapy.	AT006

(i)	Spheroids of human autologous matrix-associated chondrocytes	(i) Symptomatic articular cartilage defects of the knee only AND	Yes	Treatment of adults with a fully closed epiphyseal growth plate	W3140
(ii)	Spherox	(ii) No		- With symptomatic articular cartilage defects of the femoral condyle and the patella of the knee (International Cartilage Regeneration & Joint & Preservation Society [ICRS] grade III or IV) - The defect is over 2cm^2 but no larger than 10cm^2 - Who have not had previous surgery to repair articular cartilage defects - Where there is minimal osteoarthritis damage to the knee - The procedure is being done by a specialised orthopaedic surgeon	