List B: Advanced therapies covered by your policy – September 2024

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 B**, then **List B**, which is this list, applies to your policy
- mentions **List A**, then **List A** applies to your policy, see List A here www.bupa.co.uk/list-a-advanced-therapies
- mentions **List C**, then **List C** applies to your policy, see List C here www.bupa.co.uk/list-c-advanced-therapies
- **doesn't mention either List A, B or C**, then **List A** applies to your policy and can be found here www.bupa.co.uk/list-a-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 B: 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**	**(i) Strength, formulation and pack size** **(ii) Marketing authorisation**	**When covered by Bupa**	**Bupa code**
(i) Talimogene laherparepvec (T VEC) (ii) Imlygic	(i) Cancer only	Yes	(i) 10^6 plaque forming units (PFU)/mL solution for injection (ii) EU/1/15/1064/001	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	Yes	(i) 10^8 plaque forming units (PFU)/mL solution for injection (ii) EU/1/15/1064/002	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