

Additional list to LPFA

only applies for TOP supplementary healthcare insurance and OMNIA supplementary health insurance

Pursuant to the TOP and OMNIA AICs, Art. 2, para. 2

“The insurer keeps a list of the medication for which no benefits or up to 50% of the costs are reimbursed. This list shall be continuously updated and can be examined at the insurer's offices, or a copy can be requested.”

Medication including their generic equivalents for which no costs are reimbursed under TOP and OMNIA (costs only reimbursed under COMPLETEA):

	valid from
Caverject (see exception)	21.10.1994
Kenergon	01.12.2001
Kisunla	22.01.2026
Mounjaro, indication chronic weight regulation (see exception)	01.04.2024
Orlistat (see exception)	01.03.2012
Prostin ampoules	01.10.2013
Qalsody	19.12.2025
Relenza	15.10.1999
Revatio solution for injection	01.10.2013
Saxenda (see exception)	01.04.2021
Tamiflu	15.10.1999
Wegovy (see exception)	15.02.2022
Xenical (see exception)	15.08.1998

Exception:

The costs for Caverject, Orlistat, Saxenda, Wegovy, Mounjaro and Xenical are reimbursed under your BASIS cover, provided the therapeutic limitation is met.

Medication for which only 50% of the costs are reimbursed under TOP and OMNIA:

Currently there is no such medication	