

## Additional list to LPPV

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 COMPLETA):

	valid from
Caverject (see exception)	21.10.1994
Cialis	01.05.2004
Kenergon	01.12.2001
Levitra	15.10.2003
Muse urethral suppository	01.01.2003
Orlistat (see exception)	01.03.2012
Prostin ampoules	01.10.2013
Relenza	15.10.1999
Revatio solution for injection	01.10.2013
Saxenda	01.04.2021
Sildenafil	01.01.2013
Spedra	01.01.2016
Tamiflu	15.10.1999
Vivanza	01.08.1998
Vivanza	01.11.2010
Xenical (see exception)	15.08.1998
<b>Exception:</b> The costs for Caverject, Orlistat, Saxenda and Xenical are reimbursed under your BASIS cover, provided the therapeutic limitation is met.	15.08.1998

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

Currently there is no such medication

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