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### **Ordinance 3 on Measures to Combat the Coronavirus (COVID-19) (COVID-19 Ordinance 3)**

of 19 June 2020 (Status as of 8 October 2020)

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*The Swiss Federal Council,*

based on Articles 3 and 8 of the Covid-19 Act of 25 September 2020<sup>1,2</sup>  
*ordains:*

#### **Chapter 1    General Provisions**

##### **Art. 1**            Subject matter and purpose

<sup>1</sup> This Ordinance orders measures applicable to the population, organisations and institutions and the cantons to combat the coronavirus (COVID-19).

<sup>2</sup> The measures serve to ensure Switzerland's capacities to manage the epidemic, in particular to maintain the provision of the population with adequate care and a sufficient supply of essential medical goods.

##### **Art. 2**            Responsibility of the cantons

Unless this Ordinance provides otherwise, the cantons shall retain their responsibilities.

AS 2020 1295

<sup>1</sup> SR 818.102

<sup>2</sup> Amended by No I 6 of the O of 7 Oct. 2020 on Basing the Covid-19 Ordinances on the Covid-19 Act, in force since 8 Oct. 2020 (AS 2020 3971).

## Chapter 2 Maintenance of Capacities to provide Healthcare

### Section 1 Principle

#### Art. 3

<sup>1</sup> In order to maintain Switzerland's capacities to manage the COVID-19 epidemic and in particular to guarantee the provision of the population with adequate care and a sufficient supply of essential medical products, the following measures in particular must be taken:

- a. measures to restrict the entry of persons from high-risk countries and regions and the import and export of goods;
- b. measures to guarantee the provision of essential medical goods.

<sup>2</sup> High-risk countries or regions are in particular countries or regions in which the authorities have taken exceptional measures to prevent and combat the COVID-19-epidemic. A list of high-risk countries and regions is published in Annex 1. The Federal Department of Justice and Police (FDJP) shall compile and regularly update the list in consultation with the Federal Department of Home Affairs (FDHA) and the Federal Department of Foreign Affairs (FDFA).

### Section 2 Restrictions on Border Crossings and the Admission of Foreign Nationals

#### Art. 4<sup>3</sup> Border crossings and controls

<sup>1</sup> Foreign nationals who wish to enter Switzerland from a high-risk country or from a high-risk region and who do not fall within the scope of the Agreement of 21 June 1999<sup>4</sup> between the European Community and its Member States, of the one part, and the Swiss Confederation, of the other part, on the Free Movement of Persons (AFMP) or the Convention of 4 January 1960<sup>5</sup> establishing the European Free Trade Association (EFTA Convention) shall be refused entry for a period of stay of up to three months that does not require a permit and does not involve gainful employment (Art. 10 of the Foreign Nationals and Integration Act of 16 December 2005<sup>6</sup> (FNIA)).

<sup>2</sup> Persons who provide credible evidence that they are in a situation of special necessity are exempted from this ban on entry. The State Secretariat for Migration (SEM) shall issue the required directives.

<sup>3</sup> Amended by No I of the O of 24 June 2020 (Relaxation of Measures relating to Borders, Entry and Admission for Residence and Employment), in force since 6 July 2020 (AS 2020 2611).

<sup>4</sup> SR 0.142.112.681

<sup>5</sup> SR 0.632.31

<sup>6</sup> SR 142.20

<sup>3</sup> Decisions taken by the competent authorities may be enforced immediately. Article 65 of the FNIA applies *mutatis mutandis*. An appeal may be filed against the SEM decision within 30 days of notification. The appeal does not have suspensive effect.

<sup>4</sup> The criminal provisions of Article 115 FNIA apply *mutatis mutandis*. In the event of any violation of the provision on entry, a ban on entry may also be imposed.

#### **Art. 5–7<sup>7</sup>**

#### **Art. 8<sup>8</sup>**

#### **Art. 9** Provisions on cross-border passenger and goods transport

<sup>1</sup> The FDJP in consultation with the FDHA, the Federal Department of the Environment, Transport, Energy and Communications (DETEC), the FDF and the FDFA shall decide on restrictions on air passenger services from high-risk countries or regions.

<sup>2</sup> It may in particular suspend passenger transport for certain flights, close individual airfields with international borders to passenger transport from high-risk countries or regions or simply prohibit passenger transport to Switzerland from high-risk countries or regions.

<sup>3</sup> Restrictions on cross-border passenger transport are set out in Annex 2.

#### **Art. 10<sup>9</sup>** Granting of visas

Foreign nationals who wish to enter Switzerland from a high-risk country or from a high-risk region and who do not fall within the scope of the AFMP<sup>10</sup> or the EFTA Convention<sup>11</sup> shall not be granted a Schengen visa for periods of stay of up to three months that do not require a permit and do not involve gainful employment. Exempted from the foregoing are applications from persons under Article 4 paragraph 2.

<sup>7</sup> Repealed by No I of the O of 24 June 2020 (Relaxation of Measures relating to Borders, Entry and Admission for Residence and Employment), with effect from 6 July 2020 (AS 2020 2611).

<sup>8</sup> Repealed by Art. 6 No 1 of the Covid-19 Ordinance on International Passenger Transport Measures of 2 July 2020, with effect from 6 July 2020 (AS 2020 2737).

<sup>9</sup> Amended by No I of the O of 24 June 2020 (Relaxation of Measures relating to Borders, Entry and Admission for Residence and Employment), in force since 6 July 2020 (AS 2020 2611).

<sup>10</sup> SR 0.142.112.681

<sup>11</sup> SR 0.632.31

**Art. 10a**<sup>12</sup> Extension of deadlines

<sup>1</sup> Foreign nationals who have been prevented from acting within the deadlines laid down in Articles 47 or 61 FNIA<sup>13</sup> because of measures in connection with the coronavirus may carry out the act required at any time while this Ordinance remains in force.

<sup>2</sup> By carrying out the required act, they shall achieve the position that would have been achieved had they acted within the prescribed deadline.

<sup>3</sup> If the deadlines under Articles 59b or 102a FNIA for updating biometric data in order to obtain or extend a permit cannot be met because of the coronavirus, the permit may still be issued or extended at any time while this Ordinance remains in force.

**Section 3 Provision of Essential Medical Goods****Art. 11** Definition

<sup>1</sup> Medicinal products, medical devices and protective equipment (essential medical goods) that are important and urgently needed to prevent and combat the coronavirus (COVID-19) are the goods listed in Annex 4.

<sup>2</sup> The FOPH is responsible for the list, shall update the same regularly in consultation with the Interdepartmental Working Group on Medical Goods in accordance with Article 12 and the Spiez Laboratory.

<sup>3</sup> It shall define the goods that need to be procured and how they should be used. Based on these terms of reference, the FOPH shall determine the quantities required in consultation with:

- a. the Interdepartmental Working Group on Medical Goods: for active substances and drugs, medical devices, personal protective equipment and other equipment;
- b. the Spiez Laboratory: for COVID-19 tests and associated reagents.

**Art. 12** Interdepartmental Working Group on Medical Goods

<sup>1</sup> The Interdepartmental Working Group on Medical Goods shall comprise as a minimum representatives from the following federal agencies:

- a. the FOPH;
- b. the Therapeutic Products Division of the Federal Office for National Economic Supply;
- c. the Swiss Agency for Therapeutic Products (Swissmedic);

<sup>12</sup> Inserted by No I of the O of 24 June 2020 (Relaxation of Measures relating to Borders, Entry and Admission for Residence and Employment), in force since 6 July 2020 (AS 2020 2611).

<sup>13</sup> SR 142.20

- d. the National Emergency Operations Centre (NEOC);
- e. the Medical Services Coordination Committee (SANKO) for Resources Management at Federal Level (ResMaB);
- f. the Armed Forces Pharmacy;
- g. the Coordinated Medical Services (CMS).

<sup>2</sup> The Federal Council CMS delegate chairs the working group.

**Art. 13** Duty to report

<sup>1</sup> The cantons are obliged to report on request to the CMS on the current stocks of essential medical goods in their healthcare facilities.

<sup>2</sup> Laboratories and manufacturers and distributors of in vitro diagnostics (COVID-19 tests) are obliged to report regularly to the Spiez Laboratory on their current stocks of such tests.

<sup>3</sup> The CMS may request details of stocks from companies that store essential medical goods.

**Art. 14** Procurement of essential medical goods

<sup>1</sup> In order to support the provision of essential medical goods to the cantons and their healthcare facilities, charitable organisations (for example Swiss Red Cross) and third parties (for example laboratories, pharmacies), essential medical goods may be procured if requirements cannot be covered through the normal procurement channels.

<sup>2</sup> The essential medical goods that are required shall be determined on the basis of the data transmitted in accordance with Article 13.

<sup>3</sup> The Armed Forces Pharmacy is responsible for procuring essential medical goods under paragraph 1 on behalf of the FOPH.

<sup>4</sup> The responsible authorities may delegate the procurement of essential medical goods to third parties.

<sup>5</sup> When procuring essential medical goods, the Armed Forces Pharmacy may take calculated risks and diverge from the provisions of existing directives and the Financial Budget Act of 7 October 2005<sup>14</sup> in relation to risks, such as prepayment without security or currency hedging.

<sup>6</sup> The Armed Forces Pharmacy manages the procured essential medical goods as instructed by the Interdepartmental Working Group on Medical Goods.

**Art. 15** Allocation of essential medical goods

<sup>1</sup> The cantons shall submit requests for allocation to the CMS as required.

<sup>2</sup> Allocation shall be made continuously based on the supply situation and the current number of cases in each canton.

<sup>3</sup> The CMS in consultation with Interdepartmental Working Group on Medical Goods may allocate essential medical goods to the cantons, to charitable organisations and to third parties.

<sup>4</sup> The Spiez Laboratory in consultation with the FOPH is responsible for allocating in vitro diagnostics (COVID-19 tests). Allocation when required applies to all tests available in Switzerland.

#### **Art. 16** Delivery and distribution of essential medical goods

<sup>1</sup> The Confederation or the third parties that it instructs shall ensure the delivery of the essential medical goods procured under Article 14 to a distribution centre for each canton. In exceptional cases, the Confederation in consultation with the cantons may supply eligible facilities and organisations directly.

<sup>2</sup> The cantons shall designate cantonal distribution centres for goods that are not supplied directly to the recipient, and shall give notice of these to the responsible federal authorities.

<sup>3</sup> They shall ensure that essential medical goods that have been delivered are distributed as required and in good time on their territory.

#### **Art. 17** Direct sales by the Confederation

The Confederation may sell the essential medical goods on the market in return for payment, either itself or through third parties.

#### **Art. 18** Costs

<sup>1</sup> The costs of procuring essential medical goods shall be funded in advance by the Confederation in the cases where it procures the goods.

<sup>2</sup> The cantons, charitable organisations and third parties shall notify the Confederation as quickly as possible of the purchasing costs of the essential medical goods supplied to them where the Confederation has assumed responsibility for their procurement in accordance with Article 14 paragraph 1.

<sup>3</sup> The Confederation shall bear the costs of delivering the procured essential medical goods to the cantons.

<sup>4</sup> The cantons shall bear the costs of distributing these essential medical goods within the canton.

#### **Art. 19** Requisitioning

<sup>1</sup> If the provision of essential medical goods cannot be guaranteed, the FDHA at the request of the Interdepartmental Working Group on Medical Goods may require individual cantons or public healthcare facilities that have adequate stocks of medicinal products under Annex 4 number 1 to deliver part of their stocks to other cantons

or healthcare facilities. The cantons or healthcare facilities shall charge the recipient directly for the costs of the goods and their delivery at the sale price.

<sup>2</sup> Subject to the requirement of paragraph 1, the FDHA at the request of the Interdepartmental Working Group on Medical Goods may order the requisitioning of essential medical goods held by companies. The Confederation shall pay compensation at the sale price.

#### **Art. 20**            Manufacture

<sup>1</sup> If the provision of essential medical goods cannot otherwise be guaranteed, the Federal Council at the request of the Interdepartmental Working Group on Medical Goods may require manufacturers to produce essential medical goods, to prioritise the production of such goods or to increase production volumes.

<sup>2</sup> The Confederation may contribute to the cost of production under paragraph 1 where manufacturers suffer financial disadvantages as a result of the changeover in production or the cancellation of private orders.

#### **Art. 21**            Exceptions to the requirement of authorisation for medicinal products

<sup>1</sup> Medicinal products that are manufactured with active substances under Annex 5 for the treatment of COVID-19 patients may, provided an application for authorisation of a medicinal product containing one of these active substances has been filed, be placed on the market without authorisation pending Swissmedic's decision on authorisation. When examining applications for authorisation, Swissmedic may permit a relaxation of the relevant requirements for such medicinal products under the law on therapeutic products on the basis of a risk-benefit analysis.

<sup>2</sup> Amendments to the authorisation for a medicinal product authorised in Switzerland containing an active substance under Annex 4 number 1 that is used to prevent and treat the coronavirus in Switzerland may be made immediately after filing a corresponding amendment application. Swissmedic may permit a relaxation of the relevant requirements for such amendments under the law on therapeutic products on the basis of a risk-benefit analysis.

<sup>3</sup> The FOPH shall regularly update the list in Annex 5 after consulting Swissmedic.

<sup>4</sup> Swissmedic may on the basis of a risk-benefit analysis permit changes to the manufacturing process approved within the framework of the authorisation of medicinal products used to prevent and treat the coronavirus in Switzerland. It shall specify criteria according to which the person responsible for technical matters may grant an early market release for medicinal products used to prevent and treat the coronavirus in Switzerland.

#### **Art. 22**            Exceptions to the provisions on the import of medicinal products

<sup>1</sup> Pharmacists that have pharmaceutical responsibility in a hospital pharmacy may import non-authorised medicinal products with active substances under Annex 5 for

the treatment of COVID-19 patients. A company with a wholesale or import licence may be instructed to import such medicinal products.

<sup>2</sup> Notice of the import must be given to Swissmedic within 10 days of the arrival of goods.

<sup>3</sup> In order to prevent and treat the coronavirus in Switzerland, Swissmedic may allow the temporary placing on the market of a medicinal product as a short-term solution for the temporary non-availability of an identical medicinal product authorised in Switzerland, provided no essentially identical medicinal product is authorised and available in Switzerland.

### **Art. 23** Exceptions for medical devices

<sup>1</sup> In response to an application, Swissmedic may authorise the placing on the market and use of medical devices that have not undergone a conformity assessment procedure in accordance with Article 10 the Medical Devices Ordinance of 17 October 2001<sup>15</sup> (MedDO), provided their use for preventing and combating the coronavirus in Switzerland is in the interests of public health or patient safety or health and provided, taking account of their intended purpose, their fulfilment of the essential requirements and their effectiveness and performance are adequately proven.

<sup>2</sup> When assessing the risks under paragraph 1, Swissmedic shall in particular take account of the procurement needs identified by the FOPH for preventing and combating the coronavirus in Switzerland.

<sup>3</sup> Authorisation shall be granted to the Swiss distributor or the applicant institution or healthcare facility. It may be made subject to a time limit and other conditions and requirements.

<sup>4</sup> Facemasks which have not undergone a conformity assessment procedure under Article 10 MedDO may be placed on the market without authorisation under paragraph 1 provided they:

- a. are placed on the market exclusively for non-medical use; and
- b. ausdrücklich als nicht für die medizinische Verwendung gekennzeichnet sind.

<sup>5</sup> Facemasks placed on the market in accordance with paragraph 3<sup>bis</sup> may not be used in hospitals or medical practices by persons in direct contact with patients.

<sup>6</sup> The obligations in relation to product surveillance under the MedDO, in particular to collecting reports of incidents, continue to apply.

### **Art. 24**<sup>16</sup>

<sup>15</sup> SR 812.213

<sup>16</sup> Repealed by No I of the O of 11 Sept. 2020 (Extension; Test Costs), with effect from 18 Sept. 2020 (AS 2020 3695).

## Chapter 3 Healthcare Provision

### Art. 25 Hospitals and clinics

<sup>1</sup> The cantons shall ensure that sufficient capacities (in particular beds and specialist staff) are available in the inpatient departments of hospitals and clinics for COVID-19 patients and for other urgently required medical examinations and treatments, in particular in the intensive care units and the general internal medicine departments.

<sup>2</sup> For this purpose, they may require hospitals and clinics:

- a. to make their inpatient capacities available immediately or on demand; and
- b. to restrict or suspend non-urgent medical procedures and treatments.

<sup>3</sup> The hospitals and clinics must ensure that supplies of medicinal products for COVID-19 patients and for other urgently required medical examinations and treatments is guaranteed in their outpatient and inpatient departments.

### Art. 26<sup>17</sup> Payment of costs for molecular-biological and serological analyses

<sup>1</sup> The Confederation shall pay the costs of outpatient molecular-biological and serological analyses for Sars-CoV-2 that have been ordered by doctors for persons who fulfil the FOPH clinical criteria for suspicion, sampling and reporting of 24 June 2020<sup>18</sup>.

<sup>2</sup> For molecular-biological analyses for Sars-CoV-2, it shall pay a maximum of 156 francs. This covers the following cost components:

- a. for taking a sample, including the doctor-patient consultation, the swab, protective materials and sending the test result to the person tested and to the FOPH: a maximum of 50 francs;
- b. for the molecular-biological analysis:
  1. a maximum of 106 francs if the analyses are carried out by laboratories on behalf of another authorised service provider, comprising 82 francs for the analysis and 24 francs for the test processing, overheads and sampling materials,
  2. a maximum of 87 francs if the analyses are carried out by hospital laboratories for the hospital's own needs, comprising 82 francs for the analysis and 5 francs for the test processing, overheads and sampling materials 5 francs.

<sup>3</sup> For serological analyses for Sars-CoV-2, it shall pay a maximum of 99 francs. This covers the following cost components:

<sup>17</sup> Amended by No I of the O of 11 Sept. 2020 (Extension; Test Costs), in force since 18 Sept. 2020 (AS 2020 3695).

<sup>18</sup> Available at [www.bag.admin.ch](http://www.bag.admin.ch) > Krankheiten > Infektionskrankheiten bekämpfen > Meldesysteme für Infektionskrankheiten > Meldepflichtige Infektionskrankheiten > Meldeformulare.

- a. for taking a sample, including the doctor-patient consultation, taking a blood sample, protective materials and sending the test result to the person tested and to the FOPH: a maximum of 50 francs;
- b. for the serological analysis:
  1. a maximum of 49 francs if the analyses are carried out by laboratories on behalf of another authorised service provider, comprising 25 francs for the analysis and 24 francs for the test processing, overheads and sampling materials,
  2. a maximum of 30 francs if the analyses are carried out by hospital laboratories for the hospital's own needs, comprising 25 francs for the analysis and 5 francs for the test processing, overheads and sampling materials.

<sup>4</sup> If both a molecular biological test and a serological test for Sars-CoV-2 are carried out on the same person on the same day, the Confederation shall only pay its share of the costs under paragraphs 2 letter a and 3 letter a and its share for the test processing, overheads and sampling materials under paragraphs 2 letter b and 3 letter b once.

<sup>5</sup> It shall pay the costs only if the services specified in paragraphs 1–3 are provided by the following service providers:

- a. the following service providers in accordance with the Federal Act of 18 March 1994<sup>19</sup> on Health Insurance (Health Insurance Act):
  1. doctors,
  2. hospitals,
  3. laboratories in accordance with Article 54 paragraph 3 of the Ordinance of 27 June 1995<sup>20</sup> on Health Insurance (HIO) and hospital laboratories in accordance with Article 54 paragraph 2 HIO that hold a licence under Article 16 paragraph 1 of the Epidemics Act of 28 September 2012<sup>21</sup>;
- b. test centres that are operated by or on behalf of the canton.

<sup>6</sup> Health insurance companies under Article 2 of the Health Insurance Oversight Act of 26 September 2014<sup>22</sup> and the military insurance are liable to pay the service providers under paragraph 5 for the services in accordance with the system of *tiers payant* as defined in Article 42 paragraph 2 of the Health Insurance Act.

<sup>7</sup> Persons tested as specified in paragraphs 1–4 shall not be required to pay a share of the costs in accordance with Article 64 of the Health Insurance Act.

<sup>8</sup> Service providers under paragraph 4 shall not charge persons tested as specified in paragraphs 1–3 any additional costs. They must pass on any sums that directly or indirectly cover any part of the cost shares in accordance with paragraphs 2 and 3 to the reimbursement debtor.

<sup>19</sup> SR 832.10

<sup>20</sup> SR 832.102

<sup>21</sup> SR 818.101

<sup>22</sup> SR 832.12

**Art. 26a<sup>23</sup>** Procedure for paying the analysis costs

<sup>1</sup> Service providers under Article 26 paragraph 5 shall send their invoice for services under Article 26 paragraphs 1–4 to the insurer. The invoice may cover only these services. It shall preferably be sent electronically.

<sup>2</sup> Service providers under Article 26 paragraph 5 shall not charge for services under Article 26 paragraphs 1–4 as Position 3186.00 of Annex 3 to the Health Insurance Benefits Ordinance of 29 September 1995<sup>24</sup>.

<sup>3</sup> The insurer with which the person tested is insured against illness is liable under Article 26 paragraph 6. In the case of persons who are not insured in Switzerland insured the joint institution under Article 18 of the Health Insurance Act<sup>25</sup> is liable.

<sup>4</sup> The insurers shall check the invoices and ascertain whether the services specified in Article 26 paragraphs 2–5 have been charged for correctly. They shall comply with Articles 84–84b of the Health Insurance Act in processing the data.

<sup>5</sup> At the start of January, April, July and October, beginning in October 2020, they shall notify the FOPH of the number of analyses for which they have paid service providers under Article 26 paragraph 5, and of the amount paid in each case. The external auditors for the insurers and for the joint institution shall review the figures each year and submit a report to the FOPH.

<sup>6</sup> The Confederation shall reimburse the insurers every quarter for the services that they have paid for.

## Chapter 4 Company Meetings

**Art. 27**

<sup>1</sup> In the case of company meetings, the organiser may, regardless of the probable number of participants and without complying with the period of notice for convening meetings, order the participants to exercise their rights exclusively:

- a. in writing or online; or
- b. through an independent proxy appointed by the organiser.

<sup>2</sup> The organiser shall decide within the period specified in Article 29 paragraph 4. Notification of the order must be given in writing or published online no later than four days before the event.<sup>26</sup>

<sup>23</sup> Inserted by No I of the O of 24 June 2020 (AS 2020 2549). Amended by No I of the O of 11 Sept. 2020 (Extension; Test Costs), in force since 18 Sept. 2020 (AS 2020 3695).

<sup>24</sup> SR 832.112.31

<sup>25</sup> SR 832.10

<sup>26</sup> Amended by No I of the O of 11 Sept. 2020 (Extension; Test Costs), in force since 14 Sept. 2020 (AS 2020 3695).

## Chapter 5 Final Provisions

### Art. 28 Repeal of another enactment

The COVID-19 Ordinance 2 of 13 March 2020<sup>27</sup> is repealed.

### Art. 28a<sup>28</sup> Transitional provision to the Amendment of 11 September 2020

Personal protective equipment that was permitted under Article 24 of the previous law may continue to be placed on the market until 30 June 2021.

### Art. 29 Commencement and term

<sup>1</sup> This Ordinance comes into force on 22 June 2020 at 00.00.

<sup>2</sup> It applies until 13 September 2020.<sup>29</sup>

<sup>3</sup> ...<sup>30</sup>

<sup>4</sup> The term of application of this Ordinance shall be extended to 31 December 2021.<sup>31</sup>

<sup>27</sup> [AS 2020 773 783 841 863 867 1059 1065 1101 1131 1137 1155 1199 1245 1249 1333 1401 1501 1505 1585 1751 1815 1823 1835 2097 2099 2213]

<sup>28</sup> Inserted by No I of the O of 11 Sept. 2020 (Extension; Test Costs), in force since 18 Sept. 2020 (AS 2020 3695).

<sup>29</sup> Amended by No II of the O of 12 Aug. 2020 (Requirement to wear Masks in Aircraft; Large-scale Events), in force since 15 Aug. 2020 (AS 2020 3547).

<sup>30</sup> Repealed by No II of the O of 12 Aug. 2020 (Requirement to wear Masks in Aircraft; Large-scale Events), with effect from 15 Aug. 2020 (AS 2020 3547).

<sup>31</sup> Inserted by No I of the O of 11 Sept. 2020 (Extension; Test Costs), in force since 14 Sept. 2020 (AS 2020 3695).

*Annex 1*<sup>32</sup>  
(Art. 3 para. 2)

## List of high-risk countries and regions

All states outside the Schengen area, with the exception of:

- Andorra
- Australia
- Bulgaria
- Canada
- Croatia
- Cyprus
- Georgia
- Holy See
- Ireland
- Japan
- Monaco
- New Zealand
- Romania
- Rwanda
- San Marino
- South Korea
- Thailand
- Tunisia
- Uruguay

<sup>32</sup> Amended by No I of the FDJP O of 13 Aug. 2020, in force since 16 Aug. 2020 (AS 2020 3553).

*Annex 2*<sup>33</sup>

<sup>33</sup> Rendered obsolete by the repeal of Art. 8 (see Art. 6 No 1 of the Covid-19 Ordinance on International Passenger Transport Measures of 2 July 2020; AS **2020** 2737).

*Annex 3*  
(Art. 9 para. 3)

## **Restrictions on cross-border passenger transport**

*Annex 4<sup>34</sup>*

(Art. 11 para. 1, 19 para. 1 and 21 para. 2)

## **List of important medicinal products, medical devices and protective equipment (Essential Medical Goods)**

### **1. Active substances or medicinal products with the listed active substances**

1. Tocilizumab
2. Remdesivir
3. Propofol
4. Midazolam
5. Ketamine
6. Dexmedetomidine
7. Dobutamine
8. Sufentanil
9. Remifentanyl
10. Rocuronium
11. Atracurium
12. Suxamethonium
13. Noradrenalin
14. Adrenalin
15. Insulin
16. Fentanyl
17. Heparin
18. Argatroban
19. Morphine
20. Paracetamol (parenteral)
21. Metamizol (parenteral)
22. Lorazepam
23. Dexamethasone
24. Co-Amoxicillin
25. Piperacillin/Tazobactam
26. Meropenem

<sup>34</sup> Amended by No I of the FOPH O of 5 Aug. 2020 (AS 2020 3515). Revised by No I of the O of 11 Sept. 2020 (Extension; Test Costs), in force since 18 Sept. 2020 (AS 2020 3695).

27. Imipenem/Cilastatin
28. Cefuroxime
29. Ceftriaxone
30. Amikacin
31. Posaconazole
32. Fluconazole
33. Voriconazole
34. Caspofungin
35. Esmolol (parenteral)
36. Metoprolol (parenteral)
37. Labetalol (parenteral)
38. Clonidine
39. Amiodarone
40. Furosemide
41. Vaccines against COVID-19
42. Vaccines against influenza
43. Vaccines against bacterial pneumonia (Pevnar 13)
44. Covid-19 immunotherapeutics
45. Medical gases

## **2. Medical devices**

1. Ventilators
2. Monitoring equipment for intensive care
3. In vitro diagnostics (COVID-19 tests), including pre-analytical components and instruments
4. Surgical masks / OP masks (hygiene masks)
5. Surgical gloves / examination gloves
6. Medical oxygen
7. Infusion solutions
8. Test kits (tubes and swabs)

## **3. Personal protective equipment and other equipment**

1. Respirators
2. Protective masks

3. Disposable gloves
4. Aprons
5. Protective overalls
6. Protective eyewear
7. Hand disinfectants
8. Surface disinfectants
9. Hygiene products for intensive care (such as absorbent pads, diapers, faecal collectors, oral hygiene items)
10. Ethanol

*Annex 5*  
(Art. 21 para.s 1 and 3 and 22 para. 1)

**List of active substances for the treatment of COVID-19**

1. Hydroxychloroquine
2. Lopinavir/Ritonavir
3. Remdesivir
4. Tocilizumab i.v.in mg

