ers and specialists, hospital admissions within the last 12 months, and number of medications taken at least once a week. We also observed, according to age (in 5-year intervals), gender, education and subjective perception of income. Analyses of bivariate relationship dependencies were performed by Pearson’s chi-square test and Cramer’s contingency coefficient, wherein the value of p < 0.05 represented the significant level. A multiple linear regression model, expected that older individuals in Slovenia more often seek ambulatory medical care, take multiple medications and are hospitalized at a higher rate. The only exception was the multiple number of medications (β=0.05) greater, in which the utilization of health services was lower than in the age group from 70 to 79 years. Besides age, education was an important factor that influenced the use of health care services, while income significantly affected only the number of contacts with general practitioners. CONCLUSIONS: Our findings are important for the planning and implementation of health care system in Slovenia, particularly in the current conditions of austerity measures, changing demographic structure and rapid technological progress of medicine.

**OBJECTIVES:** The French “liste-en-sus” was implemented to support an equal access to high quality and highly-priced medicines. The methodology to define the scope of this list has been updated recently. Listing or delisting is now decided per therapeutic indication and no longer by product. Our aim is to assess the relevance of listed therapeutic indications in accordance with the updated methodology. METHODS: Using the health technology assessment published by the Transparency Committee, we gathered for each medicine included on the liste-en-sus (excluding blood-derived products) until March 1st, 2015: assessment date, marketing authorization date, medical benefit and improvement in health status (MB) scores and medicine comparator. We selected therapeutic indications which fulfilled both criteria: no IMB and the comparator is financed by diagnosis-related groups (DRGs). Using the French medicalized information system program, we identified international classification of diagnoses (ICD-10) coding groups that correspond to these indications in France in 2013. RESULTS: The liste-en-sus includes 214 indications. MB is available in 87% of cases. 6% of indications have been added since before 2005. Another 7% are extensions of indications that have not been assessed yet as marketing authorization has been granted recently. Among the 32% of indications showing no IMB, the comparator is financed by DRGs in 7% of cases (16 indications or 11 medicines). The 12 ICD-10 coding groups correspond to these 16 indications show an expenditure of EUR 450-5 million. This amount represents 16% of the total expenditures (EUR 2.8 billion) for all medicines included on the liste-en-sus in 2013. CONCLUSIONS: From now on, all indications including extensions of indication have to be evaluated before being registered on the liste-en-sus by analyzing the health technology assessment published. 16 therapeutic indications are not matching the criteria defined in the new methodology.