Consolidated stakeholder feedback

HTA report

Medicines containing valerian for treating symptoms of insomnia, mental stress and test anxiety

Stakeholders (SH; in alphabetical order) that have provided comments:

1	Schweizerischer Fachverband für Selbstmedikation (ASSGP)
2	Dachverband Komplementärmedizin (Dakomed)
3	Schweizerische Pharmazeutische Fachgesellschaft für Komplementärmedizin und Phytotherapie (FG KMPhyto)
4	Groupement Romand de l'Industrie Pharmaceutique (GRIP)
5	IG Pharma KMU
6	Max Zeller Söhne AG
7	Netzwerk Schlaf Schweiz
8	OM Pharma Suisse SA
9	prio.swiss – Der Verband Schweizer Krankenversicherer
10	Schweizerische Akademie der Pharmazeutischen Wissenschaften (SAPhW)
11	Schwabe Pharma AG
12	Schweizerische Apothekerverband (pharmaSuisse)
13	Schweizerische Gesellschaft für Klinische Pharmakologie und Toxikologie (SGKPT)
14	Schweizerische Medizinische Gesellschaft für Phytotherapie (SMGP)
15	Schweizerischer Verband für komplementärmedizinische Arzneimittel (SVKH)
16	UNION Schweizerischer komplementärmedizinischer Ärzteorganisationen

SH	SH comment	Reply authors / BAG & implemented changes
1.1 ASSGP	Die ASSGP anerkennt den Aufwand und die Breite der im HTA-Bericht vorgenommenen Arbeiten. Der Bericht weist (wie bereits das Protokoll, vgl. Stellungnahme vom 13.01.25) in zentralen Beurteilungsaspekten erhebliche methodische, rechtliche, gesundheitsökonomische und gesundheitspolitische Schwächen auf. Als Grundlage für eine Einschränkung der Rückerstattung oder einen Ausschluss von BHA aus der Grundversicherung ist er daher ungeeignet. Translation: ASSGP acknowledges the effort and breadth of the work undertaken in the HTA report. The report exhibits (as already noted in the protocol, cf. statement dated 13.01.25) significant methodological, legal, health economic and health policy weaknesses in central assessment aspects. It is therefore unsuitable as a basis for restricting reimbursement or excluding valerian-containing medicines from basic health insurance.	No change needed.
1.2 ASSGP	1. Die Bewertung der klinischen Wirksamkeit weist aufgrund einer nicht nachvollziehbar begründeten selektiven Auswahl der Studien sowie der Zusammenführung nicht äquivalenter Präparate erhebliche methodische Mängel auf. Die im HTA-Bericht dargestellte Evidenzlage genügt nicht, um daraus gesundheits- oder versorgungspolitische Systementscheide abzuleiten. Für die vertiefte wissenschaftliche Auseinandersetzung mit diesen Punkten wird ausdrücklich auf die Stellungnahmen der betroffenen Zulassungsinhaber verwiesen. Translation: 1. The assessment of clinical efficacy exhibits significant methodological deficiencies due to an incomprehensibly justified selective choice of studies and the combination of non-equivalent preparations. The evidence presented in the HTA report is insufficient to derive health or healthcare policy system decisions from it. For in-depth scientific discussion of these points, explicit reference is made to the statements of the affected marketing authorization holders.	Studies included in the meta-analysis were selected based on the inclusion and exclusion criteria, as planned in the protocol and described in the methods section of the HTA Report. The combination of different valerian preparations in the meta-analysis is in line with the pre-specified inclusion criteria. No change needed.
1.3 ASSGP	2. Aus verfassungsrechtlicher Sicht ist festzuhalten, dass Art. 118a BV zwar keinen Anspruch auf die Vergütung einzelner Leistungen begründet, den Bund jedoch verpflichtet, die Komplementärmedizin im gesamten Gesundheitsbereich wirksam, wohlwollend und differenziert zu berücksichtigen. Ein Ausschluss von BHA aus der OKP würde auf eine faktische Einschränkung einer komplementärmedizinischen Therapieoption hinauslaufen. Angesichts der im HTA-Bericht ausgewiesenen Unsicherheiten wäre er mit dem verfassungsrechtlichen Berücksichtigungsauftrag nicht vereinbar. Gerade bei weitreichenden Systementscheiden verlangt Art. 118a BV eine besonders sorgfältige, verhältnismässige Abwägung zwischen Kosten-, Versorgungs- und Sicherheitsaspekten, die im Bericht nicht erkennbar ist. Translation: 2. From a constitutional law perspective, it must be noted that while Art. 118a of the Federal Constitution does not establish a claim to reimbursement of individual services, it does oblige the Confederation to take complementary medicine into account effectively, benevolently and in a differentiated manner throughout	- Das Resultat der Überprüfung lässt sich nicht vorwegnehmen. Der HTA-Bericht bildet Teil der Grundlagen der Durchführung von Appraisal und Decision. - Die Überprüfung hat innerhalb der rechtlichen Schranken und Voraussetzungen zu erfolgen und erfolgt Verfassungskonform. - Der Bericht enthält lediglich das Assessment. Im Rahmen von Appraisal und Decision können zusätzliche Überlegungen Berücksichtigung finden. Keine Änderung erforderlich. Translation: – The result of the evaluation cannot be anticipated. The HTA report forms part of the basis for conducting the appraisal and decision process. – The evaluation must be carried out within the legal limits and requirements and is conducted in compliance with the Constitution.

	the healthcare sector. An exclusion of valerian-containing medicines from mandatory health insurance would amount to a de facto restriction of a complementary medical therapy option. In view of the uncertainties identified in the HTA report, it would not be compatible with the constitutional mandate to take this into account. Particularly in the case of far-reaching system decisions, Art. 118a of the Federal Constitution requires a particularly careful, proportionate balancing of cost, care and safety aspects, which is not evident in the report.	– The report contains only the assessment. Within the framework of appraisal and decision, additional considerations may be taken into account. No change needed.
1.4 ASSGP	3. Der HTA-Bericht kann zudem keine Aussagen zur Wirtschaftlichkeit im Sinne von Art. 32 KVG machen, da keine belastbaren Kosteneffektivitätsdaten vorliegen. Die Argumentation stützt sich primär auf modellierte Budget-Impact-Berechnungen. Diese ersetzen keine Wirtschaftlichkeitsprüfung im Sinne von WZW und erlauben keine Aussage darüber, ob eine Leistung im Vergleich zu verfügbaren Therapiealternativen in einem angemessenen Verhältnis von Kosten und Nutzen steht. Translation: 3. Furthermore, the HTA report cannot make any statements on cost-effectiveness within the meaning of Art. 32 of the Health Insurance Act, as there are no reliable cost-effectiveness data available. The argumentation is primarily based on modelled budget impact calculations. These do not replace a cost-effectiveness review in the sense of efficacy, appropriateness and cost-effectiveness (EAE) and do not allow any statement as to whether a service is in an appropriate cost-benefit ratio compared to available therapy alternatives.	- Inwiefern die Angaben im HTA-Bericht für die Beurteilung relevant sind, ist Sache der für Appraisal und Decision zuständigen Organe. - Die Überprüfung erfolgt im Rahmen der gesetzlichen Vorgaben, die unter anderem in dem für die Beurteilung der WZW-Kriterien massgeblichen Operationalisierungsdokument konkretisiert sind. Keine Änderung erforderlich. Translation: – The extent to which the information in the HTA report is relevant for the final decision is a matter for the bodies responsible for appraisal and decision. – The review is conducted within the framework of the legal requirements, which are further specified, inter alia, in the operationalisation document relevant for the assessment of the EAE criteria. No change needed.
1.5 ASSGP	4. Die postulierten Einsparpotenziale beruhen auf modellhaften Annahmen, welche nicht die reale Versorgungspraxis in der Schweiz abbilden. Ein wesentlicher Teil der vermeintlichen Einsparungen stellt faktisch eine Kostenverlagerung von der OKP auf die Versicherten dar. Dabei wird verkannt, dass in der SL aufgeführte Baldrianpräparate bereits heute auch ohne Rezept bezogen werden können. Ein Delisting würde nicht zu einer vermehrten Eigenfinanzierung dieser Präparate führen, sondern dazu, dass im Rahmen ärztlicher Abklärungen häufiger auf stärkere und teurere SL-Arzneimittel ausgewichen wird. Translation: 4. The postulated savings potential is based on model assumptions that do not reflect the real care practice in Switzerland. A significant part of the alleged savings actually represents a cost shift from mandatory health insurance to the insured. It is overlooked that valerian preparations listed in the Specialty List can already be obtained without a prescription today. Delisting would not lead to increased self-financing of these preparations, but rather to more frequent recourse to stronger and more expensive Specialty List medicines in the context of medical examinations.	We acknowledge that our model incorporates assumptions about treatment substitution. However, these assumptions were informed by multiple complementary data sources to reflect Swiss practice as accurately as possible: - Primary data collection: A survey of 80 Swiss general practitioners examining indication-specific prescribing patterns and anticipated treatment alternatives - Real-world claims data: Analysis of Swiss health insurance data on current utilisation patterns - Empirical evidence: International literature on substitution effects following valerian delisting Regarding the substitution to benzodiazepines specifically: While the surveyed Swiss GPs did not anticipate increased switching to benzodiazepines, we incorporated empirical evidence from França et al., which reported an odds ratio of 1.46 for benzodiazepine prescribing after valerian delisting in France. No change needed.
1.6 ASSGP	5. Die Bewertung der Substitutionseffekte ist unvollständig. Eine Verlagerung hin zu Benzodiazepinen oder Z-Substanzen ist aus klinischer und gesundheitspolitischer Sicht problematisch, da diese gerade auch bei	We agree that substitution to benzodiazepines and Z-drugs carries significant risks, particularly for elderly and vulnerable patient groups.

	älteren und vulnerablen Patientengruppen mit höheren Risiken für Abhängigkeit, Stürze und kognitive Beeinträchtigungen verbunden sind. Die daraus resultierenden Folgekosten werden im HTA-Bericht nicht berücksichtigt. Translation: 5. The assessment of substitution effects is incomplete. A shift towards benzodiazepines or Z-drugs is problematic from a clinical and health policy perspective, as these are associated with higher risks for addiction, falls and cognitive impairments, particularly in elderly and vulnerable patient groups. The resulting follow-up costs are not considered in the HTA report.	Contrary to the assertion that these follow-up costs were not considered, our budget impact analysis explicitly incorporated long-term costs associated with benzodiazepine and Z-drug dependence. Specifically, the model included: - Transition rates: The probability of progression from short-term to long-term use (derived from Rosenqvist et al. 2024) - Dependence-related costs: Annual healthcare costs attributable to benzodiazepine dependence (obtained from Berger et al. 2012), which specifically focused on accident-related encounters (e.g., treatment of fractures) and care received for other reasons possibly related to benzodiazepine use (e.g., sedation, dizziness). These costs were adjusted for inflation and converted to 2025 Swiss francs using OECD purchasing power parities. The model therefore accounts for key adverse outcomes as part of the healthcare costs associated with benzodiazepine substitution. No change needed.
1.7 ASSGP	6. Ein Delisting von BHA würde zudem die therapeutischen Handlungsmöglichkeiten der Ärztinnen und Ärzte erheblich einschränken, da ihnen für bestimmte Indikationen faktisch nur noch stärker wirksame, risikoreichere Arzneimittel zur Verfügung stünden -- auch wenn diese medizinisch nicht erforderlich sind. Dies widerspricht dem Grundsatz einer verhältnismässigen, patientengerechten und risikoadaptierten Versorgung. Translation: 6. Delisting of valerian-containing medicines would also significantly restrict the therapeutic options available to doctors, as they would effectively only have access to more potent, higher-risk medicines for certain indications - even when these are not medically necessary. This contradicts the principle of proportionate, patient-appropriate and risk-adapted care.	It is important to note that current Swiss clinical guidelines do not position valerian-containing medicines as first-line treatment for the relevant indications. For insomnia: According to the Swiss Society for Sleep Research, Sleep Medicine and Chronobiology (SSSSC) guidelines, first-line treatment involves adjusting sleep hygiene practices, with cognitive behavioural therapy for insomnia (CBTI) as the recommended treatment approach. For mental stress: Current Swiss guidelines (based on the German S3 guidelines) recommend both pharmacotherapy and psychotherapy as first- or second-line treatments, either individually or in combination. A delisting of valerian-containing medicines would therefore not eliminate guideline-concordant treatment options. Physicians would retain access to evidence-based first-line interventions (sleep hygiene, CBTI, psychotherapy) as well as pharmacological alternatives when clinically indicated. No change needed.
1.8 ASSGP	Die ASSGP kommt zum Schluss, dass der HTA-Bericht keine tragfähige Grundlage für eine Einschränkung der Rückerstattung oder ein Delisting von BHA aus der SL darstellt. Die verfassungsrechtlichen Vorgaben, die gesetzlichen Anforderungen an WZW sowie die Grundsätze der Verhältnismässigkeit und Versorgungssicherheit sprechen klar gegen entsprechende Massnahmen. Translation: ASSGP concludes that the HTA report does not constitute a viable basis for restricting reimbursement or delisting valerian-containing medicines from the	Wie der HTA-Bericht in Appraisal und Decision zum Ausdruck kommen wird, lässt sich nicht vorwegnehmen. Es ist an den zuständigen Organen, den Bericht im Rahmen von Appraisal und Decision angemessen zu berücksichtigen. Ob und welche Massnahmen erforderlich sind, ist gestützt auf sämtlichen relevanten Grundlagen zu beurteilen, inklusive den HTA-Bericht und die gesetzlichen Vorgaben. Keine Änderung erforderlich. Translation: The impact of the HTA report on the appraisal and decision process cannot be anticipated.

	Specialty List. The constitutional requirements, the legal requirements for EAE as well as the principles of proportionality and security of supply clearly argue against such measures.	It is for the responsible bodies to duly take the report into account within the framework of appraisal and decision. Whether and which measures are required must be assessed on the basis of all relevant grounds, including the HTA report and the legal requirements. No change needed.
2.1 Dakomed	Der vorliegende HTA-Bericht konnte den Dakomed nicht überzeugen, dass HTA für die Überprüfung bestehender OKP-Leistungen sinnvoll sind. Auch hegen wir Zweifel, ob die experimentelle, neue Budget-Impact-Analyse die klinischen Gegebenheiten adäquat abbildet. Translation: The present HTA report could not convince Dakomed that HTA is useful for reviewing existing OKP services. We also have doubts as to whether the experimental, new budget impact analysis adequately depicts the clinical realities.	A budget impact analysis is an established and widely recognised methodology in health economics, recommended by international bodies and routinely used by health technology assessment agencies worldwide to inform reimbursement decisions. Regarding the adequacy of our clinical representation, we employed multiple complementary data sources to ensure transparency and validity. We analysed real-world Swiss health insurance claims data reflecting actual prescribing patterns and utilisation, conducted a survey of 80 Swiss general practitioners on current practice and anticipated treatment pathways, and incorporated international empirical data e.g. on substitution patterns from comparable healthcare systems. This triangulation of data sources was specifically designed to capture Swiss clinical realities as accurately as possible. All assumptions, data sources, and methodological choices are transparently documented in the report to allow for critical assessment. We acknowledge that any modelling approach involves inherent uncertainties, which are discussed in the HTA report. No change needed.
2.2 Dakomed	Wirksamkeit Die Erkenntnis, dass Valeriana-Arzneimittel nicht über Placebo hinaus wirken, ist paradox und unterstellt der Ärzteschaft eine unethische Verschreibungspraxis. Weder würde die Ärzteschaft langjährig unwirksame Arzneimittel verschreiben noch würden Patienten diese wiederkehrend einnehmen. Ein natürliches Arzneimittel könnte sich niemals über mehrere Jahrhunderte bzw. Jahrtausende halten, wenn die Wirkung fehlt. Translation: Efficacy The finding that valerian medicines do not work beyond placebo is paradoxical and implies that physicians engage in unethical prescribing practices. Neither would physicians prescribe ineffective medicines for years nor would patients repeatedly take them. A natural medicine could never persist over several centuries or even millennia if it lacked efficacy.	We do not conclude that valerian-containing medicines lack efficacy beyond placebo. Rather, the available evidence from well-conducted randomised controlled trials with appropriate comparator groups is insufficient to demonstrate a clinically meaningful effect beyond placebo. This reflects a gap in the clinical evidence base, not a judgement on prescribing practices. We acknowledge that physicians prescribe valerian-containing medicines based on their clinical experience and patient-reported outcomes, and that patients report benefit from their use. However, the assessment of the efficacy of herbal medicinal products with an indication should be based, like the efficacy of other allopathic medicinal products, on clinically controlled studies (Handbuch betreffend die Spezialitätenliste (SL) und die Geburtsgebrechen-Spezialitätenliste (GG-SL) and Art. 65a KVV). The long history of traditional use is acknowledged but does not substitute for controlled clinical evidence within this regulatory framework. Larger and methodologically rigorous studies would be needed to fully address this question. No change needed.
2.3 Dakomed	Die Arzneimittel wurden von Swissmedic zugelassen, weil die Wirkung nachgewiesen ist. Seit vielen Jahren können Phytoarzneimittel deshalb als «Traditional Use» zugelassen werden. Aufgrund der langjährigen und gut dokumentierten Anwendung ist die Wirkung	We take the HMPC-Monographies into consideration in the technology description (chapter 3), in the databases and search strategy (chapter 6.1.1) and the summary of observational studies reported in the EMA monographies and

	wissenschaftlich anerkannt und es gibt entsprechende HMPC-Monographien der EMA, was mit keinem Wort gewürdigt wird. Der Traditionsnachweis hat zur Folge, dass weniger Doppelblind-Studien verfasst werden. Um die Praxisrealität dennoch abzubilden, sind bei Traditional-Use-Präparaten die Schwerpunkte auf Beobachtungsstudien und die Überprüfungen der Patientenpräferenz und -einschätzung zu legen. Die tiefe Zahl von Beobachtungsstudien und das Fehlen von Patientenbefragungen wie PROMS verfälschen das Resultat des HTA-Berichts. Translation: The medicines were approved by Swissmedic because efficacy has been demonstrated. For many years, herbal medicines can therefore be approved as 'Traditional Use'. Due to long-standing and well-documented use, efficacy is scientifically recognized and there are corresponding HMPC monographs from EMA, which is not acknowledged with a single word. The traditional use evidence means that fewer double-blind studies are written. In order to still reflect practical reality, the focus for Traditional Use preparations should be on observational studies and reviews of patient preference and assessment. The low number of observational studies and the absence of patient surveys such as PROMS distort the result of the HTA report.	identified systematic reviews and meta-analyses (chapter 9.2). They are additionally highlighted in the discussion. It is important to extend the literature included in this HTA beyond the Monographies, since a comparator is needed to draw robust conclusions regarding causality and subsequent evidence regarding efficacy. Both objective and subjective outcomes were included in the analysis. Implemented change: HMPC-Monographies were highlighted further in the discussion.
2.4 Dakomed	Unklar ist, welche «General Practitioners» befragt wurden. Sind es Haus- und Kinderärzte oder Grundversorger i.w.S. inkl. Gynäkologie und Psychiatrie? Das gewählte Sample von 80 GPs, lässt eher qualitative Aussagen zu, ein Vertrauensintervall wird nicht genannt. Aussagekräftig wäre ein Kostenvergleich bezüglich der untersuchten Indikationen von konventionell tätigen Hausärzten/-innen mit Grundversorgern (mit SIWF-Fähigkeitsausweis Phytotherapie) und mit Psychiatern/-innen. Translation: It is unclear which 'General Practitioners' were surveyed. Are they family doctors and pediatricians or primary care providers in a broader sense including gynecology and psychiatry? The selected sample of 80 GPs allows rather qualitative statements, a confidence interval is not mentioned. Meaningful would be a cost comparison regarding the examined indications of conventionally practicing family doctors with primary care providers (with SIWF certificate of competence in phytotherapy) and with psychiatrists.	The surveyed general practitioners were identified through the publicly accessible Swiss Medical Register (MedReg) using the following selection criteria: profession = physician, specialist title = general internal medicine OR general practitioner, and professional license = granted and active. This definition intentionally focused on primary care physicians as the main prescribers of valerian-containing medicines for the relevant indications. Gynaecologists were not included in the survey population. Regarding the sample size of 80 GPs, we acknowledge this represents a targeted survey rather than a population-representative study. Clinical expertise in phytotherapy and psychiatry was additionally incorporated through consultation with specialist experts in these fields. We agree that a direct cost comparison across different provider types (conventional GPs, phytotherapy-certified GPs, and psychiatrists) would provide valuable additional insights, but this was beyond the scope of the current analysis. Implemented change: Standard deviations were added to the GP survey response tables to quantify the uncertainty around the reported shares.
2.5 Dakomed	Zweckmässigkeit Die Angemessenheit der Versorgung aus Sicht der Patientensicherheit wird nicht beschrieben. Die positive Wirkung eines pflanzlichen Vielstoffgemisches im Vergleich zu Monowirkstoffen wie Benzodiazepinen und Z-Substanzen, die abhängig machen können, fehlt ebenfalls im Bericht. Auch die ethische Problematik des Verschriebs von abhängig machenden Arzneimitteln wird kaum dargelegt. Translation: Appropriateness The appropriateness of care from the perspective of patient safety is not described. The positive effect of a	We acknowledge the importance of patient safety in the context of appropriateness. The safety of valerian-containing medicines, including adverse events, is reported in chapter 6.2.6 of the HTA Report. Regarding benzodiazepines and Z-drugs, the report explicitly acknowledges their dependence potential: the Swiss Sleep Medicine Guidelines restrict their use to short-term treatment of ≤4 weeks. The fact that some patients nonetheless develop dependency is acknowledged in the report and accounted for in the budget impact analysis (Table 79), with dependence-related costs incorporated into the model. Furthermore, the report recognises that

	plant-based multi-substance mixture compared to single active substances such as benzodiazepines and Z-drugs, which can cause dependence, is also missing from the report. The ethical problem of prescribing addictive medicines is also hardly addressed.	patients treated with benzodiazepines or Z-drugs require careful monitoring and more frequent physician visits, which is reflected in the higher estimated GP visit costs for these drug classes compared to alternatives. This is consistent with Swiss clinical guidelines, which explicitly require regular follow-up to manage the risk of dependence. The aspects of prescribing dependence-inducing medicines are addressed in chapter 8.2.6 on social issues. No change needed.
2.6 Dakomed	Wirtschaftlichkeit Die Grundannahmen, dass Baldrian-Arzneimittel nicht über Placebo hinaus wirken und dass die Patientinnen und Patienten bereit sind, diese selbst zu bezahlen, ist weder plausibel, noch kann diese Aussage mit einer Ärztebefragung erhoben werden. Einzig eine Patientenbefragung kann Klarheit bringen, wie hoch die Bereitschaft ist, Valeriana-Präparate selbst zu bezahlen. Translation: Cost-effectiveness The basic assumptions that valerian medicines do not work beyond placebo and that patients are willing to pay for them themselves is neither plausible, nor can this statement be established through a physician survey. Only a patient survey can provide clarity on the level of willingness to pay for valerian preparations out-of-pocket.	Regarding the efficacy of valerian-containing medicines, this is not a "basic assumption" but rather the conclusion of our systematic review and meta-analysis. The available evidence does not allow us to conclude that valerian-containing medicines consistently demonstrate efficacy beyond placebo. While statistically significant effects were observed for certain outcomes – specifically sleep quality at post-intervention assessment and PSQI score – the majority of assessed outcomes did not show a clinically meaningful difference compared to placebo. This reflects a limitation of the existing evidence base rather than a definitive claim that valerian is ineffective. Concerning patient willingness to pay out-of-pocket, we agree that a direct patient survey would provide valuable additional evidence. However, such a survey was not in the scope of this HTA. The GP survey, while not capturing patient perspectives directly, provided insights into anticipated treatment pathways from the prescriber perspective. No change needed.
2.7 Dakomed	Fazit Zusammenfassend ist festzuhalten, dass im vorliegenden Bericht die Wirksamkeit von Baldrian unterschätzt wird und dass die Grundannahme nicht haltbar ist, dass Baldrian-Präparate nicht über Placebo hinaus wirken. Translation: Conclusion In summary, it should be noted that the present report underestimates the efficacy of valerian and that the basic assumption that valerian preparations do not work beyond placebo is untenable.	The conclusion regarding valerian's efficacy is not a "basic assumption" but the result of our systematic literature review and meta-analyses conducted according to established methodology. Our analysis found that valerian-containing medicines demonstrated statistically significant improvement compared to placebo only for sleep quality at post-intervention assessment and the PSQI total score. For the majority of other assessed outcomes, no statistically significant difference compared to placebo was observed. These findings are transparently presented in the clinical effectiveness section. No change needed.
2.8 Dakomed	Der Bericht geht nicht auf den Verfassungsauftrag von BV 118 a ein. Die Wirtschaftlichkeit wird überbewertet, die Zweckmässigkeit und die Wirksamkeit unterbewertet. Dabei sind alle drei Kriterien kumulativ zu betrachten. Translation: The report does not address the constitutional mandate of Art. 118a Federal Constitution. Cost-effectiveness is overweighted, appropriateness and efficacy are underweighted. Yet all three criteria must be considered cumulatively.	The report discusses the constitutional basis for complementary medicine in detail over several pages, with particular reference to the constitutional mandate under Article 118a of the Federal Constitution (see pp. 113 ff. and 117). All three EAE criteria are addressed in a balanced manner across dedicated chapters of the report. Regarding efficacy in particular, the assessment is based on a systematic review and meta-analysis, which represents the most rigorous and comprehensive form of evidence synthesis available. The conclusion that the available evidence does not consistently demonstrate efficacy beyond placebo reflects the findings of

		this systematic review, not an overemphasis on cost-effectiveness considerations. No change needed.
2.9 Dakomed	Zu vermuten ist: - Ein Ausschluss von Valeriana-Arzneimitteln aus der Grundversicherung spart keine Kosten. Im Gegenteil ist gemäss den dargelegten Kostenvergleichen davon auszugehen, dass ein Ausschluss zu Mehrkosten führen würden. - Die Patientensicherheit sinkt, wenn abhängig machende Substanzen als Substitution verschrieben werden müssen. Namentlich bei Kindern und Jugendlichen, bei Schwangeren und bei Polymorbidität sind solche Präparate mit grosser Zurückhaltung zu verschreiben. - Ein Ausschluss aus der SL führt dazu, dass die Therapiemöglichkeiten sinken, was bei Versorgungsengpässen negative Folgen haben kann. Der vorliegende HTA-Bericht muss grundlegend nachgebessert werden, damit die interne und externe Validität sichergestellt wird. In der vorliegenden Form erachten wir den Bericht als ungenügend. Translation: It can be assumed that: - Excluding valerian medicines from basic insurance will not save costs. On the contrary, based on the cost comparisons presented, it can be assumed that exclusion would lead to additional costs. - Patient safety decreases when addictive substances must be prescribed as substitutes. Such preparations should be prescribed with great restraint, particularly in children and adolescents, in pregnant women, and in cases of polymorbidity. - Exclusion from the SL leads to reduced therapy options, which can have negative consequences in the event of supply shortages. The present HTA report must be fundamentally improved to ensure internal and external validity. In its current form, we consider the report inadequate.Claude ist eine KI und kann Fehler machen. Bitte überprüfe die Antworten.Möchtest du benachrichtigt	Regarding the cost implications, our budget impact analysis includes potential substitution effects. Potential additional costs through sequelae of benzodiazepine and Z-drug use (including dependence-related healthcare costs) were incorporated into the model. Concerning patient safety and vulnerable populations (children, adolescents, pregnant women, and polymorbid patients), it is important to emphasise that current Swiss clinical guidelines provide evidence-based treatment recommendations that are also suitable for these groups. For insomnia, guidelines recommend sleep hygiene interventions and CBTI. For anxiety disorders, guidelines recommend psychotherapy. These guideline-concordant treatment options remain available regardless of valerian's reimbursement status. No change needed.
3.1 FG KMPhyto	Pflanzliche Arzneimittel, die Baldrian enthalten (PAB), sind je nach Zusammensetzung bei Spannungs- und Unruhezuständen, Prüfungsangst, Nervosität, Ein- und Durchschlafstörungen und /oder unruhigem Schlaf zugelassen. Zentral ist die Anwendung bei Ein- und Durchschlafstörungen sowie unruhigem Schlaf. Derartige Beschwerden haben aus verschiedenen Gründen in den letzten Jahren zugenommen und damit auch die ärztlichen Verschreibungen. In der Hausarztmedizin gelten die PAB ergänzend zu Lebensstil/Allgemeinmassnahmen als gut verträgliche, unterstützende Therapie, um Abhängigkeiten und Nebenwirkungen synthetischer Arzneimittel zu vermeiden. Translation: Herbal medicines containing valerian (HMV) are approved, depending on their composition, for tension and restlessness, test anxiety, nervousness, difficulty falling and staying asleep and/or restless sleep. Central is the use for difficulty falling and staying asleep as well as restless sleep. Such complaints have increased in recent years for various reasons and thus also medical prescriptions. In family medicine, HMV are considered a well-tolerated, supportive therapy in addition to	We acknowledge that valerian-containing medicines are perceived as well-tolerated supportive therapy used to avoid dependence and side effects associated with synthetic medications. We also recognise that sleep disturbances have increased in recent years and that this has influenced prescribing patterns. However, our systematic review and meta-analysis found that the efficacy of valerian-containing medicines could not be demonstrated for the majority of assessed outcomes. Two measures showed statistically significant improvement in favour of valerian: sleep quality at post-intervention assessment and the PSQI score. No change needed.

	lifestyle/general measures to avoid dependencies and side effects of synthetic medicines.	
3.2 FG KMPhyto	Der HTA-Report berücksichtigt bei der Auswertung der vorliegenden Literatur weder Dosierung, noch Extraktspezifikation der verwendeten PAB, noch die Behandlungsdauer (1d--56d) differenziert. Die Wirksamkeit einer Medikation, die Beschwerden indikationsspezifisch modulieren und verbessern soll, ist hinsichtlich klinischer Wirksamkeit zwingend abhängig von korrekter Dosierung und ausreichend langer Behandlungsdauer. Die für die Metanalysen verwendeten Studien zur Bewertung einzelner Outcomeparameter sind zu inhomogen in Dosierung und Behandlungsdauer, um daraus haltbare Rückschlüsse auf die tatsächliche klinische Wirksamkeit der in der CH zugelassenen PABs ziehen zu können. Translation: The HTA report does not differentiate in the evaluation of available literature between dosage, extract specification of the HMV used, nor treatment duration (1d-56d). The efficacy of a medication that should modulate and improve complaints indication-specifically is necessarily dependent on correct dosage and sufficiently long treatment duration in terms of clinical efficacy. The studies used for meta-analyses to evaluate individual outcome parameters are too heterogeneous in dosage and treatment duration to draw valid conclusions about the actual clinical efficacy of the HMV approved in Switzerland.	A subgroup analysis excluding studies with follow-up periods shorter than 7 days and 14 days has been added and revealed no changes in the results. Dosage and extract specification are reported in the study characteristics tables. No subgroup analysis by dosage was conducted, as no apparent dose-response relationship was observed across studies. For instance, Chandra Shekhar 2024, which employed one of the lowest doses (200 mg valerian), demonstrated the most favourable outcomes for valerian. Implemented change: Subgroup analyses excluding studies with follow-up periods shorter than 7 and 14 days were added in the report.
3.3 FG KMPhyto	Da Baldrian und Benzodiazepine die Schlafqualität in Vergleichsstudien signifikant und gleichwertig nach 28d bzw. 6 Wo verbessern und bekanntermassen die Verträglichkeit von PAB aber deutlich besser ist als von Synthetika, sind PAB klar zu favorisieren. Der HTA stellt diesen Sachverhalt nicht korrekt dar. Translation: Since valerian and benzodiazepines improve sleep quality significantly and equivalently in comparative studies after 28d or 6 weeks and it is well known that the tolerability of HMV is significantly better than that of synthetics, HMV should clearly be favored. The HTA does not present this situation correctly.	Based on two RCTs (Dorn 2000; Ziegler 2002), no statistically significant difference in sleep quality was found between valerian and benzodiazepines (oxazepam). However, this finding does not allow the conclusion that both treatments are equally effective, as the absence of a statistically significant difference between two active treatments does not rule out the possibility that neither is superior to placebo. No change needed.
3.4 FG KMPhyto	In der evidenzbasierten Medizin ist „clinical expertise" ein integraler Bestandteil. Die vielen positiven Erfahrungen im Klinikalltag bleiben bei einem HTA-Verfahren unberücksichtigt, sind aber ein relevanter Wirksamkeitshinweis. Die Wirkungsweise von PAB wird zudem durch präklinische Forschung gestützt, die klare pharmakologische Mechanismen (z. B. Modulation von GABA- und Adenosinrezeptoren) zeigt. Dieser Aspekt fehlt im HTA-Report Translation: In evidence-based medicine, 'clinical expertise' is an integral component. The many positive experiences in clinical practice remain unconsidered in an HTA procedure, but are a relevant efficacy indication. The mode of action of HMV is also supported by preclinical research showing clear pharmacological mechanisms (e.g. modulation of GABA and adenosine receptors). This aspect is missing in the HTA report.	To capture real-world experience and clinical expertise, the search strategy explicitly included observational studies alongside RCTs. We acknowledge that preclinical evidence for pharmacological mechanisms (e.g. modulation of GABA and adenosine receptors) constitutes a proof of concept for valerian's biological plausibility. However, the presence of a pharmacological mechanism does not in itself demonstrate clinical efficacy. As this section does not add value to the EAE assessment, which requires demonstration of clinical benefit through controlled studies, it has not been included in the HTA report. No change needed.
3.5 FG KMPhyto	Ähnlich präsentiert sich die Ergebnislage bei der Sicherheit der PAB, insbesondere Nebenwirkungen. Im Rahmen der ausgewerteten Studien ergab sich kein	While the favourable safety profile of valerian-containing medicines is documented in the report, the EAE assessment requires not only

	Unterschied zwischen PAB und Placebo. Relevante Daten ausserhalb dieser Studien, die die Sicherheit der PAB belegen, weil keine anhaltende zentrale Wirkung beobachtet wurde, fanden keine Berücksichtigung. Gerade bei vulnerablen Patientengruppen (wie z.B. geriatrische Patienten) gelten PAB als Alternativmedikation, da keine Nebenwirkungen wie Hangover zu erwarten sind, s.a. Empfehlungen der PRISCUS-Liste. Translation: The results are similar for the safety of HMV, especially side effects. Within the evaluated studies, there was no difference between HMV and placebo. Relevant data outside these studies that prove the safety of HMV because no persistent central effect was observed were not considered. Especially in vulnerable patient groups (such as geriatric patients), HMV are considered alternative medication, as no side effects such as hangover are to be expected, see also recommendations of the PRISCUS list.	tolerability and safety but also demonstrated effectiveness beyond placebo. Guidelines-concordant alternatives (sleep hygiene, CBTI, psychotherapy) remain available as first-line interventions that are both effective and avoid the risks associated with pharmacotherapy. No change needed.
3.6 FG KMPhyto	Bezüglich Wirtschaftlichkeit wird eine Modellrechnung vorgelegt, wie sich der Bedarf an PAB entwickeln und Einsparungen bei einem Delisting ergeben könnten. Es bestehen Zweifel am verwendeten Budget-Impact-Modell: Die Einsparung von 244 Mio CHF erscheint als eine plausible Szenarien-Projektion nur unter den gewählten Annahmen (lineares Konsumwachstum spezifizierte Markt-/Switching-Raten, Experten-Schätzungen zur TD). Die Robustheit der Zahl ist jedoch viel begrenzter als der präzise klingende Betrag vermittelt. Folgekosten und Schäden durch Abhängigkeit, kognitive Beeinträchtigung und Sturzrisiko bleiben im Modell unberücksichtigt. Das verwendete Modell weist erhebliche Schwächen auf. Es ist in der vorliegenden Form zurückzuweisen. Translation: Regarding cost-effectiveness, a model calculation is presented on how the need for HMV could develop and savings could result from a delisting. There are doubts about the budget impact model used: The savings of CHF 244 million appears as a plausible scenario projection only under the selected assumptions (linear consumption growth, specified market/switching rates, expert estimates on treatment duration). The robustness of the figure is much more limited than the precisely sounding amount suggests. Follow-up costs and damages from dependence, cognitive impairment and fall risk remain unconsidered in the model. The model used has significant weaknesses. In its present form it should be rejected.	We acknowledge that the projected savings of CHF 202 million (base case) and CHF 244 million (scenario analysis) represent point estimates based on specific assumptions. However, contrary to the assertion that the model conveys false precision, we have addressed uncertainty: Comprehensive one-way sensitivity analyses were conducted. Tornado diagrams illustrate which parameters have the greatest influence on outcomes, providing transparency about key drivers of uncertainty. Summary sections consistently show uncertainties, ensuring that estimates are appropriately contextualised. Regarding follow-up costs due to dependence, the model explicitly incorporates costs associated with benzodiazepine dependence, including accident-related encounters (e.g., fractures) and other dependence-related healthcare utilisation. No change needed.
3.7 FG KMPhyto	Der ärztliche Bedarf nach einer gut verträglichen, hilfreichen und ergänzenden medikamentösen Therapie ist im Sinne eines multimodalen Ansatzes (unter Einbezug von nichtmedikamentösen Massnahmen) gross. Denn das Problem von Schlafstörungen und nervöser Anspannung ist mehrschichtig, und daher am besten multimodal abzuholen, u.a. auch um einer Pathologisierung entgegenzuwirken. PAB sind demnach Bestandteil eines vielschichtigen Therapiekonzeptes -- hieraus einzelne Bestandteile herauszuziehen und isoliert zu betrachten, widersprechen der Praxisrealität und führen an sich schon zu verzerrenden und falschen Ergebnissen. Translation: The medical need for a well-tolerated, helpful and complementary drug therapy in the sense of a multimodal	We acknowledge the clinical reality that sleep disorders and nervous tension are multi-layered conditions best addressed through multimodal approaches, combining pharmacological and non-pharmacological measures. This perspective is reflected in the HTA report, which explicitly presents guideline-concordant non-pharmacological interventions (sleep hygiene, CBTI, psychotherapy) as first-line treatment options. The HTA methodology requires an isolated evaluation of the specific intervention under review – in this case, valerian-containing medicines – against defined comparators. No change needed.

	approach (including non-drug measures) is great. Because the problem of sleep disorders and nervous tension is multi-layered, and therefore best addressed multimodally, among other things to counteract pathologization. HMV are therefore part of a multifaceted therapy concept - extracting individual components from this and viewing them in isolation contradicts practical reality and leads to distorting and false results.	
4.1 GRIP	Après analyse du rapport, de son protocole et des commentaires des parties prenantes et de l'OFSP, notre groupement relève plusieurs problématiques : 1. Absence de base légale suffisante et d'alignement avec les standards internationaux Le droit suisse ne contient aucune définition des HTA, ni de leur périmètre, ni de leur méthodologie, et il ne prévoit aucune articulation entre ces évaluations et les procédures de réexamen inscrites dans la réglementation. Selon la doctrine, « il n'existe pas en Suisse de base légale explicite permettant de réaliser des HTA dans le cadre d'une mission publique » (Widrig, HTA, 2015, p. 130). L'ATF 146 V 38 ne clarifie pas davantage la question : le Tribunal fédéral ne se prononce ni sur la suffisance de la base légale permettant à l'OFSP de conduire ces HTA, ni sur leurs critères de mise en œuvre. Cette absence de fondement précis implique qu'un HTA ne peut pas se substituer à l'évaluation de l'efficacité absolue, laquelle relève exclusivement de Swissmedic, contrairement à l'efficacité relative. Cette répartition des compétences est explicitement rappelée dans la fiche d'information de l'OFSP du 10.01.2024 relative au critère EAE, ainsi que dans le rapport du Contrôle fédéral des finances (Audit du processus d'autorisation et de prise en charge des médicaments, 2023, p. 18). Le droit européen confirme la même logique : le Règlement (UE) 2021/2282 limite les HTA à l'efficacité relative, tandis que l'efficacité absolue demeure du ressort exclusif de l'Agence européenne des médicaments. Translation: Absence of sufficient legal basis and alignment with international standards: Swiss law contains no definition of HTAs, neither their scope nor their methodology, and it provides no articulation between these evaluations and the review procedures included in the regulations. According to doctrine, 'there is no explicit legal basis in Switzerland allowing HTAs to be carried out within the framework of a public mission'. Federal Court decision 146 V 38 does not clarify the issue further: the Federal Court does not rule on the sufficiency of the legal basis allowing FOPH to conduct these HTAs, nor on their implementation criteria. This lack of precise foundation implies that an HTA cannot substitute for the evaluation of absolute efficacy, which falls exclusively under Swissmedic, unlike relative efficacy. This division of competencies is explicitly recalled in the FOPH information sheet of 10.01.2024 relating to the EAE criterion, as well as in the report of the Office of the Federal Finance Controller (Audit of the process for the authorisation and reimbursement of medicines, 2023, p. 18).. European law follows the same logic: Regulation (EU) 2021/2282 limits HTA to relative efficacy, whilst absolute efficacy remains the exclusive remit of the European Medicines Agency.	- Die Grundlage des HTA-Programms bildet Artikel 32 KVG. Danach müssen medizinische Leistungen, die von der OKP vergütet werden, die Kriterien Wirksamkeit, Zweckmässigkeit und Wirtschaftlichkeit (WZW-Kriterien) erfüllen (Abs. 1). Die Leistungen sollen periodisch nach diesen Kriterien überprüft werden (Abs. 2). Wenn Anhaltspunkte bestehen, dass eine Leistung die WZW-Kriterien nicht mehr erfüllt, erfolgt eine evidenzbasierte Evaluation (Abs. 3). Sind die WZW-Kriterien nicht mehr erfüllt, vergütet die OKP die Leistung nicht mehr (Abs. 4). - Auf Stufe Ausführungsrecht ist das HTA-Programm nicht explizit geregelt. Der Verwaltung steht diesbezüglich gestützt auf Artikel 32 KVG ein Ermessensspielraum zu. Die Verwaltung übt das Ermessen pflichtgemäss, d.h. verfassungs- und gesetzeskonform, aus. - In der OKP gelten im Vergleich zur Swissmedic-Zulassung für die Wirksamkeit zusätzliche Kriterien. - Wirksame Therapien lassen sich nur unter bestimmten Bedingungen zum Leistungskatalog der OKP zählen. Dabei sind die Vorgaben des KVG und dessen Ausführungsrechts massgebend. - Swissmedic verwendet eine andere Wirksamkeitsbetrachtung als das KVG. Bei Swissmedic steht die Wirksamkeit in Bezug auf eine Scheintherapie (Placebo) und die Sicherheit im Fokus, während die Wirksamkeitsbetrachtung bei der WZW-Prüfung nach KVG weiter geht und vor allem auch der Vergleich mit Alternativen erfolgt (sog. relative Wirksamkeit). - Swissmedic lässt im Vergleich zu anderen Arzneimitteln auch schlechter wirksame Arzneimittel zu, wenn sie im Vergleich mit Placebo wirksam sind. Solche Arzneimittel haben ein enormes Kostenpotenzial. Wir weisen darauf hin, dass Swissmedic viel mehr Arzneimittel zulässt, als von der OKP vergütet werden. Ein Abstellen in der OKP auf die von Swissmedic bei der Marktzulassung angewendete Wirksamkeit würde allen rund 8'000 von Swissmedic zugelassenen Arzneimitteln bei gegebenen Voraussetzungen den Weg in die OKP ebnen. Aktuell sind davon lediglich ca. 3'000 in der SL. Eine starke Ausdehnung des Leistungskatalogs wäre zu erwarten. Das BAG könnte Arzneimittel, die wegen unzureichender Wirksamkeit im Vergleich zu alternativen Leistungen obsolet geworden sind, nicht mehr aus der SL streichen. Keine Änderung erforderlich.

		Translation: – The HTA programme is based on Article 32 of the KVG. According to this provision, medical services reimbursed by the OKP must meet the criteria of effectiveness, appropriateness, and economic effectiveness (EAE criteria) (para. 1). These services are to be reviewed periodically according to these criteria (para. 2). If there are indications that a service no longer meets the EAE criteria, an evidence-based evaluation is conducted (para. 3). If the EAE criteria are no longer met, the OKP will no longer reimburse the service (para. 4). – At the level of implementing legislation, the HTA programme is not explicitly regulated. In this respect, the administration has a margin of discretion based on Article 32 KVG. The administration exercises this discretion duly, i.e. in compliance with the Constitution and the law. – Within the OKP, additional criteria for effectiveness apply compared to Swissmedic approval. – Effective therapies can only be included in the OKP benefits catalogue under certain conditions. The provisions of the KVG and its implementing regulations are decisive in this regard. – Swissmedic applies a different concept of effectiveness/efficacy compared to the KVG. Swissmedic focuses on efficacy in relation to a placebo and on safety, whereas the assessment of effectiveness under the EAE criteria of the KVG goes further and, in particular, includes comparisons with alternatives (so-called relative effectiveness). – Compared to other medicinal products, Swissmedic also approves products with lower efficacy provided they are efficacious compared to placebo. Such products have significant cost potential. – It should be noted that Swissmedic authorises far more medicinal products than are reimbursed by the OKP. If the OKP were to rely on the concept of efficacy used by Swissmedic for market authorisation, all approximately 8,000 medicinal products approved by Swissmedic could, subject to the relevant conditions, be included in the OKP. Currently, only around 3,000 of these are listed in the SL. A substantial expansion of the benefits catalogue would therefore have to be expected. The FOPH would no longer be able to remove medicinal products from the SL that have become obsolete due to insufficient effectiveness compared to alternative treatments. No change needed.
4.2 GRIP	2. Biais méthodologiques et lacunes dans l'intégration des données cliniques et de sécurité Le rapport tire des conclusions qui s'apparentent à une appréciation générale des phytomédicaments, au-delà de la valériane. La méthodologie retenue ne tient pas compte des spécificités des phytomédicaments. Sont particulièrement problématiques : l'application de standards conçus pour des substances synthétiques	We respectfully disagree with the assertion that our report draws general conclusions about phytopharmaceuticals beyond valerian. Our analysis is strictly limited to valerian-containing medicines as specified in the protocol and does not extrapolate findings to other herbal medicines.

	isolées ; l'agrégation d'extraits hétérogènes ; et la relativisation des monographies HMPC/EMA, pourtant déterminantes pour ces produits. Ces éléments introduisent un biais défavorable et dépassent le champ prévu par le protocole. Les RWE, pourtant essentielles pour des produits fréquemment utilisés en première intention, ne sont pas intégrées de manière proportionnée. Conformément aux standards internationaux, l'évaluation de la sécurité doit aussi inclure les données de pharmacovigilance post-autorisation. Or celles-ci n'ont pas été analysées de manière adéquate. Cette omission entraîne un déséquilibre dans l'évaluation du rapport bénéfice/risque. Translation: Methodological biases and gaps in the integration of clinical and safety data: The report draws conclusions that amount to a general assessment of herbal medicines, beyond valerian. The methodology adopted does not take into account the specificities of herbal medicines. Particularly problematic are: the application of standards designed for isolated synthetic substances; the aggregation of heterogeneous extracts; and the relativization of HMPC/EMA monographs, which are nevertheless decisive for these products. These elements introduce an unfavorable bias and exceed the scope provided by the protocol. Real-world evidence (RWE), although essential for products frequently used as first-line treatment, is not integrated proportionately. According to international standards, safety assessment must also include post-authorization pharmacovigilance data. However, these have not been adequately analyzed. This omission creates an imbalance in the benefit/risk assessment.	We take the HMPC-Monographies into consideration, and these will be highlighted further in the discussion. It is important to extend the literature included in this HTA beyond that of the Monographies, since a comparator is needed to reach a robust conclusion regarding causality and subsequent evidence regarding efficacy. While HMPC/EMA monographs provide valuable information on traditional use and safety profiles, they do not replace the need for comparative effectiveness data when evaluating reimbursement eligibility. Our systematic review followed internationally recognised standards appropriate for assessing therapeutic interventions, regardless of whether they are synthetic or herbal in origin. Additional pharmacovigilance data would not fundamentally alter the core finding: while valerian is safe, it lacks demonstrated efficacy beyond placebo for most assessed outcomes. Implemented change: HMPC-Monographies were highlighted further in the discussion.
4.3 GRIP	3. Limites de l'analyse économique L'estimation d'économies potentielles repose sur une hypothèse d'inefficacité, entraînant un biais circulaire. Les coûts liés aux traitements de substitution (benzodiazépines, Z-drugs) ne sont pas intégrés. Translation: Limitations of economic analysis: The estimate of potential savings is based on an assumption of inefficacy, creating a circular bias. Costs related to substitute treatments (benzodiazepines, Z-drugs) are not integrated.	This statement is incorrect. The budget impact analysis does not rely on assumptions about inefficacy, nor does it create circular reasoning. Budget impact analysis is a standard health economic methodology that estimates the financial consequences of different reimbursement scenarios, independent of efficacy assessments. It calculates the budgetary impact on the healthcare system if valerian-containing medicines were no longer reimbursed, considering utilisation patterns, substitution effects, and associated costs. Furthermore, contrary to the assertion that costs related to substitute treatments (benzodiazepines, Z-drugs) are not integrated, the model explicitly incorporates sequelae costs associated with benzodiazepine and Z-drug use, including dependence-related healthcare costs and accident-related encounters (e.g., fractures). These costs were derived from published literature and adjusted to the Swiss context. No change needed.
4.4 GRIP	4. Enjeux cliniques et organisationnels Les préparations à base de valériane constituent des options sûres, bien tolérées et largement utilisées, notamment pour éviter le recours à des traitements présentant un risque d'accoutumance. Cette appréciation est étayée par la présomption (juridique) de conformité en matière d'efficacité (absolue), de sécurité et de qualité qui découle des autorisations de mise sur le marché délivrées par Swissmedic. Le retrait de ces préparations de l'AOS pourrait : augmenter l'utilisation de médicaments plus risqués ; alourdir la charge des services	We agree that substitution to benzodiazepines and Z-drugs carries significant risks, particularly for elderly and vulnerable patient groups. Contrary to the assertion that these follow-up costs were not considered, our budget impact analysis explicitly incorporated long-term costs associated with benzodiazepine and Z-drug dependence. Specifically, the model included: - Transition rates: The probability of progression from short-term to long-term use (derived from Rosenqvist et al. 2024)

	médicaux ; réduire les alternatives disponibles pour certains patients. Ces implications n'ont pas été suffisamment considérées dans le rapport. Translation: 4. Clinical and organizational issues Valerian-based preparations constitute safe, well-tolerated and widely used options, particularly to avoid resorting to treatments presenting a risk of dependence. This assessment is supported by the (legal) presumption of compliance regarding (absolute) efficacy, safety and quality arising from the marketing authorizations issued by Swissmedic. The withdrawal of these preparations from mandatory health insurance could: increase the use of riskier medications; increase the burden on medical services; reduce the alternatives available for certain patients. These implications have not been sufficiently considered in the report.	- Dependence-related costs: Annual healthcare costs attributable to benzodiazepine dependence (obtained from Berger et al. 2012), which specifically focused on accident-related encounters (e.g., treatment of fractures) and care received for other reasons possibly related to benzodiazepine use (e.g., sedation, dizziness). These costs were adjusted for inflation and converted to 2025 Swiss francs using OECD purchasing power parities. The model therefore accounts for key adverse outcomes as part of the healthcare costs associated with benzodiazepine substitution. No change needed. Wie erwähnt bildet der HTA-Bericht einen Teil der für die Beurteilung der WZW-Kriterien relevanten Grundlagen. Weitere Überlegungen können in Appraisal und Decision einfliessen, so auch Überlegungen betreffend Konsequenzen einer allfälligen Aufhebung der Leistungspflicht für die OKP. Der Fokus der Swissmedic-Zulassung ist auf andere Kriterien gerichtet als die OKP-Zulassung. Keine Änderung erforderlich. Translation: As mentioned, the HTA report forms part of the basis relevant for the assessment of the EAE criteria. Additional considerations may be taken into account in the appraisal and decision process, including considerations regarding the consequences of a potential withdrawal of reimbursement under OKP. The focus of Swissmedic approval is on different criteria than those applied for OKP reimbursement. No change needed.
4.5 GRIP	5. Conclusion Considérant l'absence de base légale suffisante, les divergences avec les standards internationaux, les biais méthodologiques, l'insuffisante prise en compte des RWE et de la pharmacovigilance, et les limites économiques, ce rapport HTA ne constitue pas une base suffisante permettant au DFI ou à l'OFSP de remettre en question la prise en charge dans l'assurance obligatoire des soins de la valériane. Translation: 5.Conclusion Considering the absence of a sufficient legal basis, the divergences from international standards, the methodological biases, the insufficient consideration of RWE and pharmacovigilance, and the economic limitations, this HTA report does not constitute a sufficient basis for the Federal Department of Home Affairs (DFI) or the Federal Office of Public Health (OFSP) to call into	The specific concerns raised in this conclusion – regarding legal basis, methodological approach, real-world evidence and pharmacovigilance data, and budget impact – have been addressed in detail in our responses to comments 4.1 through 4.4. The HTA was conducted in accordance with the FOPH methodology. The purpose of this assessment is to inform the reimbursement decision, not to evaluate the regulatory approval of valerian-containing medicines. No change needed.

	question the coverage of valerian in mandatory health insurance.	
5.1 IG Pharma KMU	Grundsätzlich sind bei der Beurteilung des vorliegenden HTA-Berichtes vier wichtige Tatsachen zu berücksichtigen: 1. Die Komplementärmedizin ist per Volksentscheid gestützt auf Art. 118a BV in die OKP aufgenommen worden. Die WZW-Prüfungen finden diesbezüglich nach anderen Prinzipien statt, siehe Art. 35a KVV und Art. 4b KLV. Daran ändert der vorliegende HTA-Bericht nichts und er ist deshalb unbeachtlich. Dies grundsätzlich wegen dem Widerspruch zum Verfassungsartikel und andererseits -- wie nachstehende ausgeführt -- wegen seiner inhaltlichen Mangelhaftigkeit. Translation: Fundamentally, when assessing the present HTA report, four important facts must be considered: 1. Complementary medicine was incorporated into mandatory health insurance by popular vote based on Art. 118a Federal Constitution. The EAE reviews are conducted according to other principles in this regard, see Art. 35a Health Insurance Ordinance and Art. 4b Pharmaceutical Benefits Ordinance. The present HTA report changes nothing about this and is therefore irrelevant. This fundamentally because of the contradiction to the constitutional article and on the other hand - as explained below - because of its substantive deficiencies.	- Der HTA-Bericht ist als Teil der Beurteilungsgrundlage in Assessment und Decision angemessen zu berücksichtigen. - Appraisal und Decision haben im Rahmen der anwendbaren rechtlichen Grundlagen zu erfolgen. Keine Änderung erforderlich. Translation: - The HTA report must be duly taken into account as part of the basis for evaluation in the appraisal and decision process. - Appraisal and decision must be carried out within the framework of the applicable legal provisions. No change needed.
5.2 IG Pharma KMU	2. Eine Substitution von Baldrian mit anderen Medikamenten würde zu einer klaren Verteuerung im System führen. Wir verweisen hierzu auf die Zusammenstellung im Anhang und beantragen Ihnen eine umfassende Abklärung zu den entstehenden Mehrkosten bei Substitution mit anderen SL-Präparaten, vor allem mit Benzodiazepinen (BZD). Translation: 2. A substitution of valerian with other medicines would lead to a clear increase in costs in the system. We refer to the compilation in the annex and request that you conduct a comprehensive investigation into the additional costs arising from substitution with other Specialty List preparations, especially with benzodiazepines (BZD).	Our budget impact analysis explicitly addresses the concerns regarding substitution risks and possible additional costs that might arise. The model incorporates dependence-related healthcare costs associated with benzodiazepine and Z-drug use, including accident-related encounters (e.g., fractures from falls) and other adverse outcomes such as cognitive impairment. Treatment switching behaviour was informed by a survey of 80 Swiss general practitioners examining anticipated treatment pathways, Swiss health insurance claims data reflecting real-world prescribing patterns, and international empirical evidence (França et al.) documenting substitution effects following valerian delisting. These elements are transparently documented in the methodology and incorporated into the cost calculations. We acknowledge uncertainty in the precise magnitude of these effects, which is addressed through sensitivity analyses. No change needed.
5.3 IG Pharma KMU	Unzutreffend und bei allem gebührenden Respekt realitätsfremd sind in diesem Zusammenhang die Behauptungen auf Seite V des Executive Summary im Bericht, wonach angeblich Einsparungen von CHF 202 Mio. erzielt werden können. Dies einerseits, weil Patientinnen / Patienten selbstverständlich im Falle einer Streichung von Baldrian aus der SL bei der Ärzteschaft um verschreibungspflichtigen Ersatz ersuchen würden. Dies würde einerseits signifikante Mehrkosten bei Medikamenten auslösen, andererseits aber auch zahlreiche zusätzliche kostenpflichtige Arztbesuche zwecks Substitution auslösen. Aber selbst wenn einzelne Patientinnen und Patienten nicht mit verschreibungspflichtigen Arzneimitteln substituieren und nach einer Streichung an Baldrian festhalten würden, wäre daraus keine echte Einsparung abzuleiten, weil die Kosten bei	The projected savings of CHF 202 million reflect a health care payer perspective (mandatory health insurance), which is the standard approach for budget impact analyses informing reimbursement decisions. From this perspective, costs borne by patients through out-of-pocket payments are not included in the healthcare system budget, which is methodologically appropriate for this type of analysis. Regarding substitution patterns, our model explicitly incorporates switching to prescription medications including benzodiazepines and Z-drugs. The switching rates were informed by empirical evidence (França et al. 2013), a cohort study investigating prescribing patterns following the end of phytotherapy reimbursement in

	Selbstzahlung einfach «aus einer anderen Hosentasche» bezahlt werden müssten. Hierzu ist noch festzuhalten, dass HTA ohnehin kein Kosteneinsparungsinstrument ist. Translation: Inaccurate and, with all due respect, unrealistic are in this context the claims on page V of the Executive Summary in the report, according to which alleged savings of CHF 202 million can be achieved. This on the one hand because patients would of course request prescription-required replacements from physicians in case of a deletion of valerian from the Specialty List. This would on the one hand trigger significant additional costs for medicines, but on the other hand also numerous additional chargeable doctor visits for the purpose of substitution. But even if individual patients do not substitute with prescription medicines and stick to valerian after a deletion, no real savings could be derived from this, because the costs with self-payment would simply be paid 'from a different pocket'. It should also be noted that HTA is not a cost savings instrument anyway.	France. While we acknowledge uncertainty about the precise magnitude of substitution effects in Switzerland, the assertion that all patients would request prescription substitutes is not supported by available evidence. The model accounts for multiple pathways including self-payment, switching to other treatments, switching to non-pharmacological interventions, and remaining untreated. Additional physician visits for substitute prescriptions were considered in the cost calculations where relevant. Regarding the statement that HTA is not a cost-saving instrument: We agree. HTA is an evidence-based assessment tool to inform decision-making about the effectiveness, appropriateness, and economic efficiency of health technologies, not primarily a cost-cutting mechanism. No change needed.
5.4 IG Pharma KMU	3. Im Weiteren würden Substitutionen mit verschreibungspflichtigen Arzneimitteln (v.a. Benzodiazepine) zu einer massiven Verschlechterung des Nutzen / Risiko -- Verhältnisses und damit zu deutlich erhöhter Gesundheitsgefährdung für Patientinnen / Patienten führen. Dieses Risiko ist im Lichte der äusserst fragwürdigen Ausführungen zu angeblichen Einsparungen absolut nicht vertretbar. Translation: 3. Furthermore, substitutions with prescription medicines (especially benzodiazepines) would lead to a massive deterioration of the benefit/risk ratio and thus to significantly increased health risks for patients. This risk is absolutely not justifiable in light of the extremely questionable statements about alleged savings.	We share the concern that long-term substitution with benzodiazepines carries significant risks for patients, including dependence, cognitive impairment, and falls. This is precisely why the budget impact model explicitly incorporates switching to benzodiazepines and Z-drugs as a substitution pathway, including the associated dependence-related healthcare costs. The model does not assume that all patients switch to benzodiazepines; multiple pathways are modelled, including non-pharmacological alternatives and remaining untreated. The safety profile of potential substitutes is thus reflected in the cost calculations. Current Swiss guidelines (SSSSC) recommend benzodiazepines only for short-term use (≤4 weeks) given their high dependence potential and identify CBTi as the preferred treatment for insomnia. No change needed.
5.5 IG Pharma KMU	4. Neben dem bereits sub Ziffer 2 vorstehend dargestellten Fehler betreffend angebliche Einsparungen enthält der Bericht zahlreiche Mängel, indem eine falsche Evidenz zur fehlenden Wirksamkeit behauptet wird und zahlreiche namhafte Studien und Berichte ignoriert werden, welche die Wirksamkeit von Baldrian belegen. Insbesondere wird ignoriert, dass in der Schweiz Baldrianhaltige Arzneimittel in der Hausarzt- und Geriatrieversorgung als niederschwellige, sichere Erstlinientherapie eingesetzt werden. Die Schweizer Leitlinie der SGSSC (Mikoteit 2023) betont ausdrücklich die hohe Akzeptanz, gute Verträglichkeit und praktische Einsetzbarkeit von Baldrian bei Ein- und Durchschlafstörungen. Diese in der Schweiz etablierte klinische Praxis wird im Bericht nicht erwähnt. Translation: 4. In addition to the error already presented under point 2 above regarding alleged savings, the report contains numerous deficiencies in that false evidence is claimed regarding lack of efficacy and numerous reputable studies and reports are ignored that prove the efficacy of valerian. In particular, it is ignored that in Switzerland valerian-containing medicines are used in family	The SGSSC guidelines were considered in the HTA report as an overview of the current treatment landscape for symptoms of insomnia in Switzerland. While these guidelines acknowledge that phytotherapeutics, including valerian, may be used as a well-tolerated option in clinical practice, they also explicitly note the insufficient evidence base. The Swiss AWMF S3 guideline (T9) states that treatment of insomnia with phytopharmaceuticals should not be recommended (Grade B; Consensus; Evidence Level 1a). The mediX guideline similarly notes that phytotherapeutics may be used as a tolerable alternative to exploit the placebo effect but acknowledges the insufficient evidence base. These guideline statements are consistent with the findings of our systematic review. No change needed.

	medicine and geriatric care as a low-threshold, safe first-line therapy. The Swiss guideline of the Swiss Society for Sleep Research, Sleep Medicine and Chronobiology (Mikoteit 2023) explicitly emphasizes the high acceptance, good tolerability and practical applicability of valerian for difficulty falling and staying asleep. This clinical practice established in Switzerland is not mentioned in the report.	
5.6 IG Pharma KMU	Ferner weist der Bericht weitere methodische und mithin verfälschende Mängel zur Wirksamkeit auf. So fehlen beispielsweise Studien zu von Swissmedic zugelassenen Präparaten oder wurden willkürlich ausgeschlossen. Ferner zeigen die im Bericht genannten Studien keinen Unterschied in der Schlafqualität zwischen Baldrian und BZD. Dennoch wird nur Baldrian infrage gestellt. Translation: Furthermore, the report shows other methodological and thus distorting deficiencies regarding efficacy. For example, studies on Swissmedic-approved preparations are missing or were arbitrarily excluded. Furthermore, the studies mentioned in the report show no difference in sleep quality between valerian and BZD. Nevertheless, only valerian is questioned.	We take the HMPC-Monographies (used by EMA and Swissmedic) into consideration and these will be highlighted further in the discussion. It is important to extend the literature included in this HTA beyond that of the Monographies, since a comparator is needed to reach a robust conclusion regarding causality and subsequent evidence regarding efficacy. This HTA is designed to analyse controlled studies with comparator groups. Studies without comparator groups do not meet the eligibility criteria for inclusion in this HTA. The intervention of interest in this HTA is valerian; the efficacy of benzodiazepines was analysed and discussed in a separate HTA. Implemented change: HMPC-Monographies were highlighted further in the discussion.
5.7 IG Pharma KMU	Zu spezifischen fachlichen Ausführungen verweisen wir auf die Eingaben unserer Mitglieder, welche die Fehlerhaftigkeit des HTA-Berichtes detailliert belegen. Translation: For specific technical explanations, we refer to the submissions of our members, which prove the errors of the HTA report in detail.	No change needed.
5.8 IG Pharma KMU	Im Fazit ist festzuhalten, dass der vorliegende HTA-Bericht unzutreffende Aussagen und Schlussfolgerungen enthält und deshalb keinesfalls als Basis für eine Streichung von Baldrian aus der SL oder für Rückerstattungseinschränkung dienen kann und somit keine Berücksichtigung finden darf. Translation: In conclusion, it must be stated that the present HTA report contains incorrect statements and conclusions and therefore cannot serve as a basis for delisting valerian from the Specialty List or for reimbursement restrictions and must therefore not be considered.	No change needed.
5.9 IG Pharma KMU	Demgemäss beantragen wir Ihnen, sowohl von einer Streichung aus der SL als auch von einer Rückerstattungseinschränk Translation: Accordingly, we request that you refrain from both a deletion from the SL as well as from a reimbursement restriction	No change needed.
6.1 Max Zeller Söhne AG	Die Stellungnahme bewertet den HTA-Bericht aus drei Perspektiven: 1. Regulatorisch/rechtlich: Ob der Bericht den evidenzrechtlichen Rahmen der Komplementärmedizin (Art. 118a BV, Art. 35a KVV) und die HMPC/Swissmedic-Bewertung adäquat berücksichtigt. 2. Methodisch-wissenschaftlich:	1)Der HTA-Bericht ist als Teil der Beurteilungsgrundlage in Assessment und Decision angemessen zu berücksichtigen. - Komplementärmedizinische Leistungen sind in Anwendung der für solche Leistungen besonderen Bestimmungen zu beurteilen (siehe etwa Art. 35a KVV).

	Ob Studiensuche, Produktäquivalenz, Bias-Bewertung und Schlussfolgerungen HTA-Standards genügen und im Schweizer WEU-Kontext valide sind. 3. Epidemiologisch-ökonomisch: Ob Zielpopulation, Substitution und Kostenannahmen korrekt hergeleitet, transparent modelliert und für die Schweiz repräsentativ sind. Zu 1) Die Grundversorgung verpflichtet zur Berücksichtigung traditioneller Anwendung und klinischer Erfahrung. Das vorliegende HTA ignoriert jedoch den in der Praxis verankerten Einsatz von BHA und die regulatorisch bestätigte Evidenzbasis. • BHA sind eine risikoarme, kostengünstige und gut verträgliche Erstlinienoption, auch für multimorbide und ältere Menschen. • BZD erhöhen nachweislich Sturzrisiko, kognitive Einschränkungen, Abhängigkeit und stehen auf der PRISCUS-Liste ungeeigneter Arzneimittel im Alter. • Ein Delisting würde Patientinnen und Patienten auf riskantere, teurere und weniger geeignete Therapien ausweichen lassen. • Der HTA-Bericht erkennt diese Risiken selbst, bildet sie aber nicht im Modell ab – ein gravierender Fehler, der die Wirtschaftlichkeitsbewertung massiv verzerrt. Translation: The statement evaluates the HTA report from three perspectives: 1. Regulatory/legal: Whether the report adequately considers the evidentiary framework for complementary medicine (Art. 118a Federal Constitution, Art. 35a Health Insurance Ordinance) and the HMPC/Swissmedic assessment. 2. Methodological-scientific: Whether the literature search, product equivalence, bias assessment and conclusions meet HTA standards and are valid in the Swiss efficacy, appropriateness and cost-effectiveness context. 3. Epidemiological-economic: Whether the target population, substitution and cost assumptions are correctly derived, transparently modeled and representative for Switzerland. Regarding 1) Basic healthcare requires consideration of traditional use and clinical experience. However, the present HTA ignores the established use of valerian-containing medicines in practice and the regulatory confirmed evidence base. • Valerian-containing medicines are a low-risk, cost-effective and well-tolerated first-line option, including for multimorbid and elderly people. • Benzodiazepines demonstrably increase fall risk, cognitive impairment, dependence and are on the PRISCUS list of unsuitable medications in old age. • Delisting would cause patients to switch to riskier, more expensive and less suitable therapies. • The HTA report itself recognizes these risks but does not incorporate them into the model – a serious error that massively distorts the cost-effectiveness assessment.	- Appraisal und Decision haben im Rahmen der anwendbaren rechtlichen Grundlagen zu erfolgen. Das Resultat lässt sich nicht vorwegnehmen. Translation: 1) The HTA report must be duly taken into account as part of the basis for evaluation in the appraisal and decision process. - Complementary medicine services are to be assessed in accordance with the specific provisions applicable to such services (see, for example, Art. 35a KVV). - Appraisal and decision must be carried out within the framework of the applicable legal provisions. The outcome cannot be anticipated. 1) Contrary to the assertion that the HTA report fails to incorporate these risks into the model, our budget impact analysis explicitly addresses these concerns. The model incorporates dependence-related healthcare costs associated with benzodiazepine and Z-drug use, including accident-related encounters (e.g., fractures from falls) and other adverse outcomes such as cognitive impairment. Treatment switching behaviour was informed by a survey of 80 Swiss general practitioners examining anticipated treatment pathways, Swiss health insurance claims data reflecting real-world prescribing patterns, and international empirical evidence (França et al.) documenting substitution effects following valerian delisting. These elements are transparently documented in the methodology and incorporated into the cost calculations. Furthermore, the assumption that delisting valerian would automatically lead to widespread benzodiazepine prescribing is not supported by the evidence. A survey of 80 Swiss general practitioners indicated that physicians do not anticipate a widespread switch to benzodiazepines following delisting. Both the AWMF S3 guideline and the Swiss mediX guidelines explicitly recommend against long-term benzodiazepine use and emphasise that any pharmacological treatment requires careful patient monitoring and regular follow-up. Prescribing physicians are guided by these standards and are not expected to resort to benzodiazepines as a default substitute. Our model accounts for this by incorporating multiple substitution pathways, including non-pharmacological alternatives, rather than assuming a uniform switch to benzodiazepines. No change needed.
6.2 Max Zeller Söhne AG	Zu 2) • Das HTA pooled RCTs ohne Länder- oder regulatorische Einschränkung, inkl. Präparate mit unklarer Extraktqualität, nicht standardisierten Pulver- oder Sirupzubereitungen sowie Supplements ohne GMP-Status. Diese Produkte wären in der Schweiz nicht zulassungsfähig. Das ist wissenschaftlich inakzeptabel und verfälscht die Wirksamkeitsschätzung.	2) • Studies were included regardless of country or valerian preparation type, as exclusion criteria based on these factors were not prespecified in the protocol. Details on country and valerian preparation for all included studies are transparently reported in Tables 7, 8, 9, 10, and A1. One study (Aliakbari 2018) used a valerian syrup as

	• Studien zu Swissmedic-zugelassenen Präparaten fehlen oder wurden ausgeschlossen. Die Literaturselektion erzeugt künstliche Heterogenität und verzerrt das Wirksamkeitsbild. • Die im HTA ausgewerteten Studien zeigen keinen Unterschied in der Schlafqualität zwischen Baldrian und Benzodiazepinen (BZD). Dennoch wird nur Baldrian infrage gestellt. • Der BAG-eigene HTA zu Sedativa (2022) zeigt, dass selbst BZD die HTA-Kriterien kaum erfüllen – ein Hinweis, dass der HTA- Ansatz für etablierte Schlafmittel ungeeignet ist. • Kraft et al. 2025 bestätigen: Keine Schlaftherapie – synthetisch wie pflanzlich – erfüllt die strengen HTA-Evidenzanforderungen. Translation: Regarding 2) • The HTA pooled RCTs without country or regulatory restrictions, including preparations with unclear extract quality, non- standardized powder or syrup preparations, and supplements without GMP status. These products would not be eligible for approval in Switzerland. This is scientifically unacceptable and distorts the efficacy estimate. • Studies on Swissmedic-approved preparations are missing or were excluded. The literature selection creates artificial heterogeneity and distorts the efficacy profile. • The studies evaluated in the HTA show no difference in sleep quality between valerian and benzodiazepines (BZD). Nevertheless, only valerian is called into question. • The FOPH's own HTA on sedatives (2022) shows that even BZDs barely meet the HTA criteria – an indication that the HTA approach is unsuitable for established sleep medications. • Kraft et al. 2025 confirm: No sleep therapy – whether synthetic or herbal – meets the strict HTA evidence requirements.	the intervention; however, this study has not been included in any meta-analysis and is only reported narratively. Notably, in Switzerland, both tablet and liquid formulations are approved, including the product "Schönenberger Baldrian Frischpflanzensaft" (fresh plant juice). The limited number of eligible studies did not allow for extensive subgroup analyses. • All studies meeting the pre-specified inclusion and exclusion criteria were included. One additional eligible study (Schicktanz et al. 2025) was published after the literature search was conducted and could therefore not be included in the meta-analyses; however, its findings are discussed in the Discussion section of the report. • The intervention of interest in this HTA is valerian; the efficacy of benzodiazepines was analysed and discussed in a separate HTA. • HTAs are an appropriate methodology for evaluating sleep medications; however, the available evidence is limited by the small number of eligible studies. Implemented change: The study of Schicktanz et al. 2025 is discussed in the report.
6.3 Max Zeller Söhne AG	Zu 3) • Das „de novo“-Budgetmodell weist gravierende Mängel auf: Es fehlen zentrale Modellgleichungen, Rechenwege und Sensitivitätsanalysen. • Zentrale Modellparameter (Prävalenz, Treatment Seeking) wurden u. a. aus Maire et al. falsch übertragen (78 % gilt nur für DSM-5-chronische Insomnie-Subgruppe); andere stammen aus fachfremden Quellen (AXA, US-Studierende). Dadurch überschätzt der HTA die Zielpopulation für Insomnie (1.74 Mio.) um den Faktor 4.35. • Repräsentative BFS-Daten zu Schlafstörungen wurden ignoriert; dadurch wird die Zielpopulation massiv überschätzt. • Für „mental stress“ und „test anxiety“ existieren keine Schweizer Prävalenzen oder Behandlungsraten. Diese Modellteile sind wissenschaftlich nicht abbildbar. • Der angenommene Wechsel zu BZD ist unrealistisch und widerspricht der klinischen Realität. • Das HTA berücksichtigt nur Einsparungen und ignoriert Folgekosten. Ein gravierender Modell-Bias, der Einsparungen künstlich erzeugt, obwohl real eher Mehrkosten entstehen. • Zwingend zu berücksichtigende Negativkosten fehlen vollständig: zusätzliche Arztbesuche und diagnostische Abklärungen; vermehrter Einsatz stärkerer Hypnotika, Folgekosten durch Abhängigkeit, Stürze, Hospitalisationen und kognitive/psychiatrische Komplikationen.	We understand that the prevalence of 25% of patients with insomnia symptoms might seem high, but it is a more conservative estimation than the 33% prevalence reported in the Swiss Health Survey “Schweizerische Gesundheitsbefragung”. In the absence of data specific to insomnia symptoms, data on treatment-seeking behaviour from chronic insomnia studies were applied. We acknowledge that the 78% treatment-seeking rate, derived from the chronic insomnia subgroup in Maire et al., was applied as a proxy to this broader population in the absence of a Swiss-specific estimate. However, due to the model's calibration to observed real-world data from SWICA and SASIS, changes to epidemiological parameters such as prevalence and treatment-seeking rates do not affect the budget impact results. Patient numbers are derived directly from Swiss claims data rather than calculated independently from prevalence and treatment-seeking assumptions. These parameters therefore serve to characterise the target population contextually but are not direct drivers of the model output. A scenario analysis based on an alternative treatment-seeking rate was therefore not implemented, as it would not alter the results.

	Translation: To 3) • The 'de novo' budget model has serious deficiencies: central model equations, calculation paths and sensitivity analyses are missing. • Central model parameters (prevalence, treatment seeking) were incorrectly transferred from Maire et al. (78% only applies to DSM-5 chronic insomnia subgroup); others come from non-specialist sources (AXA, US students). This causes the HTA to overestimate the target population for insomnia (1.74 million) by a factor of 4.35. • Representative Federal Statistical Office data on sleep disorders were ignored; this massively overestimates the target population. • For 'mental stress' and 'test anxiety', no Swiss prevalences or treatment rates exist. These model parts are scientifically not mappable. • The assumed switch to BZD is unrealistic and contradicts clinical reality. • The HTA only considers savings and ignores follow-up costs. A serious model bias that artificially creates savings, although in reality additional costs are more likely. • Mandatory negative costs are completely missing: additional doctor visits and diagnostic examinations; increased use of stronger hypnotics, follow-up costs from dependence, falls, hospitalizations and cognitive/psychiatric complications.	It is also noteworthy that another stakeholder (Netzwerk Schlaf Schweiz, comment 7.1) cites a prevalence of 30–38% (approximately 1.7 million patients/year), which closely aligns with our estimate of 1.65 million. The fact that two stakeholders draw opposed conclusions suggests that our prevalence estimate is reasonable and not systematically biased in either direction. The prevalence we used for our model from the AXA Mind Health Report is the more conservative estimate compared for example to the one reported in the following study “Mental health amidst multiple crises: trends and sociodemographic risk factors in Austria’s general population” (Humer et al, 2025), were 51% of the population are reported to be exposed to “High stress”. Treatment switching behaviour was informed by a survey of 80 Swiss general practitioners examining anticipated treatment pathways, Swiss health insurance claims data reflecting real-world prescribing patterns, and international empirical evidence (França et al.) documenting substitution effects following valerian delisting. These elements are transparently documented in the methodology and incorporated into the cost calculations. Contrary to the assertion that the HTA report fails to incorporate follow-up and negative costs into the model, our budget impact analysis explicitly addresses these concerns. The model incorporates dependence-related healthcare costs associated with benzodiazepine and Z-drug use, including accident-related encounters (e.g., fractures from falls) and other adverse outcomes such as cognitive impairment. No change needed.
6.4 Max Zeller Söhne AG	Fazit: Der vorliegende HTA-Bericht enthält unzutreffende Aussagen und Schlussfolgerungen. Er darf daher nicht als Grundlage für eine Streichung von Baldrian aus der SL oder für Rückerstattungseinschränkungen dienen. Demgemäss beantragen wir, sowohl von einer Streichung aus der SL als auch von einer Rückerstattungseinschränkung abzusehen. Translation: Conclusion: The present HTA report contains incorrect statements and conclusions. It must therefore not serve as a basis for delisting valerian from the Specialty List or for reimbursement restrictions. Accordingly, we request that you refrain from both delisting from the Specialty List and from reimbursement restrictions	No change needed.
7.1 Netzwerk Schlaf Schweiz	Die Prävalenz von Insomnie in der Schweiz ist mit 30-38% bzw. 1.7 Mio Patienten/Jahr sehr hoch, v.a. Frauen und ältere Erwachsene sind betroffen - aber zunehmend auch junge Menschen. Schlafstörungen wie die Insomnie sind als eigenständige Krankheiten zu betrachten (WHO ICD-11) und stehen im Zusammenhang mit zahlreichen «Volkskrankheiten» wie Herz-Kreislauf-Erkrankungen, Diabetes, Demenz, Depression etc. Diese nichtübertragbaren Krankheiten (NCD) verursachen rund 80% der Schweizer Gesundheitskosten. Translation:	We note that our prevalence estimate of approximately 1.74 million patients with insomnia symptoms per year is consistent with the figure cited in this comment (approximately 1.7 million). This alignment with an independent stakeholder source further supports the plausibility of our estimate. It is also worth noting that another stakeholder (Max Zeller, comment 6.3) argues that the same figure represents an overestimation by a factor of 4.35. The fact that two stakeholders reach opposite conclusions from comparable figures

	The prevalence of insomnia in Switzerland is very high at 30-38% or 1.7 million patients/year, with women and older adults primarily affected - but increasingly young people as well. Sleep disorders such as insomnia are to be considered independent diseases (WHO ICD-11) and are associated with numerous common diseases such as cardiovascular diseases, diabetes, dementia, depression, etc. These non-communicable diseases (NCDs) account for around 80% of Swiss healthcare costs.	suggests that our prevalence estimate is balanced and not systematically biased. No change needed.
7.2 Netzwerk Schlaf Schweiz	Für Insomnie prognostiziert das vorliegende HTA Modell Einsparungen in Höhe von 174.05 Mio CHF über 5 Jahre, bei einem anhaltenden Anstieg der Prävalenz auf 2 Mio Patienten/Jahr sind es 210 Mio CHF (also ca. 42 Mio CHF/Jahr; davon durchschnittliche Medikamentenkosten von CHF 88 und CHF 412.61 für Arztbesuche pro Patient und Jahr). Die HTA-Analyse berücksichtigt jedoch keine indirekten Kosten wie z.B. Produktivitätsverluste (ca. 10 Mrd. CHF/Jahr, s. RAND-Bericht 2023) und zusätzlichen direkte/indirekte Kosten der Insomnie, welche jährlich für die Schweiz insgesamt bei 4.3 Mrd CHF pro Jahr liegen (also ca. 100 mal höher sind als die geplanten Einsparungen, siehe http://dx.doi.org/10.2139/ssrn.5220665). Dies verdeutlicht den dringenden Handlungsbedarf, der auch im jüngst publizierten «Wake up call» von internationalen Experten zum Ausdruck kommt (https://doi.org/10.1016/j.sleep.2025.106763). Dennoch erhalten in der Schweiz nur ca. 1% der Insomniepatienten die empfohlene Therapie (siehe Maire et al., 2020). Die Betroffenen benötigen daher mehr innovative und vergütete Behandlungsoptionen für ihre Erkrankung, nicht weniger. Translation: For insomnia, the present HTA model projects savings of CHF 174.05 million over 5 years; with a continued increase in prevalence to 2 million patients per year, this amounts to CHF 210 million (i.e., approximately CHF 42 million per year; of which average medication costs are CHF 88 and CHF 412.61 for doctor visits per patient per year). However, the HTA analysis does not take into account indirect costs such as productivity losses (approximately CHF 10 billion per year, see RAND report 2023) and additional direct/indirect costs of insomnia, which annually total CHF 4.3 billion per year for Switzerland (i.e., approximately 100 times higher than the projected savings, see http://dx.doi.org/10.2139/ssrn.5220665). This highlights the urgent need for action, which is also expressed in the recently published "Wake up call" by international experts (https://doi.org/10.1016/j.sleep.2025.106763). Nevertheless, only approximately 1% of insomnia patients in Switzerland receive the recommended therapy (see Maire et al., 2020). Those affected therefore require more innovative and reimbursed treatment options for their condition, not fewer.	We agree that insomnia represents a significant public health burden**,** and that innovative, reimbursed treatment options are needed. Non-pharmacological therapies such as CBTI are already available and reimbursed under Swiss mandatory health insurance. As with all HTAs, this assessment compares specific interventions within a defined reimbursement framework. This HTA is conducted from a healthcare payer perspective, meaning that only costs relevant to the mandatory health insurance (OKP) are considered. Indirect costs such as productivity losses fall outside the scope of this analysis, as they are not borne by the healthcare payer. This is a methodological convention and does not imply that the broader societal burden of insomnia is disregarded. No change needed.
7.3 Netzwerk Schlaf Schweiz	Das Netzwerk Schlaf Schweiz unterstützt Evidenz-basierte Medizin wie sie in der europäischen Guideline (s. Riemann 2023, Tabelle 16) publiziert ist: Die Erstempfehlung für Insomnie ist die aktive Behandlung durch CBT-I (persönlich oder digital). Wenn CBT-I nicht wirksam ist, können pharmakologische Interventionen vorgeschlagen werden: BZs und BZRAs kurzfristig (≤ 4 Wochen), DORAs ≤ 3 Monate bzw. in einigen Fällen nach Absprache längerfristig. Pflanzliche Arzneimittel/Phytotherapeutika werden aufgrund unzureichender	Thank you for your feedback. No change needed.

	Evidenz ausdrücklich nicht empfohlen. Sollten diese nach Überprüfung aus dem Leistungskatalog der Grundversicherung (OKP) entfernt werden, sollten die oben erwähnten empfohlenen Therapieoptionen schnell, flächendeckend und niederschwellig über die OKP zugänglich sein und erstattet werden. Translation: The Sleep Network Switzerland supports evidence-based medicine as published in the European guideline (see Riemann 2023, Table 16): The first recommendation for insomnia is active treatment through CBT-I (in person or digital). If CBT-I is not effective, pharmacological interventions can be proposed: BZs and BZRAs short-term (≤ 4 weeks), DORAs ≤ 3 months or in some cases after consultation longer-term. Herbal medicines/phytotherapeutics are expressly not recommended due to insufficient evidence. Should these be removed from the basic insurance benefit catalog after review, the above-mentioned recommended therapy options should be quickly, comprehensively and easily accessible and reimbursed via mandatory health insurance.	
7.4 Netzwerk Schlaf Schweiz	Die Bedeutung dieses neuen HTA-Berichts muss kritisch hinterfragt werden. Wir rufen in Erinnerung, dass ein vorheriger Schweizer HTA-Bericht aus dem Jahr 2022 (Beruhigende und schlaffördernde Medikamente zur Behandlung chronischer Schlafstörungen) ein Einsparpotenzial von bis zu Fr. 130 Mio über 5 Jahre identifiziert hatte, aber bisher ohne sichtbare Konsequenzen blieb. Translation: The significance of this new HTA report must be critically questioned. We recall that a previous Swiss HTA report from 2022 (Sedative and hypnotic drugs for the treatment of chronic sleep disorders) had identified a savings potential of up to CHF 130 million over 5 years, but so far remained without visible consequences.	The FOPH is currently working on the implementation of this HTA. No change needed.
7.5 Netzwerk Schlaf Schweiz	Die damals untersuchten Medikamente (Benzodiazepin-Derivate und Z-Drugs, sie werden im aktuellen Bericht erneut aufgegriffen) werden weiterhin entgegen den Leitlinienempfehlungen (s.o.) unbefristet durch die OKP vergütet und dadurch in der klinischen Praxis viel zu häufig langfristig eingesetzt - trotz erheblichen Sicherheitsrisiken für Patient:innen. Translation: The medications examined at that time (benzodiazepine derivatives and Z-drugs, they are taken up again in the current report) continue to be reimbursed indefinitely by mandatory health insurance and are therefore used much too frequently long-term in clinical practice - despite considerable safety risks for patients.	The FOPH is currently working on the implementation of this HTA. No change needed.
7.6 Netzwerk Schlaf Schweiz	Medikamenten-Abhängigkeit wird im aktuellen Bericht zwar thematisiert, allerdings nur aus Kostenperspektive, was dem Leidensdruck der Betroffenen nicht gerecht wird. Es drängt sich daher die Frage auf, ob 4 Jahre nach einem HTA-Bericht zu einem ähnlichen Thema ein zusätzlicher Bericht zu geeigneten Massnahmen führen wird, um die Versorgung von Patient:innen mit Schlafstörungen in der Schweiz zu verbessern, indem die wirksamen Therapieoptionen (s.o.) schnell und breit zugänglich durch die OKP vergütet werden. Die reine Kostenperspektive eines HTA-Berichts und darin erwähnten «Tendenzen zu Überdiagnosen, Pathologisierung und Medikalisierung» durch die	Thank you for your comment. No change needed.

	Verschreibung der betrachteten Präparate tun den Betroffenen unrecht und verharmlosen das Problem, lösen es aber nicht. Translation: Medication dependence is addressed in the current report, but only from a cost perspective, which does not do justice to the suffering of those affected. The question therefore arises whether 4 years after an HTA report on a similar topic, an additional report will lead to appropriate measures to improve the care of patients with sleep disorders in Switzerland by having the effective therapy options (see above) quickly and widely accessible reimbursed by mandatory health insurance. The pure cost perspective of an HTA report and the 'tendencies towards overdiagnosis, pathologization and medicalization' mentioned therein through the prescription of the preparations under consideration do injustice to those affected and trivialize the problem, but do not solve it.	
8.1 OM Pharma Suisse SA	L'analyse du rapport HTA consacré aux préparations à base de valériane fait apparaître plusieurs points de fragilité susceptibles d'affecter la portée et la solidité de l'évaluation: - Cadrage inadéquat des indications autorisées: malgré les remarques des parties prenantes et les ajustements apportés au protocole, le rapport continue d'utiliser un cadrage général sur l'anxiété, alors qu'aucune des préparations remboursées à base de valériane n'est autorisée pour cette indication. Translation: The analysis of the HTA report on valerian preparations reveals several points of fragility likely to affect the scope and robustness of the evaluation: - Inadequate framing of authorized indications: despite stakeholder comments and adjustments made to the protocol, the report continues to use a general framing on anxiety, while none of the reimbursed valerian preparations is authorized for this indication.	Following stakeholder feedback during the protocol phase, the indications were explicitly revised from «general anxiety disorder» to «mental stress» and «test anxiety», which reflect the approved indications of the reimbursed valerian-containing medicines in Switzerland. This revision was a substantial methodological adjustment and is consistently applied throughout the HTA report. To optimise the available evidence base for PICO 4, the literature search and inclusion criteria were deliberately broadened to include studies on anxiety in general, in anticipation of limited evidence specifically on test anxiety. This approach was pre-specified in the HTA protocol and is transparently documented in the Methods section. Where the term «anxiety» appears as an outcome measure in the efficacy results, this refers to measured anxiety levels as reported in the included studies, not to the indication of anxiety disorder. The budget impact analysis, by contrast, was restricted exclusively to the approved indication of test anxiety. The distinction between the population framing (mental stress, test anxiety) and the outcome measure (anxiety scores) is maintained throughout the report. No change needed.
8.2 OM Pharma Suisse SA	- Contradiction interne majeure dans l'analyse globale: le rapport reconnaît qu'un retrait du remboursement pourrait entraîner un report vers des hypnotiques plus puissants, notamment les benzodiazépines et les Z-drugs. Cet élément central n'est toutefois intégré ni dans l'analyse économique, ni dans la balance bénéfice/risque, ni dans les considérations éthiques. Cette omission affaiblit substantiellement la validité des conclusions, en particulier au regard des enjeux de santé publique. Translation: - Major internal contradiction in the overall analysis: the report acknowledges that withdrawal of reimbursement could lead to a shift towards more powerful hypnotics, particularly benzodiazepines and Z-drugs. This central element is however not integrated either in the economic analysis, or in the benefit/risk balance, or in ethical considerations. This omission substantially weakens	Contrary to the assertion that the HTA report fails to incorporate these risks into the model, our budget impact analysis explicitly addresses these concerns. The model incorporates dependence-related healthcare costs associated with benzodiazepine and Z-drug use, including accident-related encounters (e.g., fractures from falls) and other adverse outcomes such as cognitive impairment. Treatment switching behaviour was informed by a survey of 80 Swiss general practitioners examining anticipated treatment pathways, Swiss health insurance claims data reflecting real-world prescribing patterns, and international empirical evidence (França et al.) documenting substitution effects following valerian delisting. These elements are transparently documented in the methodology and incorporated into the cost calculations. However, a major switch to benzodiazepines is not to be expected, as Swiss and international

	the validity of the conclusions, particularly with regard to public health issues.	clinical guidelines explicitly advise against their long-term use and recommend non-pharmacological alternatives as first-line treatment. No change needed.
8.3 OM Pharma Suisse SA	- Biais structurels défavorables aux phytomédicaments: le rapport applique aux phytomédicaments des standards d'évaluation conçus pour les médicaments chimiques, sans adaptation aux cadres réglementaires spécifiques reconnus par Swissmedic et le HMPC. Cette approche conduit à une dévalorisation systématique des données issues de l'usage traditionnel, des monographies et de la pratique clinique. Translation: - Structural biases unfavorable to herbal medicines: the report applies to herbal medicines evaluation standards designed for chemical medicines, without adaptation to the specific regulatory frameworks recognized by Swissmedic and HMPC. This approach leads to a systematic devaluation of data from traditional use, monographs and clinical practice.	We take the HMPC-Monographies into consideration, and these will be highlighted further in the discussion. It is important to extend the literature included in this HTA beyond that of the Monographies, since a comparator is needed to reach a robust conclusion regarding causality and subsequent evidence regarding efficacy. The evaluation standards applied in this HTA – namely systematic review and meta-analysis of randomised controlled trials – are the internationally recognised methodology for assessing therapeutic efficacy, regardless of whether the intervention is a synthetic or herbal medicine. Applying different standards to herbal medicines would not be methodologically justified. Implemented change: HMPC-Monographies were highlighted further in the discussion.
8.4 OM Pharma Suisse SA	- Intégration marginale des monographies HMPC: les monographies HMPC sur la valériane et la combinaison valériane/houblon, dont le rôle structurant dans l'évaluation avait été explicitement demandé, sont traitées de manière secondaire et non déterminante. Translation: - Marginal integration of HMPC monographs: the HMPC monographs on valerian and the valerian/hops combination, whose structuring role in evaluation had been explicitly requested, are treated in a secondary and non-determinative manner.	We take the HMPC-Monographies into consideration, and these will be highlighted further in the discussion. It is important to extend the literature included in this HTA beyond that of the Monographies, since a comparator is needed to reach a robust conclusion regarding causality and subsequent evidence regarding efficacy. Implemented change: HMPC-Monographies were highlighted further in the discussion.
8.5 OM Pharma Suisse SA	- Dépendance excessive à l'absence de preuves issues d'essais randomisés contrôlés (RCTs): malgré l'engagement du protocole de ne pas limiter l'évaluation aux seuls RCTs. Le rapport fonde largement ses conclusions sur leur absence. Cette approche est en contradiction avec le cadre méthodologique annoncé et inadaptée aux spécificités des phytomédicaments. Translation: - Excessive dependence on absence of evidence from randomized controlled trials (RCTs): despite the protocol's commitment not to limit evaluation to RCTs alone. The report largely bases its conclusions on their absence. This approach contradicts the announced methodological framework and is unsuited to the specificities of herbal medicines.	Observational studies were eligible for inclusion if they met the pre-specified inclusion and exclusion criteria as defined in the protocol. The same criteria were applied consistently to both RCTs and observational studies. In total, 3 observational studies were included in the systematic review. Their findings are summarised descriptively in the report. These studies could not be pooled in meta-analyses as each compared valerian against a different comparator with no other study available for pooling. Therefore, the conclusions are mainly based on RCTs. No change needed.
8.6 OM Pharma Suisse SA	- Sous-valorisation des données observationnelles pourtant favorables: le protocole prévoyait l'intégration d'études observationnelles et de données non randomisées, mais celles-ci n'ont joué qu'un rôle marginal. Les trois études observationnelles incluses montrent pourtant une amélioration des troubles du sommeil et de symptômes associés. Si leurs limites méthodologiques sont reconnues, celles-ci sont inhérentes à ce type d'études et n'excluent pas une valeur informative pertinente en termes d\'efficacité en conditions réelles, qui apparaît globalement favorable. Translation:	Observational studies were included if they met the pre-specified inclusion and exclusion criteria, and three were included in the systematic review. Their findings are summarised descriptively in the report and in chapter 9.2 (EMA monographs). The observational studies could not be pooled in meta-analyses as each used a different comparator with no other study available for pooling, which is a methodological constraint rather than a deliberate marginalisation. While the three included observational studies show improvements in sleep and associated symptoms, these results must be interpreted with caution. Without a control group (placebo or

	- Undervaluation of observational data that are nevertheless favorable: the protocol provided for integration of observational studies and non-randomized data, but these played only a marginal role. The three observational studies included nevertheless show improvement in sleep disorders and associated symptoms. If their methodological limitations are recognized, these are inherent to this type of study and do not exclude relevant informative value in terms of effectiveness in real conditions, which appears overall favorable.	no treatment), it is not possible to determine whether observed improvements reflect a specific effect of valerian or natural disease course or other factors. No change needed.
8.7 OM Pharma Suisse SA	- Élargissement injustifié du périmètre de l'évaluation: le rapport introduit des considérations générales sur la phytothérapie et sur la médicalisation de situations courantes telles que l'insomnie, l'anxiété ou le stress. Ces réflexions dépassent le périmètre de l'évaluation, qui devrait se limiter aux médicaments à base de valériane et à leurs indications approuvées par Swissmedic. Translation: - Unjustified expansion of the evaluation scope: the report introduces general considerations on phytotherapy and on medicalization of common situations such as insomnia, anxiety or stress. These reflections exceed the evaluation scope, which should be limited to valerian medicines and their indications approved by Swissmedic.	We respectfully disagree with the assertion that our report draws general conclusions about phytopharmaceuticals beyond valerian. Our analysis is strictly limited to valerian-containing medicines as specified in the protocol and does not extrapolate findings to other herbal medicines. No change needed.
8.8 OM Pharma Suisse SA	- Traitement insuffisant des données de pharmacovigilance suisse: les données nationales de pharmacovigilance, pourtant favorables à la bonne tolérance des préparations à base de valériane, sont insuffisamment prises en compte dans l'évaluation globale. Translation: - Insufficient treatment of Swiss pharmacovigilance data: national pharmacovigilance data, although favorable to the good tolerance of valerian preparations, are insufficiently taken into account in the overall evaluation.	Literature included was selected based on inclusion and exclusion criteria stated in the protocol. Pharmacovigilance studies were not excluded because of study type but because of criteria applied to all studies. No change needed.
8.9 OM Pharma Suisse SA	- Absence de mise en perspective stratégique et comparative: le rapport ne traite ni du potentiel de la valériane dans des stratégies de dé-prescription des benzodiazépines et des Z-drugs. Translation: - Absence of strategic and comparative perspective: the report addresses neither the potential of valerian in de-prescription strategies for benzodiazepines and Z-drugs.	The potential role of valerian in benzodiazepine de-prescription strategies is a different clinical question. This falls outside the defined scope of the present HTA, which evaluates the efficacy, appropriateness and budget impact of valerian-containing medicines for the treatment of symptoms of insomnia, mental stress and test anxiety under the EAE criteria. Moreover, current Swiss and international clinical guidelines do not identify valerian as an evidence-based alternative to benzodiazepines No change needed.
8.10 OM Pharma Suisse SA	Conclusion : au vu des éléments relevés, le rapport HTA en question n\'offre pas une base suffisamment solide, cohérente et équilibrée pour motiver une reconsidération des conditions de remboursement. Translation: Conclusion: in view of the elements noted, the HTA report in question does not offer a sufficiently solid, coherent and balanced basis to motivate reconsideration of reimbursement conditions.	The specific concerns raised in this conclusion have been addressed in detail in our responses to comments 8.1 through 8.9. The HTA was conducted in accordance with the FOPH methodology and the EAE criteria applicable to reimbursement decisions under Swiss mandatory health insurance. No change needed.
9.1 prio.swiss	The submitted report comprehensively and clearly outlines the non-existing efficacy and cost-effectiveness of medicinal products containing valerian as a single	Thank you for your comment. No change needed.

	ingredient or in combination with other substances for the treatment of the aforementioned symptoms. Thirty-three studies were included in the analysis of efficacy and safety, but overall they were unable to demonstrate any additional benefit compared to placebo, other drugs, or relaxation therapy. No study was even found on the currently reimbursed specific indication of "test anxiety". Furthermore, no studies are presented that allow for a comparison of effectiveness with CBT. All findings are confirmed by detailed meta-analyses from previous years.	
9.2 prio.swiss	Chapter 8 of the report gives a thorough overview of, among others, the ethical and legal framework surrounding the possible removal from the SL. The most important issues are addressed, such as the fear of increased prescribing of e.g., benzodiazepines, the role of doctors and pharmacies after delisting, the non-existent difference in effectiveness compared to placebo, the lack of a required formal diagnosis to get valerian prescribed and reimbursed today, and the will of the Swiss people for the reimbursement of alternative therapies (including phytotherapy).	Thank you for your comment. No change needed.
9.3 prio.swiss	According to prio.swiss, the assessment of the cost-effectiveness of medicinal products containing valerian is consistent and comprehensible. It is essentially based on the plausible assumption that there is no robust evidence of efficacy for valerian preparations. The budget impact analysis is also transparent and comprehensible.	Thank you for your comment. No change needed.
9.4 prio.swiss	From prio.swiss\'s perspective, the report clearly shows that reimbursement under the mandatory health insurance of valerian products for insomnia, test anxiety and mental stress is no longer justified from any point of view.	Thank you for your comment. No change needed.
10.1 SAPhW	Der HTA-Bericht zu Baldrian-haltigen Phytopharmaka (BHP) weist erhebliche sachliche Mängel auf, die hier nur stichpunktartig kommentiert werden: 1. BHP sind durch die Swissmedic zugelassen worden, wenn sie den Anforderungen der EMA-HMPC-Monographien entsprechen (z.B. Extraktherstellung), unterstützt durch systematische Literaturanalyse, präklinische und klinische Daten (in der Literatur publiziert oder firmeninterne nicht publizierte Daten) sowie einer Nutzen-Risiko-Bewertung. Die zugelassenen Indikationsansprüche leiten sich von den entsprechenden HMPC-Monographien ab. Im HTA-Bericht werden aufgrund einer unvollständigen resp. selektiven Literaturerhebung diese Fakten ignoriert und bezüglich der Wirksamkeits- und Unbedenklichkeits-Beurteilung in Frage gestellt. Translation: The HTA report on valerian-containing phytopharmaceuticals (BHP) exhibits considerable factual deficiencies, which are commented on here only in bullet points: 1. BHPs have been approved by Swissmedic when they meet the requirements of the EMA-HMPC monographs (e.g., extract production), supported by systematic literature analysis, preclinical and clinical data (published in the literature or company-internal unpublished data) as well as a benefit-risk assessment. The approved indication claims are derived from the corresponding HMPC monographs. In the HTA report, due to an incomplete or selective literature review, these facts	We take the HMPC-Monographies into consideration**,** and these will be highlighted further in the discussion. It is important to extend the literature included in this HTA beyond that of the Monographies, since a comparator is needed to reach a robust conclusion regarding causality and subsequent evidence regarding efficacy. Implemented change: HMPC-Monographies were highlighted further in the discussion.

	are ignored and the efficacy and safety assessment are called into question.	
10.2 SAPhW	2. Die Literaturauswahl weist gravierende Mängel auf: - Es wurden nur randomisierte klinische Studien in die Analyse einbezogen. Dies führt zu einer verzerrten Bewertung, da verschiedene der SL-gelisteten Präparate bereits vor längerer Zeit zugelassen wurden, d.h. bevor die RCTs zum Goldstandard erhoben wurden. Ältere Studien wurden systematisch ausgeschlossen, obwohl diese für die Zulassung relevant waren. Translation: 2. The literature selection shows serious deficiencies: - Only randomized clinical studies were included in the analysis. This leads to a distorted assessment, as several of the Specialty List preparations were approved before RCTs were elevated to the gold standard. Older studies were systematically excluded, although they were relevant for approval.	Observational studies were to be included if they met the pre-agreed inclusion and exclusion criteria. The same criteria were applied to these and RCTs. No studies were excluded based on their publication year. We do not dispute the approval of the preparations in question. Thus, it is important to highlight that the scope of an HTA is not to evaluate the approval of health technologies, but its findings are intended to inform reimbursement decisions according to the EAE criteria. No change needed.
10.3 SAPhW	- Wenn man nun diese enorm restriktiven Selektionskriterien auf alle SL-gelisteten Arzneimittel inkl. Synthetika anwenden würde, so müssten zahlreiche ältere und essentielle Wirkstoffe aus der Erstattungspflicht genommen werden, da sie die HTA- Anforderungen nicht erfüllen in Ermangelung von modernen RCTs. Gerade das 2022 vom BAG durchgeführte HTA-Verfahren «Sedative-hypnotic drugs for the treatment of primary chronic insomnia disorder» zeigte, dass auch zu den Benzodiazepinen (BDZ) keine RCTs gefunden wurden, die den o.g. Kriterien genügen. Translation: - If one were now to apply these enormously restrictive selection criteria to all Specialty List medicines including synthetics, numerous older and essential active substances would have to be removed from reimbursement obligation, as they do not meet HTA requirements in the absence of modern RCTs. Precisely the HTA procedure conducted by FOPH in 2022 'Sedative-hypnotic drugs for the treatment of primary chronic insomnia disorder' showed that no RCTs were found for benzodiazepines (BDZ) either that meet the above criteria.	For the HTA topic selection, the EAE criteria must be subject to uncertainty or dispute. In the absence of such concerns, the respective health technologies do not require in-depth assessment. In addition, the budget impact constitutes an important consideration. Consequently, many older active substances are not shortlisted and are assigned lower priority during the HTA topic selection process.
10.4 SAPhW	3. Im Bericht fehlt die Sachkompetenz in Sachen Phytopharmaka. In die Analyse eingeschlossen wurden viele RCTs mit Produkten, die nicht den HMPC-Monographien entsprechen (Wurzelpulver, Sirupe, nicht genauer definierte Extrakte, Supplements; u. A. Referenzen 87, 89, 90, 101, 104, 108, 109, 112 im Bericht). Translation: 3. The report lacks expertise in herbal pharmaceuticals. Many RCTs with products that do not correspond to HMPC monographs (root powder, syrups, not more precisely defined extracts, supplements; among others references 87, 89, 90, 101, 104, 108, 109, 112 in the report) were included in the analysis.	Phytotherapy experts have been consulted for this HTA. Studies were included regardless of valerian preparation type, as exclusion criteria based on these factors were not prespecified in the protocol. Details on valerian preparation for all included studies are transparently reported in Table A1. One study (Aliakbari 2018) used a valerian syrup as the intervention; however, this study has not been included in any meta-analysis and is only reported narratively. Notably, in Switzerland, both tablet and liquid formulations are approved, including the product "Schönenberger Baldrian Frischpflanzensaft" (fresh plant juice). The limited number of eligible studies did not allow for extensive subgroup analyses. Of the studies mentioned, that do not conform to HMPC monograph specifications (references 87, 89, 90, 101, 104, 108, 109, 112 in the report), all except reference 89 were included only in the PSQI meta-analysis and are otherwise reported narratively. In the PSQI meta-analysis, all non-conforming studies favoured valerian. Excluding these studies would leave only one study, making meta-analysis impossible. Among the non-

		conforming studies, only Chandra Shekhar et al. 2024 (reference 89) was included in multiple meta-analyses (sleep latency, sleep duration, sleep efficiency and PSQI), with results consistently favouring valerian. Excluding this study would not alter the direction of findings toward valerian. No change needed.
10.5 SAPhW	4. Ebenso weist die Kosten/Nutzen-Analyse schwere Mängel auf: - Das verwendete Budgetmodell ist nicht nachvollziehbar. Es fehlen Formeln und Rechenwege. Translation: 4. Likewise, the cost-benefit analysis exhibits serious deficiencies: - The budget model used is not comprehensible. Formulas and calculation methods are missing.	The budget impact model and its underlying methodology are described in detail in chapter 7 of the HTA report, including the model structure, key parameters, data sources and assumptions. All model inputs are transparently documented with their respective sources. Sensitivity analyses, including tornado diagrams illustrating the influence of individual parameters on outcomes, are provided to ensure reproducibility and transparency. Detailed formulae for individual calculations are not typically reported in HTA reports, as the focus is on transparent documentation of model structure, inputs and outputs rather than algebraic derivation. No change needed.
10.6 SAPhW	- Die im Oktober 2024 publizierten Daten aus der Schweizerischen Gesundheitsbefragung 1997--2022 des BFS wurden nicht berücksichtigt. Translation: - The data published in October 2024 from the Swiss Health Survey 1997-2022 of the Federal Statistical Office were not considered.	The Swiss Health Survey 1997–2022 data published by the Federal Statistical Office (BFS) in October 2024 are cited in the HTA report (reference 17) and were considered in the background section, where a prevalence of 30–38% for sleep disorders in Switzerland is reported. For the budget impact model, the more conservative estimate of 25% from Maire et al. (2020) was used, which is lower than the BFS figure of approximately 33%. Using the BFS prevalence would result in a larger, not smaller, target population estimate. No BFS data are available for the indications of mental stress and test anxiety. No change needed.
10.7 SAPhW	- Zahlen, die in die Modellrechnung eingeflossen sind, wurden z. T. falsch eingesetzt (z.B. aus der Publikation von Maire et al.), aus nicht-wissenschaftlichen und damit nicht nachvollziehbaren Quellen (z.B. AXA Report) entnommen, oder beziehen sich nicht auf die Fragestellung (z.B. Blanco et al.). Translation: - Numbers that flowed into the model calculation were partly incorrectly used (e.g. from the publication by Maire et al.), taken from non-scientific and thus not comprehensible sources (e.g. AXA Report), or do not relate to the question (e.g. Blanco et al.).	We acknowledge that the 78% treatment-seeking rate, derived from the chronic insomnia subgroup in Maire et al., was applied as a proxy to this broader population in the absence of a Swiss-specific estimate. However, due to the model's calibration to observed real-world data from SWICA and SASIS, changes to epidemiological parameters such as prevalence and treatment-seeking rates do not affect the budget impact results. Patient numbers are derived directly from Swiss claims data rather than calculated independently from prevalence and treatment-seeking assumptions. These parameters therefore serve to characterise the target population contextually but are not direct drivers of the model output. A scenario analysis based on an alternative treatment-seeking rate was therefore not implemented, as it would not alter the results. Regarding the AXA Mind Health Report, this was used for the prevalence of mental stress symptoms as no peer-reviewed Swiss source with comparable population-level data was identified. Blanco et al. (2008) is cited in the background section but was not used as a model input parameter. For test anxiety, the prevalence

		of 22% was derived from Valls 2023, a study conducted with Swiss secondary school students in Vaud. No change needed.
10.8 SAPhW	- Es fehlt eine Analyse der Kosten, die durch ein Delisting der BHP entstehen, wie z.B. Switchen der Medikation, UAW von «Medikations-Alternativen», Kosten von nicht pharmakologischen Interventionen gemäss S3 Leitlinie der Deutschen Gesellschaft für Schlafforschung und Schlafmedizin. Translation: - An analysis of the costs arising from delisting BHPs is missing, such as medication switching, adverse drug reactions from "medication alternatives," costs of non-pharmacological interventions according to the S3 guideline of the German Society for Sleep Research and Sleep Medicine.	The budget impact model explicitly incorporates medication switching costs, including switching to benzodiazepines, Z-drugs, sedative antidepressants, SSRIs, and other treatment alternatives, with associated drug costs and physician visit costs. Dependence-related adverse outcomes from benzodiazepines and Z-drugs, including accident-related encounters and dependence-related healthcare utilisation, are also incorporated. Regarding non-pharmacological interventions, the costs of CBTI are included in the model. Sleep hygiene and lifestyle adaptation are also modelled as treatment alternatives. The model therefore comprehensively accounts for the key cost categories arising from a potential delisting of valerian-containing medicines. No change needed.
10.9 SAPhW	- Es fehlt eine Bezifferung der im HTA-Bericht für BDZ durchaus erwähnten Patientenschäden und Equity-Risiken. Die Bewertung der Wirtschaftlichkeit ist daher stark verzerrt, und die Schäden wiegen deutlich schwerer als das Einsparpotenzial. Translation: - A quantification of patient harm and equity risks mentioned in the HTA report for BDZ is missing. The cost-effectiveness assessment is therefore strongly distorted, and the damages clearly outweigh the savings potential.	Contrary to this assertion, patient harm from benzodiazepines and Z-drugs is explicitly quantified in the budget impact model. The model incorporates dependence-related healthcare costs, including transition rates from short-term to long-term use (Rosenqvist et al. 2024) and annual healthcare costs attributable to benzodiazepine dependence (Berger et al.), both derived from published international studies and adjusted to the Swiss context using inflation adjustment and OECD purchasing power parities. Accident-related encounters such as fractures from falls are also included. The model therefore does not ignore these harms but incorporates them as cost components associated with substitution to benzodiazepines and Z-drugs. No change needed.
10.10 SAPhW	- Ebenso müsste thematisiert werden, dass die im HTA ausgewerteten Studien keinen Unterschied in der Schlafqualität zwischen Baldrian und BDZ aufzeigen. Es werden selektiv nur BHP infrage gestellt, obwohl das o.g. HTA-Verfahren die mangelnde Datenlage zu BDZ aufzeigte. Translation: - It should also be addressed that the studies evaluated in the HTA show no difference in sleep quality between valerian and BDZ. Only VHP are selectively questioned, although the above HTA procedure showed the lack of data for BDZ.	The efficacy of benzodiazepines was assessed in a separate HTA; the present assessment is limited to valerian-containing medicines under the EAE criteria. Regarding the finding of no significant difference in sleep quality between valerian and benzodiazepines, this is reported and discussed in chapter 6.2.5.2.3. As noted in our response to comment 3.3, the absence of a statistically significant difference between two active treatments does not allow the conclusion that both are equally effective, as neither may be superior to placebo. No change needed.
10.11 SAPhW	5. Der HTA-Report ignoriert die klinische Realität und das gesundheitspolitische Umfeld: - Der in den letzten Jahren angestiegene Einsatz von BHP war ein Argument für das Auslösen dieses HTAs. Der zeitliche Konnex des Anstiegs mit der COVID-Pandemie wird nicht thematisiert. Translation: 5. The HTA report ignores clinical reality and the health policy environment: - The increased use of VHP in recent years was an argument for triggering this HTA.	Prescription data show that prescriptions for valerian-containing medicines have been rising since 2014, predating the COVID-19 pandemic. The increase therefore cannot be solely attributed to the pandemic. Regardless of when the increase began or its underlying causes, the temporal context of utilisation trends does not alter the fundamental questions this HTA was commissioned to address: whether valerian-containing medicines demonstrate effectiveness

	The temporal connection of the increase with the COVID pandemic is not addressed.	beyond placebo and whether they meet the EAE criteria for reimbursement. No change needed.
10.12 SAPhW	- Ebenfalls nicht angesprochen wird die Tatsache, dass mit dem Delisting der BHP für vulnerable Patient:innen (Heranwachsende, ältere und pflegebedürftige Personen) eine risikoarme und gut verträgliche Behandlungsoption wegfällt, da bei ihnen die Gabe von BDZ oder Z-Drugs nicht indiziert ist. Translation: - Also not addressed is the fact that with the delisting of VHP, a low-risk and well-tolerated treatment option is lost for vulnerable patients (adolescents, elderly and care-dependent persons), as the administration of BDZ or Z-drugs is not indicated for them.	The importance of safe treatment options for vulnerable populations is well recognised and is addressed in the HTA report. While benzodiazepines and Z-drugs are indeed contraindicated or not recommended in these groups, Swiss and international clinical guidelines provide a range of alternative low-risk treatment options that are suitable for vulnerable patients. These include non-pharmacological first-line interventions such as CBTI and sleep hygiene, as well as, where pharmacological treatment is needed, low-dose sedating antidepressants such as mirtazapine or trazodone, which carry a more favourable risk profile in these populations. Guideline-concordant treatment alternatives therefore remain available for vulnerable patients regardless of valerian's reimbursement status. No change needed.
11.1 Schwabe Pharma AG	The restriction of the response to 4,000 characters hinders a scientific, well-founded statement. The HTA has significant shortcomings and errors in the data analysis and the resulting conclusions. We will focus on the most important points and refer to the corrected values in the appendix.	Thank you for identifying these errors. Implemented change: We have corrected the results and revised the report accordingly.
11.2 Schwabe Pharma AG	Indications: HTA report headline reflects indications incorrectly. The approved indications are listed in table 1 of HTA Report. Mental stress and test anxiety are not approved 'well-established use' indications for valerian extracts (V) \[EMA/HMPC/150848/2015 Corr.1, 2016\].	Indications were adapted and added based on discussions with a phytotherapy expert. They were subsequently incorporated into the HTA protocol. No change needed.
11.3 Schwabe Pharma AG	Meta-analyses of the HTA: data were partly analysed with the wrong sign (favoring placebo(plc) instead of V): If the data are analysed correctly, the results are as follows (refer to attached corrected forest plots): V mono therapy is significantly superior to plc regarding sleep quality (SMD for outcomes reported as post intervention: -1.51, 95% CI -2.85 to -0.18) and PSQI total score (MD: -3.27, 95% CI -5.04 to -1.49).	The meta-analysis of post-intervention sleep quality values for valerian monotherapy was analysed with an incorrect sign. This has been corrected, and the new results show that valerian monotherapy is statistically significant superior to placebo regarding post-intervention sleep quality. However, this finding was not observed in the change-from-baseline analysis. Post-intervention scores reflect the absolute outcome level at the end of the study, whereas change-from-baseline scores reflect each participant's individual change from their starting point, thereby accounting for baseline differences between groups. When baseline values differ between treatment arms, even slightly as can occur by chance, post-intervention SMDs may overestimate the treatment effect compared to change-from-baseline analyses. The divergence between the two sleep quality analyses is therefore likely explained by this statistical property. It should be noted that two of the three studies included in the valerian monotherapy post-intervention analysis had a follow-up period of only one day. When these two studies are excluded, only one study remains, resulting in high uncertainty around this finding. The meta-analysis of PSQI scores for valerian monotherapy was also analysed with incorrect signs. This has been corrected, and the new results show that valerian monotherapy is significantly superior to placebo regarding PSQI.

		Following feedback on the protocol, separate PICOs were established for valerian monotherapy and combination therapy. Results from these two intervention types were analysed independently, with no pooling of data across intervention categories. Implemented changes: Sign error corrected in the meta-analysis of post-intervention sleep quality for valerian monotherapy. Sign error corrected in the meta-analysis of PSQI scores for valerian monotherapy. A methodological discussion of the divergence between post-intervention and change-from-baseline analyses for sleep quality, including its interpretation, has been added to the Discussion section of the report.
11.4 Schwabe Pharma AG	Night awakenings are more reduced with V compared to plc. This holds true for both analysis (post intervention outcomes and changes from baseline (SMD: -0.06, 95% CI -0.42; 0.30).	We corrected the meta-analysis of night awakenings for valerian monotherapy using change-from-baseline values. The revised results show that valerian monotherapy is not statistically significantly superior to placebo regarding night awakenings. This applies to both post-intervention outcomes and change-from-baseline analyses (SMD -0.2, 95% CI -0.65; 0.25 and -0.06, 95% CI -0.42; 0.30) Implemented change: Meta-analysis of night awakenings for valerian monotherapy (change-from-baseline) corrected.
11.5 Schwabe Pharma AG	In sections 6.2.5.2.3 and 6.2.5.2.5 V is compared to benzodiazepines but the text and figures describe comparisons to plc. This should be corrected to reflect that V was at least as effective as benzos.	Thank you for this comment. Implemented change: Text and figures have been corrected.
11.6 Schwabe Pharma AG	Published meta-analyses results on efficacy of V are not as negative as summarized in the HTA report. In fact, they show an improvement of subjective sleep quality outcomes in accordance with corrected results of HTA meta-analyses.	We corrected the analyses, and the revised results show that valerian monotherapy is significantly superior to placebo for PSQI and post-intervention sleep quality values, but not for change-from-baseline analyses. However, it should be noted that two of the three studies included in the valerian monotherapy post-intervention analysis had a follow-up period of only one day. When these two studies are excluded, only one study remains, resulting in considerable uncertainty regarding this finding. These corrections have been implemented accordingly in the report. For all other outcomes, including sleep latency, sleep duration, night awakenings, and sleep efficiency, valerian monotherapy was not statistically significantly superior to placebo. Implemented change: Sign errors were corrected in the meta-analyses of PSQI total score and post-intervention sleep quality for valerian monotherapy. The revised results show statistically significant superiority of valerian over placebo for both outcomes. Results for all other outcomes remain unchanged. Consequently, the text in the summaries, results, ethics section, discussion and conclusion were updated accordingly.
11.7 Schwabe Pharma AG	Since the results of the HTA analyses on efficacy contain errors, chapter 6.2 and all conclusions in following chapters (Cost-Effectiveness, ELSO, Discussion, Conclusions) based on these data require revision.	The cost-effectiveness analysis (review of cost-effectiveness analysis) was not adjusted. Implemented change:

		The summaries, ELSO, discussion, and conclusion sections have been revised accordingly.
11.8 Schwabe Pharma AG	Safety should be compared based on the SmPCs of the authorized medicinal products. According to the SmPCs which are in accordance with the V root HMPC monograph, V products neither cause 'dizziness and headache','hepatotoxicity nor 'increased sedation when combined with sedatives.	Thank you for this comment. The assessment of the safety profile of valerian-containing medicines is not limited to SmPCs of authorised medicinal products and HMPC monographs alone, but also draws on clinical studies, systematic reviews and meta-analyses. The safety statements in chapter 3.1 (technology description) were reviewed and revised accordingly. The revised text now accurately reflects the safety profile of valerian as reported in the cited literature. Implemented change: The sentence on increased sedation when combined with sedatives and the statement on safety in pregnancy and breastfeeding were removed.
11.9 Schwabe Pharma AG	To evaluate the improvement of symptoms like nervousness and restlessness related to insomnia, data on such outcomes from the available studies on insomnia (from PICO 1 with valerian monopreparations) should be evaluated in addition to the data on combinations acc. to PICO 3.	Based on phytotherapy expert input incorporated into the protocol, valerian monopreparations for the treatment of mental stress or test anxiety were excluded, as the consulted phytotherapy expert indicated that the anxiolytic effect in such preparations is primarily attributed to herbal components other than valerian. Therefore, based on the PICOs defined we did not include valerian monopreparations in PICO 3 and 4. No change needed.
11.10 Schwabe Pharma AG	Cost -effectiveness and budget impact: Projected savings of CHF 202 million over 5 years are based on unrealistic prevalence and doctor contact values, inconsistent cost allocations (e.g. failure to consider costs of alternative therapies including follow up costs due to less favorable safety profile of alternatives) and sometimes contradictory data sources. The budget impact forecast isn't robust enough to justify a delisting on a financial basis.	The budget impact analysis provides transparent information on potential financial implications to inform decision-making alongside assessments of effectiveness and safety. Regarding the robustness of the estimates, we employed multiple complementary data sources to ensure realistic parameter values: a survey of 80 Swiss general practitioners on prescribing patterns and anticipated treatment pathways, Swiss health insurance claims data reflecting real-world utilisation, and consultation with clinical experts. Patient numbers were derived directly from observed real-world data from SWICA and SASIS rather than calculated independently from prevalence and treatment-seeking assumptions, meaning that changes to epidemiological parameters such as prevalence and treatment-seeking rates do not affect the budget impact results. Contrary to the assertion that costs of alternative therapies and follow-up costs were not considered, the model explicitly incorporates sequelae costs associated with less favourable safety profiles of alternatives, particularly benzodiazepines and Z-drugs, including dependence-related healthcare costs and accident-related encounters. No change needed.
11.11 Schwabe Pharma AG	ELSO: An exclusion of reimbursement would impair the freedom of choice of responsible patients who deliberately choose a mild, herbal option (often to avoid stronger psychotropic drugs). Low-income groups would be disproportionately affected financially. Delisting would shift inequalities instead of reducing them;	The ethical considerations raised here are addressed in the ELSO chapter of the HTA report. Furthermore, Swiss and international clinical guidelines recommend effective, low-risk and reimbursed non-pharmacological alternatives – including CBTI, sleep hygiene and psychotherapy – for all patient groups.

	this contradicts the self-claimed goal of \"reducing health inequalities\".	No change needed.
11.12 Schwabe Pharma AG	The analysis itself admits that substitution pressure to benzo- or Z-substances may arise which have significantly higher risks (dependence, falls, cognitive deficits). It is ethically questionable to remove a safe and effective option in favor of potentially more harmful ones or substances without authorization for the indications under discussion such as sedative antidepressants.	The ethical dimension of this concern is acknowledged and addressed in the ELSO chapter. The EAE criteria exist to ensure that reimbursed treatments have demonstrated clinical benefit. A reimbursement decision is not an endorsement of potentially harmful alternatives; clinical guidelines provide effective, low-risk non-pharmacological first-line options that do not carry the risks associated with benzodiazepines. The ethical imperative to protect patients from harm is best served by guideline-concordant prescribing. No change needed.
11.13 Schwabe Pharma AG	Conclusion: Since V is superior to placebo in the improvement of subjective sleep quality measures incl. PSQI, equally effective as benzodiazepines with a better tolerability profile, V products should remain available as reimbursed low threshold treatment option for symptoms of insomnia and nervous tension.	No change needed.
12.1 pharmaSuisse	pharmaSuisse schliesst sich der Stellungnahme von SAPhW an. Translation pharmaSuisse aligns with the statement of SAPhW.	No change needed.
13.1 SGKPT	Thank you for the opportunity to comment on this HTA report.Overall,the report is comprehensive and addresses relevant aspects in a balanced manner,including systematic analyses and meta-analyses of clinical trials across several PICOs,a projected budget impact analysis,and ELSO assessment.Together,these components provide a useful framework to inform decision-making.However,as acknowledged in the HTA,the number of available studies is small,and the overall quality rating is low,often limited by methodological shortcomings.In this context,it remains challenging to conclude that sufficient and consistent data are available to reliably demonstrate the absence of benefit over placebo.In addition,some issues identified in the effectiveness/efficacy section (outlined below) would benefit from clarification,as they may affect the interpretation of certain reported findings.	Thank you for this comment. No change needed.
13.2 SGKPT	With regard to safety,specific AEs and SAEs are not consistently reported across all PICOs.If none occurred or were not reported,this should be stated explicitly to ensure transparent interpretation.In this context,wording such as "favoured" for AEs should be used with caution in the absence of a clear comparative assessment.If available,drug-relatedness should be indicated.Consideration could be given to including pharmacovigilance data.	When studies explicitly reported no adverse events, this is documented in the report (e.g., Koetter 2007). When adverse events were not mentioned in the original study, this absence is not reported in the report to maintain clarity and conciseness. This HTA is designed to analyse controlled studies with comparator groups. Studies without comparator groups like pharmacovigilance studies do not meet the eligibility criteria for inclusion in this HTA. No change needed.
13.3 SGKPT	While not explicitly incorporated in the HTA,it is appropriately acknowledged in the discussion section that treatment alternatives are limited or even contraindicated for vulnerable populations such as children,pregnant or breastfeeding,and elderly persons.From a clinical perspective,this is a highly relevant consideration that warrants particular attention when interpreting the results.Benzodiazepines not only carry a risk of	The concerns raised regarding vulnerable populations and the risks of benzodiazepine substitution are well-founded and are addressed in the HTA report. Contrary to the assertion that these aspects are difficult to quantify, the budget impact model explicitly incorporates dependence-related healthcare costs and accident-related

	dependence but also increase the risk of falls or fall fractures in elderly (e.g.,Na et al.Int J Environ Res Public Health,2022).Although this may be difficult to quantify within the budget impact analysis,the potential long-term sequelae and associated treatment costs should at least be discussed.We appreciate the efforts invested and hope these comments support further clarification and refinement of this HTA.	encounters, including fractures from falls, for patients switching to benzodiazepines or Z-drugs. No change needed.
13.4 SGKPT	Specific considerations: PICO3:It remains unclear to what extent anxiety scales such as the HAM-A and the STAI reflect “mental stress”	The concern regarding the use of anxiety scales to assess mental stress is acknowledged. While these instruments were not specifically designed to measure mental stress, they capture closely related psychological states. The STAI-State measures transient emotional conditions characterised by subjective feelings of tension and apprehension, which closely reflect acute mental stress (https://doi.org/10.3390/ijerph19127053). A description of the STAI is provided in Chapter 6.1.3 of the report. In the absence of validated mental stress-specific instruments in the included studies, these scales represent the best available proxy measures for this indication. No change needed.
13.5 SGKPT	PICO4:It remains unclear why a trial assessing valerian(val)-containing products in the treatment of anxiety and depression in somatoform disorder(Melzer et al.Phytother Res,2009) was included for the evaluation of "test anxiety"	As specified in the protocol, the literature search for PICO 4 was extended to a broader anxiety population to optimise the available evidence base. Melzer et al. 2009 investigated patients with somatoform disorders, which, while not equivalent to test anxiety, involves an anxiety component and was therefore included within this broadened search scope. The study is reported narratively and was not included in any meta-analysis. The population characteristics are transparently documented in the study characteristics table. No change needed.
13.6 SGKPT	P.29:For PICO1,the analysis refers to 21 studies,whereas a higher number of studies were reported earlier,further clarification would be helpful	26 Studies were included in our systematic literature review. Risk of bias assessment was conducted only for 21 studies which reported outcomes that were part of the meta-analysis. No change needed.
13.7 SGKPT	P.29/30:PICO2 is described here as "mental stress",PICO3 as "test anxiety",and PICO4 as "additional indication".Clarification would be helpful as to whether these labels differ from previous descriptions due to editorial changes,or whether they reflect differences in the underlying analyses	Thank you for this comment. The descriptions were incorrect and have been corrected. Implemented change: In Chapter 6.2.4 6.2.4 Risk of bias assessment the descriptions of the PICOs were corrected.
13.8 SGKPT	P.44:Sleep duration is not equivalent to time to fall asleep	Thank you for this comment. Implemented change: The incorrect description equating sleep duration with time to fall asleep has been removed.
13.9 SGKPT	P.47:Melzer (2009) did not assess daytime sleepiness as an outcome	Thank you for this comment. It was Dreßing 1996. Implemented change: Melzer 2009 has been replaced with Dreßing 1996 in the text and Table 31.
13.10 SGKPT	P.51:The STAI scores presented appear to correspond to measurements taken at t=95 min after the TSST.Clarification would be helpful,as scores assessed	Indeed, when a study reported outcomes at multiple follow-up time points, the longest available

	shortly after,which more directly reflect test anxiety,were reported to be lower following the valerian-containing product compared with placebo (Meier et al. Phytomedicine,2018);this appears inconsistent with the description of the study as favouring placebo	follow-up period was included in the analysis. In that case it was t = 95min. The longest available follow-up time point (t = 95 min after the TSST) was selected for inclusion in the analysis, consistent with our pre-specified approach of using the longest follow-up period when multiple time points were reported. For transparency, it is noted that earlier time points favoured placebo, while the final follow-up (t = 95 min) favoured the valerian-containing product. This pattern is now described in the results section. Implemented change: Results at all reported follow-up time points for PICO 4 (Meier et al. 2018, STAI scores) are now described in the report for transparency.
13.11 SGKPT	P.59/60:Meier (2018) also did not report any SAEs in either treatment group.This should be included and the statement describing the study as favouring the valerian-containing product regarding SAEs revised accordingly	Thank you for this comment. Implemented change: The study from Meier has been added in Chapter 6.2.6.7.2.
13.12 SGKPT	P.60:In Meier et al (2018),one subject in the placebo group discontinued the study due to the use of forbidden medication(not related to the study intervention).Consistent clarification of discontinuation reasons across studies,if applicable,would support transparent interpretation	Implemented change: Discontinuation reason has been added.
14.1 SMGP	Pflanzliche Arzneimittel, die Baldrian enthalten (PAB), sind je nach Zusammensetzung bei Spannungs- und Unruhezuständen, Prüfungsangst, Nervosität, Ein- und Durchschlafstörungen und /oder unruhigem Schlaf zugelassen. Zentral ist die Anwendung bei Ein- und Durchschlafstörungen sowie unruhigem Schlaf. Derartige Beschwerden haben aus verschiedenen Gründen in den letzten Jahren zugenommen und damit auch die ärztlichen Verschreibungen. In der Hausarztmedizin gelten die PAB ergänzend zu Lebensstil/Allgemeinmassnahmen als gut verträgliche, unterstützende Therapie, um Abhängigkeiten und Nebenwirkungen synthetischer Arzneimittel zu vermeiden. Der HTA-Report berücksichtigt bei der Auswertung der vorliegenden Literatur weder Dosierung noch Extraktspezifikationen der verwendeten PAB noch die Behandlungsdauer (1d–56d) differenziert. Betrachtet man z.B. nur die Studien mit längerer Behandlungsdauer (>14d) ohne chron. Begleiterkrankung und mit ausreichend hoher Baldriandosierung favorisieren alle verbleibenden Studien PAB. Dieser Befund widerspricht der Schlussbilanz des HTA. Translation: Herbal medicines containing valerian (HMV) are approved, depending on their composition, for tension and restlessness, test anxiety, nervousness, difficulty falling and staying asleep and/or restless sleep. Central is the use for difficulty falling and staying asleep as well as restless sleep. Such complaints have increased in recent years for various reasons and thus also medical prescriptions. In family medicine, HMV are considered a well-tolerated, supportive therapy in addition to lifestyle/general measures to avoid dependencies and side effects of synthetic medicines. The HTA report does not differentiate in the evaluation of available literature between dosage, extract specifications of the HMV used, nor treatment duration (1d-56d). Looking for example	Studies involving patients with comorbidities and various extract preparations were included, as exclusion criteria based on these factors were not prespecified in the protocol. Given that comorbidities are common among patients with insomnia or mental stress symptoms, their inclusion enhances the external validity of our findings. Length of follow-up, dosage, comorbidities and extract characteristics are transparently reported in Tables 7, 8, 9, 10, and A1, respectively. The limited number of eligible studies did not allow for extensive subgroup analyses. Subgroup analyses excluding studies with follow-up periods shorter than 7 days or shorter than 14 days were conducted and revealed no statistically significant changes in results. Additionally, subgroup analyses were conducted excluding studies involving restless leg syndrome, menopausal/postmenopausal conditions, or inflammatory complaints, as these conditions may cause sleep disturbances through mechanisms that do not substantially respond to valerian therapy. These analyses also revealed no statistically significant changes in results. Subgroup analyses based on dosage were not conducted; however, no apparent dose-response relationship was observed. For instance, Chandra Shekhar 2024, which employed one of the lowest doses (200 mg valerian), demonstrated the most favourable outcomes for valerian. Implemented change: Subgroup analyses excluding studies with follow-up periods shorter than 7 days or shorter than 14 days have been added. Furthermore, subgroup analyses were conducted excluding studies involving restless leg syndrome,

	only at studies with longer treatment duration (>14d) without chronic comorbidity and with sufficiently high valerian dosage, all remaining studies favor HMV. This finding contradicts the final balance of the HTA.	menopausal/postmenopausal, or inflammatory complaints.
14.2 SMGP	Da Baldrian und Benzodiazepine die Schlafqualität in Vergleichsstudien signifikant und gleichwertig nach 28d bzw. 6 Wo verbessern und bekanntermassen die Verträglichkeit von PAB aber deutlich besser ist als von Synthetika, sind PAB klar zu favorisieren. Der HTA stellt diesen Sachverhalt falsch dar. Translation: Since valerian and benzodiazepines improve sleep quality significantly and equivalently in comparative studies after 28d or 6 weeks and it is well known that the tolerability of HMV is significantly better than that of synthetics, HMV should clearly be favored. The HTA presents this situation incorrectly.	Based on two RCTs (Dorn 2000; Ziegler 2002), no statistically significant difference in sleep quality was found between valerian and benzodiazepines (oxazepam). It should be noted that neither study included a placebo arm. The observed improvements in both treatment groups therefore cannot be attributed to a specific treatment effect, as the contribution of natural disease course, regression to the mean, or placebo effects cannot be excluded. The absence of a statistically significant difference between two active treatments without a placebo comparator does not allow the conclusion that either treatment is effective beyond placebo. No change needed.
14.3 SMGP	In der evidenzbasierten Medizin ist „clinical expertise" ein integraler Bestandteil. Die vielen positiven Erfahrungen im Klinikalltag bleiben bei einem HTA-Verfahren unberücksichtigt, sind aber ein relevanter Wirksamkeitshinweis. Die Wirkungsweise von PAB wird zudem durch präklinische Forschung gestützt, die klare pharmakologische Mechanismen (z.B. Modulation von GABA- und Adenosinrezeptoren) zeigt. Auch dieser Aspekt fehlt im HTA-Report. Translation: In evidence-based medicine, 'clinical expertise' is an integral component. The many positive experiences in clinical practice remain unconsidered in an HTA procedure, but are a relevant efficacy indication. The mode of action of HMV is also supported by preclinical research showing clear pharmacological mechanisms (e.g. modulation of GABA and adenosine receptors). This aspect is also missing in the HTA report.	We acknowledge that preclinical evidence for pharmacological mechanisms (e.g. modulation of GABA and adenosine receptors) constitutes a proof of concept for valerian's biological plausibility. However, the presence of a pharmacological mechanism does not in itself demonstrate clinical efficacy. As this section does not add value to the EAE assessment, which requires demonstration of clinical benefit through controlled studies, it has not been included in the HTA report. No change needed.
14.4 SMGP	Obwohl das HMPC -- eine anerkannte Behörde -- Baldrian-Zubereitungen und Baldrian-Kombinationen auf der Basis klinischer Daten das Label «well-established use» vergibt, wird diese Bewertung im HTA nicht berücksichtigt. Translation: Although the HMPC -- a recognized authority -- grants valerian preparations and valerian combinations the label "well-established use" based on clinical data, this assessment is not taken into account in the HTA	We take the HMPC-Monographies into consideration in the technology description (chapter 3), in the databases and search strategy (chapter 6.1.1) and the summary of observational studies reported in the EMA monographies and identified systematic reviews and meta-analyses (chapter 9.2). They are additionally highlighted in the discussion. It is important to extend the literature included in this HTA beyond the Monographies, since a comparator is needed to draw robust conclusions regarding causality and subsequent evidence regarding efficacy. Implemented change: HMPC-Monographies were highlighted further in the discussion.
14.5 SMGP	Ähnlich präsentiert sich die Ergebnislage bei der Sicherheit der PAB, insbesondere Nebenwirkungen. Im Rahmen der ausgewerteten Studien ergab sich kein Unterschied zwischen PAB und Placebo. Relevante Daten ausserhalb dieser Studien, die die Sicherheit der PAB belegen, weil keine anhaltende zentrale Wirkung beobachtet wurde, fanden keine Berücksichtigung. Gerade bei vulnerablen Patientengruppen (wie z.B. geriatrische Patienten) gelten PAB als Alternativmedikation, da keine Nebenwirkungen wie Hangover zu erwarten sind, s.a. Empfehlungen der PRISCUS-Liste.	While the favourable safety profile of valerian-containing medicines is documented in the report, the EAE assessment requires not only tolerability and safety but also demonstrated effectiveness beyond placebo. Guidelines-concordant alternatives (sleep hygiene, CBTI, psychotherapy) remain available as first-line interventions that are both effective and avoid the risks associated with pharmacotherapy. No change needed.

	Translation: The results are similar for the safety of HMV, especially side effects. Within the evaluated studies, there was no difference between HMV and placebo. Relevant data outside these studies that prove the safety of HMV because no persistent central effect was observed were not considered. Especially in vulnerable patient groups (such as geriatric patients), HMV are considered alternative medication, as no side effects such as hangover are to be expected, see also recommendations of the PRISCUS list.	
14.6 SMGP	Bezüglich Wirtschaftlichkeit wird eine Modellrechnung vorgelegt, wie sich der Bedarf an PAB entwickeln und Einsparungen bei einem Delisting ergeben könnten. Es bestehen Zweifel am verwendeten Budget-Impact-Modell: Die Einsparung von 244 Mio CHF bezieht sich auf die gewählten Annahmen: lineares Konsumwachstum, spezifizierte Markt-/Switching-Raten, Experten-Schätzungen zur TD. Die Robustheit der Zahl ist viel begrenzter als der präzise klingende Betrag vermittelt. Folgekosten und Schäden durch Abhängigkeit, kognitive Beeinträchtigung und Sturzrisiko bleiben im Modell unberücksichtigt. Das verwendete Modell weist erhebliche Schwächen auf. Es ist in der vorliegenden Form zurückzuweisen. Bei Tagestherapiekosten \<1 CHF stellt sich die Frage, ob die Wirtschaftlichkeit überhaupt ein Thema sein kann. Translation: Regarding cost-effectiveness, a model calculation is presented on how the need for HMV could develop and savings could result from a delisting. There are doubts about the budget impact model used: The savings of CHF 244 million refers to the selected assumptions: linear consumption growth, specified market/switching rates, expert estimates on treatment duration. The robustness of the figure is much more limited than the precisely sounding amount suggests. Follow-up costs and damages from dependence, cognitive impairment and fall risk remain unconsidered in the model. The model used has significant weaknesses. In its present form it should be rejected. With daily therapy costs <CHF 1, the question arises whether cost-effectiveness can be an issue at all.	We acknowledge that the projected savings of CHF 202 million (base case) and CHF 244 million (scenario analysis) represent point estimates based on specific assumptions. However, contrary to the assertion that the model conveys false precision, we have addressed uncertainty: Comprehensive one-way sensitivity analyses were conducted. Tornado diagrams illustrate which parameters have the greatest influence on outcomes, providing transparency about key drivers of uncertainty. Summary sections consistently show uncertainties, ensuring that estimates are appropriately contextualised. Regarding follow-up costs due to dependence, the model explicitly incorporates costs associated with benzodiazepine dependence, including accident-related encounters (e.g., fractures) and other dependence-related healthcare utilisation. No change needed.
14.7 SMGP	Der ärztliche Bedarf nach einer gut verträglichen, hilfreichen und ergänzenden medikamentösen Therapie ist im Sinne eines multimodalen Ansatzes (unter Einbezug von nichtmedikamentösen Massnahmen) gross. Das Problem von Schlafstörungen und nervöser Anspannung ist mehrschichtig, und daher am besten multimodal abzuholen, u.a. auch um einer Pathologisierung entgegenzuwirken. PAB sind demnach Bestandteil eines vielschichtigen Therapiekonzeptes -- hieraus einzelne Bestandteile herauszuziehen und isoliert zu betrachten, widersprechen der Praxisrealität und führen zu verzerrenden und falschen Ergebnissen. Translation: The medical need for a well-tolerated, helpful and complementary drug therapy in the sense of a multimodal approach (including non-drug measures) is great. The problem of sleep disorders and nervous tension is multi-layered, and therefore best addressed multimodally, among other things to counteract pathologization. HMV are therefore part of a multifaceted therapy concept - extracting individual components from this and	We acknowledge the clinical reality that sleep disorders and nervous tension are multi-layered conditions best addressed through multimodal approaches, combining pharmacological and non-pharmacological measures. This perspective is reflected in the HTA report, which explicitly presents guideline-concordant non-pharmacological interventions (sleep hygiene, CBTI, psychotherapy) as first-line treatment options. No change needed.

	viewing them in isolation contradicts practical reality and leads to distorting and false results.	
15.1 SVKH	Der SVKH nimmt zur Wirtschaftlichkeit Stellung, seine Mitglieder legen den Fokus auf die Wirksamkeit und Zweckmässigkeit. Gemäss Bundesgerichtsurteilen BGE 142 V 26; 143 V 369 hat der Begriff «Wirtschaftlichkeit» komparativen Charakter. Die Aussage, der Ausschluss sei günstiger, greift zu kurz und verstösst gegen BGE 142 V 26. Gemäss diesem Urteil ist eine ausschliesslich preisbezogene Überprüfung nicht statthaft. Eine vergleichende Kosten-Nutzen-Bewertung im TQV ist zwingend (BGE 142 V 26; 143 V 369). Translation: SVKH takes a position on cost-effectiveness, its members focus on efficacy and appropriateness. According to Federal Court decisions BGE 142 V 26; 143 V 369, the term 'cost-effectiveness' has a comparative character. The statement that exclusion is cheaper falls short and violates BGE 142 V 26. According to this judgment, a purely price-based review is not permissible. A comparative cost-benefit assessment in the therapeutic product evaluation is mandatory (BGE 142 V 26; 143 V 369).	- Der HTA-Bericht ist von der Decision zu unterscheiden. Er stellt lediglich einen Teil der für Appraisal und Decision relevanten Beurteilungsgrundlage dar Keine Änderung erforderlich. Translation: The HTA report must be distinguished from the decision. It represents one part of the basis for evaluation relevant for appraisal and decision. No change needed.
15.2 SVKH	Die Autoren des HTA-Berichts priorisieren das Kostensenkungsziel einseitig zulasten des Versorgungsziels. Dies ist ein Verstoss gegen den Auftrag von BV 118a, wonach der Bund Komplementärmedizin (ergo Phytoarzneimittel) zu berücksichtigen hat. Gemäss Art. 32 KVG sind alle drei Kriterien kumulativ und gleichberechtigt zu berücksichtigen. Translation: The authors of the HTA report prioritize the cost reduction goal unilaterally at the expense of the care goal. This is a violation of the mandate of Art. 118a Federal Constitution, according to which the Confederation must consider complementary medicine (ergo herbal medicines). According to Art. 32 Health Insurance Act, all three criteria must be considered cumulatively and equally.	- Appraisal und Decision erfolgen erst im Anschluss an den HTA-Bericht. - Erst im Rahmen von Appraisal und Decision wird zu klären sein, wie die rechtlichen Grundlagen bei der Decision zu berücksichtigen sind. Keine Änderung erforderlich. Translation: - Appraisal and decision take place only after the HTA report has been completed. - It is only within the framework of appraisal and decision that it will be clarified how the legal provisions are to be taken into account in the decision. No change needed.
15.3 SVKH	Wissenschaftliches Arbeiten erfordert es, dass alle Grundlagen veröffentlicht werden. Wichtige Angaben wie, z.B. die Definition «General Practitioner», die Fragen des Fragebogens, ein Vergleich der Daten konventioneller Grundversorger vs. Daten von Grundversorgern mit einem Fähigkeitsausweis Phytotherapie vs. Daten von Psychiatern, Repräsentativität der Stichprobe fehlen im HTA-Bericht. Dies macht es schwierig, die Aussagen nachzuvollziehen und objektiv zu beurteilen, zumal der Charakter der Aussagen oft narrativer Art ist. Translation: Scientific work requires that all foundations be published. Important information such as, e.g. the definition 'General Practitioner', the questions of the questionnaire, a comparison of data from conventional primary care providers vs. data from primary care providers with a certificate of competence in phytotherapy vs. data from psychiatrists, representativeness of the sample are missing in the HTA report. This makes it difficult to understand the statements and to assess them	The GP survey methodology is described in chapter 7.1.2, including the definition of general practitioners (physicians with specialist title in general internal medicine or general practice, identified via MedReg) the sampling approach, and the topics of the survey questions. Regarding the comparison across provider types: the survey intentionally focused on primary care physicians as the main prescribers of valerian-containing medicines; a subgroup comparison was beyond the scope of this survey. The narrative character of the results reflects the exploratory nature of the instrument. No change needed.

	objectively, especially since the character of the statements is often narrative.	
15.4 SVKH	Die zentrale Frage, ob die Patienten/-innen bereit sind, Valeriana-Arzneimittel selbst zu bezahlen, kann nicht durch einen Fragebogen geklärt werden, bei dem einzig ärztliche Grundversorger befragt werden. Damit fällt die Grundthese der Kosteneinsparung in sich zusammen. Translation: The central question whether patients are willing to pay for valerian medicines themselves cannot be clarified by a questionnaire in which only medical primary care providers are surveyed. This causes the basic thesis of cost savings to collapse.	The question of whether patients would be willing to pay for valerian-containing medicines out-of-pocket is a relevant consideration. However, a direct patient survey was not within the scope of this HTA. The GP survey, while not capturing patient perspectives directly, provided insights into anticipated treatment pathways from the prescriber perspective. As noted in our response to comment 2.4, the GP survey was explicitly not designed to assess patient willingness to pay, which would require a dedicated patient survey. No change needed.
15.5 SVKH	Die Praxisrealität fehlt Das HTA geht von der Modell-Annahme aus, dass Baldrian-Präparate nicht über den Placebo-Effekt hinaus wirken. Diese Einschätzung ist ein Affront gegenüber der Tätigkeit von Swissmedic und des BAG. Ein SL-Arzneimittel ist grundsätzlich wirksam, sonst wäre es seitens Swissmedic nicht zugelassen und würde seitens BAG nicht in die SL aufgenommen, welches die relative Wirksamkeit im Vergleich zu anderen Präparaten bemisst. Die Annahme der fehlenden Wirkung ist bei traditionell angewendeten Wirkstoffen, die sich über Jahrhunderte bewährt haben und in HMPC-Monographien entsprechend aufgeführt sind, kaum haltbar. Die Aussage ist auch ein Affront gegenüber den verschreibenden Ärzten/-innen. Translation: Practice reality is missing The HTA is based on the model assumption that valerian preparations do not work beyond the placebo effect. This assessment is an affront to the work of Swissmedic and the FOPH. An SL medication is fundamentally effective, otherwise it would not be approved by Swissmedic and would not be included in the SL by the FOPH, which measures relative efficacy compared to other preparations. The assumption of lack of efficacy is hardly tenable for traditionally used active ingredients that have proven themselves over centuries and are correspondingly listed in HMPC monographs. The statement is also an affront to the prescribing physicians.	We do not dispute the approval of the preparations in question. Nevertheless**,** it is important to highlight that the scope of an HTA is not to evaluate the approval of health technologies, but its findings are intended to inform reimbursement decisions. Furthermore, the HTA does not conclude that valerian is ineffective – rather, the available controlled evidence is insufficient to consistently demonstrate efficacy beyond placebo for most outcomes. We take the HMPC monographs into consideration and these are highlighted further in the discussion. A comparator is needed to draw robust conclusions regarding causality and efficacy, which is why the literature in this HTA extends beyond the monographs. No change needed.
15.6 SVKH	Die konsultierte Literatur ist einseitig ausgewählt und Beobachtungsstudien von Phytotherapeut/-innen sind untergewichtet. Outcome-Messungen wie PROMS bei betroffenen Patienten/-innen fehlen gänzlich. Translation: The consulted literature is one-sidedly selected and observational studies by phytotherapists are underweighted. Outcome measurements such as PROMS in affected patients are completely missing.	Studies were selected based on pre-specified inclusion and exclusion criteria as defined in the protocol. Regarding PROMs: these are explicitly included in the systematic review. The PSQI, sleep quality scales, and anxiety scales (e.g. HAM-A, STAI) are all patient-reported outcome measures and are reported as such in the results. Each outcome is labelled as objective or subjective (PROM) in the evidence tables. No change needed.
15.7 SVKH	Die Mehrkosten der Substitution sind unvollständig Nicht der Ausschluss einer Leistung ist die relevante Frage eines HTA, sondern die Substitutionsmöglichkeiten (Arzneimittel, Behandlungsalternativen) innerhalb der OKP und die Folgekosten derselben. Diese werden im Bericht nicht vollständig abgebildet. Sowohl bei «Insomnia» und «Mental Stress» sind die im HTA-Bericht dargelegten Gesamtkosten (SL-Produkte und ärztliche Leistungen) zudem höher als bei Valeriana-Präparaten.	The budget impact model explicitly incorporates substitution costs, including medication costs and physician visit costs for all treatment alternatives. As shown in Table 80, the per-patient annual costs of benzodiazepines, Z-drugs and sedative antidepressants combined with physician visits are indeed higher than those of valerian-containing medicines. However, the projected savings arise not from lower per-patient

	Nicht berechnet wurden mögliche Folgen der Substitution wie Patientensicherheit, Fehlzeiten am Arbeitsplatz, kognitive Beeinträchtigungen, Verkehrsunfälle oder Sturzverletzungen im Alter sowie Abhängigkeiten bei Benzodiazepinen oder Z-Substanzen. Translation: The additional costs of substitution are incomplete The relevant question of an HTA is not the exclusion of a service, but rather the substitution possibilities (medications, treatment alternatives) within mandatory health insurance and their consequential costs. These are not completely represented in the report. For both "Insomnia" and "Mental Stress," the total costs presented in the HTA report (SL products and medical services) are moreover higher than for valerian preparations. Possible consequences of substitution were not calculated, such as patient safety, workplace absences, cognitive impairments, traffic accidents or fall injuries in old age, as well as dependencies on benzodiazepines or Z-drugs.	costs of alternatives, but from the fact that a substantial proportion of patients are expected to switch to non-reimbursed options, self-payment, non-pharmacological interventions or no treatment following delisting. The model accounts for dependence-related costs, fractures, and cognitive impairment associated with benzodiazepine and Z-drug use, as documented in chapters 7.1.2 and 7.2. No change needed.
15.8 SVKH	Die postulierten Einsparpotenziale beruhen auf modellhaften Annahmen und tragen der realen Versorgungspraxis in der Schweiz nur unzureichend Rechnung. Viel wahrscheinlicher sind beträchtliche Mehrkosten als Einsparungen. Translation: The postulated savings potential is based on model assumptions and takes insufficient account of real healthcare practice in Switzerland. Considerable additional costs are much more likely than savings.	Budget impact analyses by nature rely on modelled assumptions about future treatment pathways and utilisation patterns. This is standard methodology in health economic assessments and does not diminish the validity of the findings. The model was informed by multiple real-world data sources, including Swiss health insurance claims data (SWICA, SASIS), a survey of 80 Swiss GPs, international empirical evidence (França et al.), and published literature on dependence-related costs. The modelled consumption costs were validated against real-world SASIS data. All assumptions, parameters and their uncertainty ranges are transparently documented, and one-way sensitivity analyses were conducted to assess the robustness of the results. No change needed.
15.9 SVKH	Unklare Methodik Budget-Impact-Analyse Gemäss den Autoren kann keine Kosten-Nutzen-Analyse gemacht werden, weil entsprechende Studien fehlen. Sie haben als Hilfskonstrukt eine «Budget-Impact-Analyse» entwickelt, die experimentelle Natur hat. Wir lehnen es ab, unerprobte Modelle bei einem HTA anzuwenden, das weitreichende Folgen für die Gesundheit der betroffenen Personen hat. Translation: Unclear methodology of budget impact analysis According to the authors, no cost-benefit analysis can be conducted because corresponding studies are lacking. They have developed a "budget impact analysis" as an auxiliary construct, which has an experimental nature. We reject the application of untested models in an HTA that has far-reaching consequences for the health of the affected persons.	The characterisation of budget impact analysis as an "auxiliary construct" with "experimental nature" is incorrect. Budget impact analysis is an established and widely recognised methodology in health economics, recommended by international bodies including ISPOR (International Society for Pharmacoeconomics and Outcomes Research) and routinely used by health technology assessment agencies worldwide. It is considered a gold standard component of HTA economic evaluations. A cost-utility analysis was not part of the project mandate commissioned by FOPH, as specified in the approved protocol. The budget impact analysis conducted follows internationally recognised methodological guidelines and provides transparent information on the potential financial implications of different reimbursement scenarios for the Swiss healthcare system. The methodology, data sources, assumptions, and limitations are comprehensively documented to allow for critical assessment and transparency. No change needed.
16.1 UNION	Die im HTA-Bericht dargestellte Evidenzlage genügt nicht, um daraus gesundheits- oder versorgungspolitische Systementscheide abzuleiten. Das HTA geht von	The HTA does not conclude that valerian-containing medicines are ineffective. Rather, the available evidence from controlled studies is

	der Modell-Annahme aus, dass Baldrian-Präparate nicht über den Placebo-Effekt hinaus wirken. Diese Einschätzung ist ein Affront gegenüber der Ärzteschaft, die Baldrianpräparate täglich und mit Erfolg einsetzt. Moderne evidenzbasierte Medizin beruht auf der besten verfügbaren, wissenschaftlichen Evidenz, der Expertenmeinung und vor allem dem Wunsch der Patient:innen. Ärzt:innen und Patient:innen erleben PAB als wirksame und sinnvolle Therapiemöglichkeit, was die Wirkung (effectiveness) in der Alltagspraxis unterstreicht. Translation: The evidence presented in the HTA report is not sufficient to derive health or healthcare policy system decisions. The HTA is based on the model assumption that valerian preparations do not work beyond the placebo effect. This assessment is an affront to the medical profession, which uses valerian preparations daily and successfully. Modern evidence-based medicine is based on the best available scientific evidence, expert opinion and above all the wishes of patients. Physicians and patients experience HMV as an effective and meaningful therapy option, which underlines the efficacy (effectiveness) in everyday practice.	insufficient to consistently demonstrate efficacy beyond placebo for most assessed outcomes – two outcomes (sleep quality at post-intervention assessment and PSQI total score) did show statistically significant improvement. This reflects a gap in the clinical evidence base, not a judgement on prescribing practice or patient experience. No change needed.
16.2 UNION	Die Zielpopulation für Baldrianpräparate sind Patient:innen mit leichten oder initialen Schlafstörungen im Rahmen nervöser Anspannung, die (noch) nicht die diagnostischen Kriterien für eine Insomnie nach ICD-10 erfüllen. Dies entspricht einem klaren medizinischen Bedarf, da gerade diese Patientengruppe oftmals bereits erfolglos Lebensstilanpassungen und Schlafhygieneversuche hinter sich hat. Klinische Studien zeigen, dass Baldrianpräparate in dieser Patientengruppe die subjektive Schlafqualität signifikant verbessern können. Zudem wird ein Wirkungsnachweis von PAB durch präklinische Forschung gestützt (klare pharmakologische Mechanismen wie z.B. Modulation von GABA- und Adenosin- Rezeptoren). Translation: The target population for valerian preparations are patients with mild or initial sleep disorders in the context of nervous tension who do (not yet) meet the diagnostic criteria for insomnia according to ICD-10. This corresponds to a clear medical need, as precisely this patient group has often already unsuccessfully tried lifestyle adjustments and sleep hygiene attempts. Clinical studies show that valerian preparations can significantly improve subjective sleep quality in this patient group. In addition, proof of efficacy of HMV is supported by preclinical research (clear pharmacological mechanisms such as e.g. modulation of GABA and adenosine receptors).	The HTA report explicitly acknowledges that valerian-containing medicines are approved for symptoms of insomnia, mental stress and test anxiety, and that the target population includes patients with mild or initial sleep complaints. The included studies reflect this population, as patients with insomnia symptoms – not only those meeting strict DSM-5 or ICD-10 criteria for chronic insomnia disorder – were included in the systematic review. Regarding pharmacological mechanisms, as addressed in our response to comment 3.4 and 14.3, preclinical evidence constitutes a proof of concept for biological plausibility but does not substitute for clinical evidence of effectiveness in controlled studies, which is required under the EAE criteria. No change needed.
16.3 UNION	Aus verfassungsrechtlicher Sicht ist festzuhalten, dass Art. 118a BV zwar keinen Anspruch auf die Vergütung einzelner Leistungen begründet, den Bund jedoch verpflichtet, die Komplementärmedizin und somit auch phytotherapeutische Präparate im gesamten Gesundheitsbereich zu berücksichtigen. Ein Ausschluss von PAB aus der Grundversicherung würde eine faktische Einschränkung einer komplementärmedizinischen Therapiemöglichkeit in der solidarisch getragenen Patientenversorgung bedeuten und dem Volkswillen sowie den Patientenbedürfnissen zuwiderlaufen. Translation: From a constitutional law perspective, it should be noted that Art. 118a Federal Constitution does not	- Der HTA-Bericht entscheidet als Teil der Grundlage für Appraisal und Decision nicht über ein Verbleiben im Leistungskatalog. Diese Frage ist erst im Rahmen der Decision zu klären. - Bei Appraisal und Decision sind die rechtlichen Vorgaben einzuhalten. Keine Änderung erforderlich. Translation: - As part of the basis for appraisal and decision, the HTA report does not determine whether a service remains in the benefits catalogue. This

	establish a claim to reimbursement of individual services, but obliges the Confederation to consider complementary medicine and thus also phytotherapeutic preparations throughout the healthcare sector. An exclusion of HMV from basic insurance would mean a de facto restriction of a complementary medical therapy option in solidarity-based patient care and would run counter to the will of the people as well as patient needs.	question is only to be answered within the framework of the decision. - In appraisal and decision, the applicable legal requirements must be observed. No change needed.
16.4 UNION	Gemäss Bundesgerichtsurteilen BGE 142 V 26; 143 V 369 hat der Begriff «Wirtschaftlichkeit» komparativen Charakter. Die Aussage, der Ausschluss sei günstiger, greift zu kurz und verstösst gegen BGE 142 V 26. Gemäss diesem Urteil ist eine ausschliesslich preisbezogene Überprüfung nicht statthaft. Eine vergleichende Kosten-Nutzen-Bewertung im TQV ist zwingend (BGE 142 V 26; 143 V 369). Die Autoren des HTA-Berichts priorisieren das Kostensenkungsziel einseitig zulasten des Versorgungsziels. Der HTA-Bericht kann zudem keine Aussagen zur Wirtschaftlichkeit im Sinne von Art. 32 KVG machen, da keine belastbaren Kosteneffektivitätsdaten vorliegen. Die Argumentation stützt sich primär auf modellierte Budget-Impact-Berechnungen. Diese ersetzen keine Wirtschaftlichkeitsprüfung im Sinne von WZW und erlauben keine Aussage darüber, ob eine Leistung im Vergleich zu verfügbaren Therapiealternativen in einem angemessenen Verhältnis von Kosten und Nutzen steht. Translation: According to Federal Court decisions BGE 142 V 26; 143 V 369, the term 'cost-effectiveness' has a comparative character. The statement that exclusion is cheaper falls short and violates BGE 142 V 26. According to this judgment, a purely price-based review is not permissible. A comparative cost-benefit assessment in the therapeutic product evaluation is mandatory (BGE 142 V 26; 143 V 369). The authors of the HTA report prioritize the cost reduction goal unilaterally at the expense of the care goal. The HTA report cannot make any statements on cost-effectiveness in the sense of Art. 32 Health Insurance Act, as no reliable cost-effectiveness data are available. The argumentation is primarily based on modeled budget impact calculations. These do not replace a cost-effectiveness review in the sense of EAE and do not allow any statement as to whether a service is in a reasonable cost-benefit ratio compared to available therapeutic alternatives.	- Der HTA-Bericht bildet Teil der Grundlage für Assessment und Decision. Er hat direkt jedoch keine Rechtswirkung. Der HTA-Bericht wurde unter Einhaltung der rechtlichen Grundlagen erstellt. - Erst die Decision kann Rechtswirkungen zeitigen. Entsprechend bestehen Mechanismen, den Rechtsschutz zu gewährleisten. - Ob die Überprüfung statthaft ist, lässt sich nicht im Rahmen des HTA-Berichts prüfen, sondern erst nach erfolgter Decision. Der HTA-Bericht bildet lediglich Teil der Sachverhaltsabklärung im Hinblick auf Appraisal und Decision. - Gestützt auf den rechtsgenüglich abgeklärten Sachverhalt erfolgen Appraisal und Decision. Der HTA-Bericht bildet lediglich einen Teil der dazu erforderlichen Grundlage. - Appraisal und Decision erfolgen im Rahmen der rechtlichen Vorgaben. Keine Änderung erforderlich. Translation: - The HTA report forms part of the basis for appraisal and decision. However, it has no direct legal effect. The HTA report was prepared in compliance with the applicable legal provisions. - Only the decision itself can produce legal effects. Accordingly, mechanisms are in place to ensure legal protection. - Whether the review is admissible cannot be examined within the framework of the HTA report, but only after the decision has been taken. The HTA report merely forms part of the establishment of the facts with a view to appraisal and decision. - Appraisal and decision are based on the facts, which have been duly established in accordance with the law. The HTA report constitutes only part of the facts considered for that purpose. - Appraisal and decision are conducted within the framework of the legal requirements. No change needed.
16.5 UNION	Ein Delisting von PAB würde nicht zu einer vermehrten Eigenfinanzierung dieser Präparate führen, sondern dazu, dass im Rahmen ärztlicher Behandlungen häufiger auf stärkere und teurere SL-Arzneimittel	We agree that substitution to benzodiazepines and Z-drugs carries significant risks, particularly for elderly and vulnerable patient groups. Contrary to the assertion that follow-up costs were

	ausgewichen wird. Eine Verlagerung hin zu Benzodiazepinen oder Z-Substanzen ist aus ärztlicher Sicht nicht zielführend, von Patienten nicht erwünscht, widerspricht damit einem «informed consent» und ist zusätzlich problematisch, da Benzodiazepine oder Z-Substanzen gerade auch bei älteren und vulnerablen Patientengruppen mit höheren Risiken für Abhängigkeit, Stürze, kognitive Beeinträchtigungen, etc. verbunden sind. Die daraus resultierenden Folgekosten werden im HTA-Bericht nicht berücksichtigt, wobei aus ärztlicher Sicht der ethische Aspekt, bei den Patientinnen und Patienten mehr Leid zu verursachen, deutlich höher wiegt. PAB und Benzodiazepine verbessern die Schlafqualität in Vergleichsstudien signifikant und gleichwertig. Da jedoch die Verträglichkeit von PAB deutlich überwiegt, sind PAB in der ärztlichen Praxis klar zu favorisieren. Der HTA stellt diesen Sachverhalt falsch dar. Translation: A delisting of HMV would not lead to increased self-financing of these preparations, but rather to more frequent use of stronger and more expensive Specialty List medicines in the context of medical treatments. A shift towards benzodiazepines or Z-substances is not goal-oriented from a medical perspective, not desired by patients, thus contradicts 'informed consent' and is additionally problematic, as benzodiazepines or Z-substances are associated with higher risks for dependence, falls, cognitive impairments, etc., especially in elderly and vulnerable patient groups. The resulting follow-up costs are not considered in the HTA report, whereby from a medical perspective the ethical aspect of causing more suffering to patients weighs much more heavily. HMV and benzodiazepines improve sleep quality significantly and equivalently in comparative studies. However, since the tolerability of HMV is significantly superior, HMV should clearly be favored in medical practice. The HTA presents this situation incorrectly.	not considered, the budget impact model explicitly incorporates dependence-related healthcare costs, including transition rates from short-term to long-term use (Rosenqvist et al. 2024), accident-related encounters such as fractures, and other dependence-related healthcare utilisation (Berger et al.), all adjusted to the Swiss context. Furthermore, as addressed in our response to comment 3.3, the finding of no significant difference in sleep quality between valerian and benzodiazepines in two RCTs does not allow the conclusion that both treatments are equally effective, as neither may be superior to placebo. A wholesale switch to benzodiazepines is not expected, as Swiss and international clinical guidelines explicitly advise against their long-term use and recommend non-pharmacological alternatives as first-line treatment. No change needed.