Gemeinsamer Bundesausschuss

Justification

to the Resolution of the Federal Joint Committee (G-BA) on an Amendment of the Pharmaceuticals Directive:
Annex XII – Benefit Assessment of Medicinal Products with New Active Ingredients according to Section 35a SGB V
Rimegepant (prophylaxis of migraine)

of 20 November 2025

Contents

1. Legal basis

According to Section 35a paragraph 1 German Social Code, Book Five (SGB V), the Federal Joint Committee (G-BA) assess the benefit of all reimbursable medicinal products with new active ingredients. This includes in particular the assessment of the additional benefit and its therapeutic significance. The benefit assessment is carried out on the basis of evidence provided by the pharmaceutical company, which must be submitted to the G-BA electronically, including all clinical studies the pharmaceutical company have conducted or commissioned, at the latest at the time of the first placing on the market as well as the marketing authorisation of new therapeutic indications of the medicinal product, and which must contain the following information in particular:

1. approved therapeutic indications,
2. medical benefit,
3. additional medical benefit in relation to the appropriate comparator therapy,
4. number of patients and patient groups for whom there is a therapeutically significant additional benefit,
5. treatment costs for the statutory health insurance funds,
6. requirements for a quality-assured application,
7. number of study participants who participated in the clinical studies at study sites within the scope of SGB V, and total number of study participants.

The G-BA may commission the Institute for Quality and Efficiency in Health Care (IQWiG) to carry out the benefit assessment. According to Section 35a, paragraph 2 SGB V, the assessment must be completed within three months of the relevant date for submission of the evidence and published on the internet.

According to Section 35a paragraph 3 SGB V, the G-BA decide on the benefit assessment within three months of its publication. The resolution is to be published on the internet and is part of the Pharmaceuticals Directive.

2. Key points of the resolution

The relevant date for the start of the benefit assessment procedure was the first placing on the (German) market of the active ingredient rimegepant on 1 June 2025 in accordance with Chapter 5 Section 8, paragraph 1, number 1, sentence 2 of the Rules of Procedure (VerfO) of the G-BA. The pharmaceutical company submitted the final dossier to the G-BA in accordance with Section 4, paragraph 3, number 1 of the Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV) in conjunction with Chapter 5 Section 8, paragraph 1, number 1 VerfO on 28 May 2025.

The G-BA commissioned the IQWiG to carry out the assessment of the dossier. The benefit assessment was published on 1 September 2025 on the G-BA website (www.g-ba.de), thus initiating the written statement procedure. In addition, an oral hearing was held.

The G-BA came to a resolution on whether an additional benefit of rimegepant compared with the appropriate comparator therapy could be determined on the basis of the dossier of the pharmaceutical company, the dossier assessment prepared by the IQWiG, and the statements submitted in the written statement and oral hearing procedure. In order to determine the extent of the additional benefit, the G-BA have evaluated the data justifying the finding of an additional benefit on the basis of their therapeutic relevance (qualitative), in accordance with the criteria laid down in Chapter 5 Section 5, paragraph 7 VerfO. The methodology proposed by the IQWiG in accordance with the General Methods [1] was not used in the benefit assessment of rimegepant.

In the light of the above, and taking into account the statements received and the oral hearing, the G-BA have come to the following assessment:

2.1 Additional benefit of the medicinal product in relation to the appropriate comparator therapy

2.1.1 Approved therapeutic indication of Rimegepant (Vydura) in accordance with the product information

VYDURA is indicated for the

- Acute therapy of migraine with or without aura in adults;
- Preventive treatment of episodic migraine in adults who have at least 4 migraine attacks per month.

Therapeutic indication of the resolution (resolution of 20.11.2025):

Preventive treatment of episodic migraine in adults who have at least 4 migraine attacks per month.

2.1.2 Appropriate comparator therapy

The appropriate comparator therapy was determined as follows:

a) Adults who have at least 4 migraine attacks per month with an indication for preventive treatment of episodic migraine and are eligible for conventional migraine prophylactics

Appropriate comparator therapy for rimegepant:

- Amitriptyline *or*
- erenumab *or*
- flunarizine (only considered if treatment with beta-blockers is contraindicated or has not shown sufficient effect) *or*
- metoprolol *or*
- Propranolol

[1] General Methods, version 7.0 from 19.09.2023. Institute for Quality and Efficiency in Health Care (IQWiG), Cologne.

b) Adults who have at least 4 migraine attacks per month with an indication for preventive treatment of episodic migraine and do not respond, are ineligible or intolerant to any of the medicinal therapies/ product classes (amitriptyline, flunarizine, metoprolol, propranolol)

Appropriate comparator therapy for rimegepant:

- Eptinezumab *or*
- erenumab *or*
- fremanezumab *or*
- galcanezumab

Criteria according to Chapter 5 Section 6 of the Rules of Procedure of the G-BA and Section 6 paragraph 2 Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV):

The appropriate comparator therapy must be an appropriate therapy in the therapeutic indication in accordance with the generally recognised state of medical knowledge (Section 12 SGB V), preferably a therapy for which endpoint studies are available and which has proven its worth in practical application unless contradicted by the guidelines under Section 92, paragraph 1 SGB V or the principle of economic efficiency.

In determining the appropriate comparator therapy, the following criteria, in particular, must be taken into account as specified in Chapter 5 Section 6, paragraph 3 VerfO:

1. To be considered as a comparator therapy, the medicinal product must, principally, have a marketing authorisation for the therapeutic indication.
2. If a non-medicinal treatment is considered as a comparator therapy, this must be available within the framework of the SHI system.
3. As comparator therapy, medicinal products or non-medicinal treatments for which the patient-relevant benefit has already been determined by the G-BA shall be preferred.
4. According to the generally recognised state of medical knowledge, the comparator therapy should be part of the appropriate therapy in the therapeutic indication.

According to Section 6, paragraph 2, sentence 2 Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV), the determination of the appropriate comparator therapy must be based on the actual medical treatment situation as it would be without the medicinal product to be assessed. According to Section 6, paragraph 2, sentence 3 Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV), the G-BA may exceptionally determine the off-label use of medicinal products as an appropriate comparator therapy or as part of the appropriate comparator therapy if they determine by resolution on the benefit assessment according to Section 7, paragraph 4 that, according to the generally recognised state of medical knowledge, this is considered a therapy standard in the therapeutic indication to be assessed or as part of the therapy standard in the medical treatment situation to be taken into account according to sentence 2, and

1. for the first time, a medicinal product approved in the therapeutic indication is available with the medicinal product to be assessed,
2. according to the generally recognised state of medical knowledge, the off-label use is generally preferable to the medicinal products previously approved in the therapeutic indication, or

3. according to the generally recognised state of medical knowledge, the off-label use for relevant patient groups or indication areas is generally preferable to the medicinal products previously approved in the therapeutic indication.

An appropriate comparator therapy may also be non-medicinal therapy, the best possible add-on therapy including symptomatic or palliative treatment, or monitoring wait-and-see approach.

Justification based on the criteria set out in Chapter 5 Section 6, paragraph 3 VerfO and Section 6, paragraph 2 AM-NutzenV:

On 1. In addition to rimegepant, the active ingredients amitriptyline, metoprolol, propranolol and topiramate, the calcitonin gene-related peptide (CGRP) and/or CGRP receptor antibodies eptinezumab, erenumab, fremanezumab and galcanezumab as well as the CGRP receptor antagonist atogepant are approved for the present therapeutic indication. In addition, the active ingredient flunarizine is approved for prophylaxis of migraine if treatment with beta-blockers is contraindicated or has not shown sufficient effect.

On 2. In the context of statutory health insurance, a non-medicinal treatment within the patient group defined by the therapeutic indication is not considered as an appropriate comparator therapy.

On 3. Resolutions of the G-BA on the benefit assessment of medicinal products with new active ingredients according to Section 35a SGB V are available for erenumab (resolution of 2 May 2019 and resolution of 21 October 2021 on the reassessment due to new scientific knowledge), galcanezumab (resolution of 19 September 2019), fremanezumab (resolution of 7 November 2019), eptinezumab (resolution of 16 February 2023) and atogepant (resolution of 21 August 2025).
For valproic acid, there are resolutions from 20 March 2020 and 18 August 2022 on the prophylaxis of migraine in adulthood (see Annex VI to Section K of the Pharmaceuticals Directive - Prescribability of approved medicinal products in non-approved therapeutic indications).

On 4. The generally recognised state of medical knowledge was illustrated by a systematic search for guidelines as well as systematic reviews of clinical studies in the present therapeutic indication.

The scientific-medical societies and the Drugs Commission of the German Medical Association (AkdÄ) were also involved in writing on questions relating to the comparator therapy in the present therapeutic indication according to Section 35a, paragraph 7 SGB V.

The active ingredient atogepant approved for prophylaxis of migraine is available in Germany since 1 March 2025. It was determined in the resolution on the benefit assessment according to Section 35a SGB V that the additional benefit of atogepant compared to the appropriate comparator therapy is not proven. Given the still unclear significance in healthcare, atogepant is not determined as an appropriate comparator therapy here.

Overall, it is to be noted that the robust evidence on therapy options in the present therapeutic indication is limited and no general superiority of one of the active ingredients mentioned can be deduced. Therefore, of the medicinal therapy options approved in Germany, no active ingredient can be explicitly emphasised as the therapy standard in prophylaxis of migraine.

On the basis of the aggregated evidence, different treatment settings are to be distinguished in the prophylaxis of migraine, so that different patient populations are to be considered, taking into account the present therapy recommendations.

a) Adults who have at least 4 migraine attacks per month with an indication for preventive treatment of episodic migraine and are eligible for conventional migraine prophylactics

Patient population a) includes untreated and pretreated adults who are generally eligible for conventional migraine prophylactics. The following therapy options can be subsumed under the term conventional prophylaxis of migraine: Amitriptyline, flunarizine, metoprolol, propranolol, topiramate and valproic acid. Valproic acid does not have a marketing authorisation for use as a migraine prophylactic, but is listed for prophylaxis of migraine in adulthood in Part A of Annex VI to Section K of the Pharmaceuticals Directive. No prescribable medicinal products containing valproic acid are available for the prophylaxis of migraine in the German healthcare context due to the current absence of any declaration from pharmaceutical companies on the recognition of the intended use (liability of the pharmaceutical company). Against this background, valproic acid cannot be considered as an appropriate comparator therapy.

A Direct Healthcare Professional Communication ("Rote-Hand-Brief") dated 2 November 2023, which provides information on further known safety risks associated with the use of topiramate during pregnancy in addition to its known teratogenic potential, is available for the active ingredient topiramate. Against this background, particular caution is required when treating women of reproductive age. In the overall assessment, and particularly in view of the fact that women of reproductive age make up a significant percentage of the target population in the present therapeutic indication, topiramate cannot be considered equally appropriate compared to the other available therapy options.

According to the marketing authorisation, the active ingredient flunarizine is only to be used if treatment with beta-blockers is contraindicated or has not shown sufficient effect.

By resolution of 20 May 2021, the G-BA carried out a new benefit assessment of the active ingredient erenumab, based on an application due to new scientific knowledge in accordance with Section 14 VerfO. For patient group a), a hint for a considerable additional benefit of erenumab compared to topiramate could be observed. Therefore, erenumab is also considered an equally appropriate therapy option for this patient population.

In the overall assessment, a therapy with amitriptyline or erenumab or flunarizine or metoprolol or propranolol is determined as the appropriate comparator therapy for patient population a). Flunarizine is only considered if treatment with beta-blockers is contraindicated or has not shown sufficient effect.

The appropriate comparator therapy determined here includes several therapy options. In this context, individual therapy options only represent a comparator therapy for the part of the patient population that has the patient and disease characteristics specified in brackets. The therapeutic alternatives are only to be considered equally appropriate in the therapeutic indication, where the patient populations have the same characteristics.
Any therapy option that is not restricted by the bracketed patient and disease characteristics can be used for demonstrating the additional benefit for the total population. If the appropriate comparator therapy comprises several therapy option

alternatives without any restriction, the additional benefit for the total population can be demonstrated in comparison with one of these therapeutic alternatives.
In contrast, the sole comparison with a therapy option that only represents a comparator therapy for part of the patient population is generally insufficient to demonstrate the additional benefit for the total population.

b) Adults who have at least 4 migraine attacks per month with an indication for preventive treatment of episodic migraine and do not respond, are ineligible or intolerant to any of the medicinal therapies/ product classes (amitriptyline, flunarizine, metoprolol, propranolol)

Patient population b) includes adults who have at least 4 migraine attacks per month and do not respond, are ineligible or intolerant to any of the medicinal therapies/ product classes (amitriptyline, flunarizine, metoprolol, propranolol). The unsuitability of conventional migraine therapeutics can also be proven by means other than a therapy trial. With the CGRP (receptor) antibodies eptinezumab, erenumab, fremanezumab and galcanezumab, further medicinal products have been approved in the present therapeutic indication in recent years.

Within the scope of the benefit assessment according to Section 35a SGB V, a hint for a considerable additional benefit of erenumab, galcanezumab and fremanezumab compared to best supportive care was derived for patient population b). In addition, the antibodies are considered to be established in healthcare in the present treatment setting. Eptinezumab is the latest of the available CGRP (receptor) antibodies. An additional benefit of eptinezumab compared to fremanezumab for patient population b could not be proven in the benefit assessment according to Section 35a SGB V. However, based on the available evidence, including the guideline recommendations and taking into account the explanations of the scientific-medical societies on the reality of care, eptinezumab is considered equally appropriate compared to the other CGRP (receptor) antibodies for the patient population b) and thus, considered as the therapy standard for this patient population.

In the overall assessment, a therapy with eptinezumab, erenumab, fremanezumab or galcanezumab is determined as the appropriate comparator therapy for patient population b).

The appropriate comparator therapy determined here includes several therapy options. These therapeutic alternatives are equally appropriate for the comparator therapy. The additional benefit can be demonstrated compared to one of the therapeutic alternatives mentioned.

The findings in Annex XII do not restrict the scope of treatment required to fulfil the medical treatment mandate.

A change in the appropriate comparator therapy requires a resolution by the G-BA linked to the prior review of the criteria according to Chapter 5 Section 6, paragraph 3 Rules of Procedure.

2.1.3 Extent and probability of the additional benefit

In summary, the additional benefit of rimegepant is assessed as follows:

a) Adults who have at least 4 migraine attacks per month with an indication for preventive treatment of episodic migraine and are eligible for conventional migraine prophylactics

An additional benefit is not proven.

Justification:

For patient population a), no data are available for the assessment of the additional benefit of rimegepant compared to the appropriate comparator therapy. Accordingly, the additional benefit of rimegepant compared to the appropriate comparator therapy is not proven in this patient group.

b) Adults who have at least 4 migraine attacks per month with an indication for preventive treatment of episodic migraine and do not respond, are ineligible or intolerant to any of the medicinal therapies/ product classes (amitriptyline, flunarizine, metoprolol, propranolol)

An additional benefit is not proven.

Justification:

For patient group b), the pharmaceutical company presented the results of the CHALLENGE-MIG study (comparison of rimegepant vs galcanezumab) and additionally the results of the BHV3000-305 approval study (comparison of rimegepant vs placebo). In agreement with the pharmaceutical company, the BHV3000-305 study is unsuitable for the benefit assessment of rimegepant due to the lack of comparison with the appropriate comparator therapy in the present therapeutic indication.

CHALLENGE-MIG study

Adults with migraine with or without aura with an average of 4 to 14 migraine headache days and at least 2 migraine attacks per month in the 3 months prior to the first study visit and in the prospective baseline phase were enrolled in the CHALLENGE-MIG study. The study investigated the administration of rimegepant versus galcanezumab. Patients were enrolled in the study regardless of their previous preventive therapies. Prior to enrolment in the study, approx. 16% of patients had received previous prophylaxis of migraine and approx. 11% of patients showed therapy failure after at least one previous preventive therapy. The pharmaceutical company only provide data on the total study population as they are not a sponsor of the CHALLENGE-MIG study and do not have any more detailed information on the study apart from the publicly available data. Overall, it is however not clear from the information provided on the study whether and how many of the patients in the study correspond to patient population b). Thus, the presented results of the CHALLENGE-MIG study are unsuitable for the benefit assessment of rimegepant in patient group b).

Conclusion

For patient population b), the pharmaceutical company presented the results of the CHALLENGE-MIG study and additionally the results of the BHV3000-305 approval study. Both studies are unsuitable for the benefit assessment of rimegepant in patient group b), as the

appropriate comparator therapy was not implemented (BHV3000-305 study) or the study population does not correspond to patient population b) (CHALLENGE-MIG study). The additional benefit of rimegepant compared to the appropriate comparator therapy is therefore not proven in this patient population.

2.1.4 Summary of the assessment

The present assessment concerns the benefit assessment of the new medicinal product "Vydura" with the active ingredient "rimegepant". The therapeutic indication assessed here is as follows: Preventive treatment of episodic migraine in adults who have at least 4 migraine attacks per month.

In the therapeutic indication to be considered, 2 patient groups were distinguished:

a) Adults who have at least 4 migraine attacks per month with an indication for preventive treatment of episodic migraine and are eligible for conventional migraine prophylactics

b) Adults who have at least 4 migraine attacks per month with an indication for preventive treatment of episodic migraine and do not respond, are ineligible or intolerant to any of the medicinal therapies/ product classes (amitriptyline, flunarizine, metoprolol, propranolol).

The unsuitability of conventional migraine therapeutics can also be proven by means other than a therapy trial.

For patient population a), the G-BA determined the appropriate comparator therapy to be the active ingredients amitriptyline or erenumab or flunarizine (only considered if treatment with beta-blockers is contraindicated or has not shown sufficient effect) or metoprolol or propranolol. For patient population b), the active ingredients eptinezumab or erenumab or fremanezumab or galcanezumab were determined as the appropriate comparator therapy.

For patient population a), no data are available for the assessment of the additional benefit of rimegepant compared to the appropriate comparator therapy. Accordingly, the additional benefit of rimegepant compared to the appropriate comparator therapy is not proven in this patient group.

For patient population b), the pharmaceutical company presented the results of the CHALLENGE-MIG study and additionally the results of the BHV3000-305 approval study. Both studies are unsuitable for the benefit assessment of rimegepant in patient group b), as the appropriate comparator therapy was not implemented (BHV3000-305 study) or the study population does not correspond to patient population b) (CHALLENGE-MIG study). The additional benefit of rimegepant compared to the appropriate comparator therapy is therefore not proven in this patient population.

2.2 Number of patients or demarcation of patient groups eligible for treatment

The number of patients is based on the target population in statutory health insurance (SHI).

The information provided by the pharmaceutical company is based on patient numbers from the 2019 galcanezumab dossier, extrapolated to 2025 using a growth rate of 3.80%. However, the therapeutic indications differ, as the therapeutic indication of galcanezumab also includes chronic migraine and there had to be at least 4 migraine days instead of 4 migraine attacks per month. The therapeutic indication of rimegepant is therefore more limited than that of

galcanezumab. In addition, the patient numbers stated in the resolution on galcanezumab are subject to uncertainty[2], so that the derived patient numbers are considered uncertain overall.

The derivation of patient numbers from the recently adopted resolution in the therapeutic indication of migraine prophylaxis (resolution on the benefit assessment of atogepant according to Section 35a SGB V[3]) is also fraught with uncertainty. In the absence of valid data on patient numbers in the therapeutic indication of rimegepant, the present resolution is based on the patient numbers from the resolution on atogepant although the therapeutic indications of atogepant and rimegepant are not identical.

2.3 Requirements for a quality-assured application

The requirements in the product information are to be taken into account. The European Medicines Agency (EMA) provides the contents of the product information (summary of product characteristics, SmPC) for Vydura (active ingredient: rimegepant) at the following publicly accessible link (last access: 23 October 2025):

https://www.ema.europa.eu/en/documents/product-information/vydura-epar-product-information_en.pdf

2.4 Treatment costs

The treatment costs are based on the contents of the product information and the information listed in the LAUER-TAXE® (last revised: 15 September 2025). The calculation of treatment costs is generally based on the last revised LAUER-TAXE® version following the publication of the benefit assessment.

For the cost representation, only the dosages of the general case are considered. Patient-individual dose adjustments (e.g. because of side effects or co-morbidities) are not taken into account when calculating the annual treatment costs.

If no maximum treatment duration is specified in the product information, the treatment duration is assumed to be one year (365 days), even if the actual treatment duration varies from patient to patient and/or is shorter on average. The time unit "days" is used to calculate the "number of treatments/ patient/ year", time intervals between individual treatments and for the maximum treatment duration, if specified in the product information.

For flunarizine, costs are shown for 6 months, as the product information limits the use of flunarizine for prophylaxis of migraine to a maximum of 6 months regardless of response. This does not prevent the resumption of flunarizine therapy at a later date.

The starting dose of 10 mg daily for those under 65 and 5 mg for those over 65 years of age should not be given for longer than is necessary for symptom relief (usually no longer than two months). Subsequently, the daily dose should be reduced to a maintenance dose by taking flunarizine either only every other day or for 5 consecutive days followed by two treatment-free days.

[2] Justification and resolution on the benefit assessment of galcanezumab according to §35a SGB V https://www.g-ba.de/downloads/40-268-6010/2019-09-19_AM-RL-XII_Galcanezumab_D-445_TrG.pdf

[3] Justification and resolution on the benefit assessment of atogepant according to Section 35a SGB V, https://www.g-ba.de/bewertungsverfahren/nutzenbewertung/1189/#beschluesse

A range is shown for the treatment costs of flunarizine, taking into account the information provided. The lower limit of the range results from the lowest starting dose (5 mg once a day), combined with a maintenance dose every other day. The upper limit of the range is calculated from the highest starting dose (10 mg once a day), taking into account the administration of the maintenance dose on 5 days, followed by two treatment-free days.

Only a treatment duration of 6 months is used for the calculation (therefore possible discarding because of using whole packs is taken into account in consumption). Notwithstanding this, the costs may be higher if treatment with flunarizine is started again at a later date.

a) Adults who have at least 4 migraine attacks per month with an indication for preventive treatment of episodic migraine and are eligible for conventional migraine prophylactics

Treatment period:

Designation of the therapy	Treatment mode	Number of treatments/ patient/ year	Treatment duration/ treatment (days)	Treatment days/ patient/ year
Medicinal product to be assessed				
Rimegepant	Continuously, 1 x every 2 days	182.5	1.0	182.5
Appropriate comparator therapy				
Amitriptyline or erenumab or flunarizine (only considered if treatment with beta-blockers is contraindicated or has not shown sufficient effect) or metoprolol or propranolol				
Amitriptyline	Continuously, 1 x daily	365.0	1.0	365.0
Erenumab	Continuously, 1 x every 28 days	13.0	1.0	13.0
Flunarizine	Up to 6 months	121.6 – 147.7	1.0	121.6 – 147.7
Metoprolol	Continuously, 1 - 2 x daily	365.0	1.0	365.0
Propranolol	Continuously, 2 - 3 x daily	365.0	1.0	365.0

Consumption:

Designation of the therapy	Dosage/ application	Dose/ patient/ treatment days	Consumption by potency/ treatment day	Treatment days/ patient/ year	Average annual consumption by potency
Medicinal product to be assessed					
Rimegepant	75 mg	75 mg	1 x 75 mg	182.5	182.5 x 75 mg
Appropriate comparator therapy					
Amitriptyline or erenumab or flunarizine (only considered if treatment with beta-blockers is contraindicated or has not shown sufficient effect) or metoprolol or propranolol					
Amitriptyline	25 mg – 75 mg	25 mg – 75 mg	1 x 25 mg – 1 x 75 mg	365.0	365 x 25 mg – 365 x 75 mg
Erenumab	70 mg – 140 mg	70 mg – 140 mg	1 x 70 mg – 1 x 140 mg	13.0	13 x 70 mg – 13 x 140 mg
Flunarizine	5 mg – 10 mg	5 mg – 10 mg	1 x 5 mg – 1 x 10 mg	121.6 – 147.7	121.6 x 5 mg – 147.7 x 10 mg
Metoprolol	100 mg – 200 mg	100 mg – 200 mg	1 x 100 mg – 1 x 200 mg	365.0	365 x 100 mg – 365 x 200 mg
Propranolol	80 mg – 120 mg	80 mg – 120 mg	2 x 40 mg – 3 x 40 mg	365.0	730 x 40 mg – 1095 x 40 mg

b) Adults who have at least 4 migraine attacks per month with an indication for preventive treatment of episodic migraine and do not respond, are ineligible or intolerant to any of the medicinal therapies/ product classes (amitriptyline, flunarizine, metoprolol, propranolol)

Treatment period:

Designation of the therapy	Treatment mode	Number of treatments/ patient/ year	Treatment duration/ treatment (days)	Treatment days/ patient/ year
Medicinal product to be assessed				
Rimegepant	Continuously, 1 x every 2 days	182.5	1	182.5
Appropriate comparator therapy				
Eptinezumab or erenumab or fremanezumab or galcanezumab				
Eptinezumab	Continuously, 1 x every 84 days	4.3	1.0	4.3
Erenumab	Continuously, 1 x every 28 days	13.0	1.0	13.0
Fremanezumab	Continuously, 1 x every 30.4 days or Continuously, 1 x every 91.2 days	12.0 or 4.0	1.0	12.0 or 4.0
Galcanezumab	Continuously, 1 x every 30.4 days	12.0	1.0	12.0

Consumption:

Designation of the therapy	Dosage/ application	Dose/ patient/ treatment days	Consumption by potency/ treatment day	Treatment days/ patient/ year	Average annual consumption by potency
Medicinal product to be assessed					
Rimegepant	75 mg	75 mg	1 x 75 mg	182.5	182.5 x 75 mg
Appropriate comparator therapy					
Eptinezumab or erenumab or fremanezumab or galcanezumab					
Eptinezumab	100 mg – 300 mg	100 mg – 300 mg	1 x 100 mg – 1 x 300 mg	4.3	4.3 x 100 mg – 4.3 x 300 mg
Erenumab	70 mg – 140 mg	70 mg – 140 mg	1 x 70 mg – 1 x 140 mg	13.0	13 x 70 mg – 13 x 140 mg
Fremanezumab	225 mg	225 mg	1 x 225 mg	12.0	12 x 225 mg
	or				
	675 mg	675 mg	3 x 225 mg	4.0	12 x 225 mg
Galcanezumab	120 mg	120 mg	1 x 120 mg	12.0	12 x 120 mg

Costs:

In order to improve comparability, the costs of the medicinal products were approximated both on the basis of the pharmacy sales price level and also deducting the statutory rebates in accordance with Section 130 and Section 130a SGB V. To calculate the annual treatment costs, the required number of packs of a particular potency was first determined on the basis of consumption. Having determined the number of packs of a particular potency, the costs of the medicinal products were then calculated on the basis of the costs per pack after deduction of the statutory rebates. Any reference prices shown in the cost representation may not represent the cheapest available alternative.

Costs of the medicinal products:

Designation of the therapy	Packaging size	Costs (pharmacy sales price)	Rebate Section 130 SGB V	Rebate Section 130a SGB V	Costs after deduction of statutory rebates
Medicinal product to be assessed					
Rimegepant 75 mg	16 ODL	€ 483.26	€ 1.77	€ 26.13	€ 455.36
Appropriate comparator therapy					
Amitriptyline 25 mg[4]	100 FCT	€ 18.60	€ 1.77	€ 0.58	€ 16.25
Amitriptyline 75 mg[4]	100 TAB	€ 29.74	€ 1.77	€ 1.46	€ 26.51
Eptinezumab 100 mg	1 CIS	€ 745.99	€ 1.77	€ 40.68	€ 703.54
Eptinezumab 300 mg	1 CIS	€ 745.99	€ 1.77	€ 40.68	€ 703.54
Erenumab 70 mg	3 SFI	€ 773.69	€ 1.77	€ 0.00	€ 771.92
Erenumab 140 mg	3 SFI	€ 773.69	€ 1.77	€ 0.00	€ 771.92
Flunarizine 5 mg[4]	100 HC	€ 32.82	€ 1.77	€ 1.70	€ 29.35
Flunarizine 5 mg[4]	50 HC	€ 22.69	€ 1.77	€ 0.90	€ 20.02
Flunarizine 10 mg[4]	100 HC	€ 52.66	€ 1.77	€ 0.00	€ 50.89
Flunarizine 10 mg[4]	50 HC	€ 33.40	€ 1.77	€ 0.00	€ 31.63
Fremanezumab 225 mg	3 PEN	€ 1,312.28	€ 1.77	€ 0.00	€ 1,310.51
Galcanezumab 120 mg	3 SFI	€ 1,465.38	€ 1.77	€ 80.51	€ 1,383.10
Metoprolol 100 mg[4]	100 TAB	€ 14.10	€ 1.77	€ 0.22	€ 12.11
Metoprolol 200 mg[4]	100 SRT	€ 19.50	€ 1.77	€ 0.65	€ 17.08
Propranolol 40 mg[4]	100 FCT	€ 19.49	€ 1.77	€ 0.65	€ 17.07
Abbreviations: FCT = film-coated tablets; HC = hard capsules; CIS = concentrate for the preparation of an infusion solution; SFI = solution for injection; ODL = orally disintegrating lyophilisate; PEN = solution for injection in a pre-filled pen; SRT = sustained release tablet; TAB = tablet					

LAUER-TAXE® last revised: 15 September 2025

<u>Costs for additionally required SHI services:</u>

Only costs directly related to the use of the medicinal product are taken into account. If there are regular differences in the necessary use of medical treatment or in the prescription of other services in the use of the medicinal product to be evaluated and the appropriate comparator therapy in accordance with the product information, the costs incurred for this must be taken into account as costs for additionally required SHI services.

Medical treatment costs, medical fee services, and costs incurred for routine examinations (e.g. regular laboratory services such as blood count tests) that do not exceed the standard expenditure in the course of the treatment are not shown.

Because there are no regular differences in the necessary use of medical treatment or in the prescription of other services in the use of the medicinal product to be evaluated and the appropriate comparator therapy in accordance with the product information, no costs for

[4] Fixed reimbursement rate

additionally required SHI services had to be taken into account.

2.5 Designation of medicinal products with new active ingredients according to Section 35a, paragraph 3, sentence 4 SGB V that can be used in a combination therapy with the assessed medicinal product

According to Section 35a, paragraph 3, sentence 4, the G-BA designate all medicinal products with new active ingredients that can be used in a combination therapy with the assessed medicinal product for the therapeutic indication to be assessed on the basis of the marketing authorisation under Medicinal Products Act.

Basic principles of the assessed medicinal product

A designation in accordance with Section 35a, paragraph 3, sentence 4 SGB V requires that it is examined based on the product information for the assessed medicinal product whether it can be used in a combination therapy with other medicinal products in the assessed therapeutic indication. In the first step, the examination is carried out on the basis of all sections of the currently valid product information for the assessed medicinal product.

If the assessed medicinal product contains an active ingredient or a fixed combination of active ingredients in the therapeutic indication of the resolution (assessed therapeutic indication) and is approved exclusively for use in monotherapy, a combination therapy is not considered due to the marketing authorisation under Medicinal Products Act, which is why no designation is made.

A designation is also not considered if the G-BA have decided on an exemption as a reserve antibiotic for the assessed medicinal product in accordance with Section 35a, paragraph 1c, sentence 1 SGB V. The additional benefit is deemed to be proven if the G-BA have decided on an exemption for a reserve antibiotic in accordance with Section 35a, paragraph 1c, sentence 1 SGB V; the extent of the additional benefit and its therapeutic significance are not to be assessed by the G-BA. Due to the lack of an assessment mandate by the G-BA following the resolution on an exemption according to Section 35a, paragraph 1c, sentence 1 SGB V with regard to the extent of the additional benefit and the therapeutic significance of the reserve antibiotic to be assessed, there is a limitation due to the procedural privileging of the pharmaceutical companies to the effect that neither the proof of an existing nor an expected at least considerable additional benefit is possible for exempted reserve antibiotics in the procedures according to Section 35a paragraph 1 or 6 SGB V and Section 35a paragraph 1d SGB V. The procedural privileging of the reserve antibiotics exempted according to Section 35a, paragraph 1c, sentence 1 SGB V must therefore also be taken into account at the level of designation according to Section 35a, paragraph 3, sentence 4 SGB V in order to avoid valuation contradictions.

With regard to the further examination steps, a differentiation is made between a "determined" or "undetermined" combination, which may also be the basis for a designation.

A "determined combination" exists if one or more individual active ingredients which can be used in combination with the assessed medicinal product in the assessed therapeutic indication are specifically named.

An "undetermined combination" exists if there is information on a combination therapy, but no specific active ingredients are named. An undetermined combination may be present if the information on a combination therapy:

- names a product class or group from which some active ingredients not specified in detail can be used in combination therapy with the assessed medicinal product, or
- does not name any active ingredients, product classes or groups, but the assessed medicinal product is used in addition to a therapeutic indication described in more detail in the relevant product information, which, however, does not include information on active ingredients within the scope of this therapeutic indication.

Concomitant active ingredient

The concomitant active ingredient is a medicinal product with new active ingredients that can be used in combination therapy with the assessed medicinal product for the therapeutic indication to be assessed.

For a medicinal product to be considered as a concomitant active ingredient, it must be classified as a medicinal product with new active ingredients according to Section 2 paragraph 1 Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV) in conjunction with the corresponding regulations in Chapter 5 of the Rules of Procedure of the G-BA as of the date of the present resolution. In addition, the medicinal product must be approved in the assessed therapeutic indication, whereby a marketing authorisation is sufficient only for a sub-area of the assessed therapeutic indication.

Based on an "undetermined combination", the concomitant active ingredient must be attributable to the information on the product class or group or the therapeutic indication according to the product information of the assessed medicinal product in the assessed therapeutic indication, whereby the definition of a product class or group is based on the corresponding requirements in the product information of the assessed medicinal product.

In addition, there must be no reasons for exclusion of the concomitant active ingredient from a combination therapy with the assessed medicinal product, in particular no exclusive marketing authorisation as monotherapy.

In addition, all sections of the currently valid product information of the eligible concomitant active ingredient are checked to see whether there is any information that excludes its use in combination therapy with the assessed medicinal product in the assessed therapeutic indication under marketing authorisation regulations. Corresponding information can be, for example, dosage information or warnings. In the event that the medicinal product is used as part of a determined or undetermined combination which does not include the assessed medicinal product, a combination with the assessed medicinal product shall be excluded.

Furthermore, the product information of the assessed medicinal product must not contain any specific information that excludes its use in combination therapy with the eligible concomitant active ingredient in the assessed therapeutic indication under marketing authorisation regulations.

Medicinal products with new active ingredients for which the G-BA have decided on an exemption as a reserve antibiotic in accordance with Section 35a, paragraph 1c, sentence 1 SGB V are ineligible as concomitant active ingredients. The procedural privileging of the reserve antibiotics exempted according to Section 35a, paragraph 1c, sentence 1 SGB V also applies accordingly to the medicinal product eligible as a concomitant active ingredient.

Designation

The medicinal products which have been determined as concomitant active ingredients in accordance with the above points of examination are named by indicating the relevant active ingredient and the invented name. The designation may include several active ingredients,

provided that several medicinal products with new active ingredients may be used in the same combination therapy with the assessed medicinal product or different combinations with different medicinal products with new active ingredients form the basis of the designation.

If the present resolution on the assessed medicinal product in the assessed therapeutic indication contains several patient groups, the designation of concomitant active ingredients shall be made separately for each of the patient groups.

Exception to the designation

The designation excludes combination therapies for which - patient group-related - a considerable or major additional benefit has been determined by resolution according to Section 35a, paragraph 3, sentence 1 SGB V or it has been determined according to Section 35a, paragraph 1d, sentence 1 SGB V that at least considerable additional benefit of the combination can be expected. In this context, the combination therapy that is excluded from the designation must, as a rule, be identical to the combination therapy on which the preceding findings were based.

In the case of designations based on undetermined combinations, only those concomitant active ingredients - based on a resolution according to Section 35a, paragraph 3, sentence 1 SGB V on the assessed medicinal product in which a considerable or major additional benefit had been determined - which were approved at the time of this resolution are excluded from the designation.

Legal effects of the designation

The designation of combinations is carried out in accordance with the legal requirements according to Section 35a, paragraph 3, sentence 4 and is used exclusively to implement the combination discount according to Section 130e SGB V between health insurance funds and pharmaceutical companies. The designation is not associated with a statement as to the extent to which a therapy with the assessed medicinal products in combination with the designated medicinal products corresponds to the generally recognised state of medical knowledge. The examination was carried out exclusively on the basis of the possibility under Medicinal Products Act to use the medicinal products in combination therapy in the assessed therapeutic indication based on the product information; the generally recognised state of medical knowledge or the use of the medicinal products in the reality of care were not the subject of the examination due to the lack of an assessment mandate of the G-BA within the framework of Section 35a, paragraph 3, sentence 4 SGB V.

The findings made neither restrict the scope of treatment required to fulfil the medical treatment mandate, nor do they make statements about expediency or economic feasibility.

Justification for the findings on designation in the present resolution:

a) Adults who have at least 4 migraine attacks per month with an indication for preventive treatment of episodic migraine and are eligible for conventional migraine prophylactics

   – No medicinal product with new active ingredients that can be used in a combination therapy that fulfils the requirements of Section 35a, paragraph 3, sentence 4 SGB V.

   References:
   Product information for rimegepant (VYDURA); VYDURA® 75 mg orally disintegrating lyophilisate; last revised: April 2025

b) Adults who have at least 4 migraine attacks per month with an indication for preventive treatment of episodic migraine and do not respond, are ineligible or intolerant to any of the medicinal therapies/ product classes (amitriptyline, flunarizine, metoprolol, propranolol)

- No medicinal product with new active ingredients that can be used in a combination therapy, for which the requirements of Section 35a, paragraph 3, sentence 4 SGB V are fulfilled.

References:
Product information for rimegepant (VYDURA); VYDURA® 75 mg orally disintegrating lyophilisate; last revised: April 2025

2.6 Percentage of study participants at study sites within the scope of SGB V in accordance with Section 35a, paragraph 3, sentence 5 SGB V

The medicinal product VYDURA is a medicinal product placed on the market from 1 January 2025. In accordance with Section 35a, paragraph 3, sentence 5 SGB V, the G-BA must determine whether a relevant percentage of the clinical studies on the medicinal product were conducted within the scope of SGB V. This is the case if the percentage of study participants who have participated in the clinical studies on the medicinal product to be assessed in the therapeutic indication to be assessed at study sites within the scope of SGB V is at least five per cent of the total number of study participants.

The calculation is based on all studies that were submitted as part of the benefit assessment dossier in the therapeutic indication to be assessed in accordance with Section 35a, paragraph 1, sentence 3 SGB V in conjunction with Section 4, paragraph 6 AM-NutzenV.

Approval studies include all studies submitted to the regulatory authority in section 2.7.3 (Summary of Clinical Efficacy) and 2.7.4 (Summary of Clinical Safety) of the authorisation dossier in the therapeutic indication for which marketing authorisation has been applied for. In addition, studies, which were conducted in whole or in part within the therapeutic indication described in this document, and in which the company was a sponsor or is otherwise financially involved, must also be indicated.

The percentage of study participants in the clinical studies of the medicinal product conducted or commissioned by the pharmaceutical company in the therapeutic indication to be assessed who participated at study sites within the scope of SGB V (German Social Security Code) is < 5 per cent (0.62%) of the total number of study participants according to the information in the dossier.

In the dossier, the pharmaceutical company provided information on a total of 15 studies in the present therapeutic indication, with a total percentage of 0.62 % study participants at German study sites. The information on the BHV3000-201 and BHV3000-301 studies in the dossier differed from IQWiG's calculation. In addition, the BHV3000-405 study was identified as a further study, which was sponsored by the pharmaceutical company, for which a study registry entry is available, recruitment has been completed and is therefore to be included in the calculation, but was not considered in the dossier.

In the written statement of the pharmaceutical company, the deviations in the BHV3000-201 and BHV3000-301 studies addressed by IQWiG were reviewed.

Overall, taking into account the written statement and the BHV3000-405 study, it is determined that the percentage of study participants at study sites within the scope of SGB V remains < 5%.

The clinical studies of the medicinal product in the therapeutic indication to be assessed were therefore not conducted to a relevant extent within the scope of SGB V.

3. Bureaucratic costs calculation

The proposed resolution does not create any new or amended information obligations for care providers within the meaning of Annex II to Chapter 1 VerfO and, accordingly, no bureaucratic costs.

4. Process sequence

At their session on 9 March 2022, the Subcommittee on Medicinal Products determined the appropriate comparator therapy.

A review of the appropriate comparator therapy took place. The Subcommittee on Medicinal Products determined the appropriate comparator therapy at their session on 27 May 2025.

On 28 May 2025, the pharmaceutical company submitted a dossier for the benefit assessment of rimegepant to the G-BA in due time in accordance with Chapter 5 Section 8, paragraph 1, number 1, sentence 2 VerfO.

By letter dated 30 May 2025 in conjunction with the resolution of the G-BA of 1 August 2011 concerning the commissioning of the IQWiG to assess the benefit of medicinal products with new active ingredients in accordance with Section 35a SGB V, the G-BA commissioned the IQWiG to assess the dossier concerning the active ingredient rimegepant.

The dossier assessment by the IQWiG was submitted to the G-BA on 28 August 2025, and the written statement procedure was initiated with publication on the G-BA website on 1 September 2025. The deadline for submitting statements was 22 September 2025.

The oral hearing was held on 6 October 2025.

In order to prepare a recommendation for a resolution, the Subcommittee on Medicinal Products commissioned a working group (Section 35a) consisting of the members nominated by the leading organisations of the care providers, the members nominated by the SHI umbrella organisation, and representatives of the patient organisations. Representatives of the IQWiG also participate in the sessions.

The evaluation of the written statements received and the oral hearing was discussed at the session of the Subcommittee on 11 November 2025, and the proposed draft resolution was approved.

At their session on 20 November 2025, the plenum adopted a resolution to amend the Pharmaceuticals Directive.

Chronological course of consultation

Session	Date	Subject of consultation
Subcommittee on Medicinal Products	9 March 2022	Determination of the appropriate comparator therapy
Subcommittee on Medicinal Products	27 May 2025	New determination of the appropriate comparator therapy
Working group Section 35a	30 September 2025	Information on written statements received; preparation of the oral hearing
Subcommittee on Medicinal Products	6 October 2025	Conduct of the oral hearing
Working group Section 35a	14 October 2025 4 November 2025	Consultation on the dossier evaluation by the IQWiG and evaluation of the written statement procedure
Subcommittee on Medicinal Products	11 November 2025	Concluding discussion of the draft resolution
Plenum	20 November 2025	Adoption of the resolution on the amendment of the Pharmaceuticals Directive

Berlin, 20 November 2025

Federal Joint Committee (G-BA)
in accordance with Section 91 SGB V
The Chair

Prof. Hecken