

NVTAG Symposium: MAUG program for societally acceptable prices for expensive medicines

Date: Thursday 19 March 2026 – 12:00 pm - 1:00 pm CET

Time	Topic	Presenter
12.00 pm – 12.05 pm	Introduction & Welcome	Maurice Driessen (Board member NVTAG)
12.05 pm – 12.30 pm	Rational for MAUG program	Margot Overgaag (Nederlandse Zorgautoriteit)
12.30 pm – 12.55 pm	Leading principles for determining societally acceptable prices for expensive medicines	Joost Enzing (Zorginstituut Nederland)
12.55 pm – 1.00 pm	Closing	Maurice Driessen



maatschappelijk
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Towards societally acceptable prices for expensive medicines in the Netherlands

NVTAG Webinar March 2026

Joost Enzing (MAUG/Zorginstituut Nederland)

Margot Overgaag (MAUG/NZa)



18-03-2026



Zorginstituut Nederland



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— Towards societally
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15 October 2025

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— Naar maatschappelijk
aanvaardbare prijzen
voor dure medicijnen

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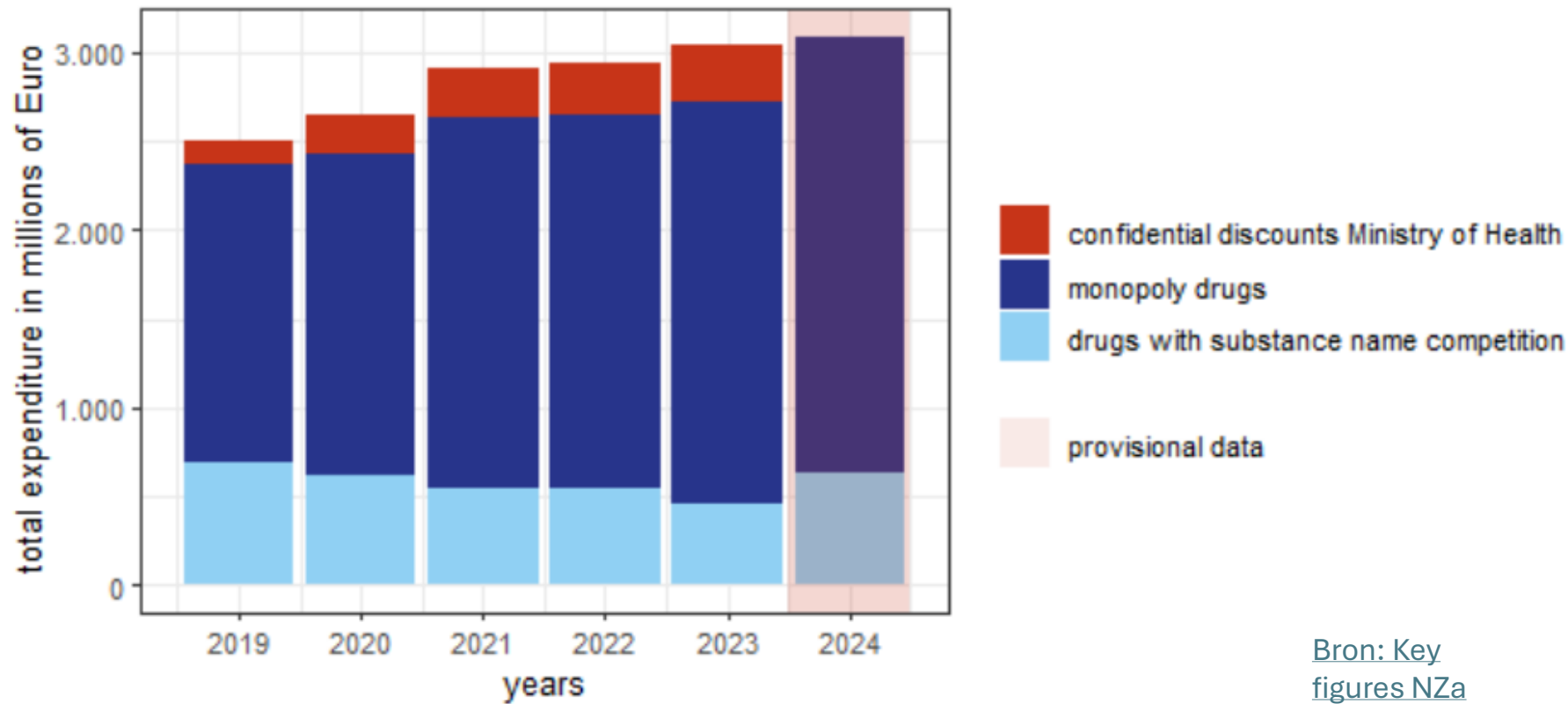
Table 1 Total expenditure on expensive drugs within the specialist medical healthcare (SMH); intramural drugs (including settlements)

	2019	2020	2021	2022	2023	2024 (very provisional)
Total SMH expenditure (in millions)	€24,019.4	€25,107.4	€26,043.4	€26,658.6	€28,483.4	€30,624.3
% change in total SMH expenditure compared to the previous year	+3.8%	+ 4.5%	+3.7%	+2.4%	+6.8%	+7.5%
Total expenditure on expensive drugs (in millions)	€ 2,407.7	€ 2,526.6	€ 2,601.5	€ 2,544.2	€ 2,590.3	€ 2,695.4
% change in expenditure on expensive drugs compared to the previous year	+4.8%	+4.9%	+3.0%	-2.2%	+1.8%	+4.1%
Share of expenditure on expensive drugs in relation to total SMH	10.0%	10.1%	10.0%	9.5%	9.1%	8.8%

Source: annual and quarterly statements. The figures in this table contain estimates and may be adjusted upwards or downwards each year. The further back in time, the more stable the figures are. The figures for 2024 in particular should be regarded as very provisional. See the Appendix Sources and methods for more information.



Figure 1 Expenditure on expensive intramural drugs with and without substance name competition



Source: Vektis with and without deduction of confidential discounts from the Ministry of Health.
For more information, see Sources and methods.

Bron: Key
figures NZa
[2025](#)

The program “Maatschappelijk Aanvaardbare Uitgaven Geneesmiddelen (MAUG)”

- Started in 2023 at the request of the Ministry of Health following a motion by PvdA Attje Kuiken. Caused by concerns about rising expenditure, prices and lack of transparency.
- MAUG advice focuses on:

Assessment framework for a societally acceptable price for an innovative, expensive medicine

Measures to **strengthen competition**

A program of:



In collaboration with:



— The AIM of MAUG

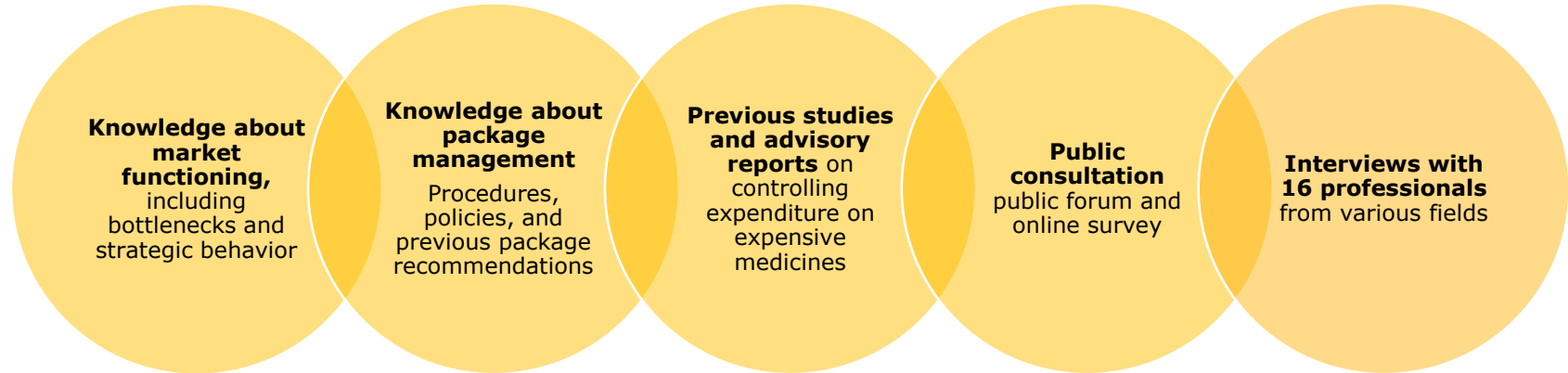
To arrive at an acceptable price for a medicine from a societal perspective, in order to gain more health with the available budget.

We put the perspective of society at the centre, because it's important to:

- keep effective medicine available
- remain healthcare in general accessible
- keep premiums affordable



Collection of internal and external knowledge, including a citizen consultation



Public consultation

To determine whether a medicine price is societally acceptable and why, you need to understand the public sentiment about it.

1. Public forum → n=24, 2 weekends, 16 key considerations
2. Online survey → n=884, support of findings public forum



Burgerstandpunt van het
Burgerforum 'Dure Geneesmiddelen'

'Niet tegen elke prijs'

Tijdens het forum hebben burgers uitgebreid met elkaar gesproken over dure geneesmiddelen. Ondanks verschillen in persoonlijke opvattingen en eigen ervaringen bereikten ze overeenstemming over vier belangrijke punten.

Conclusies

- 1. Durf waar nodig nee te zeggen:** Deelnemers benadrukken het belang van een kritische houding bij de vergoeding van dure geneesmiddelen. Ze onderkennen dat het besluit om een bepaald geneesmiddel te vergoeden invloed kan hebben op de beschikbaarheid van andere waardevolle zorg en op de premiehoogte. Daarom vinden ze het belangrijk dat de overheid waar nodig 'nee' durft te zeggen.
- 2. Machtsposities van fabrikanten** De burgers willen hun zorgen over het misbruik van machtsposities door fabrikanten bij het bepalen van medicijnprijzen. Hoewel ze begrijpen dat fabrikanten commercieel opereren, bekriften ze het gebrek aan transparantie en het sterke winstbejag.
- 3. Redelijke prijzen** De burgers voeren diverse redenen aan die hoge geneesmiddelenprijzen kunnen rechtvaardigen. Ze accepteren ze een hoge prijs eerder als het medicijn bedoeld is voor de behandeling van een ernstige ziekte. Tegelijkertijd zijn er ook factoren die acceptatie in de weg kunnen staan, zoals onzekerheid over de effectiviteit van het middel. Daarnaast
- 4. Overeenstemming met het huidige beleid** Deelnemers herkennen zich in de aanpak van Zorginstelling Nederland (ZIN) en waarderen de zorgvuldigheid waarmee besluiten over vergoeding van dure geneesmiddelen worden genomen. Ze erkennen de complexiteit van deze keuzes en tonen begrip voor de afwegingen die hierbij gemaakt worden.

"Het is soms onzeker wat een duur medicijn de patiënt oplevert aan gezonde levenswinst. Daarnaast is er het risico dat er minder geld overblijft voor de behandeling van andere aandoeningen die misschien nog wel veel harder nodig zijn."
Lemmas

Radboudumc



Ernst



Beschikbaarheid
alternatieve
behandeling



Lengte van
levenswinst



Levensreddend



Winst in kwaliteit
van leven



Onzekerheid
effectiviteit



Kosten versus baten



Participatie in
maatschappij



Preventie



Nieuwe ontwikkeling
medicijn



Transparantie



Gebruik winst voor
doorontwikkeling



Verdringing van
andere zorg



Invloed op totale
zorgkosten



Gelijke toegang



Neveneffecten op
zorgkosten



What is a societally acceptable price?

Universal Health Coverage in the Netherlands

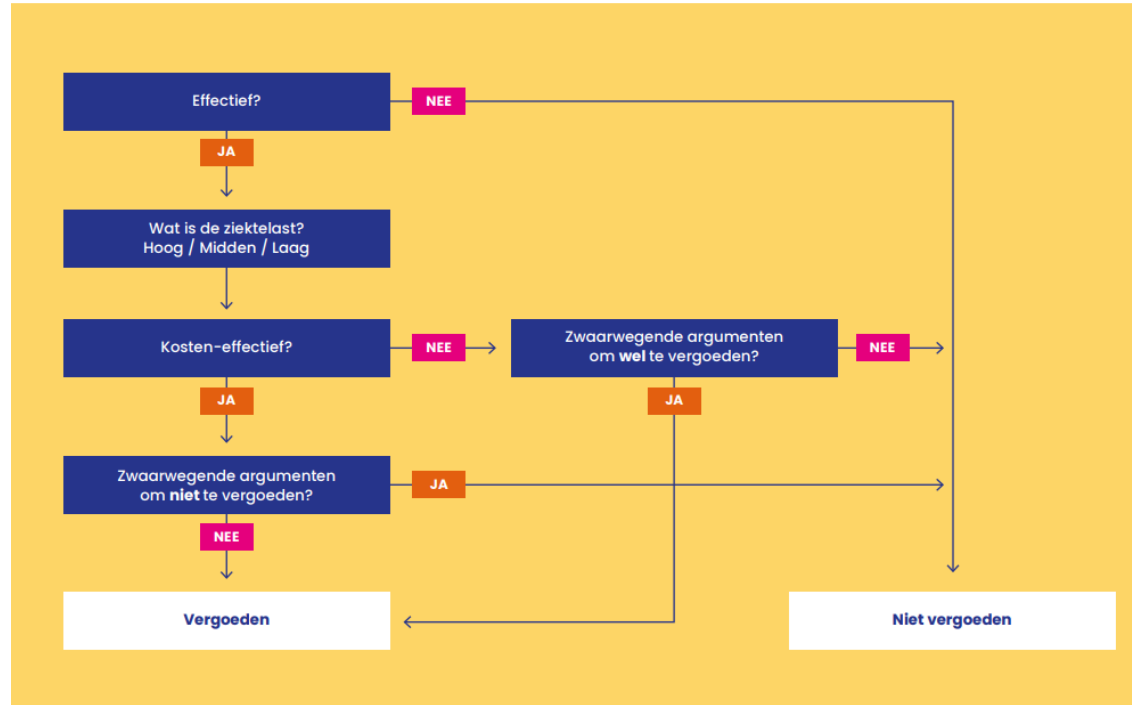
- Private insurance system within public boundaries
- Participation to the basic package is mandatory
- Basic benefit package defined by the government



Current assessment framework

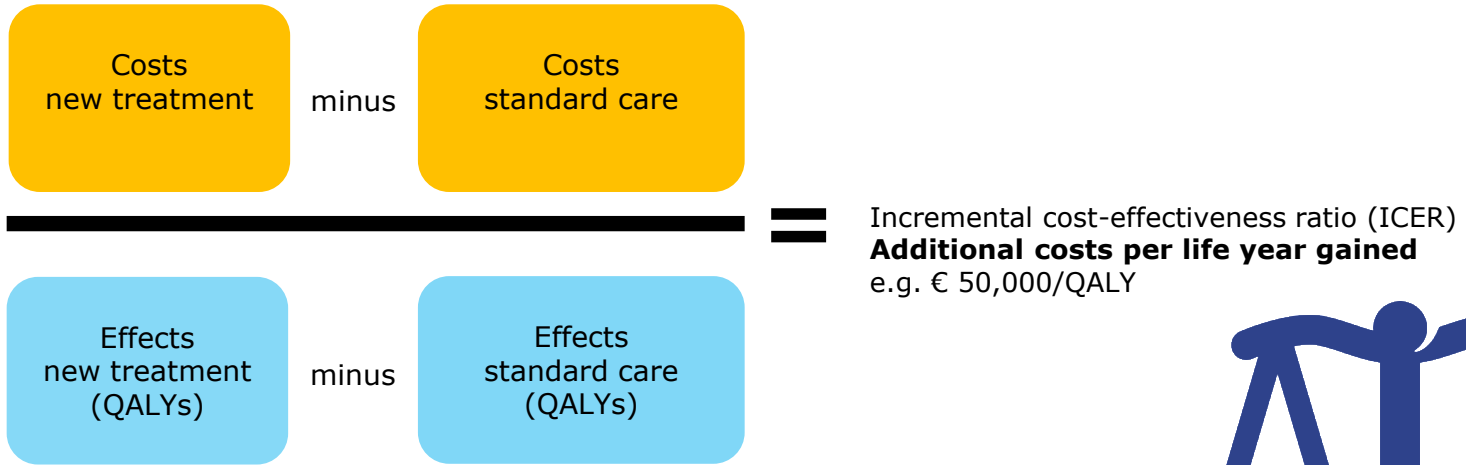
Assessment criteria

- Necessity
- Effectiveness
- Cost-effectiveness
- Feasibility



Reimbursement criterion: cost-effectiveness

Cost-effectiveness is determined from a societal perspective.



Dutch maximum reference values

Burden of disease (0 = lowest, 1 = highest)	Maximum additional costs (€) per QALY
0,1 - 0,4	Up to € 20.000 per QALY
0,41 - 0,7	Up to € 50.000 per QALY
0,71 - 1.0	Up to € 80.000 per QALY





Zorginstituut Nederland

Balanceren tussen publieke waarden

Argumentenkader dure geneesmiddelen
Adviescommissie Pakket

Februari 2024

| Van goede zorg verzekerd |

What considerations do citizens consider important when determining whether the prices of expensive medicines are socially acceptable?

Citizen consultation

- Filmverslag Burgerforum Dure geneesmiddelen - 'Niet tegen elke prijs'
- Performed by Radboud University
- Citizen forum
 - To gain insight into the considerations that influence citizens' decision-making regarding the social acceptability of pharmaceutical prices and expenditures,
 - a diverse group of 24 citizens
 - presented specific cases involving rare diseases, cancer, and chronic conditions.
 - Two weekends in October and November 2024
 - They received explanations from experts in science, ethics, the pharmaceutical sector, and policy.
- Survey
 - A representative group of 884 Dutch people participated in a national survey.



Public consultation

1. Dare to say 'no' when necessary: Participants recognize that the decision to reimburse a particular medicine can impact the availability of other valuable care and the level of the insurance premium.

2. Manufacturers' power: Citizens express their concerns about the abuse of power by manufacturers in setting medicine prices.

3. Reasonable prices: Citizens cite various reasons that could justify high medicine prices.

4. Conformity with current policy: Participants identify with the approach of the Dutch Health Care Institute and appreciate the care with which decisions regarding reimbursement of expensive medicines are made.



Considerations citizen forum

Ernst 	Beschikbaarheid alternatieve behandeling 	Lengte van levenswinst 	Levensreddend 
Winst in kwaliteit van leven 	Onzekerheid effectiviteit 	Kosten versus baten 	Participatie in maatschappij 
Preventie 	Nieuwe ontwikkeling medicijn 	Transparantie 	Gebruik winst voor doorontwikkeling 
Verdringing van andere zorg 	Invloed op totale zorgkosten 	Gelijke toegang 	Neveneffecten op zorgkosten 

18 maart 2026

Aandoening **Behandeling** **Prijsstelling** **Zorgsysteem & maatschappij**



Update of the assessment framework

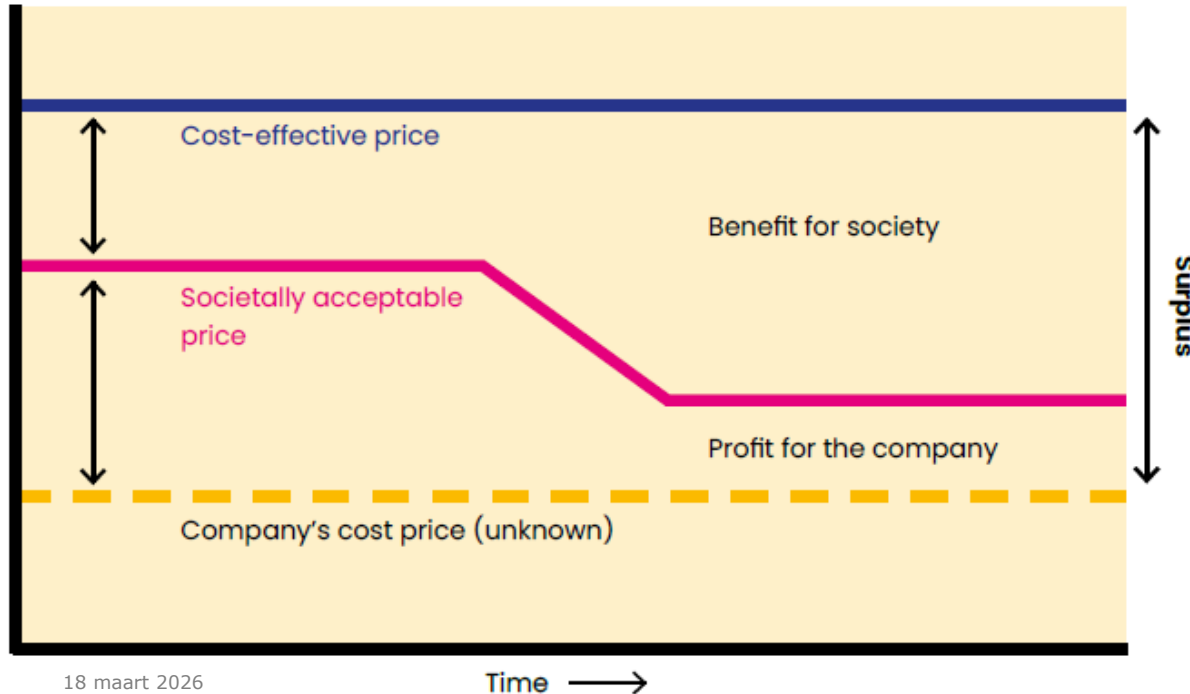
Six leading principles

- 1 Health benefits are key:** the more health gains a medicine offers, the more we are willing to pay for it.
- 2 Health gains for patients with a high disease burden have a higher societal value:** the more severe the patient's illness, the higher the value of a health gain unit (QALY).
- 3 Uncertainty about effectiveness and cost-effectiveness affects the socially acceptable price:** the less certain one is that the medicine actually delivers health benefits to the patient, the lower the societally acceptable price can be.

Six leading principles

- 4 The macro-cost burden influences the societally acceptable price:** the higher the total expenditure on one medicine for all patients, the lower the societally acceptable price level for that medicine.
- 5 The societally acceptable price is dynamic:** as soon as it can reasonably be assumed that the investments have been recouped, the societally acceptable price of the medicine decreases.
- 6 The degree of innovation influences the societally acceptable price:** limited innovations, such as indication extensions, may have a lower, societally acceptable price.

A cost-effective price is not the same as a societally acceptable price



If the entire **surplus** goes to the company, the health of society stays the same (in the sense that we pay exactly what it is worth in health gains) or goes down (if more health gains could be achieved elsewhere for the same money).

How can we strengthen competition?

Measures to strengthen competition

Competition leads to lower prices.

- 1. Better understanding of interchangeability:** Enforce at the European level how manufacturers should conduct better research to ensure better comparison of medicines.
- 2. Increased competition through appropriate incentives and the same entitlement (level playing field):** Reimburse comparable medicines in the same way.
- 3. Strengthen purchasing and negotiating power:** Better align price negotiations. Anticipate the arrival of new medicines. Determine in a timely manner which party is best equipped to manage expenditures on this medicine.

Tariff regulation and supervision

Other possible instruments:

- Tariff regulation by the Dutch Healthcare Authority (NZa)
- Supervision by the Netherlands Authority for Consumers and Markets (ACM).

Additional tools needed

- A power to call-in the authority of the ACM to assess mergers and acquisitions that are not subject to notification requirements (e.g. small companies) - 'inroepbevoegdheid'
- A new competition tool to allow the ACM to impose regulations that promote competition without establishing a violation of competition law.

What's next ...

- The **NZa** will explore the possibility of setting maximum rates for add-ons that align with what we consider socially acceptable.
- The **ACM** will be able to expand its activities to combat manufacturers' dominant positions if it is granted greater authority.
- **Zorginstituut** is developing how to translate these principles into a framework for concrete pricing recommendations. The assessment framework is expected to be ready 2027.
- We will continue our **collaboration**.





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Questions?



18-03-2026



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Upcoming events & closure

- Symposium 9th April, between 1-5pm CET in Domstad in Utrecht (free lunch starting at 12!)
 - More information coming soon on LinkedIn and NVTAG site
- Webinar on Sustainability in HTA: 4 june 2026, 12:00–1pm CET
 - Melissa Pegg (University of York)
 - Frederick Thielen (Erasmus Universiteit Rotterdam)