



# The promise of personalised medicine What happens when we're all special?

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# Issues summary

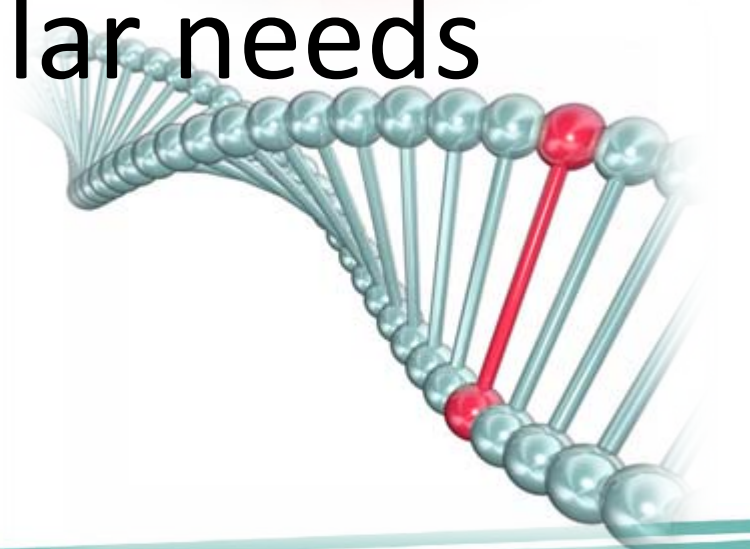
- Multiple challenges meeting individual needs in universal system
- HTA designed to distribute limited resources and produce best value for society
- The value proposition for medicines is changing as more personalised medicines become available
- How do we balance individual and societal needs?
- Can we find new ways to assess and reward a medicine's value based on both individual and societal benefits?





Distinct features

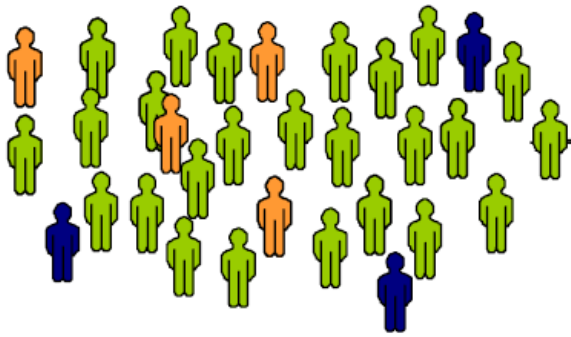
Particular needs



# The personalised medicine era

## Blockbuster model: single market

→ All patients with same diagnosis treated with one drug



## Personalised medicine model: many markets

Patients predisposed to toxicity, poor response

→ *Treat with alternative drug or dose*



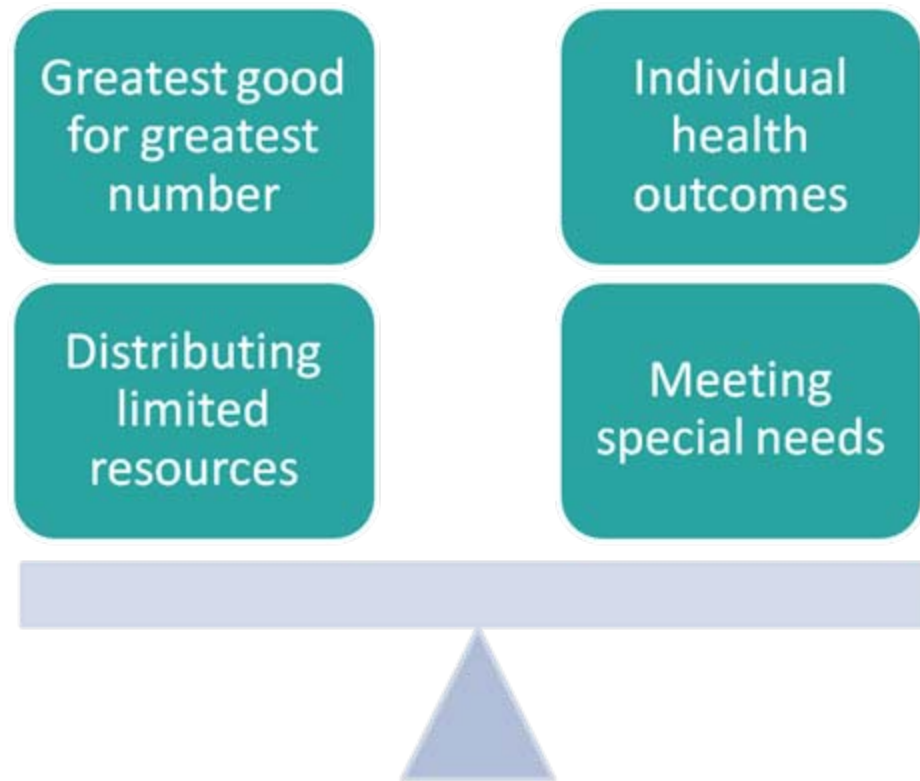
Patients not predisposed to toxicity

→ *Treat with conventional drug or dose*



Source: Modified from Mallel, S., 2008, *Clinical Applications of Pharmacogenetics in HIV*, Symposium: Clinical Applications of Pharmacogenetics in HIV, Ritz Carlton Hotel, Isla Verde, Puerto Rico, 7 September.

# Where is the tipping point?





Data uncertainty

Trial design

Outcome measures

Quality Adjusted Life Years

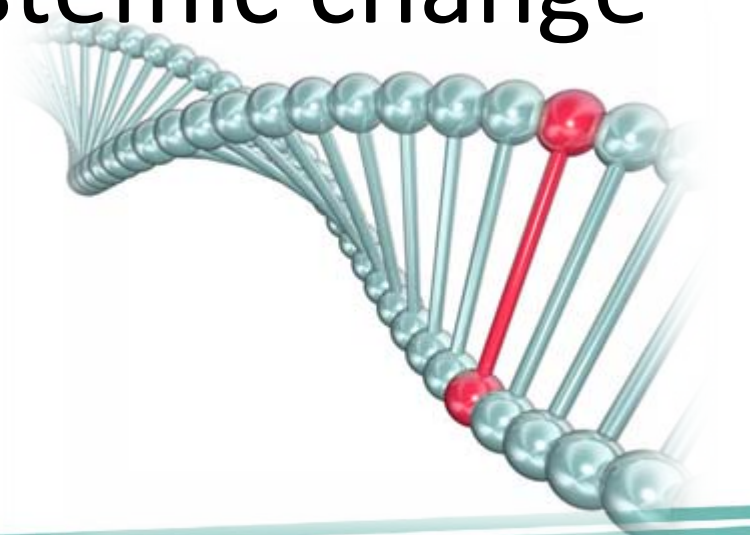
Individual contributions



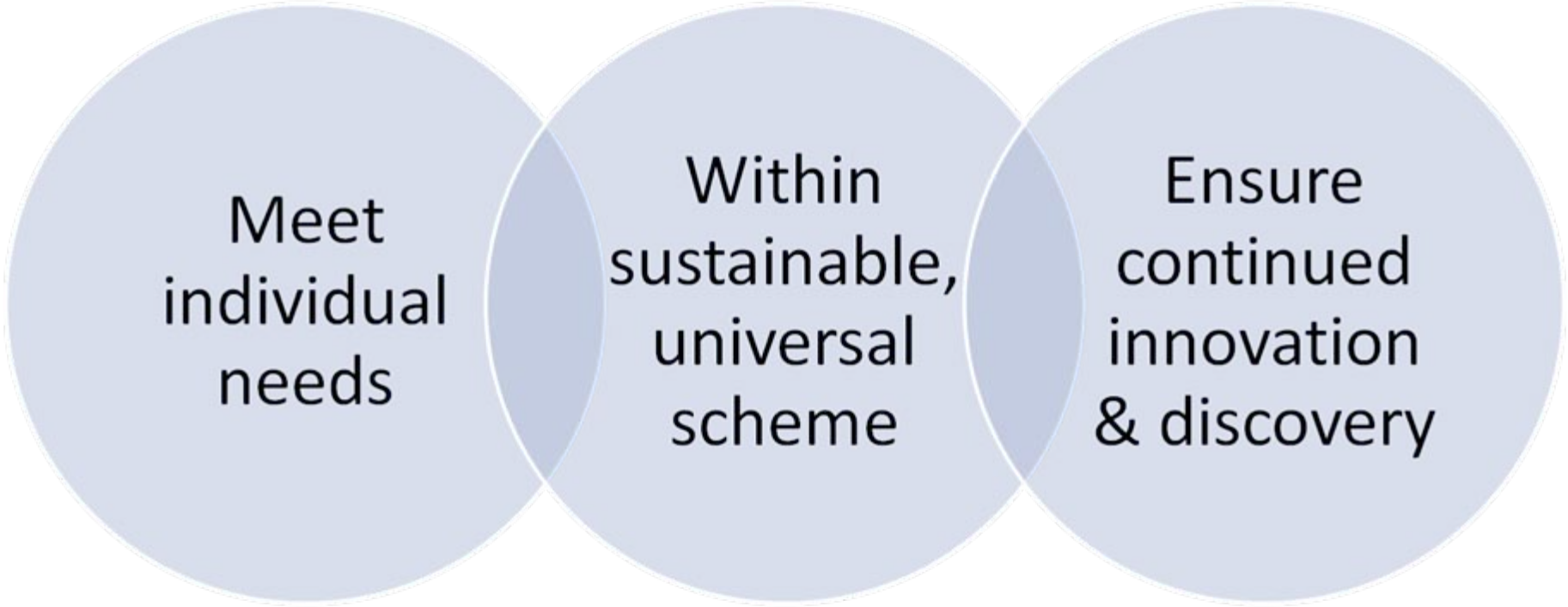


New initiatives

Wider systemic change




# A new dialogue



Meet  
individual  
needs

Within  
sustainable,  
universal  
scheme

Ensure  
continued  
innovation  
& discovery



# Key points

- Access for Indigenous and paediatric patients is a priority
- New initiatives to improve outcomes for these groups are worth trialling
- These can act as pilots for wider systemic change as more personalised medicines become available
- Australia is a world leader in HTA and ideally placed to deliver innovation in HTA
- This will require a new dialogue between industry, government and the community.

