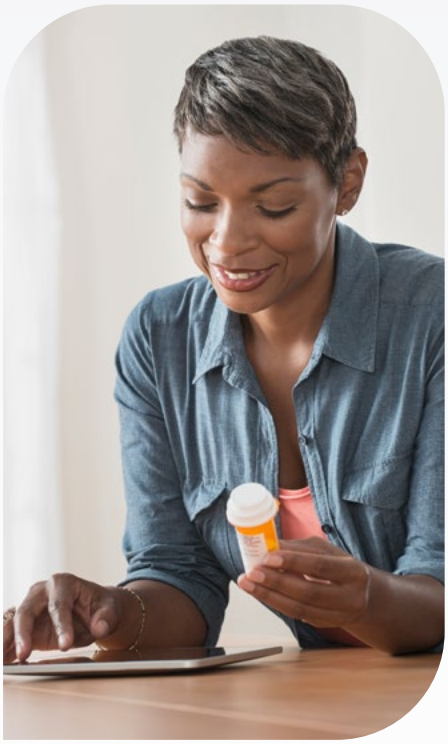


2025 Drug Data Trends & National Benchmarks

April 2025

TELUS® Health

Contents

Glossary

Biosimilar: Health Canada defines a biosimilar as a biologic drug that is highly similar to a biologic drug that was already authorized for sale. The biosimilar is produced after patent expiry of the reference biologic drug.

Certificate: The covered employee (i.e., primary cardholder) and their linked co-beneficiaries (i.e., spouse, children).

Claimant: An insured individual who has submitted a claim for a medication or medical product.

Eligible amount: Dollar amount of the drug cost found eligible for coverage by TELUS Health, before the application of any plan-design parameters for coverage (e.g., coinsurance).

Generic: Bioequivalent copy of a brand-name drug, produced after patent expiry of the brand-name drug.

Insured(s): Abbreviation for "insurance plan member(s)," i.e., employee(s), spouse(s) or dependant(s) with insurance coverage, whether or not a claim was made during the reporting period.

Multi-source brand drug: Brand-name drug for which one or more generic equivalents exist.

Reference biologic: First-on-market, large-molecule drug that comes from living organisms or from their cells, also referred to as an "originator" or "innovator" biologic.

Single-source brand drug: Brand-name drug for which no generic drug exists.

Specialty drugs: Complex drugs, including biologics, that are higher cost (defined by TELUS Health as costing $10,000 or more per year per claimant).

Traditional prescription drugs: Chemically based drugs that are typically lower cost.

Utilization: Number of claims paid per insured or certificate, as specified.

2025 Drug Data Trends & National Benchmarks

Foreword

Quest for clarity

Uncertainty may be the unfortunate catchword of this third decade of the 21st century.

Uncertainty slammed into our daily reality in March 2020 with the abrupt advent of the COVID-19 pandemic. Economically, the pandemic triggered record-high rates of inflation, resulting in more uncertainty. Just as inflation began to settle down, our neighbour to the south launched a trade war early this year.

Innovation and partnership are antidotes to uncertainty. Some describe them as silver linings: the pandemic galvanized unprecedented collaborations and remarkable achievements globally, and the trade war has ignited Canadian nationalism in ways that promise to strengthen our economy from coast to coast to coast as well as internationally.

The group health insurance industry faces its share of uncertainties in today's economic climate. Yet there is one thing we can be sure of: Canadians highly value their private drug plans. Put another way, private-sector drug plans protect and increase Canadians' access to pharmaceutical care. Plan providers are more committed than ever to work with each other and with government not only to further improve that access, but also to ensure the appropriate use of medications for optimal outcomes.

TELUS Health is pleased to contribute information necessary to help guide decisions. For example, as detailed in the 2025 edition of our Drug Data Trends & National Benchmarks report, private plans experienced small to moderate gains in the number of claimants, and the average eligible amounts per claim and claimant. Specialty drugs increased their share of the total eligible amount after two years of low or no growth. The growth in drug-plan spend was offset somewhat by generic drugs and by biosimilars, now used by more than half of claimants who require a biologic drug. The report also captures important regional differences and examines claims data for the top therapeutic classes.

During these uncertain times, TELUS Health will continue to provide clarity on key trends in the utilization of private drug plans. We look forward to continuing to work with you to protect and enhance private plans' essential contributions to health care.

Martin Bélanger
Senior Vice-President, Payor & Provider Solutions

2025 Drug Data Trends & National Benchmarks

1. Utilization

Claimants, claims and eligible amounts

Six out of 10 (60.5%) insureds made at least one claim in 2024, slightly more than in 2023 (58.7%) (chart 1). These claimants submitted an average of 12.1 claims each, virtually unchanged from 2023 (12.0) (chart 2). The average eligible amount per claim increased by 2.4%, from $83.53 in 2023 to $85.52 in 2024 (chart 3).

Each claimant's average annual eligible amount for all claims was $1,037.95 in 2024, up 3.3% from 2023 ($1,005.03) (chart 4). Ten years ago, in 2015, the average annual eligible amount was $667.78. "We forecast an annual growth rate of between 3% and 8% for the next five years, due to a combination of increased utilization and more high-cost drugs," says Vicky Lee, Director, Pharmacy Consulting & Professional Services, Payor Solutions, TELUS Health.

Regional variations reflect the influence of public drug plans. For example, public-plan policies in all provinces except Quebec recommend or require that pharmacies refill chronic medications in two- or three-month supplies, whereas pharmacies in Quebec typically dispense 30-day supplies for refills of chronic medications. The result is a higher average number of claims per claimant in Quebec—17.5 compared to a revised average of 10.1 in the remaining regions after Quebec is removed from the results—and a lower average eligible amount per claim—$74.39 compared to $92.49 in the remaining regions.

While the average amount per claim is lowest in Quebec, the greater frequency of claims pushes the province ahead of all others in the total average eligible amount per claimant for the year: $1,304.57, compared to the national average of $1,037.95.

Meanwhile, private plans in Western Canada consistently experience the lowest average annual eligible amount per claimant: $761.82 in 2024, 41.6% less than the highest regional average of $1,304.57 in Quebec and well below the averages of $1,056.25 in Ontario and $1,054.96 in Atlantic Canada. The average eligible amount per claim was $80.25 in Western Canada compared to $94.57 in Atlantic Canada and $101.58 in Ontario.

The lower amounts in the West reflect the influence of the Pharmacare plans in British Columbia and Manitoba and the universal drug plan in Saskatchewan, which automatically become the primary payor once plan members have paid an out-of-pocket deductible. When Western Canada is removed from the results, the averages in eligible amount for the remaining three regions were $87.08 per claim and $1,152.72 per claimant.

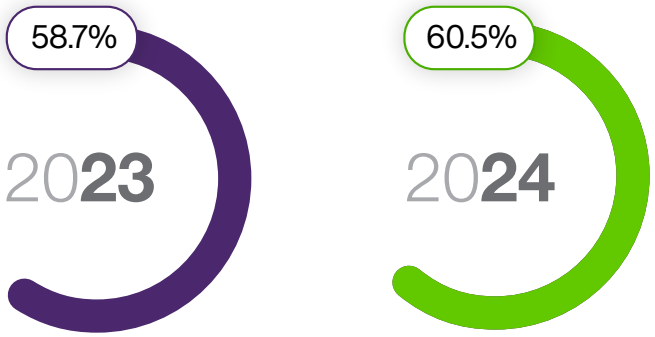
The average annual eligible amount per claimant grew by 3.3% in 2024 (chart 5). Quebec experienced the most growth (4.3%) and Western Canada the least (2.2%), while Ontario and Atlantic Canada were almost on par (both 3.1%) with the national result.

A similar pattern emerges for the growth rates in the average eligible amount per claim (chart 6). The national growth of 2.4% is bracketed by a high of 4.0% in Quebec and a low of 0.6% in Western Canada. However, Atlantic Canada (1.0%) and Ontario (1.8%) were not as close to the national average, which suggests that the number of claims per claimant was a greater driver of growth than the average amount per claim.

Indeed, the growth rates in the number of claims per claimant in Atlantic Canada and Ontario—2.1% and 1.3%, respectively—were ahead of the national average of 0.9% (chart 7). Meanwhile, the number of claims in Quebec barely changed (0.4%). In Western Canada, the number of claims per claimant grew by 1.6%.

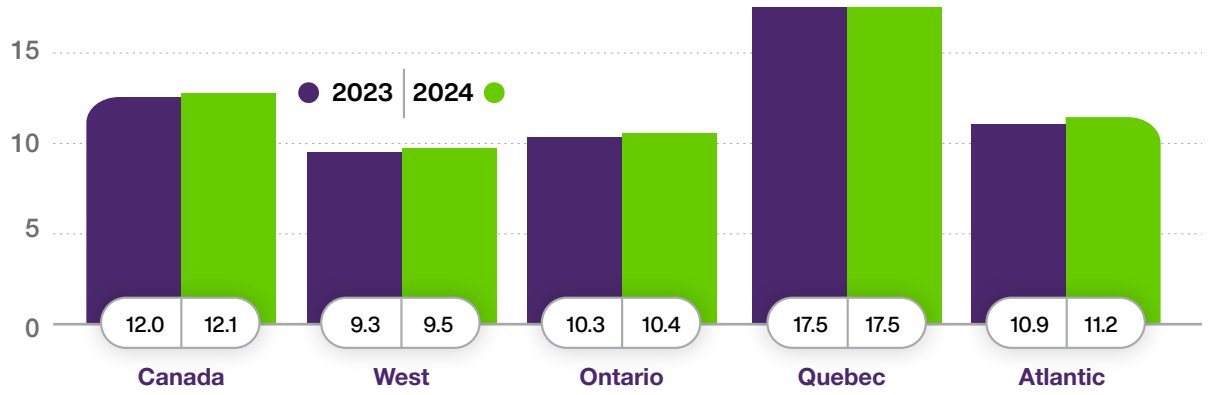
The upshot is that the claims count was the bigger driver of growth in drug-plan spend in Atlantic Canada, Ontario and Western Canada, whereas the amount per claim was the bigger driver in Quebec. “The specialty split is a bit higher in Quebec than in Ontario and Western Canada,” notes Lee.

CHART 1 | Insureds who made a claim, 2023 and 2024



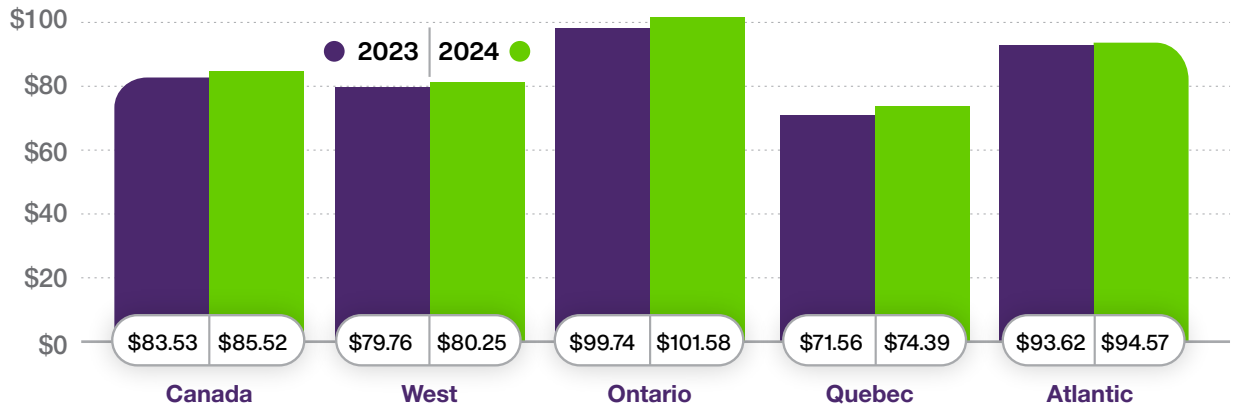
Source: TELUS Health claims database

CHART 2 | Average number of claims per claimant by region, 2023 and 2024



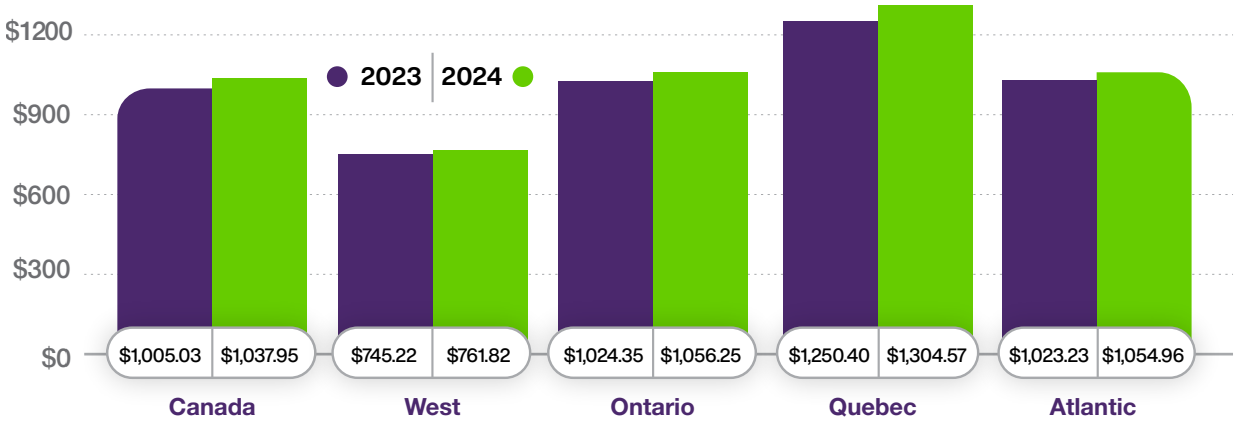
Source: TELUS Health claims database

CHART 3 | Average eligible amount per claim by region, 2023 and 2024



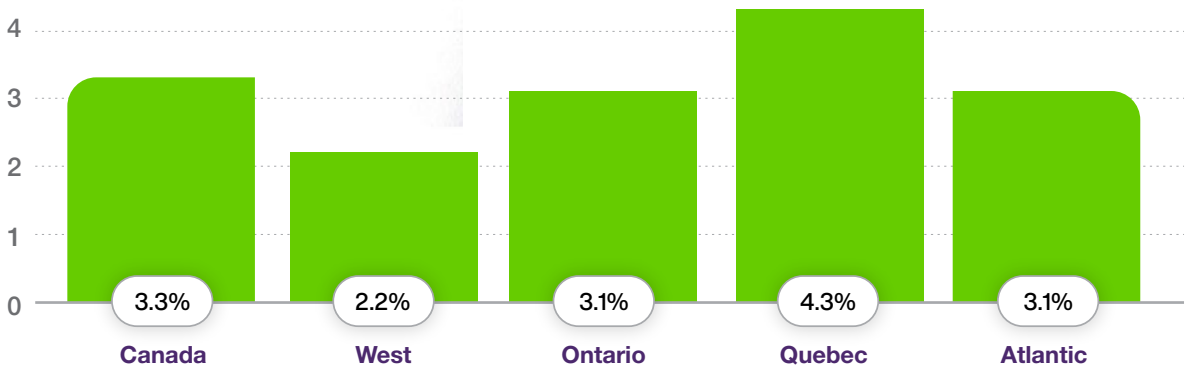
Source: TELUS Health claims database

CHART 4 | Average annual eligible amount per claimant by region, 2023 and 2024



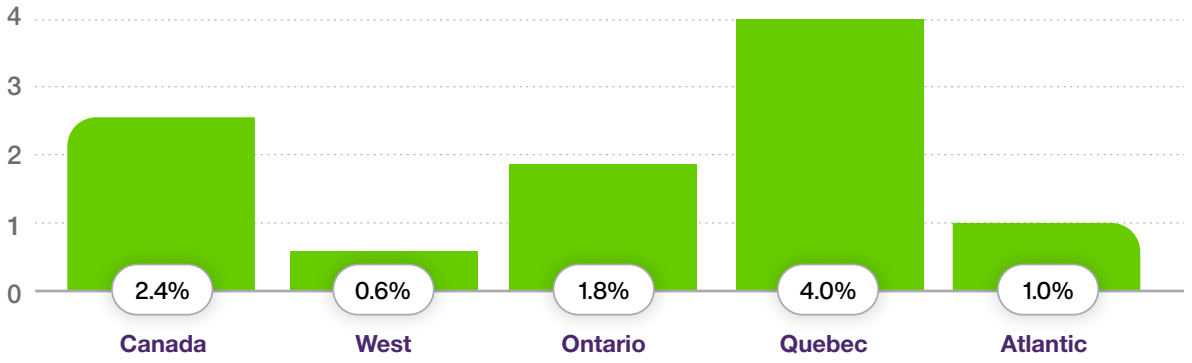
Source: TELUS Health claims database

CHART 5 | Change in average eligible amount per claimant, 2023 – 2024



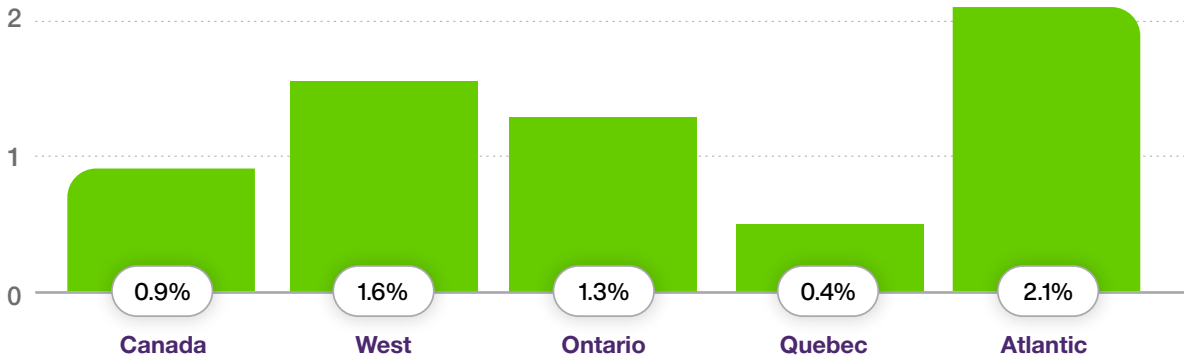
Source: TELUS Health claims database

CHART 6 | Change in average eligible amount per claim, 2023 – 2024



Source: TELUS Health claims database

CHART 7 | Change in average number of claims per claimant, 2023 – 2024



Source: TELUS Health claims database

Utilization by certificate

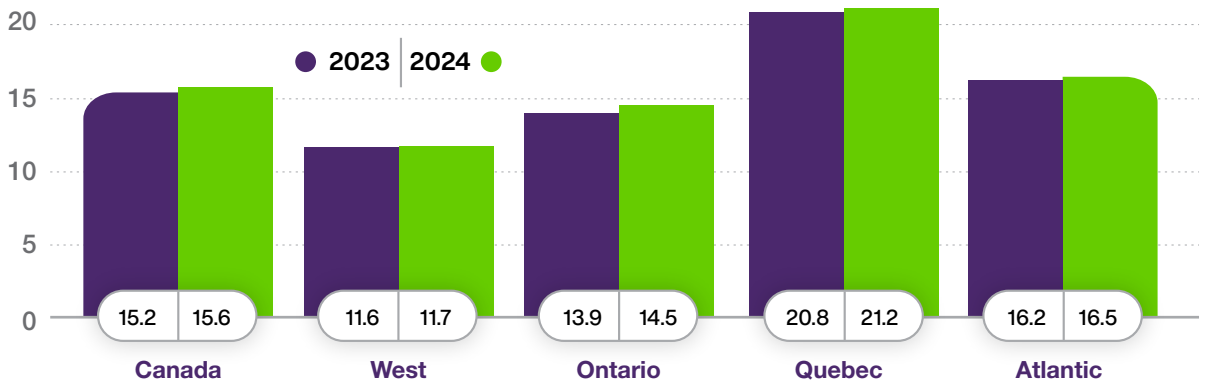
When claims and claimants are pooled at the certificate level, the average number of claims per certificate was 15.6 in 2024 (chart 8), an increase of 2.3% over 2023 (chart 9).

Regionally, the number of claims per certificate climbed by 4.3% in Ontario, 1.9% in Quebec, 1.8% in Atlantic Canada and 1.3% in Western Canada.

The total average eligible amount per certificate was $1,337.63 in 2024, ranging from a low of $942.46 in Western Canada to a high of $1,590.78 in Quebec (chart 10). Ontario experienced the highest year-over-year increase, at 6.1%, followed by Quebec (5.8%), Atlantic Canada (2.9%) and Western Canada (2.0%) (chart 11). Nationally, the growth rate was 4.7%.

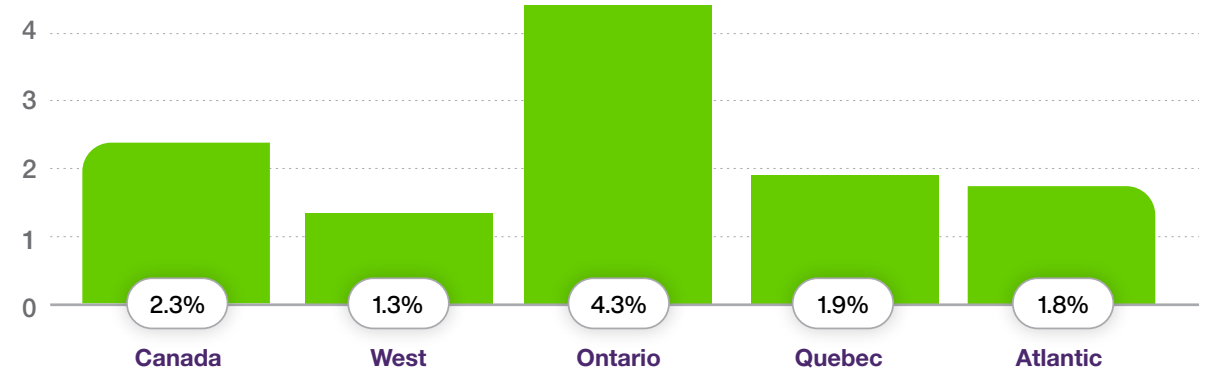
Chart 12 presents a national and regional overview of the utilization of private drug plans in 2024.

CHART 8 | Average number of claims per certificate by region, 2023 and 2024



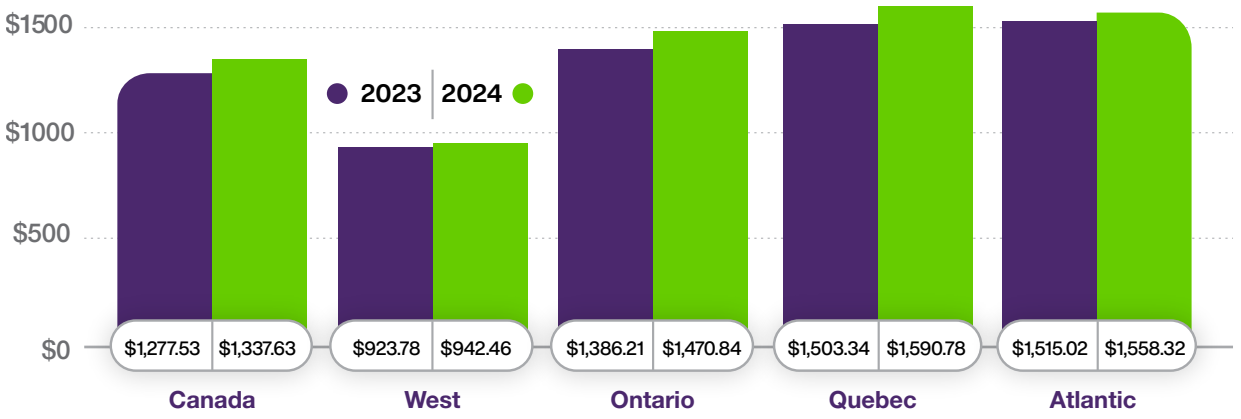
Source: TELUS Health claims database

CHART 9 | Change in average number of claims per certificate, 2023 – 2024



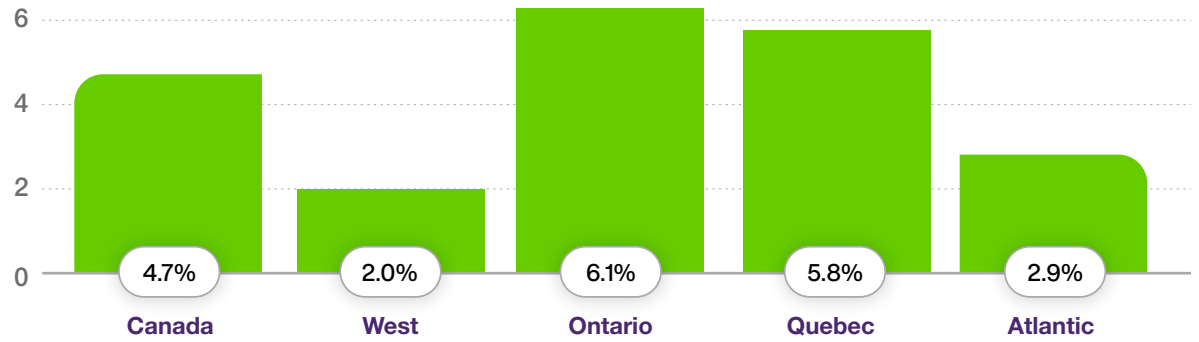
Source: TELUS Health claims database

CHART 10 | Average annual eligible amount per certificate, 2023 and 2024



Source: TELUS Health claims database

CHART 11 | Change in average annual eligible amount per certificate, 2023 – 2024



Source: TELUS Health claims database

CHART 12 | Overview of eligible amounts and utilization nationally and by region, 2024

	Canada	West	Ontario	Quebec	Atlantic
Average number of claims per claimant	12.1	9.5	10.4	17.5[1]	11.2
Average eligible amount per claim	$85.52	$80.25	$101.58	$74.39[1]	$94.57
Average annual eligible amount per claimant	$1,037.95	$761.82[2]	$1,056.25	$1,304.57	$1,054.96
Average number of claims per certificate	15.6	11.7	14.5	21.2	16.5
Average annual eligible amount per certificate	$1,337.63	$942.46[2]	$1,470.84	$1,590.78	$1,558.32

1 Quebec has the highest number of claims per claimant and the lowest average eligible amount per claim because Quebec pharmacies typically dispense chronic medications in 30-day supplies, whereas pharmacies in other provinces typically dispense 60- or 90-day supplies.

2 Western Canada has the lowest average annual eligible amount per claimant and per certificate because the Pharmacare/universal drug plans in British Columbia, Manitoba and Saskatchewan automatically become the primary payor once plan members have paid an out-of-pocket deductible.

Source: TELUS Health claims database

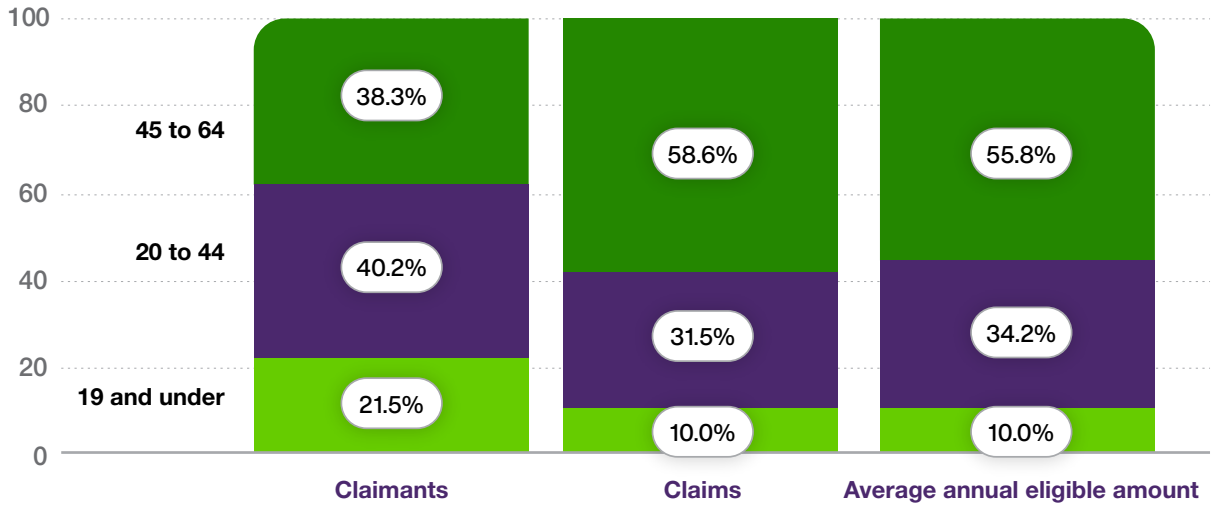
Utilization by age group

As expected, medication use is highest among claimants aged 45 to 64. While this age group accounted for just over one-third (38.3%) of all claimants in 2024, it was responsible for more than half of all claims (58.6%) and more than half of the total eligible amount (55.8%) (chart 13).

The average annual eligible amount for claimants aged 45 to 64 was $1,487.02 in 2024, compared to $868.27 for claimants aged 20 to 44 and $475.49 for those aged 19 and under (chart 14).

Growth in the average annual eligible amount per claimant was also highest in the 45-to-64 age group (chart 15), climbing 4.2% from $1,423.89 in 2023 to $1,487.02 in 2024. The growth rates were 2.8% for claimants aged 20 to 44 and 1.6% for those 19 years old and younger.

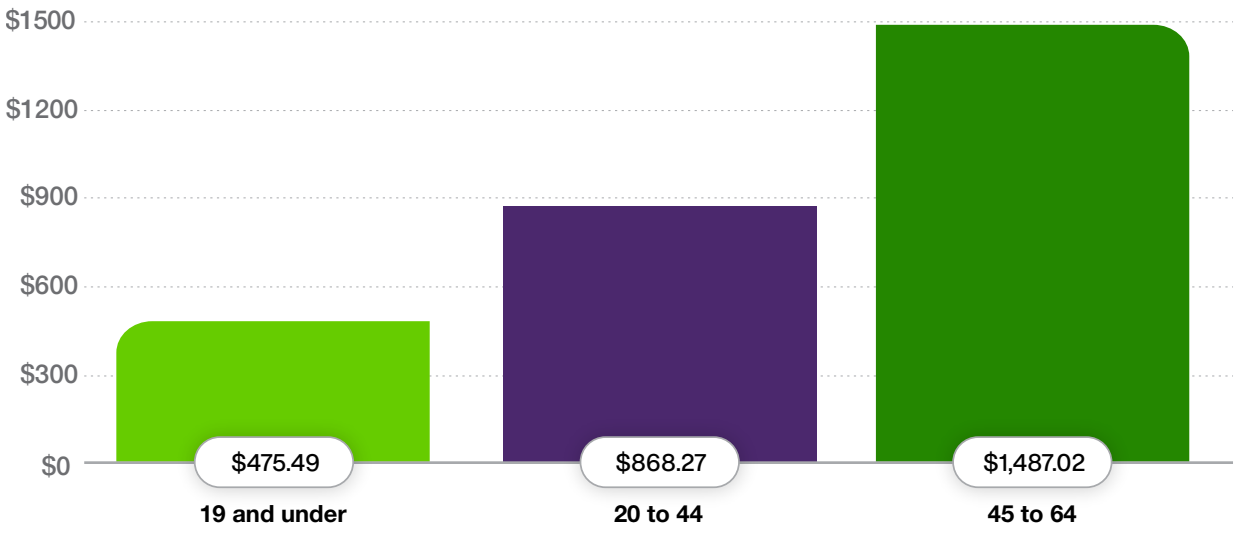
CHART 13 | Share of claimants, claims and eligible amount by age group, 2024



Percentages may not add up to 100 due to rounding.

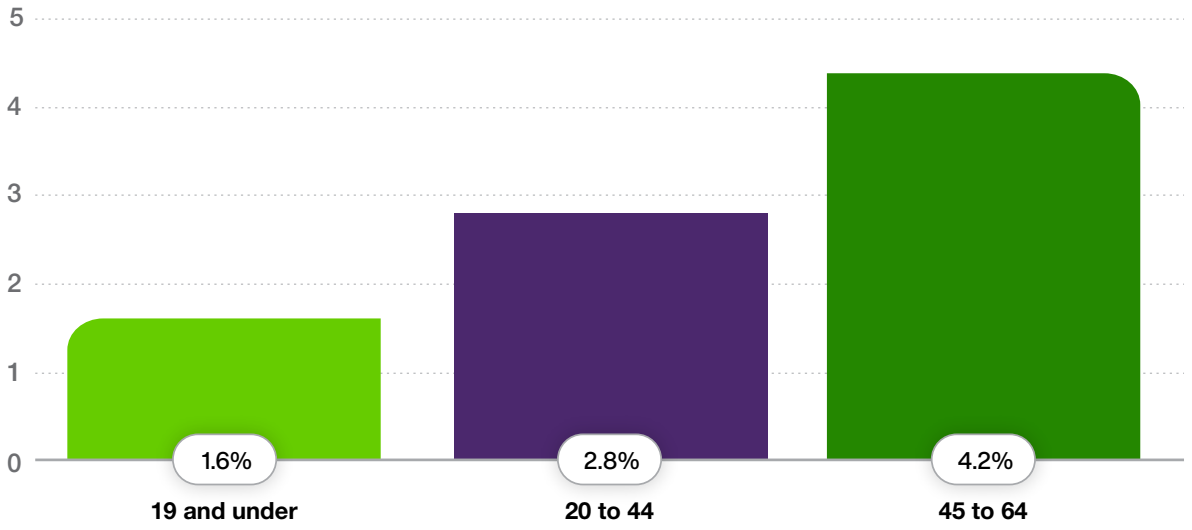
Source: TELUS Health claims database

CHART 14 | Average annual eligible amount per claimant by age group, 2024



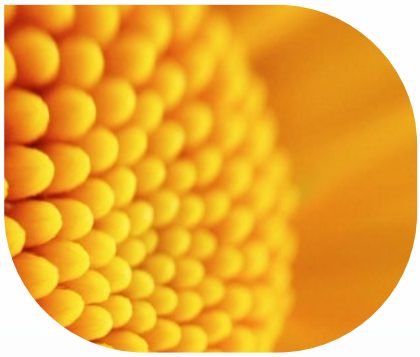
Source: TELUS Health claims database

CHART 15 | Change in average annual eligible amount per claimant by age group, 2023 – 2024



Source: TELUS Health claims database

2025 Drug Data Trends & National Benchmarks



2. Generic drugs

Generic versions of brand-name drugs captured 68.8% of all claims submitted to private drug plans in 2024, up from 67.5% in 2023 (chart 16). Brand-name drugs accounted for the remaining 31.3%, broken down as follows: 24.0% of claims were single-source brand-name drugs, meaning no generic versions were available; and 7.3% were multi-source brand-name drugs for which generics were available (note: percentages do not add up to 100 due to rounding). In 2023, 6.6% of the medications were multi-source brand-name drugs.

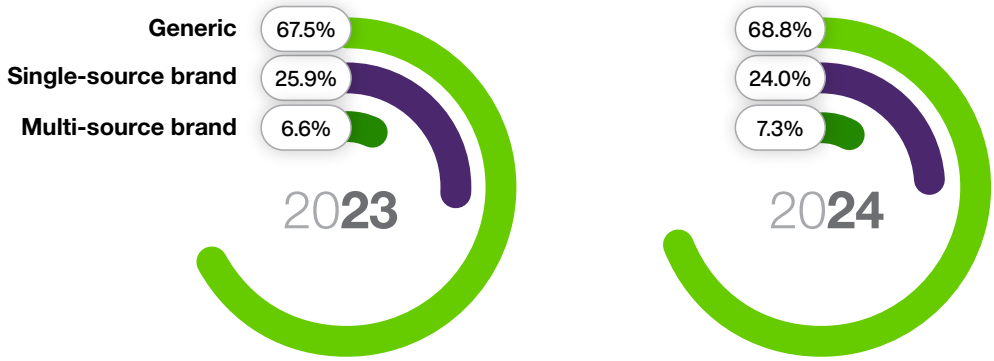
The higher share for generics is good news. At the same time, however, the higher share for multi-source brand-name drugs suggests there is still room for improvement in generic penetration. While the multi-source brand-name share can never go to zero—due to the small numbers of patients who go back to a brand-name drug after experiencing adverse drug events from a generic, or who opt out of mandatory generic pricing policies by paying the difference in price for the brand-name drug—the lower its share, the better.

Regional results may offer clues. Shares for multi-source brand-name drugs ranged from a low of 4.9% in Atlantic Canada to a high of 8.3% in Quebec (chart 17). Shares in Western Canada (6.9%) and Ontario (6.7%) were slightly below the national average. All of these shares are higher than in 2023 and Quebec recorded the biggest increase, from 7.4% in 2023 to 8.3% in 2024.

> “Provincial interchangeability policies may influence private plans’ coverage of multi-source branded drugs over available generics,” says Blandine Mosna, Consultant Pharmacist, TELUS Health. “Quebec has an appendix listing drugs for which the lowest-cost method does not apply, and some provinces in the Atlantic may be quicker to set up interchangeability.”

As expected, given the much lower price points of generics, the breakdown between brand-name and generic drugs flips when considered by eligible amount. Generics accounted for 26.8% of the eligible amount, unchanged from 2023. Single-source brand-name drugs accounted for 66.1% and multi-source, 7.1% (chart 18).

CHART 16 | Share of claims by type of drug, 2023 and 2024

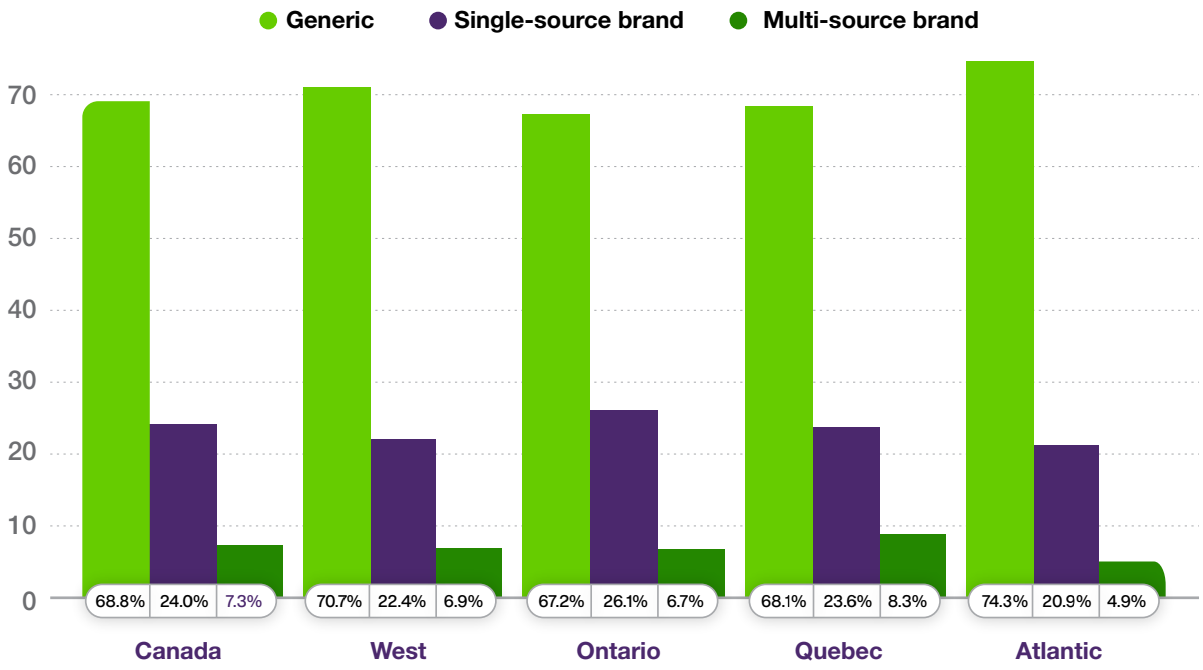


Percentages may not add up to 100 due to rounding.

Source: TELUS Health claims database

CHART 17 | Share of claims by type of drug by region, 2024

Percentages may not add up to 100 due to rounding.

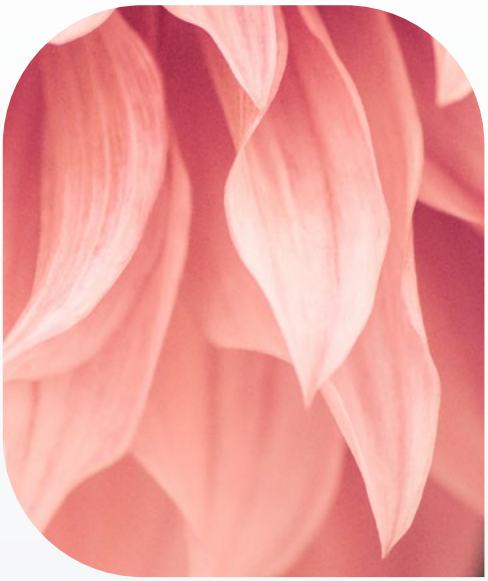


Source: TELUS Health claims database

CHART 18 | Share of eligible amount by type of drug, 2023 and 2024

Source: TELUS Health claims database

2025 Drug Data Trends & National Benchmarks



3. Specialty drugs

Share of claimants and eligible amount

Specialty drugs' share of the total eligible amount resumed an upward trek in 2024, climbing to 32.8% from 31.2% in 2023 (chart 19). This followed two years of no growth, including an actual slight decline in 2022, after more than 15 years of strong growth.

Provincial and territorial switching policies for lower-priced biosimilar biologics (see page 22) were behind the short-term reprieve in drug-plan spend. "These savings from biosimilars will continue as more private plans adopt switching, but the steady stream of new specialty drugs is having a greater impact for private plans," says Mosna.

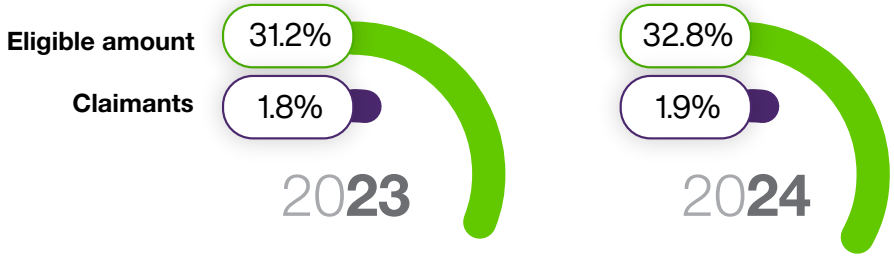
The share of claimants taking specialty drugs also inched upward, to 1.9% in 2024 from 1.8% in 2023. The average annual eligible amount per claimant was $17,532.17 in 2024.

Regionally, specialty drugs' share of the eligible amount in 2024 was highest for private plans in Atlantic Canada, at 37.1%, followed closely by Quebec (36.8%) (chart 20). Ontario (32.9%) was consistent with the national average (32.8%) and Western Canada (25.7%) was well below the average due to the Pharmacare plans in British Columbia and Manitoba and the universal drug plan in Saskatchewan.

All regions experienced growth in 2024 (chart 21). Private plans in Western Canada saw the most growth (8.3%), followed by Quebec (4.7%), Ontario (4.0%) and Atlantic Canada (3.5%). Nationally, specialty drugs' share grew by 5.1%.

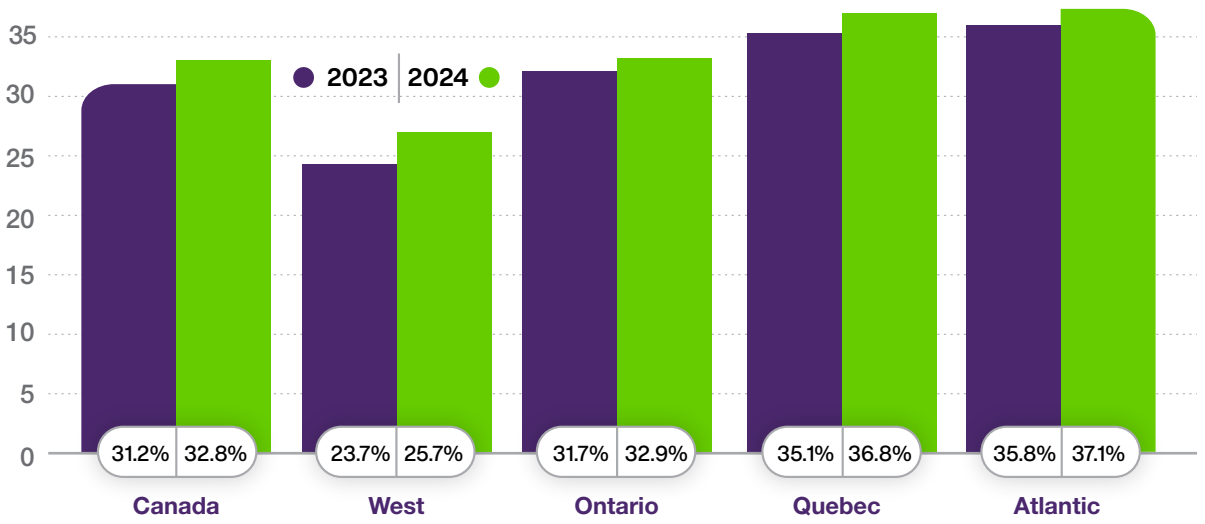
For details on the top 10 ultra-high-cost specialty drugs, see page 29.

CHART 19 | Specialty drugs' share of eligible amount and claimants, 2023 and 2024



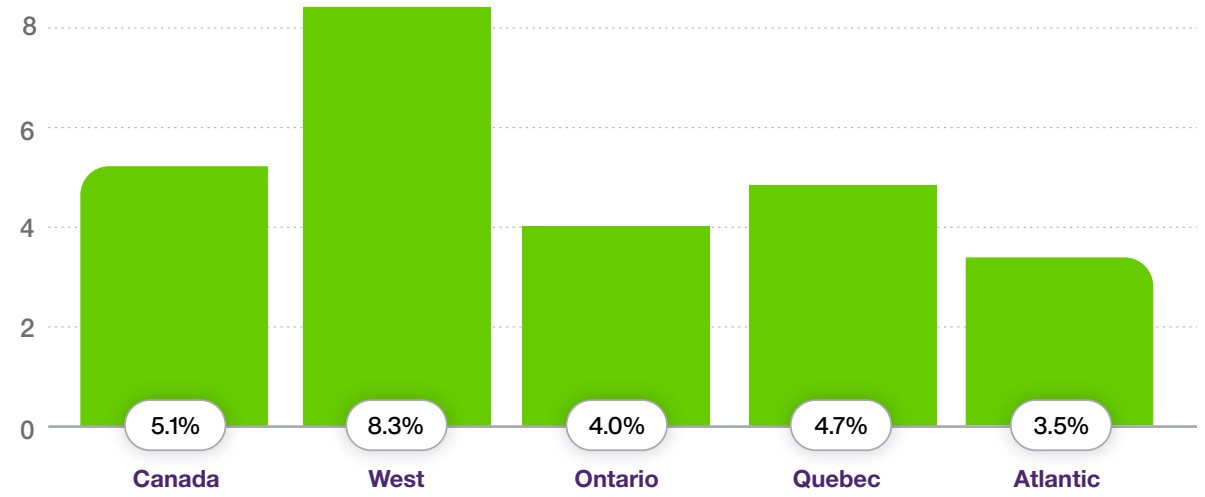
Source: TELUS Health claims database

CHART 20 | Specialty drugs' share of eligible amount by region, 2023 and 2024



Source: TELUS Health claims database

CHART 21 | Change in specialty drugs' share of eligible amount by region, 2023 – 2024



Source: TELUS Health claims database

Biosimilar biologics

Fewer than one in 10 claimants for a biologic drug were using a biosimilar at the start of 2019, before provinces and territories began implementing switching policies that moved coverage of reference biologics to biosimilar biologics. By the end of 2024, however, with public-plan switching policies in place from coast to coast, the share of claimants in private plans who took a biosimilar was 56.9%, up from 44.6% in 2023 (chart 22).

A total of 18 biologic drugs had available biosimilar options in 2024. A closer look at these 18 drugs reveals that almost all claimants taking pegfilgrastim (reference brand name Neulasta) or filgrastim (Neupogen) were using a biosimilar (99.6% and 95.1%, respectively). Both drugs treat low white blood-cell counts (e.g., following chemotherapy). Biosimilar use was also very high (95.3%) for rituximab (Rituxan), prescribed for certain types of cancer and autoimmune diseases such as rheumatoid arthritis (chart 23).

Biosimilars for the following reference biologics made significant gains in 2024:

- Etanercept (Enbrel) for autoimmune conditions, which grew from 74.4% of claimants in 2023 to 87.4% in 2024;
- Ranibizumab (Lucentis) for macular degeneration, which more than doubled its share, from 34.8% to 82.1%;
- Teriparatide (Forteo) for osteoporosis, which grew from 53.1% to 81.8%; and
- Glatiramer acetate (Copaxone) for multiple sclerosis, which climbed to 80.5% from 69.8%.

Biosimilar adoption rates were well below average for the following three drugs, due mainly to timing.

- The first, and so far only, biosimilar for tocilizumab (Actemra) to treat autoimmune conditions has yet to enter the market after it was approved by Health Canada in October 2024.
- The first biosimilars for denosumab (Prolia and Xgeva) for bone diseases became available in mid-2024 and captured 2.5% of claimants by the end of the year. Up to 11 more biosimilars are expected to become available this year.
- Health Canada approved the first five biosimilars for ustekinumab (Stelara)—for inflammatory bowel disease, psoriasis and psoriatic arthritis—in late 2023 and 2024. Three of those five entered the market last year and established a foothold with 8.9% of claimants.

Most notable was the large drop in the share of claimants for the biosimilar versions of bevacizumab (Avastin), used to treat certain types of cancer: from 97.7% in 2023 to 37.2% in 2024. At the same time, the total number of claimants increased by 77.2% (from 44 in 2023 to 78 in 2024).

Off-label prescribing may be the driving factor. Bevacizumab's off-label use for age-related macular degeneration (AMD), diabetic macular edema (DME) and other eye disorders has "gained prominence" around the world, states a 2024 research paper, which also noted, "It is the cheapest of the four medications available for the treatment of AMD and DME."[1]

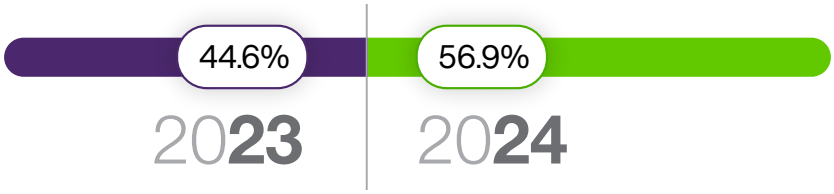
"The combination of more claimants and more prescriptions for the reference biologic, rather than one of the several biosimilars, may suggest off-label prescribing," says Mosna. "It may also reflect the growing prevalence of AMD and the need for more treatment options."

AMD is the leading cause of vision loss in people over the age of 55, affecting approximately 2.5 million Canadians, according to Fighting Blindness Canada. A 2022 study stated that the global prevalence of AMD is projected to increase by 50% by 2040.[2]

The following four biologic drugs reported strong gains in the share of claimants taking a biosimilar:

- The only biosimilar for insulin lispro (Humalog) ascended to 60.1% from 36.7%. Biosimilars for insulin aspart (Novolog) accounted for 52.2% of claimants by the end of 2024, 17 points ahead of 2023 (35.2%). Both are for diabetes.
- Biosimilars for infliximab (Remicade) were at the start of the wave of biosimilars relevant to private drug plans, receiving regulatory approval in 2014. Two-thirds (66.5%) of claimants in 2024 used an infliximab biosimilar, up from 56.5% in 2023. Infliximab treats autoimmune diseases such as rheumatoid arthritis.
- Enoxaparin sodium (Lovenox) for the prevention of blood clots saw its share of biosimilar claimants climb to 69.9% from 60.3%.

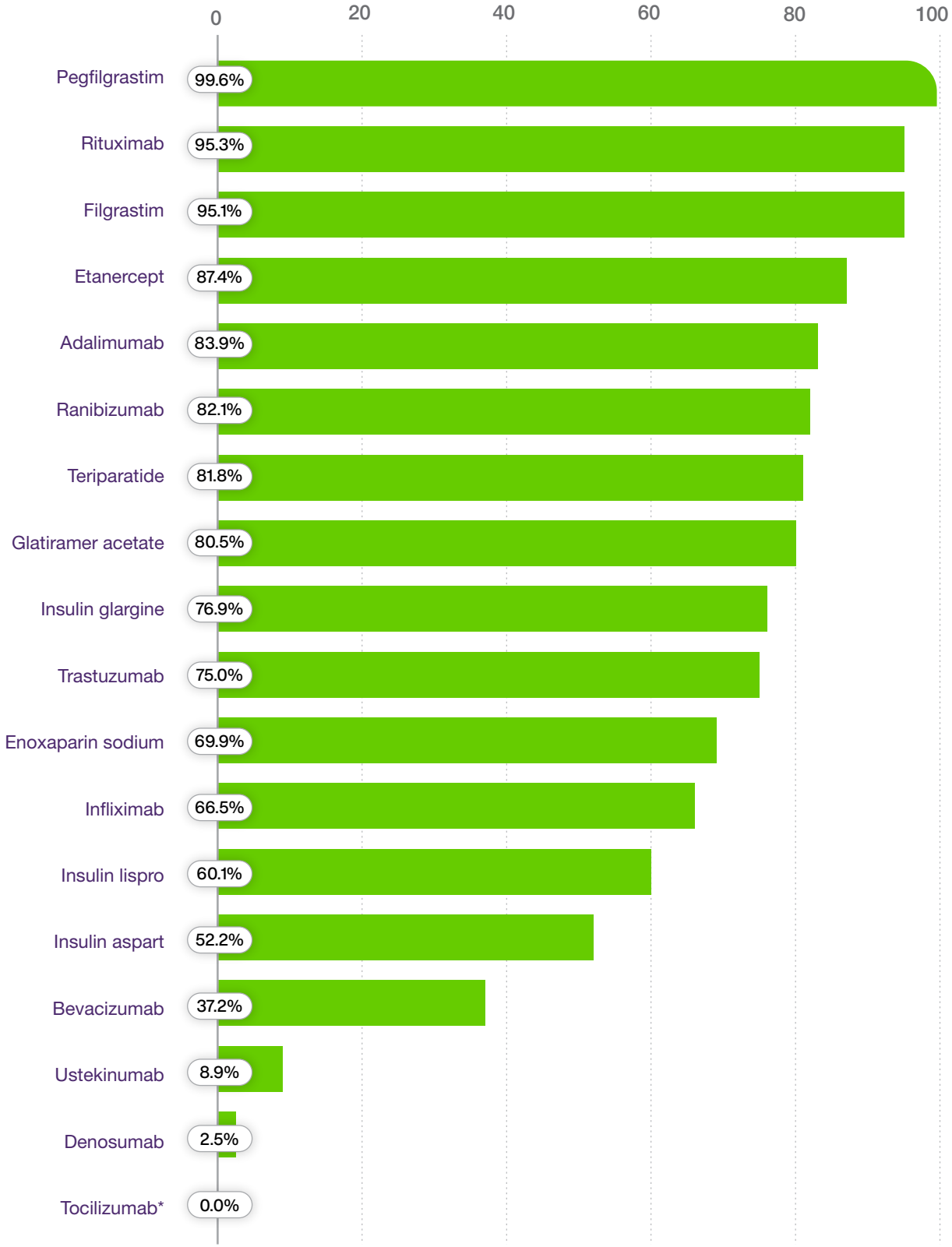
CHART 22 | Share of claimants taking a biosimilar biologic, 2023 and 2024*



*For the 18 biologic drugs with biosimilar options.

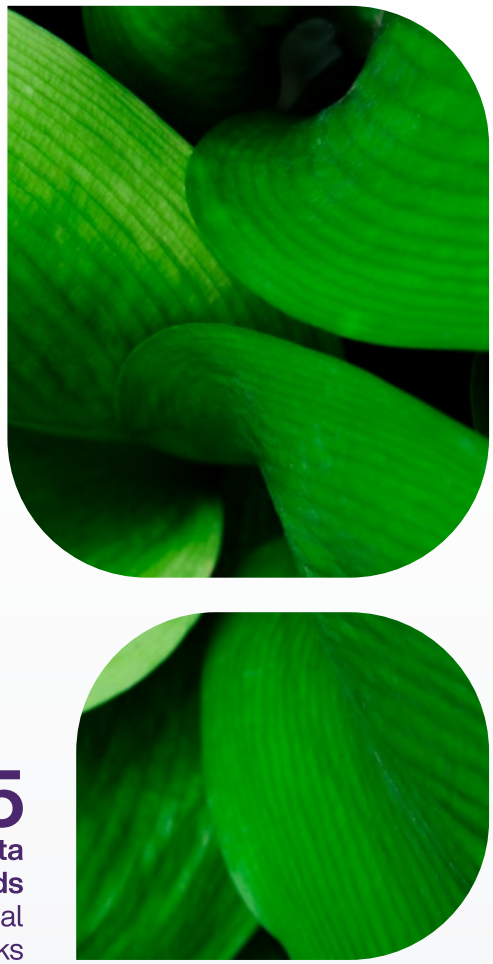
Source: TELUS Health claims database

CHART 23 | Biosimilars' share of claimants by biologic drug, 2024



*A biosimilar for tocilizumab was approved but did not launch in 2024.

Source: TELUS Health claims database



2025 Drug Data Trends & National Benchmarks

4. Drugs by therapeutic class

Top 10 categories by eligible amount

The diabetes category (including devices) retained its top ranking and remained well ahead of the runner-up category of inflammatory disease—albeit less so than a year ago.

The category's share of the total eligible amount dropped by two points, from 15.4% in 2023 to 13.4% in 2024 (chart 24). Supply issues and a shift in prescribing patterns are behind the decline.

Since its launch in 2018, Ozempic (active ingredient: semaglutide) has experienced substantial growth due to its effectiveness as a treatment for type 2 diabetes and, increasingly in recent years, due to off-label prescribing for weight management. A spin-off semaglutide product for weight management only, Wegovy, had been approved by Health Canada in 2021, but global supply challenges delayed its commercialization until May 2024.

"Patients who may have been using Ozempic for weight loss are potentially switching to Wegovy now that it's finally available in Canada. And even before Wegovy, measures to control the off-label use of Ozempic were slowing the growth in claimant count," says Lee. As well, shortages of Ozempic and other diabetes drugs may have affected utilization or led to switches to lower-cost alternatives, she adds.

As the switches to Wegovy wind down, the diabetes category's share of the drug-plan spend is expected to stabilize early in 2025—and likely resume a moderate upward trek. "With the growing prevalence of type 2 diabetes and the positive results of the higher-cost therapies, diabetes will remain a top spend for private drug plans," states Lee.

That said, the nascent Pharmacare program in Canada, focused on the diabetes and contraceptive categories, may have an impact.

"Three provinces have signed bilateral agreements so far with the federal government. If that continues, it's reasonable to expect that private plans' spend for diabetes will decrease in the next two to three years," says Lee.

The growing use of more effective glucose monitoring devices is also an important factor. Flash glucose monitors and continuous blood glucose monitors, which use 24/7 wearable devices and are more than twice the price of first-generation monitors, ranked ninth on the top-10 list of drug molecules or devices by eligible amount in 2024. As expected, semaglutide sat at the top of the list with a share of 6.6%, almost double the share of the number-two molecule, infliximab (3.4%).

Infliximab is one of several biologics in the category of drugs for inflammatory diseases, such as rheumatoid arthritis. The category had ruled the top-10 list for more than a decade before dropping to second position in 2022, where it has since remained. Its share in 2024 was 8.9%, down slightly from 9.2% in 2023.

"The eligible amount is going down because of the ongoing transition to lower-cost biosimilars. Plus the momentum in diabetes pushed this category into second position," notes Lee.

Speaking of momentum, the category of drugs for skin disorders appears poised to overtake inflammatory diseases. Its share grew to 8.7% in 2024, up from 7.9% in 2023. Biologics and other high-cost therapies fuelled the category's growth. One biologic in particular, Dupixent (dupilumab), is making an impact due to its growing number of indications approved by Health Canada. "Not all of its new indications are linked to skin disease. For instance, it's used for asthma. As a result, some of the growth in the category is artificial growth," says Mosna.

The next three categories are well behind the top three, but within striking distance of each other. The category for attention deficit hyperactivity disorder (ADHD) ranked fourth with a share of 5.6%, just ahead of the categories for depression (5.3%) and asthma (5.1%). The shares for both ADHD and depression were down slightly from 2023 (shares of 5.8% and 5.5%, respectively), likely a reflection of the growing use of lower-priced generics—including the first generics for Vyvanse for ADHD, ranking fifth on the top-10 list of drug molecules in 2024.

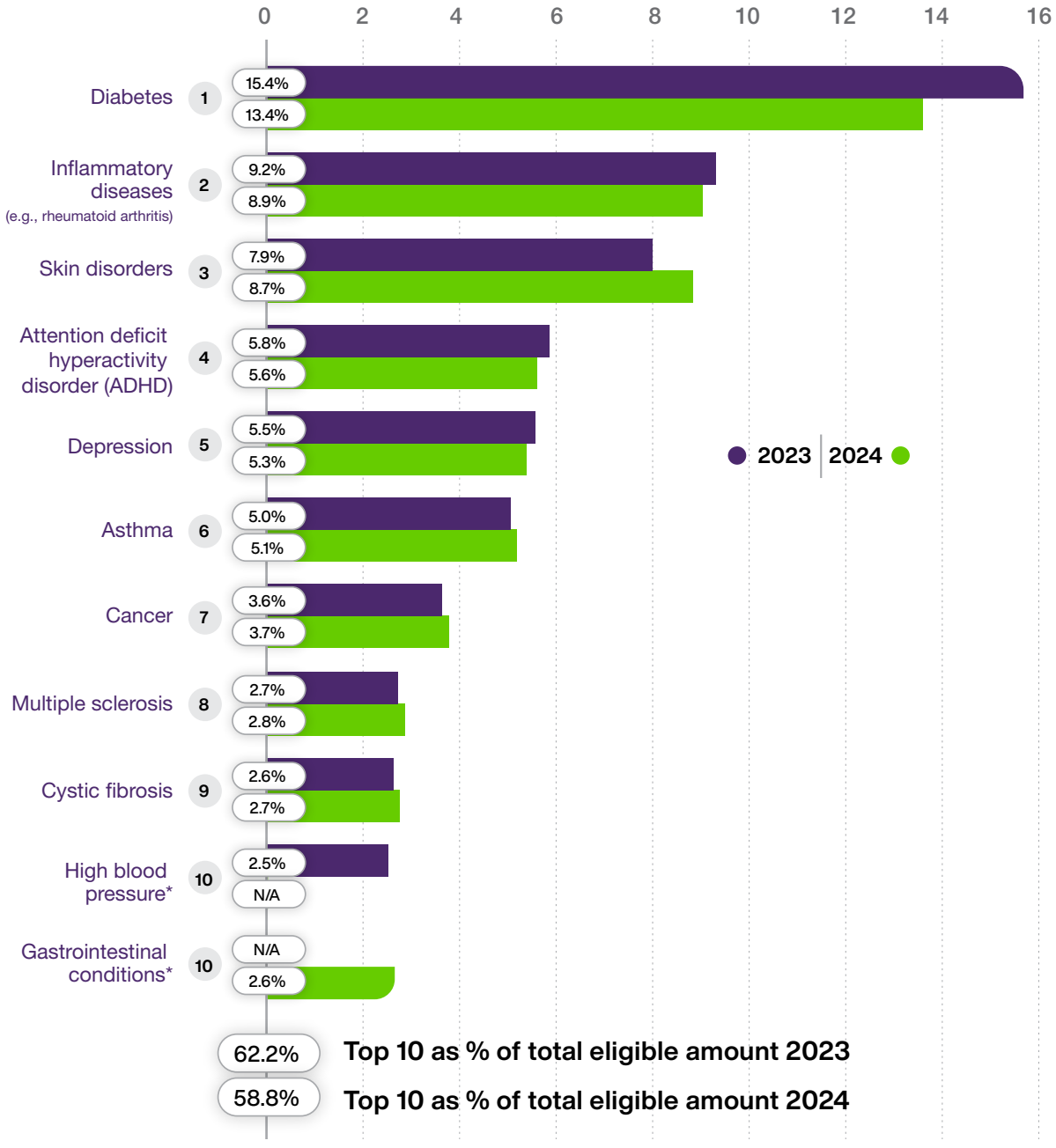
The category of cancer drugs held fast in seventh position (3.7%), sustained by the growing availability of medications that can be self-administered. The final three categories are vying for position: multiple sclerosis (2.8%), cystic fibrosis (2.7%) and gastrointestinal (GI) conditions (2.6%). Cystic fibrosis entered the top-10 list in 2023, driven by a new class of medications that significantly expanded patients' eligibility for treatment. The average annual eligible amount for the leading new drug for cystic fibrosis, Trikafta—used by less than 0.02% of claimants—is $163,000.

Drugs for GI conditions are new to the top-10 list, knocking out the blood-pressure category. Entyvio (vedolizumab), a biologic to treat ulcerative colitis and Crohn's disease, is largely behind the growth. The annual eligible amount in this category has steadily climbed since 2015, when Entyvio entered the market, moving its rank from 23rd in 2015 to 11th in 2021 and to 10th position in 2024.

"The number of claimants and the cost per claim continued to grow in 2024, led by Entyvio. And it will likely be at least five years before lower-cost biosimilars become available," says Mosna.

All told, the top 10 categories accounted for 58.8% of the total eligible amount in 2024, down from 62.2% in 2023.

CHART 24 | Top 10 categories by eligible amount, 2023 and 2024



*High blood pressure medications ranked 10th in 2023; gastrointestinal medications ranked 10th in 2024.

Source: TELUS Health claims database

Top 10 ultra-high-cost drugs

A single drug dominated the top-10 list of ultra-high-cost drugs in 2024: Trikafta (elexacaftor, tezacaftor and ivacaftor) for cystic fibrosis (CF). Trikafta accounted for 50.3% of the eligible amount in this market segment, well ahead of second-ranked Soliris (eculizumab) for rare blood disorders with its share of 8.1% (chart 25).

TELUS Health classifies medications with an estimated annual treatment cost of at least $100,000 as ultra-high-cost drugs. The estimated annual treatment cost is $300,000 for Trikafta and $700,000 for Soliris.

Trikafta, launched in 2021, is part of a new class of drugs known as modulator drugs, which act upon the genetic mutations that cause CF rather than treating only the symptoms. What sets it apart is its potential to treat up to 90% of patients, including children, whereas earlier modulator drugs are limited to much smaller patient populations.

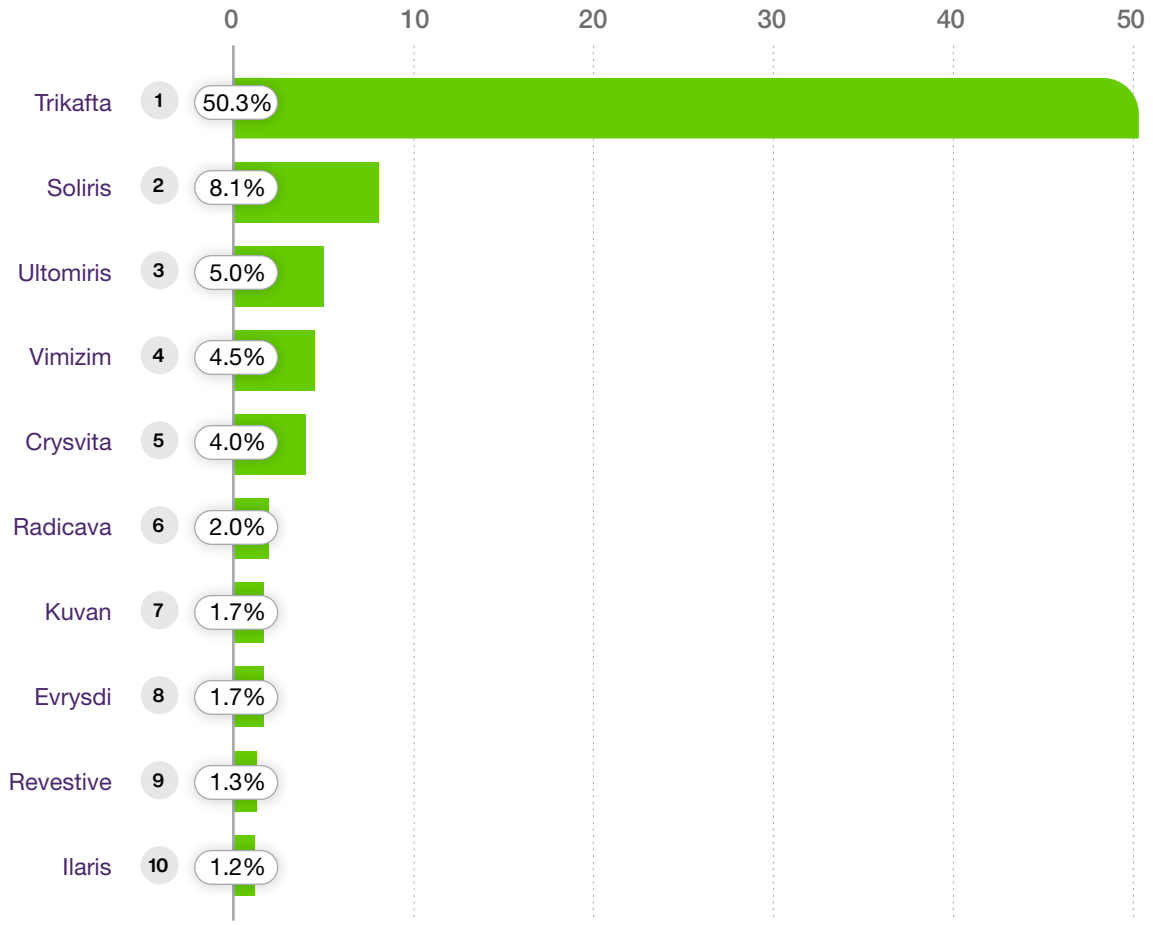
"Trikafta has revolutionized treatment for cystic fibrosis. The number of claimants in the category has more than doubled since its launch," says Lee.

While the number of claimants for Soliris is a fraction of Trikafta's, a single Soliris claim can have a significant budget impact on drug plans. "The number of claimants has slowly increased over the years. The good news is that three biosimilar options are in the pipeline and may be available by the end of the year," says Lee.

Remaining drugs in the list of top 10 ultra-high-cost drugs are treatments for blood disorders, genetic disorders, amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease), spinal muscular atrophy, short bowel syndrome and autoimmune and inflammatory conditions.

All ultra-high-cost drugs accounted for 4.0% of the total eligible amount in 2024.

CHART 25 | Top 10 ultra-high-cost drugs by eligible amount, 2024



Source: TELUS Health claims database

Closer look at weight management

Ranking

2023	29
2024	17

The category of drugs for weight management is climbing rapidly, from 54th position in 2016 to 17th by the end of 2024.

The turnaround began with the launches of Saxenda (liraglutide) in 2015 and Contrave (naltrexone and bupropion) in 2018. These drugs were the first to target hormones that control feelings of hunger or satiety, and are cited in Canada's clinical practice guidelines for obesity as effective pharmacotherapies for weight loss. In addition to obesity, the drugs are indicated for people who meet the definition of being overweight and have weight-related chronic conditions.

The arrival in May 2024 of Wegovy (semaglutide)—capable of reducing body weight by 10% to 15%—sharply accelerated rates of growth in the category. The total eligible amount more than doubled in a year, from $37.9 million in 2023 to $77.6 million in 2024. The number of claimants grew by 59.8%, the number of claims jumped by 90.6% and the average annual eligible amount per claimant increased 28.0% to $2,012.85 (from $1572.40) (charts 26 and 27).

Saxenda remained the most-prescribed weight-management drug at the end of 2024, with 44.0% of claimants, and the number of claimants grew by 12.7%. Yet after just eight months on the market, Wegovy captured 31.1% of all claimants—and a closer analysis reveals that almost one in six (15.3%) had previously been using Saxenda.

On the dollar side, Wegovy claimed 33.3% of the eligible amount after just eight months. Saxenda ceded a third of its share, declining from 77.0% in 2023 to 50.4% in 2024.

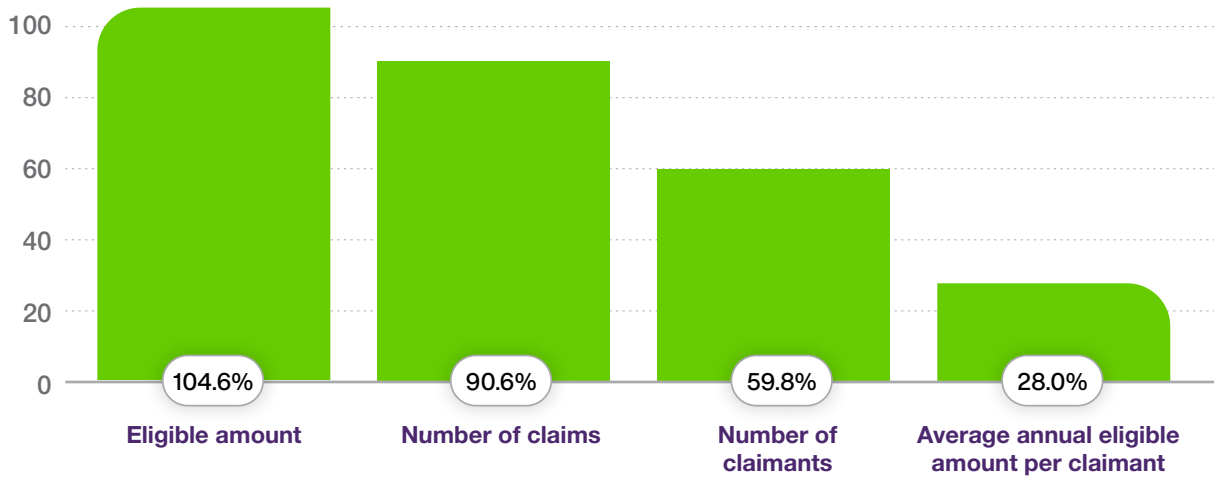
Growth in claimants and eligible amount can be expected to continue at a strong pace as Wegovy attracts more first-time patients to the weight-management category. The potential pool is large: 30.2% of Canadians had obesity and 35.5% were overweight in 2023, states Statistics Canada's recently released Health of Canadians report.

Furthermore, at least two additional drugs are expected in the next two or three years. Clinical trials so far have shown that Zepbound (tirzepatide) and CagriSema (semaglutide and cagrilintide) are able to reduce body weight by an average of 20% and 23%, respectively.

Taking all these factors into account, the weight-management category will certainly continue to grow. But it's too soon to know when, or even if, it will reach the top 10—in part because not all private drug plans automatically cover these drugs. In fact, most still do not.

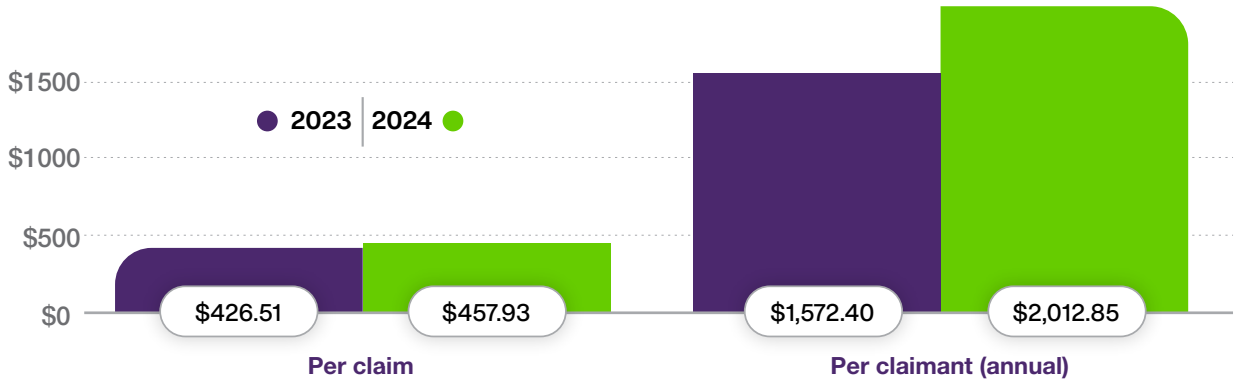
Historically classified as "lifestyle drugs" for which plan sponsors would have to request coverage, one drug class at a time, the complete category of weight-management drugs is slowly making its way into the default drug plan. "As the medical evidence grows for the more recent drugs and as we realize the huge health and productivity costs of obesity, more plan sponsors are seeing the value of covering the entire category of weight-management drugs," says Mosna.

CHART 26 | Growth rates in the weight-management category, 2024



Source: TELUS Health claims database

CHART 27 | Average eligible amounts per claim and claimant in the weight-management category, 2023 and 2024



Source: TELUS Health claims database

Closer look at diabetes

Ranking

2023	1
2024	1

The diabetes category, ahead of all other categories based on eligible amount, shrank by 7.3% in 2024. In TELUS Health's book of business, that translates into tens of millions of dollars—most of which went to the burgeoning weight-management category.

"While the dollars coming out of diabetes cannot be considered savings, they do represent an important correction in the market. The removal of off-label prescribing for weight management gives us a clearer view of what's happening in diabetes," says Lee.

Claimant counts for Ozempic (semaglutide), the diabetes drug most often prescribed off-label for weight management, tell a dramatic story. Between January 2022 and June 2023, the number of claimants almost tripled.

The number of claimants for Ozempic began to decline in October 2023 following the implementation of insurers' measures to control off-label prescribing. In 2024, the claimant count dropped by between 10% and 20% monthly for the first six months before levelling off in June 2024, when Wegovy (semaglutide) for weight management entered the market.

That said, the number of claimants for Ozempic did not return to 2022 levels. Monthly claimant counts during the latter half of 2024 were consistently about 50% more than in early 2022. Put another way, for every 10 claimants in January 2022, there were 15 in December 2024.

"The higher baseline reflects the drug's effectiveness in helping patients manage their diabetes. For many, that includes weight management," says Lee.

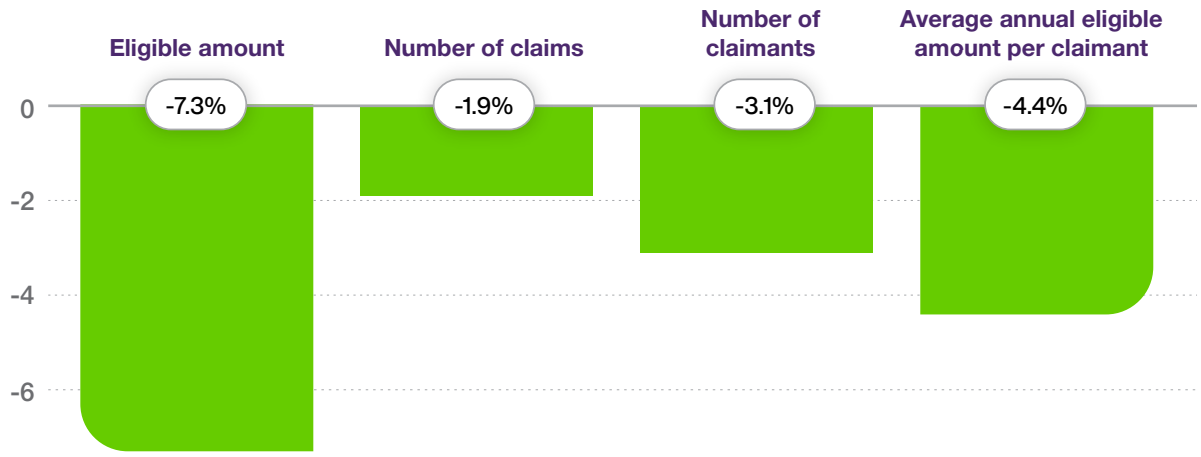
While other diabetes drugs also support weight loss, Ozempic has become the first choice for most patients and their doctors. Its share of the category's total eligible amount was 45.4% in 2024, well ahead of glucose monitoring devices (10.7%) and its nearest direct competitor, Jardiance (empagliflozin) (8.0%).

Still, the transfer of off-label prescriptions out of the diabetes category and into the weight-management category was enough to reduce the overall drug-spend in diabetes. As noted earlier, the diabetes category's total eligible amount declined by 7.3% in 2024. The total number of claimants declined by 3.1% and the number of claims declined by 1.9%. And the average annual eligible amount per claimant dropped by 4.4%, from $1,577.69 to $1,508.47 (charts 28 and 29).

Looking ahead, the first generic options for semaglutide are expected in late 2026 or early 2027. “Generic semaglutide will certainly bring down the eligible amounts submitted to drug plans, but that may be offset by the rise of new brand-name drugs,” says Lee.

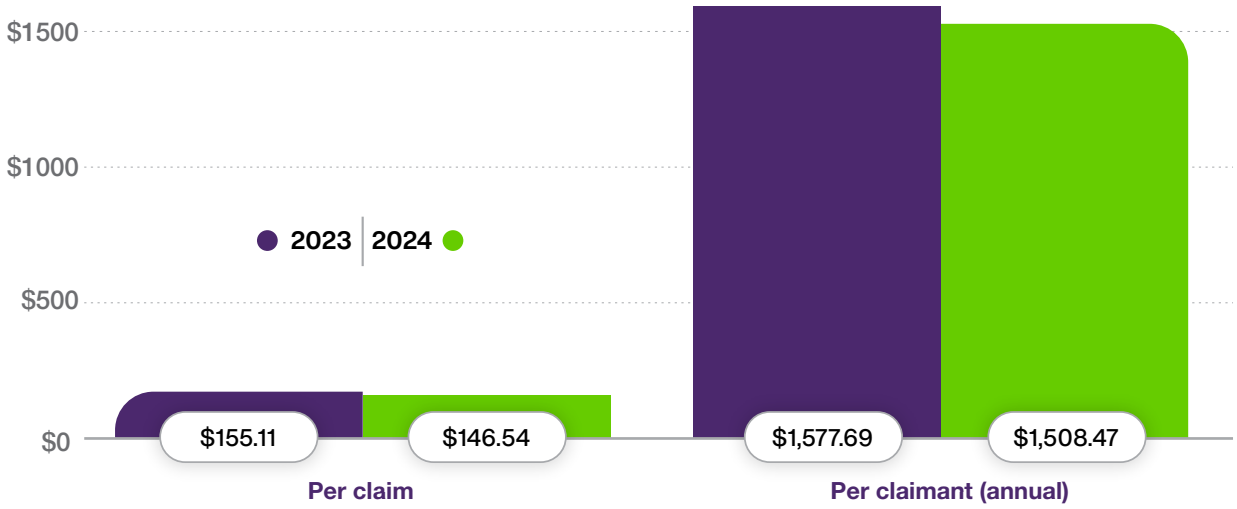
Mounjaro (tirzepatide), the first in a new class of drugs for diabetes, may be the next rising star. Clinical trials with this drug demonstrated significant improvements in blood-sugar levels and higher average weight-loss results compared to Ozempic. Mounjaro was launched in Canada in November 2023, but global supply shortages throughout much of 2024 was a barrier to uptake. “The supply issues appear to be resolved, and we expect the prescribing of Mounjaro to pick up throughout 2025,” says Lee.

CHART 28 | Growth rates in the diabetes category, 2024



Source: TELUS Health claims database

CHART 29 | Average eligible amounts per claim and claimant in the diabetes category, 2023 and 2024



Source: TELUS Health claims database

Closer look at migraine

Ranking

2023	23
2024	19

Therapeutic advances have resulted in a “back-to-the-future” type of scenario for the category of migraine drugs.

In 2008, the category ranked 20th overall in eligible amount, but dropped to 29th by 2016 due to the availability of generic triptans (at the time the most-used medication to alleviate the symptoms of migraine). Then in late 2018, the category reversed direction with the arrival of the first-ever drug for the prevention of migraine. By the end of 2022, the new drug class known as CGRPs had expanded to four drugs, all of them administered by injection.

In 2023, three CGRPs in an oral format became available. Two are indicated for the treatment of acute migraine and are the first new options to alleviate symptoms since the development of triptans. The third, Qulipta (atogepant), is the first oral drug for the prevention of migraine.

CGRPs are indicated for those who suffer most from migraines, i.e., those with episodic (between four and 14 in a month) or chronic (15 or more a month) migraines. This translates into a quarter of the total patient population of approximately 3.3 million Canadians—and enough of these people began taking a CGRP to grow the market.

From 2018 to 2024, the category’s total claimant count grew by 77.4%. For Qulipta alone in 2024, the number of claimants quadrupled.

The higher price points of the CGRPs compared to older treatments amplified the cost impact of the increased utilization. The two drugs indicated for acute migraine are competitive with brand-name triptans, not the lower-cost generics, resulting in an average annual treatment cost of several hundred dollars. The five drugs indicated for prevention, although used by fewer claimants, are priced much higher and the annual treatment cost is between $6,000 and $8,000.

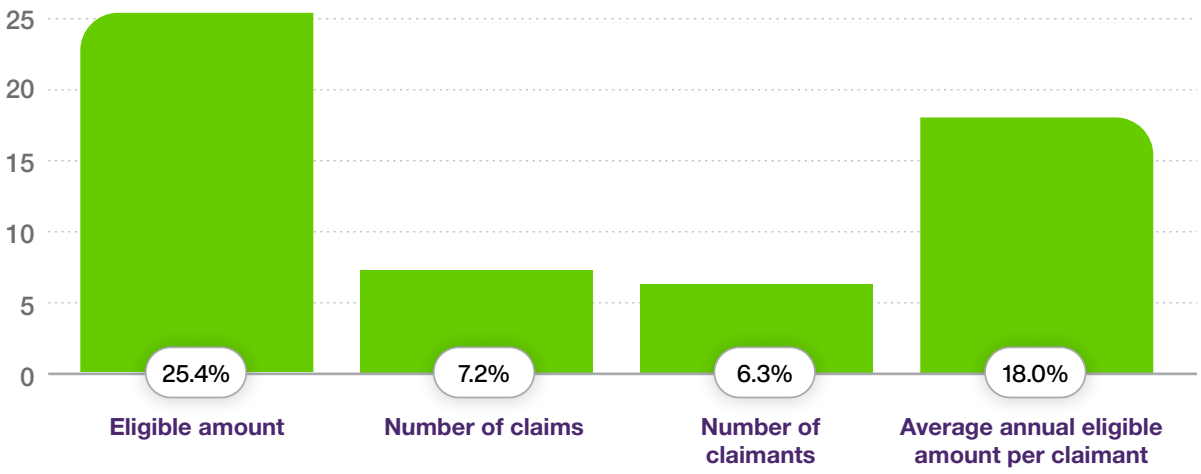
Accordingly, from 2018 to 2024, the average eligible amount per claim increased by 62.2%, from $95.40 in 2018 to $154.78 in 2024, and the average annual eligible amount per claimant increased by 71.3%, from $352.40 in 2018 to $603.53 in 2024. The category’s total eligible amount increased more than five-fold during that seven-year period.

All this to say that the category is back to where it was in 2008, and then some, climbing to 19th position by the end of 2024.

Results for 2024 alone indicate that momentum may be building. The claimant count expanded by another 6.3% and the total eligible amount grew by 25.4%. The average annual eligible amount per claimant climbed 18.0% to $603.53 in 2024, compared to $511.32 in 2023 (charts 30 and 31).

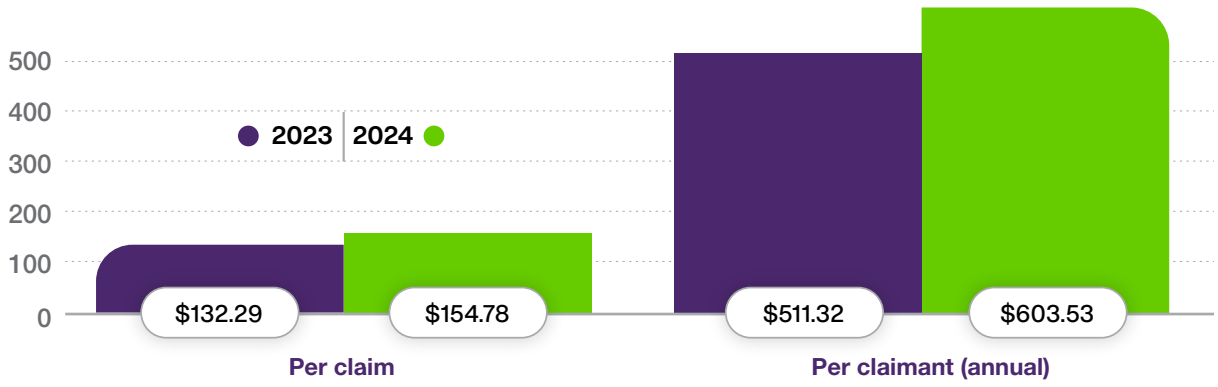
A closer look at the claims data reveals that CGRPs accounted for 47.1% of the total eligible amount in 2024, leaving 37.3% for triptans and 15.6% for other drugs. Claimant counts for four of the CGRPs—three for prevention and one for treatment of acute migraine—increased by double or triple digits in 2024.

CHART 30 | Growth rates in the migraine category, 2024



Source: TELUS Health claims database

CHART 31 | Average eligible amounts per claim and claimant in the migraine category, 2023 and 2024



Source: TELUS Health claims database

Pipeline

Alzheimer's disease does not normally cross paths with private drug plans—but that will soon change. The first drugs that slow the progression of Alzheimer's disease are due to arrive in Canada and the small subset of patients diagnosed in their 40s, 50s and 60s will surely see these medications as a lifeline—and turn to their private plan for coverage.

Download the 2025 Drug Pipeline report by TELUS Health to learn more. The report also distills what private drug plans need to know about what's coming in the categories of plaque psoriasis, weight management, migraine and attention deficit hyperactivity disorder. Of the 10 medications under analysis, seven are expected to have a medium or high budget impact on private drug plans.

2025 Drug Data Trends & National Benchmarks

5. Key takeaways

- Six out of 10 plan members submitted at least one claim in 2024, a nominal increase over 2023.
- The average total eligible amount for all claims per claimant was $1,037.95, up 3.3% from 2023.
- Jurisdictional factors—namely government policies, dispensing practices and the model for public coverage—drove important regional variations in eligible amounts and utilization, as they have in past years.
- Claimants aged 45 to 64 accounted for just over a third of all claimants, more than half of all claims and more than half of the total eligible amount. The total average eligible amount in this age group was $1,487.02 per claimant.
- Generic medications grew their share of the prescription volume slightly, to just beyond two-thirds. Generics do not yet exist for most of the remaining prescriptions; however, room for growth exists in certain regions.
- After two years of no growth, specialty drugs' share of spending by private plans resumed its upward trek and is just shy of one-third of the total eligible amount.
- Biosimilar switching policies are making their mark: more than half of claimants requiring a biologic drug were taking a biosimilar in 2024, up from just under half in 2023.
- For every $10 submitted for coverage by private drug plans, almost $6 went to drugs in the top 10 categories.
- Diabetes drugs and devices retained their number-one rank in the top-10 list by eligible amount. However, their share dropped by two points due to supply issues and reductions in in the off-label use of Ozempic for weight management.
- The drug categories for inflammatory diseases and skin disorders, both dominated by specialty drugs, retained their second- and third-place positions, respectively.

- The category of gastrointestinal drugs is new to the top-10 list, fuelled by the growth of a single biologic drug.
- Medications for attention deficit hyperactivity disorder, depression, asthma, cancer, multiple sclerosis and cystic fibrosis round out the top-10 list of drug categories by eligible amount.
- The weight-management category was the fastest-growing in 2024, climbing from 29th to 17th position. The migraine category is also setting a rapid pace, growing from 23rd to 19th.
- Ultra-high-cost drugs, with an annual treatment cost of $100,000 or more, accounted for 4.0% of the total eligible amount in 2024.

Conclusion

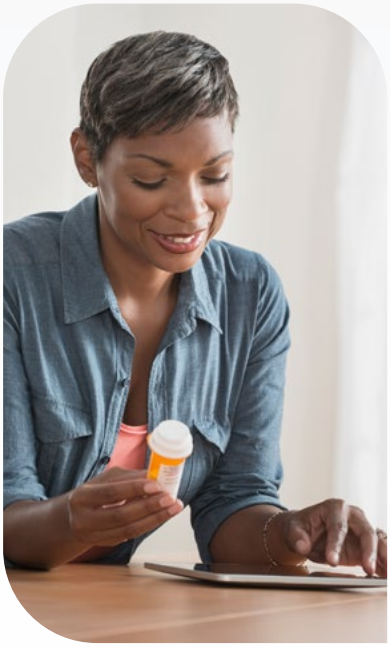
Private drug plans are well utilized and highly valued by plan members. Growth rates were small to moderate in 2024, offset in part by generic drugs and biosimilar biologics.

Yet specialty drugs (those with annual treatment costs of at least $10,000) now account for almost one-third of the dollar amount of claims submitted to private plans for coverage, and more ultra-high-cost drugs (costing more than $100,000 annually) for rare diseases are on the horizon. Striking the right balance between value for plan members and affordability for plan sponsors is increasingly complex. As a pharmacy benefits manager, TELUS Health is committed to work with insurance providers, plan sponsors and their advisors to help identify priority areas for investment and cost management.

References

1. Singh S, Saxena S, Akduman L, et al. Off-label use of intravitreal bevacizumab: A global conundrum. Indian J Ophthalmol. 2024 Apr 22;72(5):617–619.
2. Vyawahare H, Shinde P. Age-related macular degeneration: Epidemiology, pathophysiology, diagnosis, and treatment. Cureus. 2022 Sep 26;14(9):e29583.

2025 Drug Data Trends & National Benchmarks



TELUS® Health

THS5909-04-2025-V5