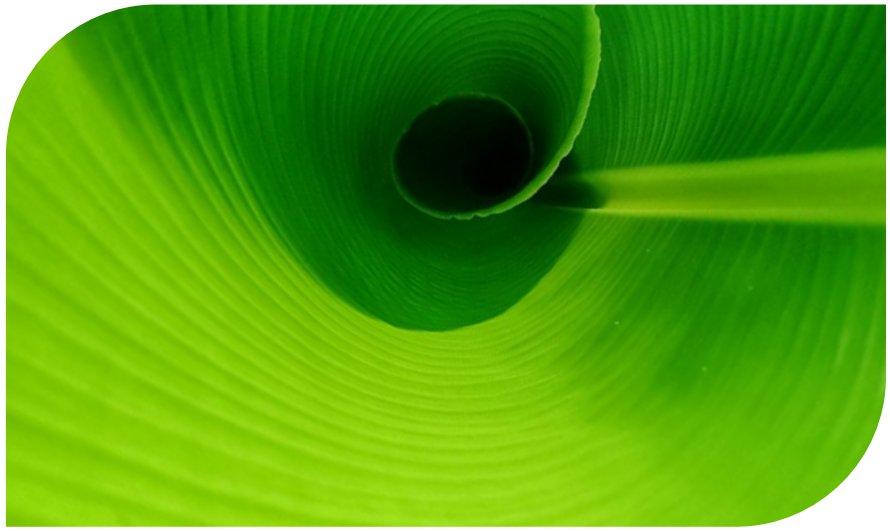
TELUS Health

2024



Drug Pipeline:
What private plans need to know.

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Introduction

As of mid-February 2024, Health Canada was reviewing 120 drug submissions, a number comparable to the same point in 2023 (123 submissions) but lower than the previous two years (142 in 2022 and 150 in 2021). Just over half of this year's submissions (58%) are for new drugs, consistent with the previous four years, and the remaining submissions are for new or expanded indications for drugs already on the market.

In its 2024 Drug Pipeline report, TELUS Health draws attention to 12 of the coming new drugs, considering their anticipated impact on private drug plans. Ten fall into three categories with potentially large patient populations: women's health, weight loss and atopic dermatitis. While the final two drugs are for a much smaller population—those with alopecia areata, a disease that causes hair loss—they may also have a major impact on private plans as their list prices may be upward of $60,000 annually.

This report also gives updates on ground-breaking, long-awaited vaccines to treat cancer. These vaccines may not impact private plans, if they require administration by healthcare providers in medical facilities; however, they are potentially a harbinger of future self-administered oncology vaccines and therapies that would be within the domain of private payers.

The 2024 edition of the TELUS Health Drug Pipeline report wraps up with summaries of what private drug insurers can expect for generic and biosimilar drugs. Generics for Vyvanse, a top-10 drug based on eligible amounts flowing through private drug plans, should start generating savings in the summer. And the availability of biosimilars for Stelara, another top-10 drug, should also begin come the summer.

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Uterine fibroids and endometriosis are very common conditions affecting millions of Canadians. Endometriosis, in particular, can be a very challenging and complex condition to treat, often resulting in years of delay to diagnosis.

Dr. Sony Sukhbir Singh,
Professor and Chair of the Department of Obstetrics and Gynecology at the University of Ottawa

Women's health is coming to the forefront in pharmaceutical research and development, as evidenced by the burgeoning number of femtech companies focused on developing diagnostic tools, products and services to support women's health through their life stages (menstrual, sexual, reproductive, maternal and menopause).

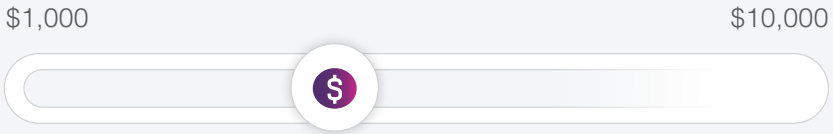
Private drug plans can expect to see several new drugs resulting from femtech research and development. One entered the market in late January 2024, after getting Health Canada approval in September 2023: **Myfembree**, manufactured by Pfizer and Sumitomo Pharma Inc. The once-daily oral drug, a combination of three active ingredients (relugolix, estradiol and norethindrone acetate), is approved for the management of heavy menstrual bleeding associated with uterine fibroids and the management of moderate to severe pain associated with endometriosis in pre-menopausal women.

Endometriosis affects seven per cent of reproductive-age women in Canada; a Canadian study found that 42% reported impaired work ability and an average of 17% of missed work time when experiencing symptoms.[1,2] Moderate to severe uterine fibroids affected two per cent of women, who reported losing 7.6 hours of work per month.[3]

Clinical trials indicate the new medication may significantly improve quality of life. "Uterine fibroids and endometriosis are very common conditions affecting millions of Canadians. Endometriosis, in particular, can be a very challenging and complex condition to treat, often resulting in years of delay to diagnosis," said Dr. Sony Sukhbir Singh, Professor and Chair of the Department of Obstetrics and Gynecology at the University of Ottawa, in a press release from Sumitomo Pharma. "These conditions can cause debilitating symptoms such as pain and bleeding, impacting daily life and overall well-being for many girls, women and gender-diverse individuals."

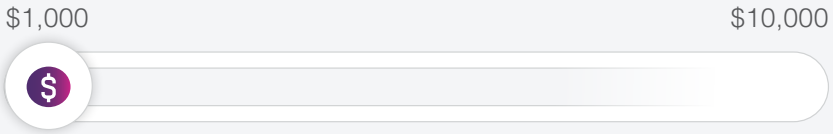
Impact on private drug plans

Myfembree



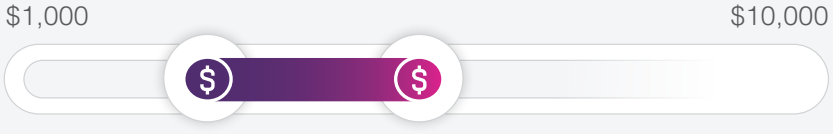
Expected to be $4,000

Lupron Depot



About $1,000 annually

Orilissa



$2,500 to $5,000 annually (depending on the dosage)

The cost of Myfembree to private drug plans is expected to be close to $4,000 per claimant per year. It will compete against two other medications: Lupron Depot, prescribed for more than 30 years at a cost of about $1,000 annually, and Orilissa, available since 2018 at a yearly cost of between $2,500 and $5,000 (depending on the dosage).

Patients may favour the oral format of both Myfembree and Orilissa, whereas Lupron Depot must be injected by a health professional. Myfembree will be preferable to both Lupron Depot and Orilissa when it comes to duration of therapy: it can be taken for up to 24 months, while Lupron Depot's duration of therapy should not exceed 12 months for endometriosis or three months for heavy menstrual bleeding, and Orilissa should not be taken for more than six months for endometriosis, its only approved indication.

The overall impact of Myfembree on private drug plans is expected to be medium given its advantages over existing medications, which may increase utilization within the two patient populations, and its potentially higher price point.

Another drug expected to have a medium impact on private drug plans is **Zurzuvae (zuranolone)** for postpartum depression (PPD). Developed by Sage Therapeutics and Biogen, it was approved by the U.S. Food and Drug Administration (FDA) in August 2023. The manufacturers have not yet submitted it to Health Canada for review.

Zurzuvae is the first oral medication to treat severe PPD. The only other existing therapy (which is not available in Canada) must be administered intravenously for 60 hours in a healthcare facility. Equally significant is Zurzuvae's efficacy: an improvement in mood can occur in as little as three days. Patients take the drug for 14 days and it remains effective for four weeks after the last dose.

In Canada, 23% of Canadian women experience PPD after giving birth, according to Statistics Canada's 2018/2019 Survey of Maternal Mental Health. This is a large group of potential users of Zurzuvae, which will have an impact on private drug plans.

Price is another factor driving Zurzuvae's impact on private drug plans. In the U.S., its list price is US $15,900 for the two-week course of treatment.

For women with menopausal symptoms, **Veozah (fezolinetant)** from Astellas Pharma Inc. is an oral medication taken once daily to treat moderate to severe vasomotor symptoms (VMS); i.e., hot flashes and night sweats. The FDA and European Medicines Agency approved Veozah in May and December 2023, respectively. While Astellas has not yet applied for approval in Canada, it is likely just a matter of time since clinical trials included participants in Canada.

Two million Canadian working women are between the ages of 45 and 55, when menopause is most likely to occur. Up to 80% experience hot flashes, states the Menopause Foundation of Canada, and unmanaged symptoms of menopause cost the Canadian economy an estimated $3.5 billion per year, according to the Foundation's 2023 report, Menopause and Work in Canada. Its survey of Canadian women found that 32% reported a negative impact on work performance and one in 10 left the workforce due to unmanaged symptoms.

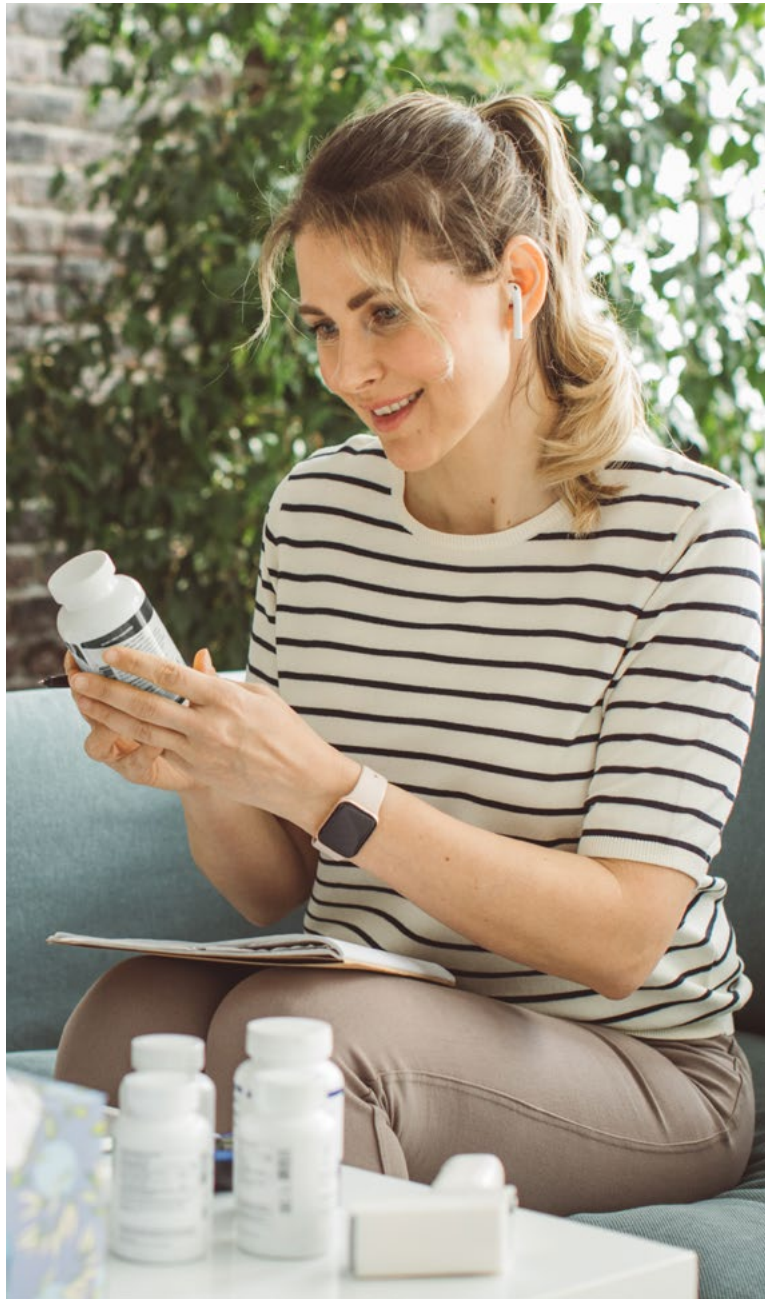
Veozah could have a large impact on private drug plans because, unlike existing drug therapies, it is non-hormonal. This opens the door to a new treatment for women for whom hormone replacement therapy (HRT) is not an option due to risks of cancer, heart disease and blood clots.

The cost of HRT in Canada is about $1,000 annually. While the pricing of Veozah is not yet known, it will likely be competitive to HRT.

On the horizon is a topical cream for female sexual arousal disorder (FSAD), made with the same active ingredient—**sildenafil citrate (brand name pending)**—used in drugs to treat erectile dysfunction in men, such as Viagra.

FSAD is the second most common sexual dysfunction in women, following desire disorder. According to market research by Daré Bioscience, it affects 16% of women aged 21 to 60 years, which suggests a potential patient population of up to one million in Canada. FSAD can cause significant psychological distress and can affect relationships. The sildenafil cream is applied to the vaginal tissue and facilitates vasodilation to improve physical arousal.

In November 2023, Daré Bioscience announced positive results from its Phase 2 clinical trial and it is moving forward to Phase 3. It will likely be two to three years before the finished product is marketed in Canada. While it is too soon to know pricing, a competitive product, Addyi, costs approximately $2,900 per year. The new sildenafil cream is expected to have a medium impact on private drug plans.



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A 2022 study found that the prevalence of obesity in Canada increased significantly from 2005 to 2018. More than one in four adult Canadians—or about 8.7 million—have obesity, which increases the risk for many diseases, including heart disease, diabetes and cancer.[4]

In the U.S., four obesity drugs are currently available: Saxenda (liraglutide), Contrave (naltrexone hydrochloride and bupropion hydrochloride), **Wegovy (semaglutide)** and **Zepbound (tirzepatide)**. Six additional obesity drugs await FDA review and 70 are in development, reported MIT Technology Review in January this year.

Global demand for Wegovy outstrips supply, and in November 2023 the manufacturer, Novo Nordisk, announced it would spend $6 billion to boost production of both Wegovy and its parent drug, Ozempic, used to treat type 2 diabetes.

Activity in the obesity drug market is much slower in Canada. Saxenda and Contrave, approved by Health Canada in 2015 and 2018, respectively, have had little impact since most private drug plans at the time regarded them as lifestyle drugs, which require the plan sponsor to need to opt in for coverage. Many elected not to.

Clinical research and medical evidence have since demonstrated that obesity is in fact a chronic disease. Canada's clinical practice guidelines for obesity, updated in 2022, name Wegovy, Saxenda and Contrave as effective pharmacotherapies for clinically significant weight loss. As a result, more private drug plans are including coverage for the new drug class of obesity treatments.

While Health Canada approved Wegovy in November 2021, Novo Nordisk has yet to bring it to market. An article by Global News in February indicated that Wegovy would launch this spring. When Wegovy does finally enter the Canadian market, patients will undoubtedly look to private drug plans for coverage.

Obesity in Canada[4]

More than one in four adult Canadians have obesity.

Obesity increases the risk for many diseases.

Heart disease | Diabetes | Cancer

Meanwhile, the Canadian Agency for Drugs and Technologies in Health (CADTH) has recommended that public plans not reimburse the drug for chronic weight management in adult patients. In its report, CADTH stated an annual per-person cost of $4,726.

While Canada awaits Wegovy, the off-label use of its parent drug Ozempic for weight loss has grown from an estimated six per cent of claimants in 2018 (when Ozempic entered the market) to 25% in 2022, according to TELUS Health data. These results are based on the number of claimants using Ozempic as monotherapy; that is, they are not taking any other diabetes drug, whereas Ozempic when used for diabetes is usually a second-line therapy used in addition to a first-line diabetes drug. The average annual eligible amount per claimant using Ozempic as monotherapy was $952 in 2022, according to TELUS Health claims data.

Shortages of Ozempic in Canada and of both Ozempic and Wegovy globally have raised considerable public awareness of—and even more demand for—weight-loss drugs. Zepbound, launched in the U.S. in November 2023, is also experiencing supply challenges, as is Mounjaro, Zepbound's parent drug for type 2 diabetes, which launched in Canada in November 2023.

Zepbound's manufacturer, Eli Lilly, has yet to submit the drug to Health Canada for review. Clinical trials have shown Zepbound to have better weight-loss results than Wegovy. In the U.S., Zepbound's list price is about $1,000 per month, compared to about $1,300 for Wegovy.

Looking ahead, Novo Nordisk's Phase 3 trial for its upcoming weight-loss drug, **CagriSema**, is underway. CagriSema combines semaglutide with cagrilintide, which appears to potentiate the weight-loss effects of semaglutide. Data results so far indicate CagriSema's efficacy for weight loss is superior to that of Zepbound.

Ozempic loses data protection in Canada in 2026, just as CagriSema is forecasted to start earning global revenue.

Eli Lilly is also not done. Its upcoming drug, **retatrutide (brand name pending)**, will be the first triple-hormone-receptor agonist, meaning it will target three different hunger-regulating hormones. A Phase 2 clinical trial achieved a mean weight reduction of up to 17.5% at 24 weeks and 24.2% at 48 weeks, significantly more than current obesity medications. Phase 3 trials are underway and submissions to regulatory bodies are expected to begin in 2025. Retatrutide is also being studied for the treatment of type 2 diabetes.

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Atopic dermatitis (AD), the most common form of eczema, is a chronic inflammatory skin disease that can cause severe itchiness. An estimated 10% to 20% of Canadians have a form of AD at some point in their lifetime, according to the Canadian Skin Patient Alliance. U.S. research indicates that 40% experience moderate to severe symptoms that can significantly reduce quality of life for both patients and family caregivers.

The last seven years have seen several new treatments for moderate to severe AD, including biologics with average annual costs of $20,000 to $30,000. In 2021 and 2022, the first two JAK inhibitors (AbbVie's Rinvoq and Pfizer's Cibinqo) received Health Canada approval, with pricing comparable to that of the biologics.

Another JAK inhibitor—**Opzelura (ruxolitinib)** from Incyte—is expected to become available in Canada shortly. It has been under review by Health Canada since March 2023.

What distinguishes Opzelura is its indication as a short-term treatment of mild to moderate symptoms. It is applied as a cream, rather than taken orally. Given the new mechanism of action for a potentially large patient population, its impact on private drug plans could be high. In the U.S., where Opzelura received FDA approval in 2022, the list price for one tube is US $2,000.

Returning to moderate to severe AD, a new biologic is expected in a few years, possibly by 2026. **Rocatinlimab (brand name pending)** is a type of human monoclonal antibody, which is currently used to treat conditions such as COVID-19 and certain cancers. Currently in Phase 3 clinical trials, rocatinlimab is differentiating itself from early biologics for AD due to its longer-lasting effects, with symptom improvement maintained for at least 20 weeks after the end of treatment.

Rocatinlimab is administered by intravenous infusion or subcutaneous injection. Pricing will likely be similar to existing biologics (i.e., $20,000 to $30,000 annually).

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Canadians with severe alopecia areata (AA) eagerly anticipate two new treatments that promise to be life changing.

Pfizer's **Litfulo (ritlecitinib)** was the first to receive Health Canada approval, in November 2023, following FDA approval in June 2023. The once-daily oral drug is the first systemic treatment for severe AA and can be used by children as young as 12 years old. Clinical trial results showed 80% or more hair coverage after six months.

Pfizer launched Litfulo in Canada in February 2024. The estimated cost, based on the product monograph's recommended dosage, is $18,000 annually.

The second product is **Olumiant (baricitinib)** from Eli Lilly and Incyte, approved by Health Canada on January 30 this year. It is also a once-daily oral medication, although not authorized for people under the age of 18. In the U.S., the annual cost is between US $32,880 and $65,760, depending on the dosage.

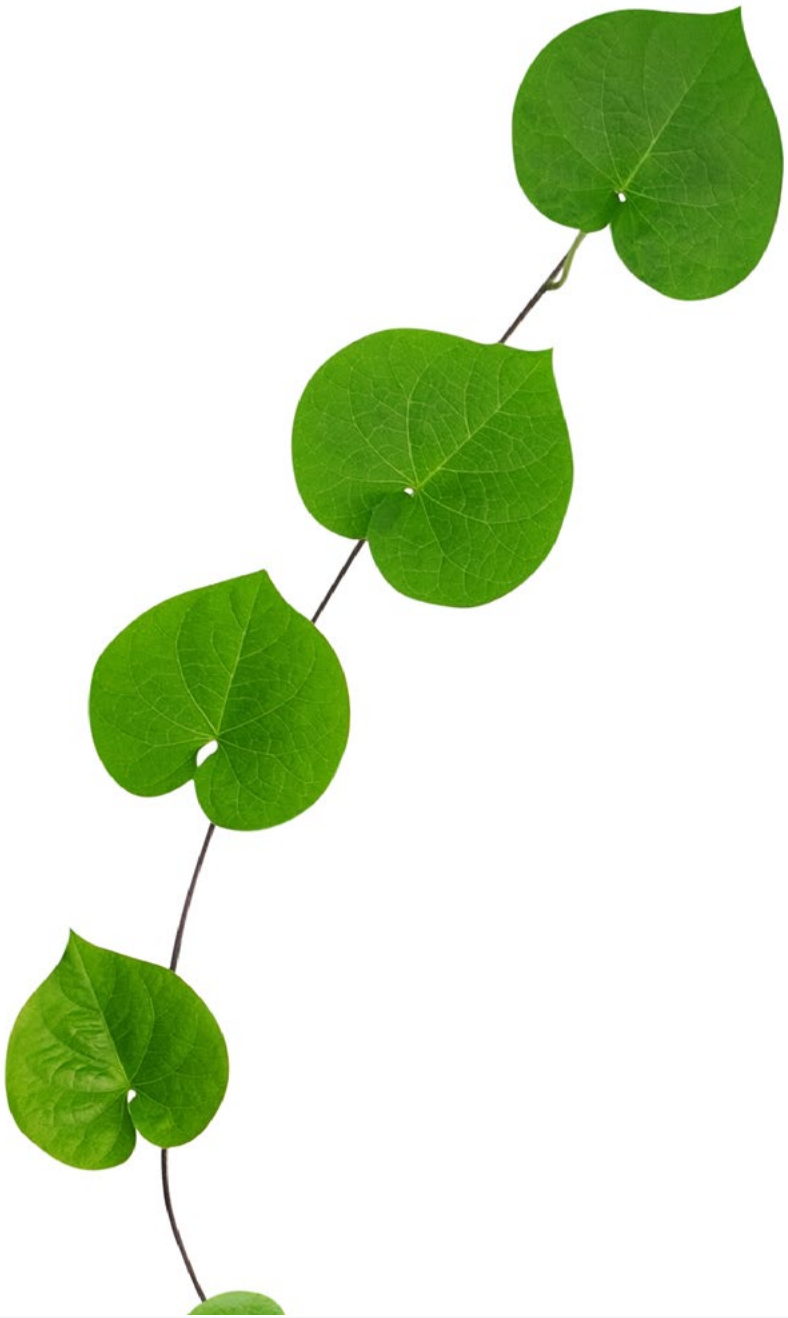
The Canadian Alopecia Areata Foundation reports that AA affects approximately two per cent of the population. Hair loss in AA results when the immune system (specifically cytokines) attacks hair follicles and disrupts hair growth on the scalp, face and body. AA can have a significant negative impact on workplace productivity and mental health.

Litfulo and Olumiant are the first JAK inhibitors for AA. They work by tamping down the overactive immune system, which in turn reduces inflammation and allows for hair growth.

Table 1 – 2024 drug pipeline summary for private plans

Brand name	Disease or indication	Drug format	Health Canada status; expected market launch	Estimated cost based on list price	Potential impact on private plans
CagriSema	Obesity	Self-injection	Phase 3 clinical trial; if approved, expected launch 2026	Unknown	High
Litfulo	Alopecia areata	Oral	Approved November 2023; launched February 2024	$18,000 annually	Medium
Myfembree	Endometriosis; uterine fibroids	Oral	Approved September 2023; launched January 2024	$4,000 annually	Medium
Olumiant	Alopecia areata	Oral	Approved January 2024; expected launch Q1 2024	Unknown for Canada; US $32,880 - $65,760 annually	Medium
Opzelura	Atopic dermatitis	Topical	Submitted March 2023; anticipated approval Q2 2024; expected launch 2024	Unknown for Canada; US $2,000 for one tube	High
Retatrutide (brand name pending)	Obesity	Self-injection	Phase 3 clinical trial; if approved, expected launch 2026	Unknown	High
Rocatinlimab (brand name pending)	Atopic dermatitis	Intravenous or injection	Phase 3 clinical trial; if approved, expected launch 2026	$20,000 - $30,000 annually	Medium
Sildenafil citrate (brand name pending)	Female sexual arousal disorder	Topical	Phase 3 clinical trial; if approved, expected launch 2026	Unknown	Medium
Veozah	Menopause	Oral	Submission pending; if approved, expected launch 2025	Unknown for Canada; US $550 monthly	High
Wegovy	Obesity	Self-injection	Approved 2021; expected launch Q2 2024	$4,700 annually	High
Zepbound	Obesity	Self-injection	Submission pending; if approved, expected launch 2025	Unknown for Canada; US $12,000 annually	High
Zurzuvae	Postpartum depression	Oral	Submission pending; if approved, expected launch 2025	Unknown for Canada; US $15,900 for two-week treatment	Medium

Source: TELUS Health 2024 Drug Pipeline



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After many years of time-consuming and difficult research, vaccines to treat cancer are finally on the near horizon—due in part to the success of the mRNA vaccine to protect against COVID-19.

Five cancer vaccines are worth watching. However, while all are in mid- to late-stage development, it will be several years before they become available to the public. It's also too soon to know their impact, if any, on private plans. Should they require administration in cancer centres, public plans will pick up the costs.

Moderna and Merck's mRNA vaccine (**V940/mRNA-4157**) for the treatment of patients with high-risk melanoma is generating a lot of interest. Trial results released in April 2023 showed that patients treated with the vaccine and Keytruda (pembrolizumab), an immunotherapy that prevents cancer cells from suppressing the immune system, had a 44% lower risk of cancer recurrence or death than patients treated with Keytruda alone. V940/mRNA-4157 is now in a Phase 3 trial.

In October 2023, BioNTech and Genentech started their Phase 2 trial of **autogene cevumeran**, a personalized mRNA vaccine for pancreatic ductal adrenal cancer (PDAC). Gene sequencing on patients' tumours locates proteins that might trigger an immune response, resulting in a personalized vaccine for each patient. Before vaccination, patients receive atezolizumab to prevent the cancer cells from suppressing the immune system. Many patients in a Phase 1 trial did not experience a cancer recurrence for long periods of time—an exciting result, as PDAC has a high relapse rate and is very difficult to treat. Autogene cevumeran is also being studied for colorectal cancer and melanoma.

Transgene reported positive Phase 1 results for its viral vector-based vaccine (**TG4050**), developed in partnership with NEC Corporation, for the treatment of ovarian cancer and HPV-negative head and neck cancer. TG4050 showed a strong immune response in patients with weakened immune systems, including in patients older than 65. The vaccines use Transgene's trademarked myvac® platform, incorporating NEC's artificial-intelligence algorithms, to stimulate the immune system to recognize and destroy tumours using their own cancer-specific genetic mutations.

OSE Immunotherapeutics' Phase 3, DNA-based cancer vaccine for advanced non-small cell lung cancer, with a brand name of **Tedopi**, is already approved for compassionate use in France, Italy and Spain. Tedopi is also in Phase 2 trials for PDAC and recurrent ovarian cancer.

Nykode Therapeutics' vaccine (**VB10.16**) for advanced cervical cancer is administered with the immunotherapy atezolizumab. A Phase 2 trial that treated 52 patients for up to one year and followed them for an additional 12 months showed a median overall survival of 16.9 months. A second Phase 2 trial starts this year, and the vaccine is being studied for head and neck cancers as well.

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The genericization of two drugs in particular, Vyvanse for attention deficit hyperactivity disorder (ADHD) and Jardiance for type 2 diabetes, should generate considerable savings for private drug plans.

Vyvanse – Generic options for Vyvanse, a treatment for ADHD, are finally due to hit pharmacy shelves in June after a delay due to litigation. That's good news for private drug plans since Vyvanse is on the top-10 list of products by eligible amount, according to TELUS Health claims data. The overall category of ADHD drugs ranked sixth on the top-10 list by the end of 2022 and is poised to overtake the depression and asthma categories.

The average annual eligible amount per claimant for an ADHD drug is about $750. Six generic alternatives are currently under review by Health Canada. With that many generics, pricing would be at 25% of the branded product, according to Canada's Generic Tiered Pricing Framework, which translates into an average eligible amount of $187.50 for private drug plans.

Trintellix – Patent expiries for Trintellix, for major depressive disorder, began in October 2022; however, several are being litigated. Generics are expected to get the all-clear by April 2025. Three are currently under review by Health Canada; once all three enter the market, their pricing will be 25% of the price of Trintellix.

Spiriva – All patents have expired for Spiriva for chronic obstructive pulmonary disease (COPD) and generics may be on the market as soon as August 2024. However, the fact that the drug requires a respiratory device could delay their release because devices have their own patents, which are not reported in Health Canada's Patent Register.

Health Canada is reviewing two generics for Spiriva, which will be priced at 50% of the brand drug.

Jardiance – In late 2025, up to six generics for Jardiance will join a growing crowd of generics for type 2 diabetes. By then it's expected that 36 or more generics will be available as alternatives to a total of six branded diabetes drugs, which cost at least $1,000 per claimant annually based on eligible amount. Most of those generics will be priced at 25% of the brand-name price, resulting in an average eligible amount of about $250 for private drug plans.

Generics for Ozempic, which is on TELUS Health's top-10 list of products by eligible amount, won't be available until sometime in 2026, assuming no delays due to litigation.

Table 2 – New generic drugs, by launch date

Reference drug name	Brand name	Potential number of generics	Disease or indication	Anticipated launch of first generic
Lisdexamfetamine	Vyvanse	6	Attention deficit hyperactivity disorder (ADHD)	June 2024
Tiotropium bromide monohydrate	Spiriva	2	Chronic obstructive pulmonary disease (COPD)	August 2024
Vortioxetine hydrobromide	Trintellix	3	Major depressive disorder	April 2025
Empagliflozin	Jardiance	6	Diabetes	Late 2025

Source: TELUS Health 2024 Drug Pipeline

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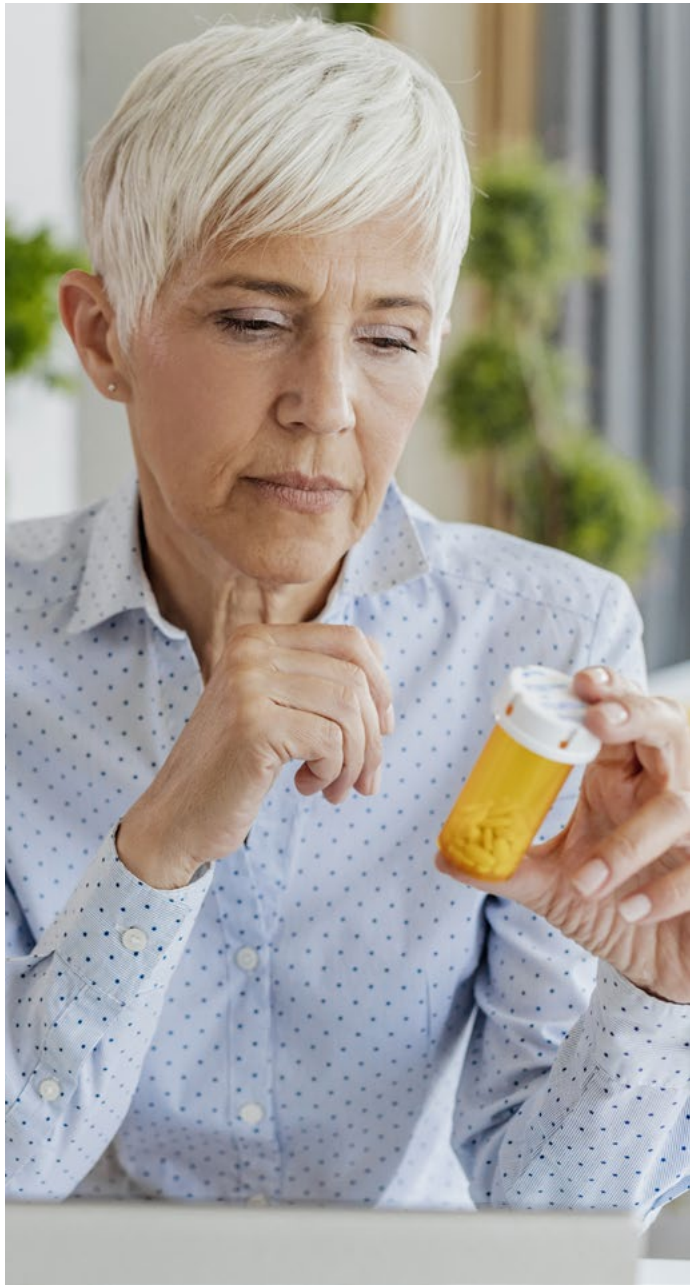

The pipeline for biosimilars remains robust, with multiple biosimilar options for three originator biologics expected in 2024. The pricing of biosimilars is generally 20% to 40% lower than the originator biologic.

Stelara – Wezlana and Jamteki, the first two biosimilars for Stelara (ustekinumab), are expected to launch by mid-year. Another two are under review by Health Canada and may become available by the end of the year. This is good news for private drug plans since Stelara ranks high on the top-10 list of products covered based on eligible amount. It treats inflammatory bowel disease, psoriasis and psoriatic arthritis.

Eylea – Macular degeneration affects about 2.5 million Canadians and is the leading cause of vision loss in people older than 55.[5] Health Canada is reviewing two biosimilars for Eylea (aflibercept), with approvals and commercialization possible by mid-year; however, litigation may cause delays. The biosimilars will join other biosimilars available since last year for ranibizumab (originator biologic Lucentis), the first biologic on the market to treat macular degeneration.

Soliris – Litigation continues to delay biosimilar options for Soliris (eculizumab), dubbed the "world's most expensive drug" when it launched in 2007. Soliris treats extremely rare, life-threatening blood disorders, with an average annual cost of about $700,000. Two biosimilar options are under review by Health Canada and, if approved and if litigation is finally resolved, could launch by the end of the year.

Table 3 – New biosimilar drugs, by launch date

Reference drug name	Originator biologic brand name	Potential number of biosimilars	Disease or indication	Anticipated launch of first biosimilar
Ustekinumab	Stelara	4	Inflammatory bowel disease, psoriasis, psoriatic arthritis	Q2 2024
Aflibercept	Eylea	2	Macular degeneration	Q2 2024
Eculizumab	Soliris	2	Blood disorders	Q4 2024

Source: TELUS Health 2024 Drug Pipeline

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Of the 12 pipeline drugs reviewed in this 2024 TELUS Health Drug Pipeline report, six are poised to have a high budget impact on private drug plans.

Four of these high-impact drugs are for weight loss. The two already available outside of Canada, Wegovy and Zepbound, were quick to make headlines—and run short on supply—around the world. And clinical trials for the other two, CagriSema and retatrutide (brand name pending), show even better results for weight loss.

The arrival of Wegovy is imminent in Canada, followed by Zepbound in 2025. Judging from the rates of off-label use of their related drugs used in the treatment of type 2 diabetes (Ozempic and Mounjaro, respectively), demand will be high out of the gate.

If plan sponsors haven't already done so, they would do well to consult with their benefits advisor or insurance provider to ensure that coverage of obesity drugs—and guardrails for appropriate use—are in place. Step therapy or a form of prior authorization would be advisable to ensure these drugs are prescribed as indicated; that is, for people with a diagnosis of obesity or who meet the medical definition of being overweight and who have at least one weight-related comorbidity, such as diabetes. That said, more than one in four adult Canadians have obesity and even more meet the definition of being overweight.

Of the two remaining drugs expected to have a high impact on private drug plans, one is for menopause (Veozah) and other is for atopic dermatitis (Opzelura).

Research shows that unmanaged menopause symptoms have a direct impact on work performance; some women even leave the workforce. Veozah is a long-awaited option for these women, and its non-hormonal mechanism of action will likely draw in new patients who could not use traditional hormone replacement therapy due to health risks.

Veozah is also part of a new wave of drugs for several women's health conditions, starting with Myfembree for menstrual health, which launched in 2024. Momentum will build in 2025 with the expected launch of Veozah, plus the first oral drug for postpartum depression (Zurzuvae) and a cream for female sexual arousal disorder (using sildenafil citrate, the same ingredient that's used for erectile dysfunction in men).

Opzelura will make its mark as the first JAK inhibitor for mild to moderate atopic dermatitis (AD). Prescription volume for Opzelura could be high, replacing prescriptions for older, less effective—and less costly—topical treatments for mild to moderate AD.

On the savings front, lower-cost options for two top-10 drugs will start arriving in pharmacies come the summer. Six generics are expected this year for Vyvanse, to treat attention deficit hyperactivity disorder, and two of the four expected biosimilars for Stelara will become available, for inflammatory bowel disease, psoriasis and psoriatic arthritis.

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