



20 **24** Drug Data  
Trends & National  
Benchmarks

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# 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 per year per claimant or more).
Traditional prescription drugs	Chemically based drugs that are typically lower cost.
Utilization	Number of claims paid per insured or certificate, as specified.



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# 1. Foreword

# “ Knowledge is power. ”

That popular quote is most often attributed to Francis Bacon, the 17th-century English philosopher, statesman and advocate of science. Bacon believed in the power of knowledge to bring about progress and change in society. Key to that is the sharing of knowledge to influence collective decision making and action.

Within the group health insurance ecosystem, TELUS Health is proud to contribute to the knowledge needed to make informed decisions in the management of prescription drug plans. The 2024 edition of the TELUS Health Drug Data Trends & National Benchmarks report (Drug Trends Report) provides an essential overview of developing and future trends, and contextual analysis of the “why” and the “how” behind these trends.

For the first time this year, we go as far back as we can in the provision of longitudinal claims data—all the way to 2008, 16 years ago, when TELUS Health began compiling the numbers and knowledge to share with the benefits industry.

Such a bird’s-eye view allows for a deeper appreciation of how much things have changed, and how they are likely to continue to change at a rapid pace. When we consider the transformational impact of specialty drugs on the one hand, and the steady increase in prevalence of conditions such as depression, attention deficit hyperactivity disorder, diabetes and obesity on the other, it is imperative that all parties generate and share the information and insights they can gather that are necessary to navigate change.

Each of the major players—plan sponsors and their advisors, insurance providers and pharmacy benefits managers such as TELUS Health—provides a vital piece of the puzzle. The resulting picture provides clarity on plan members’ healthcare needs as well as their interactions with private drug plans. Sustainability must always also factor into the big picture, but with the right knowledge we are better equipped to manage costs without taking away from the intrinsic value of health benefits plans.

TELUS Health is honoured to do its part to ensure Canadians have timely, affordable access to the medications they need. We look forward to continuing to share our knowledge to help empower Canadians to live healthier, happier lives.



**Martin Bélanger**  
Senior Vice-President, Payor & Provider Solutions



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## 2. Costs and utilization

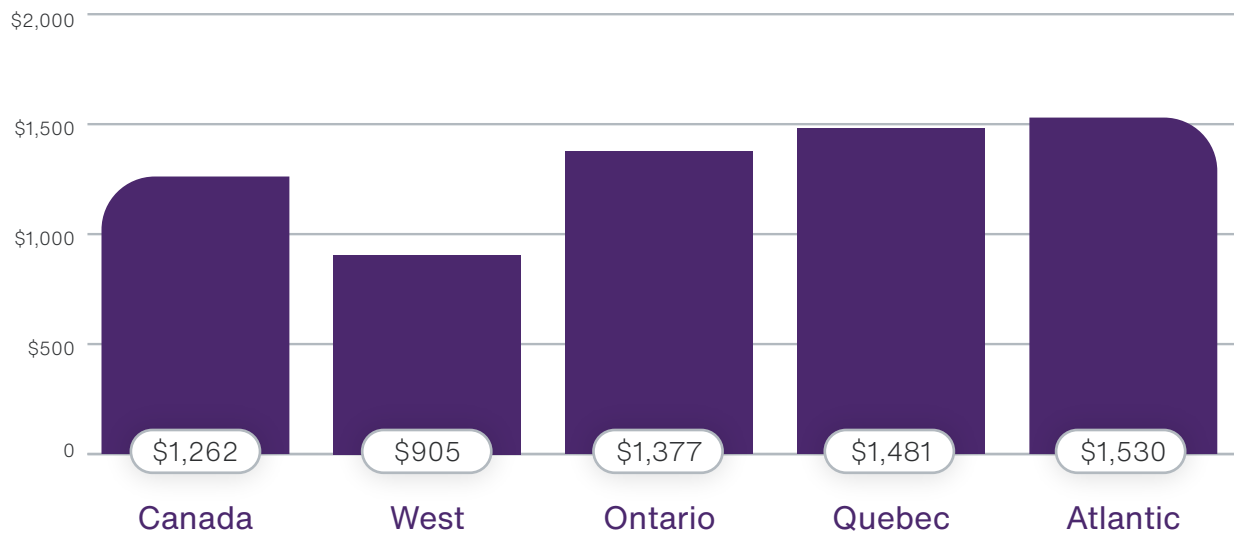
## Eligible amount per certificate

The average annual eligible amount per certificate was \$1,262 in 2023 (chart 1). This result is calculated by dividing the total number of certificates enrolled for coverage (i.e., the insured employee and their linked co-beneficiaries) into the total amount of drug costs submitted and found eligible for coverage.

Western Canada is somewhat of an outlier. Its average annual eligible amount was \$905, 69.1% less than the highest regional average of \$1,530 in Atlantic Canada, 63.6% less than in Quebec (\$1,481) and 52.2% less than in Ontario (\$1,377). The lower amount in the West reflects the impact of the provincial Pharmacare or universal drug plans in B.C., Manitoba and Saskatchewan, which automatically become the primary payor once plan members have paid an out-of-pocket deductible.

If Western Canada is removed from the results, the national average for the remaining three regions climbs to \$1,431. Atlantic Canada is 4.6% ahead of this revised average. “Atlantic Canada consistently leads other regions due to lack of public payer offsets for private plans, as the province is payer of last resort.” says Vicky Lee, Manager, Pharmacy Consulting, TELUS Health.

**CHART 1** | Average annual eligible amount per certificate, 2023



Source: TELUS Health claims database



## Eligible amount per claim

The average eligible amount for a drug-plan claim was \$83.53 in 2023 (chart 2). This ranged from a high of \$99.74 in Ontario to a low of \$71.56 in Quebec.

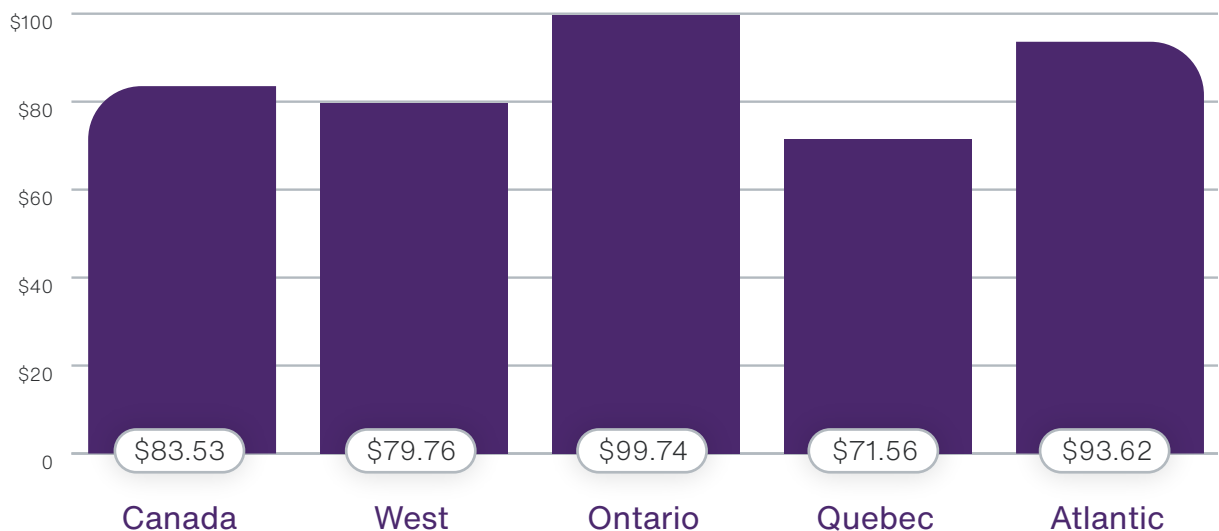
The lower amount in Quebec reflects the usual practice of pharmacies in that province to dispense 30-day supplies of chronic medications, whereas pharmacies in other provinces routinely dispense 60- or 90-day supplies.

If Quebec is removed from the results, the average eligible amount per claim for the remaining three regions increases to \$91.33.

In Ontario, a lower rate of generic utilization is likely one factor behind its higher eligible amount per claim. Nationally, generic penetration reached 67.5% in 2023. “Ontario consistently lags the national average by about two percentage points. That doesn’t seem like much, but in a market the size of Ontario it’s enough to help push them to the forefront for cost per claim,” says Lee.

Atlantic Canada is not far behind Ontario, at \$93.62. As previously noted regarding the average eligible amount per certificate in this region, lack of public payer offsets contributes to the higher result.

CHART 2 | Average eligible amount per claim, 2023



Source: TELUS Health claims database





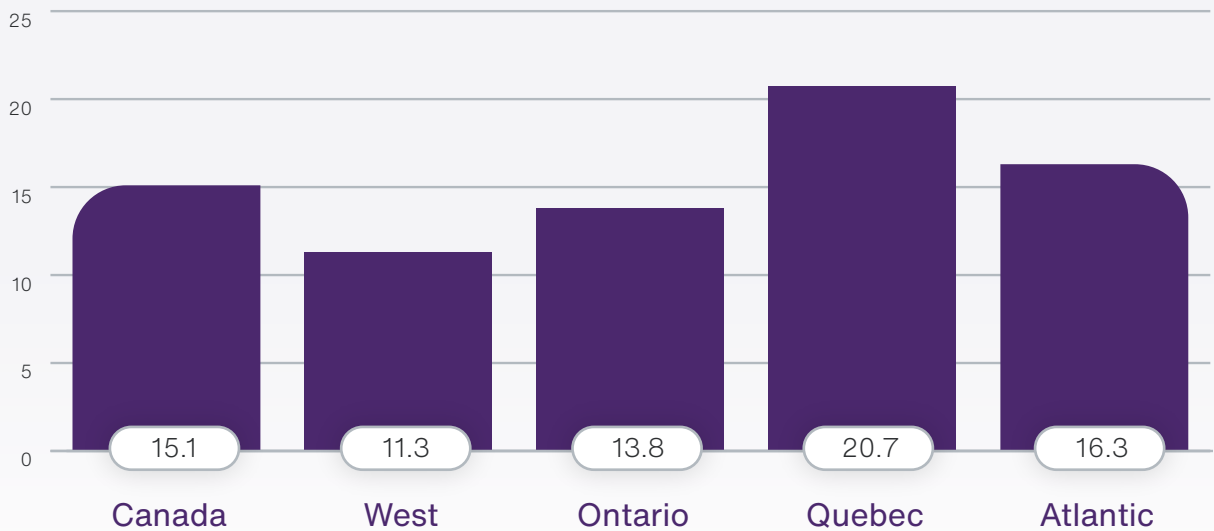
## Utilization per certificate

Almost six out of 10 insureds (58.7%) made at least one claim in 2023. When their claims are pooled at the certificate level, the average number of claims per certificate was 15.1 (chart 3).

Quebec is well ahead of all other regions, at 20.7 claims. As noted in the previous section on the eligible amount per claim, the province's pharmacies regularly dispense monthly refills (rather than for longer periods) for chronic medications, and this drives up the average number of claims per certificate.

When Quebec is removed from the results, the average number of claims for the remaining three regions drops to 13.8. Ontario mirrors this adjusted average (13.8), while Western Canada is 2.5 claims behind and Atlantic Canada is 2.5 claims ahead.

**CHART 3** | Average annual utilization per certificate, 2023



Source: TELUS Health claims database

**CHART 4** | Overview of eligible amounts and utilization nationally and by region, 2023

	Canada	West	Ontario	Quebec	Atlantic
Average annual eligible amount per certificate	\$1,262	\$905 <sup>1</sup>	\$1,377	\$1,481	\$1,530
Average eligible amount per claim	\$83.53	\$79.76	\$99.74	\$71.56 <sup>2</sup>	\$93.62
Average annual utilization per certificate	15.1	11.3	13.8	20.7 <sup>2</sup>	16.3

Notes:

1. Western Canada has the lowest annual eligible amount per certificate because provincial 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.

2. Quebec has the lowest average eligible amount per claim and the highest rate of utilization because Quebec pharmacies typically dispense chronic medications in 30-day supplies, whereas pharmacies in other provinces typically dispense 60- to 90-day supplies.

Source: TELUS Health claims database



## Age of insured, 2008 – 2023

The average age of an insured (i.e., employees and linked beneficiaries with insurance coverage, whether or not a claim was made) has changed very little over the past 16 years, from 41 in 2008 to 42 in 2023 (chart 5).

On the surface this may seem counterintuitive, given long-held notions of the predominance of the baby-boomer generation, born between 1946 and 1965. One might have expected the average age to have declined more noticeably by now, as baby boomers steadily retire from the workforce. In 2008, boomers were between the ages of 43 and 62 and dominated the workforce; in 2023 they were between 58 and 77 years of age and more likely to be out of the workforce than in it.

All that being said, the millennial generation, born between 1981 and 1996, has come to counterbalance the impact of the baby boomers. Immigration jump-started this generation's rate of growth to surpass all other age groups, and by 2021 it accounted for the largest share of the working population, reports [Statistics Canada](#). In 2023, millennials were between the ages of 27 and 42.

CHART 5 | Average age of insured, 2008 – 2023



Source: TELUS Health claims database



## Amount per claimant by age, 2008 – 2023

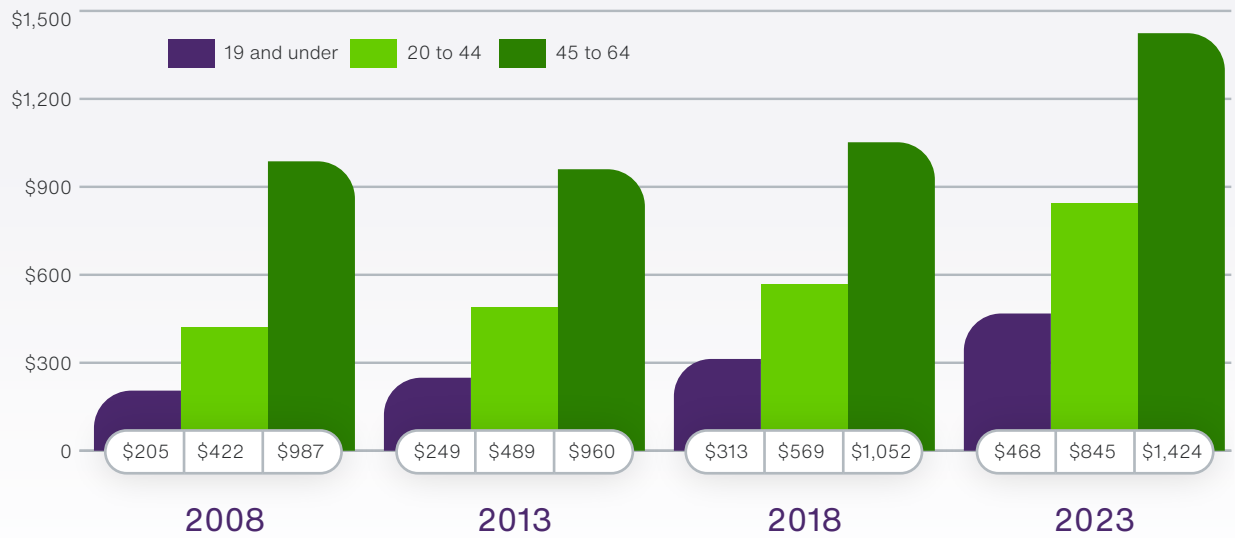
A historical view of the past 16 years shows that growth rates in the average annual eligible amount per claimant has been strong across all age groups (chart 6). As expected, the older the claimant, the higher the average eligible amount, due to the probability of increased use of medications with age.

Interestingly, however, younger age groups have come to claim a larger share of the total eligible amount over the past 16 years (chart 7). Claimants aged 19 and under grew their share from 8.0% in 2008 to 9.9% in 2023, and those aged 20 to 44 grew their share from 29.5% to 34.4%. As a result, the share for 45- to 64-year-olds declined from 62.4% to 55.7%.

“More treatment options are available now for the younger populations,” says Caroline Le Pottier, Pharmacist, TELUS Health. “Many higher-cost drug therapies are also receiving approval for use in adolescent and pediatric populations, after initial approval in the adult population.”

That said, 2023 saw double-digit upswings in the average eligible amount per claimant among the oldest age groups—a finding that could be a cause for concern given that they are the biggest users of the drug plan.

**CHART 6** | Average annual eligible amount per claimant by age, 2008 – 2023

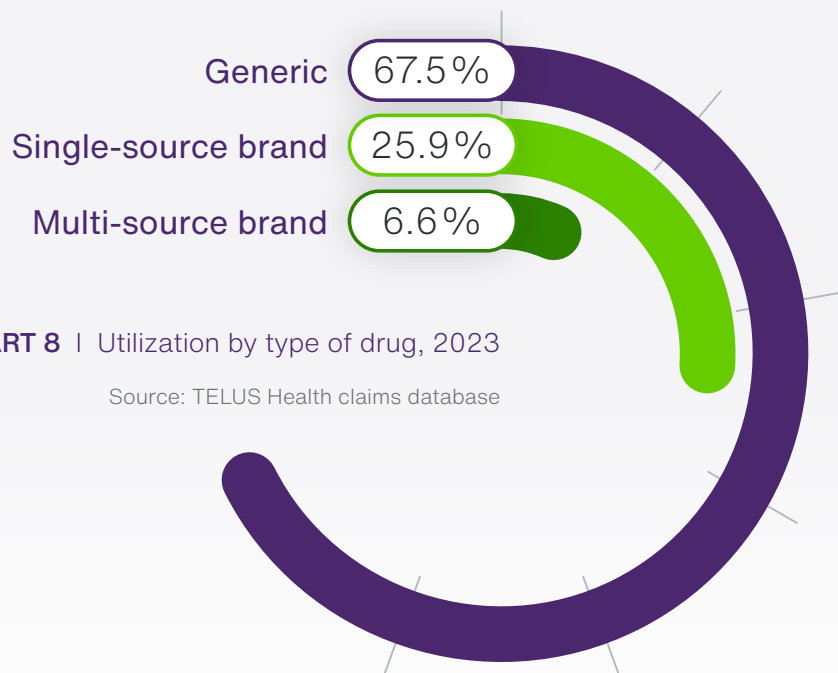


Source: TELUS Health claims database

**CHART 7** | Share of total eligible amount by age, 2008 vs 2023



Source: TELUS Health claims database



**CHART 8** | Utilization by type of drug, 2023

Source: TELUS Health claims database

## Generic drugs

Generic medications accounted for 67.5% of all medications covered by private drug plans in 2023 (chart 8). Brand-name drugs accounted for the remaining 32.5% of volume, broken down as follows: 25.9% were single-source brand-name drugs, meaning no generic versions were available; and 6.6% were multi-source brand-name drugs for which generics were available.

Multi-source brand-name drugs can indicate where there is room for growth in generic penetration. While multi-source drugs' share can never go to zero—due to the small percentage 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 multi-source national average of 6.6% can serve as a benchmark for private drug plans.

“Our book of business shows that a small number of private plans have yet to adopt mandatory generic pricing policies,” notes Allison Young Schranz, Director, Products and Services, TELUS Health. “While there are several barriers to adoption, such as collective bargaining agreements, the savings --which can be reinvested into wellness support and innovative drug therapies for employees--are well worth the effort.”

## Specialty drugs

After more than 15 years of steady gains, specialty drugs' share of the total eligible amount plateaued in 2023 after declining for the first time in 2022.

“Switching policies for lower-priced biosimilars are clearly having an impact,” says Lee. “The savings will continue for some time as more plans adopt switching and more reference biologics go off patent.”

Specialty drugs' share of the eligible amount was 31.2% in 2023, down by more than a percentage point compared to 2021. At the same time, the number of claimants using a specialty drug has slowly edged forward for the past 16 years—though it has yet to reach 2% of all claimants. In 2023, 1.8% of claimants used a specialty medication (chart 9).

Sixteen years ago, specialty drugs accounted for 10.4% of the eligible amount (chart 10) and 0.5% of claimants.

Eligible amount 31.2%

Claimants 1.8%

**CHART 9** | Specialty drugs by share of eligible amount and claimants, 2023

Source: TELUS Health claims database



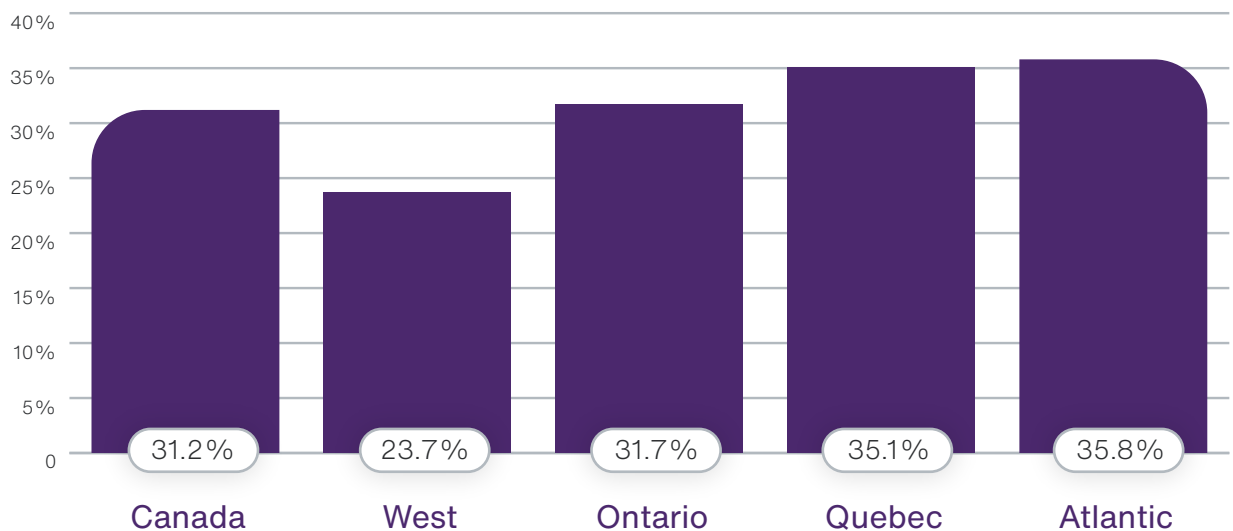
**CHART 10** | Specialty drugs by share of eligible amount, 2008 vs 2023

Source: TELUS Health claims database

Regionally, specialty drugs' share of the eligible amount was highest in Atlantic Canada, at 35.8%, and lowest in Western Canada, at 23.7% (chart 11). These results are consistent with previous years.

“The Pharmacare or universal drug plans in British Columbia, Saskatchewan and Manitoba clearly shift some of the cost burden of specialty drugs off private plans,” says Young Schranz.

**CHART 11** | Specialty drugs' share of eligible amount by region, 2023



Source: TELUS Health claims database





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### 3. Drugs by therapeutic class

## Top 10 by eligible amount

Diabetes drugs and devices have widened their lead in the top-10 list of categories based on eligible amount, ending 2023 with a share of 15.4%, more than four percentage points ahead of drugs to treat inflammatory diseases such as rheumatoid arthritis (11.2%) (chart 12).

Trends in both categories account for the widening gap on the top-10 list. “The prevalence of type 2 diabetes is increasing, and the proportion of patients starting treatment with two-drug combinations has almost doubled in the past few years,” says Le Pottier.

Updated clinical treatment guidelines and growing evidence of effectiveness have helped boost the prescribing of newer diabetes therapies that cost upwards of \$1,000 annually. In contrast, the traditional first line of therapy, metformin, costs about \$100 annually.

““ Additional indications for the treatment of heart failure and off-label use in weight management have also contributed to the uptake of the new-generation, non-insulin drugs, ”” says Lee.

One product especially—semaglutide, launched in 2018—has experienced substantial growth for both the treatment of type 2 diabetes and, through off-label prescribing, for weight management.

Diabetes devices also play a role in the category’s ascent. Flash glucose monitors and continuous blood glucose monitors, which use wearable devices to track blood-sugar levels around the clock and which cost more than double the price of first-generation monitors, are among the top-10 products by eligible amount submitted to drug plans for coverage.

Meanwhile, in the category of drugs for inflammatory diseases such as rheumatoid arthritis, savings generated by biosimilars are largely responsible for the category’s reduced share of the eligible amount. “Even though these drugs are used by less than one per cent of claimants, biologic drugs propelled this category to the number-one rank for more than a decade. It’s a remarkable story both for patients’ health outcomes and for the impact on private drug plans,” says Lee.





Biologics also fuelled the steady rise of drugs for skin disorders such as psoriasis and atopic dermatitis. The category reached the third position on the top-10 list in 2018, where it has remained. It accounted for 7.9% of the eligible amount in 2023.

The rise of the category of drugs to treat attention deficit hyperactivity disorder (ADHD) continues unabated. In 2023, the category surpassed both asthma and depression therapies on the top-10 list, moving to fourth position from sixth. Its share of the eligible amount was 5.8% in 2023. The category first appeared on the top-10 list in 2018, in ninth position.

“Increased awareness of the condition as an adult condition has driven diagnoses. In fact, adult claimants overtook pediatric claimants in 2022,” notes Lee, adding that “while debate is growing about its possible overdiagnosis, it’s important to keep in mind that anxiety is a common comorbidity of ADHD. Treatment of ADHD can prevent or mitigate anxiety disorders.”

Greater utilization of drugs to treat depression moved the category up one rank to fifth position (5.5% of the eligible amount), overtaking the asthma category (5.0%).

“ The share of claimants taking antidepressants was already climbing before the pandemic. By the end of 2023, one in five claimants was taking an antidepressant, ” says Lee.

The cancer category joined the top-10 list in 2017 in ninth position, and ranked sixth for several years until overtaken by the ADHD category in 2021. It has settled into seventh position, accounting for 3.6% of the total eligible amount in 2023.

“We’ve seen significant innovation in the oncology space in the past decade. More drugs are covered by private drug plans due to their oral format, meaning they don’t have to be administered in hospitals. And more are subsequently getting approval for additional or expanded indications, which increases the patient pool for these high-cost therapies,” says Le Pottier.

Cystic fibrosis therapy is new to the top-10 list, coming in at ninth position with a 2.6% share of the eligible amount—even though these drugs are needed by less than 0.02% of claimants. A new class of medications, called modulators, has transformed the treatment of CF over the past five years. One of those modulators, Trikafta, launched in 2021, took the category’s growth to a new level due to its potential to treat up to 90% of patients (whereas previous medications in this drug class were indicated for much smaller patient populations). The average annual eligible amount for Trikafta is \$163,000.

Multiple sclerosis tells a similar story. Medical advancements propelled the category onto the top-10 list in 2016. It has ranked eighth since 2017. However, its share of the eligible amount has slowly declined since 2021, when the first generic drug entered the market; in 2023, the category’s share was 2.7%.

Drugs to treat blood pressure occupy the last position on the top-10 list, down from ninth in 2022. The category accounted for 2.5% of the total eligible amount in 2023.

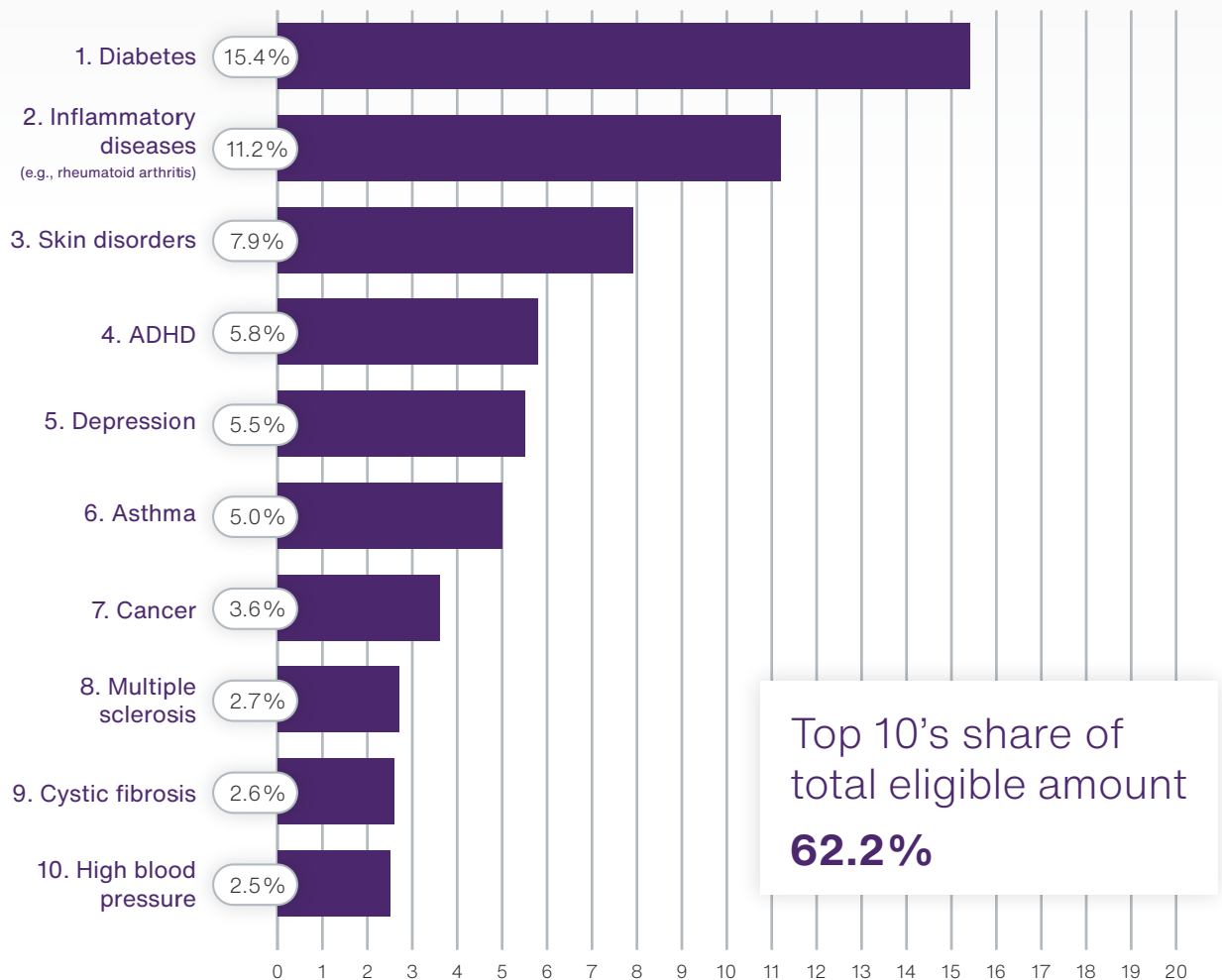
## Closer look at disruption

For more on the disruptive impacts of drugs to treat diabetes, attention deficit hyperactivity disorder and cystic fibrosis, download your copy of the [TELUS Health 2023 Category Watch](#) report.

Stepping back, the top-10 list is evenly split between higher-volume and/or relatively lower-cost categories—diabetes, depression, ADHD, asthma and high blood pressure—and categories for very small patient populations, with much higher price points. Combined, these 10 categories accounted for 62.2% of the total eligible amount submitted to private drug plans for coverage in 2023.

“The list perfectly illustrates how drug development is evolving in opposite directions, yet both are equally important in terms of their impact on overall spend for private payors. Various factors can be at play in the market to drive spending up or down in a class, contributing to the drug class’s overall ranking,” says Le Pottier.

**CHART 12** | Top 10 categories by share of total eligible amount, 2023



Source: TELUS Health claims database

## Top 5 by eligible amount in 2008

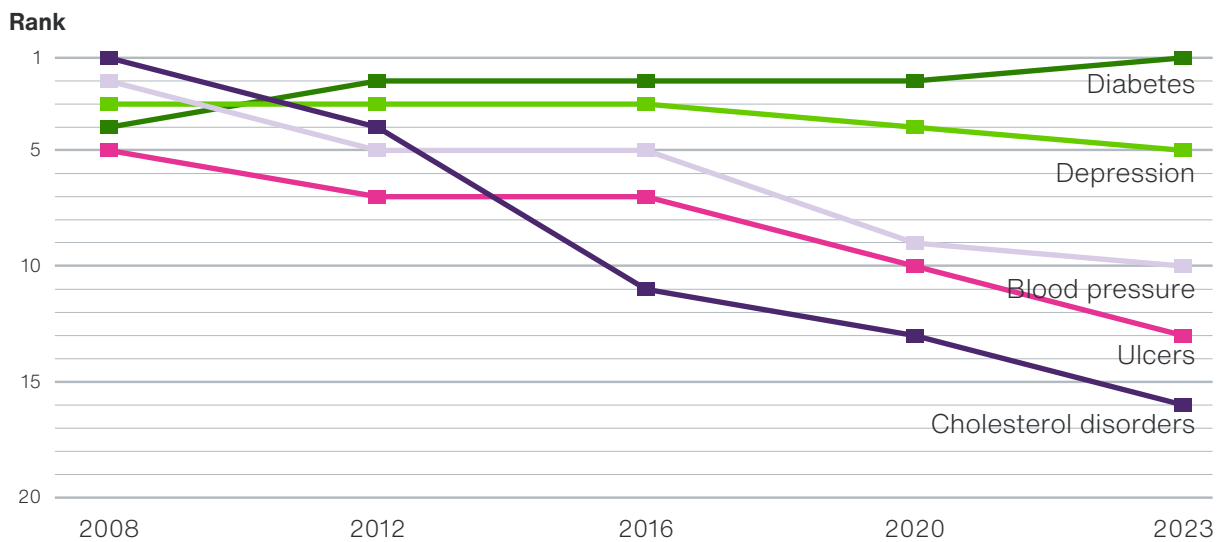
A look back at the top five drug categories in 2008 dramatically illustrates how the pharmaceutical market has changed in the past 16 years (chart 13).

In 2008, drugs to treat cholesterol disorders were among several categories of “blockbuster” drugs at the time, and topped all categories based on eligible amounts submitted for coverage by private drug plans. In 2023, the category ranked 16th. While it remains one of the top categories by prescription volume, generic pricing—bolstered by the federal government’s pan-Canadian Generic Tiered Pricing Framework, introduced in 2014—has significantly reduced the category’s cost burden.

Lower-priced generics also pushed two other blockbuster categories off the top-five list. Drugs for high blood pressure dropped from the number-two position in 2008 to 10th in 2023. Prescription drugs for ulcers fell from fifth to 13th position.

Two of the top-five categories in 2008 remain in the top-five 16 years later: drugs for diabetes, which ranked fourth in 2008 and first in 2023, and drugs for depression, which was third in 2008 and fifth in 2023. For more on these categories, see pages 18 and 19 and, for the diabetes category, page 23.

**CHART 13** | Movement of top 5 categories by eligible amount, 2008 – 2023



Source: TELUS Health claims database

## Closer look at diabetes

A 16-year overview of the diabetes category shows slow and steady growth in the number of claimants from 2009 to 2020, then sharp inclines in 2021 (24.9%) and 2022 (28.5%) before a significant slowing in the growth rate, to 7.9%, in 2023 (chart 14). The end result: the number of claimants almost quadrupled from 2008 to 2023.

“The steady growth reflects the higher prevalence of type 2 diabetes year after year,” says Lee. “The explosive growth in 2021 and 2022 is partly due to growing evidence of the effectiveness of second- and third-line therapies for diabetes; as well, off-label use for weight management has contributed to this growth.”

Growth rates in the total eligible amount were 10% or more in all but two of the last 16 years, exceeding 20% in the last three years. When the total eligible amount is divided by the number of claimants, the average annual eligible amount per claimant climbed moderately for most of the 16-year period, then jumped 19.9% in 2023.

“We are probably also seeing a change in prescribing behaviour in response to the new clinical guidelines that recommend double or triple therapy at diagnosis when risk factors or comorbidities are present.” notes Lee.

In summary, over the 16-year period, the average annual eligible amount per claimant in the diabetes category more than doubled (138.1%), from \$661 in 2008 to \$1,574 in 2023 (chart 15).



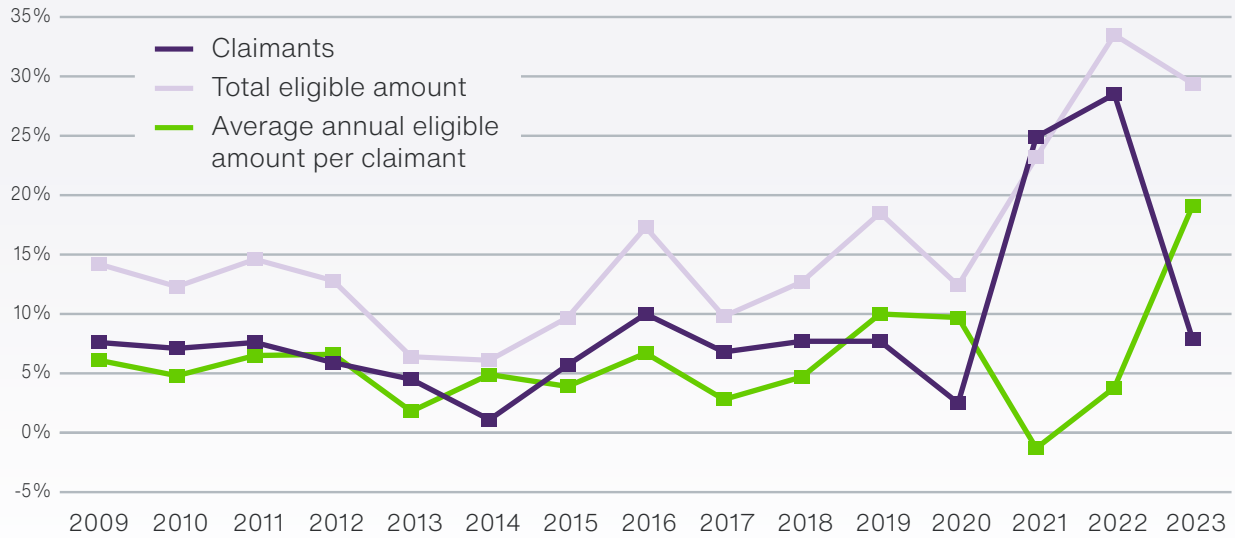


When the total eligible amount for the diabetes category is broken down by age group, growth rates are consistently much higher in the older groups (from age 45), which is consistent with the higher prevalence of type 2 diabetes after middle age. However, starting in 2012, growth rates began to climb in successively younger age groups. Among claimants aged 25 to 29, growth rates were firmly in the double digits in 2021 (19.7%), 2022 (40.3%) and 2023 (45.0%).

“ These results for younger plan members demonstrate the growing incidence of type 2 diabetes in younger adults,” says Lee. “And, again, if there are other risk factors or comorbidities, physicians are more likely to prescribe combination therapies right away.”

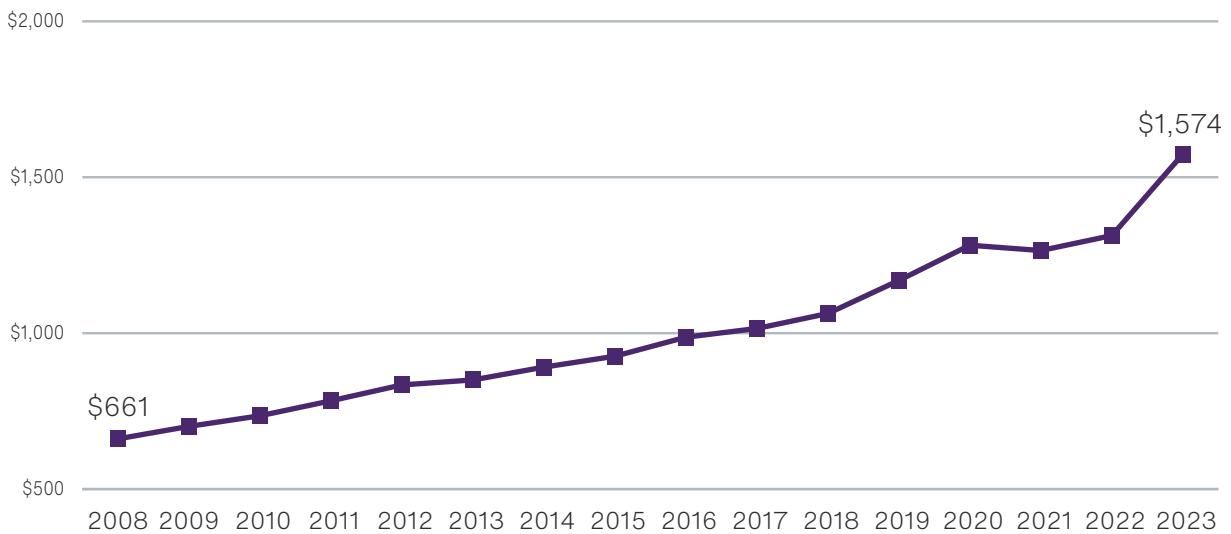


**CHART 14** | Change in number of claimants, total eligible amount and average annual eligible amount per claimant in the diabetes category, 2009 – 2023

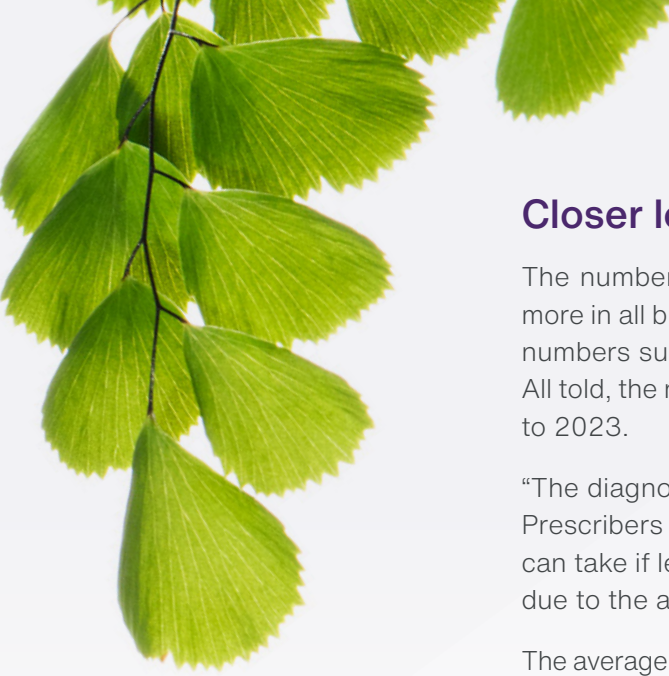


Source: TELUS Health claims database

**CHART 15** | Average annual eligible amount per claimant in the diabetes category, 2008 vs 2023



Source: TELUS Health claims database



## Closer look at ADHD

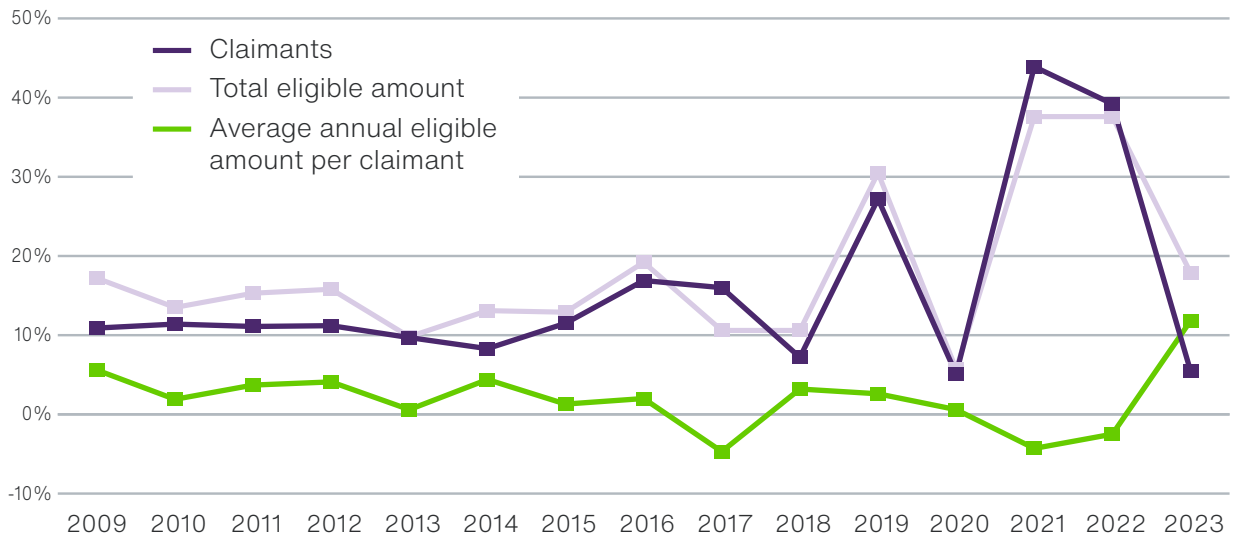
The number of claimants taking medication for ADHD grew by 10% or more in all but four of the 16 years tracked by TELUS Health (chart 16). The numbers surged in 2021 and 2022, by 43.9% and 39.2%, respectively. All told, the number of claimants multiplied more than eight-fold from 2008 to 2023.

“The diagnostic criteria for ADHD have broadened over the past decade. Prescribers and the public are more aware of the toll this mental disorder can take if left untreated. Adult diagnoses skyrocketed in 2021 and 2022 due to the added pressures of the pandemic,” says Lee.

The average annual eligible amount per claimant grew much more moderately over the 16-year period. Several years posted little or even negative growth; the biggest single-year increase was in 2023, when the average annual eligible amount per claimant grew by 11.8%.

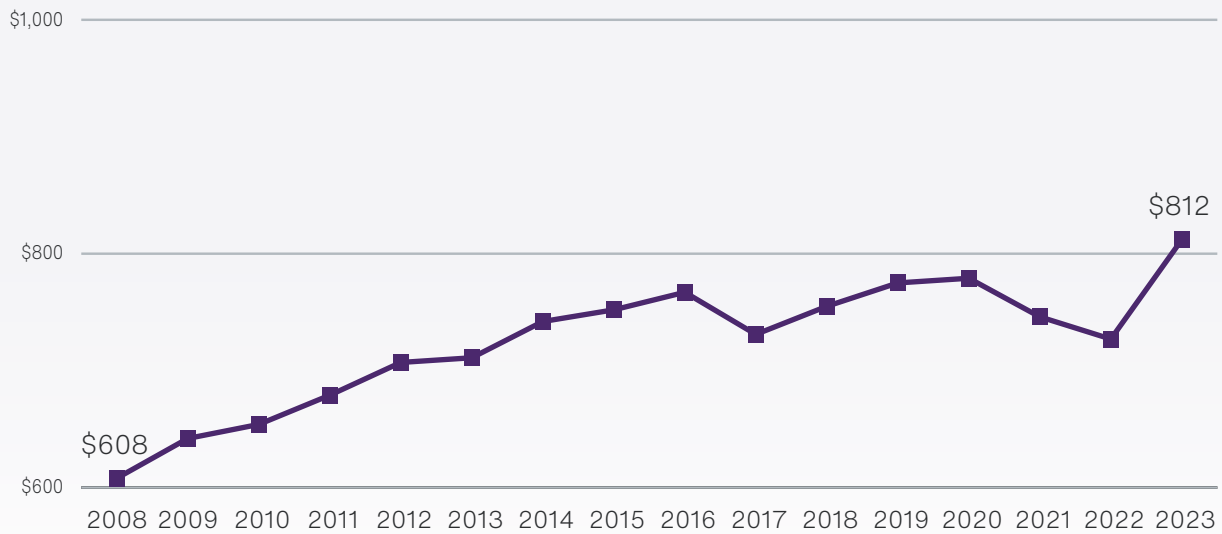
In terms of actual dollars, the average annual eligible amount per claimant was \$608 in 2008 and \$812 in 2023, a difference of 33.6% (chart 17).

**CHART 16** | Change in number of claimants, total eligible amount and average annual eligible amount per claimant in the ADHD category, 2009 – 2023



Source: TELUS Health claims database

**CHART 17** | Average annual eligible amount per claimant in the ADHD category, 2008 vs 2023



Source: TELUS Health claims database

## Closer look at weight management

Drugs for weight management are not on the top-10 list of categories by eligible amount—yet.

Evidence steadily grows that obesity is a risk factor for many chronic conditions. Healthcare organizations in some countries—including Canada and the U.S.—have determined that obesity itself is a chronic disease. As a result, more private drug plans are including coverage for the new drug class of obesity treatments, moving away from the historical view that weight-loss drugs are lifestyle drugs.

Innovation in this category began almost 10 years ago, with the launch of Saxenda in 2015. Contrave followed in 2018. These drugs were the first to target hormones that control feelings of hunger or satiety, and are named in Canada’s clinical practice guidelines for obesity as effective pharmacotherapies for weight loss. In addition to obesity, the drugs are also indicated for people who meet the definition of being overweight and who have weight-related chronic conditions.

The number of claimants more than doubled in the year after Saxenda's launch, although admittedly the baseline was very low (with fewer than 1,000 claimants in 2015). Nonetheless, growth has continued to be very strong, with a steep upward trajectory commencing in 2020.

"Public awareness of medication options for weight loss grew through social media and the recognition by public health bodies that obesity is a disease," says Lee.

The average annual eligible amount per claimant also shifted with the launches of Saxenda and Contrave. Prior to these medications, the average was just over \$600 annually for first-generation weight-loss products. In 2023, it was \$1,572 annually, a difference of 251.0%.

Time will tell if the weight-management category will break into the top-10 list, but private drug plans can certainly expect growth in the next few years. "The highly anticipated launch of Wegovy is expected this year, and next year will likely bring Zepbound. Clinical trials show that each drug is more effective than its predecessor," says Lee. "Growth will also likely come as prescribing patterns shift from the off-label use of diabetes medications for weight loss to Wegovy and Zepbound."

## Pipeline

Looking ahead, new medications for weight management and women's health are expected to break new ground. While their impact on the drug spend may be high, their benefits for quality of life and workplace productivity may also be high.

For details on what private drug plans need to know about these emerging categories—as well as important advancements in atopic dermatitis, alopecia areata and cancer—download your copy of [TELUS Health's 2024 Drug Pipeline](#) report.



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## 4. Key takeaways



- Employees submitted an average of \$1,262 in eligible drug costs for coverage by private drug plans in 2023, for themselves and linked co-beneficiaries. The average number of claims per certificate was 15.1 and the average eligible amount per claim was \$83.53.
- Jurisdictional factors—namely the model for public coverage, government policies, and dispensing practices—drove important regional variations in eligible amounts and utilization, as they have in past years.
- As in previous years, claimants aged 45 to 64 accounted for the largest share of the total eligible amount, and 2023 saw a significant upswing in the average eligible amount per claimant in this age group. That said, the younger age groups have grown their shares over the past 16 years.
- Generic medications represented two-thirds of all prescriptions covered by private drug plans. Generics do not yet exist for most of the remaining prescriptions; however, some room for growth remains in certain regions, and for plans that have not adopted mandatory generic substitution policies.
- Specialty drugs' share of the total eligible amount plateaued in 2023 following a decline in 2022, a reflection of the impact of public- and private-sector switching policies for lower-priced biosimilar drugs. Even so, high-cost specialty drugs accounted for close to one-third of the total eligible amount, for fewer than two in 100 claimants.
- The top-10 list of drug categories by share of the total eligible amount is evenly split between higher-volume and/or relatively lower-cost categories, and high-cost categories for small patient populations.
- For every \$10 spent by private drug plans, \$6 goes to the top-10 categories.
- Diabetes drugs and devices strengthened their hold as the number-one ranked category, while the categories for inflammatory diseases and skin disorders, both dominated by specialty drugs, retained their second- and third-place positions.
- Drugs for attention deficit hyperactivity disorder (ADHD) rose two levels to rank fourth, overtaking therapies for asthma and depression—and the depression category moved ahead of asthma to rank fifth. Cystic fibrosis is new to the top-10 list, propelled mostly by a single new class of medication.
- Diabetes, ADHD, depression, weight management and women's health are five categories to watch in the coming years due to their expected impacts on the drug-plan spend as well as personal health and productivity.



2024

Drug Data  
Trends &  
National  
Benchmarks

## 5. Conclusion



Without doubt, private drug plans are highly utilized and highly valued by plan members. The pandemic served to solidify their value to plan sponsors as a table-stake offering not only for attraction and retention, but also for workplace productivity.

Also without doubt, the balance between value and affordability is increasingly complex. As a pharmacy benefits manager, TELUS Health remains committed to doing its part through the sharing of knowledge mined from claims data and expert analysis. Its annual Drug Data Trends & National Benchmarks report is a core piece of that commitment. TELUS Health is proud to work with insurance providers, plan sponsors and their advisors to help identify priority areas for investment and cost-management solutions.





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## Drug Data Trends & National Benchmarks

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