



COMMUNIQUÉ

To Group Insurance plan administrators
Drug management

Drugs | Top 10 2023

As part of the ongoing development and implementation of our drug utilization management strategies, we rely on the analysis of certain key indicators. One of these is the ranking of the ten drugs responsible for the highest spending for all group insurance plans each year.

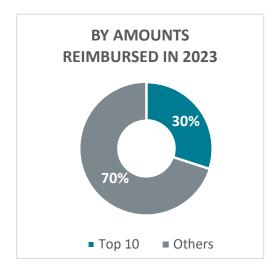
The ranking of the top ten drugs of 2023 highlights the constant evolution of medical practice and pharmaceutical innovations and their impact on:

- Costs
- Use of drugs
- Plan members' health

One of the highlights of 2023 is the significant increase in the top 10's share of total drug spending.

The top ten drugs account for 30% of the year's spending, up 6% over 2022. The number of claims for these ten drugs has also risen by 1.4% (5.9% in 2023 vs. 4.5% in 2022).

This increase is explained by the steady rise in the use of OZEMPIC and, to a lesser extent, TRIKAFTA. Although the means put in place to ensure the appropriate use of OZEMPIC have been effective, the popularity of this drug remains high. There's no denying that OZEMPIC was at the heart of many discussions in 2023, both within our organization and across Canada and the world.





Top 10 drugs in a nutshell

The following table shows the top ten drugs in descending order of total amount reimbursed in 2023, as well as their respective rankings in 2022 and 2021.

TOP 10 DRUGS BY AMOUNT REIMBURSED				
Brand name	Current indication	2023	2022	2021
OZEMPIC, RYBELSUS	Diabetes	1	1	3
TRIKAFTA	Cystic fibrosis	2	4	161
Infliximab (REMICADE ^B and biosimilars)	Inflammatory conditions	3	2	1
STELARAB	Inflammatory conditions	4	5	5
Adalimumab (HUMIRA ^B and biosimilars)	Inflammatory conditions	5	3	2
CONCERTA and generics	Attention deficit disorder	6	6	4
VYVANSE	Attention deficit disorder	7	7	7
FREESTYLE LIBRE	Diabetic supplies	8	8	6
DUPIXENT ^B	Inflammatory skin and respiratory conditions	9	9	8
ENTYVIOB	Inflammatory bowel diseases	10	10	10

^B Biological drugs

In 2023, no new drugs made it into the top 10, but there were changes in the rankings:

TRIKAFTA moved into second place, while Infliximab (REMICADE and its biosimilars) slipped to third place after several years in first place. STELARA moved up one place to fourth place, after Adalimumab (HUMIRA and its many biosimilars) slipped two places. This drop is due to our strategy of transitioning from reference biologics to biosimilars.

There was no change in position for the next five drugs in the top 10. However, **STELARA** is not expected to retain its fourth-place position for very long, as two biosimilars of this drug have just been authorized by Health Canada. We will therefore be rolling out our strategy for **STELARA** in 2024.

The arrival of a generic version of **VYVANSE** is also on the horizon. Although the exact date for the introduction of a generic version of this drug is not yet known, it will generate significant savings and should change the ranking of our top 10.

TRIKAFTA is a very expensive drug used to treat cystic fibrosis, a relatively rare disease. This revolutionary drug is crucial for patients, as it can change the course of this disease with its dismal prognosis. Its use seems to be stabilizing now that patients have access to it.

OZEMPIC: reminder

Over the past year, this antihyperglycemic agent has been the subject of much discussion, both in the mainstream and specialist media, and in social media. Its active ingredient, semaglutide (OZEMPIC, RYBELSUS, WEGOVY), is unique in that it constitutes a molecule with two potentially complementary indications.

Semaglutide, marketed under the names **OZEMPIC** and **RYBELSUS**, is indicated for the treatment of type 2 diabetes. Semaglutide under the name **WEVOGY** is also approved as an adjunct to diet and increased physical activity for weight management in obese (BMI of 30 kg/m² or more) or overweight (BMI greater than 27 kg/m²) individuals with at least one weight-related comorbidity. **WEGOVY** should soon be available on the market.

Obesity (or overweight) and type 2 diabetes are intrinsically linked. It is estimated that 80-90% of people with type 2 diabetes are overweight. An important link between obesity and diabetes is insulin resistance, which is manifested by a diminished ability of insulin to facilitate the entry of glucose (sugar) into cells, and to slow down the production of glucose by the liver. Being overweight is also a risk factor for prediabetes and type 2 diabetes.

The association and interrelation between type 2 diabetes and overweight or obesity certainly explain the interest in **OZEMPIC** among prescribers. In fact, we are seeing a reduction in the use of other treatments for type 2 diabetes, in favour of **OZEMPIC**.

From a medical and health management standpoint, our specialists recommend that obesity and weight management treatments be covered by drug insurance plans, according to specific criteria.

Transition to biosimilars

The transition to biosimilars continues. Infliximab (**REMICADE**) and Adalimumab (**HUMIRA**) have slipped back again in the 2023 top 10 rankings. Specifically, Adalimumab has fallen four places since 2020, when it topped the list in terms of reimbursements.

Building on the positive results of our initiatives, we have put in place a continuous process of transitioning to biosimilars as soon as they become available.

This will help us to achieve savings as quickly as possible, for the benefit of our clients.

Management strategies

Based on these observations and other key indicators, we develop effective management strategies for our clients, such as the transition to biosimilars and measures to ensure appropriate use of **OZEMPIC** and **FREESTYLE LIBRE**.

These observations, which cover all claims processed by our Group Insurance sector, do not necessarily apply to all the drug plans we administer.

If you have any questions, please contact your advisor or your iA Financial Group Account Executive.

Frédéric Leblanc, pharmacist

Strategic Leader, Drug Programs Group Insurance

You, as the plan administrator, have an important role to play in informing your plan members about their group insurance plan. We also look to your support to give them all explanatory and administrative documents upon enrolment or upon request. We will help you show them where they can consult this documentation if it is not available in hard copy. If you have any questions, please feel free to consult your administrator's guide or to contact your local Account Executive or Client Relationship Manager.

This communiqué and past publications are also available on our website ia.ca.