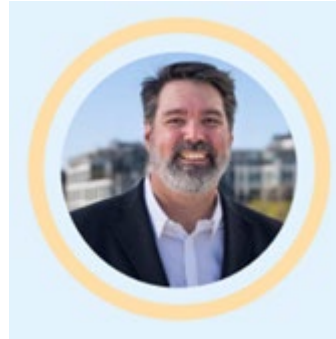


# COMMUNIQUÉ

To Group Insurance plan administrators  
Drug management

## Drugs | Top 10 2024



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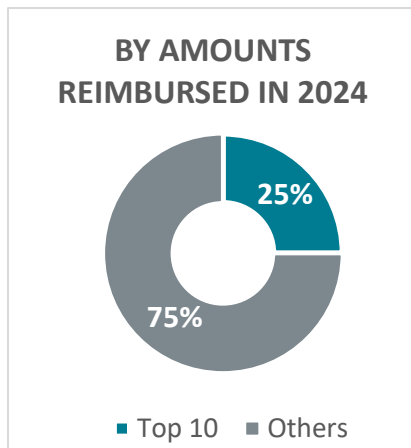
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As part of the ongoing development of our drug management strategies, we rank the drugs responsible for the highest spending for all group insurance plans every year. Reviewing these top ten drugs highlights the constant evolution of pharmaceutical innovations and the resulting influence on both costs and the total wellbeing of plan members.

Notably, we observed that the share of total drug spending on the top 10 drugs saw a marked decrease in 2024. The top ten drugs accounted for 25% of the year's spending, a decrease of 5% from 2023. We are proud to attribute this success to our robust biosimilar program and prior authorization on drugs such as **Ozempic** and the diabetic device **Freestyle Libre**. The proportion of claims for these top 10 drugs has increased by 2.5% (8.4% in 2024 vs. 5.9% in 2023).



## Top 10 drugs in a nutshell

The following table shows the top ten drugs in descending order of total amount reimbursed in 2024, as well as their respective rankings in 2023 and 2022.

TOP 10 DRUGS BY AMOUNT REIMBURSED					
Brand name	Molecule	Current indication	2024	2023	2022
Ozempic, Rybelsus	Semaglutide	Diabetes	1	1	1
Trikafta	Elexacaftor/tezacaftor/ ivacaftor	Cystic fibrosis	2	2	4
Concerta, Biphentin, Foquest and generics	Methylphenidate	Attention deficit disorder	3	6	6
Stelara <sup>B</sup> and biosimilars	Ustekinumab	Inflammatory conditions	4	4	5
Vyvanse and generics	Lisdexamfetamine	Attention deficit disorder	5	7	7
Remicade <sup>B</sup> and biosimilars	Infliximab	Inflammatory conditions	6	3	2
Dupixent <sup>B</sup>	Dupilumab	Inflammatory skin and respiratory conditions	7	9	9
Humira <sup>B</sup> and biosimilars	Adalimumab	Inflammatory conditions	8	5	3
Entyvio <sup>B</sup>	Vedolizumab	Inflammatory bowel diseases	9	10	10
Freestyle Libre	Flash glucose monitor	Diabetic supplies	10	8	8

<sup>B</sup> Biological drugs

Not surprisingly, **Ozempic** and **Rybelsus** continue to lead in terms of overall expenditure. Our prior authorization program ensures the appropriate use of these therapies in patients with diabetes. Note that **Wegovy**, also a semaglutide product but used for weight loss, is categorized separately. In 2024, a drug of the same class, **Mounjaro** (tirzepatide), was marketed and while initial uptake may have been affected by limited dosage forms, we think it will likely have an impact on market share in 2025. When compared to semaglutide, this drug was more effective at reducing both A1C levels and body weight.

We have observed that the implementation of biosimilars has reduced spending on once-dominant drugs like infliximab (**Remicade**) and adalimumab (**Humira**). Consequently, the relative spend on treatments for attention deficit hyperactivity disorder (ADHD) has pushed these treatments up in the rankings. Drugs such as methylphenidate (**Concerta** and **Biphentin**) and lisdexamfetamine (**Vyvanse**) have therefore risen in the ranks, influenced in part by the growing recognition of ADHD and the introduction of single-source methylphenidate products. Generic versions of **Vyvanse** (lisdexamphetamine) were marketed in mid-2024, so we expect them to fall in the rankings in 2025.

Similarly, as the spend on adalimumab declines, biologic drugs **Dupixent** and **Entyvio** climbed in the rankings. **Dupixent** now has multiple indications, from skin conditions to asthma, whereas the specificity of **Entyvio**'s mode of action has made it a preferred agent for ulcerative colitis.

Biosimilars for ustekinumab (**Stelara**) were marketed in the first half of 2024 and the drug retained its fourth-place ranking. We see that the full effect of biosimilar switching initiatives has not yet been realized and we believe it will be more reflected in next year's data.

We consider that biosimilars will continue to be one of the most impactful factors on the drug spend. An effective biosimilar strategy is critical as additional biosimilars for both popular drugs like **Eylea** (aflibercept) for eye conditions and even for rare diseases are expected on the market shortly.

We continue to monitor the use of biologic drugs and approval of new biosimilars.

This ensures we can achieve savings as quickly as possible, for the benefit of our clients.

## Weight management

**Wegovy** (semaglutide) made its debut in mid-2024, sparking discussion on drugs for weight management. We are confident in our management of these therapies through prior authorization to ensure both appropriate initial use and monitoring.

See our [white paper on obesity management](#) for further discussion on the impact of obesity on the workforce.

In our view, the landscape of weight management options is poised for growth as anticipation builds for the approval of tirzepatide in Canada (known as **Zepbound** in the U.S). The potential for enhanced results in weight loss make it likely that the conversation around facilitating access to these therapies will persist.

Weight management therapies are now recommended inclusions on our formularies with access controlled by prior authorization. This approach prioritizes a comprehensive view of wellbeing while providing plan sponsors with the flexibility to opt out when necessary.

## Management strategies

We continue to develop effective management strategies for our clients, such as supporting the transition to biosimilars and measures to ensure appropriate use of therapies such as those used for weight management.

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.

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](#).

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