2025 Category watch:

Trends in drug utilization for birth control, weight management, migraine and cholesterol

TELUS® Health

Contents

Introduction

Evolution is the theme of the TELUS Health 2025 Category Watch report. In four key categories, TELUS Health has drawn from its database of more than 10 million privately insured individuals to help plan sponsors better understand the impact of change and what to expect in coming years.

In the category of birth control, politics has reset the stage. The governments of three provinces and one territory (so far) are providing free contraceptives, with more expected under Canada's new pharmacare program. Early results from British Columbia (B.C.) confirm the onset of a shift in coverage from private to public drug plans.

In the categories of weight management, migraine and cholesterol, advances in treatment are driving change—and, in many cases, dramatically improving the quality of life for Canadians who were struggling to manage their condition, or for whom previous therapies were ineffective. All these advances are attracting new patients and carry annual treatment costs that are significantly higher than previous therapies.

On the other hand, it's worth noting that none of these three categories is in the top-10 list by eligible amount (nor is birth control, for that matter). And the patient population of only one of the categories—weight management—has the potential to reach that status.

> While the budget impact of these medications on private plans is growing, the goal, as always, is to balance that against the value they bring to workforce productivity and to lowering health benefits costs in other areas, including disability. Measures to ensure eligibility, optimize adherence and support wellness holistically are more important than ever.
>
> — Vicky Lee, Director, Pharmacy Consulting & Professional Services, Payor Solutions, TELUS Health

Birth control

Private drug plans in B.C. experienced significant drops in the number of claims and claimants for contraceptives after the province made them available at no cost to all residents. However, the claimant count in the province remains more than half of what it was before free birth control became available. As well, other provinces that do not offer free birth control experienced declines.

Nationally, drugs and products for birth control accounted for 1.4% of TELUS Health's total book of business, by eligible amount, as of June 30, 2025 (Chart 1). Almost four years ago, by the end of 2021, the share was 2.2%. Similarly, contraceptives' share of claimants declined from 11.0% in 2021 to 7.9% by the end of the first half of 2025, and the share of claims slid by one point, to 2.6% from 3.6% (Chart 2).

Charts 3 and 4 summarize the national rates of growth or decline in eligible amount, and in the number of claimants and claims in the category. Declines began in 2023, reflective of the launch of B.C.'s program in April 2023. The number of claimants in that province dropped by 21.2% in 2023 and by another 24.9% in 2024 (Chart 5). Interestingly, claimant counts also dropped in Quebec, Alberta and Ontario.

It's also interesting to note that a sizable number of B.C. residents continue to submit claims to their private plans. In fact, the claimant count in 2024 was 59.2% of what it was in 2022, before free contraceptives became available.

"More than 25,000 people in B.C. still receive coverage from their private plan," says Lee.

This reflects the fact that not all oral contraceptives are part of the free program—and not all those remaining are covered at 100%. The residual amounts may be submitted to private payors for coverage, she explains.

As well, while pharmacists can switch a prescription to a fully covered drug, claims data so far indicates this is not happening. Moreover, a number of pharmacies are not submitting claims to the new program at all. "It appears claims are bypassing the program or are for DINs not covered by the program," confirms Lee.

Solutions may occur at the federal as well as provincial level, given B.C.'s decision in 2024 to sign on to the federal government's national pharmacare program for contraceptives and diabetes drugs. Implementation is scheduled for March 1, 2026. As B.C. works toward transitioning its program for free contraceptives to one that's federally funded, "insurance carriers have been in communication with the

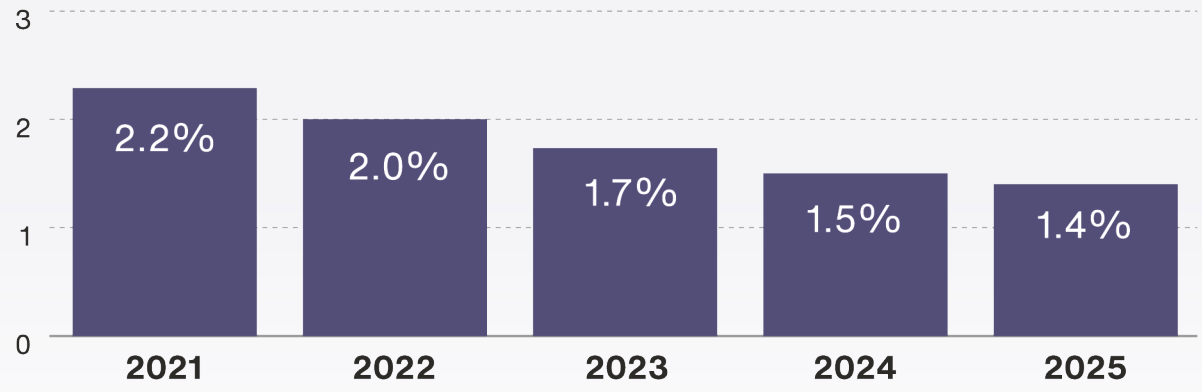
province, seeking controls at point of sale to ensure submission to national pharmacare is in place at the pharmacy," says Lee.

In October 2024, Manitoba became the second province to provide free birth control through its provincial pharmacare program—and like B.C., it subsequently signed on to Canada's pharmacare program for contraceptives and diabetes drugs. Federal funding in Manitoba began on April 15, 2025. P.E.I. implemented its version of national pharmacare for contraceptives and diabetes drugs in May 2025, and Yukon is working toward implementation (date of launch to be announced).

> We can certainly expect to see further declines in contraceptives' share of the private drug-plan spend, especially as pharmacies adopt measures to submit eligible claims to federal pharmacare as first payor.
>
> — Vicky Lee, Director, Pharmacy Consulting & Professional Services, Payor Solutions, TELUS Health

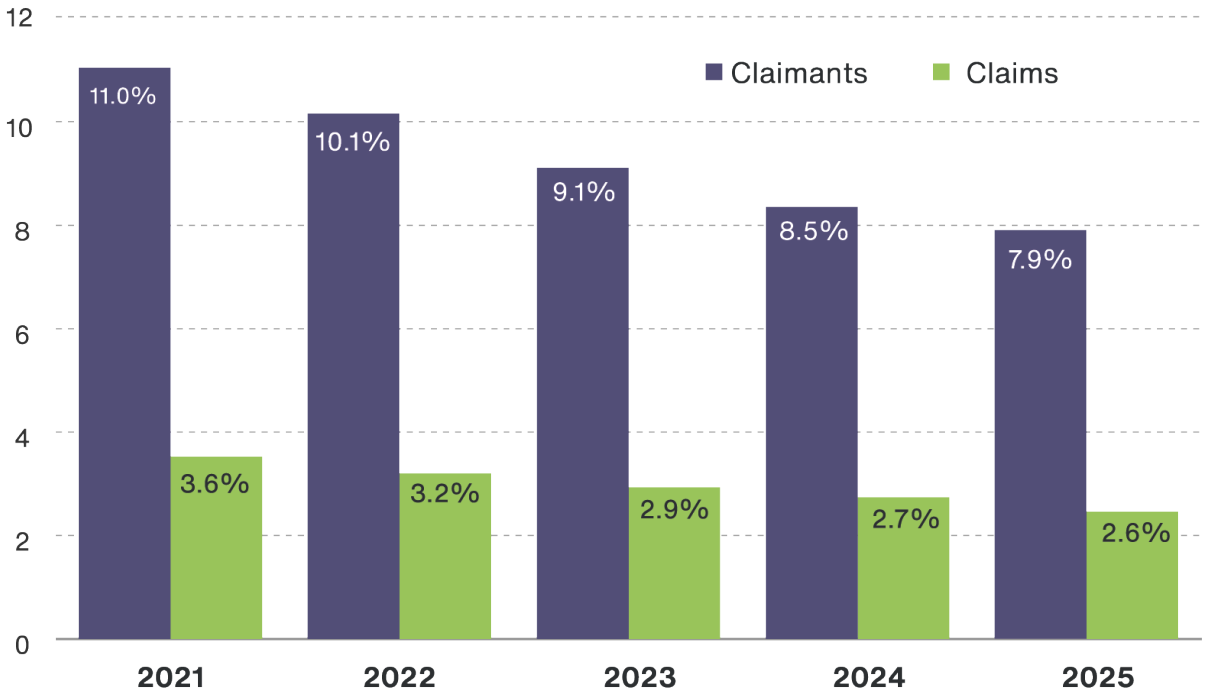
Overall, birth control is a low-cost category for private plans, ranking 20th based on eligible amounts submitted in 2024. The average eligible amount per claim was $46.59 in 2024 and claimants submitted 3.9 claims that year, resulting in an average annual eligible amount of $180.34 (Charts 6 and 7). Pricing has also declined slightly over the past three years, likely due to the growing availability of generic options.

CHART 1 | Birth control: Share of total eligible amount, 2021 - 2025



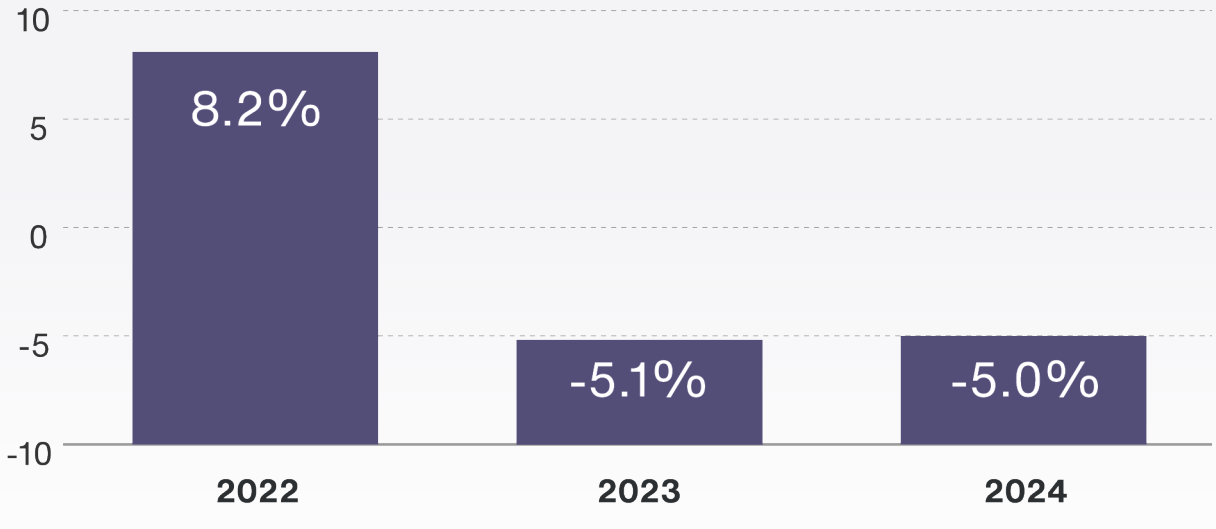
Source: TELUS Health database for private drug plans, year ending December 31 except for 2025 (January 1 to June 30, 2025).

CHART 2 | Birth control: Share of all claimants and all claims, 2021 – 2025



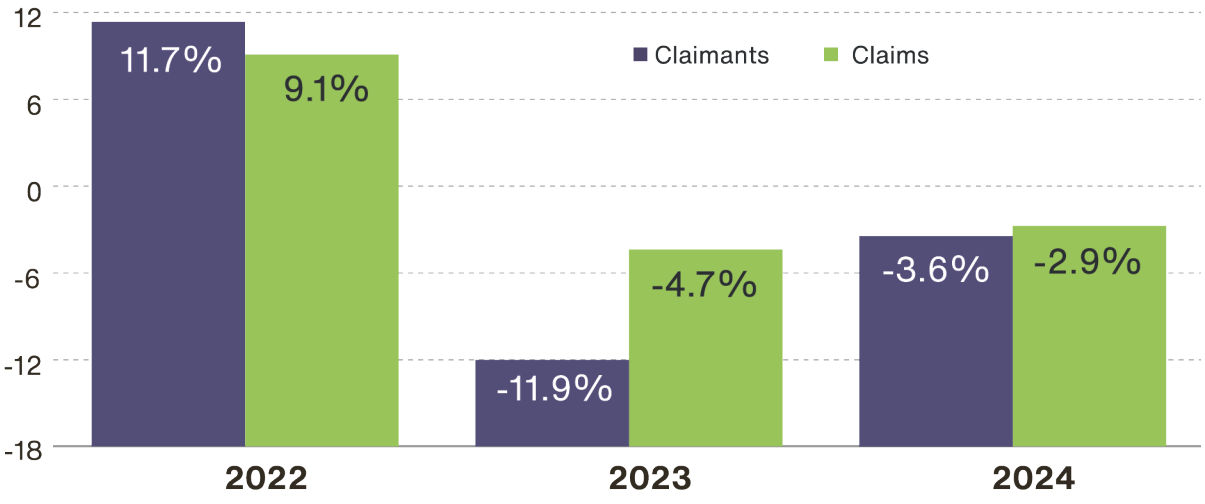
Source: TELUS Health database for private drug plans, year ending December 31 except for 2025 (January 1 to June 30, 2025).

CHART 3 | Birth control: Change in total eligible amount, 2022 – 2024



Source: TELUS Health database for private drug plans, year ending December 31.

CHART 4 | Birth control: Change in number of claimants and claims, 2022 – 2024



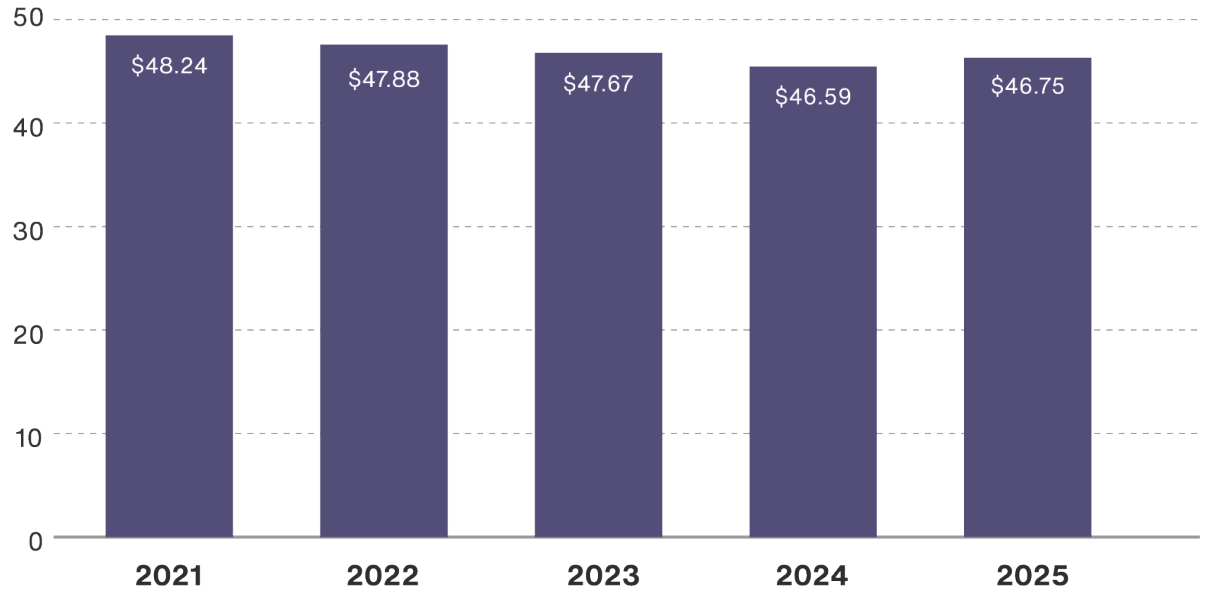
Source: TELUS Health database for private drug plans, year ending December 31.

CHART 5 | Birth control: Changes in number of claimants in selected provinces, 2022 – 2024

Province	2022	2023	2024
B.C.	4.0%	-21.2%	-24.9%
Quebec	26.6%	-14.9%	0.1%
Alberta	2.5%	-8.6%	-3.6%
Ontario	6.5%	-5.5%	-3.0%

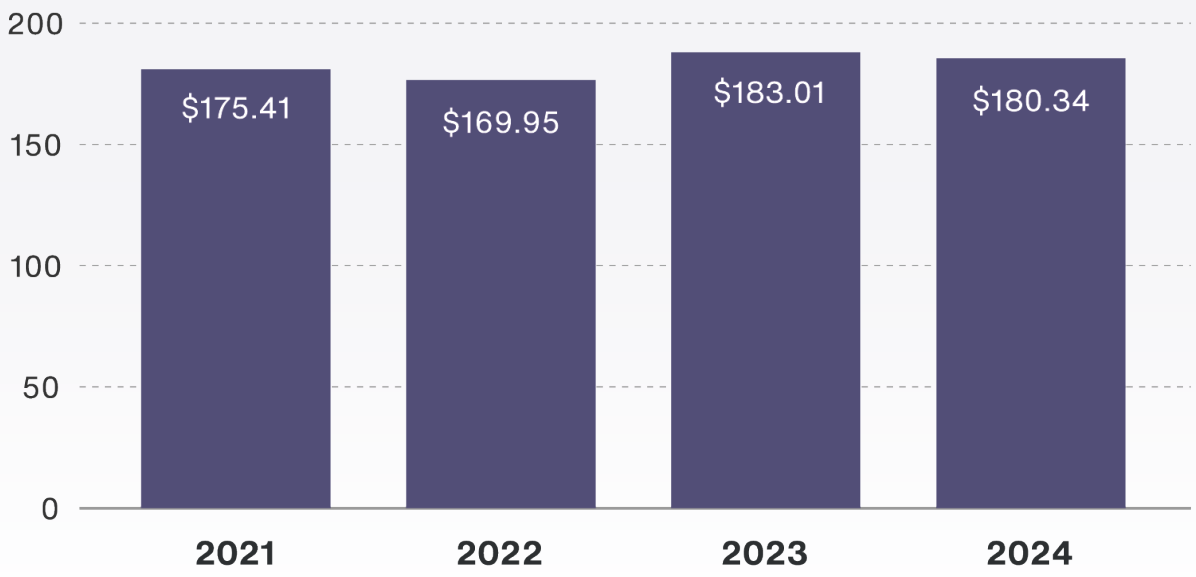
Source: TELUS Health database for private drug plans, year ending December 31.

CHART 6 | Birth control: Average eligible amount per claim, 2021 – 2025



Source: TELUS Health database for private drug plans, year ending December 31 except for 2025 (January 1 to June 30, 2025).

CHART 7 | Birth control: Average annual eligible amount per claimant, 2021 – 2024



Source: TELUS Health database for private drug plans, year ending December 31.

Weight management

Private plans' spending on weight-management drugs has quadrupled since 2021. In 2024 alone, when Wegovy (active ingredient: semaglutide) entered the market, the category doubled in size, surpassing 11 others to rank 17th overall by eligible amount (up from 29th in 2023).

That said, the category's budget impact remains low at this point. By the end of the first six months of 2025, the category accounted for 2.4% of the total eligible amount, 1.0% of claimants and 0.4% of claims (Charts 8 and 9).

Within the category, the eligible amount skyrocketed by 104.1% in 2024 (Chart 10), led by B.C. (173.5% increase) and Ontario (107.1%). The pattern repeats for claimant counts, with a national growth rate of 59.8% (Chart 11) and regional rates of 104.0% in B.C. and 62.5% in Ontario.

While Wegovy is currently driving growth, the category's transformation began in 2015 with the launch of Saxenda (liraglutide) and gained momentum in 2018 with the launch of Contrave (naltrexone/bupropion). 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 the management of adult 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.

Saxenda was also the first self-injectable glucagon-like peptide 1 (GLP-1) receptor agonist drug, and its effectiveness—capable of reducing body weight by 5% to 10%—quickly drove utilization. By the end of 2021, 72.6% of claimants in the category were using Saxenda (Chart 12).

Wegovy, the second self-injectable GLP-1—able to lower body weight by 10% to 15%—accelerated the category's transformation and by the end of the first six months in 2025, four out of five (82.8%) claimants were using self-injectables.

Expressed in terms of eligible amount, injectables' share grew from 85.4% in 2024 to 90.8% after the first six months of 2025 (Chart 13).

It should be noted that a third self-injectable weight-management drug, Imcivree (setmelanotide), was approved by Health Canada in May 2023 to treat genetic obesity caused by a rare single-gene mutation. It is not a GLP-1. While the drug is expensive—with an annual treatment cost of between $294,000 and $440,000, according to the reimbursement review by Canada's Drug Agency—its extremely small patient population limits its impact on drug plans. In 2024, Imcivree accounted for 1.6% of the category's total eligible amount.

Chart 14 captures the breakdowns in eligible amount between Saxenda, Wegovy and Imcivree—and how Wegovy has asserted dominance over Saxenda in less than a year.

What does the future hold? In a word: Zepbound. Approved by Health Canada in May 2025, Zepbound (tirzepatide) is a GLP-1 and a glucose-dependent insulinotropic polypeptide (GIP) receptor agonist drug, a combination that is capable of lowering body weight by 20%.

The potential patient population for drugs like Wegovy and Zepbound is significant: almost two-thirds of Canadian adults are classified as either obese (30%) or overweight (36%), according to the most recent data from Statistics Canada. Moreover, obesity is linked to many comorbidities that are key drivers of spending on health benefits, including type 2 diabetes, osteoarthritis, chronic pain, sleep apnea, depression and anxiety.

> There's no doubt that Wegovy and Zepbound are attracting more first-time patients to the weight-management category, which will grow its share of the drug-plan spend.

— Blandine Mosna, Consultant Pharmacist, TELUS Health

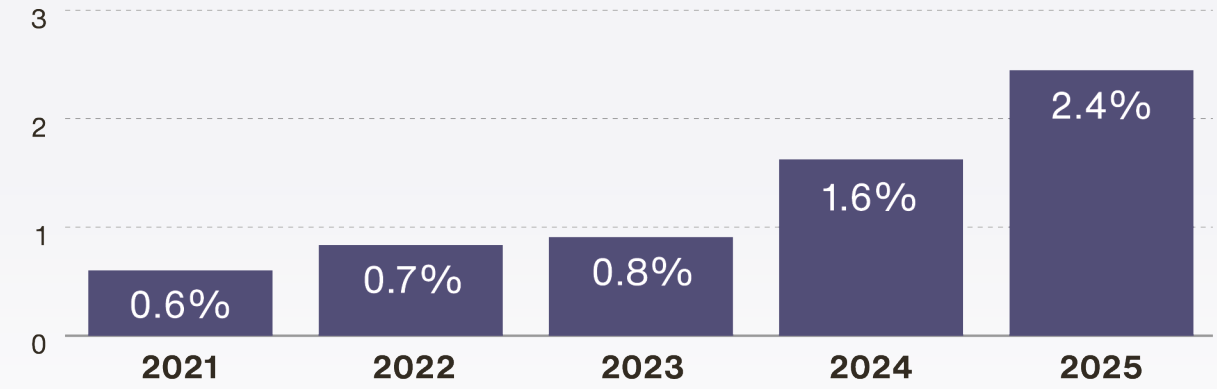
On the other hand, Mosna estimates that, currently, fewer than half of private plans automatically cover any weight-management drug, due to a decades-old default status that defines them as optional "lifestyle" drugs. A survey by Obesity Canada found that fewer than 20% of Canadians with private drug benefit plans have coverage for any weight-loss medications.

"The newest drugs are anything but lifestyle drugs—obesity is a chronic disease and needs to be treated as such. We are seeing a shift as more plan sponsors recognize the enhanced efficacy of the new drugs compared to other treatments and their ability to prevent other comorbidities. They are also considering coverage for the purpose of employee attraction and retention," says Mosna.

Steady increases in the overall eligible amounts per claim and claimant reflect the higher price points of Saxenda, Wegovy and Imcivree. By the end of June 2025, the average eligible amount per claim was $473.27, 15.4% more than in 2021 ($410.28) (Chart 15). In 2017, the average per claim was $337.59.

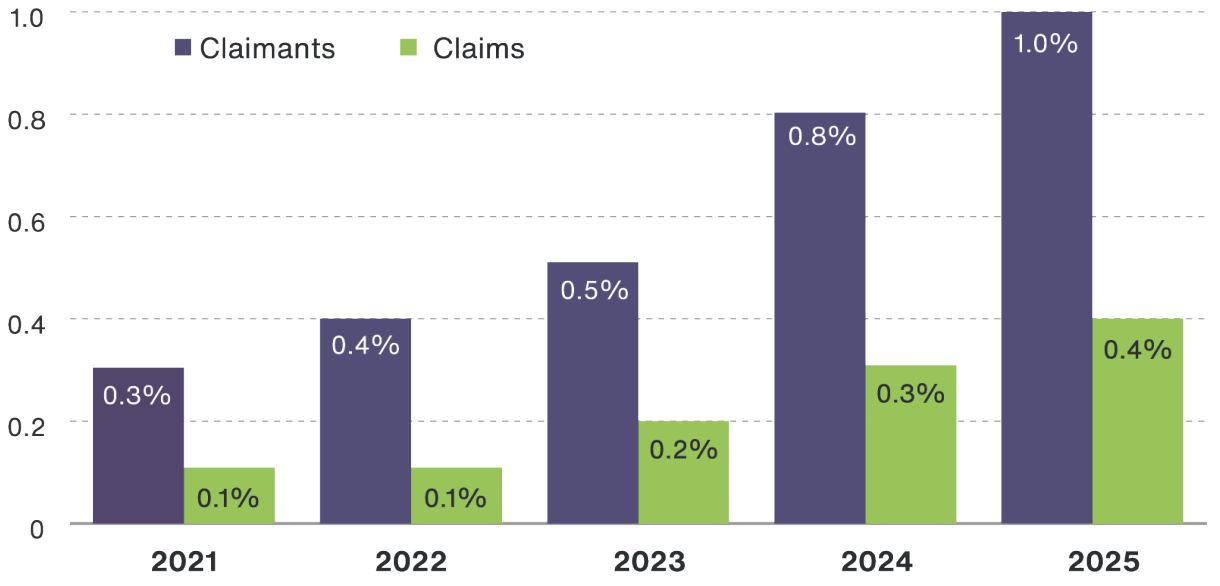
The overall average annual eligible amount per claimant was $2,008.58 in 2024, an increase of 27.8% over 2023 (Chart 16). In 2017, the average annual eligible amount per claimant was $1,300.67. When broken down by type of drug, the average annual eligible amounts in 2024 were $2,222.73 for a self-injectable and $1,082.09 for an oral drug.

CHART 8 I Weight management: Share of total eligible amount, 2021 – 2025



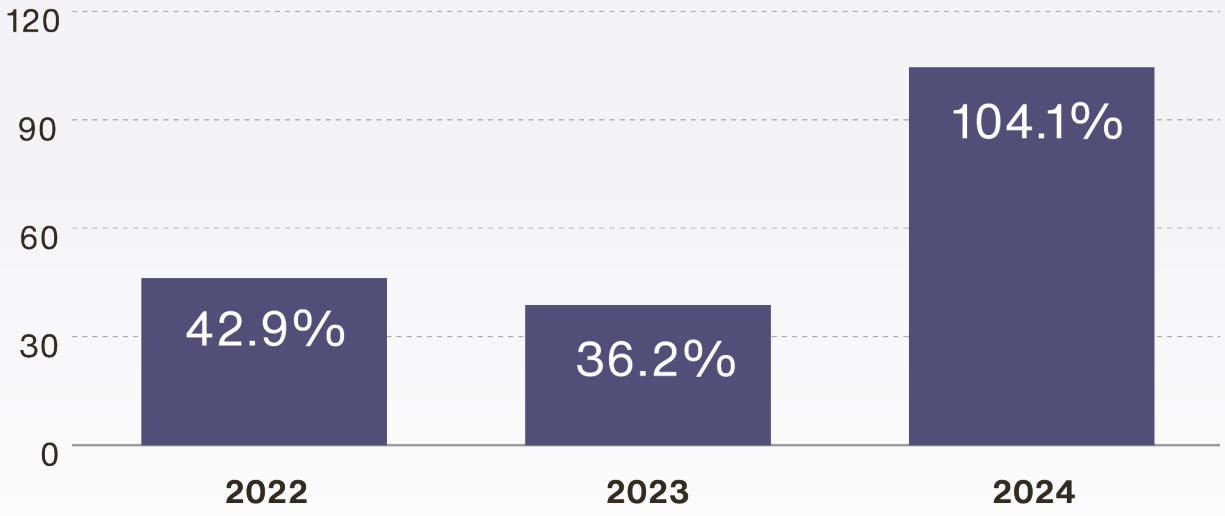
Source: TELUS Health database for private drug plans, year ending December 31 except for 2025 (January 1 to June 30, 2025).

CHART 9 I Weight management: Share of all claimants and all claims, 2021 – 2025



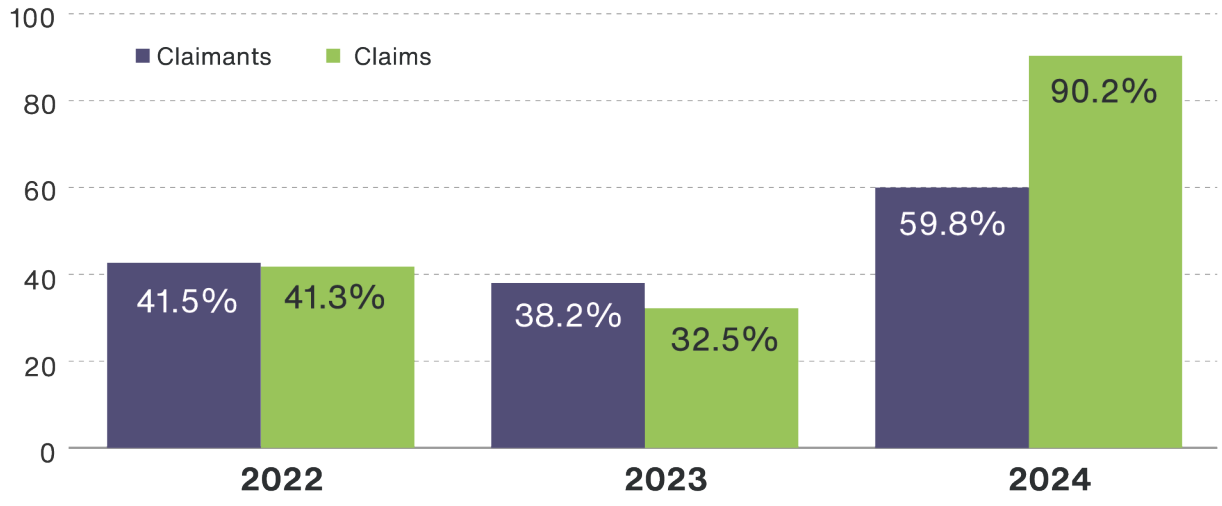
Source: TELUS Health database for private drug plans, year ending December 31 except for 2025 (January 1 to June 30, 2025).

CHART 10 I Weight management: Change in total eligible amount, 2022 – 2024



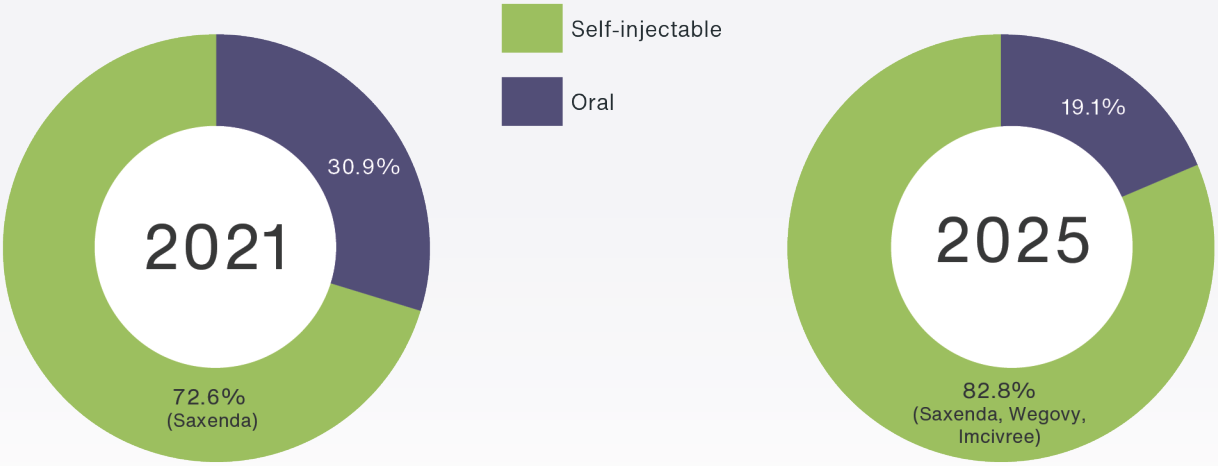
Source: TELUS Health database for private drug plans, year ending December 31.

CHART 11 I Weight management: Change in number of claimants and claims, 2022 – 2024



Source: TELUS Health database for private drug plans, year ending December 31.

CHART 12 I Weight management: Share of claimants by drug format, 2021 versus 2025



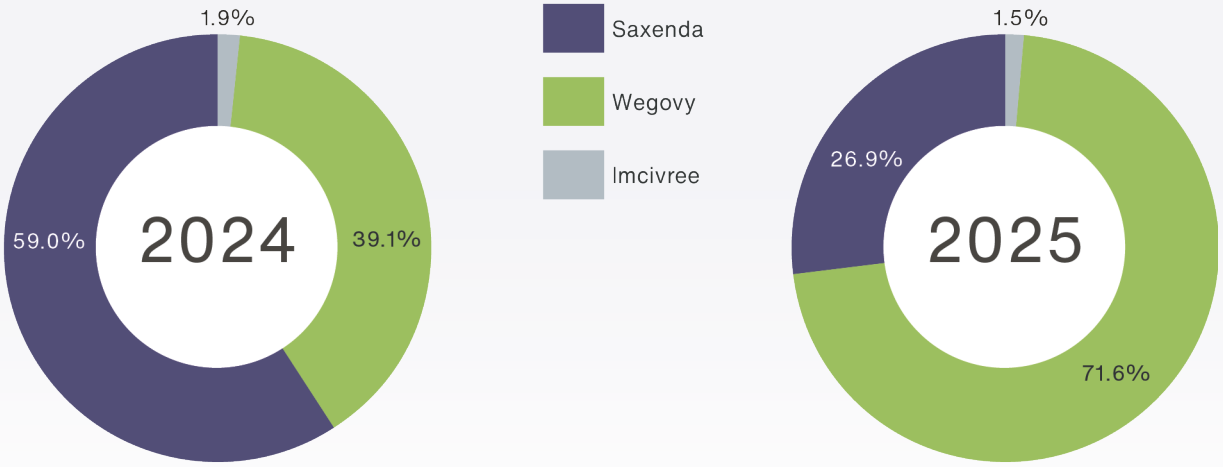
Note: Totals of more than 100% reflect claimants switching formats during the year.

Source: TELUS Health database for private drug plans, year ending December 31 except for 2025 (January 1 to June 30, 2025).

CHART 13 I Weight management: Share of eligible amount by drug format, 2021 versus 2025

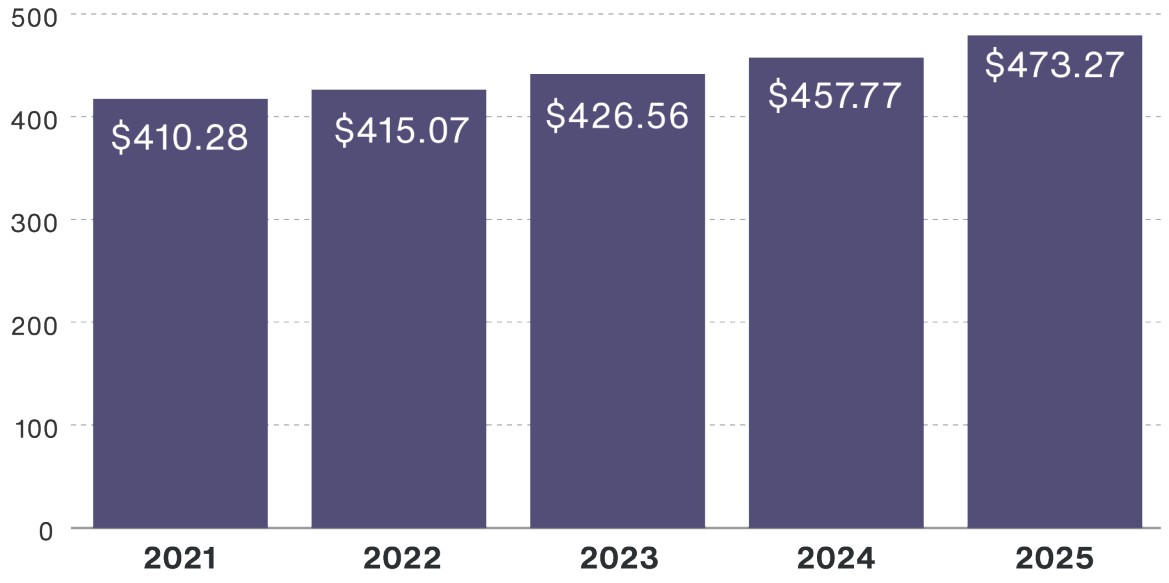
Source: TELUS Health database for private drug plans, year ending December 31 except for 2025 (January 1 to June 30, 2025).

CHART 14 I Weight management: For self-injectables only, share of eligible amount by drug brand, 2024 versus 2025



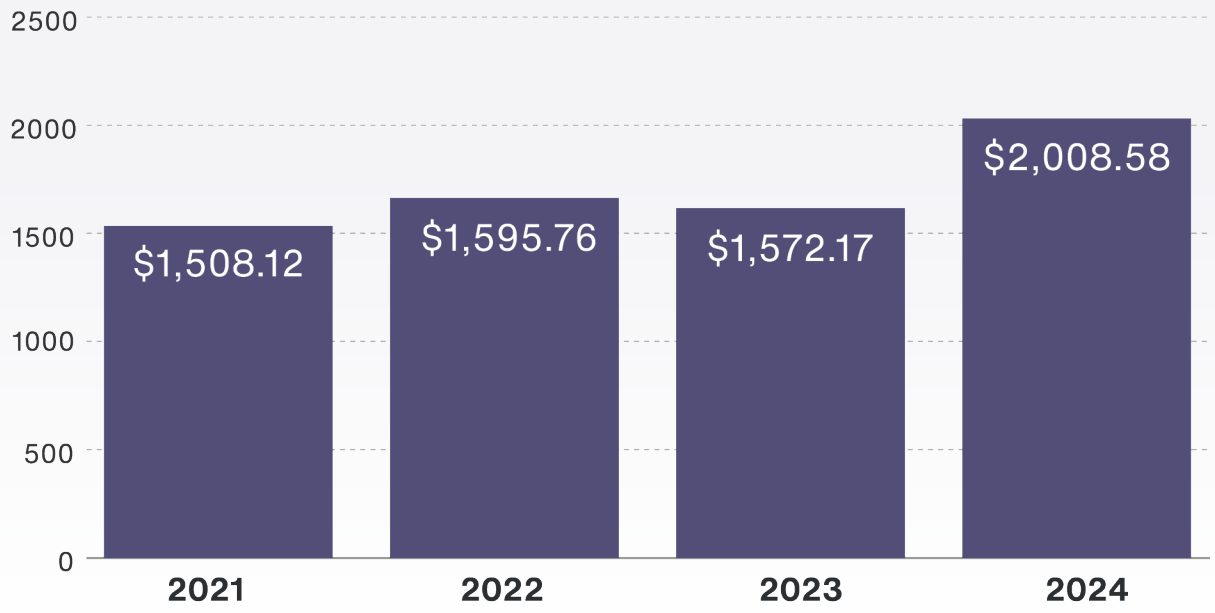
Source: TELUS Health database for private drug plans, year ending December 31 except for 2025 (January 1 to June 30, 2025).

CHART 15 I Weight management: Average eligible amount per claim, 2021 – 2025



Source: TELUS Health database for private drug plans, year ending December 31 except for 2025 (January 1 to June 30, 2025).

CHART 16 I Weight management: Average annual eligible amount per claimant, 2021 – 2024



Source: TELUS Health database for private drug plans, year ending December 31.

Migraine

A new class of migraine drugs continues to expand the market, and more eligible patients are shifting their utilization to the higher-cost options available for prevention.

Within TELUS Health's total book of business, the migraine category's share of the total eligible amount was 1.4% by the end of 2024, up from 1.1% in 2021. The category ranked 19th overall, up from 23rd in 2024. By the end of the first six months of 2025, the category's share had inched forward to 1.6% (Chart 17).

Meanwhile, shares of all claimants (2.3% in 2025) and claims (0.8%) were relatively stable during that same period, from 2021 to mid-2025 (Chart 18). This contrast between the increased costs and the stable number of claimants reflects the effect of the higher cost of the preventative medications.

Within the migraine category, plan sponsors' spending has increased by double digits since 2019. Chart 19 captures gains for the past three years, including growth of 26.7% in 2024. Meanwhile, the number of claimants grew 6.4% in 2024, on the heels of almost no growth in 2023 and a surge of 19.0% in 2022 (Chart 20).

The new class of calcitonin gene-related peptide inhibitors (CGRPs) is solely responsible for the growth in the category. The first CGRP in 2018, Aimovig (erenumab), was also the first drug for the prevention of migraine headaches. By the end of 2022, four options were available for the prevention of migraine. As biologics, the CGRPs are self-injectable or administered by infusion.

The category developed further in 2023, when three non-biologic, oral CGRPs became available. Moreover, two of these are for the treatment of acute migraine, not prevention. They mark the first meaningful new options to alleviate symptoms since the launch of triptans in the 1990s.

Pricing for the two CGRPs for acute migraine are competitive with brand-name triptans, resulting in an average annual treatment cost of several hundred dollars. Meanwhile, the five CGRPs for prevention carry an annual treatment cost of between $6,000 and $8,000.

Importantly, the prescribing of CGRPs is limited to those who suffer most from migraines, i.e., those with episodic (between four and 14 migraine days in a month) or chronic (15 migraine days or more a month) migraines. About one-quarter of migraine sufferers meet these criteria, resulting in a patient population of approximately 3.3 million in Canada.

Migraines and severe headaches are more prevalent in the workplace than arthritis, diabetes and depression. A 2022 Canadian study estimated the total direct and indirect annual cost of migraines for the employer was between $15,600 and $25,700 per person, depending on the frequency of the employee's migraines.[1]

In 2021, 2.4% of claimants in the migraine category were taking CGRPs. By the end of the first six months of 2025, that number had climbed to 15.3% of claimants (Chart 21). Their share of the eligible amount more than doubled, from 26.7% of the category in 2021 to 57.2% by mid-2025.

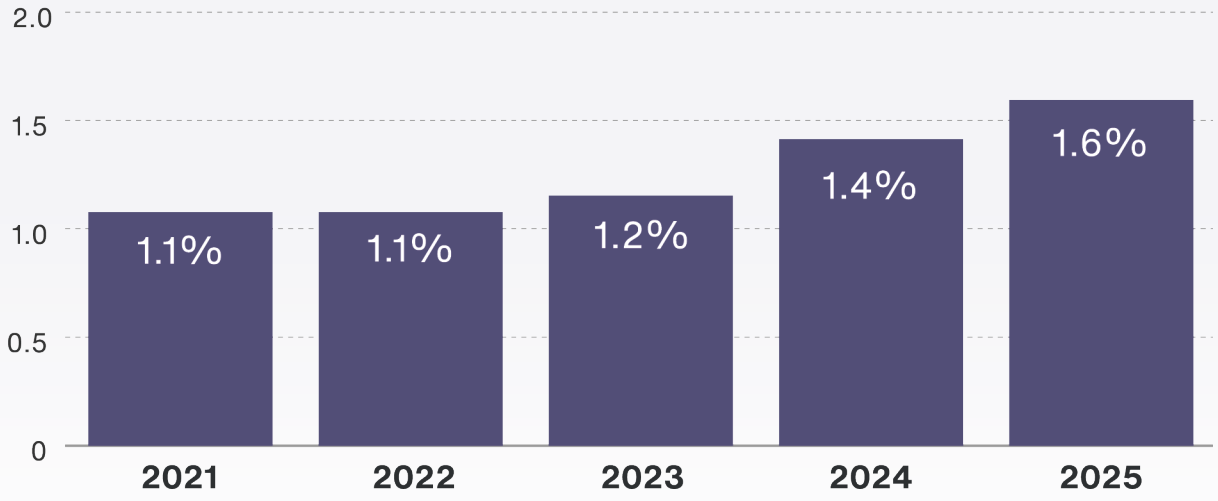
Looked at another way, preventative drugs' share of claimants climbed from 2.4% in 2021 to 6.9% in 2025, and their share of the eligible amount grew from 26.7% to 46.1% (Chart 22).

The higher cost and growing utilization of preventative CGRPs steadily grow the overall average eligible amount per claim and per claimant (Charts 23 and 24). The average eligible amount per claim was $155.83 in 2024, 17.7% more than in 2023, and climbed to $170.11 by the end of the first six months in 2025. The average annual eligible amount per claimant grew 19.1% in 2024, reaching $610.48, compared to $410.58 in 2021.

Reference

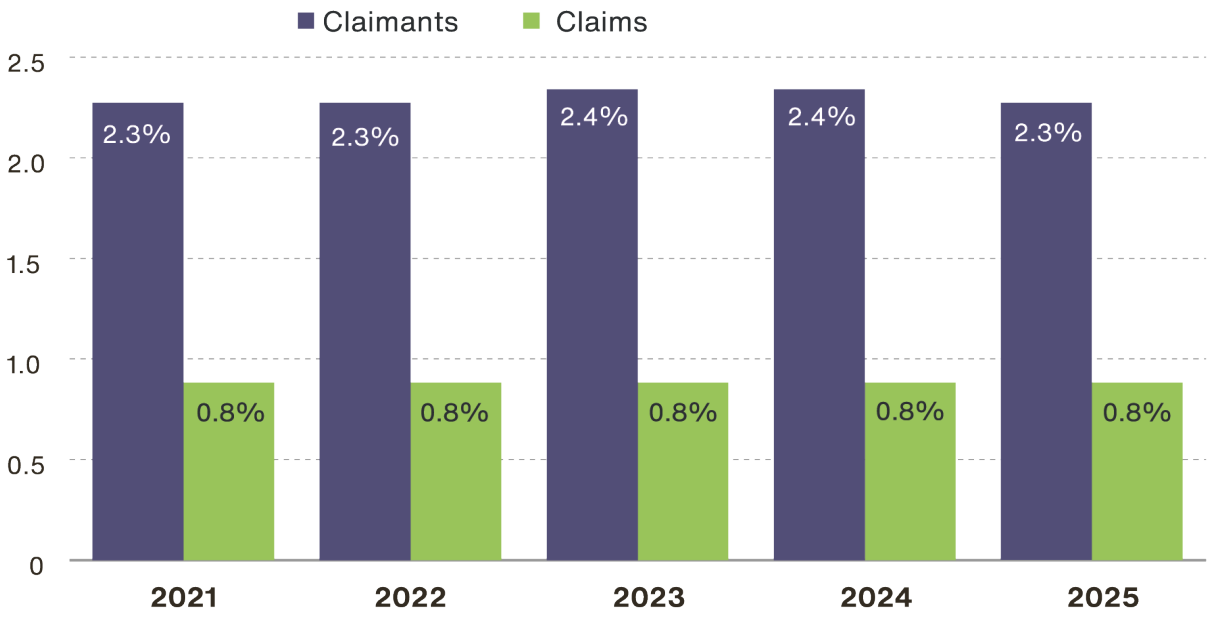
1. Amoozegar F, Khan A, Oviedo-Ovando M, et al. The Burden of Illness of Migraine in Canada: New Insights on Humanistic and Economic Cost.Can J Neurol Sci. 2022;49(2):249-62.

CHART 17 I Migraine: Share of total eligible amount, 2021 – 2025



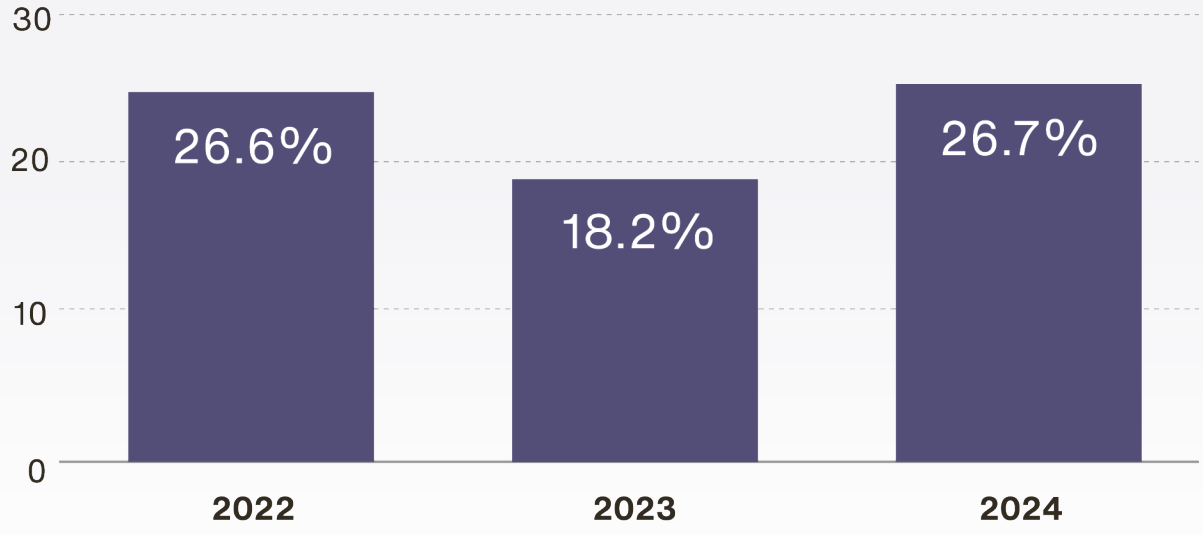
Source: TELUS Health database for private drug plans, year ending December 31 except for 2025 (January 1 to June 30, 2025).

CHART 18 I Migraine: Share of all claimants and all claims, 2021 – 2025



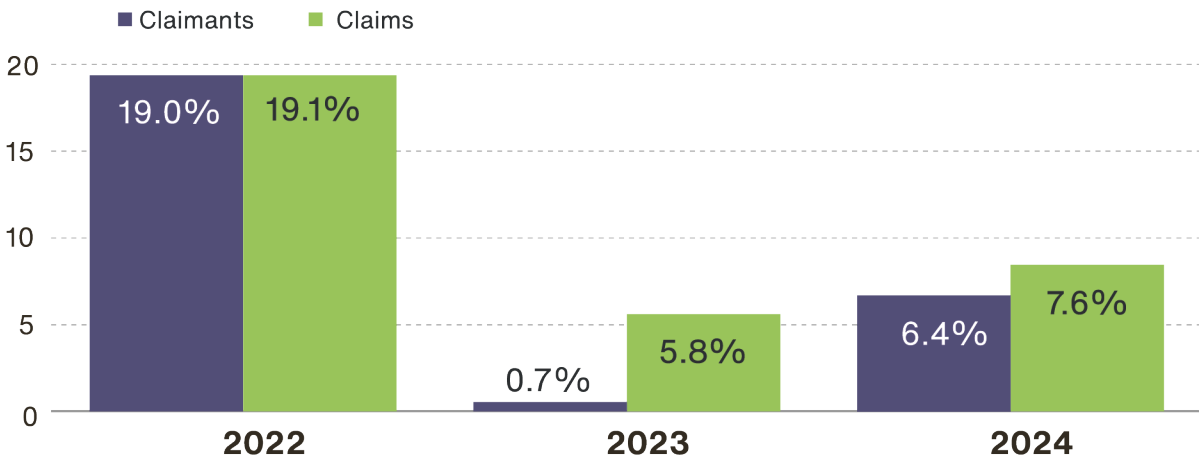
Source: TELUS Health database for private drug plans, year ending December 31 except for 2025 (January 1 to June 30, 2025).

CHART 19 I Migraine: Change in total eligible amount, 2022 – 2024



Source: TELUS Health database for private drug plans, year ending December 31.

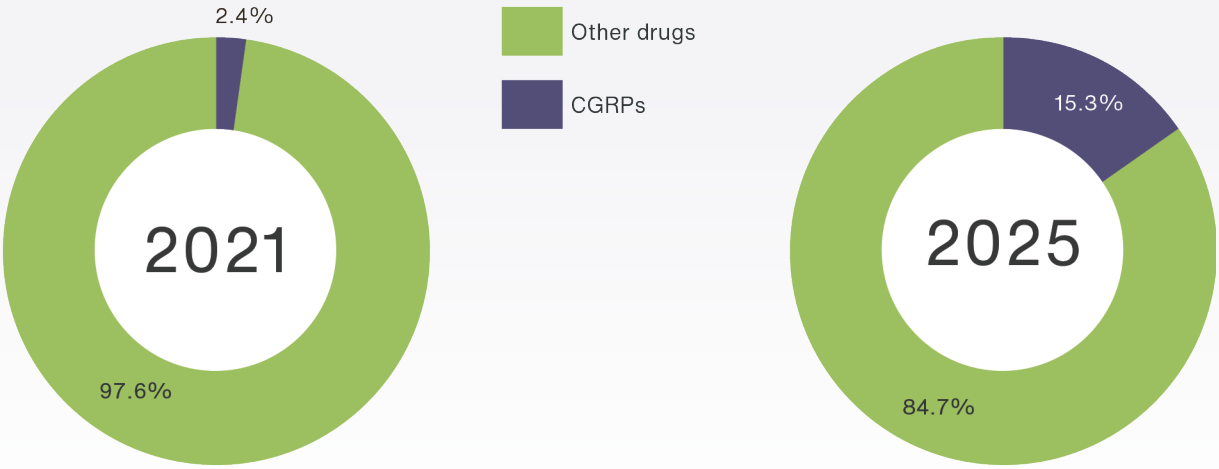
CHART 20 I Migraine: Change in number of claimants and claims, 2022 – 2024



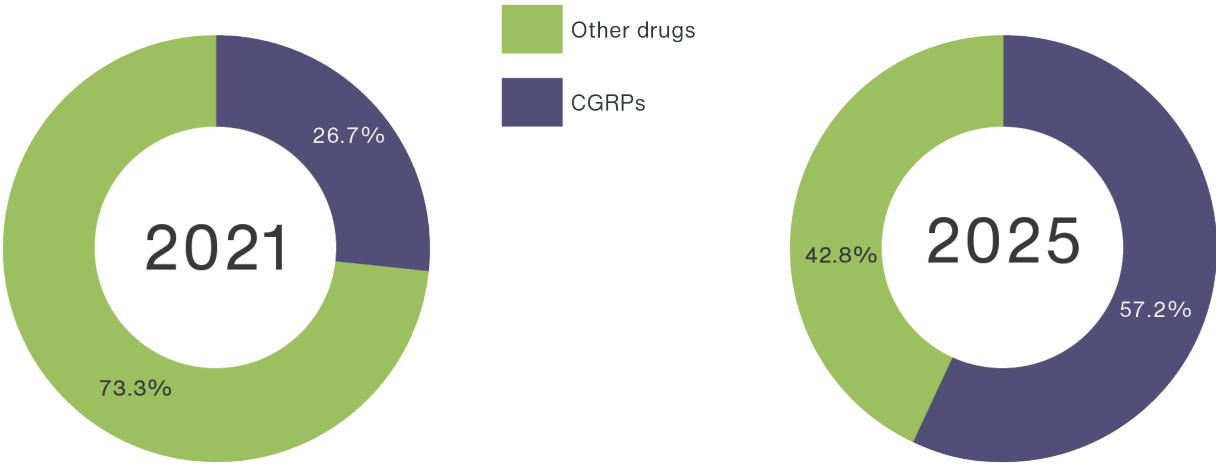
Source: TELUS Health database for private drug plans, year ending December 31.

CHART 21 I Migraine: CGRPs' share of claimants and eligible amount, 2021 versus 2025

Claimants



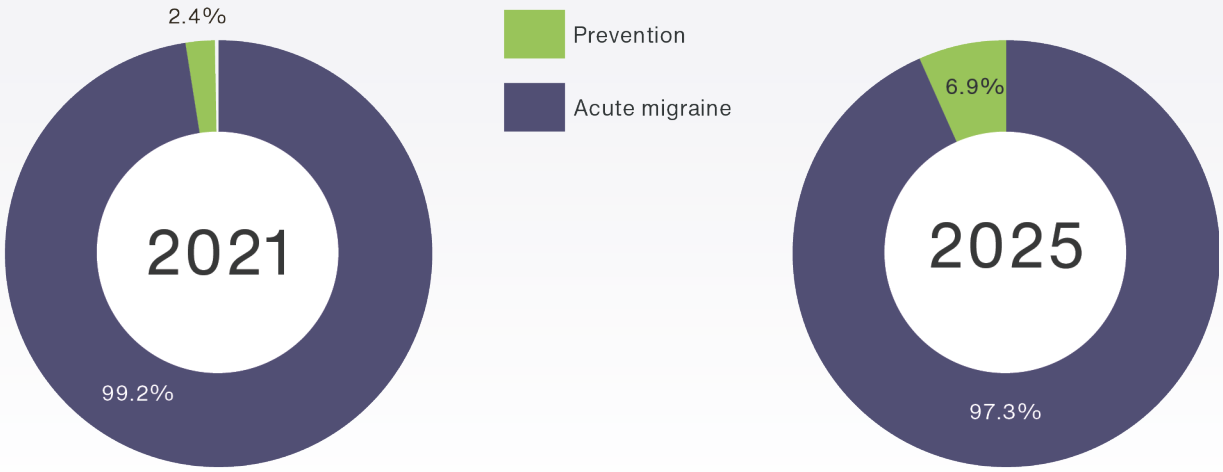
Eligible amount



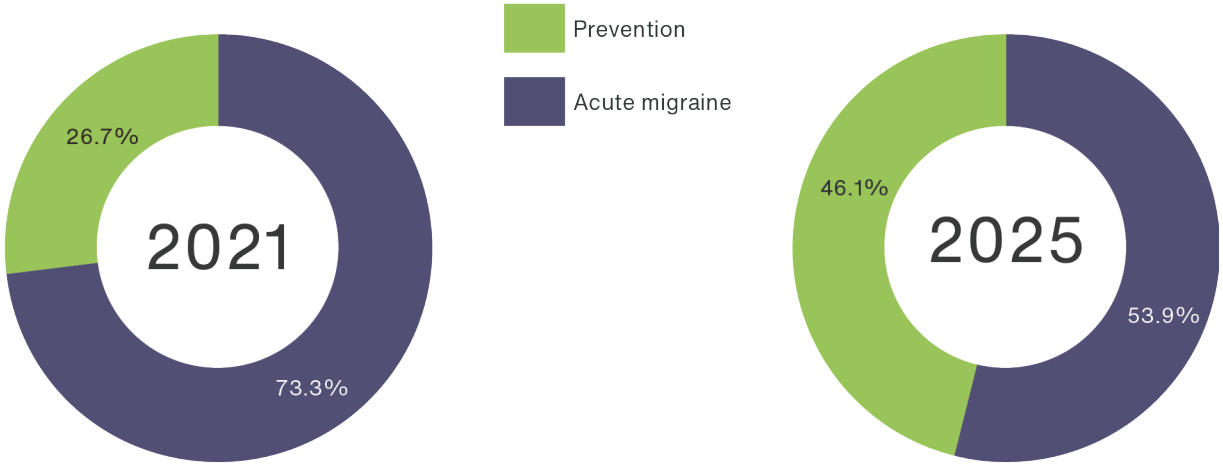
Source: TELUS Health database for private drug plans, year ending December 31 except for 2025 (January 1 to June 30, 2025).

CHART 22 I Migraine: Share of claimants and eligible amount by drug indication, 2021 versus 2025

Claimants



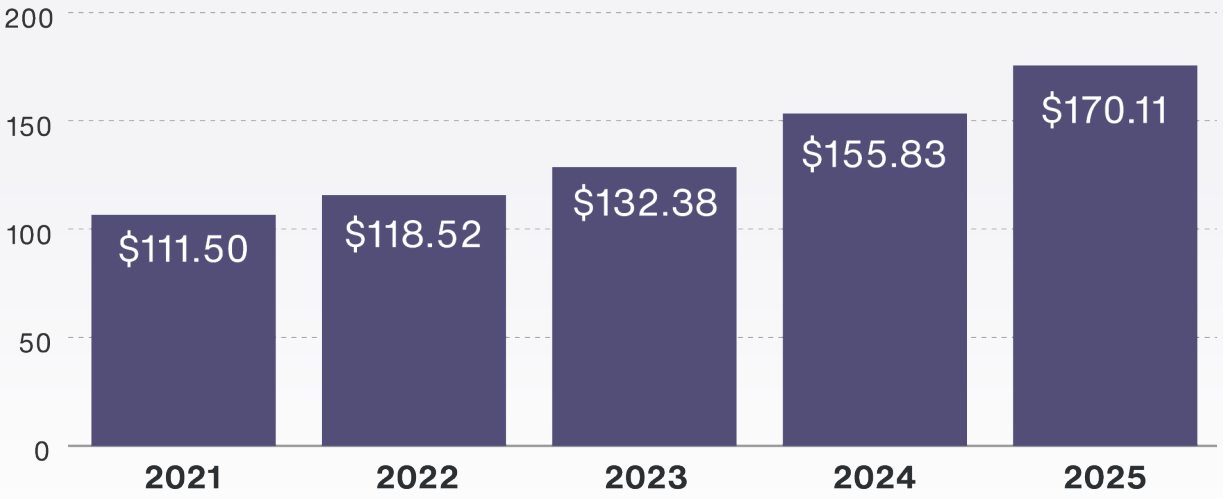
Eligible amount



Note: Totals of more than 100% reflect claimants using medications for both prevention and acute migraine.

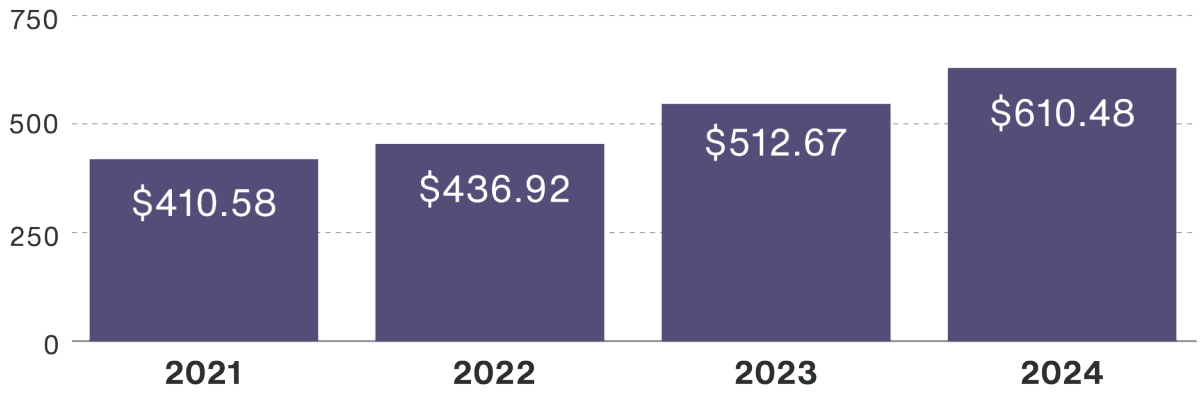
Source: TELUS Health database for private drug plans, year ending December 31 except for 2025 (January 1 to June 30, 2025).

CHART 23 I Migraine: Average eligible amount per claim, 2021 – 2025



Source: TELUS Health database for private drug plans, year ending December 31 except for 2025 (January 1 to June 30, 2025).

CHART 24 I Migraine: Average annual eligible amount per claimant, 2021 – 2024



Source: TELUS Health database for private drug plans, year ending December 31.

Cholesterol

A subset of high-cost drugs is driving growth in spending in the cholesterol category, as patients unable to bring down their cholesterol levels with first-line, generic drugs turn to these newer drugs. At the same time, aging millennials and members of Generation X are likely expanding utilization overall.

Unhealthy cholesterol levels are a leading risk factor for heart attack, stroke and cardiovascular disease. Twenty-eight per cent of adult Canadians have unhealthy levels of cholesterol or hypercholesterolemia, reports Statistics Canada, and the prevalence is highest among those aged 40 to 59 (34%) and 60 to 79 (60%). Statistics Canada further reports that 28% of those formally diagnosed with hypercholesterolemia have uncontrolled cholesterol levels.

For the past few years, this category had been stable. Cholesterol medications accounted for 2.2% of TELUS Health's book of business by the end of 2024 (Chart 25), ranking 14th among all categories by total eligible amount. This category's share had been virtually unchanged since 2021. Among all claimants, one in eight (12.5%) were taking a cholesterol drug in 2024, compared to 12.4% in 2021. Similarly, the share of claims changed very little, from 5.5% in 2021 to 5.4% in 2024 (Chart 26).

However, results for the first six months of 2025 suggest that the category's budget impact relative to all other categories may be growing: its share of all claimants grew significantly compared to previous years, to 13.8%, and its share of the total eligible amount bumped up to 2.3%.

Trends within the category tell the story of expansion due to both utilization and the cost of medications. The last three years saw double-digit increases in eligible amounts submitted to private drug plans, with a gain of 11.4% in 2024 (Chart 27). Claimant counts grew in two of the last three years, most recently by 6.3% in 2024 (Chart 28).

Much of the growth in eligible amount can be attributed to proprotein convertase subtilisin/kexin type 9 (PCSK9) inhibitors, a class of biologic drugs that entered the Canadian market in 2015. PCSK9s are indicated for patients with a genetic form of hypercholesterolemia and for patients with non-genetic hypercholesterolemia and cardiovascular disease, who are unable to reach target cholesterol levels through lifestyle changes and standard-of-care therapy, including statin drugs.

Statins are the first line of therapy to improve cholesterol levels. Generic versions have been available for more than 15 years, resulting in an average annual treatment cost of approximately $120.

Average annual treatment costs for the three PCSK9s in Canada—Repatha (evolocumab), Praluent (alirocumab) and, most recently in 2022, Leqvio (inclisiran)—range from approximately $5,700 to more than $7,000.

The number of claimants using PCSK9s grew by 30.1% in 2022, 7.1% in 2023 and 23.2% in 2024. Despite these gains, PCSK9s' share of claimants has yet to reach one per cent of the category (Chart 29). However, the much higher price points have grown PCSK9s' share of the eligible amount from 11.1% in 2021 to 16.4% in 2025, fuelled by year-over-year gains of 26.3% in 2022, 21.7% in 2023 and 26.1% in 2024.

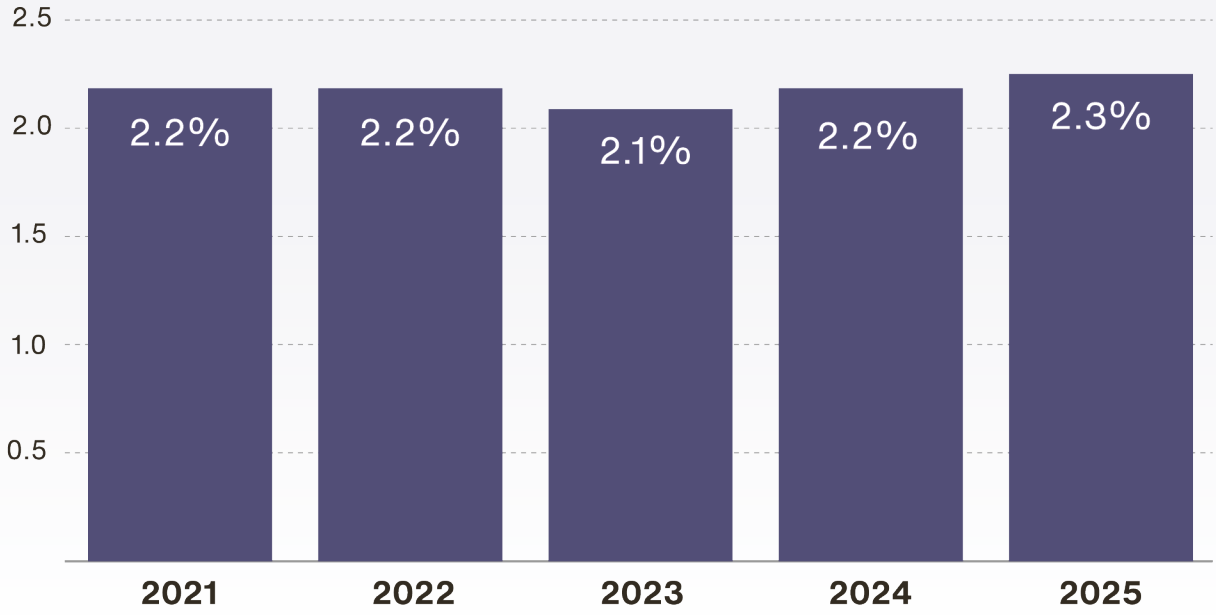
Given the low cost of generic statins, increases recorded in the overall average eligible amount per claim and average annual eligible amount per claimant can likely be attributed to the influence of PSCK9s and other higher-cost options for treatment (Charts 30 and 31). The average per claim was $35.15 in 2024, an increase of 5.7% over 2023 and 11.0% more than in 2021 ($31.67). The average annual eligible amount per claimant was $185.67 in 2024, up 4.8% over 2023 and 17.1% more than in 2021 ($158.57).

As a final note, the first ultra-high-cost drug entered the cholesterol category in 2023. Evkeeza (evinacumab) treats a rare genetic form of hypercholesterolemia, affecting an estimated 80 people in Canada. Canada's Drug Agency reports an annual treatment cost of approximately $460,800. TELUS Health adjudicated claims for three claimants in 2024.

> Studies of PCSK9s in combination with statins at the maximum tolerated dose showed benefits on cholesterol levels in the targeted populations. Evolocumab and alirocumab also showed a decrease in cardiovascular [CV] events. Studies on inclisiran's CV benefits are still ongoing.

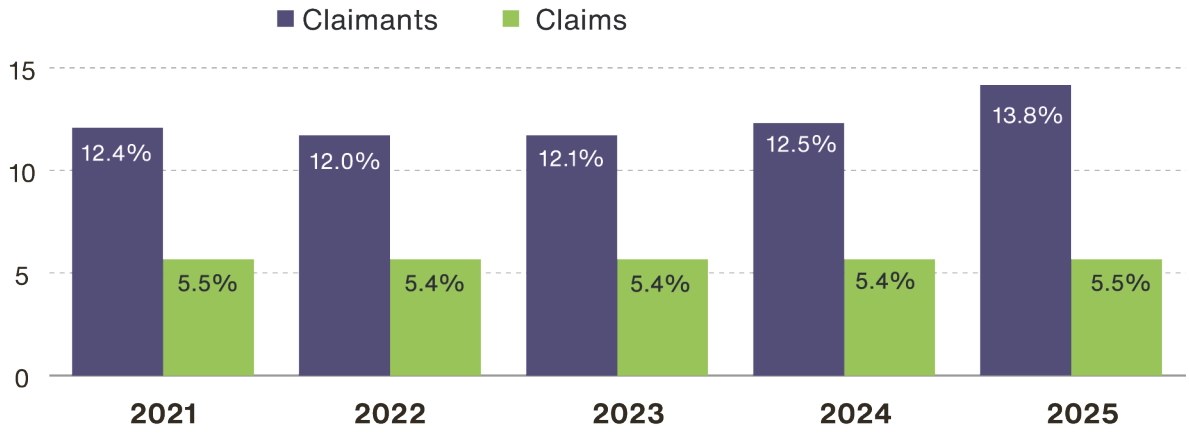
— Blandine Mosna, Consultant Pharmacist, TELUS Health

CHART 25 I Cholesterol: Share of total eligible amount, 2021 – 2025



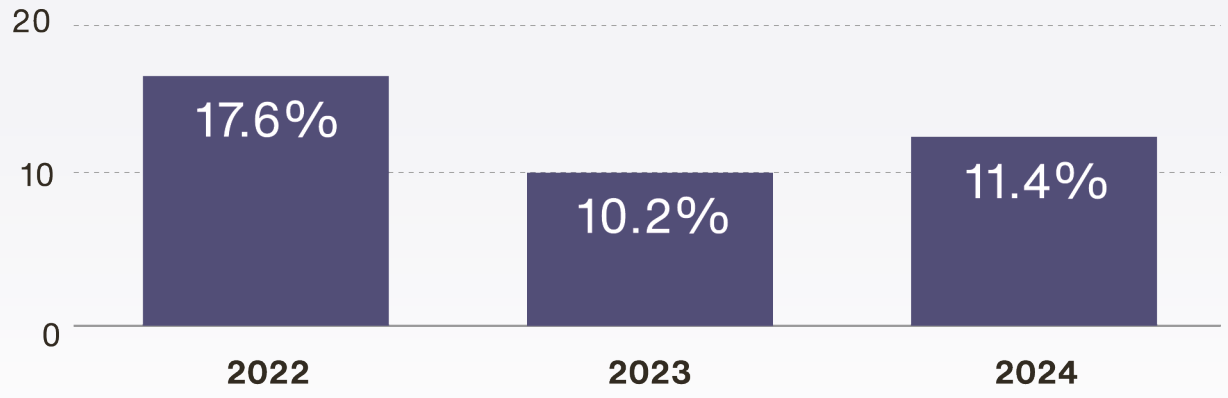
Source: TELUS Health database for private drug plans, year ending December 31 except for 2025 (January 1 to June 30, 2025).

CHART 26 I Cholesterol: Share of all claimants and all claims, 2021 – 2025



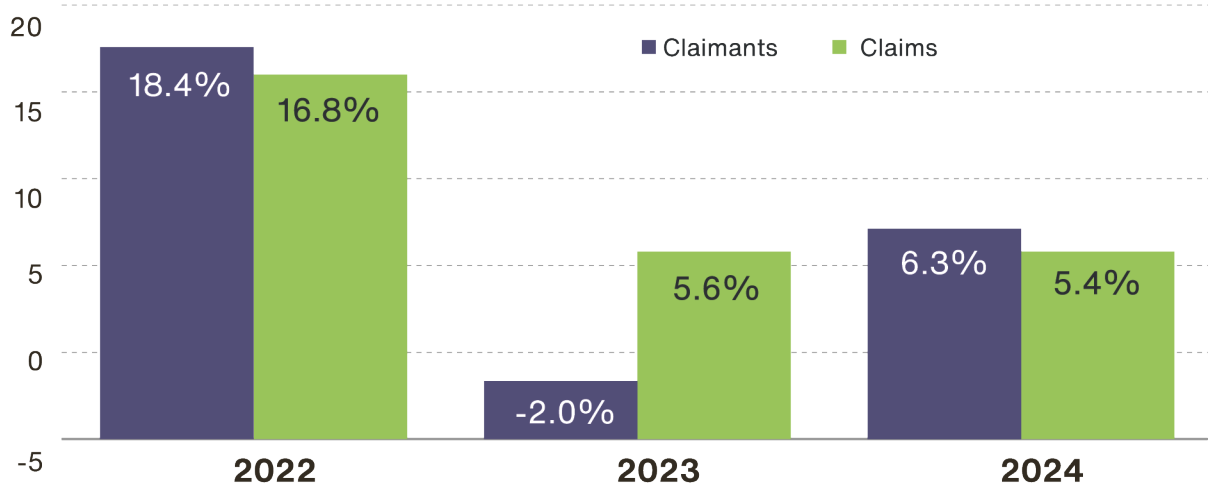
Source: TELUS Health database for private drug plans, year ending December 31 except for 2025 (January 1 to June 30, 2025).

CHART 27 I Cholesterol: Change in total eligible amount, 2022 – 2024



Source: TELUS Health database for private drug plans, year ending December 31.

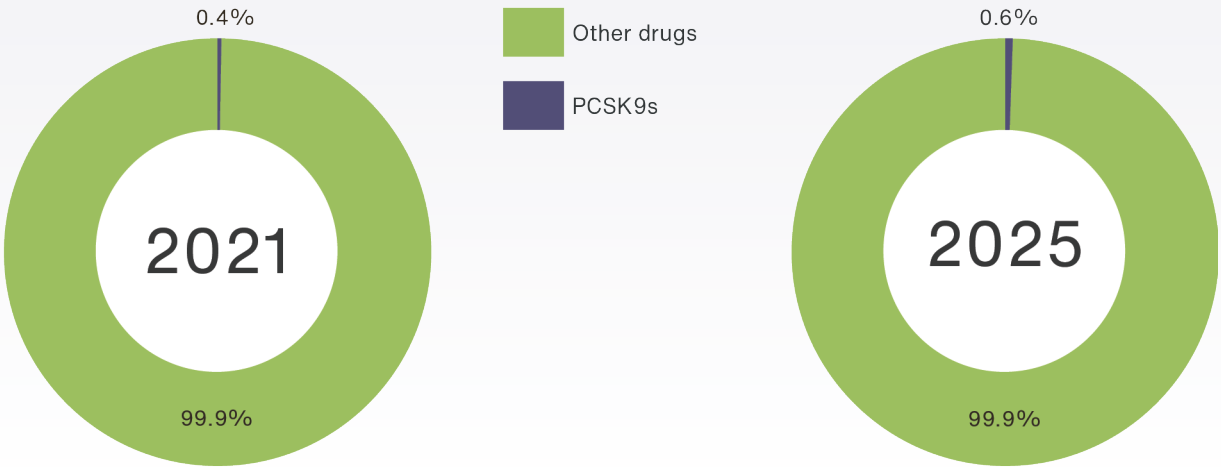
CHART 28 I Cholesterol: Change in number of claimants and claims, 2022 – 2024



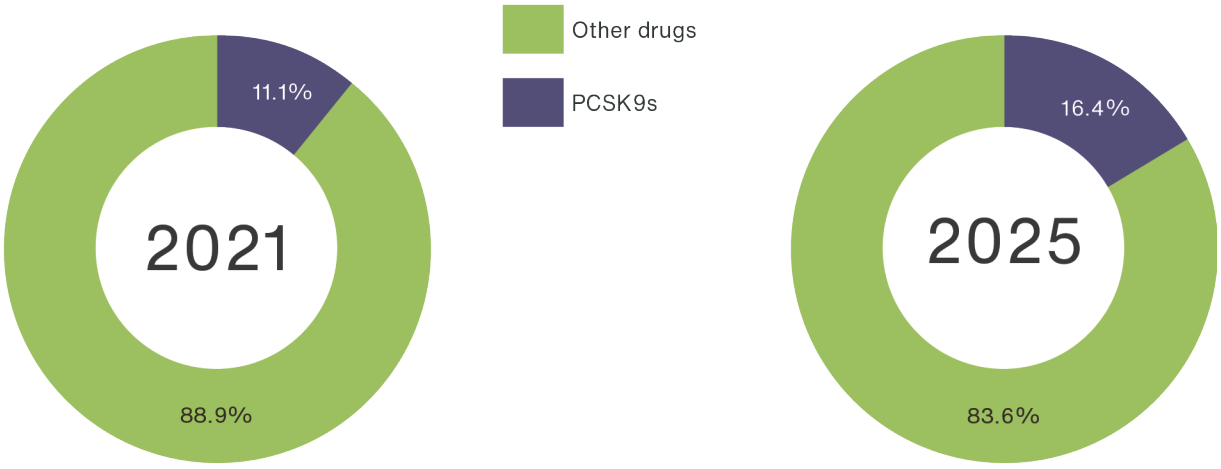
Source: TELUS Health database for private drug plans, year ending December 31.

CHART 29 I Cholesterol: PCSK9s' share of claimants and eligible amount, 2021 versus 2025

Claimants



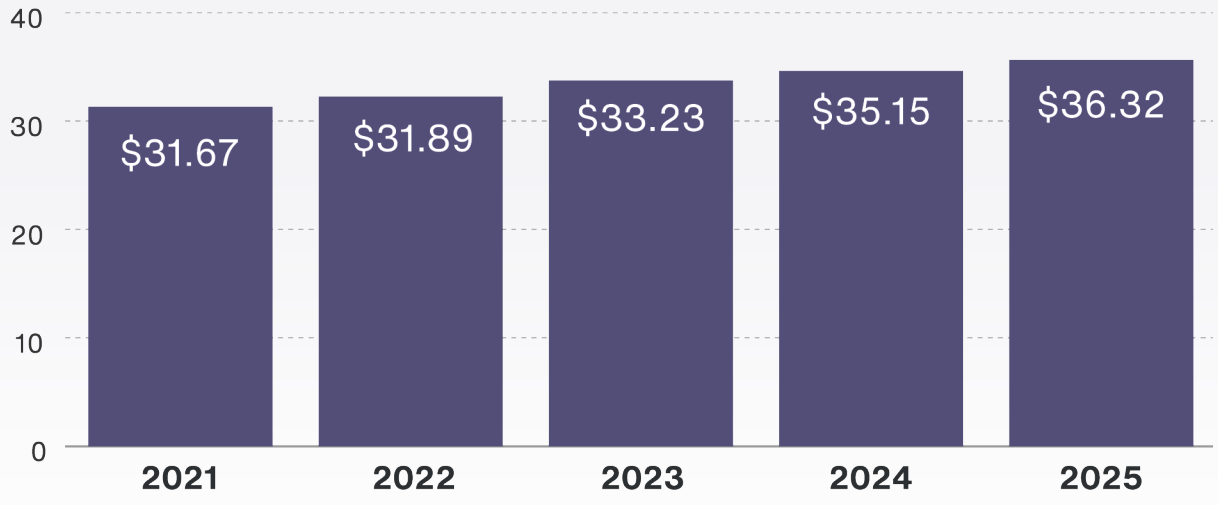
Eligible amount



Note: Totals of more than 100% reflect claimants taking both a PCSK9 and another drug (i.e., a statin).

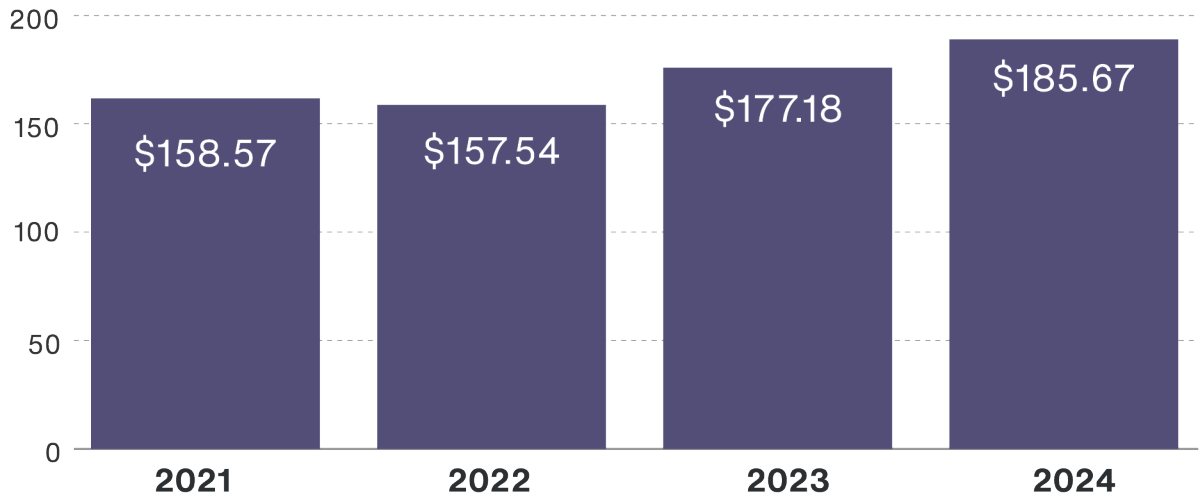
Source: TELUS Health database for private drug plans, year ending December 31 except for 2025 (January 1 to June 30, 2025).

CHART 30 I Cholesterol: Average eligible amount per claim, 2021 – 2025



Source: TELUS Health database for private drug plans, year ending December 31 except for 2025 (January 1 to June 30, 2025).

CHART 31 I Cholesterol: Average annual eligible amount per claimant, 2021 – 2024



Source: TELUS Health database for private drug plans, year ending December 31.

Summary

All four categories analyzed in the TELUS Health 2025 Category Watch report tell stories of change. Eligible amounts for three of the four—weight management, migraine and cholesterol—are trending upward and are expected to continue to do so for the foreseeable future. The remaining category, birth control, is delivering savings to private drug plans, which will accelerate as more provinces join Canada's new pharmacare program. Chart 32 summarizes key data points for 2024.

Birth control – Since B.C. introduced free contraceptives, private drug plan claims in that province have dropped significantly. On the other hand, many B.C. residents still turn to their private plans because not all contraceptives are fully covered under the public program. The federal government's pharmacare plan for contraceptives, implemented in 2025 in Manitoba and P.E.I. and to be implemented in B.C. early next year, is expected to further reduce private claims. Overall, the cost-per-claim is low for contraceptives due to the availability of generic drugs.

Weight management – Private plans' spending on weight-management drugs has surged since 2021, driven by new, effective injectable medications. The market saw a major expansion in 2024 with the introduction of Wegovy, pushing the category into a higher ranking by total spend. Despite rapid growth, the budget impact remains

relatively low due to the small claimant base—in part because most plans still do not automatically cover what was once considered a lifestyle category of drugs.

Migraine – The migraine drug category is expanding, largely due to the growing use of higher-cost preventative treatments. Although a minority of migraine sufferers qualify for the preventative medications, their effectiveness is attracting new patients to the category and driving up the total claimant count. Coupled with the higher price point, the category's budget impact on private drug plan is growing.

Cholesterol – Spending in the cholesterol drug category is rising, driven by a small but growing group of patients using PCSK9 inhibitors. These drugs are prescribed when generic statins are not enough, for those with a genetic form of hypercholesterolemia and those with non-genetic hypercholesterolemia plus cardiovascular disease. While PCSK9s account for less than one in 100 claimants, their high prices are pushing up total spending. As well, growth in the number of claimants reflects broader utilization overall, especially among aging millennials and Gen X.

CHART 32 I Summary for the categories of birth control, weight management, migraine and cholesterol, 2024

Category	Share of total eligible amount	Ranking by eligible amount	Change in total eligible amount compared to 2023	Average annual eligible amount per claimant	Share of all claimants	Change in number of claimants compared to 2023
Birth control	1.5%	20	-5.0%	$180.34	8.5%	-3.6%
Weight management	1.6%	17	104.1%	$2,008.58	0.8%	59.8%
Migraine	1.4%	19	26.7%	$610.48	2.4%	6.4%
Cholesterol	2.2%	14	11.4%	$185.67	12.5%	6.3%

Source: TELUS Health database for private drug plans, year ending December 31.

TELUS Health

We’re always building Canada.