

GLP-1 Drugs Impact on Prescription Drug Plans

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GLP-1 drugs*

- Originally approved by Health Canada for the treatment of Type 2 diabetes
- GLP-1 receptor agonists stimulate the pancreas to release more insulin to lower blood sugar levels
- GLP-1's also slow down how quickly food travels through the digestive tract so people feel fuller longer – resulting in weight reduction
- The most commonly known GLP-1 is Ozempic, but there are many others

*glucagon-like peptide 1 (GLP-1) receptor

Health Canada Approved Use for Seven GLP-1 drugs

1. Victoza (liraglutide) – Type 2 diabetes
2. Saxenda (liraglutide) – Chronic weight management
3. Ozempic (semaglutide) – Type 2 diabetes
4. Rybelsus (semaglutide) – Type 2 diabetes
5. Wegovy (semaglutide) – Chronic weight management, myocardial infarction prevention in those that are overweight/obese
6. Mounjaro (tirzepatide) – Type 2 diabetes
7. Zepbound (tirzepatide) – Chronic weight management

Price and use of GLP-1 drugs in Canada

Brand Name	Chemical Name	Usage	Administration	Used for	Estimated annual cost Year 1*	Estimated annual cost, subsequent years
Ozempic	Semaglutide	Once weekly	Injection	Type 2 diabetes	\$5,400	\$6,100 (Injection and Pen are same cost)
Rybelsus	Semaglutide	Once daily	Tablet	Type 2 diabetes	\$2,800	\$2,800
Wegovy	Semaglutide	Once weekly	Injection	Chronic Weight Management	\$5,500	\$5,500 (Injection and Pen are same cost)
Victoza	Liraglutide	Once daily	Injection	Type 2 diabetes	\$4,000	\$4,100
Saxenda	Liraglutide	Once daily	Injection	Chronic Weight Management	\$5,300	\$5,500
Mounjaro	Tirzepatide	Once weekly	Injection	Type 2 diabetes	\$5,400 (vials) \$8,600 (Kwikpen)	\$5,700 (vials) \$10,400 (Kwikpen)

Top 10 drugs Canada Life block of business

2022 | 2023 | **2024**

2024 Rank	Drug Name	Therapeutic Class	2024 % of Total Amt Covered	2024 % of Total Claims	2023 Rank	2023 % of Total Amt Covered	2022 Rank	2022 % of Total Amt Covered
1	Ozempic	Diabetes Treatments and Supplies	6.2%	1.3%	1	7.8%	1	4.4%
2	Vyvanse	Central Nervous System Agent	1.8%	0.9%	2	2.1%	5	1.7%
3	Trikafta	Cystic Fibrosis	1.6%	0.0%	5	1.5%	13	0.8%
4	Freestyle	Diabetes Treatments and Supplies	1.6%	0.5%	6	1.5%	6	1.5%
5	Remicade	Rheumatoid Arthritis	1.5%	0.0%	3	1.7%	3	2.4%
6	Jardiance	Diabetes Treatments and Supplies	1.4%	0.7%	8	1.3%	7	1.3%
7	Stelara	Skin Disorders/Acne	1.4%	0.0%	4	1.7%	4	1.8%
8	Symbicort	Allergies/Respiratory Diseases	1.1%	0.7%	10	1.1%	9	1.2%
9	Entyvio	Stomach Acid	1.1%	0.0%	11	1.0%	12	0.8%
10	Skyrizi	Skin Disorders/Acne	1.1%	0.0%	16	0.7%	42	0.4%
Top 10 Total			18.9%	4.1%	20.4%		16.3%	



Ozempic growth in spending

- Ozempic was approved by Health Canada in 2018
- Sales rapidly rose beginning in 2021

Why?

- Covid weight gain
- Social media
- Advertising and marketing spend

GLP-1 timeline of key milestones

2010

Victoza approved by Health Canada for type 2 diabetes

2015

Saxenda approved by Health Canada for chronic weight management

2018

Ozempic approved by Health Canada for type 2 diabetes

2020

Rybelsus approved by Health Canada for type 2 diabetes

GLP-1 timeline of key milestones (continued)

2021

Wegovy approved by Health Canada for chronic weight management (but not sold on the market until 2024)

2023

Ozempic and Rybelsus put on prior authorization

2021-2022

Ozempic takes TikTok by storm, marketing and advertising spending ramps up, sales of Ozempic rapidly begin to rise

2023

Mounjaro approved by Health Canada for type 2 diabetes, goes through clinical review and is excluded from most group insurance drug plans

GLP-1 timeline of key milestones (continued)



May 2024

Wegovy becomes available for sale in Canada, goes through clinical review and is excluded from most group insurance drug plans

December 2024

Wegovy approved by Health Canada for cardiovascular disease, currently under clinical review for cardiovascular disease for group insurance plans

May 2025

Zepbound approved by Health Canada but is not yet for sale in Canada, will go through clinical review once it is for sale

GLP-1 timeline of key milestones (continued)



It's not just GLP-1 that we need to focus on

GLP-1 Agonist

This class of drugs mimic the body's GLP1 hormone and activates the GLP receptor. By doing this, the drug slows stomach emptying and increases insulin secretion which leads to weight reduction and a decrease in sugars. Examples: Ozempic, Wegovy

GLP-1/GIP Agonist

A combination drug that mimics the body's GIP and GLP-1 hormone. Because of the addition of a GIP, it slows down stomach emptying and increases insulin secretion more than GLP-1 agonists. Examples: Mounjaro, Zepbound

GLP-1 Agonist/GIPR antagonist

This combination drug mimics the GLP-1 hormone and activates and blocks the GLP-1 receptor. It slows down stomach emptying, increases insulin secretion, reduces appetite and more weight loss. Example: Maridebart Cafraglutide

GLP-1/Glucagon Dual Agonist

This combination drug mimics GLP-1 and glucagon and activates both receptors. It has little effect on blood sugars, but it causes weight loss by slowing down stomach emptying, decreasing appetite and increasing energy loss. Example: Pemvidutide

Mounjaro and malnutrition



- In September 2024 Health Canada updated their warnings and precautions to include that malnutrition has been reported in patients taking Mounjaro including **severe, serious and fatal events**
- Link to Health Canada warning: [Health Product InfoWatch: September 2024 - Canada.ca](#)

How much weight loss is too much?

- In ongoing trials of Eli Lilly's next-generation obesity drug, several participants are running into an issue they never expected: They are losing too much weight
- One participant lost 22% of her weight in nine months...
- Another participant, who lost 30% of his weight in eight months...
- A third patient, whose weight plunged 31% over a similar span...

Source: Market pressure seen as fueling too much weight loss in new obesity drugs

New “add-on” drugs coming

Scholar Rock says its drug preserved lean mass in patients taking Zepbound

Several drugmakers are testing therapies to preserve lean mass in patients on obesity drugs

- Scholar Rock said Wednesday that its investigational therapy helped preserve lean mass among patients taking a powerful weight loss drug, as concerns grow that patients taking new obesity treatments may be losing too much muscle
- A Phase 2 trial tested the drug, apitegromab, in combination with Eli Lilly’s Zepbound:
 - Over 24 weeks, patients taking the combination lost 12.3% of their weight — **14.6% of which was lean mass and 85.3% of which was fat mass**
 - In comparison, patients taking placebo with Zepbound lost 13.4% of their weight — **30.2% of which was lean mass and 69.5% of which was fat mass**



Expanded uses for GLP1 drugs

Phase 1 Clinical Trial (2 drugs)

Crohn's Disease
Solid Tumors

Phase 2 Clinical Trial (34 drugs)

Metabolic Disorders
Type 1 Diabetes
NAFLD
Cystic Fibrosis
Glaucoma
GvHD
IBD
Alcohol Dependence
Diabetic Nephropathy
Functional Dyspepsia
IBS-C
Parkinson's
PBC
Pulmonary Fibrosis
Sclerosing Cholangitis

Phase 3 Clinical Trial (69 drugs)

Nash
Short Bowel Syndrome
Hypoglycemia
Alzheimer's
Diabetic Complications
Liver Disorders
Hypertension
Liver Fibrosis
Nephrological Disorders
Chronic Heart Failure
Chronic Kidney Disease
Osteoarthritis
Gastrointestinal Disorders
Renal Insufficiency

GLP-1 drug development pipeline

Drug	Manufacturer	Mechanism of Action	How Taken	Projected Approval in US
CagriSema	Novo Nordisk	Amylin Analog/GLP-1 Agonist	Weekly injection	2026
Orforglipron	Lilly	GLP-1 Agonist	Oral daily	2026
Maridepart Cafralglutide	Amgen	GLP-1 Antagonist/GLP-1 Agonist	Monthly injection	2027
Pemvidutide	Altimune	GLP-1/Glucagon Dual Agonist	Weekly injection	2027
Retatrutide	Lilly	GLP-1 Agonist/GIP/Glucagon Triple Agonist	Weekly injection	2027
Survodutide	BI./Zealand	GLP-1 Agonist/Glucagon Dual Agonist	Injection	2027
*Danuglipron	Pfizer	GLP-1 Agonist	Oral daily	2028

Source: Benefits Canada Face to Face Drug Plan Management Conference December 2024

*April 15, 2025 Pfizer announced research halted due to risk of liver injury

Risks of obesity

Obesity is a chronic medical condition that increases the risk of developing many other diseases, including heart disease, diabetes, high cholesterol and many forms of cancers. Patients with obesity also experience higher rates of sleep apnea, arthritis, back pain and depression, and they are at higher risk for early mortality.*

We know that most people taking GLP-1s will lose weight, but what can we do to support improving health outcomes?

Typical drug plan spending – not covering Wegovy

# of Employees	100
% of EE's making claims	69% (based on Canada Life block)
Avg amount paid per EE	\$1,413 (based on Canada Life block average amount paid 2024)
Total Amount paid all drugs without Wegovy	\$97,497 (69 people times \$1,413)

Potential impact of covering Wegovy for chronic weight management?


# of Employees	100
30 EEs are obese (30%) based on Stats Canada	30* would meet prior authorization criteria
2/3 of those claim Wegovy	20 make a claim and are approved
Avg Annual Cost Wegovy (1st year) Total Cost of Wegovy	\$5,500 \$110,000 (20 people times \$5,500)

This does not include cost implications of coverage for newly approved cardiovascular disease

* <https://www.statcan.gc.ca/o1/en/plus/5742-overview-weight-and-height-measurements-world-obesity-day>

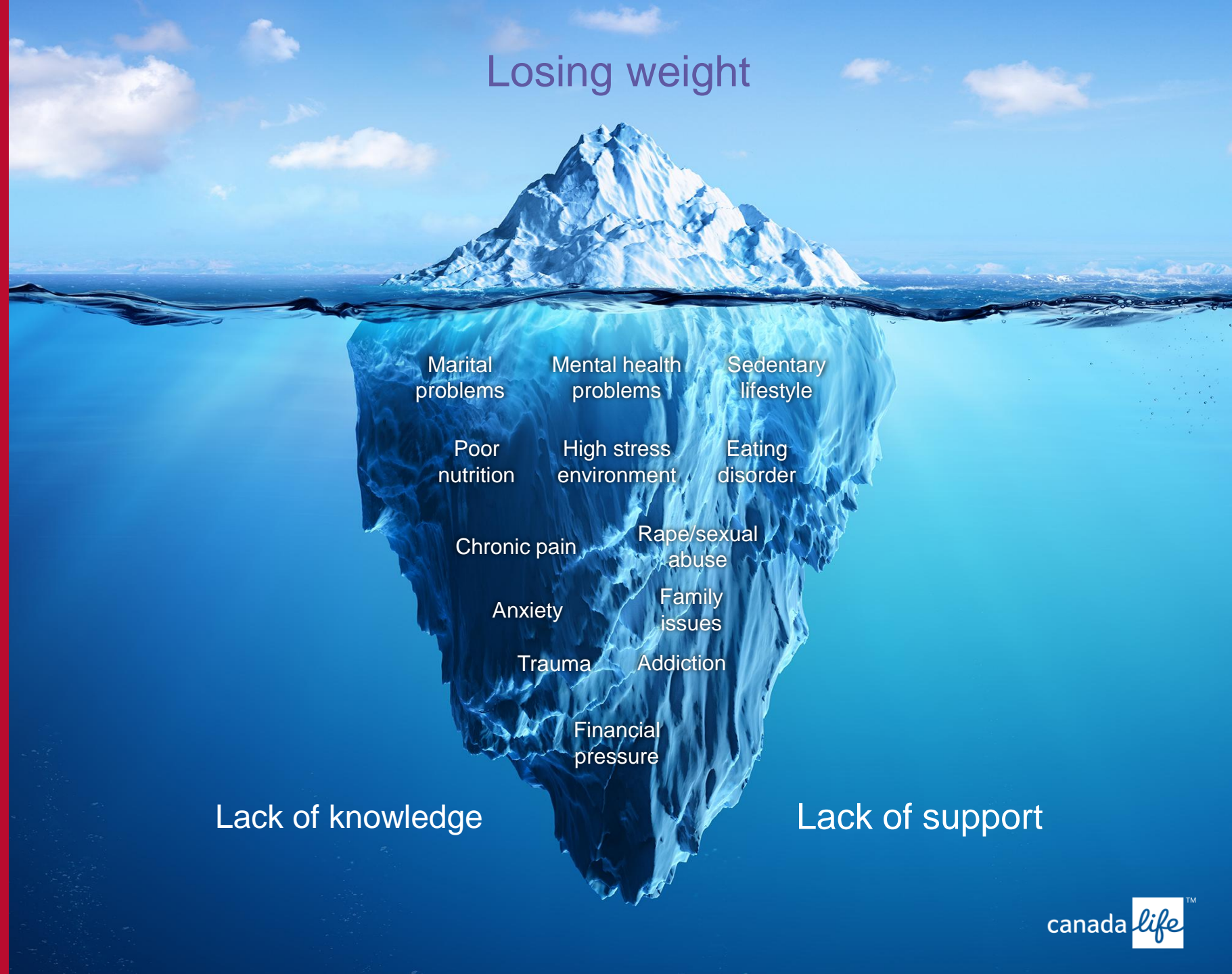
Potential impact of covering Wegovy for chronic weight management?

# of Employees	100
% of EE's making claims	72% (based on Canada Life block)
Avg amount paid per EE	\$1,342 (based on Canada Life block average amount paid 2023)
Total Amount paid all drugs without Wegovy	\$97,497

30 EEs are obese (30%) based on Stats Canada	30*
2/3 of those claim Wegovy and are approved	20
Total amount paid for Wegovy	\$110,000
Total Amount paid all drugs with Wegovy	\$207,497  YOUR DRUG PLAN SPENDING DOUBLED

* <https://www.statcan.gc.ca/o1/en/plus/5742-overview-weight-and-height-measurements-world-obesity-day>

Losing weight is the tip of the iceberg



Supporting members taking GLP-1 drugs

- Prior authorization and SMART are important strategies to manage costs, however this must be coupled with hands on programs to improve **nutrition**, increase **physical activity** and support **mental health** – or there may be no benefit to these drugs



In closing

- We are headed for drug plan inflationary trends like never seen before
- Plan should consider whether existing well-being resources sufficiently target nutrition, physical activity and mental health and develop education strategy
- Important for plan sponsors to determine philosophy and objectives for their drug plan – and prepare for the spending increases ahead





And lastly... something to make you smile

If Hollywood made a movie about GLP-1 drugs, what would it be called?

- Rybelsus Without a Cause
- 12 Once Hungry Men
- The Wizard of Oz-empic
- The Silence of the Appetites
- Mission Slimpossible



Questions?

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