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# 2022 Category watch: Impact of the pandemic.

A closer look at trends in drug utilization for depression, pain, substance use disorder and obesity.

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## Introduction

More widespread struggles with mental health, a worsening opioid crisis, increased alcohol consumption, weight gain – media headlines often describe these trends as part of the fallout of the COVID-19 pandemic. Is that the case? And what are the implications for private drug plans: are these trends having an impact in terms of claims activity?

### **The answer is yes – and no.**

Without exception, trends in the drug categories linked to these health issues were already underway before the pandemic. An analysis of claims data from TELUS Health’s database of 10.4 million privately insured individuals reveals that activity may have stuttered during the first year of the pandemic, but pre-existing trends quickly rebounded – and then some – in 2021.

As we slowly emerge from under the shadow of a pandemic, the TELUS Health 2022 Category Watch report summarizes what providers of private drug plans need to know about drugs to treat depression, pain (including the use of opioids), substance use disorder and obesity.

## The pandemic leaves its **mark on mental health.**

The pandemic appears to have exacerbated the steadily growing use of antidepressants. These medications are mainly used to treat depression but may also be prescribed for anxiety and as an adjunct therapy for many conditions such as chronic pain, migraine and insomnia.

Among insured individuals who made a claim in 2021, the number who submitted at least one claim for an antidepressant has consistently climbed for at least the past five years. One in five claimants (20.0%) submitted a claim for an antidepressant in 2021, up from 15.1% five years ago, in 2017. The biggest increase occurred in 2020, when the share increased by 1.8 points to reach 18.3%.

Similarly, as a proportion of all claims processed in 2021, 11.0% were for antidepressants, up from 8.8% in 2017. Again, the largest increase – one percentage point – occurred in 2020 (10.5% from 9.5%).

Stepping further back to consider all insured individuals (whether or not they made a claim), the share of claims for antidepressants rose from 9.9% in 2017 to 11.1% in 2021.

It's important to emphasize that these trends began before the pandemic. In 2019, the number of claimants and claims for antidepressants had grown by 11.5% and 13%, respectively. As well, antidepressants long ago solidified their position as a top drug category by eligible amount. In 2020, antidepressants ranked fifth and accounted for 5.2% of the total eligible amount for all claims, according to the [2021 TELUS Health Drug Data Trends & National Benchmarks report](#).

Interestingly, the number of claimants grew by just 2.1% in 2020, compared to 11.5% in 2019. This gap likely reflects the extent of restricted access to healthcare providers during the first year of the pandemic, and perhaps personal decisions to put off seeking treatment.

On the other hand, the number of claims jumped by 12.7% in 2020, which strongly suggests higher utilization among those already taking antidepressants.





The gap in the growth rate between claims and claimants was repeated in 2021 – but in reverse. Claims growth saw no change (0.2%) while the number of claimants grew by 7.3%. This suggests a return to usual or lower-than-usual utilization levels for those previously on antidepressants, and possibly short-term utilization of these products by new claimants.

By the end of 2021, the total eligible amount for claims for antidepressants had climbed 5.4% compared to 2020, to \$281.5 million. The biggest increase occurred in 2019 (12.3%), due to double-digit growth in both claims (13.0%) and claimants (11.5%) compared to 2018. A decline of 2.4% in 2018 mainly reflects the implementation of pricing policies that lowered the price of generic antidepressants, as well as the growing number of generic options available.

The recent growth of eligible amounts is almost entirely attributable to volume rather than medication costs, since the average eligible amount per claim actually declined from \$43.58 in 2017 to \$38.03 in 2020. Last year, the average eligible amount for an antidepressant increased for the first time in five years, by 5.1% (to \$39.98).

“By and large what we’re seeing in the antidepressant class is that the newest antidepressants have relatively low market share in their class. The high utilization of older genericized antidepressants suggests that plan sponsors are seeing maximum value in terms of utilization,”

says Mark Jackson,  
TELUS Health consultant pharmacist.

“Nonetheless, a few new products have entered the market, and inevitably some patients are switched to or initiated on a new product. This would likely explain the recent small increase in average eligible amount.”



On the other hand, when claimants are factored in, the total average annual eligible amount per claimant declined slightly (-1.8%) in 2021, to \$244.23. In comparison, the average annual eligible amount was \$254.05 in 2017.

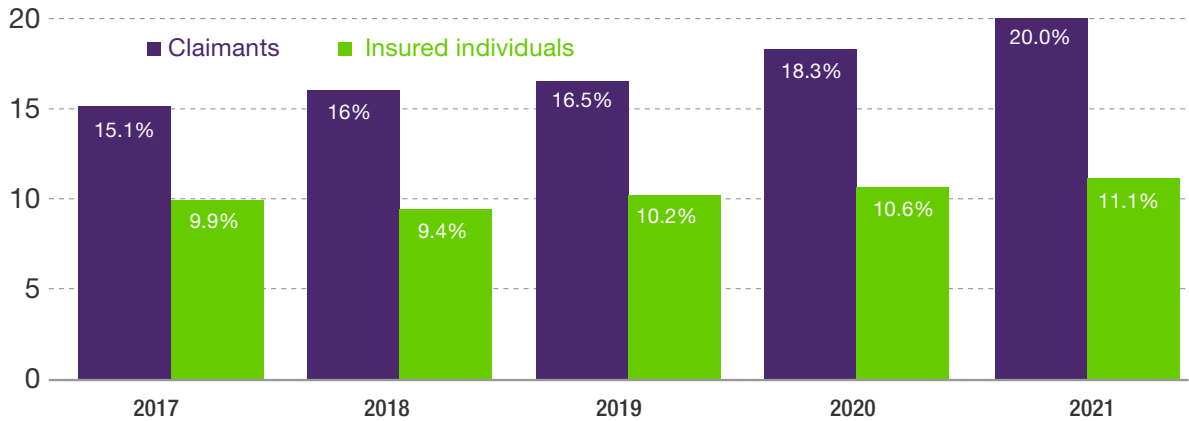
Plan members aged 40 to 64 continue to account for most claimants. However, their proportion has declined from 61.4% in 2017 to 57.3% in 2021. Meanwhile, the share of younger claimants steadily grew in the same period, from 38.6% to 42.7%. Here's a closer look at the changes in the younger age bands:

- Claimants up to age 19 accounted for 8.4% of all claimants in 2021, up from 7.1% in 2017
- Ages 20 to 39 represented 34.3% of claimants in 2021, up from 31.5%.

“The drop in the 40 to 64 age group is entirely attributable to an increase in the number of younger claimants, which is part of a long-term trend that predates the pandemic,” emphasizes Jackson. “It’s also important to keep in mind that these numbers do not necessarily mean that younger employees are struggling more than previous generations. Efforts to remove stigma and normalize conversations around mental health could be making a difference. People may be seeking treatment sooner.”



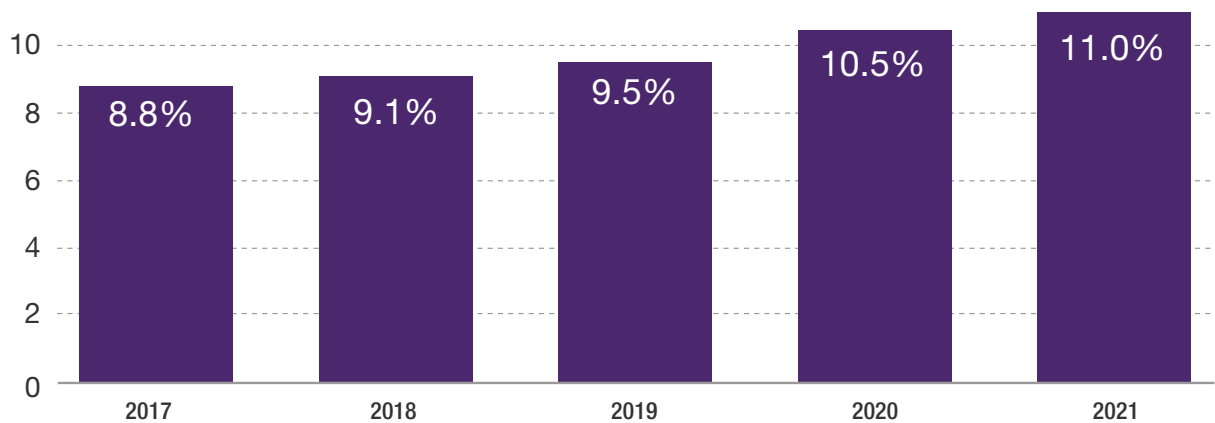
CHART 1 | Antidepressants: Share of all claimants and all insured individuals, 2017-2021.



Source: TELUS Health database for private drug plans; year ending December 31, 2021 (data extracted March 9, 2022).



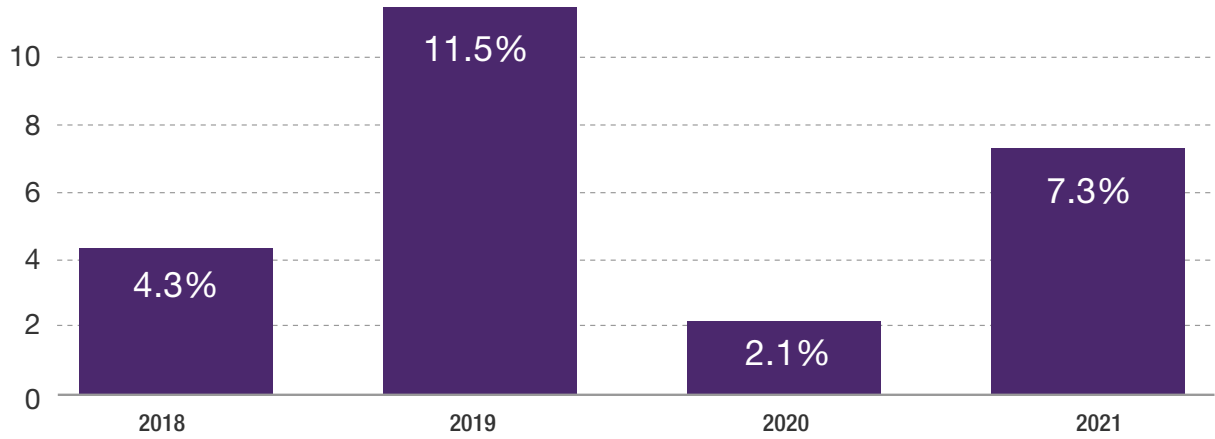
CHART 2 | Antidepressants: Share of all claims, 2017-2021.



Source: TELUS Health database for private drug plans; year ending December 31, 2021 (data extracted March 9, 2022).



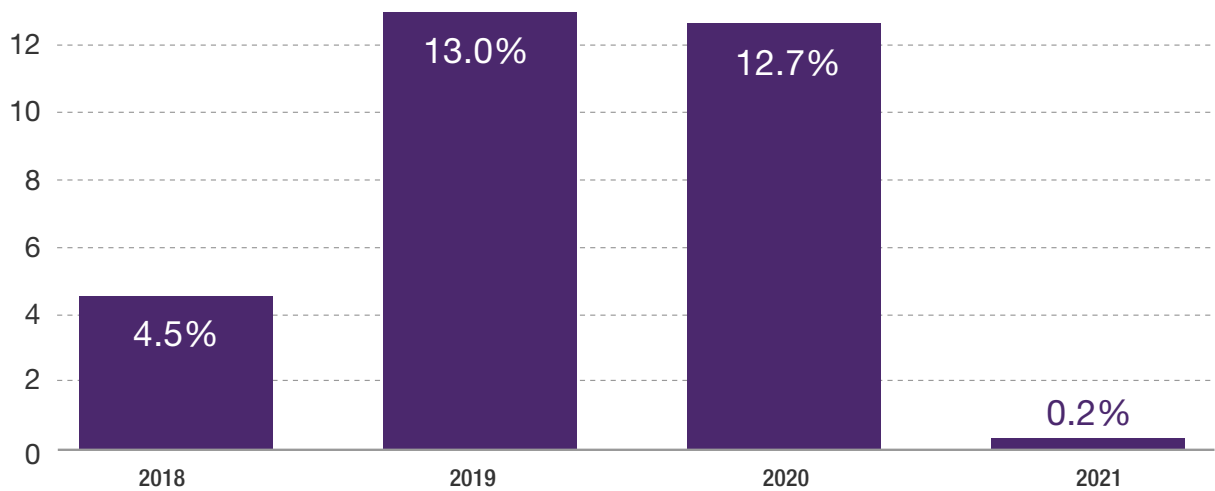
CHART 3 | Antidepressants: Change in number of claimants, 2018-2021.



Source: TELUS Health database for private drug plans; year ending December 31, 2021 (data extracted March 9, 2022).



CHART 4 | Antidepressants: Change in number of claims, 2018-2021.

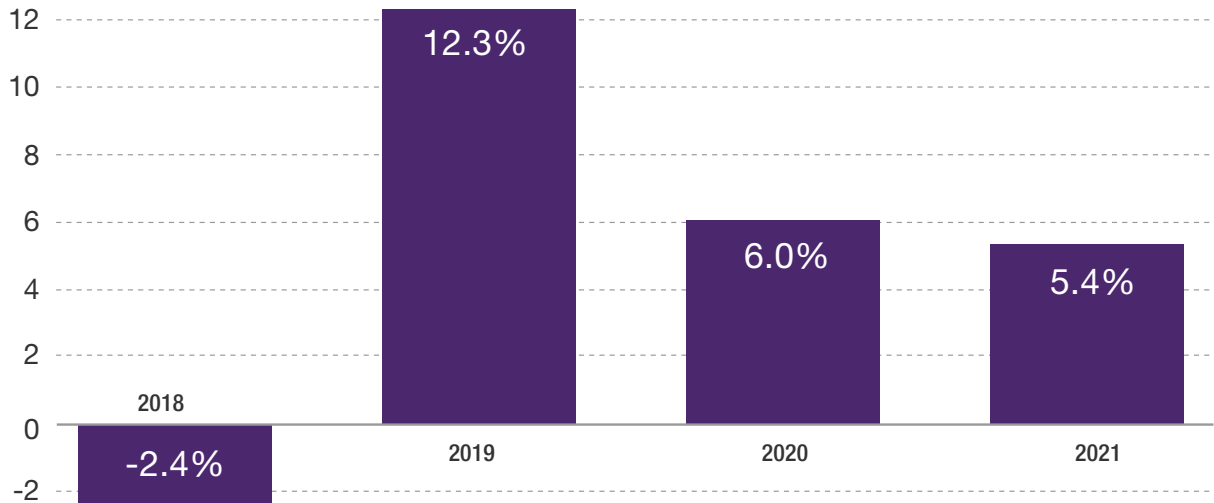


Source: TELUS Health database for private drug plans; year ending December 31, 2021 (data extracted March 9, 2022).





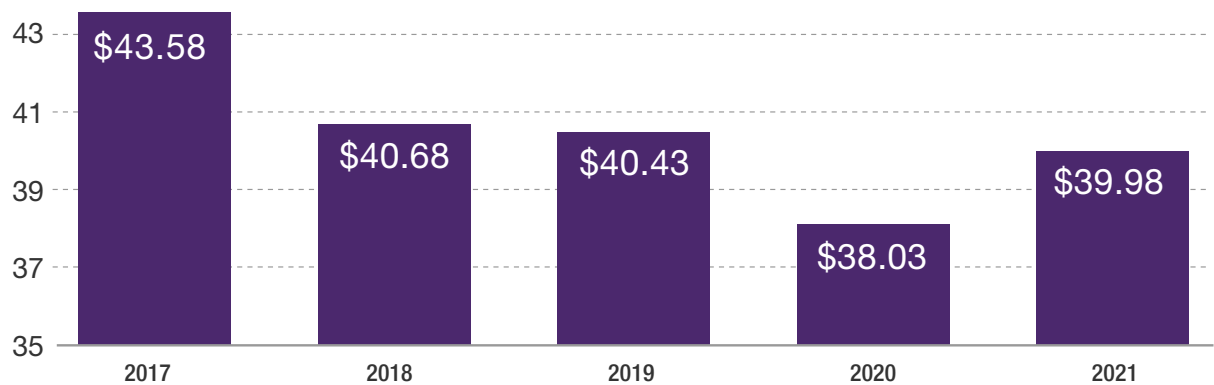
CHART 5 | Antidepressants: Change in total eligible amount, 2018-2021.



Source: TELUS Health database for private drug plans; year ending December 31, 2021 (data extracted March 9, 2022).



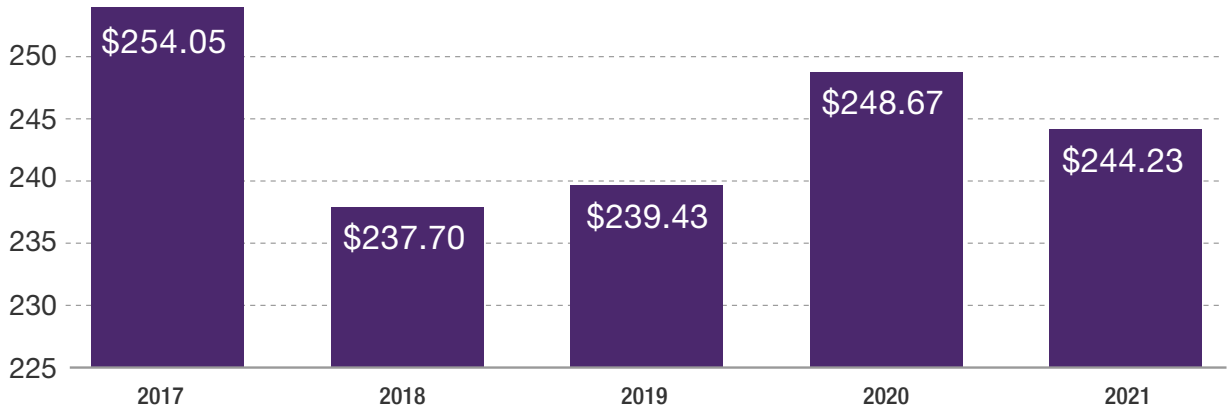
CHART 6 | Antidepressants: Average eligible amount per claim, 2017-2021.



Source: TELUS Health database for private drug plans; year ending December 31, 2021 (data extracted March 9, 2022).



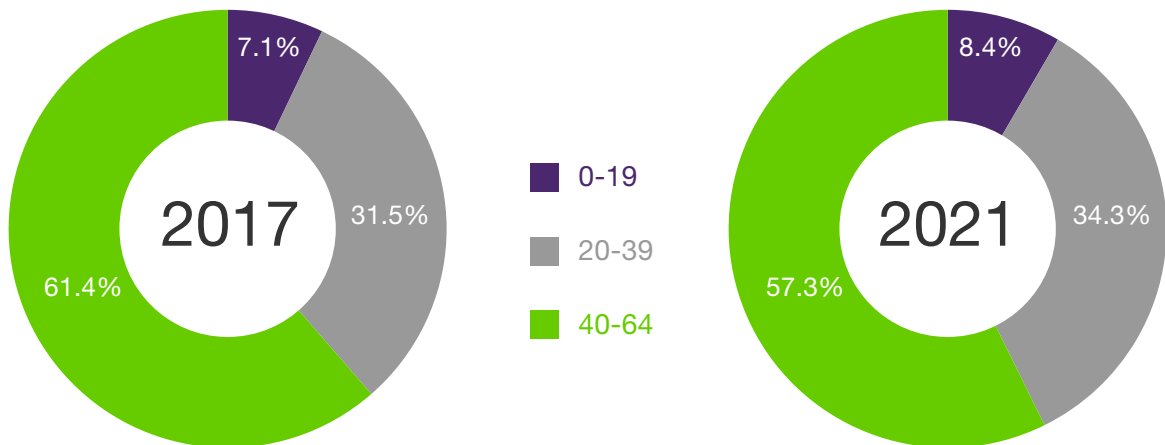
CHART 7 | Antidepressants: Average annual eligible amount per claimant, 2017-2021.



TELUS Health database for private drug plans; year ending December 31, 2021 (data extracted March 9, 2022).



CHART 8 | Antidepressants: Claimants by age, 2017 versus 2021.



TELUS Health database for private drug plans; year ending December 31, 2021 (data extracted March 9, 2022).



## Utilization slows for **narcotics to treat pain.**

Many prescription narcotic analgesics, including opioids, are available in Canada to treat various types of acute or chronic pain – from tooth extractions to pain resulting from surgeries, injuries and chronic diseases. The TELUS Health database captures claims activity for 61 narcotic analgesics and their generics, including potentially addictive medications such as oxycodone and fentanyl.

Among all claimants in 2021, 10.3% submitted at least one claim for a narcotic analgesic, down from 11.9% five years ago. This translates into 5.8% of all insured individuals in 2021, down from 7.8% in 2017.

The category accounted for 4.1% of all claims processed in 2021, down from 5.2% in 2017, and claimants submitted an average of 4.4 claims in 2021, virtually unchanged from 2017.

A closer look within the category reveals a roller-coaster pattern in terms of claimants: a decline in 2018 (-6.3%) followed by almost no change in 2019 (0.7%), then a deep drop in 2020 (-12.9%) and a levelling-off in 2021 (1.4%).

Meanwhile, the number of claims consistently declined year after year, with the greatest decline in 2020 (-7.9%).

“The bigger drops in 2020 could be attributed to a reduced access to services, such as dental procedures, during the first year of the pandemic, as well as fewer opportunities for accidental injury since many ‘weekend warriors’ were stuck on the couch during lockdowns, suggests Jackson.”

The decline in claimant volume could also reflect the fact that some chronic users were able to reduce or stop taking addictive opiates by incorporating a drug for the treatment of substance use disorder into their pain management therapy (see next section, “Dramatic gains in drugs for substance use disorder”).

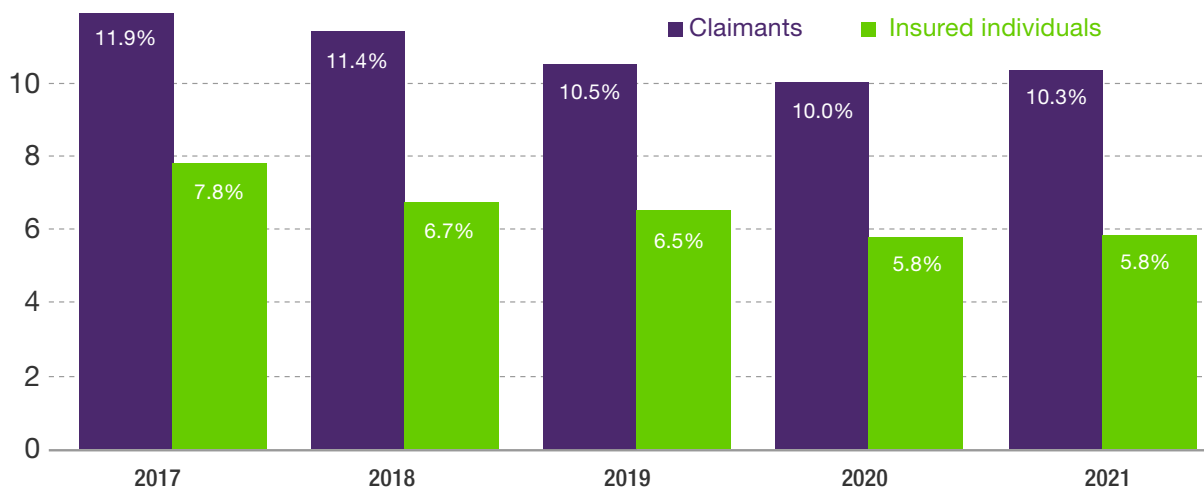
The total eligible amount for all submitted claims consistently declined, from \$96.0 million in 2017 to \$72.5 million in 2021. The average eligible amount per claim was \$27.63 in 2021, compared to \$30.96 in 2017, while the average annual eligible amount per claimant was \$121.70 in 2021, down from \$134.23 in 2017.

“These numbers suggest that the typical claim is for small supplies of inexpensive products, consistent with what you would see for short-term acute conditions,” notes Jackson.

Are prescription opioids contributing to the worsening opioid crisis? The answer, based on this data, is not clear. “The aggregated data makes it hard to identify abuse,” says Jackson. However, the overall downward trending in the category suggests that the level of substance abuse, as a proportion of all claims activity, has not increased.



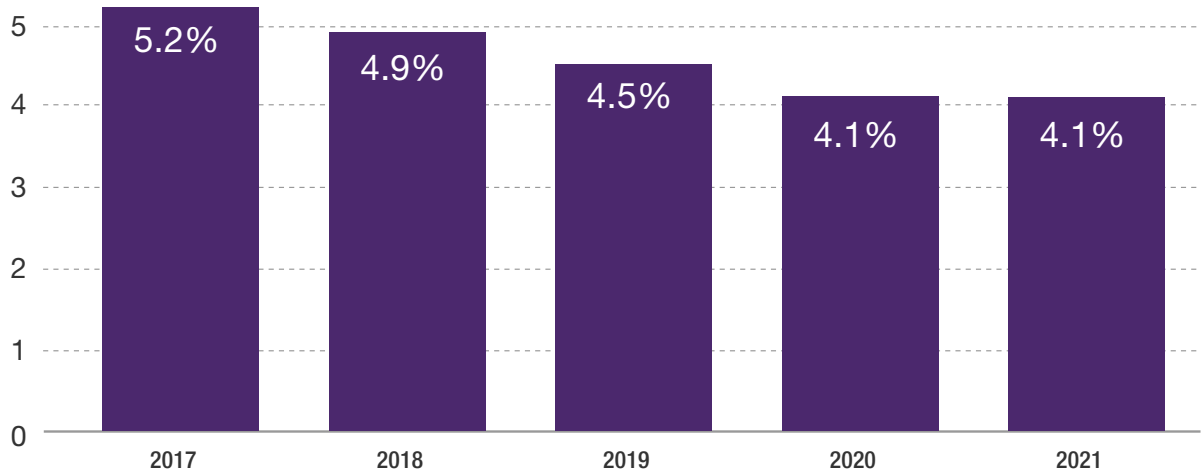
**CHART 9** | Narcotic analgesics: Share of all claimants and all insured individuals, 2017-2021.



Source: TELUS Health database for private drug plans; year ending December 31, 2021 (data extracted March 9, 2022).



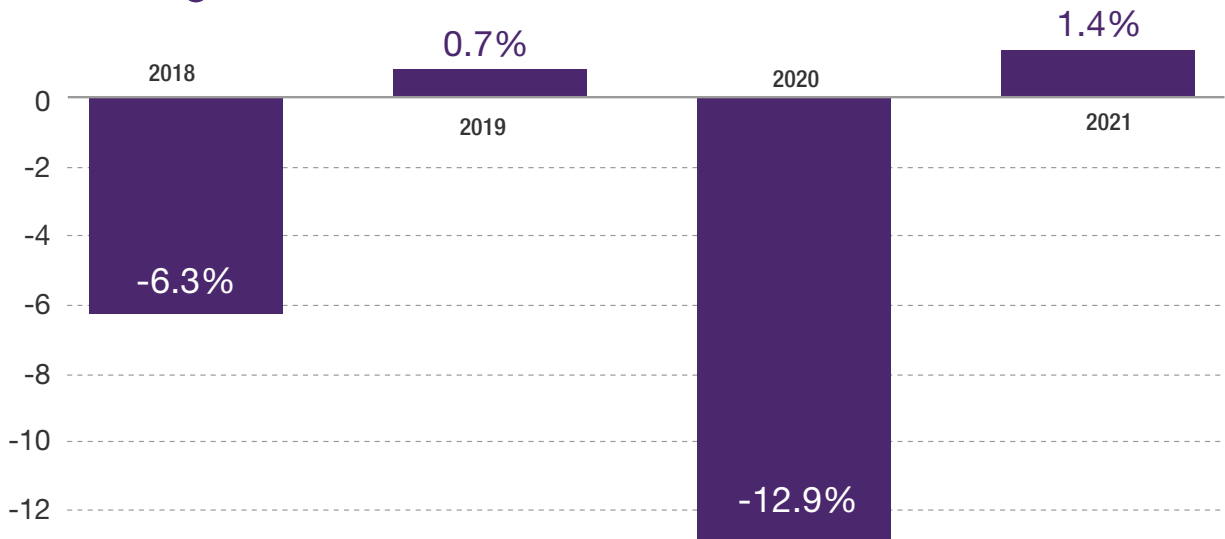
CHART 10 | Narcotic analgesics: Share of all claims, 2017-2021.



Source: TELUS Health database for private drug plans; year ending December 31, 2021 (data extracted March 9, 2022).



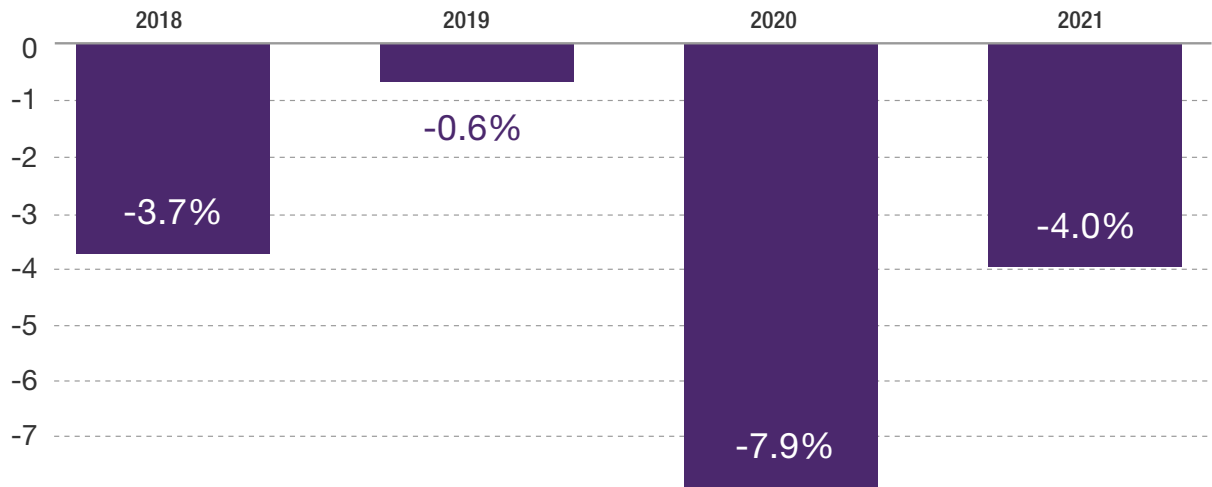
CHART 11 | Narcotic analgesics: Change in number of claimants, 2018-2021.



Source: TELUS Health database for private drug plans; year ending December 31, 2021 (data extracted March 9, 2022).



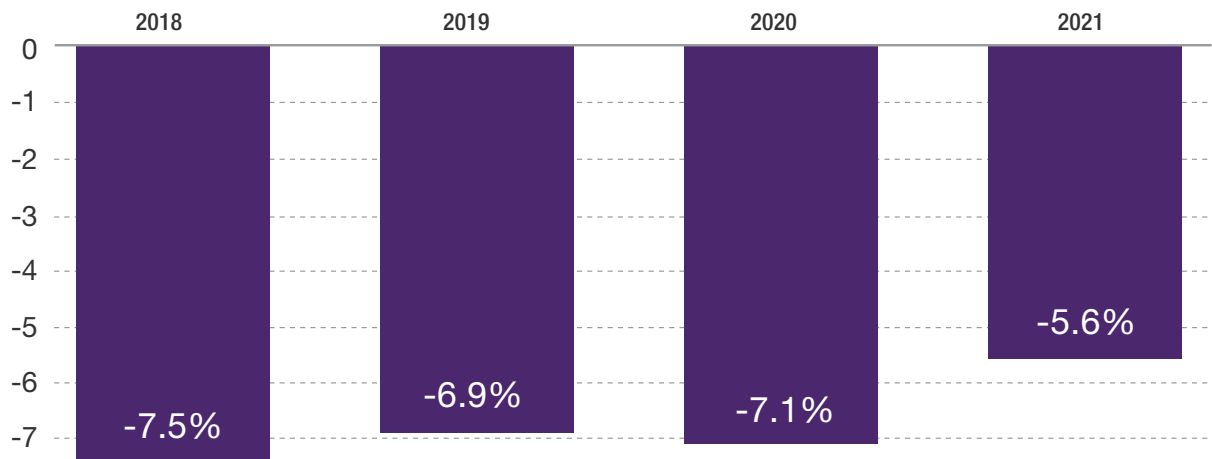
CHART 12 | Narcotic analgesics: Change in number of claims, 2018-2021.



TELUS Health database for private drug plans; year ending December 31, 2021 (data extracted March 9, 2022).



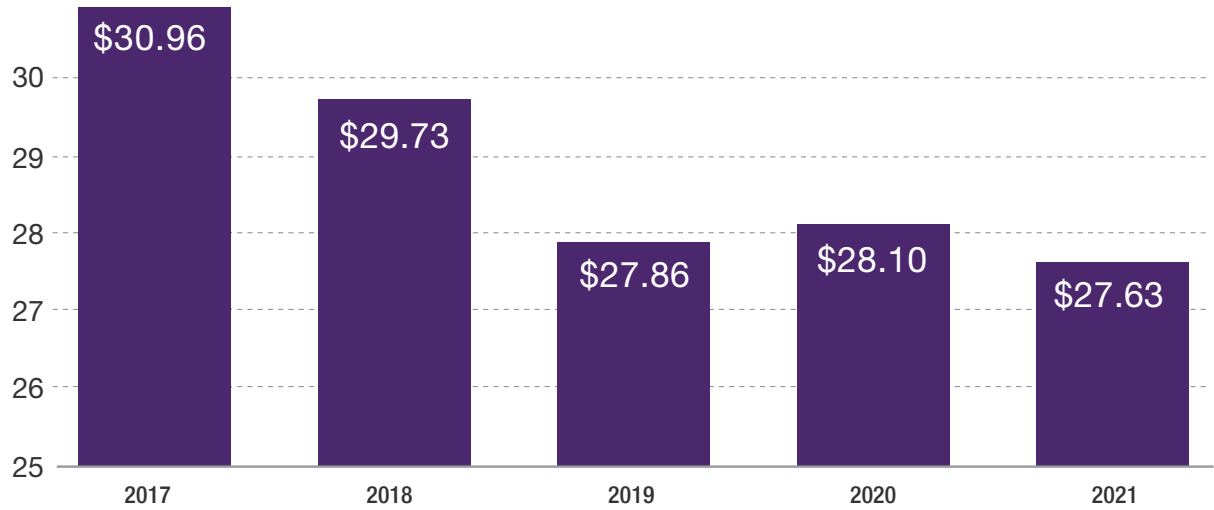
CHART 13 | Narcotic analgesics: Change in total eligible amount, 2018-2021.



Source: TELUS Health database for private drug plans; year ending December 31, 2021 (data extracted March 9, 2022).



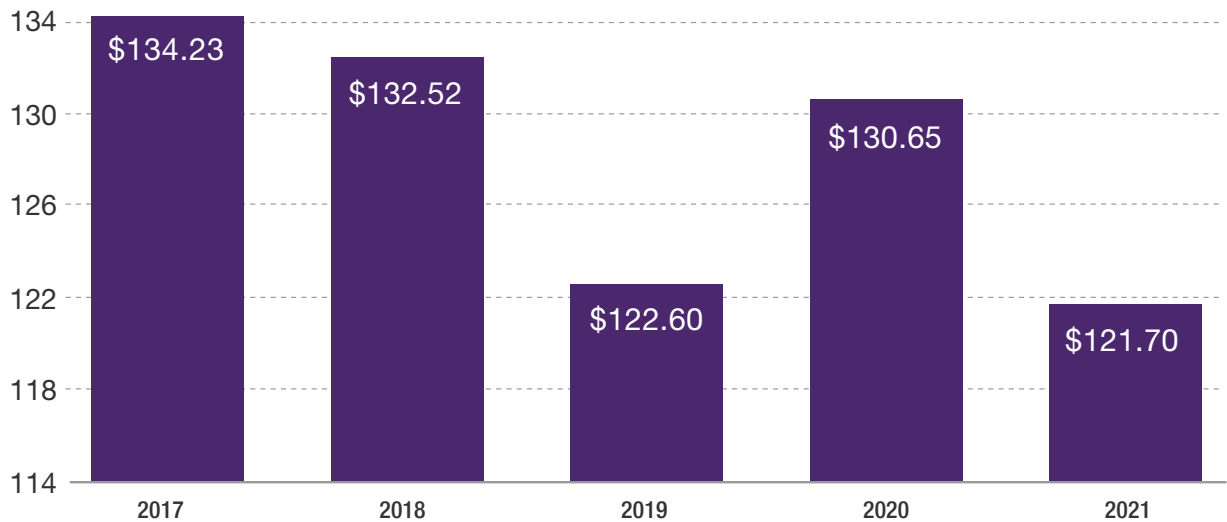
CHART 14 | Narcotic analgesics: Average eligible amount per claim, 2017-2021.



Source: TELUS Health database for private drug plans; year ending December 31, 2021 (data extracted March 9, 2022).



CHART 15 | Narcotic analgesics: Average annual eligible amount per claimant, 2017-2021.



Source: TELUS Health database for private drug plans; year ending December 31, 2021 (data extracted March 9, 2022).



## Dramatic gains in drugs for **substance use disorder.**

Significantly more plan members are submitting claims for drugs to treat alcohol or opioid use disorder – and the trend began well before the COVID-19 pandemic.

This analysis focuses on TELUS Health claims data for four medications prescribed for substance use disorder (SUD): methadone and Suboxone, available since the 1970s and 2007, respectively, for opioid use disorder; and ReVia (1997) and Campral (2007) for alcohol use disorder.

The number of claimants taking any of the four drugs increased by 31.7% in 2018 and 33.1% in 2019. As with many other drug categories, prescribing activity slowed during year one of the pandemic – yet growth was still unmistakable at 10.9%. In 2021, the number of claimants grew by 18.5%.

ReVia and its generic equivalents for alcohol use disorder are leading the charge, with growth rates of 49.8% in 2018 and 46.8% in 2019, and an increase of 32.6% in 2021. And in 2019, the number of claimants for ReVia and Campral surpassed the number of claimants for methadone and Suboxone. That gap is growing steadily: by the end of 2021, the claimant count for the alcohol use disorder drugs was 59.1% higher than that for the opioid use disorder drugs (or 1.6 claimants for alcohol use disorder drugs for every one claimant for opioid use disorder drugs). In other words, today's plan members are more likely to be seeking pharmacotherapy to help curb alcohol use than opioid use.



“Naltrexone, the main ingredient of ReVia, reduces cravings for alcohol. It’s key to the ‘Sinclair Method,’ which appears to be gaining in popularity. This method takes a moderation approach to gradually reduce alcohol consumption, rather than the abstinence approach used by organizations like Alcoholics Anonymous,” says Jackson.

While the four drugs used to treat SUD currently account for just about a quarter of one per cent of all claimants (0.32%) and insured individuals (0.18%), the strong growth rates year after year suggest a growing awareness of and need for these medications.

A closer look at the two drugs used to treat opioid use disorder reveals that Suboxone dominates, outnumbering methadone claimants by more than 15 to one in 2021. Suboxone saw two years of double-digit growth in claimants (23.0% in 2018 and 25.8% in 2019), followed by an appreciable slowing in 2020 (6.6%) and 2021 (2.4%). The number of methadone claimants, on the other hand, consistently declined year after year.

An analysis of claims in the total category tells an interesting story. Claims for ReVia climbed strongly and steadily, with growth rates ranging from 24.4% in 2021 to 60.7% in 2019. The number of claims for Campral, a different type of drug for alcohol use disorder, fell swiftly in 2019 (-41.6%) and 2020 (-31.5%) and then skyrocketed, by 368.8%, in 2021 compared to 2020 (although it accounts for just 1.2% of all claims for SUD drugs).

Suboxone, meanwhile, saw declines in the number of claims in 2020 and 2021 (-9.6% and -16.2%, respectively), despite the higher number of claimants in those years. As a result, Suboxone has seen a dramatic decline in the number of claims per claimant, from an average of 75.6 in 2017 to 42.1 in 2021.





Methadone experienced similar drops in volume per claimant, from 61.7 in 2017 to 47.7 in 2021. In contrast, the number of claims per claimant for the two drugs to treat alcohol use disorder was 3.7 in 2021, virtually unchanged from 2017 (3.4).

“The drops in claims for opioid use disorder drugs reflect that more people on established therapy may be permitted to have larger supplies at home, called ‘carry doses,’ rather than having to go to the pharmacy for daily doses. This results in far fewer dispensing fees, which drives down the costs,” says Jackson.

Indeed, the average annual eligible amount per claimant for opioid use disorder drugs declined from \$1,974.93 in 2017 to \$1,545.76 in 2021 (-21.7%). As a result, despite a steady growth in claimants for Suboxone, the total eligible amount for the two drugs used in this treatment declined by 6.5% in 2021.

On the other hand, due to the strong performances of ReVia and Campral, the total eligible amount for all four medications increased by 2.0% in 2021 to reach \$15.4 million. In 2017, that total was \$11.5 million. And despite the recent drops in the number of claims per claimant for Suboxone and methadone, these drugs for opioid use disorder continue to account for the lion’s share of the market: in 2021, their share of the total eligible amount was 72.5%, or \$11.2 million out of the total \$15.4 million for SUD treatments.

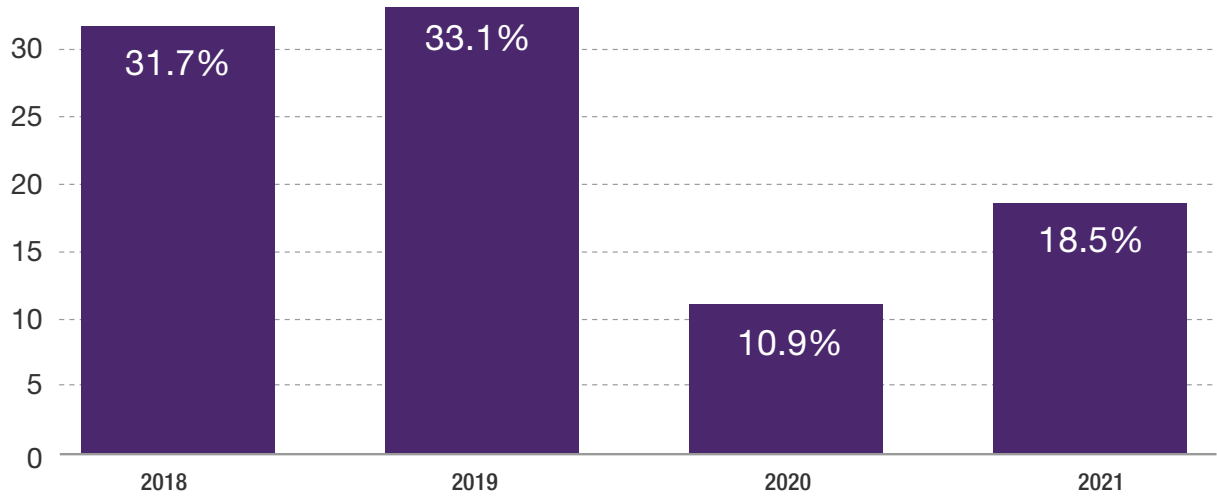
Generic drug pricing is also clearly a factor for ReVia, for which generics became available in 2015. From 2017 to 2021, the average amount per claim for ReVia and its generic equivalents dropped by more than half, from \$200.19 to \$97.79.

Suboxone, which also has generics, experienced more ups than downs in pricing over the past five years, landing at an average eligible amount of \$37.84 in 2021, 32.4% more than the \$28.57 recorded in 2017. Methadone, which was genericized long before the five-year period captured in this report, saw an 11.0% increase in its average eligible amount per claim (\$17.22 in 2021, compared to \$15.51 in 2017).

“Generic activity picked up for ReVia and Suboxone in the last five years. The net result is a downward price trend, offset by an increasing claimant volume,” concludes Jackson.



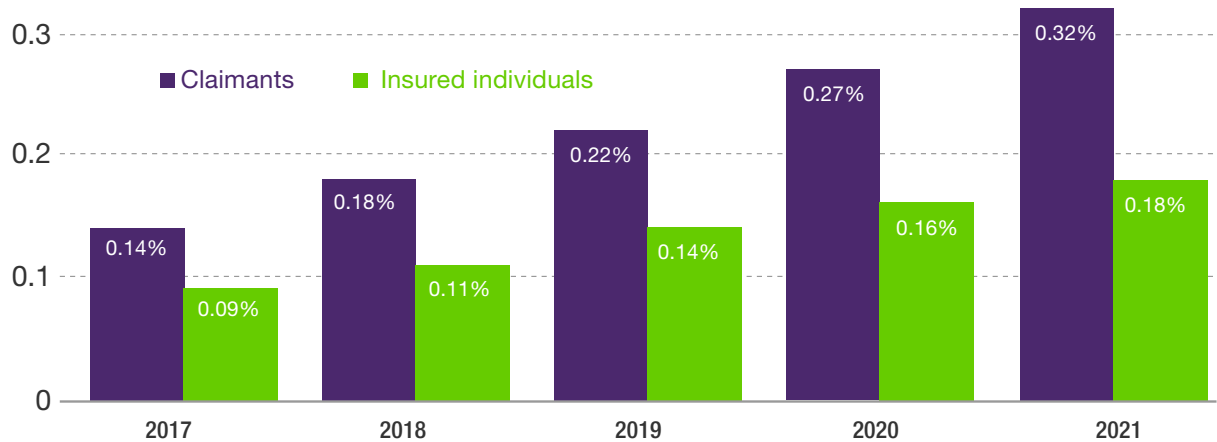
CHART 16 | Substance use disorder drugs: Change in number of claimants, 2018-2021.



Source: TELUS Health database for private drug plans; year ending December 31, 2021 (data extracted March 9, 2022).



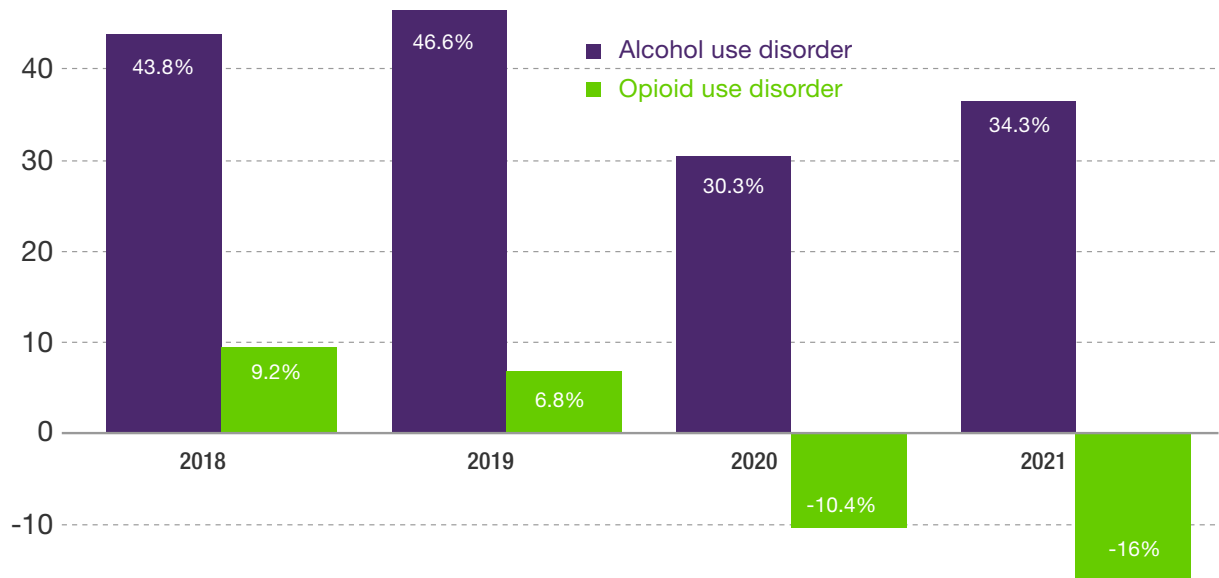
CHART 17 | Substance use disorder drugs: Share of all claimants and all insured individuals, 2017-2021.



Source: TELUS Health database for private drug plans; year ending December 31, 2021 (data extracted March 9, 2022).



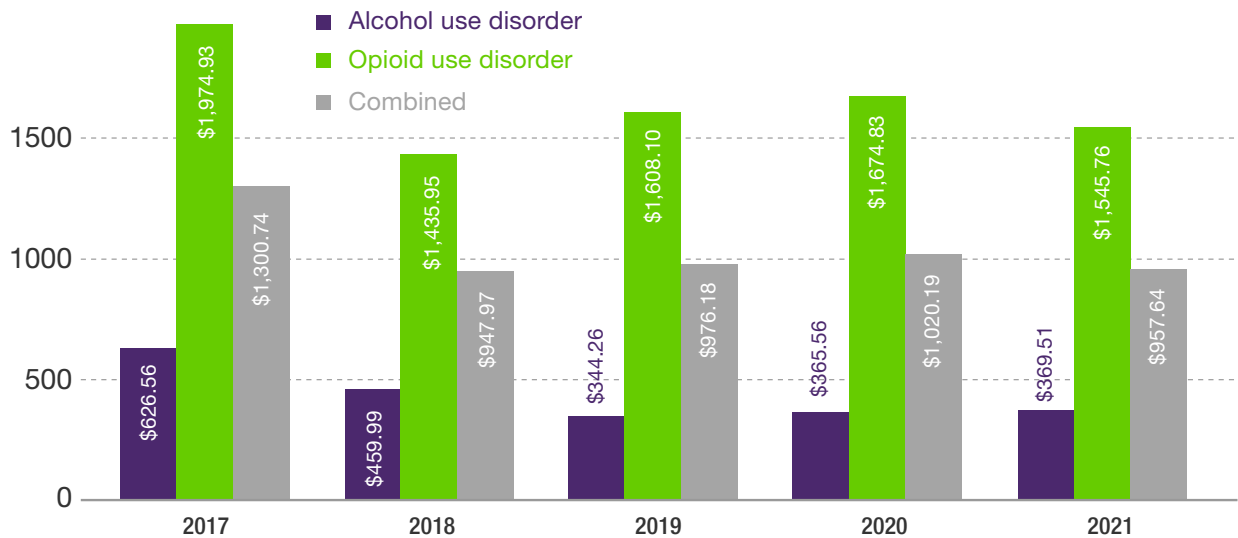
CHART 18 | Substance use disorder drugs: Change in number of claims, 2018-2021.



Source: TELUS Health database for private drug plans; year ending December 31, 2021 (data extracted March 9, 2022).



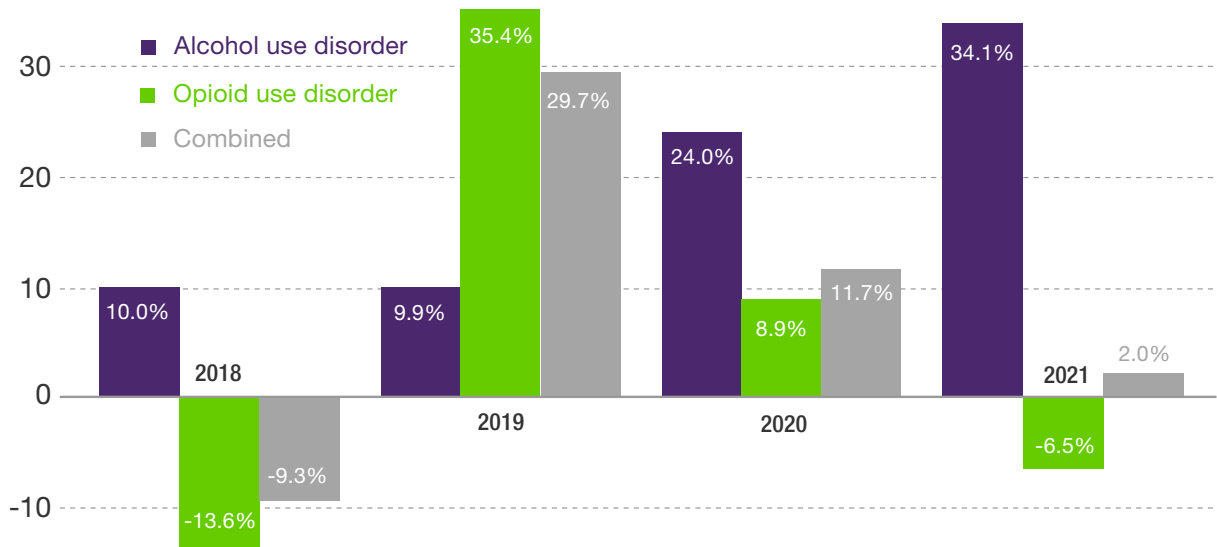
CHART 19 | Substance use disorder drugs: Average annual eligible amount per claimant, 2017-2021.



Source: TELUS Health database for private drug plans; year ending December 31, 2021 (data extracted March 9, 2022).



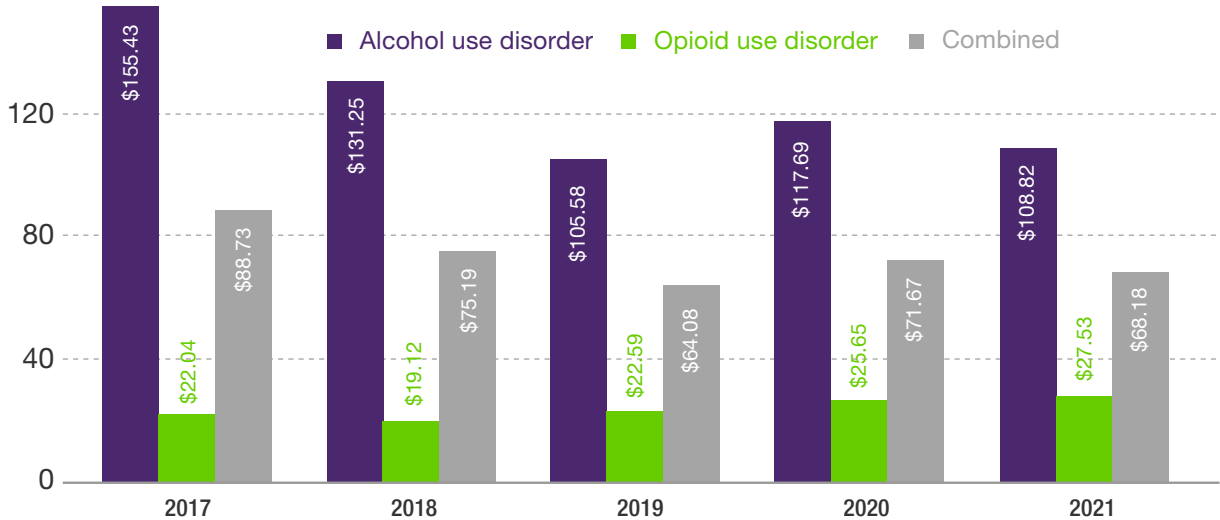
CHART 20 | Substance use disorder drugs: Change in total eligible amount, 2018-2021.



Source: TELUS Health database for private drug plans; year ending December 31, 2021 (data extracted March 9, 2022).



CHART 21 | Substance use disorder drugs: Average eligible amount per claim, 2017-2021.



Source: TELUS Health database for private drug plans; year ending December 31, 2021 (data extracted March 9, 2022).



## Weight management drugs are poised for strong growth.

Utilization of a weight management drug, Saxenda, has more than doubled over the last five years. It is one of three drugs currently available in the category and by the end of 2021, it accounted for 82.5% of the total eligible amount submitted to private drug plans. Its brisk growth is expected to continue, though it may slow this year due to the highly anticipated launch of a competitor, Wegovy.

Both Saxenda and Wegovy are spin-offs of medications used to treat type 2 diabetes. Within the diabetes category, TELUS Health data suggests steady rates of off-label prescribing for the “parent” drugs of Victoza (for Saxenda) and Ozempic (for Wegovy) since, for some claimants, the number of claims per year exceeds prescribing guidelines for diabetes. This likely indicates that the medications are also being used to support weight loss, which involves higher dosages.

Off-label prescribing of Ozempic began a year after the diabetes drug became available in 2018. And despite Saxenda’s availability for weight management since 2015, some off-label prescribing of Victoza continues to this day.

“The off-label use of Victoza and Ozempic, the original diabetes drugs, is a way to get around the fact that most private plans don’t cover weight management drugs because they have traditionally been classified as optional lifestyle drugs. The use of prior authorization programs in this area can ensure that these drugs are used as approved by Health Canada, says Jackson.”



In 2004, the Canadian Medical Association formally stated that obesity is a chronic disease and a leading cause of many other chronic conditions, including high blood pressure, high cholesterol, type 2 diabetes, depression, arthritis and certain cancers. In 2020, Obesity Canada released the first set of national clinical practice guidelines for obesity management. The introductory guideline emphasizes that while “medical nutrition therapy,” or healthy eating, is the foundation for treatment, “it should not be used in isolation...[but] in combination with other interventions (psychological, pharmacologic, surgical).”<sup>1</sup>

The guideline for pharmacotherapy states that Saxenda, Contrave (launched in 2018) and Xenical (launched in 1999) are effective in producing weight loss as part of chronic obesity management.<sup>2</sup> Wegovy, which was approved by Health Canada after the guidelines were released, will eventually be added as a fourth pharmacotherapeutic option.

The guidelines specify that pharmacotherapy should be considered when behaviour change alone is ineffective or insufficient. It is indicated for persons diagnosed with obesity and for those who are overweight with weight-related comorbidities (e.g., high blood pressure).

The potential pool of patients is significant. In 2018, 26.8% of Canadian adults could be described as having obesity and an additional 36.3% were overweight.<sup>3</sup>

- 1 Wharton S, Lau DCW, Vallis M, et al. Obesity in adults: a clinical practice guideline. *Canadian Medical Association Journal*. 2020;192(31):17.
- 2 Pedersen SD, Manjoo P, Wharton S. Canadian adult obesity clinical practice guidelines: Pharmacotherapy in obesity management. 2020 Aug 4 (online). [obesitycanada.ca/guidelines/pharmacotherapy](https://obesitycanada.ca/guidelines/pharmacotherapy).
- 3 Health Fact Sheets – Overweight and obese adults, 2018. Canadian Community Health Survey. Statistics Canada. 2019 June 25; catalogue no. 82-625-X. [www150.statcan.gc.ca/n1/pub/82-625-x/2019001/article/00005-eng.htm](http://www150.statcan.gc.ca/n1/pub/82-625-x/2019001/article/00005-eng.htm) (Accessed Feb. 20, 2022).



TELUS Health reports that, at the end of 2021, just over a quarter of one per cent (0.27%) of all claimants had submitted a claim for a weight management drug. This translates to just 0.15% of all insured individuals. While these numbers are minuscule, growth within the category is strong: the number of claimants grew by 19.9% in 2019 and 39.6% in 2018. The pandemic did have an impact, slowing growth to 5.5% in 2020, but it did not have a lasting effect: the number of claimants jumped by 46.0% in 2021.

Saxenda is driving the category. From 2017 to 2021, claimants and claims for the drug increased by 151.1% and 153.4%, respectively. The claimant count for Contrave surpassed that of Xenical in 2021, after less than four years on the market. Meanwhile, claimants for Xenical appear to be at a standstill – likely a reflection of the older drug’s possible side effects.

The average eligible amount per Saxenda claim was \$495.80 in 2021, compared to \$319.89 for Contrave and \$181.12 for Xenical. Pricing information is not yet available for Wegovy, although it’s expected to be in the range of Contrave and Saxenda. For the category overall, the average eligible amount per claim was \$332.27 in 2021, comparable to \$337.59 in 2017. Annually, the average total eligible amount per claimant was \$1,540.97 in 2021, up from \$1,399.67 recorded for 2017.

The total eligible amount for all claims has climbed rapidly, increasing by 40.9% in 2021 to reach \$23.7 million. This is almost triple the total eligible amount in 2017 (\$8.3 million).



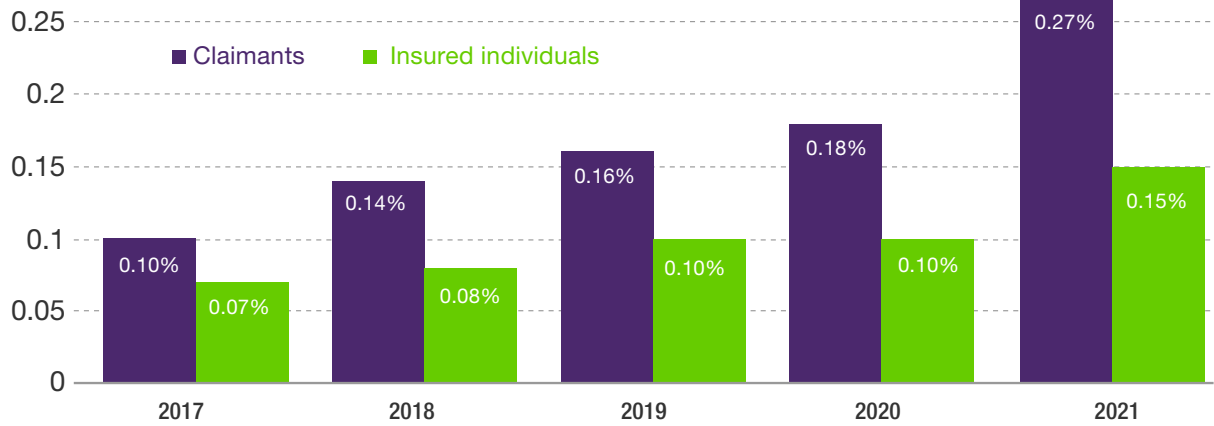
While much of that growth is due to Saxenda’s dominance and higher price point, more private plans are also opting to cover weight management drugs because they recognize that investing in medication that helps manage obesity can reduce claims and costs in other areas. The number of plans is still small, but we are seeing some movement, says Jackson.







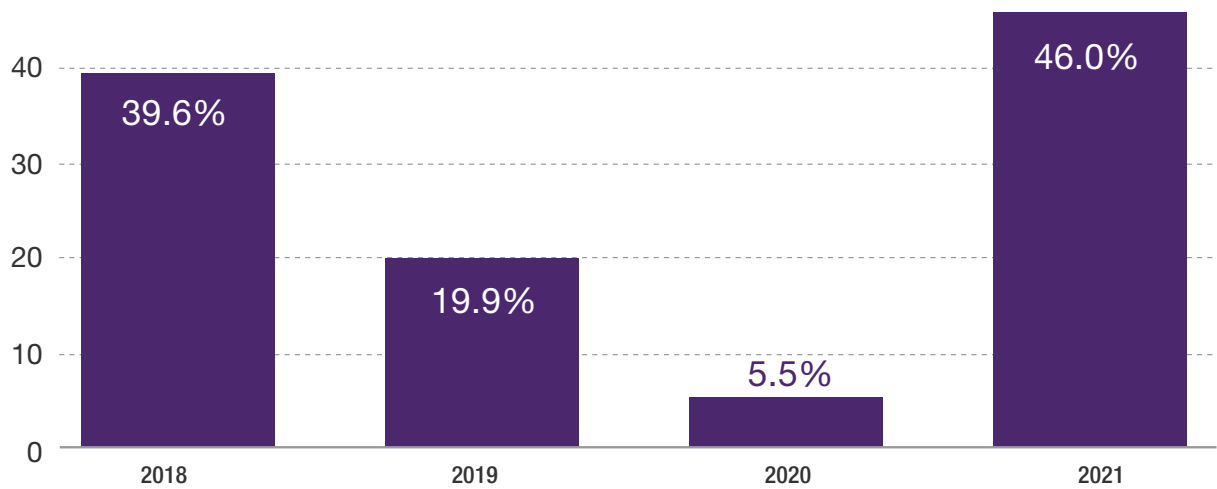
CHART 22 | Weight management drugs: Share of all claimants and all insured individuals, 2017-2021.



Source: TELUS Health database for private drug plans; year ending December 31, 2021 (data extracted March 9, 2022).



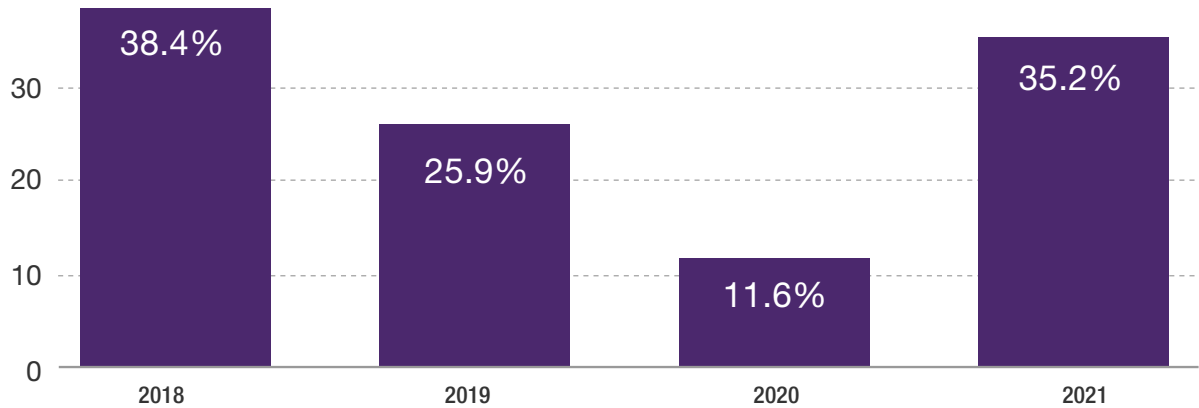
CHART 23 | Weight management drugs: Change in number of claimants, 2018-2021.



Source: TELUS Health database for private drug plans; year ending December 31, 2021 (data extracted March 9, 2022).



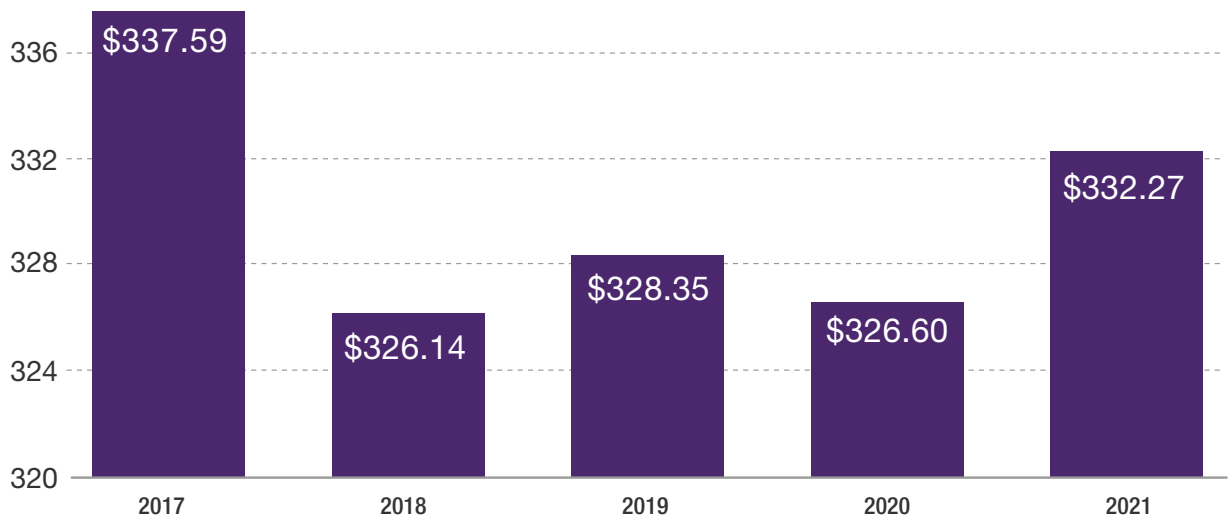
CHART 24 | Weight management drugs: Change in number of claims, 2018-2021.



Source: TELUS Health database for private drug plans; year ending December 31, 2021 (data extracted March 9, 2022).



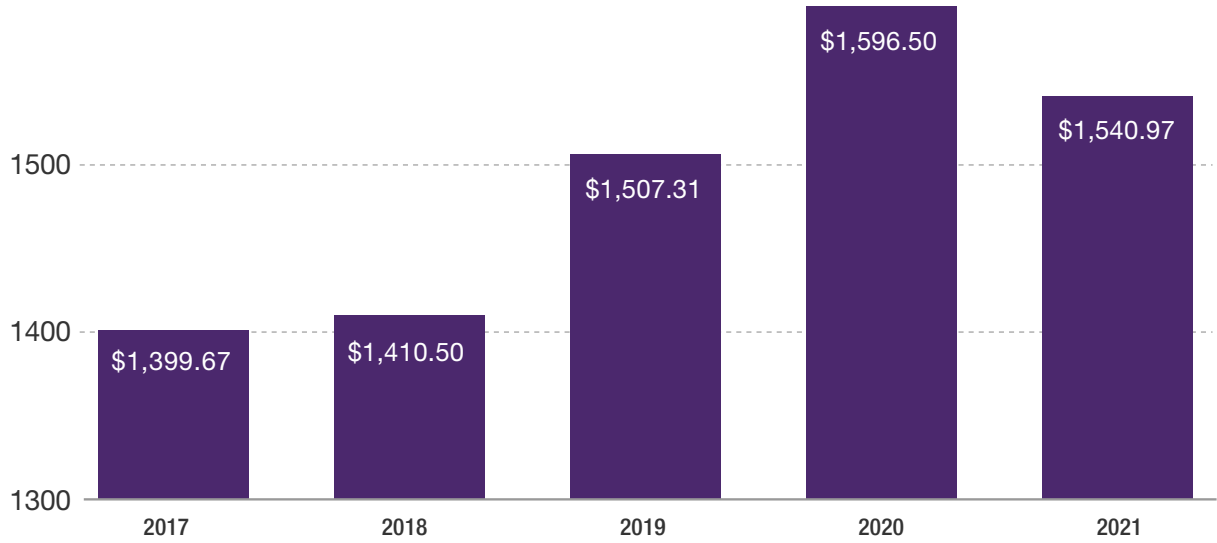
CHART 25 | Weight management drugs: Average eligible amount per claim, 2017-2021.



Source: TELUS Health database for private drug plans; year ending December 31, 2021 (data extracted March 9, 2022).



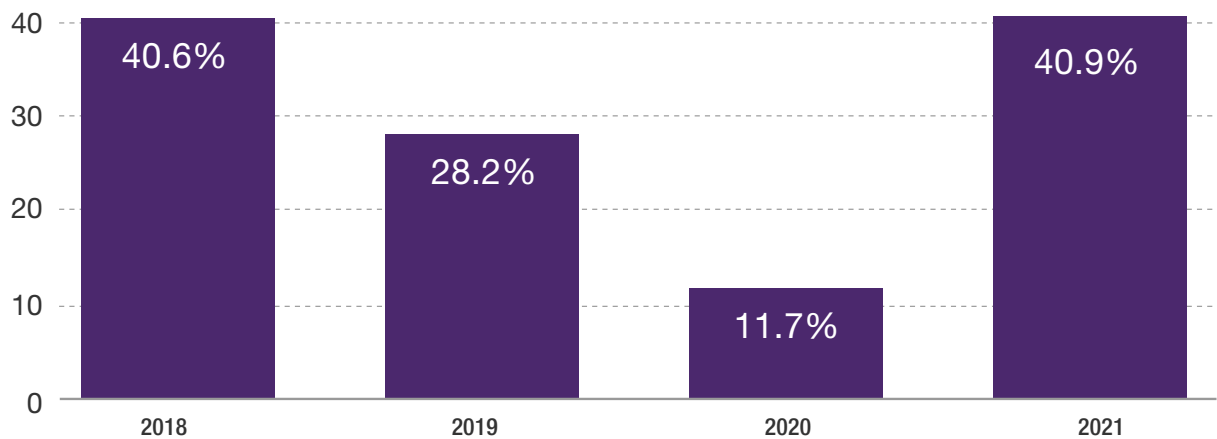
CHART 26 | Weight management drugs: Average annual eligible amount per claimant, 2017-2021.



Source: TELUS Health database for private drug plans; year ending December 31, 2021 (data extracted March 9, 2022).



CHART 27 | Weight management drugs: Change in total eligible amount, 2018-2021.



Source: TELUS Health database for private drug plans; year ending December 31, 2021 (data extracted March 9, 2022).



## Summary

For all four drug categories analyzed in this year's Category Watch, trends in claims activity were well established before the COVID-19 pandemic began in March 2020. Each category, however, tells a different story.

**Antidepressants** – A sharp rise in the number of claims in 2020 suggests higher utilization among those already taking antidepressants. However, it's important to emphasize that growth in the antidepressant category, in both claimants and claims, was underway well before the pandemic. Of particular note is that younger plan members, up to 39 years in age, are steadily accounting for a greater share of claimants, from 38.6% in 2017 to 42.7% in 2021.

**Narcotic analgesics** – The share of claimants who used narcotic analgesics has declined, from 11.9% in 2017 to 10.3% in 2021. The majority of claims were for small supplies of inexpensive drugs for short-term acute pain. A sharp drop in the number of claimants during the first year of the pandemic could be attributed to fewer dental procedures, surgeries and injuries.

**Substance use disorder drugs** – Private drug plans are seeing significantly more claims for drugs to treat substance use disorder (SUD) – a trend that began well before the COVID-19 pandemic. While drugs for opioid use disorder account for the lion's share of spending based on eligible amount, the number of claimants for drugs for alcohol use disorder are growing at a much faster pace. By the end of 2021, there were 1.6 claimants for an alcohol use disorder drug for every one claimant for an opioid use disorder drug.

**Weight management drugs** – The number of claimants for weight management drugs jumped by 46.0% in 2021, marking a return to high double-digit growth rates following a slowdown during year one of the pandemic. That level of growth is expected to continue, driven by the drugs’ proven effect on weight loss, the expected launch of another drug this year, the growing number of private plans that are opting to provide coverage, and the potential patient population.



**CHART 28** | Summary of trends in drug utilization for depression, pain, substance use disorder and obesity, 2021.

Category	Change in total eligible amount compared to 2020	Average annual eligible amount per claimant	Change in number of claimants compared to 2020	Share of all claimants
Antidepressants	5.4%	\$244.23	7.3%	20.0%
Narcotic analgesics	-5.6%	\$121.70	1.4%	10.3%
Substance use disorder drugs	2.0%	\$957.64	18.5%	0.32%
Weight management drugs	40.9%	\$1,540.97	46.0%	0.27%

Source: TELUS Health database for private drug plans; year ending December 31, 2021 (data extracted March 9, 2022).



2022



Category watch: **Impact of the pandemic.**

