

Billing Quantities

To accommodate for billing quantity differences please refer to the below chart.
Please note the list shown is not exhaustive.



DIN	Description	Supplier	AB	BC	MT	NB	NS	ON	PI	PQ	SK	YK/NU/NW/NT
02369198	ACLASTA 5MG/100ML IV SOLUTION	1X100ML VIAL	PER ML	PER ML	PER ML	PER ML	PER ML	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER ML
02509474	AIOVY 225MG/1.5ML AUTOINJECTOR	1X1.5ML AUTOINJECTOR (INJ)	PER INJ	PER INJ	PER INJ	PER INJ	PER INJ	PER INJ	PER INJ	PER INJ	PER INJ	PER INJ
02497859	AIOVY 225MG/1.5ML INJECTION	1X1.5ML PREFILLED SYRINGE (SYR)	PER SYR	PER SYR	PER SYR	PER SYR	PER SYR	PER SYR	PER SYR	PER SYR	PER SYR	PER SYR
02329505	ALDARA 5% CREAM	1 PACK = 7.5G PUMP = 30 DOSES (250MG/DOSE)	PER GRAM	PER DOSE	PER GRAM	PER GRAM	PER GRAM	PER DOSE	PER GRAM	PER GRAM	PER GRAM	PER DOSE
02245345	ANDROGEL 1% GEL 2.5G PK	30 SACHETS X 2.5GRM = 75 GRAMS	PER GRAM	PER SACHET	PER SACHET	PER GRAM	PER GRAM	PER SACHET	PER SACHET	PER SACHET	PER SACHET	PER SACHET
02345346	ANDROGEL 1% GEL 5G PK	30 SACHETS X 5GRM = 150 GRAMS	PER GRAM	PER SACHET	PER SACHET	PER GRAM	PER GRAM	PER SACHET	PER SACHET	PER SACHET	PER SACHET	PER SACHET
02349496	ANDROGEL 1% TOPGEL PUMP	2 PUMPS X 60 DOSES X 1.25GRM = 150 GRAMS OR 120 DOSES	PER DOSE	PER PUMP	PER PUMP	PER DOSE	PER DOSE	PER DOSE	PER PUMP	PER DOSE	PER DOSE	PER PUMP
02497220	CABENIVA 400MG-900MG/2ML SOLUTION	1 KIT = 2ML (OR 2MLX2ML=4ML)	PER KIT	PER 2ML	PER 2ML	PER 2ML	PER 2ML	PER 2ML	PER KIT	PER 2ML	PER 2ML	PER 2ML
02497247	CABENIVA 600MG-900MG/3ML SOLUTION	1 KIT = 3ML (OR 3MLX3ML=6ML)	PER KIT	PER 3ML	PER 3ML	PER 3ML	PER 3ML	PER KIT	PER 3ML	PER 3ML	PER 3ML	PER 3ML
02381680	CAMBIA 50MG POWDER/DOSE	1 BOX = 9 SACHETS	PER SACHET	PER SACHET	PER SACHET	PER SACHET	PER SACHET	PER SACHET	PER SACHET	PER SACHET	PER SACHET	PER SACHET
02329840	CAVSTON 75MG/VIAL	1 KIT = 84VIALS X 2ML	PER VIAL	PER KIT	PER KIT	PER KIT	PER KIT	PER KIT	PER KIT	PER KIT	PER KIT	PER KIT
02342145	CELLCEPT POWDER FOR ORAL SUSPENSION	110 GRAM POWDER PER BOTTLE (0.75ML after reconstitution)	PER ML	PER GRAM	PER GRAM	PER ML	PER ML	PER ML	PER BOTTLE	PER ML	PER ML	PER ML
02502402	HULIO 40MG/PEN INJECTION	1 PCK = 2 PENS X 0.8ML	PER PEN	PER PEN	PER PEN	PER PEN	PER PACK	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN
02258595	HUMIRA 40MG/0.8ML PFS INJ	1 PACK = 2X0.8ML PREFILLED SYRINGE (SYR)	PER SYR	PER SYR	PER SYR	PER ML	PER PACK	PER ML	PER SYR	PER SYR	PER SYR	PER SYR
02491575	JINARC 15MG/15MG TABLET	7 DAILY DOSE PACK = 14 TABLETS	PER TABLET	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK
02491583	JINARC 30MG/15MG TABLET	7 DAILY DOSE PACK = 14 TABLETS	PER TABLET	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK
02437503	JINARC 45MG/15MG TABLET	7 DAILY DOSE PACK = 14 TABLETS	PER TABLET	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK
02437511	JINARC 60MG/30MG TABLET	7 DAILY DOSE PACK = 14 TABLETS	PER TABLET	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK
02437538	JINARC 90MG/30MG TABLET	7 DAILY DOSE PACK = 14 TABLETS	PER TABLET	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK
02450291	LENVIMA 4MG/10MG/10MG CAPSULE	30 DAILY DOSE PACK (5X6 BLISTERS) IN A MONTHLY CARTON = 90 CAPSULES	PER CAPSULE	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK
02450305	LENVIMA 10MG/10MG CAPSULE	30 DAILY DOSE PACK (5X6 BLISTERS) IN A MONTHLY CARTON = 60 CAPSULES	PER DAILY DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK
02450313	LENVIMA 10MG/4MG CAPSULE	30 DAILY DOSE PACK (5X6 BLISTERS) IN A MONTHLY CARTON = 60 CAPSULES	PER DAILY DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK
02484056	LENVIMA 4MG CAPSULE	30 DAILY DOSE PACK (5X6 BLISTERS) IN A MONTHLY CARTON = 60 CAPSULES	PER CAPSULE	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK
02468220	LENVIMA 8MG CAPSULE	30 DAILY DOSE PACK (5X6 BLISTERS) IN A MONTHLY CARTON = 60 CAPSULES	PER DAILY DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK
02450321	LENVIMA 10MG CAPSULE	30 DAILY DOSE PACK (5X6 BLISTERS) IN A MONTHLY CARTON = 30 CAPSULES	PER CAPSULE	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK
02484129	LENVIMA 12MG CAPSULE	30 DAILY DOSE PACK (5X6 BLISTERS) IN A MONTHLY CARTON = 90 CAPSULES	PER DAILY DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK
02468239	LENVIMA 18MG CAPSULE	30 DAILY DOSE PACK (5X6 BLISTERS) IN A MONTHLY CARTON = 90 CAPSULES	PER DAILY DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK
02467550	MAVRET 100MG/40MG TABLET	1 CARTON = 28 DAILY DOSE PACKS = 84 TABLETS	PER TABLET	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK	DOSE PACK
02541041	MOUNJARO 2.5MG/0.5ML VIAL	1 VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL
02541068	MOUNJARO 5MG/0.5ML VIAL	1 VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL
02541076	MOUNJARO 7.5MG/0.5ML VIAL	1 VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL
02541084	MOUNJARO 10MG/0.5ML VIAL	1 VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL
02541092	MOUNJARO 12.5MG/0.5ML VIAL	1 VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL
02541106	MOUNJARO 15MG/0.5ML VIAL	1 VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL
02551950	MOUNJARO 2.5MG/0.5ML KWIKPEN	1 PRE-FILLED PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN
02551969	MOUNJARO 5MG/0.5ML KWIKPEN	1 PRE-FILLED PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN
02551977	MOUNJARO 7.5MG/0.5ML KWIKPEN	1 PRE-FILLED PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN
02551985	MOUNJARO 10MG/0.5ML KWIKPEN	1 PRE-FILLED PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN
02551993	MOUNJARO 12.5MG/0.5ML KWIKPEN	1 PRE-FILLED PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN
02552000	MOUNJARO 15MG/0.5ML KWIKPEN	1 PRE-FILLED PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN
02470748	NAVAS 100MG/4ML VIAL	1X4ML VIAL	PER ML	PER ML	PER ML	PER ML	PER ML	PER ML	PER ML	PER ML	PER ML	PER ML
02470756	NAVAS 400MG/16ML VIAL	1X16ML VIAL	PER ML	PER ML	PER ML	PER ML	PER ML	PER ML	PER ML	PER ML	PER ML	PER ML
01968017	NEUROGEN 300MG/ML VIAL	10X1ML VIAL	PER ML	PER ML	PER ML	PER ML	PER VIAL	PER VIAL				
01968017	NEUROGEN 300MG/ML VIAL (480MG/1.6ML)	10X1.6ML VIAL = 16ML BILL APPLICABLE PIN WHERE INDICATED	PER VIAL (USE PIN 09853464)	PER ML	PER ML	PER ML	PER VIAL (USE PIN 00999001)	PER VIAL (USE PIN 09853464)	PER VIAL (USE PIN 09853464)	PER VIAL (USE PIN 09853464)	PER VIAL (USE PIN 99001454)	PER VIAL
02467224	OCREVUS 30MG/ML IV SOLUTION	1X10ML VIAL (300MG/VIAL)	PER ML	PER ML	PER MG	PER MG	PER MG	PER MG	PER MG	PER MG	PER ML	PER MG
02451379	ORKAMBI 125MG/200MG TABLET	1 BOTTLE = 112 TABLETS (4 weekly cartons x 7 daily blister strips x 4 tablets per strip = 112 tablets)	PER TABLET	PER TABLET	PER TABLET	PER TABLET	PER TABLET	PER TABLET	PER TABLET	PER TABLET	PER TABLET	PER TABLET
02471469	OZEMPIC 1.34MG/ML INJECTION	1 PEN = 3ML	PER ML	PER ML	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN
02471477	OZEMPIC 1.34MG/ML PEN	1 PEN = 1.5ML	PER ML	PER ML	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN
02540258	OZEMPIC 0.68MG/ML PEN	1 PEN = 3ML	PER ML	PER ML	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN
02355655	RESTASIS 0.05% OPH EMULSION	1 PACK = 30 VIALS (30X0.4ML=12ML) OR 1 PACK = 60 VIALS (60X0.4ML=24ML)	PER ML	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER ML
02266121	SATINEL SX SPRAY	3 X 10ML VIALS	PER ML	PER ML	PER ML	PER ML	PER VIAL	PER VIAL	PER VIAL	PER VIAL	PER ML	PER VIAL
02437899	SAVENDA 6MG/ML INJECTION	5X3ML MULTI-DOSE PEN	PER ML	PER ML	PER ML	PER ML	PER ML	PER ML	PER ML	PER ML	PER ML	PER ML
02463792	TARO-TESTOSTERONE 1% GEL (2.5G/PACKET)	30 SACHETS X 2.5GRM = 75 GRAMS	PER GRAM	PER SACHET	PER SACHET	PER GRAM	PER GRAM	PER SACHET	PER SACHET	PER SACHET	PER SACHET	PER SACHET
02463806	TARO-TESTOSTERONE 1% GEL (5G/PACKET)	30 SACHETS X 5GRM = 150 GRAMS	PER GRAM	PER SACHET	PER SACHET	PER GRAM	PER GRAM	PER SACHET	PER SACHET	PER SACHET	PER SACHET	PER SACHET
02280248	TESTIM 1% GEL	30 TUBES X 5GRM = 150 GRAMS	PER GRAM	PER GRAM	PER GRAM	PER GRAM	PER TUBE	PER GRAM	PER TUBE	PER GRAM	PER TUBE	PER GRAM
02493373	TOLVED DOUBLESSTAR 300MG/ML	3X3ML PEN	PER ML	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN
02443829	TOLVED SOLOSTAR 300MG/ML	3X1.5ML PEN OR 5X1.5ML PEN	PER ML	PER ML	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN
02351064	VICTOZA MULTIDOSE PEN INJECTOR	2X3ML PEN OR 3X3ML PEN	PER ML	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN
02528509	WEGOVY 0.25MG INJECTION	1 PRE-FILLED 1.5ML PEN	PER ML	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN
02528517	WEGOVY 0.5MG INJECTION	1 PRE-FILLED 1.5ML PEN	PER ML	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN
02528525	WEGOVY 1.0MG INJECTION	1 PRE-FILLED 3ML PEN	PER ML	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN
02528533	WEGOVY 1.7MG INJECTION	1 PRE-FILLED 3ML PEN	PER ML	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN
02528541	WEGOVY 2.4MG INJECTION	1 PRE-FILLED 3ML PEN	PER ML	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN
02474875	XULTOPHY 100U/3.6MG/ML PEN INJECTOR	5X3ML PREFILLED PEN	PER ML	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN	PER PEN

Quantities are subject to change.

General billing quantities for select products:

Type of Product	Quantity to enter
Insulin	Includes most insulin, but quantity may vary by DIN or province ON & SK quantity per pack PQ quantity per cartridge & per ml for vials All other provinces quantity per ml
Insulin pump supplies	Quantities below apply for all provinces: Infusion pump quantity per pump (Use PIN 28010010) Pump combo set (infusion set with cath) quantity per set (Use PIN 28010060) Tubing for pump quantity 10 per set (Use PIN 28010030) Pump batteries quantity per battery (Use PIN 28010020) Syringes/reservoirs for pump quantity number of syringes (Use PIN 28010040)
Eye Drops	Most eye drops quantity per ml and eye ointments per gram, but may vary by DIN or province (see examples below) Combigan quantity per ml all provinces except ON per bottle (ODB claims use PIN 09857298) Lumigan HC quantity per ml all provinces except ON per bottle (ODB claims use PIN 09857368 5ml bottle & PIN 09857398 7.5ml bottle) Pataday & its generics quantity per ml all provinces except ON & SK per bottle Patanol per ml all provinces except ON per bottle Xalacom & Xalatan quantity per ml all provinces except ON & SK per bottle
Synovial Fluids	Most synovial fluids quantity per kit or PFS, but may vary by PIN or province (see examples below) Monovic Injection (1 PFS=4ML) quantity per PFS all provinces (Use PIN 96599984 & PIN 00970848 for PQ) Cingal Injection (3ML) quantity per kit all provinces (Use PIN 00991000 or 92099815 & PIN 00900005 for PQ) Duralone Injection (3ML) quantity per kit all provinces except AB & YK quantity per ML (Use PIN 00990158 & PIN 00964573 for PQ) Synvisc Injection (3X2ML) quantity per kit all provinces except AB, NF, NS, YK quantity per ML (Use PIN 00962325 & PIN 11134981 for PQ) Synvisc One Injection (1X6ML) quantity per kit all provinces except AB, NF, NS, YK quantity per ML (Use PIN 00990305 & PIN 00965014 for PQ)

Quantities are subject to change and exceptions may apply.

For further pack unit billing inquiries, contact the TELUS Health call centre.

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