

Billing Quantities

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



| DIN | Supplier | AB | BC | MT | NB | NS | ON | PE | QC | SK | YK/NU/NWT |
|----------|--|--|-----------------------------|---------------------|---------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|---------------------|
| 02369198 | ACLASTA 5MG/100ML IV SOLUTION | PER ML | PER ML | PER ML | PER ML | PER ML | PER ML | PER VIAL | PER VIAL | PER VIAL | PER ML |
| 02509474 | AIOVY 225MG/1.5ML AUTOINJECTOR | 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 | PER SYR | PER SYR | PER SYR | PER SYR | PER SYR | PER SYR | PER SYR | PER SYR | PER SYR | PER SYR |
| 02239505 | ALDARA 5% CREAM | PER GRAM | PER DOSE | PER GRAM | PER GRAM | PER GRAM | PER GRAM | PER DOSE | PER GRAM | PER GRAM | PER DOSE |
| 02245345 | ANDROGEL 1% GEL-2.5G PK | PER GRAM | PER SACHET | PER SACHET | PER GRAM | PER GRAM | PER GRAM | PER SACHET | PER SACHET | PER SACHET | PER SACHET |
| 02245346 | ANDROGEL 1% GEL-5G PK | PER GRAM | PER SACHET | PER SACHET | PER GRAM | PER GRAM | PER GRAM | PER SACHET | PER SACHET | PER SACHET | PER SACHET |
| 02494999 | ANDROGEL 1% TOP'L GEL PUMP | PER DOSE | PER PUMP | PER PUMP | PER DOSE | PER DOSE | PER DOSE | PER PUMP | PER DOSE | PER DOSE | PER PUMP |
| 02497220 | CABENUVA 400MG-900MG/2ML SOLUTION | 1 KIT = 2ML (OR 2MLX2ML = 4ML) | PER KIT | PER 2ML | PER 2ML | PER 2ML | PER 2ML | PER KIT | PER 2ML | PER 2ML | PER 2ML |
| 02497247 | CABENUVA 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 |
| 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 |
| 02329840 | CAVSTON 75MG/VIAL | 1 KIT = 8VIALS X 2ML | PER VIAL | PER KIT | PER KIT | PER KIT | PER KIT | PER KIT | PER KIT | PER VIAL | PER KIT |
| 02242145 | CELLCEPT POWDER FOR ORAL SUSPENSION | 110 GRAM POWDER PER BOTTLE | PER ML | PER GRAM | PER GRAM | PER ML | PER ML | PER BOTTLE | PER ML | PER ML | PER GRAM |
| 02502402 | HULIO 40MG/PEN INJECTION | 1 PACK = 2 PENS X 0.8ML | PER PEN | PER PEN | PER PEN | PER PEN | PER PACK | 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 SYR | PER SYR | PER SYR | PER SYR |
| 02491575 | JINARC 15MG/15MG TABLET | 7 DAILY DOSE PACK = 14 TABLETS | PER TABLET | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER TABLET | PER DAILY DOSE PACK |
| 02491583 | JINARC 30MG/15MG TABLET | 7 DAILY DOSE PACK = 14 TABLETS | PER TABLET | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER TABLET | PER DAILY DOSE PACK | PER DAILY DOSE PACK |
| 02437503 | JINARC 45MG/15MG TABLET | 7 DAILY DOSE PACK = 14 TABLETS | PER TABLET | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER TABLET | PER DAILY DOSE PACK | PER DAILY DOSE PACK |
| 02437511 | JINARC 60MG/30MG TABLET | 7 DAILY DOSE PACK = 14 TABLETS | PER TABLET | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER TABLET | PER DAILY DOSE PACK | PER DAILY DOSE PACK |
| 02437538 | JINARC 90MG/30MG TABLET | 7 DAILY DOSE PACK = 14 TABLETS | PER TABLET | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER TABLET | PER DAILY DOSE PACK | PER DAILY DOSE PACK |
| 02450291 | LENVIMA 4MG/10MG/10MG CAPSULE | 30 DAILY DOSE PACK (5X6 BLISTERS) IN A MONTHLY CARTON = 90 CAPSULES | PER CAPSULE | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER BLISTER | PER DAILY DOSE PACK |
| 02450305 | LENVIMA 10MG/10MG CAPSULE | 30 DAILY DOSE PACK (5X6 BLISTERS) IN A MONTHLY CARTON = 60 CAPSULES | PER CAPSULE | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER BLISTER | PER DAILY DOSE PACK |
| 02450313 | LENVIMA 10MG/4MG CAPSULE | 30 DAILY DOSE PACK (5X6 BLISTERS) IN A MONTHLY CARTON = 60 CAPSULES | PER CAPSULE | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER BLISTER | PER DAILY DOSE PACK |
| 02484056 | LENVIMA 4MG CAPSULE | 30 DAILY DOSE PACK (5X6 BLISTERS) IN A MONTHLY CARTON = 30 CAPSULES | PER CAPSULE | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER BLISTER | PER DAILY DOSE PACK |
| 02468220 | LENVIMA 8MG CAPSULE | 30 DAILY DOSE PACK (5X6 BLISTERS) IN A MONTHLY CARTON = 60 CAPSULES | PER CAPSULE | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER BLISTER | PER DAILY DOSE PACK |
| 02450321 | LENVIMA 10MG CAPSULE | 30 DAILY DOSE PACK (5X6 BLISTERS) IN A MONTHLY CARTON = 30 CAPSULES | PER CAPSULE | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER BLISTER | PER DAILY DOSE PACK |
| 02484129 | LENVIMA 12MG CAPSULE | 30 DAILY DOSE PACK (5X6 BLISTERS) IN A MONTHLY CARTON = 90 CAPSULES | PER CAPSULE | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER BLISTER | PER DAILY DOSE PACK |
| 02468239 | LENVIMA 18MG CAPSULE | 30 DAILY DOSE PACK (5X6 BLISTERS) IN A MONTHLY CARTON = 90 CAPSULES | PER CAPSULE | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER DAILY DOSE PACK | PER BLISTER | PER DAILY DOSE PACK |
| 02467550 | MAVIRET 100MG/40MG TABLET | 1 CARTON = 28 DAILY DOSE PACKS = 84 TABLETS | PER TABLET | PER TABLET | PER TABLET | PER TABLET | PER TABLET | PER TABLET | PER TABLET | PER TABLET | PER TABLET |
| 02470748 | MVASI 100MG/4ML VIAL | 1X4ML VIAL | PER ML | PER ML | PER ML | PER ML | PER ML | PER VIAL | PER ML | PER ML | PER ML |
| 02470756 | MVASI 400MG/16ML VIAL | 1X16ML VIAL | PER ML | PER ML | PER ML | PER ML | PER ML | PER VIAL | PER ML | PER ML | PER ML |
| 01968017 | NEUPOGEN 300MCG/ML VIAL | 10X1ML VIAL | PER VIAL | PER ML | PER ML | PER VIAL | PER VIAL | PER VIAL | PER VIAL | PER VIAL | PER VIAL |
| 01968017 | NEUPOGEN 300MCG/ML VIAL (480MCG/1.6ML) | 10X1.6ML VIAL = 16ML BILL APPLICABLE PIN WHERE INDICATED | PER VIAL (USE PIN 09853464) | PER ML | PER ML | PER VIAL (USE PIN 09853464) | PER VIAL (USE PIN 09853464) | PER VIAL (USE PIN 09853464) | PER VIAL (USE PIN 99001454) | PER VIAL (USE PIN 99001454) | PER VIAL |
| 02467224 | OCREVIS 30MG/ML IV SOLUTION | 1X10ML VIAL (300MG/VIAL) | PER ML | PER ML | 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 |
| 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 |
| 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 |
| 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 |
| 02355655 | RESTASIS 0.05% OPH EMLUSION | 1 PACK = 30 VIALS (30X0.4ML=12ML) OR 1 PACK = 60 VIALS (60X0.4ML=24ML) | PER ML | PER VIAL | PER VIAL | PER VIAL | PER ML | PER VIAL | PER VIAL | PER VIAL | PER ML |
| 02266121 | SATIVEX SL SPRAY | 3 X 10ML VIALS | PER ML | PER ML | PER ML | PER ML | PER VIAL | PER VIAL | PER VIAL | PER ML | PER VIAL |
| 02437899 | SAXENDA 6MG/ML INJECTION | 5X3ML MULTI-DOSE PEN | PER ML | PER ML | PER ML | PER ML | PER ML | PER ML | PER ML | PER PEN | 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 GRAM | 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 GRAM | 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 GRAM | PER TUBE | PER GRAM | PER TUBE | PER GRAM |
| 02493373 | TOUJEO DOUBLESSTAR 300UNIT/ML | 3X3ML PEN | PER ML | PER PEN | PER PEN | PER PEN | PER PEN | PER PEN | PER PEN | PER PEN | PER PEN |
| 02441829 | TOUJEO SOLOSTAR 300UNIT/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 |
| 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 |
| 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 |

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 cannula) 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 AC 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 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) Monovisc 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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