Chambers Plan
Employee Benefits

National Formulary Prescription Drug Plans

The coverage you need, at a cost you can afford

Most Chambers of Commerce Group Insurance Plan® Health options manage increasing prescription drug costs through the use of a formulary.

A formulary is an evolving list defining the prescription drugs to be covered under your company's benefit program. The Chambers Plan incorporates the TELUS® Health Solutions National Formulary, which is designed to minimize the impact of rising drug costs by covering only those that are both clinically and cost effective.

Though new medications are routinely considered, they are not automatically covered.

HOW DO HEALTH OPTIONS WITH THE NATIONAL FORMULARY WORK?

Under the Chambers Plan, formulary plans reimburse prescription drug purchases on a two tier system. If the DIN (Drug Identification Number) is on the National Formulary, coverage will range from 70% to 100% (based on your firm's plan design). Eligible prescription drugs not on the Formulary will be covered at 50%. Formulary options encourage informed choices by reimbursing more cost-effective drug treatments at higher levels.

If the drug your physician prescribes is not on the Formulary, a 'therapeutic alternative' providing similar treatment likely will be. With your doctor's advice, you have two options:

- you can ask your doctor to prescribe a drug that is on the Formulary, covered at the higher reimbursement percentage, or
- you can fill the unlisted prescription and be reimbursed 50% of the eligible cost.

HOW WILL MY DOCTOR KNOW WHAT TO PRESCRIBE?

Tell your doctor your drug benefit program uses the TELUS Health Solutions National Formulary. Physicians are familiar with these types of plans. The following list provides the 100 most frequently prescribed medications covered under the National Formulary.

TELUS Health Solutions operates the largest private electronic insurance claims network in Canada. With continued input from an independent committee of physicians and pharmacists, TELUS Health Solutions constantly reviews the items included in the National Formulary based on their quality and cost.

THE NATIONAL FORMULARY COVERS 85% OF THE MOST FREQUENTLY PRESCRIBED DRUGS

THIS PARTIAL LIST OF THE MOST FREQUENTLY DISPENSED MEDICATIONS ILLUSTRATES THE NATIONAL FORMULARY'S COVERAGE

DIN	Name
02326450	TEVA-SALBUTAMOL HFA 100MCG/DOSE
02245386	SYMBICORT 200 TURBUHALER
02394618	METHADOSE 10MG/ML ORAL LIQUID DYE & SUGAR FREE
00653276	RATIO-LENOLTEC NO.3 TABLET
02172089	SYNTHROID 0.075MG TABLET
02495880	ODAN-METHADONE 10MG/ML ORAL LIQUID
02172070	SYNTHROID 0.05MG TABLET
02298589	AVAMYS 27.5MCG NASAL SPRAY
02353377	METFORMIN 500MG TABLET
00592277	APO-NAPROXEN 500MG TABLET
02405636	ROSUVASTATIN 10MG TABLET
02172100	SYNTHROID 0.1MG TABLET
02419858	SALBUTAMOL HFA 100MCG/DOSE
00608165	TEVA-OXYCOCET TABLET
02455676	PMS-NITROFURANTOIN BID 100MG CAPSULE
02378531	PMS-ROSUVASTATIN 10MG TABLET
02331284	AMLODIPINE 5MG TABLET
02207818	PMS-CLONAZEPAM R 0.5MG TABLET
02246820	SANDOZ METFORMIN 500MG TABLET
02387883	ALYSENA 28 TABLET
02241497	VENTOLIN HFA 100MCG INHALER
02172119	SYNTHROID 0.125MG TABLET
02247733	CONCERTA 36MG ER TABLET
02172097	SYNTHROID 0.088MG TABLET
02166704	PROMETRIUM 100MG CAPSULE
02430118	ESCITALOPRAM 10MG TABLET
97799075	FREESTYLE LIBRE 2 FLASH SENSOR
02284383	SANDOZ AMLODIPINE 5MG TABLET
02475804	TARO-BUPROPION XL 150MG TABLET
02303671	OMNARIS 50MCG NASAL SPRAY
02246010	APO-METOPROLOL 25MG TABLET
00613215	TEVA-SPIRONOLACTONE 25MG TABLET
02466147	PANTOPRAZOLE T 40MG TABLET
02172062	SYNTHROID 0.025MG TABLET
02403587	APO-MOMETASONE 50MCG AQUEOUS NASAL SPRAY
02247734	CONCERTA 54MG ER TABLET
01937227	PMS-TRAZODONE 50MG TABLET
00312770	APO-PREDNISONE 5MG TABLET
02171228	SYNTHROID 0.112MG TABLET
02438275	AURO-METFORMIN 500MG TABLET
02314185	SANDOZ-RABEPRAZOLE 20MG TABLET
02520303	PMSC-METFORMIN 500MG TABLET
02408570	MYLAN-PANTOPRAZOLE T 40MG TABLET
00885444	PMS-HYDROMORPHONE 1MG TABLET
02411636	ROSUVASTATIN 10MG TABLET
02250241	CONCERTA 27MG ER TABLET
02525356	AMOXICILLIN 500MG CAPSULES BP
02475812	TARO-BUPROPION XL 300MG TABLET
02378558	PMS-ROSUVASTATIN 20MG TABLET
02247732	CONCERTA 18MG ER TABLET

DIN	Name
02245669	APO-SALVENT CFC FREE INHALER
00655759	APO-LORAZEPAM 1MG TABLET
02519127	MOMETASONE 50MCG NASAL SPRAY
00716626	BETADERM 0.1% CREAM
02405644	ROSUVASTATIN 20MG TABLET
02449811	SANDOZ MOMETASONE 50MCG NASAL SPRAY
02391589	BISOPROLOL 5MG TABLET
02340208	SANDOZ TAMSULOSIN CR 0.4MG ER TABLET
02325462	VAGIFEM 10 TABLET
02385791	AMLODIPINE 5MG TABLET
00406716	NOVAMOXIN 500MG CAPSULE
02385341	METFORMIN FC 500MG TABLET
02519534	PANTOPRAZOLE MAGNESIUM 40MG DR TABLET
02257726	TEVA-METFORMIN 500MG TAB
02506882	SANDOZ CIPROFLOXACIN / DEXAMETHASONE OTIC SUSPENSION
00628123	APO-AMOXI 500MG CAPSULE
02482584	SANDOZ AMOXI-CLAV 875/125MG TABLET
02454645	VALACYCLOVIR 500MG TABLET
02236975	ALESSE 28 TABLET
02172127	SYNTHROID 0.15MG TABLET
02331292	AMLODIPINE 10MG TABLET
02433079	JAMP-AMOXICILLIN 500MG CAPSULE
02465124	MAR-KETOROLAC 10MG TABLET
02487403	APO-APIXABAN 5MG TABLET
00426849	APO-FOLIC ACID 5MG TABLET
02356538	RABEPRAZOLE EC 20MG DELAYED RELEASE TABLET
02430126	ESCITALOPRAM 20MG TABLET
02405628	ROSUVASTATIN 5MG TABLET
02427117	TAMSULOSIN CR 0.4MG TABLET
02494035	SANDOZ BISOPROLOL 5MG TABLET
01964070	PMS-DEXAMETHASONE 4MG TABLET
02401509	AMOXICILLIN 500MG CAPSULE
02353547	SERTRALINE 100MG CAPSULE
02284391	SANDOZ AMLODIPINE 10MG TABLET
02439654	TEVA-BUPROPION XL 150MG TABLET
02383241	ACH-FLUOXETINE 20MG CAPSULE
00509558	EPIPEN 0.3MG AUTO-INJECTOR
02348772	TRAZODONE 50MG TABLET
00550957	APO-PREDNISONE 50MG TABLET
02378523	PMS-ROSUVASTATIN 5MG TABLET
02495562	BISOPROLOL 5MG TABLET
02330881	AZITHROMYCIN 250MG TABLET
00642215	APO-PEN-VK 300MG TABLET
02348713	ATORVASTATIN 20MG TABLET
00445282	APO-SULFATRIM DS TABLET
02251582	APO-RAMIPRIL 10MG CAPSULE
02233852	SYNTHROID 137MCG TABLET
02326965	SANDOZ CANDESARTAN 8MG TABLET
02247162	CRESTOR 10MG TABLET
00021474	TEVA-HYDROCHLOROTHIAZIDE 25MG TABLET

Although the National Formulary covers the most frequently prescribed drugs, it does not cover them all. The table below lists the most commonly prescribed non-formulary drugs and possible therapeutic alternatives that are included on the National Formulary. A possible therapeutic alternative is not indicative of interchangeability. The decision about what drugs are prescribed is between **you and your doctor**. By discussing your plan with your doctor, a drug therapy may be prescribed, when appropriate, which is an eligible expense on the formulary. Doctors who want additional or more specific information are welcome to contact TELUS Health Solutions toll-free at 1.888.668.1330.

DIN	Non-Formulary Drug	National Formulary Drug Alternative
02471469	OZEMPIC 1.34MG/ML INJECTION	ADMELOG; APIDRA; BASAGLAR; DIABETA; ENTUZITY; GLUCAGON; GLUCOBAY; GLUCOPHAGE; HUMALOG; HUMALOG; HUMULIN; ILETIN; KIRSTY; LANTUS; LEVEMIR; NOVOLIN; NOVOMIX; NOVORAPID; PRANDASE; SEMGLEE; TOUJEO; TRESIBA; TRURAPI
02471477	OZEMPIC 1.34MG/ML PEN	ADMELOG; APIDRA; BASAGLAR; DIABETA; ENTUZITY; GLUCAGON; GLUCOBAY; GLUCOPHAGE; HUMALOG; HUMALOG; HUMULIN; ILETIN; KIRSTY; LANTUS; LEVEMIR; NOVOLIN; NOVOMIX; NOVORAPID; PRANDASE; SEMGLEE; TOUJEO; TRESIBA; TRURAPI
00821772	D-TABS 10000IU TABLET	ONE-ALPHA; OSTOFORTE; PREGVIT; PREGVIT FOLIC 5
02354969	DEXILANT 60MG CAPSULE	AXID; CYTOTEC; PARIET; PEPCID; SULCRATE; SULCRATE PLUS; TECTA; ZANTAC
02443945	JARDIANCE 25MG TABLET	ADMELOG; APIDRA; BASAGLAR; DIABETA; ENTUZITY; GLUCAGON; GLUCOBAY; GLUCOPHAGE; HUMALOG; HUMALOG; HUMULIN; ILETIN; KIRSTY; LANTUS; LEVEMIR; NOVOLIN; NOVOMIX; NOVORAPID; PRANDASE; SEMGLEE; TOUJEO; TRESIBA; TRURAPI
02443937	JARDIANCE 10MG TABLET	ADMELOG; APIDRA; BASAGLAR; DIABETA; ENTUZITY; GLUCAGON; GLUCOBAY; GLUCOPHAGE; HUMALOG; HUMALOG; HUMULIN; ILETIN; KIRSTY; LANTUS; LEVEMIR; NOVOLIN; NOVOMIX; NOVORAPID; PRANDASE; SEMGLEE; TOUJEO; TRESIBA; TRURAPI
02454130	BLEXTEN 20MG TABLET	ADRENALIN CHLORIDE; ALOMIDE; ATARAX; ATROVENT; AVAMYS; BECONASE AQ; EMERADE; FLONASE; NASACORT; NASONEX; OMNARIS; PATANOL; RHINOCORT
02370808	PANTOPRAZOLE 40MG TABLET	AXID; CYTOTEC; PARIET; PEPCID; SULCRATE; SULCRATE PLUS; TECTA; ZANTAC
02301083	SANDOZ PANTOPRAZOLE 40MG TABLET	AXID; CYTOTEC; PARIET; PEPCID; SULCRATE; SULCRATE PLUS; TECTA; ZANTAC
02322951	VYVANSE 30MG CAPSULE	ADDERALL XR; CONCERTA; DEXEDRINE; DEXEDRINE SPANSULE; RITALIN

GENERIC SUBSTITUTION

Both tiers under the Chambers Plan use Generic substitution. Where there is a Generic drug that is considered interchangeable with a Brand drug, only the cost of the lowest price Generic will be reimbursed. The Plan will reimburse the eligible Generic cost based on the reimbursement percentage of the tier in which the DIN is found.

Though the Plan substitutes Generic equivalents wherever possible, a Brand drug will be dispensed if the Generic is unacceptable. Your physician need only specify "No Substitution" on the prescription. In these situations, the Plan will reimburse the eligible Brand cost, again based on the reimbursement percentage of the tier in which the DIN is found.