

# Simple steps to find out if your private insurance covers Cingal™, Monovisc® or Orthovisc®

## How to determine coverage

Here is a step-by-step guide to help you determine your coverage and submit a claim.

### STEP 1

Check your insurance plan to verify that Cingal™, Monovisc® or Orthovisc® is reimbursed. Make sure you verify the following sections:

- Extended healthcare benefits plan
- Medical supplies and services
- Supplementary health
- Prescription drugs

It is strongly recommended that you call your insurance company to validate the specifics of reimbursement.

#### Tip:

In your insurance benefits booklet, look out for other terms that could indicate your drug plan will cover Cingal™, Monovisc® or Orthovisc®, such as:

- Viscosupplement, viscosupplementation, synovial fluid injection, synovial fluid replacement or intra-articular injection
- Synvisc®, Synvisc-One®, NeoVisc®, Durolane®, Suplasyn® or Replasyn®

### STEP 2

Review your level of coverage carefully:

- a) Check your benefits booklet to see if your coverage is subject to limits such as annual and lifetime dollar maximums, or limits on the number of covered injections.
- b) Some plans may require Cingal™, Monovisc® or Orthovisc® to be prescribed by a physician and dispensed from a pharmacy while other plans may require a prescription from a specialist, such as an orthopedic surgeon.

## How to submit a claim

If the pharmacist did not submit your claim electronically and you have paid up front or if you have been billed by your doctor after your injection, follow these easy steps:

### STEP 1

Ensure the receipt is submitted to your insurance company along with the appropriate health claim form.

### STEP 2

Ensure all sections of the claim form are completed to reduce the risk of a delay in reimbursement.

### STEP 3

In addition to the name of the product (Cingal™, Monovisc® or Orthovisc®), ensure other terms such as “viscosupplement” or “synovial fluid injection” are written on the claim form and the appropriate pseudo product identification number (PIN) is included.

**The Coverage Guide at the back summarizes the most common insurance companies and the PINs to include on your claim.**

## What you can do if an insurance company does not cover the cost of the treatment you have been prescribed:

1. Call the benefits department of the insurance company (have your benefits policy number, employer's name and Cingal™, Monovisc® or Orthovisc® PIN on hand) to make sure that viscosupplementation or synovial fluid replacement is not a covered benefit. Ask why it isn't.
2. Let the human resources manager at your place of employment know what the insurance company told you, and let her/him know your physician wants you to receive Cingal™, Monovisc® or Orthovisc® and has prescribed it for you. Have her/him contact the insurance company.
3. Determine if it is the decision of the insurance company not to cover this form of treatment or if it is specifically excluded by the plan your employer has purchased.
4. If your employer has purchased a drug plan for employees that doesn't cover Cingal™, Monovisc® or Orthovisc®, the employer has the option of making an exception for this medication in this instance. Ask your employer to have Cingal™, Monovisc® or Orthovisc® covered.
5. If it is the decision of the insurance company not to cover Cingal™, Monovisc® or Orthovisc®, you can have your physician write a letter of appeal to the insurance company, giving the reasons why you need this. If the appeal is rejected, you can contact the insurance company's ombudsman to file a complaint and request reversal of the decision.

NEW

## HELPLINE

Check your insurance coverage



The insurance coverage helpline makes it easy for you to find out if your insurance covers Cingal™, Monovisc® or Orthovisc® by contacting your insurance provider with you.

DETERMINING COVERAGE IS SIMPLE.

1

Call **1-833-656-1234** to speak to an insurance coverage specialist.

2

The insurance coverage specialist will organize a three-way call between you, your insurance provider and themselves to discuss their coverage regarding Cingal™, Monovisc® or Orthovisc®.

# Coverage Guide for Cingal™, Monovisc® and Orthovisc®

Insurance company (adjudicator)*	Sections to find coverage in benefits booklet	Pseudo product identification number (PIN) to include in claim		
		Cingal™	Monovisc®	Orthovisc®
Great-West Life (TELUS)	Extended Health Benefits Medical Services and Supplies Supplementary Health and Hospital	92099815	96599984	00174625 96599997
Manulife Financial (ESC)	Extended Health Benefits Medical Services and Supplies Supplementary Health and Hospital	–	–	–
Sun Life Financial (TELUS)	Extended Health Benefits Prescription Drugs	92099815	96599984	00174625 96599997
Industrial Alliance (ESC)	Regular Drug Benefit Plan/ Extended Health Benefits Plan	00900005	00970484 (Quebec) 96599984	00174625 96599997
Desjardins Financial (ESC)	Extended Health Benefits Plan Drug Benefits Plan	00900005	00970484 (Quebec) 96599984	00174625 96599997
SSQ Financial	Extended Health Benefits Plan Drug Benefits Plan	00900005	00970484 (Quebec) 96599984	96599997 00990012 00970492 (Quebec) 00174625 (Quebec)
Green Shield Canada	Extended Health Benefits (Manual submission)	No electronic payment. Pay first and submit claim. Write; viscosupplement, Cingal™, Monovisc® or Orthovisc® on receipt and include site and surface treated.		
Equitable Life Insurance of Canada	Extended Health Benefits Plan Drug Benefits Plan	92099815	96599984	00174625 96599997
Empire Life	Extended Health Benefits Plan Prescription Drugs	No electronic payment. Pay first and submit claim. Write; viscosupplement, Cingal™, Monovisc® or Orthovisc® on receipt and include site and surface treated.		
ClaimSecure Inc.	Extended Health Benefit	92099815	96599984	96599997
Alberta Blue Cross	Drug Benefits Plan Supplementary Benefits Plan	00900005	00000999332	00000999460
Manitoba Blue Cross	Extended Health Benefits	No electronic payment. Pay first and submit claim. Write; viscosupplement, Cingal™, Monovisc® or Orthovisc® on receipt and include site and surface treated.		
Medavie Blue Cross	Not specified	92099815	96599984	96599997
Pacific Blue Cross	Extended Health Benefits Drugs and Medicines	No electronic payment. Pay first and submit claim. Write; viscosupplement, Cingal™, Monovisc® or Orthovisc® on receipt and include site and surface treated. PIN 11088674		
Saskatchewan Blue Cross	Extended Health Benefits Plan	No electronic payment. Pay first and submit claim. Write; viscosupplement, Cingal™, Monovisc® or Orthovisc® on receipt and include site and surface treated.		
OTIP RAE0	–	92099815	–	–
Managed Health Care Services Inc. (MHCSI)	Regular Drug Benefit	92099815	96599984	96599997

Cingal™ is indicated for the treatment of pain in osteoarthritis (OA) of the knee in patients who have failed to respond adequately to conservative non-pharmacologic therapy and to simple analgesics (e.g., acetaminophen). Cingal™ includes an ancillary steroid to provide additional short-term pain relief.

Monovisc® is indicated in the treatment of pain in OA of the knee in patients who have failed to respond adequately to conservative non-pharmacologic therapy and to simple analgesics, e.g., acetaminophen.

Orthovisc® is indicated for the symptomatic treatment of OA of the knee.

Cingal™, Monovisc® and Orthovisc® may not be suitable for everyone. Talk to your doctor if you have questions regarding these products, or for more information on pain associated with OA of the knee.

To obtain further information on Cingal™, Monovisc® and Orthovisc®, please contact the Medical Information Department at 1-888-550-6060 or send an email to [medinfo@pendopharm.com](mailto:medinfo@pendopharm.com).

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TELUS: TELUS Health Solutions, also known as Emergis, Assure Health

\*Your insurance company may not be included in this list. It does not mean you do not have coverage. Please call your insurance company.

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