

A division of New Zealand Medical and Scientific Ltd

PATIENT LABEL

Prescriber Name _____

Prescriber No _____

Signature _____

SA # _____ Expiry ____ / ____ / ____

Date: ____ / ____ / ____

Pharma Code	Description	Colour	Package Format	Quantity
2426838	Animas Vibe Insulin Pump	Blue	1	
2426846	Animas Vibe Insulin Pump	Black	1	
2426854	Animas Vibe Insulin Pump	Silver	1	
2426862	Animas Vibe Insulin Pump	Pink	1	
2426870	Animas Vibe Insulin Pump	Green	1	
INSET II: Teflon cannula; straight insertion with auto injector				
2422832	Inset II with 6mm cannula and 60cm line	Grey	10 lines and 10 needles	
2422867	Inset II with 9mm cannula and 60cm line	Grey	10 lines and 10 needles	
2422883	Inset II with 9mm cannula and 60cm line	Pink	10 lines and 10 needles	
2422891	Inset II with 6mm cannula and 110cm line	Grey	10 lines and 10 needles	
2422905	Inset II with 9mm cannula and 110cm line	Grey	10 lines and 10 needles	
INSET 30: Teflon cannula; angle insertion with auto injector				
2422913	Inset 30 with 13mm cannula and 60cm line	Grey	10 lines and 10 needles	
2422921	Inset 30 with 13mm cannula and 60cm line	Blue	10 lines and 10 needles	
2422956	Inset 30 with 13mm cannula and 110cm line	Grey	10 lines and 10 needles	
CONTACT-D: Metal cannula; straight insertion				
2422964	Contact D with 6mm cannula and 60cm line	Grey	10 lines and 10 needles	
2422972	Contact-D with 8mm cannula and 60cm line	Grey	10 lines and 10 needles	
2422980	Contact-D with 8mm cannula and 110cm line	Grey	10 lines and 10 needles	
OTHER CONSUMABLES				
2422999	Cartridge, 2.0ml suitable for Animas pumps		10 cartridges	
2423006	Battery Cap		1 cap	

- Limits
- 1 pump per prescription
 - 3 boxes of infusion sets per prescription
 - 3 boxes of cartridges per prescription
 - 1 battery cap per prescription and 1 battery cap per 180 days
 - Maximum of 13 boxes of infusion sets will be funded per year
 - Maximum of 13 boxes of cartridges will be funded per year

Note to Pharmacist

Patient name must be supplied with pump purchase order to comply with serial number tracking requirements for emergency recall purposes.

Prescriber Address
