

## 1. Patient Information

Patient Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Patient ID Number: \_\_\_\_\_

This certificate serves as a Prescription and Statement of Medical Necessity for the above referenced patient for the following items:

- The Animas® Vibe® insulin pump with pump supplies for a lifetime need\*
- The Animas® Vibe® insulin pump with pump supplies and CGM supplies for a lifetime need\*
- The OneTouch Ping® insulin pump and meter-remote system with pump supplies for a lifetime need

## 2. Diagnosis ICD-10

**DX Code:**  E10.9  E11.65  E10.65  Other: \_\_\_\_\_  
Type 1 without Complications      Type 2 w/ Hyperglycemia      Type 1 w/ Hyperglycemia      MUST BE an ICD-10 code

## 3. Management and Assessment

**Date last seen:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ **Fluctuation of BG values:** \_\_\_\_\_ mg/dL to \_\_\_\_\_ mg/dL

**On insulin pump:**  Yes  No **Purchase date:** Month \_\_\_\_\_ Year \_\_\_\_\_ **HbA1c:** \_\_\_\_\_ % **Date:** \_\_\_\_\_

- Patient/Parent has completed a comprehensive diabetes education program, including carbohydrate counting
- For at least six months, patient has been on multiple daily injections at least 3 times per day and is able to self-adjust insulin doses
- BG logs on file show BG is checked 4 or more times a day for the past two months

## 4. Clinical Indications

- Patient has recurring episodes of severe hypoglycemia despite appropriate modifications in insulin regimen and adherence with frequent finger stick self-monitoring
- History of severe glycemic excursions (commonly associated with brittle diabetes, hypoglycemic unawareness, nocturnal hypoglycemia, extreme insulin sensitivity and/or very low insulin requirements)
- Dawn phenomenon
- Diabetic ketoacidosis
- History of suboptimal glycemic control during preconception or pregnancy
- Poor glycemic control evidenced by CGMS diagnostic sensing
- Patient has been hospitalized or has required assistance from others for a low blood sugar; Date: \_\_\_\_\_
- Retinopathy       Neuropathy       Nephropathy

**The following conditions support the medical necessity of an insulin pump replacement:**

## 5. Infusion Set and Cartridge Changes

**Prescribed for a lifetime**

Infusion sets and cartridges - check box for frequency and quantity:

- Every 2 days - Quantity 50       Every 2-3 days - Quantity 40
- Every 3 days - Quantity 30
- Every 1 day - Quantity 90 Reason: \_\_\_\_\_
- Other: \_\_\_\_\_ Quantity: \_\_\_\_\_ Reason: \_\_\_\_\_

## 6. CGM Supplies

**Prescribed for 12 months**

A9277 Transmitter  2/365  
A9276 Sensors  365/365 (1 unit = 1 day)  
Directions for use: Site change per manufacturer recommendation, up to 90 days unless otherwise noted. Up to 90-day supply unless otherwise noted.

## 7. Testing Supplies - How many times per day the patient is expected to check his/her blood glucose

**Estimated number of strips and lancets prescribed for a 90-day period (check the appropriate box):**

- 4/day=400;       5/day=450;       6/day=550;       7/day=650;       8/day=750;       9/day=850;
- 10/day=900;       Other: \_\_\_\_\_

**Over the counter supplies prescribed for a lifetime – test supplies (meter and strips) are a 12-month period:**

- Meter;       Lancets;       Control solution;       Lancing device;       Batteries;       Strips;
- Transparent film;       Skin barrier swabs;       Alcohol wipes;       Spring-powered device for lancet

I certify that the above information is correct.

**Healthcare Provider's Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

Healthcare Provider Information (Printed):

**Healthcare Provider:** \_\_\_\_\_ **Office Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_ **NPI:** \_\_\_\_\_

This document serves as a Prescription and Statement of Medical Necessity for the above referenced patient for an Animas® Vibe® insulin pump, supplies, diabetes supplies, and/or Dexcom Sensor and Transmitter.

\*The Animas® Vibe® Insulin Pump and Continuous Glucose Monitoring (CGM) System is approved for patients 2 and older in the US.

**Animas Customer Service: 1-877-YES-PUMP (937-7867)**

**FAX: 877-331-7300 or FAX: \_\_\_\_\_**