

Diabetesbedarf Rezept für _____

| | Produkt | | | Menge |
|--|---|---------------------|------------------------------------|---------|
| Stechhilfen/ Blutzuckermessgeräte: | | | | |
| | AccuChek Fastclix | | PZN 1113658 | |
| | Terumo FineTouch | | PZN 01061475 | |
| | AccuChek mobile in mg/dl | | | |
| | AccuChek Aviva in mg/dl | | | |
| | AccuChek Guide in mg/dl | | | |
| Lanzetten: Quartalsbedarf s.u. | | | | |
| H | AccuChekFastClix (Lanzetten) | Qb.400 St. | PZN 07234988 | 200+4 |
| H | AccuChekMulticlix (Lanzetten) | Qb.400 St. | PZN 03746183 | 200+4 |
| H | FineTouch Lanzetten | Qb.800 St. | PZN 06944475 | 250 St. |
| Teststreifen: Quartalsbedarf 800 Stück: „aut idem“, kein Reimport | | | | |
| | AccuChek mobile Testkassetten | | PZN 10270545 | 50St |
| | AccuChek Aviva Teststreifen | | PZN 06114963 | 50St |
| | AccuChek Guide Teststreifen | | PZN 11664909 | 50St |
| | Contour next Teststreifen | | PZN08884487 | 50St |
| Insuline U 100 / Pens/Pumpe: „aut idem“, kein Reimport | | | | |
| Novo | Actrapid | U100 Penfill | (10 x 3ml) | |
| Nordisk | Protaphane | U100 Penfill | (10 x 3ml) | |
| | NovoRapid | U100 Penfill | (5 x 3ml /10 x 3ml) | |
| | NovoRapid 100E/ml | Durchstechflasche | (5 x 1 x 10ml) | |
| | NovoRapid PumpCart | | (5 x5 x1,6ml) | |
| | Fiasp | U100 Penfill | (10x3ml) | |
| | Levemir | U100 Penfill | (10 x 3ml) | |
| | Tresiba | U100 Penfill | (5 x 3ml /10 x 3ml) | |
| | Tresiba Fertigpen FlexTouch | U200 | (3 x 3ml / 5 x 3ml) | |
| H | NovoPen Echo plus ½ IE (rot PZN14412396, blau PZN 14412373) | | | |
| H | NovoPen 6 (silber PZN 14412367) blau PZN 14412350) | | | |
| | | | | |
| Sanofi | Insuman Rapid | U100 Penfill | (5 x 3ml /10 x 3ml) | |
| Aventis | Insuman Basal | U100 Penfill | (5 x 3ml /10 x 3ml) | |
| | Lantus | U100 Penfill | (5 x 3ml /10 x 3ml) | |
| H | JuniorSTAR® 0,5 IE (blau PZN 09937458, rot PZN 09937381, silber PZN 09937435) | | | |
| H | TactiPen (Sanovi) 1 IE (blau, rot, silber, schwarz) | | | |
| | Toujeo Fertigpen | 300IE (ab 18 Jahre) | (10x1,5ml) | |
| | | | | |
| Lilly | Humalog | U100 Penfill | (5 x 3ml /10 x 3ml) | |
| | Humalog 100E/ml | Durchstechflasche | (5 x 10ml) | |
| | Huminsilin Normal | U100 Penfill | (5 x 3ml /10 x 3ml) | |
| | Huminsulin Basal | U100 Penfill | (5 x 3ml /10 x 3ml) | |
| | Humalog Fertigpen Kwikpen | U100 | (5x3ml/10x3ml) keine 0,5 Dosierung | |
| | Humalog Fertigpen Kwikpen | U200 | (5x3ml/10x3ml) keine 0,5 Dosierung | |
| H | | | | |
| H | Huma Pen Savvio 1 IE (silber, grün, blau, rot, graphit, rosa) | | | |
| | | | | |
| Berlin Chemie | Berlinsulin H | U100 Penfill | (5 x 3ml /10 x 3ml) | |
| | Liprolog | U 100 Penfill | (5 x 3ml /10 x 3ml) | |
| | Liprolog Kwikpen | U200 | (5 x 3ml/10 x 3ml) | |
| | BerliPen Precision 0,5IE (weiß PZN07533691,schwarz PZN09232232) | | | |
| | BerliPen areo 3 (blau,gelb,grün,rot,schwarz) | | | |

| PenNadeln: Quartalsbedarf 800 Stück “aut idem”, kein Reimport | | | | |
|---|---|--------------|---------|--|
| H | BD Ultra-Fine PRO 4mm | PZN 14046738 | 105St. | |
| H | BD Ultra-Fine 5mm | PZN 14046744 | 105St. | |
| H | BD Autoschild Duo 30 G 5 mm | PZN 07685521 | 100St. | |
| H | Terumo Nanopass 34 G 4 mm Bei AOK Begründung, z.B. wenig Unterhautfettgewebe, Schmerzen bei Injektion!!! | PZN 09771265 | 100St. | |
| H | Novofine Pen-Nadeln, 32G, 4mm | PZN18185856 | 100St. | |
| H | Ypsomed clickfine 4mm | PZN 01222501 | 100St. | |
| Spritzen U100: Quartalsbedarf 500 Stück | | | | |
| H | BD Micro-Fine für U100 Insulin 0,3 ml (0,5 IE) | PZN 04144150 | 100 St. | |
| H | BD Micro-Fine für U100 Insulin 0,5 ml (1 IE) | PZN 07468077 | 100 St. | |
| Sonstiges: | | | | |
| | Baqsimi 3mg Nasenpulver PZN 15998145 (1 Spray), PZN 15999021 (Doppelpackung) | | | |
| | Ogluo glucagon pre-filled pen, 0,5mg,<25kg | PZN 17946980 | | |
| | Ogluo glucagon pre-filled pen, 1,0mg,>25kg | PZN 17946997 | | |
| | Jubin 40g | | | |
| | Liqui-Fit (12 Stück a 0,5 BE oder 1 BE) | | | |
| | Vomacur 40 mg (für Kinder ab 3 Jahre) | | | |
| | Vomacur 70mg (für Kinder über 35kgKG) | | | |
| | Pur-Zellin Tupfer 4 x 5 mit Box | | | |
| | Kodan Sprühdesinfektion 250ml | | | |
| | Isopropanol 70%, 500ml | | | |
| H | Alkomed Tupfer 67x32mm | PZN 00629703 | 100 St. | |
| Ketonmessgeräte: | | | | |
| H | FreeStyle Precision NeoMeßgerät | | | |
| | FreeStyle Precision β-Keton-Teststreifen (10St.) | PZN 06905386 | | |
| | Keto-Diastix 50 St. | PZN 01437785 | | |
| Pflaster/Fixierhilfen/Hautschutz (Diagn.: Kontaktallergie!) | | | | |
| H | Opsite IV 3000 Folienpflaster 6x7cm | PZN 07478153 | 100 St. | |
| H | Kendall Polyskin II | PZN 02297814 | 100 St. | |
| H | Urgo Sprühpflaster 40ml | PZN 4676131 | | |
| H | Kinesiologie Sport Tape 5x5cm | PZN 05388598 | | |
| H | Urgoderm Rouleau 5mx10cm | | | |
| H | Cavilon Spray 28ml !“bei Allergie gegen CGM“ | PZN 11257759 | | |
| H | Coloplast Dermalol Pflasterentferner 50ml | | | |
| | Traumaplant Crème 100g | | | |
| | Contrac tubex Gel 30g (Narbenbildung) | | | |
| | Secura Hautschutz 1ml | | 50 St. | |
| | Sensi Care Hautschutzspray 28ml | PZN 07065534 | | |
| FreeStyle Libre (bei Erstversorgung mit AOK Auftragsformular) | | | | |
| H | Libre3 Quartalsversorgung (7 Sensoren) | PZN 17258783 | | |
| | Libre2 Quartalsversorgung (7 Sensoren) | PZN 14406071 | | |
| | Libre 3 Lesegerät mg/dl | PZN 17528946 | | |
| | FreeStyle Precision Teststreifen | PZN 06905334 | 50 St. | |
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H= Hilfsmittel