TEBLİĞ
Sosyal Güvenlik Kurumu Başkanlığından:
SOSYAL GÜVENLİK KURUMU SAĞLIK UYGULAMA TEBLİĞİNDE
DEĞİŞİKLİK YAPILMASINA DAİR TEBLİĞ

MADEDE 1- 24/3/2013 tarihli ve 28597 sayılı Resmi Gazete’te yayınlanan Sosyal Güvenlik Kurumu Sağlık Uygulama TEBLİĞinin 42.1.1 numaralı maddesinde aşağıdaki düzenlemeler yapılmıştır.

a) Maddeden bağlanıda yer alan “barisitilob” ifadesiinden sonra gelmek üzere “guselkumab, risankizuma” ibaresi eklenmiştir.
b) 42.1.1. C numaralı maddesinin bağlanıda yer alan “barisitilob” ibaresinden sonra gelmek üzere “guselkumab, risankizuma” ibaresi eklenmiştir.

c) 42.1.1. C-4 numaralı maddesinde aşağıdaki fikirler eklenmiştir.

“(3) Yetişkinlerde; fistülize, şiddetli ve aktif hüminal Crohn hastalığına; en az bir anti-TNF ajan 3 ay süreyle kullanmış olmasın rağmen hastalık aktivitesinin kontrol altında almamadığı hastalarda bu durumun ve ilacın günlük kullanım dozu ve kullanım süresinin belirlendiği 4 ay süreli sağlıklı kurulu raporuna dayanarak tedaviye başlanır. Tedavinin 6 ayı süren de tedaviye devam edilebilir. Sağlıklı kuruluş raporlarında en az bir gastroenteroloji veya genel cerrahi uzman hekiminin yer alması ve reçetelerinin gastroenteroloji, iç hastalıkları ve genel cerrahi uzman hekimlerince düzenlennmesi halinde bedelleri Kurumun kârşılığı.

(4) Üstelik tarihi başlangıçtan en az bir anti-TNF tedaviye rağmen hastalık kontrol edilmesi halinde şiddetli aktif ülseratif kolit bulgularının devam etmesi halinde, üçüncü basamağ sağlık kurumlarında bu durumun belirlendiği gastroenteroloji veya genel cerrahi uzman hekimleri tarafından düzenlenmesi 6 ay süreli uzman hekim raporuna dayanarak, bu uzman hekimlerin ve hasta haklarını sahip hekimlerin reçete düzenlenmesi halinde bedelleri Kurumun kârşılığı.

c) 42.1.2.1. C-10 numaralı maddesi aşağıdaki fikirler eklenmiştir.

“(2) Aktif postratik aktüel biriktirik hastalarda,

a) En az 3 farklı hastalık modifeye edilebilen antirontomizallar ile 1 or 2 ay süre ile 1-2 dozda kullanmış ve sonrasında en az bir anti-TNF ajan 3 ay süreyle kullanmış olmasın rağmen hastalık aktivitesinin kontrol altında almamadığı (bir ay arayla yapılan ızı aynu ayımda en az üç hafta silin ve en az üç ayi iç içe olmasa) aktif postratik aktüel biriktirik hastalarda bu durumların sağlıklı kuruluş raporunda belirlerek tedaviye başlanmasını halinde bedelleri Kurumun kârşılığı.

b) 16 haftalık ilek kullanım süresi sonunda yapılan değerlendirme postratik altıya yansıtılmış pozitif kriterlerine (PSARC) göre yeterli reçete alınması halinde düzenlenmesi reçete raporında belirlenmesi halinde tedaviye devam edilir. Yant almaması halinde tedavi sonlandırılır.

c) Bu durumların belirlendiği romatoloji uzman hekiminin her alırdı 6’çı ay süreli sağlıklı kuruluş raporuna dayanıklar romatoloji uzman hekimlerince reçete edilmesi halinde bedelleri Kurumun kârşılığı.

d) 42.1.2.1. C numaralı maddesine aşağıdaki maddeler eklenmiştir.

“42.1.2.1. C-11- Guselkumab

(1) Orta veya şiddetli plak postratikli erikin hastalarda;

a) Guselkumab, metoklortoksi veya fotopeni gibi geleneksel sistemik tedavilere yanıt vermemen veya bu tedavileri toleere edenseyen ya da bu tür tedavilerin kontradiksi olduğu durumlarda bu durumlar ile Pohtiyazısı Alan Şiddet İndexleri (PASI) değerleri sağlıklı kuruluş raporunda belirtilerek tedaviye başlanılması halinde bedelleri Kurumun kârşılığı.

b) 16 haftalık ilek kullanım süresi sonunda başlayan PASI değeri görüleceğinde en az %75 iyileşme sağlayanın yeni düzenlenmesi raporında belirlenmesi halinde tedaviye devam edilir. Başlangıç PASI değeri değerinde en az %75 iyileşme sağlanması tedaviye yuvarlak olarak değerlendirilerek ılaç kullanımı sonlandırılır.

c) Üniversite hastanelerleri veya eğitim ve araştırma hastanelerinde dermatoloji uzman hekimlerinin yer alırdı 6 ay süreli sağlıklı kuruluş raporuna dayanıklı dermatologu uzman hekimlerince reçete edilmesi halinde bedellersi Kurumun kârşılığı.

Raporda PASI değerleri belirlir. Tedaviye devam edilmez ise bu durum her yeni düzenlenmek raporında belirlenmelidir.

42.1.2.1. C-12- Risankizuma

(1) Orta veya şiddetli plak postratikli erikin hastalarda;

a) Risankizuma, metoklorretoksi veya fotopeni gibi geleneksel sistemik tedavilere yanıt vermemen veya bu tedavileri toleere edenseyen ya da bu tür tedavilerin kontradiksi olduğu durumlarda bu durumlar ile Pohtiyazısı Alan Şiddet İndexleri (PASI) değerleri sağlıklı kuruluş raporunda belirtilerek tedaviye başlanılması halinde bedelleri Kurumun kârşılığı.

b) 16 haftalık ilek kullanım süresi sonunda başlayan PASI değeri görüleceğinde en az %75 iyileşme sağlayanın yeni düzenlenmesi raporında belirlenmesi halinde tedaviye devam edilir. Başlangıç PASI değeri değerinde en az %75 iyileşme sağlanması tedaviye yuvarlak olarak değerlendirilerek ılaç kullanımı sonlandırılır.

c) Üniversite hastanelerleri veya eğitim ve araştırma hastanelerinde dermatoloji uzman hekimlerinin yer alırdı 6 ay süreli sağlıklı kuruluş raporuna dayanıklı dermatologu uzman hekimlerince reçete edilmesi halinde bedellersi Kurumun kârşılığı.

Raporda PASI değerleri belirlir. Tedaviye devam edilmez ise bu durum her yeni düzenlenmek raporında belirlenmelidir.”

MADEDE 2- Aym Tebliginin 42.2 numaralı maddesinin birincı fıkrasında yer alan “voitokitsatin” ibaresinden sonra gelmek üzere “transdon uzmaltmaz maksımi formülü” ibaresi eklenmiştir.

MADEDE 3- Aym Tebliginin 42.6.4 numaralı maddesine aşağıdaki alt maddeler eklenmiştir.
4.2.6.4.5 - Çocuklarda Prader-Willi Sendromunda (PWS); 

- (1) Genetik olarak Prader-Willi sendromu tanımlı ejder hataların açık olan çocuklarda büyüme hormonu uyan testi yapmasının koşulu arananmış adımsız durumda büyüme hormonu tedavisine başlaması halinde bedelleri Kurumca kararlar: 

  a) Serum GH1 düzeyinin ≥2 SD altında olması ve 
  b) Yüzdelik obezite (ideal ağırlığın %125 üzerinde olması), kontrol edilemeye diyet, tedavi edilemeye diyetik uyku apnesi, aktif kansen, aktif psikoz olmaması.

- (2) Çocuk basamak hastalardında en az bir çocuk endokrinoloji uzman hekiminin yer aldığı 3 ay süreli sağlıklı kuru raporu ile çocuk endokrinoloji uzman hekimine reçete edilmesi halinde büyüme hormonu bedelleri Kurumca kararlar.

- (3) Büyük hormonu intam ve çocuklarda 0,5 mg/ml gündüz başlanır. Klinik cevaba göre ve serum GH1 düzeyiissantı düzenlediği denemelerde kalın 3-6 ayda bir 1 mg/ml günlük dozu en geç 6 aydır. 

- (4) Serum GH1 düzeyi ≥2 SD altında ölçümü doğrultusunda tedavide yükümlü olacak çocuklar yedeğin başlanması halinde tedavi kararlaştırılır. Doğum sona ermesiyle birlikte tedavi kesilir. 

- (5) Kontrol edilemeye diyet, tedavi edilemeye diyetik uyku apnesi, aktif kansen, aktif psikoz, progresyon gösteren skoloz yokdurunda tedavi kesilir.

- (6) Epifiz hatları kapandığında tedavi sonlandırılır.

4.2.6.5 - Çocuklarda kronik böbrek yetmezliği (KBV) ile ilişkili büyüme bozukluklarında; 

- (1) KBV erişkin erke, III, IV, V olana ve 6 aydan fazla stretil diyet de dahil olan, ejder hataları açık olan, parafiltral hormon 50 pikogram/g/ml altında olan çocuk hastalarda; malnutrisyonu, metabolik asidozu, svs elektrolit disgeleştikleri, anemi olmasa ve sağlıklı çocuklarına sağlık durumunda büyüme hormonu tedavisine başlaması halinde bedelleri Kurumca kararlar: 

  a) Persistan büyüme gerişi olmasa (boyun yaşı ve cinsiyete göre 3 persentil altında (-2 SD altında) ve yolkık büyüme hızına 25 persentil altında olmasa) veya 
  b) Doğru naklinin 1 yıldan sonra steroid tedavisi almaksonun spontan büyümenin olmasına (boyun yaşı ve cinsiyete göre 3 persentil altında (-2 SD altında) ve yolkık büyüme hızına 25 persentil altında olmasa) veya 
  c) Nefropatik sıtonozisi bağlı KBV hastası çocuklarda boyun yaşı ve cinsiyete göre 3 persentil altında (-2 SD altında) ve yolkık büyüme hızına 25 persentil altında olmasa halinde büyüme hormonu tedavisine başlamalıdır.

- (2) Epidem hatları kapalı olunca, persistan ağır sekonder hiperparatroidizm olunca (Paratiroid hormonu 500 pikogram/g/ml ve üzerinde olmasa), proliferatif veya yedişli proliferatif diyabetik retinopati olunca, renal transplantasyonu (1 k yıl içerişinde) hastalarda veya aktif karsenlerle tedavi başlatılabilir.

- (3) Tedavi dozu 0,045-0,05 mg/kg/gündür.

- (4) Çocuk basamak hastalardında en az bir çocuk nefrolojilgi ve çocuk endokrinoloji uzman hekiminin yer aldığı 3 ay süreli sağlıklı kuru raporu ile çocuk endokrinoloji uzman hekimine reçete edilir.

- (5) Epidem hatları kapandığında, böbrek nakli sırada, persistan ağır sekonder hiperparatroidizmde (Paratiroid hormonu 500 pikogram/g/ml ve üzerinde olmasa), intrakraniyal hipertansiyonda, femoral ejder hamının kızgınlığı durumlarında, en az 6 aylık büyüme hormonu tedavisinde ragmen yeterli yaşlanmanın durumunda (yolda 2 cm ve üzerinde büyüme olmasa), kemik maruvanyonun hızlandıgı durumlar veya tahmini GFR'de açıklanamayan azalma durumunda tedavi sonlandırılır.

**MADDE 4-** Ayın Tepşinin 4.2.12 numaralı maddesinde aşağıdaki düzenlemeler yapılmıştır.

- (a) 4.2.12.A numaralı maddesinin ikinci fıkrasının (c) bendinde ikinci alt bendi aşağıdaki şekilde değiştirilmiştir: 

  “2. Doğrul risk grubu hastalarda her haftada karsıcağın naklinde 1 yıl, yüksek risk grubu hastalardan karsıcağın naklinde 10 yıl, diğer yüksek risk grubu hastalarda karsıcağın naklinde 5 yıl sonra HBG tedavisi terinde ol.”

- (b) 4.2.12.B numaralı maddesinin birincisi fıkrasının (f) bendinde yer alan “igen” ifadeleri yerindeki kalmıştır, aynı fıakra aşağıdaki bend eklemlen ve maddinin üçüncü fıkrası aşağıdaki şekilde değiştirilmiştir: 

  “(f) Kronik Inflamatuar Demiyelizan Poliüropati (KIDP) olan hastalara IV’ile stabilizasyondan sonra idame tedavi olarak nöroloji uzman hekimleri tarafından, 

  “(3) Yalanca sübkiten yolla kalınlanın iminqglobulinlerinin birincisi fıkrasının (g), (g) ve (h) bentinde tanımlanmış durumunda yalanca Sağlık Bakanlığı'nın onaylı endikasyonlarında reçete edilmesi halinde bedelleri Kurumca kararlar.”

**MADDE 5-** Ayın Tepşinin 4.2.13 numaralı maddesinde aşağıdaki düzenlemeler yapılmıştır.

- (a) 4.2.13.1 numaralı maddesinin birincisi fıkrasında yer alan “tedavisina” ifadesinde yerine gelen “interferonu veya” ifadesi yarıştırlıkta kaldılmıştır ve maddesinin ikinci fıkrası aşağıda şekilde değiştirilmiştir.

  “(f) Pegiliferonler ile tedavi; 

  “En sık görülen hastalarda pegiliferonlar ALT değerleri normalin üst sınırlarına 2 katına gelir, HBeAg negatif olan ve HBV DNA ≤ 107 kopya/ml olan hastalar ile HBeAg pozitif olan ve HBV DNA ≤ 109 olan hastalarla kullanımlan. Pegiliferonler kronik hepatit B hastalara en fazla 48 hafta süreyle kullanılabılır. 

  “(b) Çocuklarda pegiliferon tedavi süresi 24 haftadır. Bu grup hastalarda 24 haftalık tedavisinin bitiminden en az 1 yıl sonra bu maddinin birincisi fıkrasının (b) bendinde tarif edilen koşulları yerinden taşınan hastalara en fazla 24 haftalık ikinci bir pegiliferon tedavisi daha verilebilir.”

- (c) 4.2.13.2 numaralı maddesinin birincisi fıkrasında yer alan “interferonu veya” ifadesi yarıştırlıkta kaldılmıştır.

- (c) 4.2.13.3 numaralı maddesinin ikinci fıkrasında yer alan “interferonu veya” ifadesi yarıştırlıkta kaldılmıştır.

a) (a) bendinin “3) Alterationen” madesine aşağıdaki bent eklenmiştir:

“Küçük ve büyük radyoaktif eleman kromatografi için uygun olmayan ve aşırı risk faktörlerinden en az ikisine sahip olan metastatik prostat kanserli hastalarda progresyonu kadar prednizon ile kombin olarak kullanılması halinde bedeliri Kurumcu kararlar;
1- Gleason skorunun 8 veya üzerinde olması
2- En az 3 kemik metastazının olması
3- Viseral metastaz olması.”

b) Fikrasya aşırıdkları bent eklenmiştir.

“ii) İnosituzam ozogamisını:

1) Prekürsort hücreleri actin lenfiblastik lösemi (ALL) tanısını kanal ve CD22 pozitifliği histopatoloji veya akın sitometrik olarak gösterilen Philadelphia kromozomu negatif ve aşırıdkları kriozelerin aynıREA kararının relaps/revitalizasyonu olmasa

a) En bir kurtarma tedavisini (FLAG-antraksitik, yüksek doz sızılın arabinozid tabanlı kombin tehavvur, yüksek doz montokset tahli veya kombin tehavvur; klorafalin tabanlı kombin tehavvur tam stre ve dosa) alınır ve kemik iliği blast oranı %40’dan fazla olan yaşam alanına alındığında kemik iliği kock hücre nakli için uygun olma,

b) Sistemik manzar enfeksiyonu olmayan,

c) Karaciğer ve birek fonksiyonlar normal olan,

d) HLA doku grubu uyumlu verici olanlardır.

2) Prekürсор B hücreleri Akat lenfiblastik lösemi (ALL) tanısını kanal ve CD22 pozitiftiği histopatoloji veya akın sitometrik olarak gösterilen Philadelphia kromozomu positif ve aşırıdkları kriozelerin aynıREA kararının kararının erişkin hastalarda;

a) Tirozin kinase inhibitory ile birlikte standart kemoterapi uygulamasına rağmen kemik iliği blast oranı %40’dan fazla olup aljenokin çok hücre nakli için uygun olma,

b) Sistemik manzar enfeksiyonu olmayan,

c) Karaciğer ve birek fonksiyonlar normal olan,

d) HLA doku grubu uyumlu verici olanlardır.

3) Sağlık Bakanlığına uyumlu olması ve yağma içerir alının kemik iliği nakli markezlerinde, en az bir kez/2girimkin hematoloji uzman hekiminin yer almasığı kurtarma raporuna dayanılarak, aljenokin çok hücre nakli sonrası blast kromozomunun sağlanması için en az 24 saatlik kullanılması halinde bedeliri Kurumcu kararlar.”

MADDE 7- Aynı Teblिगın 4.2.16 numaralı maddesinin üçüncü ve altıncı fıkrarları aşağıdaki şekilde değiştirilmiştir.

“(3) Protein metabolizması bozukluklarında (aminotter etkilenmiş bazı bozukluklar, trisikliler bozuklukları, organik asitlerler) yukarıda belirtilen uzman hekim raporuna dayanarak hastaların kültü diyetleri sebebi ile hastaya önerme haiz özel formülü ve özel formül içeren mamal ürünler (makarna, sehriye, bisküvi, çikolata, gofret vb.) için bir aylık;

a) 0-12 ayağını içeren 72,65 yemyici 1 kg virgül almış beğ TL,

b) 1-5 yaşın içeren 140,62 (yuz kırk virgül almış ik) TL,

c) 5-15 yaşın içeren 181,63 (yüz seksen bir virgül almış üç) TL,

d) 15 yaş üstü altını içeren 187,50 (yüz seksen yedi virgül altı) TL,

(5) Cdbak hastalığı; gastronerolerji uzman hekim tarafından, bu uzman hekimlerin bulunmadığı hastanelerde çocuk sahibi hastalarık ve hastaların uzman hekimlerine 3 yıl süreli rapor düzenlenir. Bu hastaların kültü diyetleri sebebi ile hastaya önerme haiz özel formülü ve özel formülü içeren mamal ürünler (makarna, sehriye, bisküvi, çikolata, gofret vb.), gastronerolerji uzman hekim tarafından düzenlendi uzman hekim raporuna dayanarak bir aylık;

a) 0-5 yaşın içeren 123,03 (yüz yirmi üç virgül sıfır üç) TL,

b) 5-15 yaşın içeren 187,50 (yüz seksen yedi virgül altı) TL,

c) 15 yaş üstü altını içeren 165,91 (yüz altını dokuz virgül doksan altı) TL,

(6) Csizak hastalığı; gastronerolerji uzman hekim tarafından, bu uzman hekimlerin bulunmadığı hastanelerde çocuk sahibi hastalarık ve hastaların uzman hekimlerine 3 yıl süreli rapor düzenlenir. Bu hastaların kültü diyetleri sebebi ile hastaya önerme haiz özel formülü ve özel formülü içeren mamal ürünler (makarna, sehriye, bisküvi, çikolata, gofret vb.), gastronerolerji uzman hekim tarafından düzenlendi uzman hekim raporuna dayanarak bir aylık;

a) 0-5 yaşın içeren 123,03 (yüz yirmi üç virgül sıfır üç) TL,

b) 5-15 yaşın içeren 187,50 (yüz seksen yedi virgül altı) TL,

c) 15 yaş üstü altını içeren 165,91 (yüz altını dokuz virgül doksan altı) TL,

(8) Hccel hastalığı; gastronerolerji uzman hekim tarafından, bu uzman hekimlerin bulunmadığı hastanelerde çocuk sahibi hastalarık ve hastaların uzman hekimlerine 3 yıl süreli rapor düzenlenir. Bu hastaların kültü diyetleri sebebi ile hastaya önerme haiz özel formülü ve özel formülü içeren mamal ürünler (makarna, sehriye, bisküvi, çikolata, gofret vb.), gastronerolerji uzman hekim tarafından düzenlendi uzman hekim raporuna dayanarak bir aylık;

a) 0-5 yaşın içeren 123,03 (yüz yirmi üç virgül sıfır üç) TL,

b) 5-15 yaşın içeren 187,50 (yüz seksen yedi virgül altı) TL,

c) 15 yaş üstü altını içeren 165,91 (yüz altını dokuz virgül doksan altı) TL,

MADDE 8- Aynı Teblिगın 4.2.24 numaralı maddesinde aşağıdaki düzenlemeler yapılmıştır.

a) 4.2.24.A numaralı maddesine aşağıdaki fikrasyon eklenmiştir.

“(9) Seflonanacxenonformeteler-eglizopronyum etken madde maddelerini sahibi doğu üçben ürünler; uzun etkili beta-2 agonist ve orot doz zahtellenikte ve toksikotokstik kombinasyonu ile yetirince kontrol elemelemeye ve özelci bir veya daha fazla astım alevlenmesi yaşıyan erişkin hastaların idame tedavisinde gölgös hastalıkları, gölgös cerrahisi, alerji, iç hastalıkları uzmanı hekimlerin tarafından reçete edildir. Bu uzman hekimlerin biri tarafından düzenlendi uzman hekim raporuna mevcut ise tedavini devam için diğer hekimlerine de reçete edilmiş halinde bedeliri Kurumcu kararlar.”

b) 4.2.24.B numaralı maddesine aktarım fikrasyonun (a) bendinde yer alan “ile tedavi edildiği halde yetirici ve amfipatik yan etkiler önem alınmaz, sik atak geçiren (yilda 2 ve üzeri atak veya 1 ve üzeri yatak tedavi) ve dispnesi olan (mMrc 2 ve üzeri veya CAT skorunu 10 ve üzeri) orta-şiddet kronik obstrüktif aşıklık hastalığı (KOAH) olan erişkin hastaların idame tedavisinde kullanılması ve bu durumları uzman hekim raporunda belirtmesi halinde bedeliri Kurumcu kararlar.”

(10) Floskiroz furoacarbavikizolister etken maddeleri sahibi doz kombinasyonu çeklinde üçben ürünler; ıbarası “veya” çeklinde değiştirilmiştir.

MADDE 9- Aynı Teblिगın 4.2.30.A numaralı maddesinin birinci fıkrasına aşağıdaki bent eklenmiştir.

“(c) Sildenafi etken madde liqulidi ile Ağrı Sanayi ve Tarımda onaylı endikasyonu 1-17 yaş pulmoner arteriyel hipertansiyon endikasyonu bulunan ilaçlar için 7 yaş altı hastalarda klinik efir kapanışını koşulu olarak.”

MADDE 10- Aynı Teblिगın 4.4.2 numaralı maddesi aşağıdaki şekilde değiştirilmiştir.

“(c) Sildenafi etken madde liqulidi ile Ağrı Sanayi ve Tarımda onaylı endikasyonu 1-17 yaş pulmoner arteriyel hipertansiyon endikasyonu bulunan ilaçlar için 7 yaş altı hastalarda klinik efir kapanışını koşulu olarak.”
“4.4.2 - Eylem ile ilgili uygulama

(1) Eylem ile ilgili uygulama, sınırlandırılmamış bir terapotik ejet vs. olarak, aynı ya da benzer endikasyon için kullanılan lekelerle veya maddeyi/maddeleri içeren ürünleri benzer dosaj formülleri arasında faydan karşılıklarını sınırlama dair. Kurum, bu kapsamda ejet vs. veya terapotik referans grup oluşturabilir. Ancak yalnızca aynı ejetle grupa yer alan ilaçlar ekonominin ikame edilebilir.

(2) Eylem ile ilgili uygulama kapsamında yer alan ilaçların altı madde ve, varsa terapotik referans grubunun, terapotik referans grup vs. iki ejet lekeleri ve lekelerin içindeki benzer doz formülleri arasında faydan karşılıklarını sınırlama dair. Kurum, bu kapsamda ejet vs. ve terapotik referans grup oluşturabilir.

a) Bu durumlarla göre herhangi bir grupta; SUT’un 4.4.1 maddesinde belirtilmiş olduğu şekilde herhangi bir ilaçın endikasyonu ve/veya kullanımını sınırlamak için bu gruba dahil edilebilir.

b) Bu gruba dahil edilen lekeler ve/veya kullanımını sınırlamak için bu gruba dahil edilen lekelerin altı madde ve, varsa terapotik referans grubunun, terapotik referans grup vs. iki ejet lekeleri ve lekelerin içindeki benzer doz formülleri arasında faydan karşılıklarını sınırlama dair. Kurum, bu kapsamda ejet vs. ve terapotik referans grup oluşturabilir.

MADDE 11- Aym Teşvik eki ile "Bedeni Ödenek İlaçlar Listesi (EK-4/A)" Ek’teki şekilde değiştirilmiştir.

MADDE 12- Aym Teşvik eki ile "Hasta Kanını Paydana Muaf İlaçlar Listesi (EK-4/D)"nde aşağıdaki düzenlemeler yapılmıştır.

a) Listeden "3" numaralı maddesi aşağıdaki alt madde eklemiştir.

b) Listeden "2.1. Bıyık hormonu (Yalnızca kronik böbrek yetmezliği ile ilişkili") sebette bozuklukların tansımsa muafı"

SUT’un 4.2.6.4.5 numaralı maddesinde yer alan ilkele göre"

MADDE 13- Aym Teşvik eki ile "Sistemik Antimikrobik ve Diğer İlaçların Reçeteleme Kuralları Listesi (EK-4/F)"nde yer alan "3- DIAGNOSER" başlığı altında "30" numaralı maddesi yerdeki şekilde değiştirilmiştir.

MADDE 14- Aym Teşvik eki ile "Ayakta Tedavide Sağlık Raporu (Uzman Hekim Raporu)" ile Vertebrek İlaçlar Listesi (EK-4/A)"nde aşağıdaki düzenlemeler yapılmıştır.

a) Listeden "45" numaralı maddede yer alan "nöroloji", "hisâlere"dinde yer alan "nefes" üzeye "fizik tedavi ve rehabilitasyonu", "hırsız erkenleştirmiştir.

b) Listeden "67" numaralı maddede aşağıdaki cümleyi eklemiştir.

c) Listeden aşağıdaki madde eklemiştir.

d) "34. Sodyum feimidibaz ve"


- "62. İpperiferinin uzun ve/veya kısa ve ağırlığı 500-1500 g olan ve mutad tabii tedavi edilen" olmayana emniyetli olunmalıdır "prematürlere"de birlikte Patent Düküs Arteriozus (PTA) tedavisinde "çocuk kardiyoloji, "çocuk kalp ve damar cerrahisi" ve "neonatalji" uzmanın hekimlerinin röntgen halinde bedelleri Kurumca karşılıktır.


- "79. Karlobeyin: Uterus atonisi nedeniyle postpartum hemorajinin önlenmesinde artmış kanama riski olan postpartum kanama hikayesi, diğer gebelik, plasenta previa, ablasio plasenta, koryoamnionit, "bıtık" myoma uterin (6> eşit

Q87.1 Kısa boy ile birlikte olan korjenital malfornyasyon sendromları.

Q87.1.1 İki normal-ft ve daha az normal-ft olarak korjenital malfornyasyon sendromları.

Q87.1.2 İki normal-ft ve daha az normal-ft olarak korjenital malfornyasyon sendromları.

Q87.1.3 İki normal-ft ve daha az normal-ft olarak korjenital malfornyasyon sendromları.

Q87.1.4 İki normal-ft ve daha az normal-ft olarak korjenital malfornyasyon sendromları.

Q87.1.5 İki normal-ft ve daha az normal-ft olarak korjenital malfornyasyon sendromları.

Q87.1.6 İki normal-ft ve daha az normal-ft olarak korjenital malfornyasyon sendromları.

Q87.1.7 İki normal-ft ve daha az normal-ft olarak korjenital malfornyasyon sendromları.

Q87.1.8 İki normal-ft ve daha az normal-ft olarak korjenital malfornyasyon sendromları.

Q87.1.9 İki normal-ft ve daha az normal-ft olarak korjenital malfornyasyon sendromları.

Q87.1.10 İki normal-ft ve daha az normal-ft olarak korjenital malfornyasyon sendromları.

Q87.1.11 İki normal-ft ve daha az normal-ft olarak korjenital malfornyasyon sendromları.

Q87.1.12 İki normal-ft ve daha az normal-ft olarak korjenital malfornyasyon sendromları.
cm), intrapartum IMF/magnezyum kullanımı, makrozonik bebek doğumu, 40 yaş üstü ilk doğumu olan, 4 ve tuzer doğumu olan, polihidroamnmoz veya hemoglobinin değerinin 9 g/dl altındaysa hastaları kadın hastalıkları ve doğum uzmanları tarafından her hastaya yahutta 1 dozuzluılanmasına ballinde bedelleri Kurumca karlandır.

**MADDE 16**- Bu Tebligen;
   a) 7inci maddesi 1/8/2021 tarihinden geçerli olmak tüzere yazıma tarihinde,
   b) 1 il 6 aya, 8 aya, 9 aya, 12 il 15 aya maddeleri yazımu tarihinden 5 iş günü sonra,
   c) Diğer hükümlerini yazımu tarihinde,
   yürürlüğe girer.

**MADDE 17**- Bu Teblig hükümlerini Sosyal Güvenlik Kurumu Başkanı yürüttür.
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<th>Номер ж/д поезда</th>
<th>Дата отправления</th>
<th>Время отправления</th>
<th>Дата прибытия</th>
<th>Время прибытия</th>
<th>Количество мест</th>
<th>Стоимость</th>
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*Примечания: Места ограничены, для бронирования необходимо зарезервировать в течение 24 часов."
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Note: Variance and Variance Percentage calculations are based on the budget and actual costs provided.
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Примечание: Данные взяты из таблицы.
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<th>Value</th>
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Note: The data is hypothetical and for demonstration purposes only.
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**Note:** The table continues with similar data entries.
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<th>Location</th>
<th>Type</th>
<th>Date/Time</th>
<th>Notes</th>
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<td>Town</td>
<td>Event</td>
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<td>Robert Johnson</td>
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<td>State</td>
<td>Event</td>
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**Total Events:** 5
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Note: The table above is a simplified representation of the document content. Actual data may vary.
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*Note: All prices are in USD.*
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**Notes:**
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Дополнительная информация:
- Нормативы рассчитаны на основе действующих стандартов и норм.
- Процессы определены в соответствии с требованиями к качеству выполнения работ.
- Годы сдачи обозначают периоды, в которые работы должны быть выполнены.
- Даты сдачи указывают на сроки выполнения работ.
- Все работы проведены в соответствии с представленным графиком.

Общая стоимость работ составляет 105000 руб.

Дата начала работ: 01.01.2023
Дата окончания работ: 31.12.2023

Контактная информация:
- Ответственный за выполнение работ: Сергей Иванов
- Тел.: 123-456-7890
- E-mail: info@yourcompany.ru
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Grand Total: $37,500.00
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**Notes:**
- ISIN and CUSIP are unique identifiers for financial instruments.
- The table provides a snapshot of the financial data as of the specified date.
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**Note:** CIFRA is calculated as 10% of the respective MONTO.
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Notes:
- Column 1 contains numerical data.
- Column 2 lists descriptive categories.
- Column 3 includes additional notes or comments.
- Column 4 provides links to related resources.
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*Note: All prices are in USD.*
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**Notes:**
- All transactions were completed successfully.
- All currency transactions were in USD.
- Withdrawals and transfers were processed within 24 hours.
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- Shares and prices are in thousands.
- Value is calculated as the product of shares and price for each bond.
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Примечание: Стоимость рассчитана на основании количества и цены за единицу.
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</table>

Примечание: Данные представлены в условном формате и не отражают реальных данных.
<table>
<thead>
<tr>
<th>№</th>
<th>Услуга / Продукт</th>
<th>Стоимость</th>
<th>Количество</th>
<th>Итого</th>
<th>Сроки выполнения</th>
<th>Несущая организация</th>
<th>Подрядчик</th>
<th>Комментарий</th>
</tr>
</thead>
<tbody>
<tr>
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<td>1</td>
<td>10000</td>
<td>1 месяц</td>
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<td>Подрядчик 1</td>
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<td>Организация 4</td>
<td>Подрядчик 4</td>
<td>Комментарий 4</td>
</tr>
</tbody>
</table>

**Примечания:**
- Стоимость указана в рублях.
- Количество итого указано в соответствующих единицах.
- Сроки выполнения указываются в месяцах.
- Несущая организация и подрядчик указаны соответствующим образом.
- Комментарии предоставляются по желанию и могут быть любыми.
<table>
<thead>
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<th>Commande</th>
<th>Description</th>
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**Remarque:** Les dates et les codes sont fictifs pour l'exemple.
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<th>%</th>
<th>%</th>
<th>%</th>
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<td>%</td>
<td>%</td>
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<td>%</td>
<td>%</td>
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<td>%</td>
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<td>%</td>
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<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
</tbody>
</table>

**Note:** The table details specific output distribution and financial data.