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1935'DEN BERİ...

1935
SIFI, Sicilya'da oftalmoloji firması olarak kuruldu.

1949
İlk antienfektif göz pomadı olan Pensulvit pazara verildi.

1989
Dünyanın hiyalüronik asit içeren ilk göz damlası Hyalistil pazara verildi.

1993
Göze spesifik ilk besin takviyesi Adrusen pazara verildi.

2002
Distribütor ile Türkiye pazarına giriş yapıldı.

2008
Sicilya'da göz içi lens üretimine başlandı.

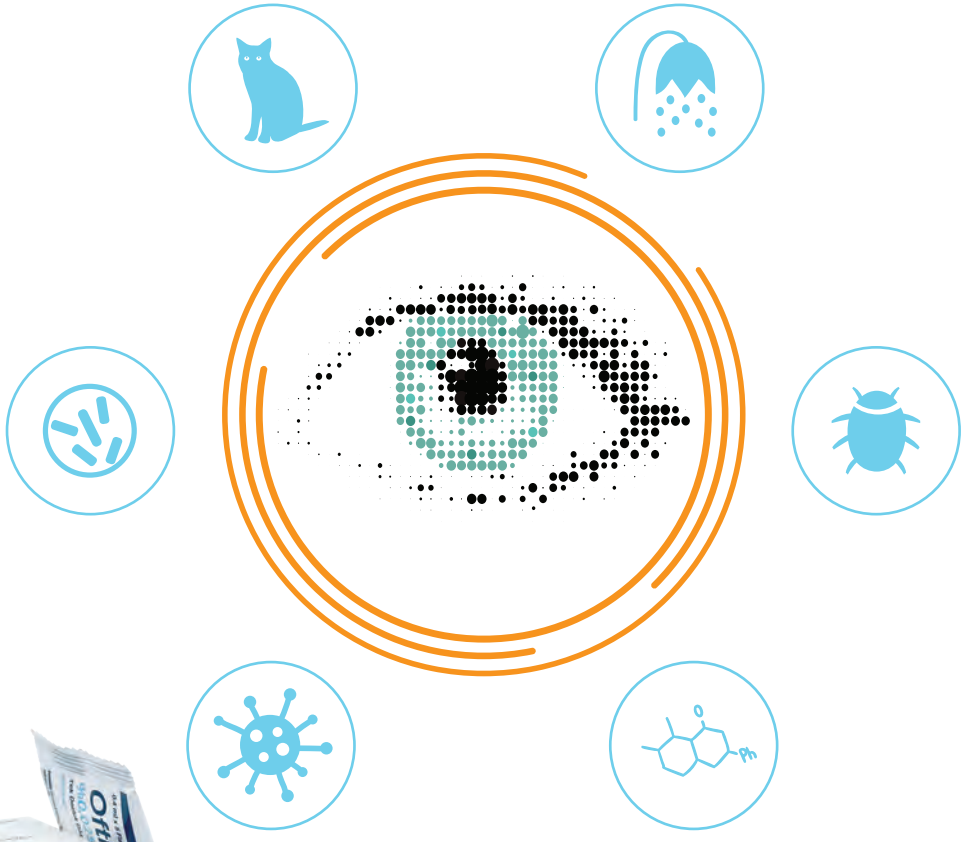
2019
Avrupa'ya açılım stratejisi çerçevesinde SIFI markası ile SIFI İlaç kuruldu.

Oftifen

%0.025 Ketotifen

%0 KORUYUCU

TÜRKİYE'nin İLK ve TEK KORUYUCUSUZ KETOTİFEN İÇEREN FLAKONU[1]



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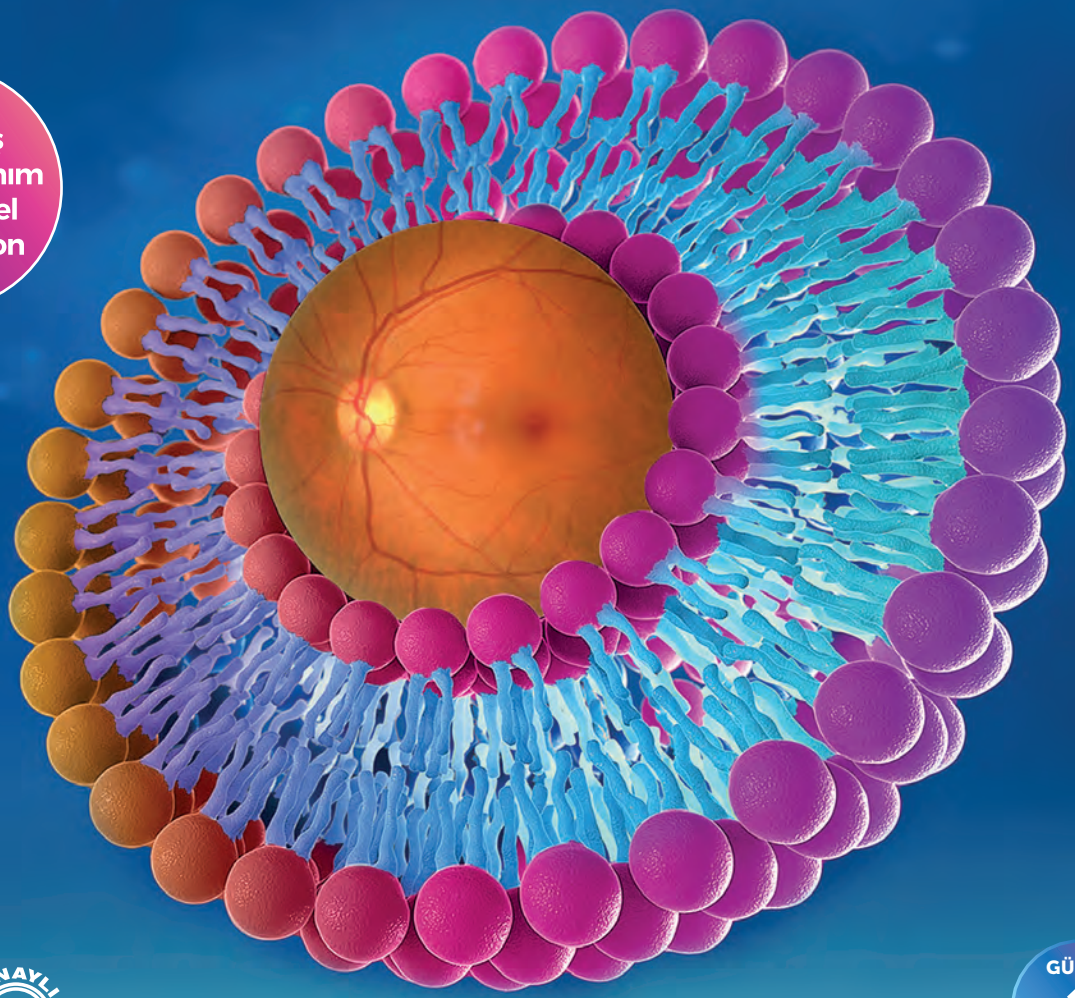
vem

Multi-Lipozomal etki

Gözünüzden Kaçmasın

Tek Kapsülle Hücre İçerisine Multi-Lipozomal Yolculuk.

Artırılmış Biyoyararlanım ve Hücresel Restorasyon



GOOD MANUFACTURING GMP CERTIFIED PRACTICE

ONAYLI FDA ONAYLI

GÜNDE 1 KAPSÜL

LİPOFTA L Lipozomal Lutein ve Lipozomal Zeaksantin İçeren Takviye Edici Gıda
İçindekiler: Kapsül (Hidroksipropil metil selüloz, Su) Stabilizör: Kalsiyum karbonat E170,Lipozomal Yaban Mersini (Yaban Mersini, Fosfotidilkolin (ayçiçeği lesitini) (*)) Krill yağı (Omega3 Yağ Asitleri (EPA,DHA), Lipozomal L-askorbik asit (L-askorbik asit,fosfotidilkolin (Ayçiçeği lesitini) (*)), Kıvam arttırıcı: Potasyum klorür E 508 , Lipozomal Çinko sitrat (Çinko sitrat, Fosfotidilkolin (ayçiçeği lesitini) (*)),Lipozomal Koenzim Q 10 (Koenzim Q 10,Fosfotidilkolin (Ayçiçeği lesitini) (*)), L-askorbik asit, Lipozomal Lutein (Lutein, Fosfotidilkolin (Ayçiçeği lesitini) (**)) , Topaklanmayı önleyici: Silikon dioksit E 551,Yağ asitlerinin magnezyum tuzları E 470 b, Nikotinik asit, D-alfa-tokoferol, Topaklanmayı önleyici: Magnezyum silikat E 553 a(i), D-biotin, Lipozomal Zeksantin (Zeaksantin, Fosfotidilkolin (Ayçiçepi lesitini) (**)) (%0,44), D-pantotenat,kalsiyum, Beta-karoten, Tiamin hidroklorür, Piridoksin hidroklorür, Riboflavin,Kalsiyum-L-metilfolat, Fillokuinon, Kolekalsiferol. *Lipozomal Teknoloji Yaban Mersini, L-askorbik asit, Çinko sitrat, Koenzim Q 10, Lutein, Resveratrol, Zeaksantin bileşenlerinin kaplanmasında kullanılmıştır.

LİPOFTA R Lipozomal Resveratrol , Lipozomal Lutein ve Lipozomal Zeaksantin İçeren Takviye Edici Gıda
İçindekiler: Kapsül (hidroksipropil metil selüloz, Su) Lipozomal Resveratrol (Resveratrol, Fosfotidilkolin /Ayçiçeği lesitini) (**)) (%14,332), Lipozomal Koenzim Q 10 (Koenzim Q 10, Fosfotidilkolin (Ayçiçeği lesitini) (*)), Lipozomal L-askorbik asit (L-askorbik asit, fosfotidilkolin (Ayçiçeği lesitini) (*)), Krill yağı (Omega3 Yağ Asitleri (EPA, DHA) Stabilizör: Kalsiyum karbonat E170, Kıvam arttırıcı: Potasyum klorür E 508, Lipozomal Taurin (Taurin, Fosfotidilkolin (ayçiçeği lesitini) (*)), Lipozomal D-alfa-tokoferol (D-alfa-tokoferol, Fosfotidilkolin (Ayçiçeği lesitini) (*)), Lipozomal Çinko sitrat (çinko sitrat, Fosfotidilkolin (Ayçiçeği lesitini) (*)), Lipozomal Ginko (Ginko , Fosfotidilkolin (Ayçiçeği lesitini) (*)), Lipozomal Lutein (Lutein, Fosfotidilkolin (Ayçiçeği lesitini) (**)) (%2,220), Topaklanmayı Önleyici: Silikon dioksit E 551, Yağ asitlerinin magnezyum tuzları E 470 b, Magnezyum silikat E 553 a(i), Lipozomal Zeaksantin (Zeaksantin , Fosfotidilkolin (Ayçiçeği lesitini) (**)) (%0.444), Lipozomal Bakır glukonat (Bakır glukonat, Fosfotidilkolin (Ayçiçeği lesitini) (**)), Lipozomal Kolekalsiferol (Kolekalsiferol, Fosfitidilkolin (Ayçiçeği lesitini) (*)). *Lipozomal Teknoloji ile Resveratrol, Koenzim Q 10, L-askorbik asit, Taurin, D-alfa-tokoferol, Çinko sitrat, Ginko Biloba, Lutein, Zeaksantin, Bakır glukonat ve Kolekalsiferol bileşenlerinin kaplanmasında kullanılmıştır.

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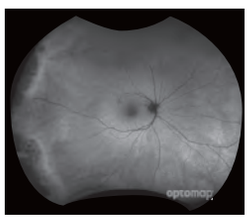
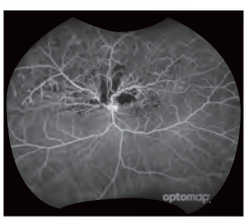
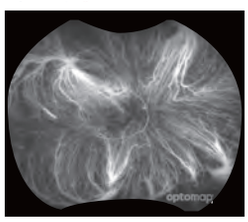


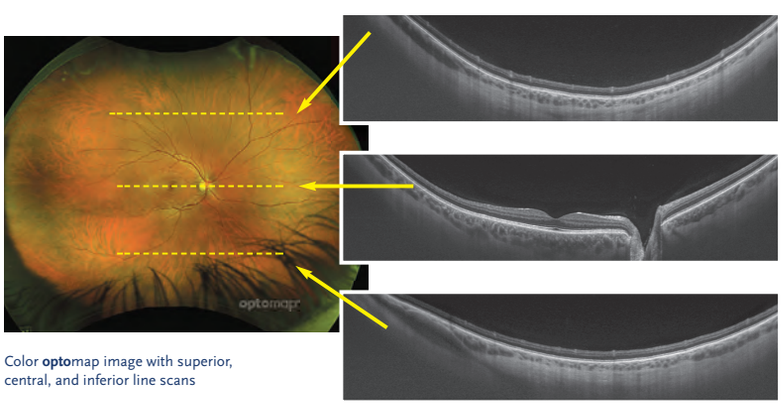
optomap *af*



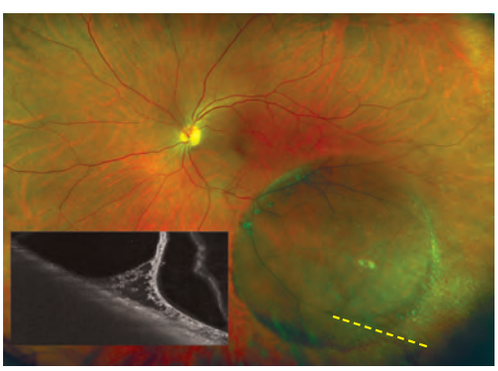
optomap *fa*
Courtesy of Prof Paulo Stanga



optomap *icg*
Courtesy of SriniVas Sadda, MD



Color optomap image with superior, central, and inferior line scans



UWF guided OCT enables OCT capture even in the far periphery

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Silverstone SS OCT

KONFORUN[1-3]

Nemin[1]
Görüşün[2]
Nefes Alabilirliğin[3]
Hafifliğin[2,4,5]

ÖTESİNE GEÇİN!

Gelişmiş **MoistureSeal®** ve **ComfortFeel** Teknolojileri ile 16 saat konfor[1,3]

En düşük modülüs[2,4,5]

High Definition™ optik tasarımı[2]

Yüksek oksijen geçirgenliği[3]

Etkili UV koruması[6*]

Kolay kullanım[2]

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UV-absorblayan kontakt lensler, tamamen göz ve çevresini örtmediğinden UV emici gözlük veya güneş gözlüğü gibi koruyucu UV-absorblayan gözlüklerin yerine DEĞİLDİR. UV ışığına maruz kalma ile ilişkili oküler rahatsızlıkların görülme sıklığını önlemek veya azaltmak için UV absorblayan kontakt lenslerin etkinliği şu anda kanıtlanmamıştır. UV-absorblayan gözlüklerinizi belirtildiği gibi kullanmaya devam etmelisiniz. NOT: UV-ışınlarına uzun süreli maruz kalmak katarakt ile ilişkili risk faktörlerinden biridir. Maruziyet, çevresel koşullar (rakım, coğrafya, bulutlanma) ve kişisel faktörler (dışarıdaki aktivitelerin yaygınlığı ve tipi) gibi çeşitli faktörlere bağlıdır. UV-bloke eden kontakt lensler zararlı UV ışınlarına karşı korumaya yardım eder. Ancak UV-bloke eden kontakt lenslerin katarakt veya diğer göz rahatsızlıklarının gelişme riskini gösteren klinik çalışmalar yapılmamıştır.

Referanslar: 1. Schafer,J. Steffen,R. Reindel,W; A clinical assessment of dehydration resistance for a novel silicone hydrogel lens and six silicone hydrogel daily disposable lenses. Poster presented at AAO; October 2020. **2.** Data on File. Product Performance Evaluation of a Novel Silicone Hydrogel Contact Lens: kalifilcon A Daily Disposable Contact Lenses - Summary of kalifilcon A Patient Comfort and Vision Outcomes. Bausch & Lomb Incorporated, Rochester, NY, 2021. **3.** Rah M. Ocular surface homeostasis and contact lens design. February 2021. **4.** Jerome Ozkan; Mark D. Willcox. The Effect of Lens Modulus on InsertionComfort with Silicone Hydrogel Lenses. ARVO Annual Meeting Abstract | April 2011. **5.** Alcon DAILIES TOTAL1® Contact Lens Parameters https://professional.myalcon.com/contact-lenses/daily/dailies-total-1/ (Erişim Tarihi: 02.01.2023). **6.** U.S. Food & Drug Administration 510(k) Summary K200528; Bausch + Lomb (kalifilcon A) Soft (hydrophilic) Contact Lens. May 2020.

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LUCENTIS® 10 mg/ml Enjeksiyonluk Çözelti İçeren Kullanıma Hazır Enjektör

Sunum: Ranibizumab. Bir kullanıma hazır enjektör, 1,65 mg ranibizumaba eşdeğer 0,165 ml içerir. **Endikasyon: LUCENTIS®**, neovasküler (yaş tip) yaşa bağlı makula dejenerasyonunun (YBMD), diyabetik maküler ödemden (DMÖ) kaynaklanan görme bozukluğunun, retinal ven tıkanıklığına (RVT) bağlı maküler ödemden kaynaklanan görme bozukluğunun ve patolojik miyopiye (PM) bağlı koroidal neovaskülarizasyondan (KNV) kaynaklanan görme bozukluğunun tedavisinde endikedir. **Kullanım şekli ve dozu:** Tek kullanımlık kullanıma hazır enjektör sadece intravitreal kullanım içindir. **LUCENTIS®**, bir "göz hastalıkları uzmanı" tarafından uygulanmalıdır. **LUCENTIS®** için önerilen doz 0,5 mg'dır (0,05 ml'de). Kullanıma hazır enjektörün ekstrakte edilebilir hacmi (0,1ml), toplamda kullanılacak hacim değildir. Fazla hacim, enjeksiyondan önce boşaltılmalıdır ve hastaya 0,05 ml uygulanmalıdır. Enjeksiyondan önce yeterli anestezi uygulanmalı ve steril ortam sağlanmalıdır. **Uygulama sıklığı ve süresi:** Tedaviye ayda bir uygulama ile başlanır ve maksimum görme keskinliğine ulaşılana ve/veya hastalık aktivitesi belirtileri görülmeyene yani, devam eden tedavi altında görme keskinliğinde ve diğer hastalık belirti ve semptomlarında bir değişiklik olmayana kadar devam edilir. Yaş tip YBMD, DMÖ ve RVT'li hastalarda başlangıçta üç veya daha fazla ardışık aylık enjeksiyon gerekebilir. Sonrasında, izlem ve tedavi aralıkları hekim tarafından, görme keskinliği ve/veya anatomik parametrelere göre değerlendirilen hastalık aktivitesine göre belirlenmelidir. Hastalar, tedavi-et-uzat rejimine göre tedavi edilebilir. Eğer hekimin görüşüne göre görme ile ilgili ve anatomik parametreler hastanın devam eden tedaviden fayda sağlamadığını gösterirse, **LUCENTIS®** tedavisi kesilmelidir. Hastalık aktivitesi izlemi klinik muayene, fonksiyonel test veya görüntüleme tekniklerini (optik koherens tomografi, fuoresein anjiyografi veya indosiyanin yeşili anjiyografi) içerebilir. Hastalık aktivitesi nüksederse tedavi aralığı uygun şekilde kısaltılmalıdır. PM'ye bağlı KNV'den kaynaklanan görme keskinliğinin tedavisinde birçok hasta ilk yıl sırasında sadece bir ya da iki enjeksiyona ihtiyaç duyarken, bazı hastalar daha sık tedaviye ihtiyaç duyabilir. DMÖ'de ve Dal RVT'de **LUCENTIS®** ve laser fotokoagülasyon: **LUCENTIS®**, klinik çalışmalarda laser fotokoagülasyonla eş zamanlı olarak uygulanmıştır. Aynı gün verilmesi durumunda **LUCENTIS®** laser fotokoagülasyondan en az 30 dakika sonra uygulanmalıdır, **LUCENTIS®**, önceden laser fotokoagülasyonu yapılmış olan hastalara uygulanabilir. **Kontrendikasyonlar:** Etkin maddeye ya da herhangi bir yardımcı maddeye karşı aşırı duyarlılık, aktif ya da şüpheli oküler ya da perioküler enfeksiyonlu hastalar, aktif şiddetli göz içi inflamasyonlu hastalarda kullanımı kontrendikedir. **Uyarılar/önlemler: LUCENTIS®** tedavisi sadece intravitreal enjeksiyon ile yapılır. **LUCENTIS®** ile olanları da içeren intravitreal enjeksiyonlar endoftalmi, göz içi inflamasyonu, regmatojen retina dekolmanı, retina yırtılması ve iyatrojenik travmatik katarakt ile ilişkili olmuştur. **LUCENTIS®** uygulanırken her zaman uygun steril enjeksiyon teknikleri kullanılmalıdır. Ayrıca, bir enfeksiyon oluştuğunda erken tedaviye olanak sağlamak için hastalar enjeksiyonu takip eden hafta sırasında izlenmelidir. Enjeksiyon uygulaması sonrası, göz içi basıncı ve optik sinir bası perfüzyonu izlenmelidir. Tedavi amacıyla kullanılan tüm terapötik proteinlerde olduğu gibi, **LUCENTIS®** için de potansiyel bir immünojenisite söz konusu olabilir. **LUCENTIS®** gerekli olmadıkça gebelik döneminde kullanılmamalıdır. Çocuk doğurma potansiyeli olan kadınlar tedavi süresince etkili bir doğum kontrol yöntemi kullanmalıdır. Tedavi sırasında emzirme önerilmemektedir. **LUCENTIS®** tedavi prosedürü araç ya da makine kullanmayı etkileyebilecek geçici görme bozukluklarını indükleyebilir. Bu belirtiler geçene kadar araç ya da makine kullanmamalıdır. **İlaç etkileşimleri:** İlaç etkileşim çalışması bulunmamaktadır. **Advers reaksiyonlar:** Çok yaygın görülen advers olaylar: Göz ağrısı, göz irritasyonu, gözlerde yabancı cisim hissi, göz kanlanması, konjunktiva kanaması, blefarit, göz kuruluğu, görme bozukluğu, vitreusta uçuşan noktalar, göz içi inflamasyonu, vitreus dekolmanı, vitritis, retina kanaması, gözyaşı artması, göz kaşıntısı, intraoküler basınç artışı, nazofarenjit, eklem ağrısı ve baş ağrısı sayılabilir. **Yaygın görülen advers olaylar:** Gözde rahatsızlık, konjunktiva hiperemisi, konjunktivit, alerjik konjunktivit, arka kapsülde opaklaşma, retina pigment epitel dekolmanı, retina pigment epitelinin yırtılması, retina dejenerasyonu, retina dekolmanı, retina yırtığı, retinal bozukluklar, görme keskinliğinde azalma, vitreal kanama, vitreal bozukluklar, uveit, iritis, iridosiklitis, katarakt, subkapsüler katarakt, punktat keratit, kornea abrazyonu, ön kamarada flare, bulanık görme, enjeksiyon yerinde kanama, göz kanaması, göz akıntısı, fotopsi, fotofobi, göz kapağı ödemi, göz kapağında ağrı, idrar yolu enfeksiyonu (sadece DMÖ hastalarında), anemi, anksiyete, öksürük, bulantı, alerjik reaksiyonlar, influenza, **Doz aşımı ve tedavisi:** Önerilen 0,05 mL'den yüksek hacimlerin enjeksiyonuyla kazayla ortaya çıkan doz aşımı vakaları bildirilmiştir. Eğer bir doz aşımı oluşursa, ilgili hekim tarafından gerekli görülmesi durumunda intraoküler basınç takip edilmeli ve tedavi edilmelidir. Klinik çalışmalarda 0,05 mL ila 0,10 mL'lik bir enjeksiyon hacminde 2 mg'a kadar ranibizumab dozları uygulandığında, advers olayların tipi ve sıklığı 0,5 mg (0,05 mL'de) **LUCENTIS®** dozu için bildirilen doz ile tutarlıdır. **Saklamaya yönelik özel tedbirler:** Buzdolabında (2°C - 8°C) saklayınız, Kullanıma hazır enjektörü içeren açılmamış blister ambalaj, kullanımdan önce oda sıcaklığında (25°C) 24 saate kadar saklanabilir. **Ticari takdim şekli ve KDV Dahil Perakende Satış Fiyatı:** Bir Luer kilit adaptörü dahil, gri bromobütil kauçuk uç kapağı ile beyaz, emniyet-belirteçli sert contadan oluşan bir enjektör kapağı ve bromobütil kauçuk piston tıpasına sahip kullanıma hazır dolu enjektörde (tip I cam) 0,165 ml steril çözelti. Kullanıma hazır enjektörler sadece tek kullanım içindir. Ürünlerimizin fiyatları TİTCK tarafından belirlenerek www.titck.gov.tr adresinde yayınlanmaktadır. Güncel bilgilere erişmek için firmamıza başvurunuz. Reçete ile satılır. Ayrıntılı bilgi için kısa ürün bilgisine bakınız. **Ruhsat tarihi ve no:** 13.07.2017 – 2017/508. **KÜB onay tarihi:** 13.07.2017 **Ruhsat sahibi:** Novartis Sağlık, Gıda ve Tarım Ürünleri San. ve Tic. A.Ş. Kavacık/Beykoz/İstanbul **İletişim adresi:** Novartis Sağlık Gıda ve Tarım Ürünleri Sanayi ve Ticareti A.Ş. Suryapı&Akel İş Merkezi, Rüzgarlıbahçe Mah, Şehit Sinan Eroğlu Cad, No:6 34805 Kavacık İstanbul Türkiye Tel: 0216 681 20 00. Ürünlerimizin fiyatları TITCK tarafından belirlenerek www.titck.gov.tr adresinde yayınlanmaktadır, Güncel bilgilere erişmek için firmamıza başvurunuz, www.novartis.com.tr

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ETHICS

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Epub ahead-of-print article: Cai L, Yeh BM, Westphalen AC, Roberts JP, Wang ZJ. Adult living donor liver imaging. Diagn Interv Radiol 2016 Feb 24. doi: 10.5152/dir.2016.15323. [Epub ahead-of-print].

Manuscript published in electronic format: Morse SS. Factors in the emergence of infectious diseases. Emerg Infect Dis (serial online) 1995 Jan-Mar (cited 1996 June 5): 1(1): (24 screens). Available from: URL: http:/ www.cdc.gov/ncidodlElD/cid.htm.

Book section: Suh KN, Keystone JS. Malaria and babesiosis. Gorbach SL, Barlett JG, Blacklow NR, editors. Infectious Diseases. Philadelphia: Lippincott Williams; 2004.p.2290-308.

Books with a single author: Sweetman SC. Martindale the Complete Drug Reference. 34th ed. London: Pharmaceutical Press; 2005.

Editor(s) as author: Huizing EH, de Groot JAM, editors. Functional reconstructive nasal surgery. Stuttgart-New York: Thieme; 2003.

Conference proceedings: Bengisson S. Sothemin BG. Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Piemme TE, Rienhoff O, editors. MEDINFO 92. Proceedings of the 7th World Congress on Medical Informatics; 1992 Sept 6-10; Geneva, Switzerland. Amsterdam: North-Holland; 1992. pp.1561-5.

Scientific or technical report: Cusick M, Chew EY, Hoogwerf B, et al. Early Treatment Diabetic Retinopathy Study Research Group. Risk factors for renal replacement therapy in the Early Treatment Diabetic Retinopathy Study (ETDRS), Early Treatment Diabetic Retinopathy Study Kidney Int: 2004. Report No: 26.

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