

IMIQUIMOD 5% / SALICYLIC ACID 30% / TRETINOIN 0.1% - imiquimod 5% / salicylic acid 30% / tretinoin 0.1% gel

Sincerus Florida, LLC

Disclaimer: This drug has not been found by FDA to be safe and effective, and this labeling has not been approved by FDA. For further information about unapproved drugs, [click here](#).

IMIQUIMOD 5% / SALICYLIC ACID 30% / TRETINOIN 0.1%

Directions for use



Directions for use

As directed by Physician.
Apply topically. For external use only. Wash hands after use.
Store at controlled room temperature (20-25C).

Sincerus Florida, LLC (800) 604-5032
3265 W McNab Rd, Pompano Beach, FL 33069
To report suspected adverse reactions, contact
Sincerus Florida, LLC at (800) 604-5032, or FDA
at www.FDA.gov/MedWatch or (800) FDA-1088.
Office use only. Not for resale.



Sincerus Florida. Adverse reactions



Directions for use

As directed by Physician.

Apply topically. For external use only. W

Store at controlled room temperature (2

Sincerus Florida, LLC (800

3265 W McNab Rd, Pompano Beach

To report suspected adverse reactions

Sincerus Florida, LLC at (800) 604-503

at www.FDA.gov/MedWatch or (800) F

Office use only. Not for resal



Active, inactive



IMIQUIMOD
SALICYLIC ACID
TRETINOIN
GEL

SIN

Rx only
BUD: 01/01/1970

Lot: 021030A
MFG: 01/01/1970

Active ingredients

Imiquimod USP 5%
Salicylic Acid USP 30%
Tretinoin USP 0.1%

Inactive ingredients

Polysorbate 60 NF 2%
Suspendisse Gel 62.9%

NDC 72934-1128-2 IMIQUIMOD USP 5% / SALICILIC ACID USP 30% / TRETINOIN USP 0.1%. Gel 30 gm.





IMIQUIMOD 5% / SALICYLIC ACID 30% / TRETINOIN 0.1%

imiquimod 5% / salicylic acid 30% / tretinoin 0.1% gel

Product Information

Product Type	HUMAN PRESCRIPTION DRUG	Item Code (Source)	NDC:72934-1128
Route of Administration	TOPICAL		

Active Ingredient/Active Moiety

Ingredient Name	Basis of Strength	Strength
SALICYLIC ACID (UNII: O414PZ4LPZ) (SALICYLIC ACID - UNII:O414PZ4LPZ)	SALICYLIC ACID	30 g in 100 g
TRETINOIN (UNII: 5688UTC01R) (TRETINOIN - UNII:5688UTC01R)	TRETINOIN	0.1 g in 100 g

IMIQUIMOD (UNII: P1QW714R7M) (IMIQUIMOD - UNII:P1QW714R7M)		IMIQUIMOD	5 g in 100 g	
Product Characteristics				
Color	yellow	Score		
Shape		Size		
Flavor		Imprint Code		
Contains				
Packaging				
#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:72934-1128-2	30 g in 1 BOTTLE, PUMP; Type 0: Not a Combination Product	05/07/2019	
Marketing Information				
Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date	
unapproved drug other		05/07/2019		

Labeler - Sincerus Florida, LLC (080105003)

Establishment			
Name	Address	ID/FEI	Business Operations
Sincerus Florida, LLC		080105003	manufacture(72934-1128)