

**IMIQUIMOD 5% / LEVOCETIRIZINE DIHYDROCHLORIDE 1% / TRETINOIN 0.05% -
imiquimod 5% / levocetirizine dihydrochloride 1% / tretinoin 0.05% 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% / LEVOCETIRIZINE DIHYDROCHLORIDE 1% / TRETINOIN 0.05%

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.



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Sincerus Flo
3265 W Mch
To report sus
Sincerus Flo
at www.FDA

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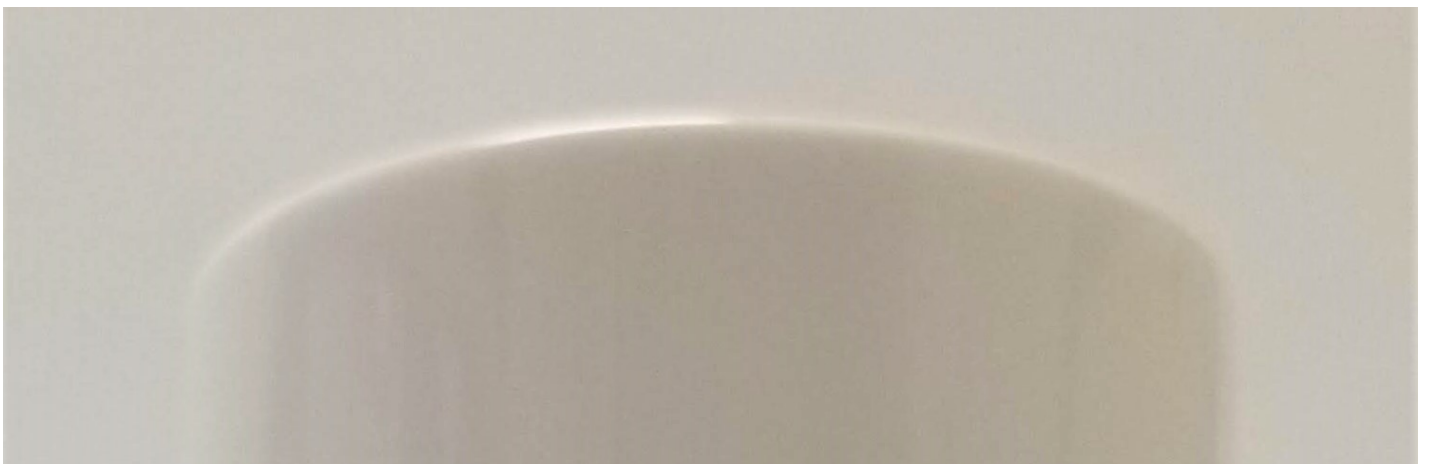
rida, LLC at (800) 604-5032, or FDA

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Active, inactive



IMIQUIMOD
LEVOCETIRIZINE
DIHYDROCHLORIDE
TRETINOIN
GEL 30

Rx only

Lot: 02

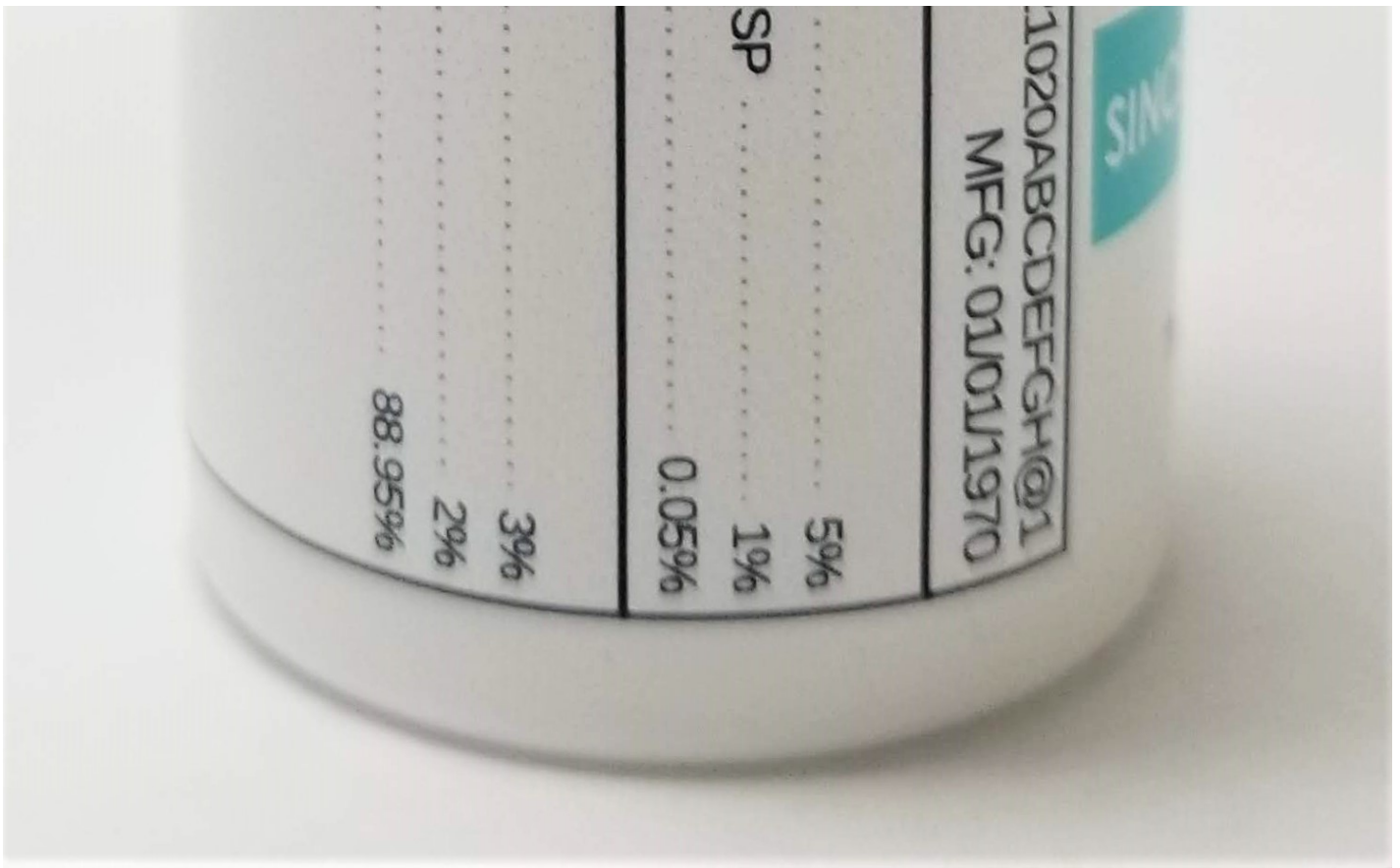
BUD: 01/01/1970

Active ingredients

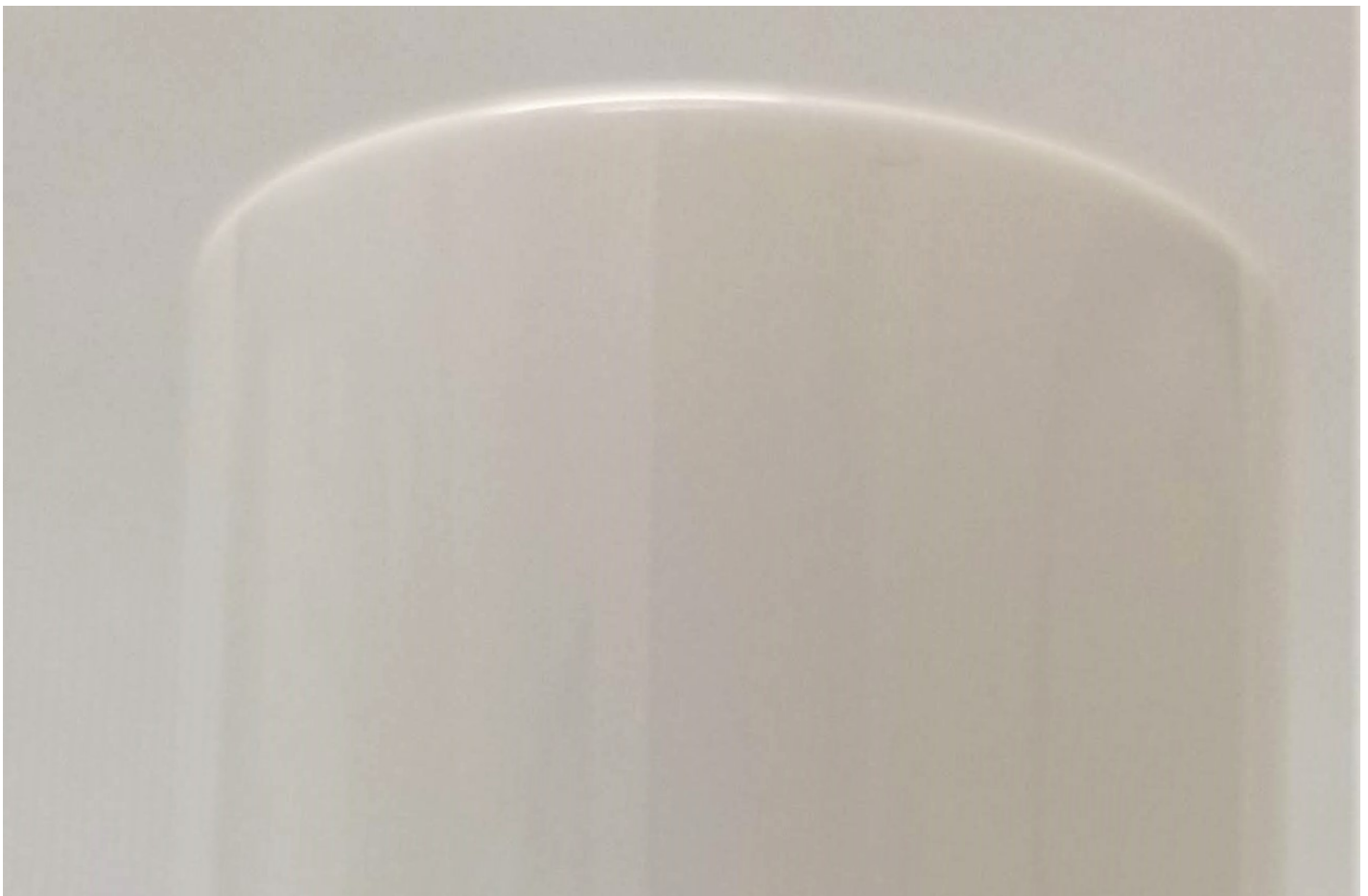
Imiquimod USP
Levocetirizine Dihydrochloride U
Tretinoin USP

Inactive ingredients

Krisgel 100
Polysorbate 60 NF
Suspendisse Gel



NDC 72934-1126-2 IMIQUIMOD 5% / LEVOCETIRIZINE DIHYDROCHLORIDE 1% / TRETINOIN 0.05% gel 30gm



NDC 72934-1126-2

IMIQUIMOD USP 5%

LEVOCETIRIZINE

DIHYDROCHLORIDE USP 1%

TRETINOIN USP 0.05%

GEL 30gm

RX only
BUFD: 01/01/1970

Lot: 021020A/B/C/D
MFG: 0

SINCERUS

FLORIDA



IMIQUIMOD 5% / LEVOCETIRIZINE DIHYDROCHLORIDE 1% / TRETINOIN 0.05%

imiquimod 5% / levocetirizine dihydrochloride 1% / tretinoin 0.05% gel

Product Information

Product Type	HUMAN PRESCRIPTION DRUG	Item Code (Source)	NDC:72934-1126
Route of Administration	TOPICAL		

Active Ingredient/Active Moiety

Ingredient Name	Basis of Strength	Strength
TRETINOIN (UNII: 5688UTC01R) (TRETINOIN - UNII:5688UTC01R)	TRETINOIN	0.05 g in 100 g
LEVO CETIRIZINE DIHYDROCHLORIDE (UNII: SOD6A38AGA) (LEVOCETIRIZINE - UNII:6U5EA9RT2O)	LEVOCETIRIZINE DIHYDROCHLORIDE	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:72934-1126-	30 g in 1 BOTTLE, PUMP; Type 0: Not a Combination	05/01/2010	

2	Product	05/01/2019	
Marketing Information			
Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
unapproved drug other		05/01/2019	

Labeler - Sincerus Florida, LLC (080105003)

Establishment			
Name	Address	ID/FEI	Business Operations
Sincerus Florida, LLC		080105003	manufacture(72934-1126)

Revised: 4/2019

Sincerus Florida, LLC