

**IVERMECTIN 1% / METRONIDAZOLE 1% / NIACINAMIDE 4% - ivermectin 1% / metronidazole 1% / niacinamide 4% 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](#).*

-----

**IVERMECTIN 1% / METRONIDAZOLE 1% / NIACINAMIDE 4%**

**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](http://www.FDA.gov/MedWatch) or (800) FDA-1088.  
Office use only. Not for resale.



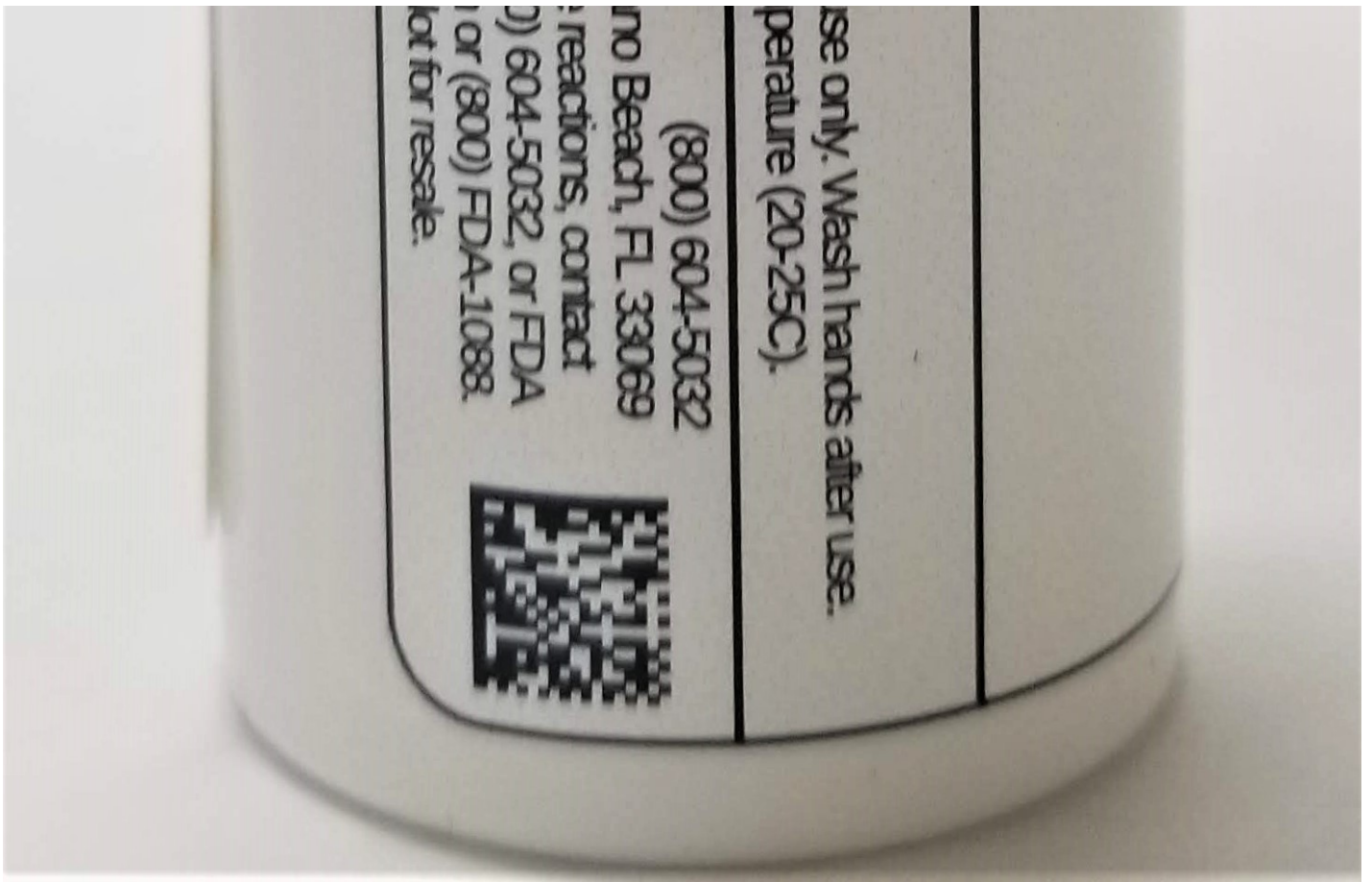
Sincerus Florida, LLC adverse reactions.



**Directions for use**

As directed by Physician.  
Apply topically. For external use only.  
Store at controlled room temperature.

Sincerus Florida, LLC  
3265 W McNab Rd, Pompano Beach, FL 33069  
To report suspected adverse reactions, call 1-800-368-5743  
Sincerus Florida, LLC at (800) 368-5743  
at [www.FDA.gov/MedWatch](http://www.FDA.gov/MedWatch)  
Office use only. N



**Active, Inactive**



IVERMECTIN  
METRONIDAZOLE  
NIACINAMIDE  
GEL

SIN

Rx only  
Lot: 171083AGABCACA@1  
BUD: 01/27/2021  
MFG: 06/01/2020

**Active ingredients**

Ivermectin USP	1%
Metronidazole USP	1%
Niacinamide USP	4%

**Inactive ingredients**

Butylated Hydroxytoluene NF (BHT)	0.1%
Glycerin USP	2%
Krisgel 100	3%
Potassium Azeloyl Diglycinate	5%
Suspendisse Gel	50%
Suspendisse Silicone Gel	32.59%

**NDC 72934-1131-2 IVERMECTIN USP 1% / METRONIDAZOLE USP 1% / NIACINAMIDE USP 4%. Gel 30gm**

**NDC 72934-1131-2**

IVERMECTIN USP 1%

METRONIDAZOLE USP 1%

NIACINAMIDE USP 4%

GEL 30gm

RX ONLY  
NDC 72934-1131-2

LOT 171



## IVERMECTIN 1% / METRONIDAZOLE 1% / NIACINAMIDE 4%

ivermectin 1% / metronidazole 1% / niacinamide 4% gel

### Product Information

<b>Product Type</b>	HUMAN PRESCRIPTION DRUG	<b>Item Code (Source)</b>	NDC:72934-1131
<b>Route of Administration</b>	TOPICAL		

### Active Ingredient/Active Moiety

Ingredient Name	Basis of Strength	Strength
METRONIDAZOLE (UNII: 140QMO216E) (METRONIDAZOLE - UNII:140QMO216E)	METRONIDAZOLE	1 g in 100 g
IVERMECTIN (UNII: 8883YP2R6D) (IVERMECTIN - UNII:8883YP2R6D)	IVERMECTIN	1 g in 100 g
NIACINAMIDE (UNII: 25X51I8RD4) (NIACINAMIDE - UNII:25X51I8RD4)	NIACINAMIDE	4 g in 100 g

### Product Characteristics

<b>Color</b>	yellow	<b>Score</b>	
<b>Shape</b>		<b>Size</b>	
<b>Flavor</b>		<b>Imprint Code</b>	
<b>Contains</b>			

### Packaging

#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:72934-1131-	30 g in 1 BOTTLE, PUMP; Type 0: Not a Combination	05/01/2010	

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

**Labeler** - Sincerus Florida, LLC (080105003)

**Establishment**

Name	Address	ID/FEI	Business Operations
Sincerus Florida, LLC		080105003	manufacture(72934-1131)

Revised: 6/2020

Sincerus Florida, LLC