SALYCIM- salicylic acid cream PURETEK CORPORATION

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.

Salycim Cream

Rx Only

FOR DERMATOLOGICAL USE ONLY. NOT FOR OPHTHALMIC, ORAL OR INTRAVAGINAL USE.

INGREDIENTS

Salycim™ Cream contains 6% salicylic acid USP in a vehicle consisting of Aloe Barbadensis (Aloe Vera) Leaf Juice Powder, Aqua (Purified Water), Butyrospermum Parkii (Shea) Butter, Carbomer, Cetyl Alcohol, GenRx Complex® (proprietary blend), Ethylhexylglycerin, Glycerin, Glyceryl Stearate, Glycine Soja (Soybean) Oil, Helianthus Annuus (Hybrid Sunflower) Seed Oil, PEG-100 Stearate, Phenoxyethanol, Retinyl Palmitate (Vitamin A), Sodium Hydroxide, Squalane, Stearic Acid.

DESCRIPTION

Salicylic acid is the 2-hydroxy derivative of benzoic acid having the following structure:

CLINICAL PHARMACOLOGY

Salicylic acid has been shown to produce desquamation of the horny layer of skin while not effecting qualitative or quantitative changes in the structure of the viable epidermis. The mechanism of action has been attributed to a dissolution of intercellular cement substance. In a study of the percutaneous absorption of salicylic acid in a 6% salicylic acid gel in four patients with extensive active psoriasis, Taylor and Halprin showed that the peak serum salicylate levels never exceeded 5 mg/100 ml even though more than 60% of the applied salicylic acid was absorbed. Systemic toxic reactions are usually associated with much higher serum levels (30 to 40 mg/100 ml). Peak serum levels occurred within five hours of the topical application under occlusion. The sites were

occluded for 10 hours over the entire body surface below the neck. Since salicylates are distributed in the extracellular space, patients with a contracted extracellular space due to dehydration or diuretics have higher salicylate levels than those with a normal extracellular space. (See **PRECAUTIONS**.)

The major metabolites identified in the urine after topical administration are salicyluric acid (52%), salicylate glucuronides (42%) and free salicylic acid (6%). The urinary metabolites after percutaneous absorption differ from those after oral salicylate administration; those derived from percutaneous absorption contain more salicylate glucuronides and less salicyluric and salicylic acid. Almost 95% of a single dose of salicylate is excreted within 24 hours of its entrance into the extracellular space. Fifty to eighty percent of salicylate is protein bound to albumin. Salicylates compete with the binding of several drugs and can modify the action of these drugs. By similar competitive mechanisms other drugs can influence the serum levels of salicylate. (See **PRECAUTIONS**.)

INDICATIONS AND USAGE

For Dermatologic Use: Salycim™ Cream is a topical aid in the removal of excessive keratin in hyperkeratotic skin disorders including verrucae, and the various ichthyoses (vulgaris, sex-linked and lamellar), keratosis palmaris and plantaris keratosis pilaris, pityriasis rubra pilaris, and psoriasis (including body, scalp, palms and soles).

For Podiatric Use: Salycim™ Cream is a topical aid in the removal of excessive keratin on dorsal and plantar hyperkeratotic lesions. Topical preparations of 6% salicylic acid have been reported to be useful adjunctive therapy for verrucae plantares.

CONTRAINDICATIONS

Salycim™ Cream should not be used in any patient known to be sensitive to salicylic acid or any other listed ingredients.

Salycim™ Cream should not be used in children under 2 years of age.

WARNINGS

Prolonged use over large areas, especially in children and those patients with significant renal or hepatic impairment, could result in salicylism. Concomitant use of other drugs which may contribute to elevated serum salicylate levels should be avoided where the potential for toxicity is present. In children under 12 years of age and those patients with renal or hepatic impairment, the area to be treated should be limited and the patient monitored closely for signs of salicylate toxicity: nausea, vomiting, dizziness, loss of hearing, tinnitus, lethargy, hyperpnea, diarrhea, and psychic disturbances. In the event of salicylic acid toxicity, the use of **Salycim™ Cream** should be discontinued. Fluids should be administered topromote urinary excretion. Treatment with sodium bicarbonate (oral or intravenous) should be instituted as appropriate.

Patients should be cautioned against the use of oral aspirin and other salicylate containing medications, such as sports injury creams, to avoid additional excessive exposure to salicylic acid.

Where needed, aspirin should be replaced by an alternative non-steroidal antiinflammatory agent that is not salicylate based. Patients should be advised not to apply occlusive dressings, clothing or other occlusive topical products such as petrolatumbased ointments to prevent excessive systemic exposure to salicylic acid. Excessive application of the product other than what is needed to cover the affected area will not result in a more rapid therapeutic benefit.

Due to potential risk of developing Reye's syndrome, salicylate products should not be used in children and teenagers with varicella or influenza, unless directed by physician.

PRECAUTIONS

FOR EXTERNAL USE ONLY. Avoid contact with eyes and other mucous membranes.

DRUG INTERACTIONS

The following interactions are from a published review and include reports concerning both oral and topical salicylate administration. The relationship of these interactions to the use of **Salycim™ Cream** is not known.

	petition of salicylate with other drugs for binding to serum albumin the		
	eractions may occur:		
DRUG	DESCRIPTION OF INTERACTION		
Sulfonylureas	Hypoglycemia potentiated.		
Methotrexate	Decreases tubular reabsorption; clinical toxicity from methotrexate can result.		
Oral Anticoagulants	Increased bleeding.		
II. Drugs changin	g salicylate levels by altering renal tubular reabsorption:		
DRUG	DESCRIPTION OF INTERACTION		
Corticosteroids	Decreases plasma salicylate level; tapering doses of steroids may promote salicylism.		
Acidifying Agents	Acidifying Agents Increases plasma salicylate levels.		
Alkanizing Agents	Decreased plasma salicylate levels.		
III. Drugs with co	mplicated interactions with salicylates:		
DRUG	DESCRIPTION OF INTERACTION		
Heparin	Salicylate decreases platelet adhesiveness and interferes with hemostasis in heparin-treated patients.		
Pyrazinamide	Inhibits pyrazinamide-induced hyperuricemia.		
Uricosuric Agents	Effect of probenemide, sulfinpyrazone and phenylbutazone inhibited.		
The following alter therapy:	The following alterations of laboratory tests have been reported during salicylate		
LABORATORY TESTS	EFFECT OF SALICYLATES		
Thyroid Function	Function Decreased PBI; increased t 3 uptake.		
Urinary Sugar	False negative with glucose oxidase; false positive with Clinitest with high-dose salicylate therapy (2-5g q.d.).		
5-Hydroxyindole Falce negative with fluorometric test			

acetic acid	i aise negative with huorometric test.	
Acetone ketone	False positive FeCl ₃ in Gerhardt reaction; red color persists with	
bodies	boiling.	
17-OH	False reduced values with >4.8g g.d. salicylate.	
corticosteroids	li dise reduced values with >4.09 q.u. Salicylate.	
Vanilmandelic	False reduced values.	
acid		
Uric Acid	May increase or decrease depending on dose.	
Prothrombin	Decreased levels; slightly increased prothrombin time.	

Pregnancy: Category C. Salicylic acid has been shown to be teratogenic in rats and monkeys. It is difficult to extrapolate from oral doses of acetylsalicylic acid used in these studies to topical administration as the oral dose to monkeys may represent six times the maximal daily human dose of salicylic acid when applied topically over a large body surface. There are no adequate and well-controlled studies in pregnant women. **Salycim™ Cream** should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers: Because of the potential for serious adverse reactions in nursing infants from the mother's use of **Salycim™ Cream**, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother. If used by nursing mothers, it should not be used on the chest area to avoid accidental contamination of the child.

Carcinogenesis, Mutagenesis, Impairment of Fertility: No data are available concerning potential carcinogenic or reproductive effects of **Salycim™** Cream. It has been shown to lack mutagenic potential in the Ames test.

ADVERSE REACTIONS

Excessive erythema and scaling conceivably could result from use on open skin lesions. **Call your physician for medical advice about side effects.**

OVERDOSAGE See Warnings.

DOSAGE AND ADMINISTRATION

The preferable method of use is to apply **Salycim™ Cream** thoroughly to the affected area and to cover the treated area at night after washing and before retiring. Preferably, the skin should be hydrated for a least five minutes prior to application. The medication is washed off in the morning and if excessive drying and/or irritation is observed, a bland cream or lotion may be applied. Once clearing is apparent, the occasional use of **Salycim™ Cream** will usually maintain the remission. In those areas where occlusion is difficult or impossible, application may be made more frequently; hydration by wet packs or baths prior to application apparently enhances the effect. (See **WARNINGS**.) Unless

hands are being treated, hands should be rinsed thoroughly after application. Excessive repeated application of **Salycim™ Cream** will not necessarily increase its therapeutic benefit, but could result in increased local intolerance and systemic adverse effects such as salicylism.

HOW SUPPLIED:

Salycim[™] Cream is available in 2 oz (57 g) Jar, NDC 59088-227-05

Store at 20° to 25°C (68° to 77°F) [see USP Controlled Room Temperature]. Protect from freezing and excessive heat. Keep container tightly closed.

KEEP THIS AND ALL MEDICATIONS OUT OF THE REACH OF CHILDREN. Manufactured in the USA by: PureTek Corporation

Panorama City, CA 91402 For questions or information call toll-free: **877-921-7873**

Salycim™ Cream



Rx Only

ACTIVE INGREDIENT: Salicylic Acid 6% INACTIVE INGREDIENTS: Aloe Barbadensis (Aloe Vera) Leaf
Juice Powder, Aqua (Purified Water), Butyrospermum Parkii (Shea) Butter, Carbomer, Cetyl Alcoho,
GenRx Complex® (proprietary blend), Ethylhexylglycerin, Glycerin, Glyceryl Stearate, Glycine Soja
(Soybean) Oil, Helianthus Annuus (Hybrid Sunflower) Seed Oil, PEG-100 Stearate, Phenoxyethanol,
Retinyl Palmitate (Vitamin A), Sodium Hydroxide, Squalane, Stearic Acid. DIRECTIONS: See package
insert for complete product information KEEP THIS AND ALL MEDICATIONS OUT OF REACH OF
CHILDREN. Store at 20°-25°C (68°-77°F) [see USP Controlled Room Temperature]. Protect from freezing,
WARNING: For external use only. Not for ophthalmic use. do not get into eyes. If swallowed, get medical
help or contact a Poison Control Center right away. ADDITIONAL PRODUCT INFORMATION ENCLOSED.

SALYCIM

salicylic acid cream

Product Information

Product Type HUMAN PRESCRIPTION DRUG Item Code (Source) NDC:59088-227

Route of Administration TOPICAL

Active Ingredient/Active Moiety

Ingredient Name	Basis of Strength	Strength
SALICYLIC ACID (UNII: O414PZ4LPZ) (SALICYLIC ACID - UNII:O414PZ4LPZ)	SALICYLIC ACID	60 mg in 1 g

inactive ingredients	
Ingredient Name	Strength
PHENOXYETHANOL (UNII: HIE492ZZ3T)	
ALOE VERA LEAF (UNII: ZY81Z83H0X)	
WATER (UNII: 059QF0KO0R)	

SHEA BUTTER (UNII: K49155WL9Y)

Luca akirra Lucarra dia mka

CARBOMER HOMOPOLYMER, UNSPECIFIED TYPE (UNII: 0A5MM307FC)	
CETYL ALCOHOL (UNII: 936JST6JCN)	
ETHYLHEXYLGLYCERIN (UNII: 147D247K3P)	
GLYCERIN (UNII: PDC6A3C0OX)	
GLYCERYL MONOSTEARATE (UNII: 2300U9XXE4)	
SOYBEAN OIL (UNII: 241ATL177A)	
SUNFLOWER OIL (UNII: 3W1JG795YI)	
PEG-100 STEARATE (UNII: YD01N1999R)	
VITAMIN A PALMITATE (UNII: 1D1K0N0VVC)	
SODIUM HYDROXIDE (UNII: 55X04QC32I)	
SQUALANE (UNII: GW89575KF9)	
STEARIC ACID (UNII: 4ELV7Z65AP)	

F	Packaging			
#	tem Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:59088-227- 05	57 g in 1 JAR; Type 0: Not a Combination Product	12/06/2023	

Marketing Information			
Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
unapproved drug other		12/06/2023	

Labeler - PURETEK CORPORATION (785961046)

Revised: 5/2024 PURETEK CORPORATION