

**PREFERRED MAXIMUM STRENGTH URINARY PAIN RELIEF- phenazopyridine hydrochloride tablet**

**Preferred Pharmaceuticals Inc.**

*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.*

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**DRUG FACTS**

**Active ingredient (in each tablet)**

Phenazopyridine Hydrochloride 99.5 mg .

**Purpose**

Urinary Analgesic

**Warnings**

**Do not exceed recommended dosage**

**Ask doctor before use if you have**

- kidney disease
- allergies to food, preservatives or dyes
- had a hypersensitive reaction to phenazopyridine

**When using this product**

- stomach upset may occur, taking this product with or after meals may reduce stomach upset
- your urine will become reddish-orange in color. This is not harmful, but care should be taken to avoid staining clothing or other items.

**Stop use and ask doctor if**

- your symptoms last for more than 2 days
- you suspect you are having an adverse reaction to the medication

**If pregnant or breast feeding,**

Ask a health professional before use.

## Keep out of reach of children

In case of an overdose, get medical help or contact a Poison Control Center right away.

## Use

Fast relief from urinary pain, burning, urgency and frequency associated with urinary tract infections.

## Inactive ingredients

Lactose, magnesium silicate, magnesium stearate, microcrystalline cellulose, pharmaceutical glaze, and sodium starch glycolate.

## Directions

- adults and children 12 years and over:  
take 2 tablets 3 times daily with a full glass of water, with or after meals as needed
- children under 12 years: consult a doctor
- Do not use for more than 2 days (12 tablets) without consulting a doctor

**Relabeled By: Preferred Pharmaceuticals Inc.**

## Principal Display Panel

**Maximum Strength Urinary Pain Relief**

Compare to: AZO Urinary Pain Relief

Each tablet contains: Phenazopyridine Hydrochloride 99.5mg...Urinary Tract Analgesic

**Pkg Size:** Exp Date:  
Lot#:  
Batch#:  
Ins:

Mfg: Reese Pharm.; Cleveland, OH  
Prod#:

**Warning**  
Do not exceed recommended dosage. Store at room temperature 15°-30°C (59°-86°F) in a dry place and protect from light. Keep this and all medication out of the reach of children. Ask a doctor before use if you have kidney disease, allergies to foods, preservatives or dyes, had a hypersensitive reaction to phenazopyridine. Stop use and ask a doctor if your symptoms last for more than 2 days, or you suspect you are having an adverse reaction to the medication. Do not use this product if you have Glucose-6-Phosphate Dehydrogenase (G6PD) deficiency unless approved by your physician. See box for further directions.

**Directions English**  
Take as Directed

**Instrucciones Espanol:**  
Tomelo como se indica

CAUTION: Federal law PROHIBITS transfer of this drug to any person other than the patient for whom it was prescribed

Maximum Strength Urinary Pain Relief  
Qty: Ins:  
Lot#: Bat#:  
Prod# (NDC):

Maximum Strength Urinary Pain Relief  
Qty: Ins:  
Lot#: Bat#:  
Prod# (NDC):

Maximum Strength Urinary Pain Relief  
Qty: Ins:  
Lot#: Bat#:  
Prod# (NDC):

Log  
Chart  
Billing  
Patient

## PREFERRED MAXIMUM STRENGTH URINARY PAIN RELIEF

phenazopyridine hydrochloride tablet

## Product Information

<b>Product Type</b>	HUMAN OTC DRUG	<b>Item Code (Source)</b>	NDC:68788-7778(NDC:10956-210)
<b>Route of Administration</b>	ORAL		

## Active Ingredient/Active Moiety

<b>Ingredient Name</b>	<b>Basis of Strength</b>	<b>Strength</b>
<b>PHENAZOPYRIDINE HYDROCHLORIDE</b> (UNII: 0EWG668W17) (PHENAZOPYRIDINE - UNII:K2J09EMJ52)	PHENAZOPYRIDINE HYDROCHLORIDE	99.5 mg

## Inactive Ingredients

<b>Ingredient Name</b>	<b>Strength</b>
<b>LACTOSE, UNSPECIFIED FORM</b> (UNII: J2B2A4N98G)	
<b>MAGNESIUM SILICATE</b> (UNII: 9B9691B2N9)	

## Product Characteristics

<b>Color</b>	brown	<b>Score</b>	no score
<b>Shape</b>	OVAL	<b>Size</b>	9mm
<b>Flavor</b>		<b>Imprint Code</b>	p99
<b>Contains</b>			

## Packaging

<b>#</b>	<b>Item Code</b>	<b>Package Description</b>	<b>Marketing Start Date</b>	<b>Marketing End Date</b>
1	NDC:68788-7778-1	12 in 1 BLISTER PACK; Type 0: Not a Combination Product	09/09/2020	

## Marketing Information

<b>Marketing Category</b>	<b>Application Number or Monograph Citation</b>	<b>Marketing Start Date</b>	<b>Marketing End Date</b>
Unapproved drug other		09/09/2020	

**Labeler** - Preferred Pharmaceuticals Inc. (791119022)

**Registrant** - Preferred Pharmaceuticals Inc. (791119022)

## Establishment

<b>Name</b>	<b>Address</b>	<b>ID/FEI</b>	<b>Business Operations</b>
Preferred Pharmaceuticals Inc.		791119022	RELABEL(68788-7778)

