# 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**

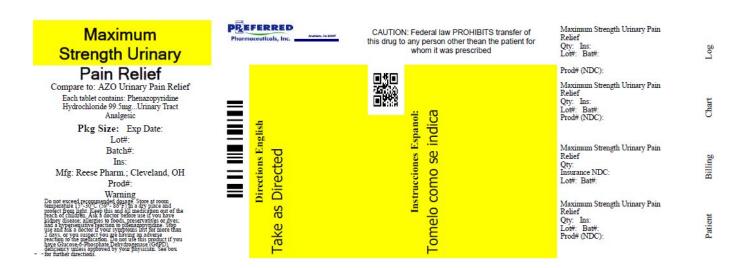
Lactose, magnesium silicate, magnesium stearate, microcrystalline cellulose, pharmaceutical glaze, and sodium starch glycolate.

#### **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**



#### PREFERRED MAXIMUM STRENGTH URINARY PAIN RELIEF

phenazopyridine hydrochloride tablet

### **Product Information**

Product Type	HUMAN OTC DRUG	Item Code (Source)	NDC:68788-7778(NDC:10956-210)

ORAL **Route of Administration** 

### **Active Ingredient/Active Moiety**

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Ingredient Name	<b>Basis of Strength</b>	Strength
PHENAZOPYRIDINE HYDROCHLORIDE (UNII: 0EWG668W17) (PHENAZOPYRIDINE - LINII: K2109EMI52)	PHENAZ OPYRIDINE	99.5 mg

## Inactive Ingredients

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

### **Product Characteristics**

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Color	brown	Score	no score	
Shape	OVAL	Size	9mm	
Flavor		Imprint Code	p99	
Contains				

#### Packaging

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

### Marketing Information

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

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

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

### **Establishment**

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

Revised: 7/2023 Preferred Pharmaceuticals Inc.