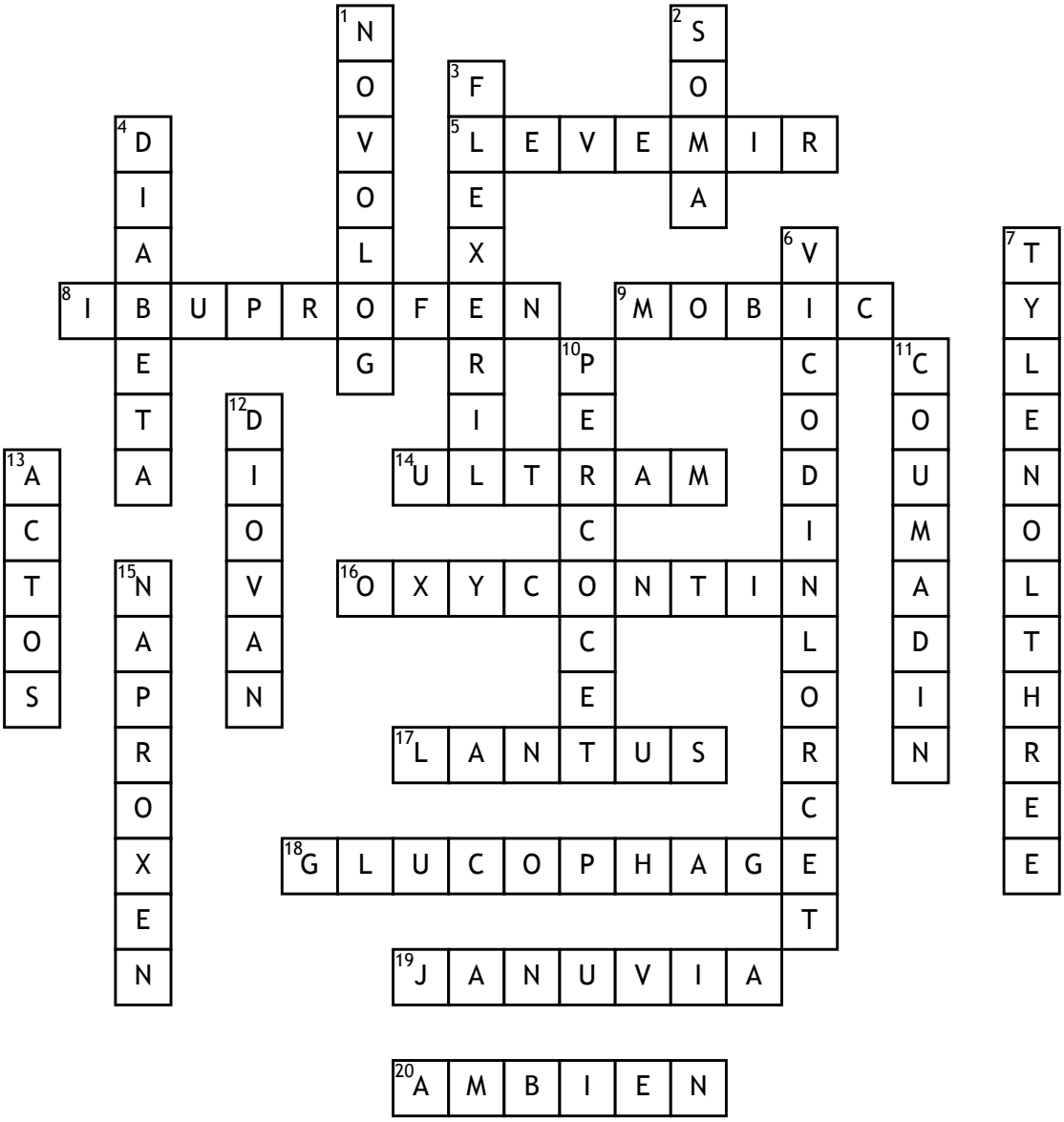
Name: _____ Date: _____

Pharmacy Drugs 1-20



Across

5. Insulin Detemir
8. Motrin, Aleve
9. Meloxicam
14. Tramadol
16. Oxycodone
17. Insulin Glargine
18. Metformin
19. Sitagliptin
20. Zolpidem

Down

1. Insulin Aspart
2. Carsiprodol
3. Cyclobenzaprine
4. Glyburide
6. Hydrocodone with Acetaminophen
7. Acetaminophen with codeine
10. Oxycodone woth Acetaminophen
11. Warfarin
12. Valsartan
13. Pioglitazone
15. Aleve, Naprosyn, Anaprox