Name: _____ Date: _____

Allergy Medications

1. Singulair	A. Mometasone
2. Zyrtec	B. Loratadine
3. Xyzal	C. Famotidine
4. Claritin	D. Montelukast
5. Zantac	E. Levocetirizine
6. Pepcid	F. Diphenhydramine
7. Astelin	G. Ranitidine
8. Flonase	H. Fluticasone
9. Nasonex	I. Loratadine
10. Allegra	J. Cetirizine
11. Benadryl	K. Azelastine
12. Alavert	L. Fexofinadine

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