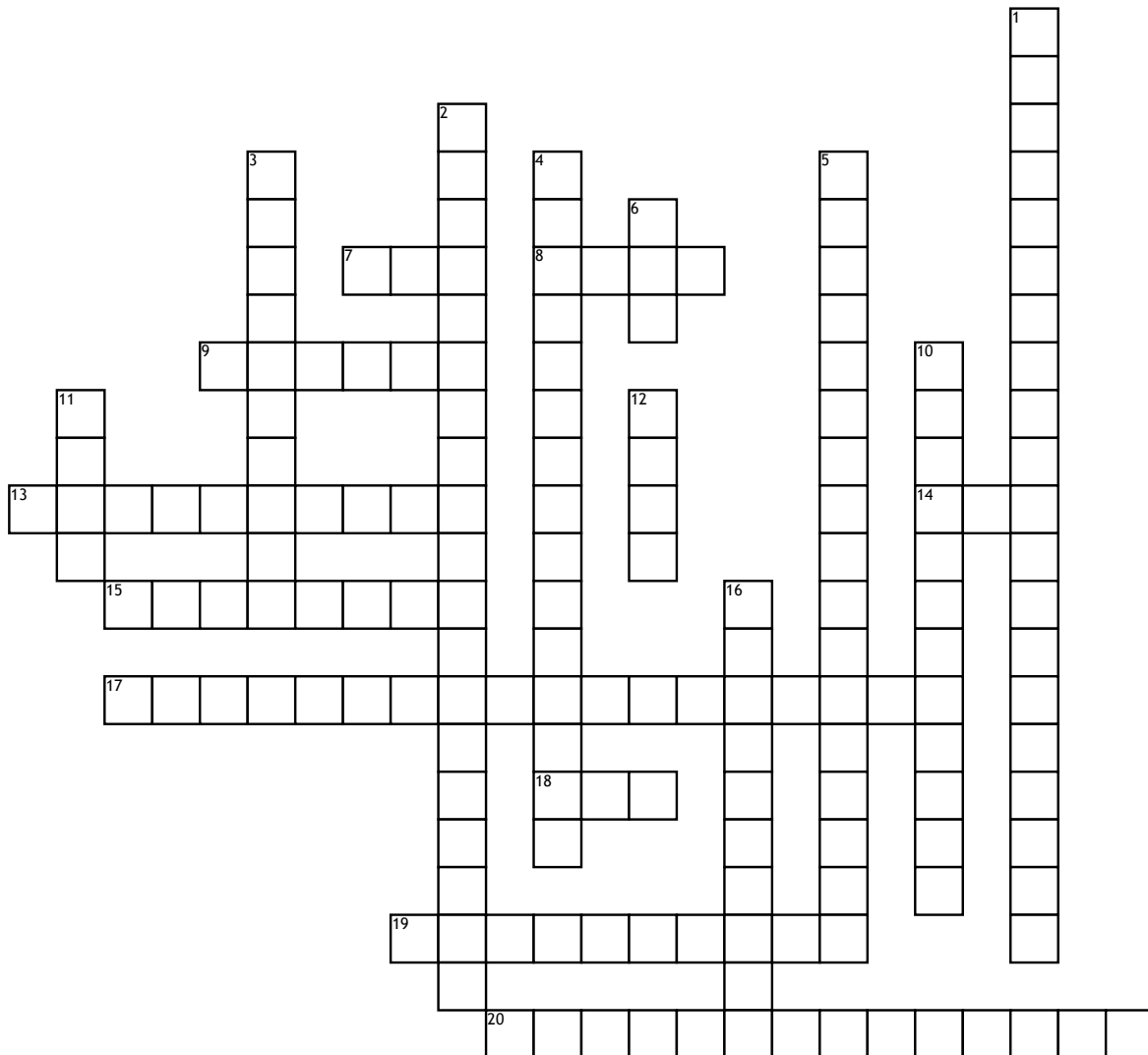


Name: _____

Date: _____

Is the RX / DX Covered?



Across

- 7. Hives or Chronic Hives
- 8. Firdapse
- 9. Albuterol
- 13. Psoriatic Arthritis
- 14. G12.21
- 15. G43.1
- 17. C83.12
- 18. Amerge

19. Porphyria cutanea tarda

20. Cystic fibrosis with other manifestations

Down

- 1. High Cholesterol
- 2. Eylea
- 3. Malignant neoplasm of unspecified kidney, except renal pelvis

4. C90.00

5. Parkinson's Disease

6. M80.021

10. Androxy

11. Apazone

12. Vitamins

16. Harvoni