Antifraud Effort Could Help Trim Medicaid Costs

BY NELLIE BRISTOL Contributing Writer

WASHINGTON — Private bounty hunters are one way to fight fraud in the Medicaid program, according to Stan Dorn, J.D., senior analyst at the Economic and Social Research Institute.

Successfully used by Medicare, the bounty hunter approach allows whistle-blowers to share in funds recovered through prosecutions under the False Claims Act. According to recommendations developed by Andy Schneider, J.D., Medicaid policy expert for Taxpayers Against Fraud, Congress could bolster Medicaid whistle-blower opportunities by increasing federal payments to states that enact their own False Claims Act and by offering whistle-blowers a minimum of 20% of the federal share of any recovered funds.

At a policy forum sponsored by the American Public Health Association, Mr. Dorn included enhanced fraud reduction efforts among nine budget-cutting options that would trim the cost of the program without capping spending or enrollment. Congress is expected to propose Medicaid program changes this year that will cut \$10 billon in federal spending over 5 years.

Mr. Dorn offered other cost savings ideas, such as improving case management for the chronically ill and implementing community-based obesity prevention strategies. The Bush administration in its fiscal year 2006 budget proposed reducing Medicaid

effects in the nursing infant have not been documented, withdrawal can occur in breast-feeding infants when maternal administration of an opioid analgesic is discontinued. Because of the potential for serious adverse reactions in nursing infants from the oxycodone present in Combunox, a decision should be made whether to discontinue nursing or to discon-tinue the drug, taking into account the importance of the drug to the mother. **Periatic Use**

Pediatric Use In the placebo-controlled, clinical studies of pain following dental surgery, 109 patients between the ages of 14 and 17 years were administered a single dose of Combunox. No apparent differ ences were noted in the safety of Combunox in patients below and above 17 years of age Combunox has not been studied in patients under 14 years of age.

buildown as hot been studied in patients time if years or ega. **aftic Use** let total number of subjects in clinical studies of Combunox, 89 patients were 65 and over, 6 67 patients were 75 and over. No overall differences in safety were observed between e subjects and younger subjects, and other reported clinical experience has not identified rences in responses between the elderly and younger patients, but greater sensitivity of e defar individuals cannot be ruled out. rever, because the elderly may be more sensitive to the renal and gastrointestinal effects of storida and "influentmatory agents as well as possible increased risk of respiratory depres-with opioids, extra caution should be used when treating the elderly with Combunox.

sion with opioids, exita caution should be used much as a single dose analgesia trials in which a **ADVERSE REACTIONS**. Listed below are the adverse event incidence rates from single dose analgesia trials in which a total of 2437 patients received either Combunox, luporden (400 mg), oxycodone HCI (5 mg), or placebo. Adverse event information is also provided from an additional 334 patients who were exposed to Combunox in a multiple dose analgesia trial, without placebo or active component comparison arms, given up to four times daily for up to 7 days.

Adverse Events Which Occurred at a Frequency of \geq 1% and at a Higher Incidence than in the Placebo Group in Single Dose Studies

	5/400 mg (n=923)	400 mg Ibuprofen (n=913)	5 mg Oxycodone HCI (n=286)	Placebo (n=315)	
Digestive					
Vausea	81 (8.8%)	44 (4.8%)	46 (16.1%)	21 (6.7%)	
/omiting	49 (5.3%)	16 (1.8%)	30 (10.5%)	10 (3.2%)	
latulence	9 (1.0%)	7 (0.8%)	3 (1.0%)	0	
Nervous System					
Somnolence	67 (7.3%)	38 (4.2%)	12 (4.2%)	7 (2.2%)	
Dizziness	47 (5.1%)	21 (2.3%)	17 (5.9%)	8 (2.5%)	
Skin and Annendanes					

 String
 String

 Sweat
 15 (1.5%)
 7 (0.8%)
 4 (1.4%)
 1 (0.3%)

 Adverse events that were reported by at least 1% of patients taking Combunox but were observed at a greater incidence in the placebo treated patients were fever, freatdache and prurtus. Adverse events that occurred in the sist than 1% and in a tit asst two Combunox treated patients in Single Duse studies not listed above include the following. Body as Whole: abdominal pain, sathenia, chest pain, enlarged addomen. Cardiovascular System: hypotension, syncope, tachy-cardia, vasodilation. Digestive System: constipation, dry mouth, dyspepsia, eructation, ileus Henric and Lynophatic System: anemia. Metabolic and Murtitional Disorders: celence, tachy-cardia, vasodilation. Dirgenital System: constipation, dry mouth, dyspepsia, eructation, ileus Adverse events that occurred in the Multiple Dose study in at least 2% of patients treated with Combunox include the following: Body as Whole: sathenia (333), fever (30%), headache (10.2%), Cardiovascular System: vasodilation (3.0%). Digestive System: constipation (4.5%), dartrea (2.1%), dyspepsia (2.1%), nusea (25.4%), vomiting (4.5%). Nervous System: dizzi-ness (19.2%), somolence (17.4%). Adverse events that occurred in thes Stat 2% of and at least two Combunox treated patients in the Multiple Dose study not listed previously include the following: Body as Whole: Lack pain, chills: interton. Cardiovascular System: thoroghelbbits. Hemme and ymphaties System: ecchymosis. Metabolic and Nutritional Disorders: hypokalenia, Musculoskeletal System: etchymosis. Metabolic and Nutritional Disorders: hypokalenia, Musculoskeletal System: entities, Nervous System: cardiorand string and frequency.
15 (1.6%) 7 (0.8%) 4 (1.4%)

uency. UG ABUSE AND DEPENDENCE mbunox contains oxycodone, which is a mu-opioid agonist with an abuse liability similar to er opioid agonists and is a Schedule II controlled substance. Combunox, and other opioids din analgesia, can be abused and are subject to criminal diversion. Jiction is a primary, chronic, neurobiologic disease, with genetic, psychosocial, and environ-nal factors influencing its development and manifestations. It is characterized by behaviors tinclude one or more of the following, impaired control over drug use, compulsive use, con-

Addiction is a primary, chronic, neurobiologic disease, with genetic, psychosocial, and environ-mental factors influencing tils development and maintistations. It is charactorized by behaviors that include one or more of the following: impaired control over drug use, compulsive use, con-tinued use despite harm, and craving. Drug addiction is a treatable disease utilizing a multilis-ciplinary approach, but release is common. "Drug seeking" behavior is very common in addicts and drug abusers. Drug-seeking tactics include emergency calls or visits near the end of office hours, refusal to undergo appropriate examination, testing or referral, repeated "loss" of prescriptions, tampering with prescriptions and reluctance to provide prior medical records or contact information for other treating physi-cian(s). "Doctor shopping" to obtain additional prescriptions is common among drug abusers and people suffering from untreated addiction. "Abuse and addiction are separate and discusses and addiction are separate and distinct from physical dependence usual y assumes clinically significant dimensions after several days to weeks of continuous opioid use. Tolerance, in which increasingly large doses are required in order to pro-duce the same degree of analgesia, is manifested initially by a shorter duration on cour in the absence of true addiction and is characterized by misuse for non-medical purposes, often in the absence of true addiction and is characterized by misuse for non-medical purposes, often in the absence of true addiction and is characterized by misuse. Combuno, like other opport, six strongly advised. Proper assessment of the patient, proper prescribing information, including quantity, frequency, and renewal requests is strongly advised.

Following an acute overdosage, toxicity may result from oxycodone and/or ibuprofen. Signs and Symptoms: Acute overdosane with every d

Following an acute benetosage, lockuly may result notin toyclobolic and/or holpholen. Signs and Symptoms: Acute overdosage with oxycodone may be manifested by respiratory depression, somolence progressing to stupor or coma, skeletal muscle flaccidity, cold and darnimy skin, constricted pupils, bradycardia, or hypotension. In severe cases death may occur. The toxicity of lumprefor overdose is dependent on the amount of drug ingested and the time elapsed since ingestion, although individual response may vary, necessitating individual evaluation of each case. Although uncommon, serious toxicity and death have been reported in the medical literature with ibuprofen overdosage. The most frequently reported symptoms of ibuprofen overdose include abodiminal pain, nausea, vontiling, lethargy, and drowinses. Other central nervous system symptoms include headache, tinnitus, CNS depression, and seizures. Cardiovascular toxicity, including hypotension, bradycardia, tachycardia, and atrial fibrillation, have also been reported.

have also been reported. Treatment: In the treatment of opioid overdosage, primary attention should be given to the re-establishment of a patent airway and institution of assisted or controlled vertiliation. Supportive measures (including oxygen and vasopressors) should be employed in the management of circulatory shock and pulmonary deoma accompanying overdose, as indicated. Cardiac arrest or antryth-mias may require cardiac massage or definitiation. The narcotic antagonist nalxone hydrochind die is a specific antidote against respiratory depression, which may result from overdosage or unusual sensitivity to narcotics including oxycodone. An appropriate dose of nalxone hydrochindis should be administered intravenously with simultaneous efforts at respiratory resuscitation. Since the duration of action of oxycodone may exceed that of the nalxone, the stomator should be administered as needed to maintain adequate respiratory. Management of hypoten-sion, acidoss and gastrointestinal belefing may be necessary. In cases of acute overdose, the stomach should be deministered consciounses or overdoses greater than 400 mg/kg of the ibuproten component in children because of the risk for convulsions and the potential for aspi-ration of gastro contents.

Forest Pharmaceuticals, Inc.

11/04 © 2004 Forest Laboratories. Inc. funding by reforming the program's drug purchasing system and limiting asset transfers that qualify seniors for long-term care.

Limits on spending and benefits are not part of any current federal budget plans, but lawmakers are looking broadly at Medicaid reform proposals; caps could be considered as part of those, Mr. Dorn noted at the forum, cosponsored by the Joint Center for Political and Economic Studies.

Not only would caps affect Medicaid recipients, but they could prove detrimental to the economy, Mr. Dorn said. Medicaid must provide benefits to all of those eligible, so most of the program is economically "countercyclical," he said, meaning it expands as the economy contracts. This makes health benefits available to low-income individuals and contributes to the flow of funds to health care providers and, in turn, other sectors of the economy.

To capitalize on Medicaid's stabilizing effects, Mr. Dorn suggested that federal matching rates could automatically rise when the economy slows.

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Combunox≻ (Oxycodone HCI and Ibuprofen) Tablets 5 mg/400 mg FOREST I ABORATORIES Rx only

Differ Summary: For complete details, please see full prescribing information for Combunox. INDICATIONS AND USAGE Combunox tablets are indicated for the short term (no more than 7 days) management of acute, moderate to severe pain.

TRANDICATIONS bunxx should not be administered to patients who have previously exhibited hypersensitiv-oxycodone HCI, buprofen, or any of Combunox's components, or in any situation where ds are contraindicated. This includes patients with significant respiratory depression (in indired settings or the absence of resuscitative explorment) and patients with acute or te bronchial asthma or hyperaratia. Combunox is contraindicated in any patient who has or spected of having paralytic lieus. Combunox should not be given to patients who have or-ed asthma, urticaria, or allergic-type reactions after taking aspirin or other NSAIDs, Severe hybactoid reactions to NSAIDs, some of which were tatal, have been reported in such its (sew VANINUES- Anaphytection Reactions, and PREAUTIONS - Pre-existing Asthma, its known to be hypersensitive to other opioids may exhibit cross-sensitivity to oxycodone. NINSS

WARNINGS Musue Abuse and Diversion of Opioids Comburox contains oxycodone, which is an opioid agonist, and a Schedule II controlled substance. Opioid agonists have the potential for being abused and are sought by abusers and people with addiction disorders, and are subject to diversion. Comburox can be abused in a manner similar to other opioid agonists, legal or illiot. This should be considered when prescribing or dispensing Combunox in situations where the physi-cian or pharmacist is concerned about an increased risk of misuse, abuse or diversion (see DRUG ABUSE AND DEFENDENCE). Respiratory Depression

Is ABUSE AND DEPENDENCE). indony Depression adone may produce dose-related respiratory depression by acting directly on the brain respiratory centers. Oxycodone HCI also affects the center that controls respiratory m, and may produce irregular and periodic breathing. Respiratory depression occurs most ently in elderly or deblitate patients, usually following large initial doses in non-tolerant rits, or when opioids are given in conjunction with other agents that depress respiration. buros should be used with extreme caution in patients that spirate may allowed the onary disease or cor pulmonale, and in patients having substantially decreased respiratory w, hypoxia, hypercanjna, or pre-existing respiratory depression. In such patients, even it therapeutic doses of Combunox may decrease respiratory drive to the point of agnea.

Usual introducto doctave Combunox, like all opioid analgesics, may cause severe hypotension in an individual whose abil-ity to maintai biodo pressure has been compromised by a depleted blood volume, or after con-current administration with drugs such as phenothiazines or other agents which compromise vasomotor tone. Combunox may produce orthostatic hypotension in ambulatory patients, combunox, like all opioid analgesics, should be administered with caution to patients in circu-latory shock, since vasodilatation produced by the drug may further reduce cardiac output and hond nescure.

blood pressure. Head Injury and Increased Intracranial Pressure The respiratory depressant effects of opioids and their capacity to elevate cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, intracranial lesions or a pre-avisiting increase in intracranial pressure. Furthermore, opioids produce adverse reactions that may obscure the clinical course of patients with head injuries.

and obscure the clinical course or patients with new marked and the clinical course of patients with acute Abdominal Conditions administration of opioids may obscure the diagnosis or clinical course of patients with acute

minal conditions. rointestinal (G) Effects us gastrointestinal toxicity, such as inflammation, bleeding, ulceration, and perforation of stomach, small intestine or large intestine, can occur at any time, with or without warning potens. in patients treated with non-steroidal anti-finammatory drugs (NSADIS) such as rolen. Minor upper G) problems, such as dyspepsia, are common and may also occur at any during NSAUD therapy. Therefore, physicians and patients should remain alert for ulceration bleeding even in the absence of previous GI tract symptoms. Even short term therapy is no start of the start of t

risk. should be prescribed with extreme caution in those with a prior history of ulcer disease ointestinal bleeding. Most spontaneous reports of fatal GI events are in elderly or debil-elitents and, therefore, special care should be taken in treating this population. To mini-p otential risk for an adverse GI event the treatment period should be of the shortest duration. For high risk patients, alternate thereapies that do not involve NSADs should be NSADs.

usered. ion to a past history of ulcer disease, pharmaceepidemiological studies have identified other co-therapies or co-morbid conditions that may increase the risk for GI bleeding treatment with and corticosteroids, treatment with anticoagulants, longer duration of herapy, smoking, and alcoholism. Larbid Reactions

lactical Reactions lactoid Reactions may occur in patients without known prior exposure to Combunox. now should not be given to patients with the aspirint triad or a history of angioedema. The locally occurs in a suffmatic patients with one operience funitis with or without nasal polyce, exhibit severe, potentially fatal bronchospasm after taking aspirin or other NSAIDs. Fatal is to NSAIDs have senter reported in such patients (see CONTRAINDICATIONS and UTIONS - Pre-avesting Astima). Emergency help should be sought when anaphylocidout 10 MS - The case time for the more provided in such patients (see The anaphylocidout).

reaction occurs. Advanced Renal Disease In patients with advanced kidney disease, treatment with Combunox is not recommender However, if Combunox therary must be initiated, due to the NSAID component, close monitor ing of the patient's kidney function is advisable (see PRECAUTIONS - Renal Effects). Pernanov.

Pregnancy As with other NSAID-containing products, Combunox should be avoided in late pregnancy because it may cause premature closure of the ductus arteriosus. Interactions with Alcohol and Drugs of Abuse Oxycodone may be expected to have additive effects when used in conjunction with alcohol, other opioids, or illicit drugs that cause central nervous system depression.

eral cial Risk Patients

Hisk Patents any opioid analgesic agent, Combunox tablets should be used with caution in elderly or ted patients, and those with severe impairment of hepatic, pulmonary or renal function, vyodism, Addisors of sidease, acute alcoholism, convolisive disorders, CDS depression or delirium tremens, kyphoscoliosis associated with respiratory depression, toxic psy-prostatic hypertrophy or urethral stricture. The usual precautions should be observed possibility of respiratory depression, pastural hypotension, and altered menial states

The possibility of respiratory depression, possural hypotension, and alered mental states in Pancreat/DBlary Tact Disease hubunox may cause spasm of the sphincter of Oddi and should be used with caution in iterits with Dilary tract disease, including acute pancreatitis. Opioids like Combunox may se increases in the serum arrylase level.

ne suppresses the cough reflex; as with other opioid containing products, caution should ised when combunox is used postoperatively and in patients with pulmonary disease.

be exercised when Combunox is used postoperativery and an post-Effect on Dagnostic Signs The antipyretic and anti-inflammatory activity of ibuprofen may reduce fever and inflammation, thus diminishing their utility as diagnostic signs in detecting complications of presumed nonin-fectious, noninflammatory painful conditions.

thus diminishing their turity as unsurvey as the effectives, nonlinear market provide the elevations of one or hepatic Effects. As with other NSAIDS, buprofen has been reported to cause borderline elevations of one or more liver enzymes; this may occur in up to 15% of patients. These ahormailities may progress, may remain essentially unchanged, or may be transient with continued therapy. Notable (3 times the upper limit of norma) elevations of SGPT (ALT) or SGOT (AST) occurred in controlled chin-cal trais in less than 1% of patients. A patient with symptoms and/or signs suggesting liver dysfunction, or in whom an abnormal liver test has occurred, should be evaluated for evidence of the development of more severe hepatic reactions withe on therapy with Combunos. Severe hepatic reactions, including jaundice and cases of fatal hepatits, have been reported with liburyofen as with other NSAIDs. Although such reactions are rare, if ahormal liver tests persis or worsen, if clinical signs and symptoms consistent with liver disease develop, or if systemir maintestations occur (e.g. ecosinophilar, rash, etc.), Combunox should be discontinued. Rarial Effects

nal Effects ution should be used when initiating treatment with Combunox in patients with considerabil virtaton. It is advisable to rehydrate patients first and then start therapy with Combunox ution is also recommended in patients with pre-existing kidney disease (see WARNINGS

Caution is also recommended in patients with pre-existing kidney disease (see WARNINGS -Advanced Rena Disease). As with other NSAIDs, long-term administration of Ibuprofen has resulted in renal papilign necrosis and other renal pathologic changes. Renal toxiciv has also been seen in patients in which renal protosignations have a compensatory role in the maintenance of renal perfusion. In these patients, administration of a nonsteroidal anti-inflammatory drug may cause a dose-dependent reduction in prostaglandin formation and, secondarily, in renal blood flow, which may

precipitate overt renal decompensation. Patients at greatest risk of this reaction are those with impaired renal function, heart failure, liver dysfunction, those taking diuretics and ACE inhibitors, and the elderly. Discontinuation of nonsteroidal anti-inflammatory drug therapy is usually fol-lowed by recovery to the pretreatment state. Ibuprofer metabolities are eliminated primarily by the kidneys. The extent to which the metabo-lites may accumulate in patients with renal failure has not been studied. Patients with signifi-cantly impaired renal function should be more closely monitored. cal Effects ike other NSAIDs, can inhibit platelet aggregation but the effect is quantitative ter duration than that seen with aspirin. Ibuorofen has been shown to prolong

and of shorter duration than that seen with aspirin. Ibujoroten has been shown to protong bleed-ing time in normal subjects. Because this protonged bleeding effect may be exagerated in patients with underlying hermostatic defects. Combunox should be used with caution in persons with intrinsic coagulation defects and those on anticaqulant therapy. Aremia is sometimes seen in patients receiving ISAIDs, including bupofen. This may be due to fluid retention, GI loss, or an incompletely described effect upon erythropoless. Fluid Retention and Edema Fluid retention and edema have been reported in association with buprofer; therefore, the drug should be used with caution in patients with a history of cardiac decompensation, hypertension

In terrore and the used with caution in patients water heart failure. existing Astma tients with astma may have asplirin-sensitive asthma. The use of aspirin in patients with prior-assitive astima has been associated with severe bronchospasm, which may be fatal, nee cross-reactivity between aspirin and other NSADs has been reported in such asplirin-nsitive patients. Combuox should not be administered to patients with this form of aspirin-nsitivity and should be used with caution in patients with pre-existing asthma. Septic Meningitis aptic meningitis with fever and coma has been observed on rare occasions in patients on uprofer herapy. Although it is probably this use diseases, it has been reported in patients who do of have an underlying chronic disease. If signs or symptoms of meningitis develop in a patient no Combunot, the possibility of its being related to proferent should be considered. **Internation for Patients**

on Combunox, the possibility of tiss being related to liquorden should be considered. Information for Patients Combunox, similar to other opioid-containing analgesics, may impair mental and/or physical abilities required for the performance of potentially hazardous tasks such as driving a car or operating machinery, patients should be cautioned accordingly. The combination of this product with alcohol and other CNS depressants may produce an addi-tice CNS depression and should be avoided. Combunox can be abused in a manner similar to other opioid aponists, legal or illicit. Patients should task the drug only for as long as it is prescribed, in the amounts prescribed, and no more frequently than prescribed.

Indexently that be get that the bring of the bring to the presence in the indexine presence and the inter-forgenetity that bring sorthed is a second of the second of the

Laboratory Tests A decrease in hemoglobin may occur during Combunox therapy, and elevations of liver enzymes may be seen in a small percentage of patients during Combunox therapy (see PRECAUTIONS -Hematological Effects and PRECAUTIONS - Hepatic Effects). In patients with severe hepatic or renal disease, effects of therapy should be monitored with liver and/or renal function tests.

Drug Interactions

The programmed and the standard of the standard standard of the standard of the standard of the standard stand

degree of respiratory depression. Ibuprofen ACE-Inhibitors: Reports suggest that NSAIDs may diminish the antihypertensive effect of ACE-Inhibitors: This interaction should be given consideration in patients taking Combunox concomitantly with ACE-inhibitors. Applin: As with other products containing NSAIDs, concomitant administration of Combunox and aspirin is not generally recommended because of the potential of increased adverse effects. Durnetics: Ibuprofen has been shown to reduce the nativnetic effect of furusemide and thiazides in some patients. This response has been attributed to inhibition of renal prostaglandin synthe-sis. During concomitant therapy with Combunox the patient showld be observed closely for signs of renal failure (see PRECAUTIONS - Renal Effects), as well as duretic efficacy. Lithium: Ibuprofen has been shown to beduce the inhibition of renal prostaglandin synthesis by ibuprofen. Thus, when Combunox and tithium are administered concurrently, patients should be observed for signs of lithium toxicity.

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Pregram: Category C Animal studies to assess the potential effects of the combination of oxycodone and ibuprofen on embryo-tetal development were conducted in the rat and rabbit model. Pregnant rats were treated by oral gavage with combination doess of oxycodone:ibuprofen mgk/gday (U252, 0.540, 1.308, 0.200, 0.21.616) on days 7-16 of gestation. There was no evi-dence for developmental toxicity or teratogenicity at any dose, although maternal toxicity was noted at doess of 0.540 and above. The highest dose steets in the rat (200160 mgk/gday) on a body sur-face area (mg/me) basis. This dose was associated with maternal toxicity (death, clinical signs, decreased BW).

Tace area (mg/m²) basis. This does was associated with maternal toxicity (death, clinical signs, decreased BW). Pregnant rabbits were treated by oral gavage with combination doses of oxycodone/buprofen (0.33:0, 0.75:0, 15:0.12:0.03:0.024 mg/kg/day) negatiation days 7:19. Oxycodone/buprofen treatment was not treatogenic under the conditions of the assay. Maternal toxicity was noted at doses of 1.5:12.01 (educed body weight and food consumption) and 3:240 mg/kg/day (mortality). The no adverse effect level (NQAEL) for maternal toxicity, 0.75:60 mg/kg/day, is was noted at the highest dose, which is approximately 3 lines the MHHD on a mg/m² basis, and is likely due to maternal toxicity. The fetal NQAEL of 1.5:0120 mg/kg/day is approximately 1.5 lines the MHHD on a mg/me basis. There are no adequate and well-controlled studies in pregnant women. Combunox should be used during pregnancy only if the potential hereit lustifies the potential risk to the fetus. Because of the ibuprofen component, Combunox should no be used during the first dimester with third trimsetter of pregnancy because it nould cause prolems in the unborn child (premature dosure of the ductus arteriosus and pulmonary hypertension in the fetus/neonate). Labor and Delivery

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Combunox should not be used during the third trimester of pregnancy due to the potential for biprofent to inhibit prostagiandin synthetase which may prolong pregnancy and inhibit labor. Oxycodone is not recommended for use in women during and immediately prior to labor and delivery because or alopioids may cause respiratory depression in the newborn. **Nursing Mothers** Duprofen is not transferred to breast milk in significant quantities. The American Academy of Pediatrics classified foluprofen as compatible with threastheding. In studies using a 1 mcg/mL assay, biprofen was not detected in the milk of lactating mothers. Oxycodone is excreted in neonates whose mothers were taking narcotic analgesics during pregnancy. Although adverse