

## Racehorse Medication Rules To Be Uniformed

Eight states -- New York, New Jersey, Pennsylvania, Massachusetts, Delaware, Maryland, Virginia and West Virginia -- pledged on March 12 to adopt uniform medication rules for racehorses. The program, facilitated by the [Thoroughbred Horsemen's Association](#) (THA), is slated to begin by the end of 2013 and be universally implemented by January 2014.

THA Chairman Alan Foreman said uniformity is critically important to those states of the Mid-Atlantic and Northeast and we have 18 racetracks that operate within a 200-mile radius of each other, horses moving interstate, and in some instances horsemen who are racing horses in more than one state.

Bernard Dowd, DVM, a racetrack practitioner serving at Monmouth Park in New Jersey, Parx Racing in Pennsylvania, and Aqueduct Racecourse and Belmont Park in New York, welcoming the rules said, sometimes I walk into a barn in the morning with horses going to three states in one day and added previously we'd have three different regulatory issues occurring in all three states, so this program is very welcome.

The catalyst for the agreement was in part a report from the New York Task Force on Racehorse Health and Safety.

Under the agreement, called the Mid Atlantic Uniform Medication and Testing Program, medications are divided into two categories: (1) controlled therapeutic substances and (2) prohibited substances. The 24 therapeutic medications are those that practicing veterinarians, regulatory veterinarians, industry chemists and pharmacologists say are routinely used and necessary to treat illness or injury in horses. Among the organizations consulted were the American Association of Equine Practitioners (AAEP), the Racing Medication and Testing Consortium, and the Association of Racing Commissioners International.

The list of 24 permitted medications includes:

<b>Drug</b>	<b>Dose/Route</b>	<b>Withdrawal (no pre- race treatment within)</b>	<b>Threshold</b>
Acepromazine	0.05 mg/kg IV (single dose)	48 hours	10 ng/ml HEPS (applicable metabolite) in urine
Betamethasone	9 mg IA only—1 joint	7 days	10 pg/ml of plasma or serum
Butorphanol	0.1 mg/kg IV (single	48 hours	300 ng/ml of total butorphanol in

	dose)		urine, or 2 ng/ml of free butorphanol in plasma
Clenbuterol	0.8 µg/kg PO twice daily	14 days	140 pg/ml of urine or LOD in plasma or serum
Dantrolene	500 mg PO	48 hours	100 pg/ml 5-hydroxydantrolene in plasma or serum
Detomidine	40 µg/kg single sublingual dose	72 hours	LOD in plasma or 1 ng/ml of carboxydetomidine in urine
Dexamethasone	0.05 mg/kg IV, IM, PO	72 hours	5 pg/ml of plasma or serum
Diclofenac (topical)	5-in ribbon topically	48 hours	5 ng/ml of plasma or serum
DMSO	PO, IV	48 hours	10 µg/ml of plasma or serum
Firocoxib	0.1 mg/kg PO daily for four days	14 days	20 ng/ml of plasma or serum
Flunixin	1.1 mg/kg IV single dose	24 hours	20 ng/ml of plasma or serum
Furosemide	Maximum 500 mg IV single dose	4 hours	100 ng/ml of plasma or serum
Glycopyrrolate	1 mg IV single dose	48 hours	3 pg/ml of plasma or serum
Ketoprofen	2.2 mg/kg IV single dose	24 hours	10 ng/ml of plasma or serum
Lidocaine	200 mg SC	72 hours	20 pg/ml of total 3OH-lidocaine in plasma
Mepivacaine	0.07 mg/kg SC single dose	72 hours	10 ng/ml of total hydroymepivacaine in urine or LOD in

			plasma
Methocarbamol	0.15 mg/kg single dose IV or 5 g orally	48 hours	1 ng/ml of plasma or serum
Methylprednisolone* (IA only)	100 mg—1 joint	21 days*	100 pg/ml in plasma or serum
Omeprazole	3.9 mg/kg PO single dose	24 hours	1 ng/ml of urine
Phenylbutazone (IV only)	2.2 mg/kg IV single dose	24 hours	2 µg/ml of plasma or serum
Prednisolone	1 mg/kg PO	48 hours	1 ng/ml plasma or serum
Procaine penicillin**	IM	Entry**	25 ng/ml of plasma
Triamcinolone acetoneide	9 mg IA—1 joint	7 days	100 pg/ml of plasma or serum
Xylazine	IV	48 hours	0.01 ng/mg of plasma or serum

\*Methylprednisolone following intraarticular administration of 100 mg can be detected at 100 pg/ml for up to 21 days. Its use is therefore problematic.

\*\*Mandatory six-hour surveillance of horse prior to post. Administration must be reported to the commission.

Of these 24 therapeutic medications, [Furosemide](#) is the only one permitted to be given on race day. And it must be administered under controlled circumstances by a veterinarian designated by the state racing commission to perform that service.

We felt if we had uniformity, it would close a lot of the loopholes, improve public confidence and perception of racing integrity, and clarify for the owners, trainers and veterinarians what the ground rules were, said Kathleen Anderson, DVM, vice chair of the AAEP Racing Committee and a Maryland practitioner and added uniformity thus became a primary objective.

The rules governing corticosteroids will help clarify the environment for veterinarians and improve their ability to assess horses going into races, Anderson believes.