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January 6, 2020

INTRA-ARTICULAR INJECTION AND CORTICOSTEROID ADMINISTRATION ADVISORY

At its December 13, 2019 Board Meeting the ARCI Board of Directors, upon the recommendation of the RMTC, approved a Model Rule for horses engaged in flat and jumps racing that:

- 1) **Establishes a mandatory 14-day stand-down period following an intra-articular injection, and**
- 2) **Prohibits stacking of corticosteroids** (the presence of more than one corticosteroid in a horse's post-race sample).

To assist veterinarians and horsemen with compliance, the RMTC advises the following:

1. MINIMUM withdrawal interval recommendations for systemically administered (IV, PO) corticosteroids:

Dexamethasone: 120 hours (5 days)
Prednisolone: 48 hours

This withdrawal guidance is based on the European Horseracing Scientific Liaison's Detection Times as determined from administration studies.

[https://www.ehslc.com/images/uploads/documents/EHSLC_DETECTION_TIMES_\(updated_June_2019\).pdf](https://www.ehslc.com/images/uploads/documents/EHSLC_DETECTION_TIMES_(updated_June_2019).pdf) Note that Detection Times specifically relate to a single dose and route of administration. The use of alternative doses, routes of administration, and dosing frequency can affect Detection Times, and may warrant a withdrawal interval longer than the published Detection Time.

2. Intramuscular injection will increase corticosteroid detection time by weeks and potentially months. To the extent that intramuscular injection of a corticosteroid is medically warranted, it is advisable to perform clearance testing before entry of the treated horse.
3. The 14-day stand down period will be a sufficient* withdrawal interval for intra-articular injection of betamethasone, isoflupredone, and triamcinolone in a single joint at a dose of:

Betamethasone: 9 mg
Isoflupredone: 20 mg
Triamcinolone: 9 mg
4. Intra-articular injection of methylprednisolone requires a longer withdrawal interval than the 14-day stand down period. It is advisable to perform clearance testing of blood and urine before entry for horses having received methylprednisolone injections.

*For all corticosteroids dose, joint(s) treated, and injection technique can impact detection time and should be considered in determining a withdrawal interval from treatment to race. Clearance testing is advisable for injections in the lower hock or stifle joints due to the risk of subcutaneous deposit of medication (hocks) or deposition of medication into a fat pad (stifles), either of which can delay medication clearance.



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December 17, 2019

Advisory

Non-steroidal Anti-inflammatory Drugs (NSAIDs): 48-hour Restricted Administration Time and Prohibition on Stacking

At its November 15, 2019 Board Meeting, the RMTC approved a draft Model Rule that prohibits:

- 1) The administration of NSAIDs within 48 hours of a race
- 2) NSAID stacking (the presence of more than one NSAID in a horse's post-race sample—plasma/serum and/or urine).

The Model Rule was adopted by the Association of Racing Commissioners International at its December 13, 2019 meeting.

To assist veterinarians and horsemen in compliance, the RMTC offers the following guidance:

If one of the following--Phenylbutazone (Bute), Ketoprofen (Ketofen) or Flunixin (Banamine)--is to be administered at 48 hours prior to post time for the race in which the horse is entered, the following minimum withdrawal intervals are recommended to avoid a stacking violation in a post-race sample:

Diclofenac	168 hours (7 days)
Firocoxib	15 days
Flunixin (IV)	144 hours (6 days)
Ketoprofen (IV)	96 hours (4 days)
Phenylbutazone (IV)	168 hours (7 days)

Oral administration will increase the detection time; therefore it is not recommended to orally administer any NSAID at 48 hours.

Withdrawal guidance for firocoxib (Equioxx), flunixin (Banamine), ketoprofen (Ketofen), and phenylbutazone is based on published European Horserace Scientific Liaison Committee detection times. [https://www.ehslc.com/images/uploads/documents/EHSLC_DETECTION_TIMES_\(updated_June_2019\).pdf](https://www.ehslc.com/images/uploads/documents/EHSLC_DETECTION_TIMES_(updated_June_2019).pdf) These detection times were determined from administration studies; dose, route of administration, frequency of dosing, and number of horses in each study are described. These detection times represent a minimum recommended interval from treatment to racing. In consideration of the information provided and individual risk aversion, it may be appropriate to extend a withdrawal interval beyond the detection time.

Withdrawal guidance for diclofenac (Surpass) is based on "Urinary and serum concentrations of diclofenac after topical application to horses; Anderson D, Kollias-Baker C, Colahan P, Keene RO, Lynn RC and Hepler DI, Vet Ther. 2005 Spring; 6(1):57-66. Given the potential for variability in dosing this topical cream, an increased withdrawal interval for serial treatments is advisable.