QUICK REFERENCE GUIDE

FOR THE ANTI-DOPING & MEDICATION CONTROL PROGRAM

RMTC WITHDRAWAL GUIDANCE RECOMMENDATIONS

MEDICATIONS:

Medication	Withdrawal
ACEPROMAZINE	72 hours
BUTORPHANOL	96 hours
CETIRIZINE	72 hours
CIMETIDINE	24 hours
DANTROLENE	96 hours
DETOMIDINE	48 hours
DEXAMETHASONE	96 hours
FUROSEMIDE	4 hours

Medication	Withdrawal
FUROSEMIDE 2yo and stakes races	48 hours for 2yos and stakes races
GLYCOPYRROLATE	96 hours
GUAIFENESIN	72 hours
LIDOCAINE	72 hours
MEPIVACAINE	120 hours
METHOCARBAMOL	72 hours
OMEPRAZOLE	24 hours
RANITIDINE	24 hours
XYLAZINE	96 hours

NSAIDS:

Medication	Withdrawal
FLUNIXIN	96 Hours
KETOPROFEN	72 Hours
PHENYLBUTAZONE	96 Hours (IV) 120 Hours (Oral)

Horsemen are urged to avoid combining the non-steroidal anti-inflammatory drugs Flunixin (Banamine®), Ketoprofen (Ketofen®), Diclofenac (Surpass®), Firocoxib (Equioxx®) and Phenylbutazone (Butazolidin®). Only one NSAID can be present in a post-race test sample below established thresholds. If more than one NSAID is detected in a post-race sample above the established thresholds, it is considered stacking and is a medication violation subject to penalty.

CORTICOSTEROIDS:

Medication	Withdrawal
BETAMETHASONE	14 days (racing or vet's list workout) or 7 days (routine workout)
ISOFLUPREDONE	14 days (racing or vet's list workout) or 7 days (routine workout)
TRIAMCINOLONE	14 days (racing or vet's list workout) or 7 days (routine workout)

COMPLETE RMTC GUIDANCE

Applies to single joint injections only. If injecting multiple joints, seek further guidance from your veterinarian.

DISCLAIMER:

The Withdrawal Guidance listed in this document is provided as a guide to horsemen and their veterinarians. It is neither endorsed nor reviewed by the Horseracing Integrity and Safety Agency (HISA). Moreover, the Withdrawal Guidance does not represent a guarantee or warranty by the RMTC that following the information will prevent a positive finding. Nor does this document relieve the trainer of the responsibility as the absolute insurer for medication overages. This document is solely meant to provide information to guide horsemen and their veterinarians as they perform an independent risk analysis.

The information contained herein is subject to change. As new research becomes available for each medication it may extend or decrease the time listed in the Withdrawal Guidance. Any subsequent change in this information based upon new research will be provided upon review by the Scientific Advisory Committee and approval by the RMTC Board.

The Detection Times listed in this document are based upon experimental data. That data is derived from as few as six (6) horses. The horses involved in these experiments were provided a single medication in a controlled environment and tested for only the presence of that medication at subsequent timepoints. The Withdrawal Guidance is derived from these Detection Times based upon a statistical analysis. Neither of these timepoints are intended to cover every situation in which a medication is administered.

Horses in these experiments are healthy. Sick horses may metabolize medications differently than healthy horses and this may result in prolonged Detection Times and make Withdrawal Guidelines irrelevant. Experimental horses may be subjected to different exercise plans, diets, and general husbandry which can potentially affect Detection Times and recommended Withdrawal Guidelines when compared to a horse in race training.

Use of a different formulation or concentration of the prescribed medication will likely change the elimination of the medication causing alterations to the Detection Times making the Withdrawal Guidelines inapplicable. The use of compounded medications represents another risk as these substances are produced absent regulatory oversight, and the concentration of drug, its stability and purity, have not been verified.

Furthermore, Detection Times and associated Withdrawal Guidelines are tied to the specified route of administration. In general, medications that are accidentally administered extravascular or outside of the joint space will have significantly different pharmacodynamics making the guidance in this document irrelevant. Additionally, oral administration of medication(s) or combining different medications or supplements may alter the Detection Time affecting the applicability of the Withdrawal Guidance. Extra caution must be taken to clean buckets, feed tubs, and stall environment after oral treatments have been administered.

The RMTC advises horsemen and veterinarians to use these findings as guidelines; they are not intended as guarantees of regulatory compliance. Though meant to be helpful, these are in no way intended to be strict principles that match all real-life situations. The RMTC cautions veterinarians and trainers that exact repetition of these medication dosages may still lead to unpermitted levels when an equine is tested. If horsemen or veterinarians have any concerns about a specific treatment or horse, they should request Clearance Testing from the Horseracing Integrity and Welfare Unit (HIWU).

BE AWARE THAT THE SAMPLES COLLECTED FROM ANY HORSE WORKING OFF THE VET'S LIST WILL BE TESTED TO THE SAME STANDARDS AS A POST-RACE SAMPLE, AND ANY POSITIVE TEST WILL RESULT IN THE SAME PENALTIES AS A POST-RACE POSITIVE.

WHAT YOU CAN AND SHOULD DO:

- **DO** consult with your vet on the administration of ALL medications.
- **DO** make sure that your vet is up to date on the new withdrawal guidelines from the RMTC.
- **DO** ensure that all medications in your barn are properly labeled with the name of the horse it was prescribed for.
- **DO** keep all medications securely stored.
- **DO** keep accurate records of all medications given by yourself or your staff, including the name of the horse, name and dosage of the medication, date and time of administration, prescribing vet, name of the person who administered the medication, and how it was administered (by mouth, in feed, topically, etc.).
- **DO** stop by the Horsemen's Association to pick up Treatment Record Books.

WHAT YOU CANNOT DO AT ANY TIME:

DO NOT use the following medications, which have newly been classified as BANNED SUBSTANCES and cannot be possessed or used for the treatment of a Covered Horse at any time:

- Ammonium chloride
- Carbazochrome (Kentucky Red®)
- Isoxsuprine
- Sarapin (Pitcher Plant Extract)
- Thyroxine

DO NOT use compounded medications unless your vet has valid medical justification for their use. Convenience and lower cost are NOT valid justification for using compounded medications.

WHAT YOU CANNOT DO BEFORE A ROUTINE TIMED PUBLISHED WORKOUT:

DO NOT approve/authorize administration of intra-articular joint injections within 7 days of a routine published workout.

DO NOT administer any NSAIDs, local anesthetics or analgesics within a minimum of 48 hours of a routine published workout.

WHAT YOU CANNOT DO BEFORE A RACE OR A WORK FOR VET'S LIST REMOVAL:

DO NOT approve/authorize administration of ANY joint injection within 14 days of a race or a Vet's List workout.

DO NOT administer two different NSAIDs within 7 days of a race or a Vet's List workout – NSAIDs include but are not limited to phenylbutazone (Bute), flunixin (Banamine®) and ketoprofen, dipyrone, DMSO, and meclofenamic acid (Arquel®).

DO NOT approve/authorize use of a nasogastric tube within 24 hours of a race or a Vet's List workout.

DO NOT administer any medication to a horse within a minimum of 48 hours of a race or a Vet's List workout, with the exception of the following, which can be administered up to 24 hours before post time or the time of the workout:

- Orally administered vitamins
- Only the anti-ulcer medications cimetidine (Tagamet®), omeprazole (Prilosec®) and ranitidine (Zantac®)
- Unsupplemented electrolyte solutions
- Altrenogest (Regumate®) for fillies and mares only

WARNING: The information on the Controlled Therapeutic Substances List does not constitute and is not a guaranty, warranty or assurance that the use of any of the therapeutic medications at the dosage and withdrawal time listed will not result in a positive post-race test. These guidelines are based upon the administration of a single medication. Combining medications or using multiple doses of single medication may significantly affect withdrawal times.