



### **Racing Medication (Santa Anita and Golden Gate Fields)**

Most medication regulations will not be affected by agreement between the Thoroughbred Owners of California and The Stronach Group. The major changes would require changes in the use of the following three classes of medications:

#### Corticosteroids

- Intra-articular treatments will be prohibited within 14 days of racing.
- The presence of more than one corticosteroid in a post-race test would be a violation.
- Authorization for steroidal anti-inflammatories (corticosteroids) will be suspended. Henceforth, these medications will be subject laboratory level of confirmation in urine or blood. Published detection times for these drugs, except for dexamethasone in urine, is not readily available. A best estimate of detection times will be provided.

#### Non-Steroidal Anti-Inflammatories

- Existing rules allow the administration of one of three non-steroidal anti-inflammatories at up to 24 hours prior to racing. Going forward there will be no authorized threshold for non-steroidal anti-inflammatories.
- If the CHRB uses blood testing for non-steroidal anti-inflammatories(NSAID), horsemen should be able to administer either phenylbutazone, or ketoprofen or flunixin at typical dosages up to 48-54 hours prior to testing,
- However, a second NSAID in any horse whether in urine and/or blood could be a violation. Based on IFHA recommendations: phenylbutazone is detectable in urine for up to 168 hours (7 days), flunixin is detectable for up to 144 hours (6 days) and ketoprofen 96 hours(4 days).

For more information, refer to <http://arci.com/model-rules-standards/> and <https://www.horseracingintfed.com/resources/DetectionTimes.pdf>.

#### Furosemide

- The maximum race-day dose of furosemide is 250 mg (5cc's).
- Beginning with two-year olds of 2020, furosemide is prohibited on race day.

### **Medications in Training (Santa Anita and Golden Gate Fields)**

- All horses that work are subject to post-work blood testing administered by TSG. After a work, your horse should not receive any post-work medication for at least one hour. If a horse must be administered emergency medication, the veterinarian must complete a treatment slip to be left at the barn. A portion of the horses that work each day will be selected for post-work testing.
  - The new NSAID medication use guidelines will apply to all post-work medication tests. Horses should not receive any NSAIDs within 48 hours of a work. TSG NSAID levels are derived from the ARCI's secondary thresholds for NSAIDs and the IFHA's screening limits and detection times.

The current corticosteroid blood thresholds under the NUMP will apply for all post-work



**WARNING:** The information on this list does not constitute and is not a guarantee, warranty, or assurance that the use of any of the therapeutic medications at the dosage and withdrawal times, detection times, or guidance listed at <https://www.ifhaonline.org/default.asp> (corticosteroids/NSAIDs), [www.arci.com](http://www.arci.com) (NSAIDs) or [www.rmtcnet.com](http://www.rmtcnet.com) (all others) will not result in a positive post-race test. The Stronach Group and Santa Anita Park are not responsible for results differing in anyway from those herein.

Use of this document and its information does not lessen or relieve any trainer's responsibility for affirming that, during a horse race, a horse is free of any therapeutic medication listed in the California Horse Racing Board (CHRB) rules and for complying with provisions of the CHRB regulations.

Owners, trainers, or any other persons responsible for the care of a racehorse are strongly advised to consult a veterinarian and the CHRB for guidance and advice on the use and withdrawal times of all therapeutic medications, as testing methodologies may change with little or no notice. The guidelines provided herein are not necessarily consistent with the regulations of other jurisdictions or laboratory methods.

**PLEASE NOTE:** These guidelines may vary with the administration of multiple medications. Combining medications may significantly affect withdrawal guidelines.

Substance	Drug Type	Concentration <sup>1</sup>	Guideline
Acepromazine	Sedative	10 ng/ml of urine (HEPS metabolite)	48 hours
Albuterol	Bronchodilator	1 ng/ml in blood	96 hours
Betamethasone*	Corticosteroid	Urine regulation	14 days for IA use
Butorphanol	Opioid Analgesic	300 ng/ml urine (total) and 2 ng/ml blood	48 hours
Cetirizine	Anti-histamine	6 ng/ml of blood	48 hours
Cimetidine	Anti-ulcer	400 ng/ml of blood	48 hours
Dantrolene	Skeletal Muscle Relaxer	100 pg/ml blood	48 hours
Detomidine	Sedative	2 ng/ml urine and 1 ng/ml blood/48 hours	48 hours
Dexamethasone*	Corticosteroid	IA Subject to 14 Day Stand Down regulated in urine or blood	14 days for IA; 96+ hours for IV
Diclofenac	NSAID	Urine regulation	No IFHA detection time provided
DMSO	Free Radical Scavenger	10 mcg/ml of blood	48 hours
Firocoxib	NSAID	20 ng/ml of blood	14 days

Flunixin	NSAID	3 ng/ml blood	Minimum 48 hours
Furosemide	Diuretic	100 ng/ml of blood	4 hours
Glycopyrrolate	Anti-cholenergic	3 pg/ml of blood/48 hours	48 hours
Guaifenesin	Expectorant	12 ng/ml blood/48 hours	48 hours
Isoflupredone*	Corticosteroid	Regulated at urine LOD	14 day for IA use
Ketoprofen	NSAID	LOD in blood and urine	Minimum 48 hours
Lidocaine	Local Anesthetic	0.020 ng/ml blood/72 hours	72 hours
Mepivacaine	Local Anesthetic	10 ng/ml urine and 50 pg/ml blood/72 hours	72 hours
Methocarbamol	Skeletal Muscle Relaxant	1 ng/ml blood/48 hours	48 hours
Methylprednisolone*	Corticosteroid	100 pg/ml of blood	Minimum 14 day for IA use**
Omeprazole	Anti-ulcer	10 ng/ml blood	24 hours
Phenylbutazone	NSAID	0.3 mcg/ml of blood	Minimum 48 hours
Prednisolone*	Corticosteroid	Urine regulation	No IFHA Detection Time Provided
Procaine Penicillin	Antibiotic with local anesthetic	25 ng/ml blood	3+ days***
Ranitidine	Anti-ulcer	40 ng/ml blood	24 hours
Triamcinolone Acetonide*	Corticosteroid	Urine regulation	Minimum 14 day for IA use
Xylazine	Sedative	0.2 ng/ml blood	48 hours

<sup>1</sup> For NSAIDs and Corticosteroids, only one should be present in the sample for the screening limit to apply pursuant to IFHA rules. If more than one NSAID or more than one Corticosteroid is present, **NO THRESHOLD OR SCREENING LIMIT WILL APPLY** to any of the drugs in that class.

\* The guidance times provided are minimums. Please note that intra-muscular use of most corticosteroids are associated with significantly increased withdrawal times when compared to intravenous or intra-articular use.

\*\* While the guidance time for methylprednisolone acetate is 14 days minimum, please note that the RMTCC recommends a minimum of 21 days withdrawal guidance for this medication if regulated in plasma.

\*\*\* All other requirements regarding reporting and security remain in effect for this medication.