

December 4, 2014

To: All New York Licensed Trainers & Veterinarians
 From: Dr. Scott E. Palmer, Equine Medical Director

The following are the New York State Gaming Commission's restricted administration times for the 24 therapeutic medications that will be subject in New York to ARCI national thresholds effective January 1, 2015:

Medication	Restricted Administration Time
Acepromazine	96 hours
Betamethasone	7 days
Butorphanol	96 hours
Clenbuterol	14 days
Dantrolene	72 hours
Detomidine	96 hours
Dexamethasone	5 days
Diclofenac	48 hours
DMSO	48 hours
Firocoxib	14 days
Flunixin	48 hours
Furosemide	48 hours / Race Day*
Glycopyrrolate	96 hours
Ketoprofen	48 hours
Lidocaine	96 hours
Mepivacaine	96 hours
Methocarbamol	72 hours
Methylprednisolone	Pre-entry Test < 100 pg/ml threshold
Omeprazole	24 hours
Phenylbutazone	48 hours
Prednisolone	5 days
Procaine penicillin	7 days
Triamcinolone acetonide	7 days
Xylazine	96 hours

Note: Betamethasone, and any formulation of methylprednisolone or triamcinolone are limited to intra-articular administration only.

*Race day furosemide is strictly regulated by Commission rule 4043.2 (b)



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NEW YORK MEDICATION RULE REFORM - FREQUENTLY ASKED QUESTIONS

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What is different about these new rules?

These new rules, effective January 1, 2015, provide for regulation of 24 common therapeutic medications in Thoroughbred racing by "per se" thresholds. This means that if a laboratory finding in your horse following a race indicates the presence of any of these medications at a concentration that exceeds the regulatory threshold, you will be in violation of the rule regardless of any other factors. These rules also restrict administration of certain corticosteroids to intra-articular use only, restrict which corticosteroids can be administered systemically from seven to five days before a race, and require horses treated with Depo-Medrol® to be placed on the Steward's list and be ineligible to race until they test below the established regulatory threshold of 100 pg/ml plasma.

Why was it important to make these changes?

Adoption of these rules represents a historic opportunity to help create a more uniform set of national medication rules for Thoroughbred horseracing across North America. In conjunction with pending accreditation of the New York Drug Testing and Research Laboratory and adoption of the multiple violation penalty structure, this set of rules will help New York lead in the national effort to standardize and upgrade the regulation of horseracing. This will greatly simplify the ability of trainers to race horses in multiple racing jurisdictions and to comply with the rules in all of those jurisdictions. Additionally, this medication rule reform sends a strong message to the public and racing patrons that American horseracing is committed to ongoing national efforts to protect the integrity of the sport as well as the health and safety of the horses and riders.

How will these changes affect me and my owners?

Adoption of these rule changes will provide increased rule clarity for all racing stakeholders and standardization of the rules among all participating racing jurisdictions throughout North America. This will make it easier to make consistent medication decisions across jurisdictions and avoid the consequences of inadvertent positive regulatory findings. The use of restricted time periods in New York, the requirement to limit certain corticosteroids with regard to intra-articular or systemic use, and the requirement to test below the regulatory threshold for methylprednisolone prior to entry provides an essential layer of protection for trainers who wish to avoid the consequences of positive regulatory threshold violations. The only increase in cost to you and your owners would be related to the need to pay for the methylprednisolone testing, should you decide to administer that particular corticosteroid to your horses.

Why do the New York “Restricted Administration Times” differ in some cases from the ARCI “Recommended Withdrawal Times?”

The NYSGC rules assure that trainers abiding by these restricted administration times and using an accepted clinical dose will not incur a threshold violation in New York, while ARCI withdrawal guidelines do not guarantee that individuals who follow those guidelines will not incur a positive regulatory threshold finding in any racing jurisdiction. For example, while the ARCI withdrawal guideline for IV Flunixin is 32 hours, the NYSGC restricted administration time for IV Flunixin on January 1, 2015 will be 48 hours. The justification for the difference between these two time periods is to provide a definitive guideline that will protect the trainer from an inadvertent positive threshold finding. Because of the relative unpredictability of the elimination curve for Flunixin, the New York Drug Testing and Research Laboratory expects that there will be inadvertent threshold violations for those trainers who follow a 32 hour withdrawal guideline that will not occur if trainers comply with a restricted time period of 48 hours.

Does the New York Rule differ at all from the ARCI Model Rule?

There are minor differences between the newly-adopted New York Therapeutic Medication rule and the ARCI Model Rule. For example, subsequent to a recommendation by the American Association of Equine Practitioners that Albuterol and Isoflupredone be added to the list of permitted therapeutic medications, the ARCI amended the list to include those drugs on April 17, 2014. Additionally, the original ARCI threshold for Ketoprofen at the time the Commission first proposed the Controlled Therapeutic Substance rule was 10 ng/ml of plasma. On April 17, 2014 the ARCI revised the Ketoprofen threshold to 2 ng/ml of plasma. In order for the Commission to change the rulemaking to include these revisions, it would have been necessary to withdraw the current proposal and start over, a process that would have delayed adoption of this important rulemaking. The Commission determined that it was best to adopt the original ARCI proposal and then update with such revisions of individual items in the future. This same process will continually recur independently in each other racing jurisdiction, because each one has a totally separate legal procedure that it must follow to adopt new and revised rules. The Commission's intent is to propose the adoption of additional ARCI Uniform Medication rules for inclusion in the New York regulations.

How can I avoid a "positive test?"

The best way to avoid a "positive test" in New York is to carefully follow the restricted administration times for the new rules. Administration of any medication at times less than the specified restricted administration times will constitute a violation. When it comes to medication guidance, consult with your veterinarian. Your veterinarian has the training and knowledge of the medication rules to keep your horses healthy and to help ensure that you are compliant with Commission rules. When it comes to joint injections, only your veterinarian can make recommendations regarding the use of appropriate clinical doses of corticosteroids and multiple joint protocols for intra-articular injections. Even before these new rules take effect on January 1, 2015, you should not administer methylprednisolone by any systemic route to any horse within 90 days of a planned race in New York and exercise extreme caution if you inject any joints with methylprednisolone within 60 days of a planned race in New York.

Finally, it is important to administer the correct dose of medication to your horse. Clinical dosage is generally dependent upon body weight. For example, the clinical dose for Flunixin (Banamine) is 1.1 mg/kg body weight. This means that the correct dose for a 450 kg (approximately 1,000 lb) horse is 495 mg or about 10 ml of the commercial drug. The dose for a 364 kg (approximately 800 lb) filly is 400 mg. Administration of 500 mg of flunixin to an 800 lb filly will not cause a positive regulatory finding, but it might increase your chance for an apparent overage, particularly if there are other medical or pharmacologic circumstances in play (e.g.

administration of other medications that may interact with the metabolism of Flunixin) that may influence the excretion of drugs by the body while providing no medical benefit for your horse. Using a scale or a weight tape to determine your horse's body weight should provide peace of mind that you are giving the correct dose of medication to your horse. This protects you and is in the best interest of your horse's health. Regular recording of your horse's body weight is also a useful training aid to help you monitor your horses' fitness and condition for racing.

How do I know if a horse that I just claimed or purchased in a private sale has been treated with methylprednisolone (Depo-Medrol®)?

If you claimed the horse in New York, the horse will be tested by the State and you will be notified if there is a level of methylprednisolone in the plasma that would be of concern. If you claimed the horse in another jurisdiction, you should have the horse tested at a New York racetrack to be sure that you will not have exposure for a positive regulatory finding in New York, unless the horse was tested and did not violate an identical threshold in the other jurisdiction. In the case of a private sale, you should require that the seller stipulate in the sale any methylprednisolone treatments within 90 days of the sale; otherwise, you should have the horse tested.

Are these rules the same as those in neighboring States?

The thresholds used in the New York rules are the same as those of neighboring states. The restricted time periods are unique to New York rules, including the requirement that horses treated on or after January 1, 2015 with Depo-Medrol® must test negative prior to entry, but following these restrictions no matter where you plan to race is a good means to ensure that you will not violate these thresholds.

What about the ARCI proposed multiple violation penalties?

The Commission has drafted a proposal for adoption of the ARCI multiple rule violation schedule, which is currently under review. This rule proposal is similar to the "points system" used in New York and many other states for motor vehicle violations.

How do I get my horse tested for Methylprednisolone?

You should contact the State Steward at the New York racetrack where you are stabled or planning to race to make arrangements to present your horse for blood sampling and to pay the applicable fee. If you are stabled at a farm or training center in New York, you might need to bring your horse to the racetrack for testing by a Commission Veterinarian. The turnaround time for the laboratory testing by

the New York Drug Testing and Research Laboratory will be 48 hours after receipt of the blood sample at the laboratory during the normal laboratory work week.

What happens if my horse tests positive for methylprednisolone after January 1, 2015?

From January 1 to April 1, 2015, if the New York State Drug Testing and Research Laboratory reports a screening test that indicates a possible violation of the methylprednisolone regulatory threshold of 100 pg/ml plasma, the Commission will notify the trainer and demand a self-reporting of all methylprednisolone treatments in the past 90 days. The Commission will review that information to determine whether a threshold rule violation occurred.

During this transitional timeframe, if the treatment was administered before January 1, 2015, and the horse was not exposed to a health or safety risk and the failure to comply appears inadvertent, the Commission may only issue a warning to the trainer.

This is designed only to assist with a transition to full compliance with the new methylprednisolone regulatory threshold and will not apply after April 1, 2015 or to any administration of the drug that occurs after January 1, 2015.

Do these rules apply to Standardbred racehorses?

The recent adoption of rules for Controlled Therapeutic Medications by the New York State Gaming Commission does not yet apply to Standardbred racehorses. The Commission has proposed similar rulemaking for the New York harness industry that is still under review.

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