The Mid Atlantic racing states have joined together to implement a uniform medication and drug testing program.

The following new rules and procedures will become effective on January 1, 2014 in Maryland.

1. Salix® (furosemide), pursuant to Commission supervised administration, is the only medication that can be administered to a horse within 24 hours of its race.

2. The administration of any adjunct medication within 24 hours of a horse’s race is strictly forbidden.

3. There is a new medication category called Controlled Therapeutic Substances. This category contains a list of 24 therapeutic medications that have been recognized as necessary in the routine treatment of illness or injury in the horse. Withdrawal time guidance and uniform laboratory detection thresholds for these medications are being provided as a safe harbor for horsemen. You are strongly encouraged to restrict your use of medications to those on the Controlled Therapeutic Substances list, which will be amended from time-to-time. The current Controlled Therapeutic Substances list, together with recommended withdrawal times, dosage and testing detection thresholds is as follows:
ACEPROMAZINE
Withdrawal time: 48 hours
Threshold: 10 ng/ml HEPS in urine
Dosage: Single IV dose of acepromazine at 0.05 mg/kg

BETAMETHASONE
Withdrawal time: 7 days
Threshold: 10 pg/mL of plasma or serum
Dosage: IA administration of 9 mg of Betamethasone Sodium Phosphate and Betamethasone Acetate Injectable Suspension, USP (American Regent product #0517-0720-01) in one articular space

BUTORPHANOL
Withdrawal time: 48 hours
Threshold: 300 ng/mL of total butorphanol in urine or 2 ng/mL of free butorphanol in plasma or serum
Dosage: Single IV dose of butorphanol as Torbugesic® (butorphanol tartrate) at 0.1 mg/kg

CLENBUTEROL
Withdrawal time: 14 Days
Threshold: 140 pg/mL of urine or LOD in plasma or serum
Dosage: Oral administration of clenbuterol as Ventipulmin® syrup (Boehringer-Ingelheim Vetmedica Inc., NADA 140-973) at 0.8 mcg/kg twice a day

DANTROLENE
Withdrawal time: 48 hours
Threshold: 100 pg/mL 5-hydroxydantrolene in plasma or serum
Dosage: Oral administration of 500 mg of dantrolene as paste (compounding pharmacy) or capsule formulation (Proctor and Gamble)
DETO MIDINE
Withdrawal time: 72 hours
Threshold: 1 ng/mL of carboxydetomidine in urine; LOD for detomidine in plasma or serum
Dosage: Single sublingual dose detomidine (Dormosedan® gel at 40 mcg/kg)

DEXAMETHASONE
Withdrawal time: 72 hours
Threshold: 5 pg/mL of plasma or serum
Dosage: IM and IV administration of dexamethasone sodium phosphate or oral administration of dexamethasone at 0.05 mg/kg regardless of route

DICLOFENAC
Withdrawal time: 48 hours
Threshold: 5 ng/mL of plasma or serum
Dosage: Five inch ribbon topical application of 1% diclofenac liposomal cream formulation. (Surpass Topical Anti-Inflammatory Cream, IDEXX Pharmaceuticals)

DMSO
Withdrawal time: 48 hours
Threshold: 10 mcg/mL of plasma or serum
Dosage: Oral or IV
Withdrawal time: 24 hours
Threshold: 10 mcg/mL of plasma or serum
Dosage: Topical - up to a total of 2 oz. of DMSO used topically in an occlusive dressing

FIROCOXIB
Withdrawal time: 14 days
Threshold: 20 ng/mL of plasma or serum
Dosage: Oral administration of firocoxib as EQUIOXX oral paste at a daily dose of 0.1 mg/kg for four days
FLUNIXIN
Withdrawal time: 24 hours
Threshold: 20 ng/mL of plasma or serum
Dosage: Single IV dose of flunixin as Banamine® (flunixin meglumine) at 1.1 mg/kg

FUROSEMIDE
Withdrawal time: 4 hours
Threshold: 100 ng/mL of plasma or serum
Dosage: Single IV dose of furosemide up to 500 mg

GLYCOPYRROLATE
Withdrawal time: 48 hours
Threshold: 3 pg/mL plasma or serum
Dosage: Single IV dose of 1 mg of glycopyrrolate as Glycopyrrolate Injection, USP (American Regent product # 0517-4601-25)

KETOPROFEN
Withdrawal time: 24 hours
Threshold: 10 ng/mL of plasma or serum
Dosage: Single IV dose of ketoprofen as Ketofen® at 2.2 mg/kg

LIDOCAINE
Withdrawal time: 72 hours
Threshold: 20 pg/mL of total 30H-lidocaine in plasma or serum
Dosage: 200 mg of lidocaine as its hydrochloride salt administered subcutaneously

MEPIVACAINE
Withdrawal time: 72 hours
Threshold: 10 ng/mL total hydroxymepivacaine in urine or above LOD of mepivacaine in plasma or serum
Dosage: Single 0.07 mg/kg subcutaneous dose of mepivacaine

METHOCARBAMOL
Withdrawal time: 48 hours
Threshold: 1 ng/mL of plasma or serum
Dosage: Single IV dose of 15 mg/kg methocarbamol as Robaxin® or 5 grams orally
METHYLPREDNISOLONE
Withdrawal time: 7 days
Threshold: 100pg/mL in plasma or serum
Dosage: Total dose of Methylprednisolone acetate suspension in one articular space. The recommended withdrawal for methylprednisolone acetate is a minimum of 21 days at a 100 mg dose

OMEPRAZOLE
Withdrawal time: 24 hours
Threshold: 1 ng/mL of urine
Dosage: Single oral dose of omeprazole as Gastrogard® at 3.9 mg/kg

PHENYLBUTAZONE
Withdrawal time: 24 hours
Threshold: 2 mcg/mL of plasma or serum
Dosage: Single IV dose of phenylbutazone at 4.0 mg/kg

PREDNISOLONE
Withdrawal time: 48 hours
Threshold: 1 ng/mL serum or plasma
Dosage: 1 mg/kg orally

PROCAINE PENICILLIN
(administration must be reported to Stewards and horse must be submitted to 6-hour pre-race surveillance)
Withdrawal time: May not be administered following entry into a race
Threshold: 25 ng/mL plasma or serum
Dosage: Intramuscular

TRIAMCINOLONE ACETONIDE
Withdrawal time: 7 days
Threshold: 100 pg/mL of plasma or serum
Dosage: Total dose of 9mg in one articular space

XYLAZINE
Withdrawal time: 48 hours
Threshold: 0.01 ng/mg of plasma or serum
Dosage: Intravenous
PLEASE NOTE - All horses used in the administration studies exceeded 1,000 lbs. When dosing a horse smaller than 1,000 lbs, trainers and veterinarians may need to consider decreasing the total dose or increasing the time of dosing prior to racing.

4. Although five nonsteriodial anti-inflammatory drugs (NSAIDs) are contained on the Controlled Therapeutic Substances list - diclofenac, firocoxib, flunixin, ketoprofen, phenylbutazone - they should not be used in combination and only one of these NSAIDs may be present in a post-race sample.

5. It is recognized that there are medications that may be used in the treatment of illness or injury in the horse that are not on the Controlled Therapeutic Substances List and for which no treatment guidance or uniform testing levels are provided. **Horsemen and veterinarians are strongly cautioned to withdraw a horse from racing for a sufficient period of time after the administration of a medication not on the Controlled Therapeutic Substances list to ensure against a positive drug test.** Substances that do not affect the organ systems of a horse such as antibiotics, antimicrobials, vaccines, etc. (except for procaine penicillin and levamisole) are not prohibited and are not the subject of testing.

6. Clenbuterol may not be administered to a horse within 14 days of its next race.

7. No intra-articular corticosteroid may be administered to a horse within 7 days of its next race. Administration of a total dose of 100 mg methylprednisolone acetate (Depo Medrol®) in one articular space will take approximately 21 days for the drug to fall below the testing detection level in plasma. For this and other reasons, **we strongly caution against the use of Depo Medrol® in the racing horse for at least 21 days prior to its race.**

8. During 2014, a new penalty system designed to identify and penalize those who incur multiple medication violations will be implemented. Each medication violation will incur points. Medication violations in the Controlled Therapeutic Substances category will be identified as Controlled Therapeutic violations and not “positive tests” and these violations will have a lesser point value. Violations for drugs and medications not on the Controlled Therapeutic Substances list will incur double points. Trainers risk additional mandatory suspensions if they reach the points thresholds established under the model rule for multiple medication infractions.
Effective January 1, 2014, the administration of Salix® (furosemide), to a horse on race-day will be by a Maryland Racing Commission designated veterinarian and according to the following rules and procedures:

1. The only medication allowed to be administered to a horse within 24 hours of its race is Salix® (furosemide).

2. The administration of any adjunct medication within 24 hours of the horse’s race is strictly forbidden.

3. The primary change from the current practice in the administration of Salix® to a horse is that a Commission designated veterinarian who does not practice on the grounds will be administering Salix®.

4. All horses shall be administered Salix® on the grounds of the operating racetrack in their assigned stall.

5. All horses declaring the use of Salix® must be on the grounds of the operating track at least 4 hours prior to post time for their race.

6. Trainers or their representative not requesting the use of salix shall declare their horse off of Salix® at the time of entry.

7. Trainers or their representative are responsible to contact and inform the Salix® Clerk at the operating track the dosage of Salix® their horse is to receive.

8. The Salix® Clerk will prepare a list of all horses scheduled to receive Salix®, their dosage and their location at the operating racetrack.

9. The Veterinarian designated to administer Salix® will identify the horse by its tattoo number, record the dosage and time of administration for each horse treated and make a written report to the Stewards and the State Veterinarian.
10. Trainers are responsible for having their representative present and available when the designated Veterinarian arrives to treat their horse.

11. If the Veterinarian designated to administer Salix® cannot locate a horse for treatment or the trainers representative, the Veterinarian will contact the stewards and relay the information.

12. Consistent with current practice, it is recommended that a horse receive Salix® 4 hours prior to its race, at a dosage between 2 cc’s and 10 cc’s. Salix® will be administered IV only.

13. Under no circumstance will Salix® be permitted to be administered to a horse within 3 hours of its race.

14. Consistent with current practice, a horse that is entered on Salix® and does not receive Salix® will not be permitted to run.

15. The State Veterinarian will continue to be responsible for determining a horses’ eligibility for the use of Salix® and also obtaining and verifying the proper documentation for a first-time Salix® horse.
Maryland’s Thoroughbred Racetracks:

Pimlico Race Course
5201 Park Heights Avenue
Baltimore, MD 21215
(410) 542-9400

Laurel Park
198 Laurel Race Track Road
Laurel, MD 20724
(301) 725-0400

Timonium
Maryland State Fair
2200 York Road
Timonium, MD 21093
(410) 252-0200

Maryland’s Standardbred Racetracks:

Rosecroft Raceway
6336 Rosecroft Drive
Fort Washington, MD 20744
(301) 567-4500

Ocean Downs Racetrack
10218 Race Track Rd
Berlin, MD 21811
(410) 641-0600

2012 Proposed Purses

2012 vs. 2013

Total On Site Revenue To Purse Account $430,773 $372,160
Total Purses Paid ($882,000) ($1,477,470)
Bonus Award ($4,905) ($6,820)
Expense Sharing $0 ($150,000)
Number Of Live Days 7 10
Number Of Live Races 59 83
Avg Overnight Purse Per Race $14,949 $17,801
Avg Overnight Purses Per Day $126,000 $147,747
Total Number Of Starters 416 539
Avg Number Of Starters Per Day 59.43 53.90
Avg Number Of Starters Per Race 7.05 6.49