



The Horsemen's Newsletter

January 2014

Vol. 24 • Number 1

Winter Racing Days Modified

The Maryland Jockey Club and the Maryland Thoroughbred Horsemen's Association have modified the January and February live racing dates for the 2014 winter meeting at Laurel Park.

Instead of racing Thursday through Saturday during the first two months of the year, Wednesday racing will replace Friday on the schedule.

The move was designed to maximize revenue generated on the export of Maryland's simulcast signal which is a major source of revenue to the Thoroughbred Purse Account.

Running on Fridays would mean Laurel Park's signal would have to compete with powerhouses Aqueduct, Gulfstream Park, Oaklawn Park and Santa Anita as well as Calder Race Course, Fair Grounds, Tampa Bay Downs and Turfway Park among others.

The move to Wednesdays would offer the ability to compete against a more favorable schedule of Beulah Park, Gulfstream Park, Tampa Bay Downs, Delta Downs and Turf Paradise.

Third Party Lasix

Effective January 1, 2014, any horse entered to run in Maryland and designated to use Salix® (Lasix) will be administered Salix® by First Equine Horse Health Services LLC.

The trainer or authorized agent must provide the designated Salix® Clerk proper dosage information for their horse upon entry. After this information is provided, the Salix® Clerk only needs to be notified of any change in dosage amounts for future starts.

The Salix® Clerk is Melanie Martin and she can be reached at (443) 631-4891 or (301) 725-0400 ex. 8329. See additional Salix® procedures on page 4.

MGM National Harbor Wins Slots License

MGM Resorts International, the largest owner of casinos on the Las Vegas Strip, was picked by Maryland regulators in late December to build a \$925 million resort south of Washington.

The ruling by the Maryland Video Lottery Facility Location Commission allows MGM to build the state's sixth casino and the one nearest the U.S. capital, a metropolitan area of more than 5.8 million residents. MGM beat two rival bidders, including Penn National Gaming Inc., owner of a West Virginia racino that stands to lose business to the new resort.

The location right off Interstate 95 just north of the Maryland-Virginia state

line stands to become one of the nation's most profitable casinos according to projections.

MGM Chief Executive Officer Jim Murren said the casino will be a draw for Washington tourists, as well as residents, and generate about \$100 million in non-gambling revenue, such as from concerts and special events.

The MGM National Harbor plan includes a casino with 3,600 slots, 140 table games and a 300-suite hotel with a luxury spa and rooftop pool. It also calls for shopping, restaurants and a 1,200-seat theater, along with meeting and event space.



Preakness Purse Boosted

The Maryland Jockey Club and Maryland Thoroughbred Horsemen's Association have partnered to increase the purse for the Preakness Stakes from \$1 million to \$1.5 million starting in 2014.

It is the first increase for the 1 $\frac{3}{16}$ -mile classic since the purse was raised to \$1 million in 1998.

The middle jewel of racing's Triple Crown will be run Saturday, May 17, at Pimlico.



Subsequently, officials in New York also raised purse levels of the Belmont Stakes to the \$1.5 million mark in late December. The final leg of the Triple Crown will be contested on June 7, 2014.

As part of the agreement between MJC and MTHA, it was agreed that this increase for the Preakness not negatively affect current overnight purse levels, which average approximately \$250,000 a day.

Uniform Medication and Testing Program Procedures & Withdrawal Times

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. Although five nonsteroidal 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.
4. 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, anti-microbials, vaccines, etc. (except for procaine penicillin and levamisole) are not prohibited and are not the subject of testing.

5. Clenbuterol may not be administered to a horse within 14 days of its next race.
6. 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.**
7. 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.

8. 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)

DETOMIDINE

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

Third Party Salix® Administration Procedures:

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. The Salix® Clerk is Melanie Martin and she can be reached at 443-631-4891 or (301) 725-0400 ex. 8329
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

Continued at bottom...



MTHA
500 Redland Court, #105
Owings Mills, Maryland 21117

January 2014



Board of Directors

Richard J. Meyer, *President*
Dale Capuano, *Vice President*
W. Robert Bailes
Howard M. Bender
Christine E. Bricker
Linda S. Gaudet
H. Neil Glasser
Christopher W. Grove
Arnold A. Heft
Richard J. Hoffberger
Michael F. Horning
R. Larry Johnson
Timothy L. Keefe
Lawrence E. Murray
Katharine M. Voss

Third Party Salix® Administration Procedures Continued

- 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.