

NCHA Medication/ Drug Rules and Guidelines

The National Cutting Horse Association's medication rules and guidelines have been adopted to protect and prolong the health and welfare of the great horses exhibited in the cutting events. The NCHA believes that the safety of horses is a priority issue. To help promote horse safety, the organization will begin **random** testing for **medication and drugs** at the 2012 NCHA produced events including the Triple Crown events and the Eastern and Western Championships.

1. Prohibited and Permitted Drugs and Medications

a) Prohibited Substances

The following drugs and medications may not be administered, internally or externally, to any horse within 24 hours of that horse showing at an NCHA-produced event:

- Any drug considered a Class I or Class II substance as defined in the most recent edition of the Association of Racing Commissioners International (ARCI's) Uniform Classification Guidelines for Foreign Substances.
- Any stimulant, depressant, tranquilizer or sedative that could affect the performance of a horse. Stimulants and depressants are defined as substances that stimulate or depress the cardiovascular, respiratory or central nervous system.
- Any substance that might interfere with or mask the detection of a prohibited drug or medication.
- Any non-steroidal anti-inflammatory drug (NSAID) other than those specifically allowed by these rules at the proper **therapeutic** dosage.
- Any metabolite and/or analog of any of the above described prohibited drugs or substances.
- **Exceptions:**
 - **Acepromazine Maleate** is considered an approved medication when used for the safety and welfare of the horse and administered or prescribed by a licensed veterinarian. A written medication report must be submitted to show management.
 - **Local anesthetics** may be administered by a veterinarian when used under the provisions of the Emergency Medication guidelines (see Section 1 (d) below).

b) Permitted Medications

The following 15 therapeutic drugs can be administered by a licensed veterinarian, caretaker or responsible individual to a horse with a legitimate injury or illness within 24 hours of showing in the concentrations specified below. ***These exceptions do not apply if the drug is prohibited by governmental regulations of the state in which the event is being***

conducted. Each member is expected to become familiar with and abide by applicable state law.

It will be considered a rule violation if plasma and/or urine samples contain **more than one of the permitted Nonsteroidal Anti-inflammatory Drugs (NSAIDs)** that are listed below. The exception is Diclofenac (Surpass®) topical which may be combined with one other systemic NSAID listed below under Permitted Medications.

Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

1. **Diclofenac** (Surpass®) at a maximum permitted plasma concentration of .005 micrograms per milliliter at the time of competition
2. **Phenylbutazone** (Bute®) at a maximum permitted plasma concentration of 15.0 micrograms per milliliter at the time of competition
3. **Flunixin Meglumine** (Banamine®) at a maximum permitted plasma concentration of 1.0 microgram per milliliter at the time of competition
4. **Ketoprofen** (Ketofen®) at a maximum permitted plasma concentration of 0.25 micrograms per milliliter at the time of competition
5. **Meclofenamic Acid** (Arquel®) at a maximum permitted plasma concentration of 2.5 micrograms per milliliter at the time of competition
6. **Naproxen** (Equiproxen®) at a maximum permitted plasma concentration of 40.0 micrograms per milliliter at the time of competition
7. **Firocoxib** (Equioxx®) at a maximum permitted plasma concentration of 0.240 micrograms per milliliter at the time of competition

Other Permitted Medications

8. **Dexamethasone Sodium Phosphate** (Dexject SP®) at a maximum permitted plasma concentration of 20.0 nanograms per milliliter at the time of competition
9. **Acepromazine Maleate** (PromAce®) at a maximum permitted plasma concentration of 1.0 nanograms per milliliter at the time of competition (Medication Report Must be Submitted)
10. **Omeprazole** (Gastroguard®) at a maximum permitted plasma concentration of 0.5 micrograms per milliliter at the time of competition
11. **Methocarbamol** (Robaxin®) at a maximum permitted plasma concentration of 25.0 nanograms per milliliter at the time of competition
12. **Furosemide** (Salix®) at a maximum permitted plasma concentration of 150.0 nanograms per milliliter at the time of competition

13. **Isoxsuprine Hydrochloride** (Vasodilan®) at a maximum permitted plasma concentration of 50.0 nanograms per milliliter at the time of competition
14. **Altrenogest** (Regu-mate®) maximum permitted plasma concentration has not been established, see **Guidelines** for dosage amounts and timing of administration
15. **Acetazolamide** maximum permitted plasma concentration has not been established, see **Guidelines** for dosage amounts and timing of administration

Refer to the **Guidelines** contained in Section 2 for recommended doses and timing of administration of permitted medications. **The Guidelines are intended as general suggestions and adherence to the Guidelines does not insure compliance with the Medication/Drug Rules because each horse may respond differently to various medications.**

c) **Conditionally Permitted Therapeutic Medication**

Because the welfare of the horse is the top priority, a conditionally permitted therapeutic medication, such as approved antibiotics, can be administered or prescribed by a licensed veterinarian for a legitimate illness or injury. However, it must be done no less than 24 hours before the horse competes in an event and each of the following requirements must be met to prevent disciplinary action if the medications are detected in urine and/or blood samples:

- A written medication report, on the form prescribed by and available from NCHA or show management, must be completed in its entirety and filed with show management before exhibition of the horse.
- A licensed veterinarian must administer or prescribe the medication and must also document the administration of the medication is necessary for the legitimate treatment of illness or injury. The form must also contain:
 - Identification of the medication, including the name, amount, strength/concentration and mode of administration.
 - Date and time of administration.
 - Identification of the horse, including name, age, sex, color and entry number.
 - Diagnosis of illness/injury, reason for administration, and name of administering and/or prescribing veterinarian.
 - Signature of veterinarian or person administering or prescribing the medication. If by prescription (written instructions), a copy must be attached to the medication report.
 - The medication report must be filed with show management within one hour after administration of the medication or if administration occurs at a time other than during competition hours, within one hour after show management is available.
 - The medication report must be signed by show management and time of receipt recorded on the report.

- The completed medication report form must be filed with show management before exhibition of the horse if the administered medication will be detectable in blood and/or urine samples at the time of competition/sampling. It is the responsibility of exhibitors to determine whether or not the medication has had time to clear their horses' systems. If there is any doubt, a medication report should be filed as a precaution.
- The horse must be withdrawn and kept out of competition for ***not less than 24 hours*** after the medication is administered.
- It will be a presumption of a violation of the drug rules if the laboratory detects concentration levels that are inconsistent with a therapeutic dosage, regardless whether the medication report requirements described above were met. The responsible party then has the burden of persuasion to establish that the drug was administered in a therapeutic dosage and ***not less than 24 hours*** prior to competition.

d) Emergency Medication

The NCHA Drug Rules allow for emergency medication by a veterinarian on a horse that is already on a regimen of therapeutic medications.

In the case of a sick or injured horse, therapeutic medication may be given by a licensed veterinarian under actual observation by show management or a NCHA designated representative to treat a condition/illness/injury that would not prevent the horse from competing following treatment.

An example is Lidocaine/Carbocaine®, which is used as an aid in the surgical repair of a minor skin laceration. Another example would be treating a horse for a mild colic with therapeutic levels of Banamine® while the horse already has an allowed NSAID in his system.

Any emergency medication must be administered in the presence of show management or designated NCHA representative and a written NCHA medication report form must be immediately filed with show management.

3. TESTING POLICIES AND PROCEDURES

a) Consent to Testing

Every NCHA member agrees to become familiar with and abide by NCHA Rules which include these Medication/Drug Rules. Each member showing a horse in an NCHA produced show agrees to permit, upon request of show management or an NCHA representative, a specimen of urine and/or blood may be taken from his horse for testing by, or at the direction of, a licensed veterinarian chosen by the NCHA in its sole discretion. Every exhibitor agrees to fully and promptly comply with any such request for a test sample. Each member further agrees that refusal to comply with the request for a test sample will result in the immediate disqualification of the horse from further participation at the show. Such refusal may also result in additional disciplinary action including fines, probation and

suspension of NCHA membership and barring the horse from participation in future NCHA-approved events or shows as determined by the Medication Review Committee or the Executive Committee pursuant to these rules.

b) Testing Procedures

All testing conducted under these rules will be performed in accordance with the Policies for Medication/Drug Testing adopted by the NCHA. Horses will be randomly tested at NCHA produced shows. Test samples will be taken by, or at the direction of a licensed veterinarian selected by the NCHA in its sole discretion. Test samples will be maintained by show management or NCHA representatives in accordance with the Policies for Medication/Drug Testing adopted by the NCHA. All testing will be conducted by Accredited lab(s) chosen by the NCHA at its sole discretion. Costs for such testing shall be paid for by the NCHA.

c) Responsible Parties

All amateur and non-professional riders showing horses in any NCHA produced shows are deemed the responsible person for that horse under these rules. For horses shown in open competitions, the horse trainer/rider is deemed to be the responsible person for that horse under these rules. These responsible persons are subject to disciplinary sanctions for a violation of the Medication/Drug rules, whether or not they had actual knowledge of the presence of an offending drug, directly participated in the administration of that drug, innocently miscalculated its dosage or retention time in the horse's system, or for any other reason. Other persons shown to have participated in a violation of the Medication/Drug rules may also be subject to disciplinary sanctions.

4. ENFORCEMENT PROCEDURES

a) The Medication Review Committee

The Medication Review Committee is charged with reviewing the results from any random drug testing conducted under the Medication/Drug Rules, determining if a violation has occurred and taking disciplinary action for any violations of those rules. The Medication Review Committee shall consist of five (5) members appointed by the NCHA President with the approval of the Executive Committee. Three licensed veterinarians, one professional trainer and one non-professional member will be on the Medication Review Committee at all times. Membership on the committee will be reviewed annually. No person may serve as a member of the Medication Review Committee at the same time they also serve as a member of the Executive Committee. The NCHA President shall have the authority to appoint an additional member to the Medical Review Committee in any case where an existing member of the committee recuses himself from acting on that case.

b) Consequence of a Positive Test Result

If the laboratory report from a random test indicates the presence of: (i) a prohibited substance; or (2) permitted or conditionally permitted medications at levels exceeding those allowed under these rules, this will constitute proof that the substance was administered to the horse in violation of NCHA Medication/Drug rules.

Any alleged violator of the Medication/Drug Rules will be given notice of a positive test result. An alleged violator will be afforded the opportunity to have a hearing before the Medication Review Committee to be conducted in accordance with NCHA rules. The Medication Review Committee may take disciplinary action against any party responsible for a violation as it deems appropriate, consistent with NCHA rules. Such disciplinary action shall be effective immediately regardless of any appeal which may be taken.

c) Disciplinary Actions

The Medication Review Committee and the Executive Committee shall have the authority to take such disciplinary action for a violation of these rules as it deems appropriate, consistent with NCHA rules. Such actions may include fines, probation and/or suspension of NCHA membership. The disciplinary action taken will be based upon consideration of numerous factors including, but not limited to, whether a prohibited or permitted medication was used, the number of offenses committed by the offending party and the degree to which the allowed concentration of a permitted medication exceeded the allowed limits. Any horse found to be in violation of the Medication/Drug rules may be disqualified from all classes in which it participated in the show at which the violation occurred. If a horse is disqualified, all awards and monies won at that show must be returned. Any fines/probations/suspensions assessed as a result of a violation of these rules will not be dissolved or shortened as a result of transfer of ownership of the horse.

The following fines/probations/suspensions may be considered by the NCHA Medication Review Committee and Executive Committee in addressing a violation of the Medication/Drug rules:

- For a first offense, a fine of up to \$1,000.00 and 6 months membership probation, for each responsible person. Membership of each responsible person will be suspended until payment is made;
- In a second offense, a fine of \$5,000.00 and 12 months membership probation for each responsible person. Membership of each responsible person will be suspended until payment is made;
- In a third offense, \$10,000.00 and a 6 month membership suspension for each responsible person. Membership of each responsible person will be suspended until payment is made.

The Medication Review Committee and the Executive Committee are not bound by these guidelines but may use them in an effort to be consistent in the enforcement of the NCHA Medication/Drug rules.

d) Appeal Rights

Any party found to have violated these rules shall be notified in writing of the action taken by the Medication Review Committee. The decision of the Medication Review Committee will be final and binding unless a written notice of intention to appeal the decision is received in the NCHA office within twenty-one (21) days of the date on the letter notifying the responsible party of the disciplinary action taken. Any such appeal must be accompanied by an appeal fee of \$1,000.00.

If notice of appeal is timely received in the NCHA office, a *de novo* hearing before the Executive Committee will be scheduled to determine whether or not a rule violation occurred; and if so, what disciplinary action, if any, should be taken. The hearing will be conducted consistent with the provisions of Standing Rule 38 and NCHA policies providing for the appealing party to receive notice, be represented by counsel, present evidence and cross examine witnesses at the hearing.

5. The Guidelines

These Guidelines are intended as general recommendations applicable to most horses and can minimize the chances of positive drug tests. **However, reliance upon the Guidelines does not guarantee compliance with the rules because the response of individual horses can vary and is not a defense in the event of a violation.** Exhibitors, owners, and trainers should consult the drug manufacturer and knowledgeable veterinarians for up-to-date information and more specific advice concerning the therapeutic use of a drug or medication for a particular horse. If the testing laboratory reports one of the medications listed below in a level higher than a specified maximum permitted plasma concentration, NCHA will review the matter to determine what disciplinary action should be taken in accordance with these rules.

The following recommendations are for the use of a single non-steroidal anti-inflammatory drug (NSAID). Only **one systemic NSAID** should be in the animal's system. The stacking of NSAIDS is not allowed. **The use of Diclofenac (Surpass) topically is allowed with one systemic non-steroidal anti-inflammatory drug (NSAID).**

Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

1. **Phenylbutazone** (an NSAID): The maximum permitted plasma concentration of phenylbutazone is 15.0 micrograms per milliliter. When phenylbutazone is administered, the dose should be accurately calculated according to the actual weight of the horse. Each 24 hours, not more than 2.0 milligrams per pound of body weight should be administered, preferably less. **For a 1,000-pound horse, the maximum daily dose is 2.0 grams, which equals two 1.0 gram tablets, or two 1.0 gram units of paste, or 10.0 cc of the injectable (200 milligrams per milliliter).** Neither a total daily dose nor part of an injectable dose should be administered during the **6 hours prior to competing.** In the event the phenylbutazone is administered orally, half of the maximum daily dose (1.0 gram per 1,000 pounds) can be administered each 12 hours during a five-day treatment

program. Phenylbutazone should not be used for more than five consecutive days.

2. **Diclofenac** (an NSAID): The maximum permitted plasma concentration of Diclofenac is 0.005 micrograms per milliliter. Every 12 hours, not more than 73 mg of diclofenac liposomal cream should be administered (not more than 146 mg per 24-hour period) to one affected site. This 73 mg dose equals a 5-inch ribbon of cream not greater than half-an-inch in width, which should be rubbed thoroughly into the hair over the joint or affected site using gloved hands. Administration of diclofenac cream should be discontinued 6 hours prior to competing. Do not apply diclofenac cream in combination with any other topical preparations including DMSO, nitrofurazone or liniments, and do not use on an open wound. Diclofenac cream should not be administered for more than ten consecutive days.

3. **Flunixin Meglumine** (an NSAID): The maximum permitted plasma concentration of Flunixin is 1.0 microgram per milliliter. When Flunixin Meglumine is administered, the dose should be accurately calculated according to the actual weight of the horse. Each 24 hours, not more than 0.5 milligrams per pound of body weight should be administered. For a 1,000-pound horse, the maximum daily dose is 500 milligrams, which equals two 250-milligram packets of granules, or one 500-milligram packet of granules, or 500 milligrams of the oral paste (available in 1,500-milligram dose syringes), or 10.0 cc of the injectable (50 milligrams per milliliter). No part of a dose should be administered during the 6 hours prior to competing. Any medicated feed must be consumed and/or removed at least 6 hours prior to competing. The medication should not be used for more than five consecutive days.

4. **Ketoprofen** (an NSAID): The maximum permitted plasma concentration of Ketoprofen is 0.25 micrograms per milliliter. When Ketoprofen is administered, the dose should be accurately calculated according to the actual weight of the horse. Each 24 hours, not more than 1.0 milligram per pound of body weight should be administered. For a 1,000-pound horse, the maximum daily dose is 1.0 gram, which equals 10.0 cc of the injectable (100 milligrams per milliliter). No part of a dose should be administered during the 6 hours prior to competing. The medication should not be used for more than five consecutive days.

5. **Meclofenamic Acid** (an NSAID): The maximum permitted plasma concentration of Meclofenamic Acid is 2.5 micrograms per milliliter. When Meclofenamic Acid is administered, the dose should be accurately calculated according to the actual weight of the horse. Each 6 hours, not more than 0.5 milligram per pound of body weight should be administered, preferably less. For a 1,000-pound horse, the maximum 12-hour dose is 0.5 gram, which equals one 500-milligram packet of granules. No part of a dose should be administered during the 6 hours prior to competing. The medication should not be used for more than five consecutive days.

6. **Naproxen** (an NSAID): The maximum permitted plasma concentration of Naproxen is 40.0 micrograms per milliliter. When

Naproxen is administered, the dose should be accurately calculated according to the actual weight of the horse. Each 24 hours, not more than 4.0 milligrams per pound of body weight should be administered. For a 1,000-pound horse, the maximum daily dose is 4.0 grams, which equals eight 500-milligram tablets. No part of a dose should be administered during the 6 hours prior to competing. Any medicated feed should be consumed and/or removed at least 12 hours prior to competing. The medication should not be used for more than five consecutive days.

7. **Firocoxib** (an NSAID): The maximum permitted plasma concentration of Firocoxib is 0.240 micrograms per milliliter. When Firocoxib is administered, the dose should be accurately calculated according to the actual weight of the horse. For a 1,000-pound horse, the maximum daily dose is 45.5 milligrams, which equals 0.1 milligram per kilogram of body weight once daily. No part of a dose should be administered during the 6 hours prior to competition. Firocoxib should not be administered for more than fourteen consecutive days.

Other Permitted Medications

8. **Omeprazole** The maximum permitted plasma concentration of omeprazole is 0.5 micrograms per milliliter. For a 1,000 pound horse, the maximum 24-hour dose is 1.62 grams, which equals a 1000 b (456 kg) dose marked on the syringe plunger. No part of a dose should be administered during the 6 hours prior to competing.

9. **Methocarbamol**: The maximum permitted plasma concentration of methocarbamol is 25.0 nanograms per milliliter. Whenever methocarbamol is administered, the dose should be accurately calculated according to the actual weight of the horse. Each 12 hours, not more than 5.0 mg per pound of body weight should be administered, preferably less. For a 1000 pound horse, the maximum dose each 12 hours is 5.0 grams, which equals ten 500 milligram tablets or 50 cc of the injectable (100 milligrams per milliliter). No dose should be administered during the 12 hours immediately following the prior dose. No part of a dose should be administered during the 6 hours prior to competing. Any medicated feed must be consumed and/or removed at least 6 hours prior to competing. Methocarbamol should not be administered for more than five successive days.

10. **Acetazolamide**: May only be administered to horses documented through DNA testing to be positive (N/H or H/H) for Hyperkalemic Periodic Paralysis (HYPP). While these rules do not contain a maximum allowable plasma concentration level for Acetazolamide, laboratory detection of levels of Acetazolamide that are not consistent with administration in accordance with the Guidelines may result in prosecution of a rule violation. When acetazolamide is administered, the dose should be accurately calculated according to the actual weight of the horse. Each 24 hours, not more than 3 milligrams per pound of body weight should be administered. For a 1,000-pound horse, the maximum

daily dose is 3 grams. No part of a dose should be administered during the six hours prior to competing.

11. **Altrenogest** (Regu-mate®) – administer solution orally at the rate of 1.0 milliliters per 110 pounds body weight (0.044 mg/kg) once daily. The recommended dose for a 1000 pound horse is 10 milliliters orally once daily. No part of a dose should be administered during the six hours prior to competing.

12. **Furosemide:** The maximum permitted plasma concentration is 150.0 nanograms per milliliter. The usual parenteral dosage of furosemide in horses is approximately 0.5 mg/lb body weight (1.0 mg/kg). For a 1000-pound horse the maximum daily dose is 500 mg (5 milliliters of the injectable solution). Furosemide must be administered intravenously at least 4 hours prior to competition.

13. **Isoxsuprine:** The maximum permitted plasma concentration is 50.0 nanograms per milliliter. When administered, the dose should be accurately calculated according to the actual weight of the horse. Each 24 hours, not more than 1.6 milligrams per pound of body weight should be administered (usually divided in two equal doses given 12 hours apart). For a 1,000-pound horse, the maximum daily dose is 1,600 milligrams, which equals 80 20-milligram tablets. No part of a dose should be administered during the six hours prior to competing. Any medicated feed should be consumed and/or removed at least six hours prior to competing.

14. **Dexamethasone:** The maximum permitted plasma concentration is 20.0 nanograms per milliliter at the time of competition. In order to help trainers, owners and their veterinarians achieve compliance with this rule in connection with the therapeutic use of dexamethasone, it should be administered in accordance with the guidelines below. These guidelines include several alternative scenarios for dose time and route of administration. Whenever dexamethasone is administered, the dose should be accurately calculated according to the actual weight of the horse.

- a. **Alternative No 1** (2.0 mg or less per 100 pounds IV or IM at 12 or more hours before competition) - Each 24 hours, not more than 2.0 milligrams of dexamethasone injectable solution per 100 pounds of body weight should be administered intravenously or intramuscularly, preferably less. For a 1,000-pound horse, the maximum daily intravenous or intramuscular dose of dexamethasone injectable solution is 20.0 milligrams, which equals 5.0 milliliters of the injectable solution (4.0 milligrams per milliliter). No part of this dose should be administered during the 12 hours prior to competing. Dexamethasone should not be administered for more than five consecutive days.
- b. **Alternative No. 2** (1.0 mg or less per 100 pounds IV at 6 or more hours before competition) -- Each 24 hours, not more than 1.0 milligram of dexamethasone injectable solution per 100 pounds of body weight should be administered intravenously,

preferably less. For a 1,000-pound horse, the maximum daily intravenous dose of dexamethasone injectable solution is 10.0 milligrams, which equals 2.5 milliliters of the injectable solution (4.0 milligrams per milliliter). No part of this dose should be administered during the 6 hours prior to competing. Dexamethasone should not be administered for more than five consecutive days.

- c. **Alternative No. 3** (1.0 mg or less per 100 pounds orally at 6 or more hours before competition) -- Each 24 hours, not more than 1.0 milligram of dexamethasone powder per 100 pounds of body weight should be administered orally, preferably less. For a 1,000-pound horse, the maximum daily oral dose of dexamethasone powder is 10.0 milligrams, which equals one packet of dexamethasone powder (10.0 milligrams per packet). No part of this dose should be administered during the 6 hours prior to competing. Any medicated feed should be either consumed or removed at least six hours prior to competing. Dexamethasone should not be administered for more than five consecutive days.

16. Acepromazine Maleate The maximum permitted plasma concentration is 1.0 nanogram per milliliter. The maximum allowable dose is 0.5 mg or less per 100 pounds administered IV, IM, or Orally at 1 or more hours before competition). Maximum single dose should not exceed 5.0 mg total, which equals 0.50 milliliters of the injectable solution (10.0 milligrams per milliliter solution). Acepromazine Maleate must be administered intravenously, or orally at least 1 hour prior to competition. A **written medication report must be submitted** to show management signed by the attending veterinarian using the reporting guidelines found under conditionally approved medications.

Additional Medication Recommendations and Guidelines

Antipsychotic drugs / Antidepressants/ Long-acting tranquilizers such as, but not limited to, fluphenazine (Prolix), reserpine, fluoxetine (Prozac) are not allowed. Many of these drugs can be detected for 45 days or more.

Short acting tranquilizers/ sedatives/ anti-hypertensives such as, but not limited to chlorpromazine, ketamine, romifidine, detomidine, guanabenz, xylazine should not be used within 3 days (72 hrs.) of show time and only under the supervision of a veterinarian. **Exception: A low dose of acepromazine maleate is permitted** with required reporting provisions, see above.

Nutritional & Herbal Supplements

Non-prescription medicinal, herbal and nutritional preparations, tonics, pastes and supplements should be used cautiously as the ingredients and quantitative analysis of the products might not be known and could contain a forbidden substance that would show up in urine or blood samples.

