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Advisory

Non-steroidal Anti-inflammatory Drugs (NSAIDs): 48-hour Restricted Administration Time and Prohibition on Stacking

At its November 15, 2019 Board Meeting, the RMTC approved a draft Model Rule that prohibits:

- 1) The administration of NSAIDs within 48 hours of a race
- 2) NSAID stacking (the presence of more than one NSAID in a horse's post-race sample—plasma/serum and/or urine).

The Model Rule was adopted by the Association of Racing Commissioners International at its December 13, 2019 meeting.

To assist veterinarians and horsemen in compliance, the RMTC offers the following guidance:

If one of the following--Phenylbutazone (Bute), Ketoprofen (Ketofen) or Flunixin (Banamine)--is to be administered at 48 hours prior to post time for the race in which the horse is entered, the following minimum withdrawal intervals are recommended to avoid a stacking violation in a post-race sample:

Diclofenac 168 hours (7 days)

Firocoxib 15 days

Flunixin (IV) 144 hours (6 days) Ketoprofen (IV) 96 hours (4 days) Phenylbutazone (IV) 168 hours (7 days)

Oral administration will increase the detection time; therefore it is <u>not</u> recommended to orally administer any NSAID at 48 hours.

Withdrawal guidance for firocoxib (Equioxx), flunixin (Banamine), ketoprofen (Ketofen), and phenylbutazone is based on published European Horserace Scientific Liaison Committee detection times. https://www.ehslc.com/images/uploads/documents/EHSLC DETECTION TIMES (updated June 2019). ndf These detection times were determined from administration studies; dose, route of administration, frequency of dosing, and number of horses in each study are described. These detection times represent a minimum recommended interval from treatment to racing. In consideration of the information provided and individual risk aversion, it may be appropriate to extend a withdrawal interval beyond the detection time.

Withdrawal guidance for diclofenac (Surpass) is based on "Urinary and serum concentrations of diclofenac after topical application to horses; Anderson D, Kollias-Baker C, Colahan P, Keene RO, Lynn RC and Hepler DI, Vet Ther. 2005 Spring; 6(1):57-66. Given the potential for variability in dosing this topical cream, an increased withdrawal interval for serial treatments is advisable.