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INTRA-ARTICULAR INJECTION AND CORTICOSTEROID ADMINISTRATION ADVISORY

At its December 13, 2019 Board Meeting the ARCI Board of Directors, upon the recommendation of the RMTC, approved a Model Rule for horses engaged in flat and jumps racing that:

- 1) Establishes a mandatory 14-day stand-down period following an intra-articular injection, and
- 2) **Prohibits stacking of corticosteroids** (the presence of more than one corticosteroid in a horse's post-race sample).

To assist veterinarians and horsemen with compliance, the RMTC advises the following:

1. MINIMUM withdrawal interval recommendations for systemically administered (IV, PO) corticosteroids:

Dexamethasone: 120 hours (5 days) Prednisolone: 48 hours

This withdrawal guidance is based on the European Horseracing Scientific Liaison's Detection Times as determined from administration studies.

https://www.ehslc.com/images/uploads/documents/EHSLC_DETECTION_TIMES_(updated_June_2019). pdf_Note that Detection Times specifically relate to a single dose and route of administration. The use of alternative doses, routes of administration, and dosing frequency can affect Detection Times, and may warrant a withdrawal interval longer than the published Detection Time.

- 2. Intramuscular injection will increase corticosteroid detection time by weeks and potentially months. To the extent that intramuscular injection of a corticosteroid is medically warranted, it is advisable to perform clearance testing before entry of the treated horse.
- 3. The 14-day stand down period will be a sufficient* withdrawal interval for intra-articular injection of betamethasone, isoflupredone, and triamcinolone in a single joint at a dose of:

Betamethasone: 9 mg Isoflupredone: 20 mg Triamcinolone: 9 mg

4. Intra-articular injection of methylprednisolone requires a longer withdrawal interval than the 14-day stand down period. It is advisable to perform clearance testing of blood and urine before entry for horses having received methylprednisolone injections.

*For all corticosteroids dose, joint(s) treated, and injection technique can impact detection time and should be considered in determining a withdrawal interval from treatment to race. Clearance testing is advisable for injections in the lower hock or stifle joints due to the risk of subcutaneous deposit of medication (hocks) or deposition of medication into a fat pad (stifles), either of which can delay medication clearance.