

Veterinary Advisory Committee – Recommendation for the Tennessee Walking Horse

2015 VAC Medication Drug Rules and Guidelines

The Tennessee Walking Horse National Celebration new medication rules have been put in place to protect and prolong the welfare and competitiveness of the great horses used for the Tennessee Walking Horse National Celebration event.

The VAC believes in the safety of horses as well as a level playing field when it comes to its events. That's why the organization will begin testing for banned substances at the 2015 VAC events.

If adopted, the VAC will place the Drug Rules in its 2015 Rulebook but will provide a summary of the facts and guidelines prior to July 1, 2015 to give members time to become familiar with the medication polices and create a clear position on equine welfare. Here is an overview of the new rules.

Prohibited Substances

The VAC rules do not allow drugs and medications that can affect a horse's performance, disposition or appearance. These substances cannot be administered, internally or externally, within 24 hours to a horse showing at a VAC-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 allowed by VAC at the proper **therapeutic** dosage.
- Any metabolite and/or analog of any of the above described forbidden 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 below).

Permitted Medications

The new VAC Drug Rules are not part of a complete no-drug policy but rather rules for the welfare of the horse.

Within the guidelines listed in the VAC Rulebook, these 14 therapeutic drugs* can be administered by a licensed veterinarian to a horse with a legitimate injury or illness within 24 hours of showing. For allowed dosage amounts, refer to the Guidelines listed in the next section of the VAC Rulebook

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®)
2. **Phenylbutazone** (Bute®)
3. **Flunixin Meglumine** (Banamine®)
4. **Ketoprofen** (Ketofen®)
5. **Meclofenamic Acid** (Arquel®)
6. **Naproxen** (Equiproxen®)
7. **Firocoxib** (Equioxx®)

Other Permitted Medications

8. **Omeprazole** (Gastroguard®)
9. **Furosemide** (Salix®)
10. **Altrenogest** (Regu-mate®)
11. **Dexamethasone** (Dexject SP®)
12. **Acepromazine Maleate***(PromAce®) (Medication Report Must be Submitted)

**These exceptions do not apply if the drug is prohibited by Federal or State governmental regulations.*

Conditionally Permitted Therapeutic Medication

Because the welfare of the horse is the No. 1 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 competing and each of these requirements must be met to prevent disciplinary action if the medications are detected in urine and/or plasma samples:

- A written medication report, available from VAC 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 report must be filed if the administered medication will be detectable in blood and/or urine samples at the time of competition/sampling. However, 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.

Emergency Medication

Although similar to those enforced by the USEF, the VAC Drug Rules are more liberal and 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 event management or 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.

Again, any emergency medication must be done in the presence of show management or designated representative and a **report form must be filed with show management.**

Test Procedures

Every exhibitor shall, upon request of show management or a VAC representative, permit a specimen of urine, saliva, blood or hair to be taken for testing. The samples will then be sent to a approved laboratory for testing with results sent back to VAC.

Refusal to comply with the request will result in the immediate disqualification of the horse from further participation at the show and bar the horse from participation in future VAC-approved events or shows for a period of time as determined by the Veterinary Advisory Committee (VAC) or other appropriate committee. A refusal also is grounds for suspension of VAC membership.

Horses will be randomly selected for testing with an emphasis on class winners at shows.

Positive Test Result

If the laboratory report indicates the presence of a forbidden drug, or permitted medications were used at unacceptable (abusive) levels, or multiple NSAID's were used (stacked) in a manner not authorized in the guidelines, this will be used as prima facie evidence that the substance was administered to the horse either internally or externally in violation of the VAC medication rules.

If it is determined the use of the drug or medication was not within the guidelines of the VAC Rulebook, the evidence shall be grounds for the Executive Committee to take the following actions:

Prior to the 2015 VAC

- Penalties for a violation or violations of the VAC Medication rules will be referred to a VAC for review and recommendations to the Executive Committee. Penalties will be consistent with fines and probation/suspensions set in rule # *** for drug administration as stated in the VAC Rules and Regulations book.
 - Penalties will be enforced as follows: *For a first offense, the responsible individual or persons will be fined \$ "To Be Determined" each and 6 months probation each; responsible parties will be suspended until payment is made.*
 - *In a second offense, fine is "TBD". 12 months probation each responsible party.*
 - *In a third offense, "TBD" each and a 6 month suspension each responsible party.*
 - *The responsible individual or party may be disciplined under VAC's Policy.*

Beginning with the 2015 VAC and all subsequent VAC events:

- *The horse may be disqualified from all classes in which it participated in at the show. If disqualified, all awards and monies must be returned.*
- Penalties will be enforced as follows:
 - *For a first offense, the responsible individual or persons will be fined "TBD" each and 6 months probation each; responsible parties will be suspended until payment is made.*
 - *In a second offense, fine is "TBD". 12 months probation each responsible party.*
 - *In a third offense, "TBD" each and a 6 month suspension each responsible party.*
 - If the horse transfers ownership, the suspension for the responsible individual or party will not be dissolved or shortened.
 - *The responsible individual or party may be disciplined under VAC's Policy.*

Who's Responsible?

Whether you enter, show, own, care for, or deliver a horse to a VAC produced show, you are the person responsible for the horse's condition and are presumed to know all of the rules and regulations of VAC.

Any of these individuals are eligible for disciplinary sanctions, whether or not they had actual knowledge of the presence of a forbidden drug, directly participated in the administration of the drug, innocently miscalculated its retention time in the horse's system, or for any other reason for its presence is established.

The Guidelines

The Guidelines outlined in the VAC Rulebook are 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 below in a level higher than a specified maximum permitted plasma concentration, VAC will review the matter and disciplinary action may be taken.

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).**

1. **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 long by ½-inch thick 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 24 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 10 consecutive days.
2. **Phenylbutazone** (an NSAID): The maximum permitted plasma concentration of phenylbutazone is 2.0 micrograms per milliliter. When phenylbutazone is administered, the dose should be 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 24 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.
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 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 24 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 µg per milliliter. When Ketoprofen is administered, the dose

should be 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 24 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 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. 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 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 24 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 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 24 hours prior to competition. Firocoxib should not be administered for more than 14 consecutive days.
8. **Omeprazole** is eliminated by the kidneys, and can be measured in urine for 48 hours after a single dose. For a 1,000-pound horse, the maximum 24-hour dose is 1.62 grams, which equals a 1000 lb (456 kg) dose marked on the syringe plunger. No part of a dose should be administered during the 24 hours prior to competing.
9. **Furosemide**: Must be administered intravenously at least *** hours prior to competition.
10. **Dexamethasone**: 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) - 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 24 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) -- 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 5.0 milliliters of the injectable solution (4.0 milligrams per milliliter). No part of this dose should be administered during the 24 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) -- 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 24 hours prior to competing. Any medicated feed should be either consumed or removed at least 24 hours prior to competing. Dexamethasone should not be administered for more than five consecutive days.
11. **Acepromazine Maleate** (1.0 mg or less per 100 pounds administered IV, IM, or Orally at 4 or more hours before competition). Maximum single dose should not exceed 10 mg total, which equals 1.0 milliliters of the injectable solution (10.0 milligrams per milliliter). ***A low dose of acepromazine maleate is permitted, however, only for Youth and Amateur Riders under saddle. A written medication report must be submitted to show management 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 7 days or more.

Short acting tranquilizers/ sedatives/ anti-hypertensives such as, but not limited to chlorpromazine, ketamine, romifidine, detomidine, guanabenz 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, however, only for Youth and Amateur Riders under saddle with required reporting provisions, see above.***