RMTC
Racing Medication & Testing Consortium

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RMTC APPROVED CONTROLLED THERAPEUTIC MEDICATIONS

WARNING: The information on the Racing Medication and Testing Consortium Therapeutic Medications List does not constitute and is not a guarantee, warranty or assurance that the use of any of the therapeutic medications at the dosage and withdrawal time listed will not result in a positive post-race test. The Racing Medication and Testing Consortium is not responsible for results differing in any way from those herein.

Use of this document and its information does not lessen or relieve any trainer's responsibility for affirming that, during a horse race, a horse is free of any therapeutic medication listed in his or her state's racing commission rulebook, and for complying with provisions of the state racing commission's regulations.

Owners, trainers or any other persons responsible for the care of a racehorse are strongly advised to consult a veterinarian and the state racing commission regulatory veterinarian for guidance and advice on the use and withdrawal times of all therapeutic medications, as testing methodologies may change with little or no notice. The guidelines provided in this document are not consistent with foreign regulations or laboratory methods.

PLEASE NOTE: These guidelines are based upon the administration of a single medication. Combining medications may significantly affect withdrawal times.

Substance	***Withdrawal Guideline[1]***	***Threshold***	***Route of Administration***	***Experimental Administration Dosage***
Acepromazine	48 hours	HEPS - 10 ng/mL of urine	Intravenous	0.05 mg/kg
Albuterol	72 hours	1 ng/mL of urine	Intra-nasal[2]	720 mcg total dose
Betamethasone	7 days	10 pg/mL of plasma or serum	Intra-articular as betamethasone acetate and betamethasone sodium phosphate	9 mg total in one articular space
Butorphanol	48 hours	Free butorphanol 2 ng/ml of plasma or serum or total butorphanol 300 ng/ml of urine	Intravenous	0.1 mg/kg
Cetirizine	48 hours[3]	6 ng/ml of plasma/serum	Orally	0.4 mg/kg twice daily for 5 doses
Cimetidine	24 hours	400 ng/ml of plasma or serum	Orally	20 mg/kg twice daily for 7 doses
Clenbuterol	14 days	140 pg/mL in urine or LOD in plasma or serum	Orally	0.8 mcg/kg twice daily (max. 30 days)
Dantrolene	48 hours	5-OH dantrolene 0.1 ng/mL of plasma or serum	Orally	500 mg total dose
Detomidine	72 hours	Carboxydetomidine 1 ng/mL of urine or LOD of detomidine in plasma or serum	Sublingual (Dormosedan Gel)	40 mcg/kg sublingual
Dexamethasone	72 hours	5 pg/mL of plasma or serum	Intravenous, oral, and intramuscular	0.05 mg/kg
Diclofenac	48 hours	5 ng/mL of serum or plasma	Systemic	5” ribbon of Surpass every 12 hours to one site

[1] Note: Withdrawal Guidelines are for informational purposes only. They do not constitute a guarantee. Additionally, this guidance is based upon administration of a single medication – the combination of any of these medications or addition of other substances may substantially affect the withdrawal times.

[2] Note: Administration of albuterol other than via intra-nasal routes is not recommended. Use of therapeutic doses of oral albuterol even outside of the recommended withdrawal guidelines carries a substantial risk of exceeding the regulatory threshold.

[3] Note: Do not administer any avermectin drugs (including ivermectin) within 48 hours of a race if the horse has been administered cetirizine as it carries an increased risk of a concentration of cetirizine in excess of the regulatory threshold.

Substance	***Withdrawal Guideline[4]***	***Threshold***	***Route of Administration***	***Experimental Administration Dosage***
DMSO	48 hours	10 mcg/mL of plasma or serum	Topical	Up to two ounces
Firocoxib	14 days	20 ng/mL of plasma or serum	Orally	0.1 mg/kg for 4 days
Flunixin	32 hours	20 ng/mL of serum or plasma	Intravenous	1.1 mg/kg
Furosemide	4 hours	100 ng/mL in blood and urine specific gravity < 1.010	Intravenous	500 mg total dose
Glycopyrrolate	48 hours	3 pg/mL of serum or plasma	Intravenous	1 mg total dose
Isoflupredone	7 days	100 pg/mL of serum or plasma	Subcutaneous or Intra-articular administration of isoflupredone acetate	10 mg total dose subcutaneous or 20 mg total dose in one articular space
Guaifenesin	48 hours	12 ng/ml of plasma or serum	Orally	2 g twice daily for 5 doses
Ketoprofen	24 hours	2 ng/mL of serum or plasma	Intravenous	2.2 mg/kg
Lidocaine	72 hours	20 pg/mL of total 3-OH-lidocaine in plasma or serum	Subcutaneous	200 mg total dose
Mepivacaine	72 hours	3-OH-mepivacaine - 10 ng/mL in urine or mepivacaine at LOD in plasma or serum	Subcutaneous – distal limb	0.07 mg/kg
Methocarbamol	48 hours	1 ng/mL of serum or plasma	Intravenous[5]	15 mg/kg IV once
Methylprednisolone	21 days[6]	100 pg/mL in plasma or serum	Intra-articular as methylprednisolone acetate	100 mg total in one articular space[7]

[4] Note: Withdrawal Guidelines are for informational purposes only. They do not constitute a guarantee. Additionally, this guidance is based upon administration of a single medication – the combination of any of these medications or addition of other substances may substantially affect the withdrawal times.

[5] An oral dose may be utilized but longer withdrawal time may be required to fall below the threshold. Trainers using methocarbamol orally for multiple days are encouraged to have the horse tested prior to entry.

[6] Trainers using methylprednisolone acetate outside the administration parameters described are encouraged to have the horse tested prior to entry to confirm the horse tests below the 100 pg/ml threshold in plasma/serum. See, Mid-Atlantic recommendations for methylprednisolone acetate at: http://www.mdhorsemen.com/images/PDF/MRCBooklet.pdf (page 4).

[7] Note: At the 100 mg experimental dose, the safe time for administration to fall below the 100 pg/mL threshold was 21 days – a smaller dose may be utilized which may allow plasma concentrations to fall below the threshold in fewer than 21 days.

Substance	***Withdrawal Guideline[8]***	***Threshold***	***Route of Administration***	***Experimental Administration Dosage***
Omeprazole	24 hours	omeprazole sulfide - 1 ng/mL in urine	Orally	3.9 mg/kg
Phenylbutazone	24 hours[9]	2 mcg/mL of serum or plasma	Intravenous	4.0 mg/kg
Prednisolone	48 hours	1 ng/ml of serum or plasma	Orally	1 mg/kg
Procaine penicillin[10]	Time of entry	25 ng/mL of serum or plasma	Intra-muscular	17 mg/kg
Ranitidine	24 hours	40 ng/ml of plasma or serum	Orally	8 mg/kg twice daily for 7 doses
Triamcinolone acetonide	7 days	100 pg/mL of plasma or serum	Intra-articular	9 mg total in one articular space
Xylazine	48 hours[11]	0.01 ng/mL of plasma or serum	Intravenous	n/a[11]

[8] Note: Withdrawal Guidelines are for informational purposes only. They do not constitute a guarantee. Additionally, this guidance is based upon administration of a single medication – the combination of any of these medications or addition of other substances may substantially affect the withdrawal times.

[9] This withdrawal guideline is based upon the historic prohibition on administration within 24 hours of racing. Please note that intravenous administration at a dose of 4 mg/kg at 24 hours before racing may result in some phenylbutazone concentrations that exceed the regulatory threshold.

[10] Requires: 1. Mandatory notification of procaine penicillin administration and 2. mandatory surveillance at the horse owner's expense for 6 hours before racing. Contact your local racing jurisdiction for specific procedures.

[11] This recommendation is pending research. Higher dosages – even those consistent with the label dosages – may exceed the threshold at 48 hours.