



**STANDARD BRED RACING
NEW YORK MEDICATION RULE REFORM - FREQUENTLY ASKED QUESTIONS
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What is different about these new rules?

These new rules, effective April 1, 2015, provide for regulation of 19 common therapeutic medications in Standardbred racing by "per se" thresholds. This means that if a laboratory finding in your horse following a race indicates the presence of any of these medications at a concentration that exceeds the regulatory threshold, you will be in violation of the rule regardless of any other factors. These rules also require horses treated with methylprednisolone (e.g., Depo-Medrol®) to be placed on the Steward's list and ineligible to race until they test below the established regulatory threshold of 100 pg/ml plasma at the trainer's expense.

Why was it important to make these changes?

Adoption of these rules represents an historic opportunity to help create a more uniform set of national medication rules for Standardbred horseracing across North America. In conjunction with pending accreditation of the New York Drug Testing and Research Laboratory this set of rules will help New York play its part in the national effort to standardize and upgrade the regulation of horseracing. This will greatly simplify the ability of trainers to race horses in multiple racing jurisdictions and to comply with the rules in all of those jurisdictions. Additionally, this medication rule reform sends a strong message to the public and racing patrons that American horseracing is committed to ongoing national efforts to protect the integrity of the sport as well as the health and safety of the horses and drivers. The Commission has not adopted, however, the nationally proposed *per se* thresholds for clenbuterol and four (of five) corticosteroids, based on the different needs and circumstances that prevail in Standardbred racing.

How will these changes affect me and my owners?

Adoption of these rule changes will provide increased rule clarity for all racing stakeholders and standardization of the rules among all participating racing jurisdictions throughout North America. This will make it easier to make consistent medication decisions across jurisdictions and avoid the significant consequences of inadvertent positive regulatory findings. The use of restricted time periods in New York and the requirement to test below the regulatory threshold for methylprednisolone prior to entry, when this drug has been used on or after April 1, 2015, provides an essential layer of protection for trainers who wish to avoid the consequences of positive regulatory threshold violations. The only increase in cost to you and your owners would be related to the need to pay for the methylprednisolone testing, should you decide to administer that particular corticosteroid to your horses.

Why do the New York “Restricted Administration Times” differ in some cases from the ARCI “Recommended Withdrawal Times?”

The NYSGC rules assure that trainers abiding by these restricted administration times and using an accepted clinical dose will not incur a threshold violation in New York. ARCI withdrawal guidelines do not guarantee that individuals who follow those guidelines will not incur a positive regulatory threshold finding in any racing jurisdiction. For example, while the ARCI withdrawal guideline for IV Flunixin is 32 hours, the NYSGC restricted administration time for all means of administration (including IV) of Flunixin on April 1, 2015 will be 48 hours. The justification for the difference between these two time periods is to provide a definitive guideline that will protect the trainer from an inadvertent positive threshold finding. Because of the relative unpredictability of the elimination curve for Flunixin, Dr. George Maylin, Director of the New York Drug Testing and Research Laboratory and a recognized expert in equine pharmacology, expects that there will be inadvertent threshold violations for those trainers who follow a 32 hour withdrawal guideline that will not occur if trainers comply with a restricted time period of 48 hours.

Does the New York Rule differ at all from the ARCI Model Rule?

There are minor differences between the newly adopted New York Therapeutic Medication rule and the ARCI Model Rule. For example, after a recommendation by the American Association of Equine Practitioners that Albuterol and Isoflupredone be added to the list of permitted therapeutic medications, the ARCI amended the list to include those drugs on April 17, 2014. Additionally, the original ARCI threshold for Ketoprofen at the time the Commission first proposed the Controlled Therapeutic Substance rule was 10 ng/ml of plasma. On April 17, 2014, the ARCI revised the Ketoprofen threshold to 2 ng/ml of plasma. In order for the Commission to change the Commission rulemaking to include these revisions, it would have been necessary to withdraw the current proposal and start over, a process that would have delayed adoption of this important rulemaking. From a strategic perspective, the commission determined that it was best to adopt the original ARCI proposal and then to update with such revisions of individual items in the future. This same process will continually recur independently in each other racing jurisdiction, because each one has a totally separate legal procedure that it must follow to adopt new and revised rules. The intent by the Commission is to propose the adoption of additional ARCI Uniform Medication rules for inclusion in the New York regulations.

How can I avoid a “positive test?”

The best way to avoid a “positive test” in New York is to carefully follow the restricted administration times for the new rules. Administration of any medication at times less than the specified restricted administration times will constitute a violation. When it comes to medication guidance, consult with your veterinarian. Your veterinarian has the training and knowledge of the medication rules to keep your horses healthy and to help ensure that you are compliant with Commission rules.

Even before these new rules take effect on April 1, 2015, you should not administer methylprednisolone by any systemic route to any horse within 90 days of a planned race in New York and you should exercise extreme caution if you inject any joints with methylprednisolone within 60 days of a planned race in New York.

Finally, it is important to administer the correct dose of medication to your horse. Clinical dosage is generally dependent upon body weight. For example, the clinical dose for Flunixin (Banamine) is 1.1 mg/kg body weight. This means that the correct dose for a 450 kg (approximately 1,000 lb) horse is 495 mg or about 10 ml of the commercial drug. The dose for a 364 kg (approximately 800 lb) filly is 400 mg. Administration of 500 mg of Flunixin to an 800 lb filly will not cause a positive regulatory finding, but it might increase your chance for an apparent overage, particularly if there are other medical or pharmacologic circumstances in play (e.g., administration of other medications that may interact with the metabolism of Flunixin) that may influence the excretion of drugs by the body while providing no medical benefit for your horse. Using a scale or a weight tape to determine your horse's body weight will give you peace of mind that you are giving the correct dose of medication to your horse. This protects you and is in the best interest of your horse's health. Regular recording of your horse's body weight is also a useful training aid to help you monitor your horses' fitness and condition for racing.

How do I know if a horse that I just claimed or purchased in a private sale has been treated with methylprednisolone (Depo-Medrol®)?

If you claimed the horse in New York, the horse will be tested by the State and you will be notified if there is a level of methylprednisolone in the plasma that would be of concern. If you claimed the horse in another jurisdiction, you should have the horse tested at a New York racetrack to be sure that you will not have exposure for a positive regulatory finding in New York, unless the horse was tested and did not violate an identical threshold in the other jurisdiction. In the case of a private sale, you should require that the seller stipulate in the sale any methylprednisolone treatments within 90 days of the sale; otherwise, you should have the horse tested.

Are these rules the same as those in neighboring States?

The thresholds used in the New York rules are the same as those of neighboring states. The restricted time periods are unique to New York rules, including the requirement that horses treated on or after April 1, 2015 with methylprednisolone (e.g., Depo-Medrol®) must test negative prior to entry, but following these restrictions no matter where you plan to race is a good means to ensure that you will not violate these thresholds.

What about the ARCI proposed multiple violation penalties?

The Commission has drafted a proposal for adoption of the ARCI multiple rule violation schedule and it has been distributed for informal comment. This rule proposal is similar to the “points system” used in New York and many other states for motor vehicle violations.

How do I get my horse tested for methylprednisolone?

You should contact the presiding judge at the New York racetrack where you are stabled or planning to race to make arrangements for methylprednisolone testing. The cost of testing your horse’s blood sample is \$150.00. If you are stabled at a farm or training center in New York, you may either present your horse to a New York racetrack for testing or have your horse’s blood drawn by a practicing veterinarian and delivered to the Commission veterinarian at a New York Racetrack for shipment to the New York State Drug Testing and Research Laboratory for testing. The turn around time for methylprednisolone screening will be 48 hours after receipt of the blood sample at the laboratory during the normal laboratory work week.

What happens if my horse tests positive for methylprednisolone?

If the New York State Drug Testing and Research Laboratory reports a screening test that indicates a possible violation of the methylprednisolone regulatory threshold of 100 pg/ml plasma, then the Commission will confidentially notify the trainer and demand a self-reporting of all methylprednisolone treatments in the past 90 days. The Commission

will review that information to determine whether the trainer might inadvertently have caused a threshold rule violation to occur. In the event that the treatment was administered before the date of publication of these rules (January 21, 2015), and the Commission determines that an appropriate response is a warning rather than an administrative sanction (e.g., because the horse was not exposed to a health or safety risk and the failure to comply appears inadvertent), then the Commission may choose only to warn the trainer (although a claimant could void the claim). This administrative policy is designed only to assist with a transition to full compliance with the new methylprednisolone regulatory threshold and is not scheduled to continue beyond May 1, 2015.

Do these rules apply to Thoroughbred racehorses?

The recent adoption of rules for Controlled Therapeutic Medications by the New York State Gaming Commission have applied to Thoroughbred racehorses since January 1, 2015. The Commission proposed multiple violation penalties rulemaking for Thoroughbred racing on December 22, 2014.

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