



April 14, 2014

Division of Racing

MEDICATION ADVISORY

The Board of Directors of the Association of Racing Commissioners International (RCI) recently approved several modifications to the Controlled Therapeutic Substance schedule. **This schedule has been adopted by reference as regulation 205 CMR 3.29(3)(a)(2) and 205 CMR 4.52(3)(a)(2), and so take effect.**

Those changes include the following:

- Replacement of the words “Restricted Administration Time” with “Recommended Withdrawal Time.” This change was considered after a request from the United States Trotting Association, American Association of Equine Practitioners, and the Racing Medication and Testing Consortium (RMTC).
- Reduction of the current regulatory threshold for ketoprofen from 10 ng/mL of plasma or serum to 2ng/mL. Note that the reduction in threshold does NOT affect the recommended withdrawal time of 24 hours.
- **Modification of the recommended withdrawal time for flunixin (Banamine®) from 24 hours to 32 hours.** The threshold level remains unchanged.

RCI also voted to make the following additions to the Controlled Therapeutic Substance schedule:

- Isoflupredone. Isoflupredone acetate is a corticosteroid that can be used for the treatment of allergic, musculoskeletal, and inflammatory processes in the horse. It can be administered via intra-articular, intravenous, and intra-muscular/subcutaneous routes. RCI approved a threshold of 100 pg/mL in plasma based upon the subcutaneous (10 mg) and intra-articular (20 mg) doses. The recommended withdrawal time is 7 days.
- Albuterol. Albuterol is indicated for the relief of bronchospasm and bronchoconstriction in horses with reversible airway obstruction and is effective for up to 7 hour as a bronchodilator. Albuterol is administered either as an intra-nasal aerosol (either via intra-nasal apparatus or mask, depending upon which delivery method is available) or orally. The oral preparations are subject to very high first-pass metabolism and poor systemic bioavailability. Oral products have not been extensively studied and should be used with caution. The RMTC has indicated that Albuterol administered by inhalation at a total dose of 360 mcg resulted in a 70% increase in pulmonary function within 5 minutes of administration. While a 360 mcg dose is sufficient to cause this change, the researchers determined that, if using a mask system (such as an Aero Mask™), a 720 mcg dose should be used as much of the medication does not reach the target tissue. Based upon the RMTC’s Scientific Advisory Committee’s review of existing research and pharmacokinetic data available from studies in Europe and the United States, the RCI adopted the RMTC recommended interim threshold of 1 ng/mL of urine with a 72-hour withdrawal guideline.



Massachusetts Gaming Commission