

NATIONAL CUTTING HORSE ASSOCIATION

Rev 11/10/17

For detailed information about allowable dosage amounts please refer to the complete NCHA Rules & Guidelines in the NCHA Rulebook.

It will be considered a rule violation if blood samples contain more than ONE of the permitted Non steroidal 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.

PERMITTED MEDICATION DOSE AND TIME RECOMMENDATIONS

MEDICATION GENERIC NAME	MEDICATION TRADE NAME	Dosages should be measured by each 100 lbs of weight, please be sure to know the weight of your horse to avoid overages that could result in a violation.				WITHDRAWAL
NSAID'S		<i>It is strongly recommended that NSAIDs and dexamethasone that are administered 6 hours prior to competition be given IV (or IM if appropriate). Significant variations in plasma levels of oral medications have been reported.</i>				
* USE ONLY ONE NSAID	PHENYLBUTAZONE (BUTE) . DO NOT USE FOR MORE THAN 5 DAYS	BUTAZOLIDIN Dosage is 1 cc per 100 lbs Example for 1000 lb horse 2.0 grams = 10.0 cc of injectable or 2 X 1.0 gram tablets or 2 X 1.0 gram units of paste . Additional examples and details are on the last page of this document				ORAL 12 HOURS IV 6 HOURS
	PHENYLBUTAZONE (BUTE) . DO NOT USE FOR MORE THAN 5 DAYS	See Above Instructions Example for 1000 lb horse Twice Daily - 12 Hours apart 1.0 gram = 5.0 cc of injectable or 1 X 1.0 gram tablets or 1 X 1.0 gram units of paste				ORAL 12 HOURS IV 6 HOURS
	FIROCOXIB . DO NOT USE FOR MORE THAN 14 DAYS	EQUIOXX® Refer to package insert instructions for dosage per 100 lbs Example for 1000 lb horse 45.5 mg of paste = 4/5 tube of oral paste or 2 ml. injectable solution.				ORAL 12 HOURS IV 6 HOURS

Phenylbutazone (Bute) should not be given to a horse over a period of five consecutive days without a break to avoid test overages. In addition, the NCHA guideline example is based on a 1000 pound horse administered 1 cc (200mg.) IV per 100 lbs. of weight for a maximum dose of 2 gms. No more than 2 gms per 1000 lbs. should be administered in a 24 hour period. It is essential that therapeutic doses are calculated based on accurate weight of your horse. To avoid a phenylbutazone overage at the 6 hour withdrawl window, do not administer more than 1 gm if using a 1 gm every 12 hour dosage schedule or 2 gms if using a 24 hour dosing schedule. It is critical to have a full 12 or 24 hour separation of doses to avoid an overage of the permitted medication. To avoid detection of more than one NSAID (stacking): Only a single NSAID should be administered within 72 hours of showing.

If using Firocoxib/Equioxx withdraw 7 days prior to showing if you plan to use a different NSAID to avoid stacking. Canine previcox has not been tested for acceptable thresholds in horses and could result in a positive test.

NSAID'S	<i>It is strongly recommended that NSAIDs and dexamethasone that are administered 6 hours prior to competition be given IV (or IM if appropriate). Significant variations in plasma levels of oral medications have been reported.</i>			
FLUNIXIN MEGLUMINE . DO NOT USE FOR MORE THAN 5 DAYS	BANAMINE	Dosage is 1 cc per 100 lbs Example for 1000 lb horse 10.0 cc of injectable (50 mg/ml) 2 X 250 mg packets of granules or 1 X 500 mg oral paste	To avoid single NSAID overage, do not administer more than the dosage indicated at the 6 hour withdrawal window before showing and do not administer within the 24 hours prior to that dose. To avoid detection of more than one NSAID: Only a single NSAID should be administered within 72 hours of showing and avoid topicals and compounds.	ORAL 12 HOURS IV 6 HOURS
KETOPROFEN . DO NOT USE FOR MORE THAN 5 DAYS	KETOFEN	Dosage is 1 cc per 100 lbs Example for 1000 lb horse 1.0 gram = 10.0 cc of injectable	To avoid single NSAID overage, do not administer more than the dosage indicated at the 6 hour withdrawal window before showing and do not administer within the 24 hours prior to that dose. To avoid detection of more than one NSAID: Only a single NSAID should be administered within 72 hours of showing and avoid topicals and compounds.	IV 6 HOURS
NAPROXEN . DO NOT USE FOR MORE THAN 5 DAYS	EQUIPROXEN/ NAPROSYN	Refer to package insert instructions for dosage per 100 lbs Example for a 1000 lb horse 4.0 grams = 8 X 500 mg tablets	Please refer to manufacturer recommended dosage per 100 lb	ORAL 12 HOURS
MECLOFENAMIC ACID . DO NOT USE FOR MORE THAN 5 DAYS	ARQUEL®	Refer to package insert instructions for dosage per 100 lbs Example for 1000 lb horse Twice Daily - 12 Hours apart 500 mg packet of granules we currently list the 500 mg as a Daily dose on this sheet but Rulebook says 12 hour	Please refer to manufacturer recommended dosage per 100 lb	ORAL 12 HOURS
DICLOFENAC . DO NOT USE FOR MORE THAN 10 DAYS	SURPASS®	Refer to package insert instructions for dosage per 100 lbs Example for 1000 lb horse Twice Daily - 12 Hours apart 73 mg = 5-inch X 1/2 inch ribbon	Please refer to manufacturer recommended use. . <i>This is the only NSAID that may be combined with one other permitted systemic NSAID</i>	Topical 6 HOURS
ADMINISTRATION OF MORE THAN ONE (1) NSAID IS PROHIBITED	To avoid detection of more than one NSAID: Only a single NSAID should be administered within 72 hours of showing. Also Avoid using topicals or compounds with NSAID's			

Therapeutic Medications					
METHOCARBAMOL · DO NOT USE FOR MORE THAN 5 DAYS	ROBAXIN®	Example for 1000 lb horse Twice Daily - 12 Hours apart 5.0 grams = 10 X 500 mg tablets or 50 cc of injectable	Please refer to manufacturer recommended dosage per 100 lbs		ORAL 12 HOURS IV 6 HOURS
ACETAZOLAMIDE · N/H, H/H OR HYPP HORSES ONLY		May only be administered to horses documented through DNA testing to be positive for N/H, H/H or HYPP 3 grams	Please refer to manufacturer recommended dosage per 100 lbs		ORAL 6 HOURS
FUROSEMIDE	SALIX LASIX	Rulebook does not have concentrations or other info, just says "Must be administered intravenously at least four hours prior to competition 500 mg = 5cc (100mg/ml)	Must be administered intravenously at least four hours prior to competition. · Please refer to manufacturer recommended dosage per 100 lbs		IV 4 HOURS
ISOXSUPRINE	VASODILAN®	Refer to package insert instructions for dosage per 100 lbs Example for 1000 lb horse Usually divided in 2 equal doses given 12 hours apart 1,600 mg = 80 X 20mg tablet	Please refer to manufacturer recommended dosage per 100 lbs		ORAL 6 HOURS
DEXAMETHASONE · DO NOT USE FOR MORE THAN 5 DAYS		Refer to package insert instructions for dosage per 100 lbs Example for 1000 lb horse 1/2 dose with 6 hour withdrawal 20.0 mg = 10.0 cc (Max Dose) of the injectable solution (2.0 mg/ml)	CORTICO-STEROID Please refer to manufacturer recommended dosage per 100 lbs		1/2 DOSE 6 HOURS FULL DOES 12 HOURS
	AZIUM®	Example for 1000 lb horse 10 mg = 1 pkt dexamethasone powder			ORAL 12 HOURS
VENTIPULMIN SYRUP®		Refer to package insert instructions for dosage per 100 lbs Example for 1000 lb horse 5 mg = 5 cc or less	Please refer to manufacturer recommended dosage per 100 lbs		IM/ORAL 6 HOURS
ACEPROMAZINE ***Medication Report Required***	PROMACE®	Example for 1000 lb horse Maximum single dose 5mg = .5ml (1/2 cc)	MEDICATION REPORT REQUIRED You must file a Medication Report in the Show Office		ORAL, IV, IM 1 HOUR

conditionally permitted - corticosteroids						
Betamethasone		Used as directed on medication package insert for dose and weight.	Medication Report Required if used within 7 days of competition.			
Celestone		Used as directed on medication package insert for dose and weight.	Medication Report Required if used within 7 days of competition.			
Methylprednisolone		Used as directed on medication package insert for dose and weight.	Medication Report Required if used within 7 days of competition.			
Prednisolone		Used as directed on medication package insert for dose and weight.	Medication Report Required if used within 7 days of competition.			
Triamcinolone		Used as directed on medication package insert for dose and weight.	Medication Report Required if used within 7 days of competition.			

non-prescription

NON PRESCRIPTION	Non-prescription medicinal, herbal and nutritional preparations, compounds, tonics, pastes and supplements should be used cautiously, as the ingredients and quantitative analysis of the products might not be known and could contain a forbidden or high level of substances or other substances that could that would show up in plasma samples and result in a positive test.					

PROHIBITED SUBSTANCES

PROHIBITED	ANABOLIC STERIODS, CLASS 1 & CLASS 2 ARCI* DRUGS, DEPRESSANTS, STIMULANTS, SEDATIVE AND TRANQUILIZERS (SEE SPECIFIC INSTRUCTION FOR ACEPROMAZINE)					
ANABOLIC STERIODS ARE PROHIBITED	Anabolic Steroids are considered prohibited substances. No anabolic steroid is to be administered to a horse in a time frame before competition such that it, or any metabolite of it, might be present in the blood at the time of competition. See the Guidelines (NCHA Official Handbook of Rules & Regulations) for the recommended withdrawal times.					

PROHIBITED SUBSTANCES*	<p>1. Any drug considered a Class 1 or Class II substance as defined in the Association of Racing Commissioners Internations (ARCI) Uniform Classification Guidelines for Foreign Substances.</p> <p>2. 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.</p> <p>3. Any substance that might interfere with or mask the detection of a prohibited drug or medication.</p> <p>4. Any non-steroidal anti-inflammatory drug (NSAID) other than those allowed by NCHA at the proper therapeutic dosage as contained in the Guidelines (NCHA Official Handbook of Rules & Regulations)</p> <p>5. Any metabolite and/or analog of any of the above described forbidden drugs or substances.</p> <p><i>Antipsychotic drugs/Antidepressants/Long-acting tranquilizers such as, but not limited to, fluphenazine (Prozac) are not allowed. Many of these drugs can be detected for 45 days or more. Short acting tranquilizers, sedative, anti-hypertensives such as, but not limited to chlorpromazine, ketamine, romifidine, detomidine and guanabenz should not be used within 3 days (72 hours) of show time and only under the supervision of a veterinarian (exception a low dose of acepromazine maleate is permitted with required reporting provisions, see above.</i></p>
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***Association of Racing Commissioners International, Inc. Uniform Classification Guidelines for Foreign Substances**

<p>Class 1: Stimulant and depressant drugs that have the highest potential to affect performance and that have no generally accepted medical use in the racing horse. Many of these agents are Drug Enforcement Agency (DEA) schedule II substances. These include the following drugs and their metabolites: Opiates, opium derivatives, synthetic opioids and psychoactive drugs, amphetamines and amphetamine-like drugs as well as related drugs, including but not limited to Apo morphine, nikethamide, mazindol, pemoline, and pentylenetetrazol. Though not used as therapeutic agents, all DEA Schedule 1 agents are included in Class 1 because they are potent stimulant or depressant substances with psychotropic and often habituating actions.</p>
<p>Class 2: Drugs that have a high potential to affect performance, but less of a potential than drugs in Class 1. These drugs are 1) not generally accepted as therapeutic agents in racing horses, or 2) they are therapeutic agents that have a high potential for abuse. Drugs in this class include: psychotropic drugs, certain nervous system and cardiovascular system stimulants, depressants, and neuromuscular blocking agents. Injectable local anesthetics are included in this class because of their high potential for abuse as nerve blocking agents.</p>

Local anesthetic can be used 24 hours prior to competition AND under the emergency medication rules stated in the NCHA Rulebook

PREVICOX FOR DOGS DOES NOT HAVE A MEASURED THRESHOLD FOR HORSES

NERVE BLOCKING AGENTS
 NERVE BLOCKING AGENTS CANNOT BE USED 24 HOURS BEFORE COMPETITION UNLESS USED UNDER THE SPECIFIC GUIDELINES OF THE EMERGENCY MEDICATION PROVISION OF THE NCHA RULEBOOK

This chart is for quick reference only and should not be used in place of the NCHA detailed medication guidelines outlined in the Rulebook.