2025 MEDICATION DRUG RULES AND GUIDELINES

STANDING RULE 35A
MEDICATION AND DRUG RULES AND GUIDELINES

The NCHA's Medication and Drug Rules and Guidelines ("Medication Rules") have been put in place to protect and prolong the welfare and competitiveness of the equine athletes who compete in cutting. The NCHA believes in the safety of horses as well as a level playing field when it comes to its events. That is why the Association is testing for substance violations at the NCHA produced and/or approved events.

1. Who is Responsible?

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

a. All riders showing horses in any NCHA produced and/or approved shows are deemed responsible for that horse under these rules.
    i. In situations involving "catch riders,"
        1. If the horse has a trainer, the trainer will be the person deemed responsible for the horse;
        2. Or if the horse does not have a trainer, the owner will be the person deemed responsible for the horse.
    ii. For youth riders, the parent or legal guardian of the youth is deemed responsible for the horse ridden by the youth.
    iii. The above described persons are subject to disciplinary sanctions for a violation of the Medication Rules, whether or not they had actual knowledge of the presence of an offending drug, directly participated in the administration of that drug, innocently miscalculated its dosage or retention time in the horse's system, or for any other reason.

b. The person deemed the responsible person for a violation under this rule has the right to assert that some other person was actually responsible for the violation. In such cases, the burden is on the person deemed responsible for the horse under these rules to present evidence establishing that another person(s) was responsible for the violation. Any other persons shown by the evidence to have responsibility for a violation

of the Medication Rules are also subject to disciplinary sanctions.

2. The Medication Review Committee

The Medication Review Committee is charged with the initial review of the lab results received from any drug testing conducted under the Medication Rules, determining if the lab results indicate that a violation has occurred and taking disciplinary action for any rule violations shown in those lab results. The Mediation Review Committee may also conduct hearings to determine whether a violation of the Medication Rules has occurred, if necessary. The Medication Review Committee shall consist of five (5) members appointed by the NCHA President with the approval of the Executive Committee. Three licensed veterinarians, one Professional trainer and one Non-Professional member will be on the Medication Review Committee at all times. Membership on the committee will be reviewed annually. No person may serve as a member of the Medication Review Committee at the same time they also serve as a member of the Executive Committee. The NCHA President shall have the authority to appoint an additional member to the Medication Review Committee in any case where an existing member of the committee recuses themself from acting on that case.

3. NCHA Recognition of other Equine Organization and Authorized State Agencies

All contestants must be aware that, in addition to the NCHA Medication Rules, all horses are subject to the equine laws of the state in which an event is held and are also subject to any medication rules duly adopted by the sponsors, co-sponsors, producers or co-producers of such events. In addition to possibly being randomly tested by the NCHA under rule 35A.5, horses may also be tested by authorized state agencies and/or by the other equine organizations that sponsor, co-sponsor or produce such events. Since the goal of the NCHA Medication Rules is to protect the welfare of the horse, the NCHA will recognize the results of the drug testing performed by such authorized state agencies or other sponsors, co-sponsors, or producers. A violation of their medication rules found by any of those entities will also be considered a violation of NCHA Medication Rules and will be referred to the NCHA Medication Review Committee for possible disciplinary action.

4. Approved Veterinarians for NCHA Show Grounds

In order to be eligible to treat or administer medication to a horse on the show grounds of an NCHA produced event, a veterinarian must be an approved veterinarian under NCHA Rules (an "Approved Veterinarian"). In order to be an Approved Veterinarian, such veterinarian must be an NCHA member in good standing, must submit an application to the NCHA on application forms distributed by the NCHA and must have such application approved by the NCHA. Each applying veterinarian acknowledges they agree that if they are found to have violated any NCHA Rules on the show grounds, they are subject to having their approved status suspended or revoked by the NCHA in accordance with its Rules and may no longer be allowed to treat or administer medication until such status is restored by the NCHA, if ever.

5. Policies / Process for Medication Testing – Selection Process

a. NCHA Triple Crown Events - Horses competing in Open, Non-Pro and Amateur Divisions at NCHA Triple Crown Events will be tested as follows:
   i. The unofficial scores of the three highest scoring horses (including ties) in all one-set finals will be tested immedi-

ately following those finals.

ii. The unofficial scores of the top two highest scoring horses (including ties) in each set of all multiple-set finals will be tested immediately following their respective sets.

iii. Show management will predetermine days and sets in which additional random drug testing will be done in go rounds and semi-finals prior to their respective draws. Slots within those pre-determined sets that will be tested will be randomly selected from within those sets prior to their respective draws.

b. Other NCHA Produced Events

i. Show management will predetermine days and sets in which random drug testing will be done in any go rounds and/or finals.

ii. Slots within those pre-determined go round and/or final sets that will be tested will be randomly selected from within those sets prior to their respective draws.

c. Executive Director Selection - In all NCHA Triple Crown Events and all NCHA produced or approved events, the NCHA Executive Director may, in their sole discretion, have any horse tested.

6. Policies / Process for Medication Testing – Testing Process

a. **HORSES MUST BE MADE AVAILABLE FOR TESTING**

Every exhibitor and/or owner shall, upon request of show management or an NCHA representative, permit specimens of blood to be taken for testing. An exhibitor will be informed that their horse has been selected for testing immediately after competing in the arena. The request sheet shall be initialed by the exhibitor, owner or the owner's authorized agent acknowledging time of receipt and immediately returned to the NCHA representative or testing veterinarian who gave you the sheet.

i. THE EXHIBITOR MUST TAKE THE HORSE IMMEDIATELY TO THE TESTING STALL FOR TESTING AS DIRECTED BY THE NCHA TESTING VETERINARIAN. UNDER NO CIRCUMSTANCE SHALL THE HORSE BE DELIVERED FOR TESTING LATER THAN 15 MINUTES AFTER RECEIPT OF THE REQUEST FOR TESTING.

ii. Refusal to Comply with Testing Selection will result in Disciplinary action according to section 14.a.ii.1

b. **BLOOD SAMPLE POLICIES**

i. All blood samples taken pursuant to the NCHA Medication Rules will be taken by, or at the direction of, a licensed veterinarian selected by the NCHA in its sole discretion. The NCHA will attempt to take test samples under the NCHA Medication Rules after a horse completes its rounds of competition for the day, however, each horse selected shall be tested on the date selected for testing.

ii. The person collecting the sample should fully complete all test sample recording forms provided by the NCHA at the time the sample is taken.

iii. The person collecting the sample will make an effort to work with the horse owner so as to minimize any discomfort to the horse.

iv. The person collecting the sample should make every effort to take the sample in, or in close proximity to, the test stalls located at the facility.

All samples taken by the NCHA will be stored, shipped, and tested in accordance with generally accepted practices for storing, shipping, and testing equine blood samples as prescribed by the certified testing laboratory utilized by the NCHA. It is presumed the sample of blood tested by the approved laboratory is the one taken from the horse in question and that its integrity is preserved. It is also presumed that all procedures for such collection and preservation of the sample, transfer to the laboratory, and analysis of the sample have been followed. The lab results are presumed to be correct and accurate. It is also presumed that the report received from the laboratory pertains to the sample taken from the horse in question and correctly reflects the condition of the horse during the show in which it was entered, with the burden on the responsible party or parties to prove otherwise at any hearing conducted concerning the violation by NCHA. ***Results will be sent back to NCHA and reviewed by the Medication Review Committee.***

7. Permitted Medications

NCHA Medication Rules are not part of a complete no-drug policy, but rather rules for the welfare of the horse. Within the Guidelines listed below, the following 15 therapeutic medications* can be administered by a licensed veterinarian, caretaker, or responsible individual to a horse with a legitimate injury or illness within 24 hours of showing. For allowed dosage amounts, refer to the Guidelines listed below.

- To avoid single NSAID overage, do not administer more than the package insert indicated therapeutic amount adjusted for **the weight of the horse** on days prior to the day you show.
- To avoid a stacking violation under NCHA Medication Rules, **only a single NSAID** should be administered within 72 hours of showing the horse. Example: If your horse is on Banamine (Flunixin) prior to the show and you plan to switch to Phenylbutazone ("Bute") at the show, you should discontinue administering Banamine at least 72 hours prior to show time.
- It is strongly recommended that show doses (6 hours prior to competition) be given by IV. Exhibitors, owners, trainers, and veterinarians are cautioned to allow additional leeway under the minimal timeframes recommended in the guidelines when using paste, powder, or tablet orally, since oral medications may result in differing variations in plasma levels. It will be considered a rule violation if plasma 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.

*** To avoid stacking of two (2) NSAID'S you must discontinue one (1) of the NSAID'S at least 3 days (72 hours) prior to showing.**

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. Methocarbamol (Robaxin®)
10. Furosemide (Salix®)
11. Altrenogest (Regumate®)
13. Acetazolamide
14. Isoxsuprine Hydrochloride (Vasodilan®)
15. Dexamethasone (Dexject SP®)
16. Dantrolene

•8. 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 the requirements listed ***below*** must be met to prevent disciplinary action if the medications are detected in plasma samples.

a. Exception: Acepromazine Maleate (PromAce®) is considered a conditionally approved medication when used for the safety and welfare of the horse, ***when*** administered as prescribed by a licensed veterinarian***, and Medication Report is submitted to show management. It is the only exception to the 24 hour rule. Only one Medication report for PromAce® is required for an event.***
b. Requirements for Administering Conditionally Permitted Medications
    i. A licensed veterinarian must administer or prescribe the medication (except for PromAce® which only requires a Medication Report) and must also document that the administration of the medication is necessary for the legitimate treatment of illness or injury.
    ii. The horse must be withdrawn and kept out of competition for not less than 24 hours after the medication is administered.
    iii. Antibiotics are permitted substances ***unless combined with local anesthetics.*** Procaine penicillin or other antibiotic with **local anesthetics** are prohibited substances. The use of procaine penicillin or other antibiotics with local anesthetics would result in the need for the horse to be withdrawn from competition for at least 24 hours and a Medication Report completed and filed.
    iv. Local anesthetics, which are RAC class 2 substances and are considered prohibited substances unless the horse is withdrawn for 24 hours and a ***Medication Report*** completed and filed.
    v. It will be a presumption of a violation of the Medication Rules if the laboratory detects concentration levels that are inconsistent with a therapeutic dosage, regardless of 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.
    vi. These exceptions do not apply if the drug is prohibited by governmental regulations, such as the California Equine

Medication Monitoring Program.

c. Medication Report
A written Medication Report, available from NCHA or show management, must be completed in its entirety, and filed with show management before exhibition of the horse and according to the guidelines below.
   i. The Medication Report must contain:
      1. Identification of the medication, including the name, amount, strength/concentration, and mode of administration.
      2. Date and time of administration.
      3. Identification of the horse, including name, age, sex, color, and entry number.
      4. Diagnosis of illness/injury, reason for administration, and name of administering and/or prescribing veterinarian.
      5. Signature of veterinarian or person administering or prescribing the medication. If by prescription (written instructions), a copy must be attached to the medication report.
   ii. Report Filing Timeline / Process
      1. ***Completed*** medication report***s*** 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.
      2. ***Submitted medication reports must*** be signed by show management and time of receipt recorded on the report.
      3. ***A*** report must be filed if the administered medication will be detectable in blood and/or urine samples at the time of competition/sampling. ***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.
      4. In the event that a horse is randomly tested, all medication reports for that horse must be on file with the NCHA prior to the time of the test in order to be considered.

9. Guidelines for Permitted & Conditionally Permitted Medications

The Guidelines outlined below are applicable to most horses and can minimize the chances of positive drug tests. If medication is given by paste, powder, or tablet orally; exhibitors, owners, trainers, and veterinarians are cautioned to allow additional leeway under the minimal timeframes for administration of medication recommended in these guidelines since oral medications may result in differing variations in plasma levels. However, reliance upon these Guidelines does not guarantee compliance with the rules because the response of individual horses can vary. Reliance upon these Guidelines 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 re-

ports one of the medications below in a level higher than a specified maximum permitted plasma concentration, NCHA will review the matter, and disciplinary action may be taken.

The following recommendations are for the use of a single nonsteroidal anti-inflammatory drug (NSAID). Only one systemic NSAID should be in the animal's system. The use of Diclofenac (Surpass) topically is allowed with one systemic non-steroidal anti-inflammatory drug (NSAID).

a. Phenylbutazone (an NSAID):

i. Maximum Permitted Plasma Concentration: The maximum permitted plasma concentration of Phenylbutazone ("Bute") is 15.0 micrograms per milliliter. When Bute is administered, the dose should be accurately 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). For a 1,000-pound horse, if you are administering Bute in one-gram amounts twice daily, the dose is one gram tablet, or one gram of paste or 5 cc of the injectable (200 milligrams per milliliter). Neither a total daily dose nor part of an injectable dose should be administered during the 6 hours prior to competing. Bute should not be used for more than five consecutive days.

ii. Dosage Guideline: The NCHA suggests the following dosage guidelines for the administration of Bute:

1. Alternative No. 1: Bute given once daily:
   a. The maximum dose given once daily to a 1000-pound horse is 2.0 grams (see above for administration options). If you are administering Bute once daily, the safest practice is to ensure that your previous administration of the once daily dose was made at least 24 hours prior to your Show Dose (6 hours or more prior to competition).
   b. Example: If you are administering 2-gram doses of Bute to your 1000-pound horse that is showing at 4 pm on Monday, then the 2-gram Show Dose should be given no later than 10 a.m. on Monday (6 hours prior to showing). The previous 2-gram dose given prior to the Show Dose should be given no later than 10 a.m. Sunday (24 hours prior to the Show Dose).
2. Alternative No. 2: Bute given twice daily:
   a. The maximum dose given twice daily to a 1000-pound horse is 1.0 gram (see above for administration options). If you are administering Bute in 1-gram amounts, the safest practice is to ensure that your previous administration of the twice daily dose was made at least 12 hours prior to your 1-gram Show Dose (6 hours or more prior to competition).
   b. Example: If you are administering 1-gram doses of Bute to your 1000-pound horse that is show-

ing at 12 p.m. on Tuesday, then the Show Dose should be given no later than 6 a.m. on Tuesday (6 hours prior to showing). The previous 1-gram dose given prior to the Show Dose should be given no later than 6 p.m. Monday (12 hours prior to the Show Dose).

iii. Dosage and Timing of Administration: Please note that Bute levels build up in the horse's blood system over time when repeated doses of Bute are administered. It is therefore critical to ensure that proper dosages of Bute are given at proper intervals in order to be in compliance with NCHA Medication Rules. Specifically, overages of Bute levels may occur under NCHA Medication Rules even when a therapeutic dose of Bute is given 6 hours prior to the time the horse is shown (the "Show Dose"), if timing of prior dosages of Bute given to the horse have not been taken into account.

iv. Route of Administration Options: Exhibitors, owners, trainers, and veterinarians are cautioned that the administration of Bute in paste, powder, or tablet oral form may not be accurately administered or metabolized as quickly by the horse and may, therefore, lead to positive test results depending on the timing of administration. If Bute is given by paste, powder, or tablet orally; exhibitors, owners, trainers, and veterinarians are cautioned to allow additional leeway under the minimal timeframes for administration of Bute recommended in these guidelines since oral medications may result in differing variations in plasma levels. Administration of Bute by intravenous (IV) route is strongly recommended when giving a Show Dose six hours prior to competition.

b. Diclofenac (an NSAID)

i. Maximum Permitted Plasma Concentration: The maximum permitted plasma concentration of Diclofenac is 0.005 micrograms per milliliter.

ii. Dosage Guideline: Every 12 hours, not more than 73 mg of diclofenac liposomal cream should be administered (not more than 146 mg per 24hour period) to one affected site. This 73 mg dose equals a 5-inch 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.

iii. Dosage and Timing of Administration: Administration of diclofenac cream should be discontinued 6 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.

c. Flunixin Meglumine (an NSAID)

i. Maximum Permitted Plasma Concentration: The maximum permitted plasma concentration of Flunixin is 1.0 microgram per milliliter.

ii. Dosage Guideline: When Flunixin Meglumine is administered, the dose should be accurately 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).

iii. Dosage and Timing of Administration: No part of a dose should be administered during the 6 hours prior to competing. Any medicated feed must be consumed and/or removed at least 6 hours prior to competing. The medication should not be used for more than five consecutive days.

d. Ketoprofen (an NSAID)

i. Maximum Permitted Plasma Concentration: The maximum permitted plasma concentration of Ketoprofen is 0.25 µg per milliliter.

ii. Dosage Guideline: When Ketoprofen is administered, the dose should be accurately 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).

iii. Dosage and Timing of Administration: No part of a dose should be administered during the 6 hours prior to competing. The medication should not be used for more than five consecutive days.

e. Meclofenamic Acid (an NSAID)

i. Maximum Permitted Plasma Concentration: The maximum permitted plasma concentration of Meclofenamic Acid is 2.5 micrograms per milliliter.

ii. Dosage Guideline: When Meclofenamic Acid is administered, the dose should be accurately 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.

iii. Dosage and Timing of Administration: The medication should not be used for more than five consecutive days.

f. Naproxen (an NSAID):

i. Maximum Permitted Plasma Concentration: The maximum permitted plasma concentration of Naproxen is 40.0 micrograms per milliliter.

ii. Dosage Guideline: When Naproxen is administered, the dose should be accurately 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.

iii. Dosage and Timing of Administration: No part of a dose should be administered during the 6 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.

g. Firocoxib (an NSAID)

i. Maximum Permitted Plasma Concentration: The maximum permitted plasma concentration of Firocoxib is 0.240 micrograms per milliliter.

ii. Dosage Guideline: When Firocoxib is administered, the dose should be accurately calculated according to the actual weight of the horse:

1. By tablet: One (1) 57mg tablet administered orally to horses weighing 800-1300 lbs (0.04-0.07mg/lb or 0.09-0.15 mg/kg) once daily.

2. By oral paste: 0.045 mg/lb (0.1mg/kg) body weight, once daily.

iii. Dosage and Timing of Administration: No part of a dose should be administered during the 6 hours prior to competition. Firocoxib should not be administered for more than fourteen consecutive days.

h. Methocarbamol

i. Maximum Permitted Plasma Concentration: ***0.5 micrograms per milliliter.***

ii. Dosage Guideline: Whenever methocarbamol is administered, the dose should be accurately calculated according to the actual weight of the horse. Each 12 hours, not more than 5.0 mg per pound of body weight should be administered, preferably less. For a 1000-pound animal, the maximum dose each 12 hours is 5.0 grams, which equals ten 500 milligram tablets or 50 cc of the injectable (100 milligrams per milliliter).

iii. Dosage and Timing of Administration: No dose should be administered during the 12 hours immediately following the prior dose. No part of a dose should be administered during the 6 hours prior to competing. Any medicated feed must be consumed and/or removed at least 6 hours prior to competing. Methocarbamol should not be administered for more than five successive days.

i. Dantrolene

i. Maximum Permitted Plasma Concentration: ***While these rules do not contain a maximum allowable plasma concentration level for dantrolene, laboratory detection of levels of dantrolene that are not consistent with administration in accordance with the Guidelines may result in prosecution of a rule violation.***

ii. Dosage Guideline: Whenever dantrolene sodium is administered, the dose should be accurately calculated to not exceed 500 milligrams total and is typically administered orally. For a 1000-pound animal the maximum dose each 24 hours is 500mg.

iii. Dosage and Timing of Administration: No part of the dose should be administered during the 12 hours immediately following the prior dose. No part of a dose should be administered during the 6 hours prior to competing. Any medicated feed must be consumed and/or removed at least 6 hours prior to competing. Dantrolene should not

be administered for more than five successive days.

j. Acetazolamide

i. Maximum Permitted Plasma Concentration: While these rules do not contain a maximum allowable plasma concentration level for Acetazolamide, laboratory detection of levels of Acetazolamide that are not consistent with administration in accordance with the Guidelines may result in prosecution of a rule violation.

ii. Guidelines: ***Acetazolamide*** may only be administered to horses documented through DNA testing to be positive (N/H or H/H) for Hyperkalemic Periodic Paralysis (HYPP). When acetazolamide is administered, the dose should be accurately calculated according to the actual weight of the horse.

iii. Dosage and Timing of Administration: Each 24 hours, not more than 3 milligrams per pound of body weight should be administered. For a 1,000-pound horse, the maximum daily dose is 3 grams.

k. Furosemide

i. Maximum Permitted Plasma Concentration: ***100 nanograms/ml.***

ii. Dosage Guideline: ***Not to exceed: 250 mg (5 cc).***

iii. Dosage and Timing of Administration: Must be administered intravenously at least four hours prior to competition.

l. Isoxsuprine

i. Maximum Permitted Plasma Concentration: ***While these rules do not contain a maximum allowable plasma concentration level for Isoxsuprine, laboratory detection of levels of Isoxsuprine that are not consistent with administration in accordance with the Guidelines may result in prosecution of a rule violation.***

ii. Dosage Guideline: When administered, the dose should be accurately calculated according to the actual weight of the horse. Each 24 hours, not more than 1.6 milligrams per pound of body weight should be administered (usually divided in two equal doses given 12 hours apart). For a 1,000-pound horse, the maximum daily dose is 1,600 milligrams, which equals 80 20-milligram tablets.

iii. Dosage and Timing of Administration: No part of a dose should be administered during the four hours prior to competing. Any medicated feed should be consumed and/or removed at least four hours prior to competing.

m. Dexamethasone

i. Maximum Permitted Plasma Concentration: The maximum permitted plasma concentration is 3.0 nanograms per milliliter at the time of competition.

ii. Dosage Guideline: 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.

1. Alternative No 1: 2.0 mg or less per 100 pounds IV or IM at 12 or more hours before competition
    a. 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.
    b. 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 12 hours prior to competing. Dexamethasone should not be administered for more than five consecutive days.
2. Alternative No. 2 – 1.0 mg or less per 100 pounds IV at 6 or more hours before competition
    a. 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.
    b. For a 1,000-pound horse, the maximum daily intravenous dose of dexamethasone injectable solution is 10.0 milligrams, which equals 2.5 milliliters of the injectable solution (4.0 milligrams per milliliter). No part of this dose should be administered during the six hours prior to competing. Dexamethasone should not be administered for more than five consecutive days.
3. Alternative No. 3 – 1.0 mg or less per 100 pounds orally at 6 or more hours before competition
    a. Each 24 hours, not more than 1.0 milligram of dexamethasone powder per 100 pounds of body weight should be administered orally, preferably less.
    b. 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 six hours prior to competing. Any medicated feed should be either consumed or removed at least six hours prior to competing. Dexamethasone should not be administered for more than five consecutive days.

n. Ventipulmin

i. Maximum Permitted Plasma Concentration: ***While these rules do not contain a maximum allowable plasma concentration level for ventipulmin, laboratory detection of levels of ventipulmin that are not consistent with administration in accordance with the Guidelines may result in prosecution of a rule violation.***

ii. Dosage Guideline: .5 mg (1/2 cc) or less per 100 pounds administered IM, or orally at 6 or more hours before competition.
iii. Dosage and Timing of Administration: ***See above.***

o. Acepromazine Maleate

i. Maximum Permitted Plasma Concentration: ***While these rules do not contain a maximum allowable plasma concentration level for acepromazine, laboratory detection of levels of acepromazine that are not consistent with administration in accordance with the Guidelines may result in prosecution of a rule violation***
ii. Dosage Guideline: 0.5 mg or less per 100 pounds administered IV, IM, or orally at 1 or more hours before competition).
iii. Dosage and Timing of Administration: Maximum single dose should not exceed 5 mg total, which equals .50 milliliters of the injectable solution (10.0 milligrams per milliliter). A written medication report must be submitted to show management using the reporting guidelines found under conditionally approved medications.

10. Prohibited Substances

NCHA Medication Rules do not allow drugs and medications that can enhance a horse's performance (i.e., Performance Enhancing Drugs). The following substances cannot be administered, internally or externally to a horse showing at an NCHA produced and/or approved event:

a. 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.
b. 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.
c. Any substance that might interfere with or mask the detection of a prohibited drug or medication.
d. 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 for the recommended withdrawal times.
e. Any non-steroidal anti-inflammatory drug (NSAID) other than those allowed by NCHA at the proper therapeutic dosage as contained in the Guidelines.
f. Any metabolite and/or analog of any of the above described forbidden drugs or substances.
g. Prohibited Substance Exceptions:
    i. Acepromazine Maleate is considered a conditionally approved medication when administered or prescribed by a licensed veterinarian in accordance with the Guidelines contained in this rule. A written medication report must be submitted to show management.
    ii. Local anesthetics may be administered by a veterinarian when used under the provisions of the Emergency Medication Guidelines (see below).
    iii. Corticosteroids other than dexamethasone (e.g., pred-

nisolone, Solu-Delta-Cortef®, triamcinolone acetonide, betamethasone, methylprednisolone (Depo-Medrol®) and others) are classified as prohibited substances unless **used strictly for a therapeutic purpose**, i.e., for the treatment of existing inflammatory conditions related to illness or injury. They are not to be administered at a time closer than 24 hours prior to competing under any circumstances. Additionally, any corticosteroid being used under this rule must be administered in compliance with the following dosage guidelines: Maximum Total Dosages:

1. Triamcinolone acetonide – 50 mg.
2. Betamethasone – 50 mg.
3. Isoflupredone – 50 mg.
4. Methylprednisolone – 300 mg.
5. Other corticosteroids, pharmaceutical recommended dosage

h. A medication report must be filed in connection with any of the following administrations:
   i. When using any other corticosteroid (other than those listed ***in the conditionally permitted medication section***), a medication report must be filed for administration by any route 7 days prior to competing;
   ii. When using the corticosteroid methylprednisolone (Depo-Medrol®), a medication report must be filed if competing within 14 days of administration;
   iii. When using the corticosteroid i.e., isoflupredone (Predef2X•) or methylprednisolone (DepoMedrol) when injecting the sacroiliac (SI) joint, a medication report must be filed if competing within 28 days of administration.

11. Prohibited Substances: Withdrawal Guidelines

Reliance upon these Guidelines does not guarantee compliance with the rules because the response of individual horses can vary. Reliance upon these Guidelines 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. Withdrawal Guidelines vary by medication:

a. Short acting tranquilizers / sedatives / anti-hypertensives such as, but not limited to chlorpromazine, ketamine, romifidine, detomidine and 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 with required reporting provisions.
b. 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 45 days or more.
c. Anabolic Steroid - In order to ensure the welfare of performance horses and riders as well as the integrity of the sport, the use of both therapeutic and illegal agents in performance horses is tightly regulated. Until a few years ago, anabolic steroids were commonly administered to performance horses, presumably to promote muscle growth and enhance performance. To align with other horse industry groups, the NCHA

has adopted the international androgenic anabolic steroid recommendation and withdrawal guidelines listed below.

i. **Boldenone:** Screening limit no greater than 100 pg/ml in serum or plasma with a confirmatory threshold no greater than 25 pg/ml for all horses regardless of sex, which regulates an 82-day withdrawal time. Boldenone undecylenate in oil was administered intramuscularly at a dose of 1.1 mg/kg to achieve a safe limit of 100pg/ml at 82 days prior to sampling.

ii. **Nandrolone**: Screening limit no greater than 100 pg/ml in serum or plasma with a confirmatory threshold no greater than 25 pg/ml for geldings, fillies, and mares, which regulates a 35 day withdrawal time. Male horses other than geldings will not be tested for nandrolone in blood. Nandrolone decanoate in oil was administered intramuscularly at a dose 0.55 mg/kg to achieve a safe limit of 100 pg/ml at 35 days prior to sampling.

iii. **Stanozolol**: Screening limit no greater than 100 pg/ml in serum or plasma with a confirmatory threshold no greater than 25 pg/ml for all horses regardless of sex, which regulates a 47day withdrawal time. Stanozolol as an aqueous `suspension was administered intramuscularly at a dose of .55 mg/kg to achieve a safe limit of 100 pg/ml at 47 days prior to sampling.

iv. **Testosterone**: Screening limit no greater than 100 pg/ml in serum or plasma with a confirmatory threshold no greater than 25 pg/ml for geldings, fillies and mares and a confirmatory limit of 2 µg/ml for male horses other than geldings, which regulates a 30-day withdrawal time. Testosterone as an aqueous solution was administered subcutaneously at a dose of 0.15 mg/kg to achieve a safe limit of 100 pg/ml at 30 days prior to sampling.

12. Cautionary Word on Other Substances

a. **Nutritional & Herbal Supplements** - Non-prescription medicinal, herbal, and nutritional preparations, tonics, pastes, and supplements should be used cautiously as the ingredients and quantitative analysis of the products might not be known and could contain forbidden substances or other substances that could result in a positive test.

b. **Compounded Substances** - Exhibitors, owners, trainers, and veterinarians are cautioned against the use of compounded medications or those formulated at compounding pharmacies. The ingredients and quantitative analysis of the products may not be known and could contain a forbidden substance or quantities of substances that could result in a positive test.

13. Emergency Medication

The NCHA Medication Rules allow for administration of emergency medication by a veterinarian (who is a member in good standing of the American Association of Equine Practitioners and licensed to practice veterinary medicine in the state where the event is being held) under certain limited circumstances where a true emergency situation exists.

a. Any veterinarian that treats or administers medication to a horse on NCHA show grounds must be an Approved Veterinarian under the provisions of section 4 above.

b. In the case of a sick or injured horse, **appropriate therapeutic**

doses of only lidocaine, mepivacaine or flunixin meglumine (Banamine) may be given by a licensed veterinarian under actual observation by event management or a designated NCHA representative (if after show hours, the exhibitor must provide a statement from the treating veterinarian) to treat a condition / illness / injury that would not prevent the horse from safely competing following treatment.

i. Flunixin meglumine (Banamine) administered at therapeutic levels permitted by NCHA medication rules can be used for the treatment of colic.
ii. Administration of lidocaine or mepivacaine is also permitted for the purpose of surgical repair of minor skin lacerations which, by its very nature, would not prevent the horse from competing following the surgery.

c. Under no circumstances can this Emergency Medication provision of the NCHA Medication and Drug Rules be applied for an examination or treatment in which a local anesthetic is used to provide full or partial anesthesia (block) of an extremity or joint within 24 hours of the horse competing.
d. Emergency Medication Report Form
   i. An emergency medication report form which is available on the NCHA website and from show management, must be filed with show management before exhibition of the horse that is being administered emergency medication under this rule.
   ii. If an emergency medication report is filed for a horse, the NCHA designated veterinarian may examine any skin lacerations and the skin sensation of that horse and that horse may be drug tested under the provisions of Standing Rule 35A.5 at the sole discretion of the Executive Director.
   iii. Filing of an emergency medication report form does not automatically excuse the horse from the consequences associated with a failed drug test. If a horse that has been administered emergency medication under this rule is tested under NCHA rules and tests positive, the Medication Review Committee will take into consideration the emergency medical report form on file. However, if the Committee determines that the emergency medication was administered above appropriate therapeutic levels or if the test results show the presence of medications not disclosed in the emergency medication report form that are not allowed or exceed the levels allowed by the NCHA Medication and Drug Rules and Guidelines, the Committee may take all disciplinary actions provided for under these rules for such failed test.
   iv. All emergency reports filed under this rule will be reviewed by the Medication Review Committee and all veterinarians submitting such reports are subject to inquiry by the Medication Review Committee.

14. Rule Violations and Discipline

For all NCHA produced and/or approved events, if it is determined that the use of any drug or medication was not allowed by the Medication Rules or was not within the Guidelines in the NCHA Rule Book, the responsible party or parties will be subject to disciplinary action. The ini-

tial determination of whether a medication rule violation has occurred will be based upon the lab results.

a. Failure to Present Horse for Testing / Failure to comply with Testing Requests

i. Testing Process Violations

1. Refusal to with the request for testing will result in the disqualification of the horse from further participation at the show.
2. Bringing the wrong horse for testing is considered a serious offense and constitutes a refusal to comply with a request for testing under this rule.
3. Failure to comply with the 15-minute time period described above will also constitute a refusal to comply with the request for testing.
4. Any horse in violation of this rule may also be barred from participation in future NCHA approved events or shows for a period of time as determined by the Executive Committee or other appropriate committee.
5. A refusal to comply with a request for testing also is grounds for suspension of NCHA membership.
6. Any harassment, verbal abuse, physical abuse or misconduct of any kind toward the testing veterinarian (or anyone assisting the testing veterinarian in the taking of blood samples or specimens) shall be considered a violation of NCHA Standing Rule 35 and treated under the disciplinary guidelines in Rule 35.B.3.
7. The NCHA may also, in its sole discretion, refer any potential violation of this rule to the Grievance Committee to consider disciplinary action under Standing Rule 35 against all responsible parties.

ii. In the event that an alleged violation of this section is referred to the Grievance Committee and a violation is found; it is recommended that:

1. The disciplinary action taken by the Grievance Committee to address such a violation be at least a fine of $10,000 per occurrence and up to a 12-month suspension. This is only a guideline and can be increased or decreased as appropriate by the Grievance Committee depending upon the circumstances shown by the evidence.
2. The Grievance Committee may also assess separate discipline against multiple parties it finds responsible for the same occurrence resulting in the violation.

b. **Failure to Timely File Required Medication Reports**

Failure to timely file any medication report required by this rule including, but not limited to the medication reports required for Acepromazine will result in a letter of warning and reprimand for the first failure to timely file a required report. A fine of $150 will be assessed for a second failure to timely file a required report and a fine of $300 for each subsequent offense. These fines may be increased, at the sole discretion of the Medication Review Committee, in situations involving re-

peated failures to timely file medication reports required under this rule. Failure to timely file medication reports shall not constitute a first offense, second offense or third offense under sections 14 (c), (d) or (e) of this rule.

c. **Violations of Rules Governing Administering Medications or Testing Violations**
Any laboratory report resulting from random testing conducted by the NCHA pursuant to this rule that indicates the presence of any prohibited substance, the presence of any permitted medication in levels that exceed those allowed under these rules and guidelines or the presence of more than one NSAID, all of which are violations of these Medication Rules, will constitute prima facie evidence that the substance(s) was administered to the horse either internally or externally in violation of the NCHA Medication Rules. The burden of proof is on the responsible party to show by a preponderance of the evidence that no drug or medication has been administered in violation of the rules.

d. Disciplinary Guidelines for Conditionally Permitted Therapeutic Medication Overages (i.e. overages of a permitted medication or the presence of more than one NSAID). The following disciplinary actions may be considered by the NCHA, NCHA Medication Review Committee or Executive Committee in addressing a violation of the Medication Rules and Guidelines relating to Therapeutic Medication Overages. The following are general guidelines only. The NCHA, NCHA Medication Review Committee or Executive Committee may assess discipline (including potential fines, probations, suspensions, and disqualifications) that is equal to, less than or greater than the discipline provided in the following guidelines based upon the nature of the violation and the severity of the circumstances presented in each case. The horse may also be disqualified from all classes in which it participated in at the show for any violation of the Medication Rules and Guidelines. If disqualified, all awards and monies must be returned.

i. First Offense relating to a Therapeutic Medication Overage:
   1. Resulting from an overage of **one permitted medication** a suggested fine of $500 each to the responsible person(s).
   2. Resulting from the presence of **more than one** NSAID (if each NSAID is within therapeutic levels allowed in these Rules and Guidelines) – a suggested fine of $1,000 each to the responsible person(s).
   3. The discipline for any violation resulting from the presence of a permitted medication at **levels more than twice the permitted levels** allowed under these Rules and Guidelines shall be assessed by the Medication Review Committee based upon its review of the circumstances presented.

If a member commits a first offense resulting from the use of permitted medications at unacceptable levels under the Medication Rules and Guidelines or commits a first offense resulting from the presence of more than one NSAID in violation of

these Medication Rules and Guidelines but commits no further violations of the Medication Rules and Guidelines for a period of 24 months after that first offense, the next violation of the Medication Rules and Guidelines after that 24-month period by that member, if any, would be treated as a first offense.

ii. Second Offense relating to a Therapeutic Medication Overage:
    1. A suggested fine to each responsible person(s) of $2,500 and possible suspension or probation depending on the circumstances.
    2. If a member commits a second offense resulting from the use of permitted medications at unacceptable levels under the Medication Rules and Guidelines or commits a second offense resulting from the presence of more than one NSAID in violation of these Medication Rules and Guidelines but commits no further violations of the Medication Rules and Guidelines for a period of 24 months after that second offense, the next violation of the Medication Rules and Guidelines after that 24-month period by that member, if any, would be treated as a first offense. This provision does not apply to violations resulting from the use of a prohibited substance.

iii. Third Offense relating to a Therapeutic Medication Overage:
    1. A suggested fine of $5,000 each to the responsible person(s) and a suspension of at least 6 months.
    2. Any responsible party assessed a fine under this section will be suspended until payment in full is received by the NCHA. If the discipline assessed includes probation or suspension in addition to a fine, the probation or suspension shall begin immediately and extend for the specified period after the fine is paid. (i.e., if a fine and six-month probation are assessed on the first day of a month and the fine is not paid until the fifteenth day of a month, the probation or suspension would start on the first day of the month and end six months after the payment of the fine is received).
    3. If the horse transfers ownership, the suspension for the responsible individual or party will not be dissolved or shortened.

e. Disciplinary Guidelines for use of a Prohibited Substance

The following disciplinary actions may be considered by the NCHA, NCHA Medication Review Committee or Executive Committee in addressing a violation of the Medication Rules and Guidelines relating to the use of a **prohibited substance** by any responsible person and defined by these rules. The following are general guidelines only. The NCHA, NCHA Medication Review Committee or Executive Committee may assess discipline (including fines, probations, and suspensions) that is equal to, less than or greater than the discipline provided in the following guidelines based upon the nature of the violation and the severity of the circumstances presented in each

case. A horse testing positive for a prohibited substance in any class at a show may also be disqualified from all other classes at that show in which that horse participated and such horse will forfeit all monies, awards and titles won in any class at the show. Any disqualified horse shall forfeit and must return all awards and monies won at the show. Offenses for use of a prohibited substance may, at the discretion of the Committee ultimately determining the violation, permanently remain on the responsible parties' record.

i. First Offense resulting from the use of a prohibited substance, forfeiture of any winnings from the show, a fine of $5,000, loss of any titles and awards won at the show and one (1) year membership probation.
ii. Second Offense resulting from the use of a prohibited substance, forfeiture of any winnings from the show, a fine of $10,000, loss of any titles and awards won at the show and a one (1) year membership suspension.
iii. Third Offense resulting from the use of a prohibited substance, forfeiture of any winnings from the show, a fine of $15,000, loss of any titles and awards won at the show and a membership suspension of at least two (2) years.
iv. Any responsible party assessed a fine under this section will be suspended until payment in full is received by the NCHA. If the discipline assessed includes probation or suspension in addition to a fine, the probation or suspension shall begin immediately and extend for the specified period after the fine is paid. (i.e., if a fine and six-month probation are assessed on the first day of a month and the fine is not paid until the fifteenth day of a month, the probation or suspension would start on the first day of the month and end six months after the payment of the fine is received).
v. If the horse transfers ownership, the suspension for the responsible individual or party will not be dissolved or shortened.

f. Hearings and Appeal Rights

i. **Hearings** - The responsible party or parties may accept the discipline assessed based upon the lab results or request a hearing to contest the lab results or any discipline assessed. Hearings relating to violations of the Medication Rules and Guidelines will be conducted by the NCHA Medication Review Committee. Such hearing may result in discipline equal to, less than or greater than the initial discipline assessed by the Medication Committee based upon the lab results, depending upon the evidence presented at such hearings.
ii. **Appeals** - Any person found to have committed a violation of the Medication Rules as a result of a hearing before the NCHA' s Medication Review Committee as provided for in this rule shall have the right to appeal the decision of the NCHA Medication Review Committee to the NCHA Executive Committee in accordance with the procedures for appeal contained in Standing Rule 38. Such appeal hearing may result in discipline equal to, less than or greater than the discipline assessed by the

initial hearing committee depending upon the evidence presented at the appeal hearing.

g. Any Medication Rules and Guidelines violation resulting in probation or suspension ***will be published on nchacutting.com and may*** be published in *Cutting Horse Chatter*.
