

# Uniformity


## A veterinary perspective

Don Shields, DVM  
Diplomate ABVP (Equine Practice)



# Down to the wire for medication reform

The 24 you can use...



ACEPROMAZINE	DMSO	METHOCARBAMOL
BETAMETHASONE	FIROCOXIB	METHYLPREDNISOLONE
BUTORPHANOL	FLUNIXIN	OMEPRazole
CLENBUTEROL	FUROSEMIDE	PHENYLBUTAZONE
DANTROLENE	GLYCOPYRROLATE	PREDNISOLONE
DETOMIDINE	KETOPROFEN	PROCAINE PENICILLIN
DEXAMETHASONE	LIDOCAINE	TRIAMCINOLONE
DICLOFENAC	MEPIVACAINE	XYLAZINE





# Are there really Only 24 medications available?

“Substances that do not affect the organ systems of a horse such as **antibiotics, antimicrobials, vaccines, etc.** (except for procaine penicillin and levamisole) are not prohibited and are not the subject of testing.” \*

**\*New Maryland Racing Medication Guidelines 2014**



## Antibiotics

Amikacin  
Baytril  
Gentocin  
Tetracycline  
SMZ, Uniprim

## Antifungal s

Fulvicin  
Ketoconazole  
Miconozole

## Antiprotozoal (EPM)

Marquis  
ReBalance

Not the subject of testing?



## De-wormers

Ivermectin - Eqvalan  
Moxidectin - Quest  
Fenbendazole – Panacur  
Pyrantel - Strongid

## Vaccines



## Immune Stim.

EqStim  
Equimmune  
Zylexis

In all jurisdictions...even California?



## Other Anti-ulcer?

Cimetidine  
Ranitidine

## Anti-arthritis?

Adequan  
Legend  
(Polyglycan)



# EIPH and Respiratory Health

AMINOCAPROIC ACID  
TRANSEXAMIC ACID

ESTRONE

ALBUTEROL  
BECLOMETHASONE  
fluticasone  
Ipratropium  
salmeterol

HYDROXYZINE  
PYRILAMINE

GUAIFENESIN

Acetylcysteine

CROMOLYN



# Anti-inflammatory & Foot Problems

ASPIRIN

DIPYRONE

IBUPROFEN

MECLOFENAMIC ACID

NAPROXEN

ISOFLUPREDONE

PREDNISONE

ISOXSUPRINE

PENTOXIFYLLINE

TRICHLORMETHIAZIDE

# Colic & Reproductive Issues

Buscopan

Regumate  
progesterone

Over 30 commonly utilized medications  
Not included in uniformity

Plus 18 assumptions  
(Antibiotics, etc.)  
That may be ok to use



“You are strongly encouraged to restrict your use of medications to those on the Controlled Therapeutic Substances list, which will be amended from time-to-time.”\*

**\*New Maryland Racing Medication Guidelines 2014**





## Procedures MUST be established

Who amends the medication list?

Who decides on which medications?

What is the basis for inclusion?

Who pays for the testing?

Restrictive regulatory / testing or a clinical approach to uniformity?



Over medicating?



Are the withdrawal times  
for other medications  
discussed changing?

Will they be uniform?

Where are antibiotics, etc.  
no longer tested for?



Uniformity?

24-mity...model rules?

This is a start...

Will all jurisdictions treat antibiotics, vaccines,  
etc. like Maryland?





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