Uniformity
A veterinary perspective

Don Shields, DVM
Diplomate ABVP (Equine Practice)
Down to the wire for medication reform

The 24 you can use...

<table>
<thead>
<tr>
<th>Medicine 1</th>
<th>Medicine 2</th>
<th>Medicine 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACEPROMAZINE</td>
<td>DMSO</td>
<td>METHOCARBAMOL</td>
</tr>
<tr>
<td>BETAMETHASONE</td>
<td>FIROCOXIB</td>
<td>METHYLprednisolone</td>
</tr>
<tr>
<td>BUTORPHANOL</td>
<td>FLUNIXIN</td>
<td>OMEPRAZOLE</td>
</tr>
<tr>
<td>CLENBUTEROL</td>
<td>FUROSEMIDE</td>
<td>PHENYLbutazone</td>
</tr>
<tr>
<td>DANTROLENE</td>
<td>GLYCOPHYRROLATE</td>
<td>PREDNISolone</td>
</tr>
<tr>
<td>DETomidINE</td>
<td>KETOPROFEN</td>
<td>PROCaine PEnicillin</td>
</tr>
<tr>
<td>DEXAMETHASONE</td>
<td>LIDOCAINE</td>
<td>TRIAMCINolone</td>
</tr>
<tr>
<td>DICLOFENAC</td>
<td>MEPIVACAINE</td>
<td>XYLAZINE</td>
</tr>
</tbody>
</table>
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*
<table>
<thead>
<tr>
<th>Antibiotics</th>
<th>Antifungals</th>
<th>Antiprotozoal (EPM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amikacin</td>
<td>Fulvicin</td>
<td>Marquis</td>
</tr>
<tr>
<td>Baytril</td>
<td>Ketoconazole</td>
<td>ReBalance</td>
</tr>
<tr>
<td>Gentocin</td>
<td>Miconozole</td>
<td></td>
</tr>
<tr>
<td>Tetracycline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SMZ, Uniprim</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Not the subject of testing?
De-wormers

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

Vaccines

Immune Stim.

EqStim
Equimune
Zylexis

In all jurisdictions...even California?
Other Anti-ulcer?

Cimetidine
Ranitidine

Anti-arthritic?

Adequan
Legend
(Polyglycan)
# EIPH and Respiratory Health

<table>
<thead>
<tr>
<th>AMINOCAPROIC ACID</th>
<th>TRANSEXAMIC ACID</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ESTRONE</strong></td>
<td></td>
</tr>
<tr>
<td>ALBUTEROL</td>
<td>HYDROXYZINE</td>
</tr>
<tr>
<td>BECLOMETHASONE</td>
<td>PYRILAMINE</td>
</tr>
<tr>
<td>fluticasone</td>
<td></td>
</tr>
<tr>
<td>Ipratropium</td>
<td>GUAIFENESIN</td>
</tr>
<tr>
<td>salmeterol</td>
<td>Acetylcysteine</td>
</tr>
<tr>
<td>CROMOLYN</td>
<td></td>
</tr>
</tbody>
</table>
Anti-inflammatory & Foot Problems

ASPIRIN
DIPYRONE
IBUPROFEN
MECLOFENAMIC ACID
NAPROXEN
ISOFLUPREDONE
PREDNISONE

ISOXSUPRINE
PENTOXIFYLLINE
TRICHLORMETHIAZIDE
Colic & Reproductive Issues

Buscopan

Regumate
progestosterone
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?
Don Shields, DVM
Diplomate ABVP (Equine Practice)