

61D-6.008 Permitted Medications for Horses.

(1) The prescription medications defined in this rule shall be permitted under the conditions set forth to conserve and protect the health of the horse which is entered to race. All such medications shall be procured and administered by a licensed veterinarian, except where a valid prescription or dispensing occurs in compliance with the requirements of Chapter 474, F.S.

~~(2)(a) Phenylbutazone may be administered to a horse providing:~~

- ~~1. The phenylbutazone is not administered closer than 24 hours prior to the officially scheduled post time of the race; or~~
- ~~2. The post race serum sample of such horse contains a concentration less than 2 micrograms (meg) of phenylbutazone or its metabolites per milliliter (ml) of serum.~~

~~(b) When the post race serum sample of such horse contains a concentration of phenylbutazone equal to or in excess of 2 micrograms per milliliter of serum, but less than 5 micrograms per milliliter of serum, the trainer as the absolute insurer of the horse, shall be subject to the following penalties:~~

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| 1. First violation of this chapter in a 12-month period | \$250.00 fine; |
| 2. Second violation of this chapter in a 12-month period | \$500.00 fine; |
| 3. Third or subsequent violation of this chapter in a 12-month period | \$1,000.00 fine and suspension of any division license 0 to 15 days. |

~~(c) When the post race serum sample contains a concentration of phenylbutazone equal to or in excess of 5 micrograms per milliliter of serum, the trainer as the absolute insurer of the horse, shall be subject to the following penalties:~~

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| 1. First violation of this chapter in a 12-month period | \$500.00 fine and suspension of any division license 0 to 15 days; |
| 2. Second violation of this chapter in a 12-month period | \$1,000.00 fine and suspension of any division License 0 up to 30 days; |
| 3. Third or subsequent violation of this chapter in a 12-month period | \$1,000.00 fine and suspension of any division License 0 up to 60 days. |

~~(3)(a) Furosemide (Salix) may be used solely for the treatment of horses participating in pari-mutuel racing events in the State of Florida that have exhibited exercise-induced pulmonary hemorrhage (bleeding) as provided below:~~

~~1. A "bleeder" shall be defined as a horse which demonstrates evidence of pulmonary hemorrhage within 3.0 hours of exercise as evidenced by fulminant bilateral epistaxis where endoscopic examination is not warranted, or by intratracheal evidence of pulmonary hemorrhage ascertained through endoscopic examination, either of which must be witnessed and certified in writing by a Florida-licensed veterinarian. Such certification shall be submitted to the division's Salix Coordinator on Form DBPR PMW 3300, Bleeder's Certificate adopted and incorporated by Rule 61D-10.001, F.A.C. Out-of-state horses racing in Florida must be witnessed in Florida as outlined above or must have been certified by the state/commission or association/track veterinarian from the previous state. Certification, in writing from the accredited College of Veterinary Medicine, will also be accepted if the horse has received a comprehensive cardio-pulmonary examination at an accredited College of Veterinary Medicine and as a result thereof is diagnosed with exercise-induced pulmonary hemorrhage either viewed endoscopically after a treadmill exercise or via tracheal wash cytology and therefore found to require medication with furosemide in order to successfully compete.~~

~~2. Any horse on furosemide to be entered in a pari-mutuel racing event in the State of Florida shall not require re-certification if the horse has been certified as a "bleeder" and approved for the administration of furosemide by a racing jurisdiction utilizing certification procedures which are approved by the director of the Division of Pari-Mutuel Wagering in Florida. Documentation of certification from approved racing jurisdictions must be evidenced by an official letter signed by a track veterinarian, or division/State Veterinarian stating that a horse has exhibited exercise-induced pulmonary hemorrhage and as a result of such bleeding was determined to require the administration of furosemide prior to participation in pari-mutuel racing events.~~

~~3. A horse which has not exhibited external bleeding may be placed on the Furosemide List after the horse's licensed trainer and licensed veterinarian determine that it would be in the horse's best interest to race with furosemide and so notify the State Veterinarian.~~

~~4. It shall be the trainer's responsibility to provide the required documentation of certification to the Salix Coordinator prior to entry of any horse to race on furosemide in a pari-mutuel event in the State of Florida. When the trainer cannot provide written documentation within 48 hours prior to the scheduled post time for the race, the trainer of the horse in question may personally attest in writing that the horse meets all eligibility requirements for the use of furosemide and request that the stewards waive the~~

requirement for receipt of written documentation prior to racing the horse on furosemide. All requests for waiver must be submitted on Form DBPR PMW 3330, Salix Certification Waiver, adopted and incorporated by Rule 61D 10.001, F.A.C. The stewards then may allow the horse to race on furosemide and grant the trainer a reasonable period of time, not to exceed 10 days, to produce the necessary written documentation as required in paragraph (a) above.

~~5. All purses, stakes, awards, or other prizes or compensation to be granted as a result of the subject horse's performance in the pari-mutuel event shall be withheld until such time as the trainer who attested to the horse's eligibility to race on furosemide has provided the required documentation. If the trainer fails to provide adequate documentation of the horse's eligibility, the subject horse will be disqualified and the trainer who represented the horse's eligibility to race on furosemide shall be suspended up to 10 days and fined \$500. Any purses, stakes, awards or other prize or compensation will be redistributed in accordance with the disqualification.~~

~~(b) When a horse exhibits a bleeding incident and goes on the Veterinarian's List, the horse is suspended beginning the first day after a bleeding incident is observed. Horses placed on the Veterinarian's List for bleeding must remain suspended according to the following schedule:~~

- ~~1. The first bleeding incident—10 days suspension from racing;~~
 - ~~2. A second bleeding incident within a 365-day period of a previous bleeding incident—30 days suspension from racing;~~
 - ~~3. A third bleeding incident within a 365-day period from two previous bleeding incidents—180 days suspension from racing;~~
- ~~and~~
- ~~4. A fourth bleeding incident within a 365-day period from three previous bleeding incidents—barred from racing in Florida.~~
- ~~The above schedule of suspensions commences the day immediately following a bleeding incident.~~

~~(c) Horses will be eligible to race on the day immediately following the completion of the suspension period. The owner or trainer of any horse placed on the Veterinarian's List as a result of exercise induced pulmonary hemorrhage (bleeding) may elect to place the animal on Florida's official Furosemide (Salix) List. The official Furosemide List shall be maintained by the Salix Coordinator and shall be the official list of horses approved for racing with furosemide in Florida. Horses placed on the official Furosemide List must have furosemide administered on race day, at a dosage of 150 mg—500 mg, administered intravenously (I.V.) no closer than 4 hours prior to the officially scheduled post time of the race for which the horse is entered. The furosemide must be administered by a veterinarian currently licensed pursuant to Chapters 474 and 550, Florida Statutes. Every race day administration of furosemide must be reported by the attending veterinarian to the division on Form DBPR PMW 3280, Veterinarian Report of Race Day Salix Administration (the Salix tag), adopted and incorporated by Rule 61D 10.001, F.A.C. The Salix tag shall be delivered to the Salix Coordinator/State Veterinarian at least two hours prior to the scheduled post time of the horse's race. Failure to comply with this subsection shall result in a minimum fine of \$100 to be imposed by the Stewards upon the person found to be responsible for failure to deliver the Salix tag. The Stewards shall scratch a horse if they are unable to determine that a horse on the Salix List has been administered Salix prior to a race, or that Salix was administered to a horse less than four hours prior to the post time of a race that horse is entered to run.~~

~~(d) Horses racing on furosemide which ship in to run from centers, other pari-mutuel facilities, or other locations, must be in the receiving barn no later than four hours prior to the post time of their officially scheduled race and have the furosemide (Salix) tag, Form DBPR PMW 3280 firmly attached to their halter. Any violation of this rule shall result in the trainer of the horse being subject to the following penalties:~~

- ~~1. First violation in a 12-month period—\$300.00 fine;~~
- ~~2. Second violation in a 12-month period—\$400.00 fine and the horse shall be scratched prior to the race;~~
- ~~3. Third violation in a 12-month period—\$500.00 fine, suspension of license for 10 days, and the horse shall be scratched prior to the race;~~
- ~~4. Fourth or subsequent violation in a 12-month period—\$500.00 fine, suspension of license for 30 days, and the horse shall be scratched prior to the race.~~

~~(e) Track security officers at the gate(s) through which horses arrive from other locations shall maintain a log depicting the horse's name, time of arrival, scheduled race number and post time. In the event that a horse arrives less than four hours prior to the scheduled post time for its race, the security officer shall notify the Stewards and Racing Secretary of the late arrival.~~

~~(f) Horses placed on the official Furosemide List must remain on that list unless a trainer requests to remove a horse after consultation with and upon the advice of the horse's attending veterinarian. This request to discontinue use of furosemide must be submitted with a written verification from the bleeder horse's attending veterinarian to the Salix Coordinator no later than 48 hours~~

prior to racing the horse without furosemide. Such requests shall be submitted on Form DBPR PMW 3310, Request to Discontinue Salix, adopted and incorporated by Rule 61D-10.001, F.A.C. Once a horse has been removed from the official Furosemide List, it shall not be placed back on the list until it exhibits exercise induced pulmonary hemorrhage in accordance with paragraphs (3)(a) (b) and (c) of this rule.

(g) Horses are ineligible for furosemide/Salix use if they:

1. Have not been verified as exhibiting bleeding by exercise induced pulmonary hemorrhage certification or have not been certified by the attending veterinarian that the use of furosemide/Salix is in the best interest of the horse.

2. Have been certified as bleeders but whose trainers do not elect to place the animal on the official Furosemide/Salix List.

3. Are officially on a Furosemide/Salix List but have been approved to discontinue furosemide/Salix.

(h) Certified bleeders that run in jurisdictions that do not allow the use of furosemide/Salix shall be allowed to run on furosemide/Salix upon returning to Florida without re-qualifying. Trainers shall notify the Salix Coordinator of the status of these horses prior to entry.

(i) Certified bleeders that run in jurisdictions that allow furosemide/Salix usage, but do not run on furosemide/Salix, will be considered as bleeders and do not have to re-qualify to run on furosemide/Salix in Florida.

(j) Re-qualifying for a Bleeder's Certificate for furosemide/Salix means that the horses must exhibit subsequent exercise induced pulmonary hemorrhage in accordance with paragraphs (3)(a), (b) and (c).

(k) The trainer of any horse to be entered in a race in a pari-mutuel event in the State of Florida shall report any previous or current incidents of exercise induced pulmonary hemorrhage and any previous or current use of furosemide/Salix to the track veterinarian, division veterinarian, and Salix Coordinator prior to entry.

(l) Documentation which validates that a horse has been previously permitted to race with furosemide includes, but is not limited to, the National Daily Racing Form, the North American Pari-Mutuel Regulators Horse Database, databases of individual racing jurisdictions, and daily racing program of individual racetracks.

(4) Synthetic corticosteroids are permitted to be administered to a horse providing:

(a) Only prednisolone sodium succinate may be administered on race day no closer than four hours prior to the officially scheduled post time of the race for which the horse is entered.

(b) All other corticosteroids (natural, synthetic, or precursors) shall not be administered closer than 24 hours prior to the officially scheduled post time.

(5) The detection of caffeine at a urinary concentration less than 200 nanograms per milliliter and/or its metabolites, theophylline and theobromine at a urinary concentration less than 400 nanograms per milliliter shall not be reported by the racing laboratory to the division as a violation of Section 550.2415, F.S.

(6) Sulfa drug(s) is/are permitted to be administered to a race horse providing:

(a) The race horse is under the care of a veterinarian currently licensed pursuant to Chapters 474 and 550, F.S.; and

(b) The sulfa drug(s) is/are prescribed by a veterinarian currently licensed pursuant to Chapters 474 and 550, F.S.; and

(c) The sulfa drug(s) is/are not administered within 24 hours prior to the officially scheduled post time of the race.

(7) No Androgenic Anabolic Steroids (AAS) shall be permitted in test samples collected from racing horses, except for the major metabolites of stanozolol, nandrolone, and the naturally occurring substances boldenone and testosterone at concentrations less than the following thresholds:

(a) Stanozolol or 16 β -hydroxystanozolol—1 nanogram per milliliter in urine for all horses regardless of sex.

(b) Boldenone—15 nanograms per milliliter in urine of male horses other than geldings. No boldenone shall be permitted in geldings or female horses.

(c) Nandrolone—1 nanogram per milliliter in urine of geldings or females; or 45 nanograms per milliliter of metabolite, 5 α -oestrane-3 β ,17 α -diol in urine of male horses other than geldings.

(d) Testosterone—20 nanograms per milliliter in urine of geldings, 55 nanograms per milliliter in urine of females. Samples collected from male horses other than geldings will not be tested for testosterone.

(8) Urine samples of horses shall be identified as having been collected from a female, male, or gelding before being sent to the laboratory.

(2)(9) The following permitted medications at concentrations less than or equal to the following schedule shall not be reported by the racing laboratory to the division as a violation of Section 550.2415, F.S.:

(a) The detection of acepromazine [2-(1-hydroxyethyl) promazine sulfoxide] at a urinary concentration of 10 nanograms per milliliter.

(b) The detection of albuterol at a urinary concentration of 1 nanogram per milliliter.

(c) The detection of betamethasone at a blood serum concentration of 10 picograms per milliliter.

(d) The detection of butorphanol (total) at a urinary concentration of 300 nanograms per milliliter, or (free) at a blood serum concentration of 2 nanograms per milliliter.

(e) The detection of clenbuterol at a urinary concentration of 140 picograms per milliliter, or a blood serum concentration at the lowest level of detection.

(f) The detection of dantrolene (5-hydroxydantrolene) at a blood serum concentration of 100 picograms per milliliter.

(g) The detection of detomidine (carboxydetomidine) at a urinary concentration of 1 nanogram per milliliter, or a blood serum concentration at the lowest level of detection.

(h) The detection of dexamethasone at a blood serum concentration of 5 picograms per milliliter.

(i) The detection of diclofenac at a blood serum concentration of 5 nanograms per milliliter.

(j) The detection of dimethyl sulfoxide (DMSO) at a blood serum concentration of 10 micrograms per milliliter

(k) The detection of firocoxib at a blood serum concentration of 20 nanograms per milliliter.

(l) The detection of furosemide at a blood serum concentration of 100 nanograms per milliliter.

(m) The detection of glycopyrrolate at a blood serum concentration of 3 picograms per milliliter.

(n) The detection of isoflupredone at a blood serum concentration of 100 picograms per milliliter.

(o) The detection of lidocaine at a blood serum concentration of 20 picograms per milliliter.

(p) The detection of mepivacaine (hydroymepivacaine) at a urinary concentration of 10 nanograms per milliliter, or a blood serum concentration at the lowest level of detection.

(q) The detection of methocarbamol at a blood serum concentration of 1 nanogram per milliliter.

(r) The detection of methylprednisolone at a blood serum concentration of 100 picograms per milliliter.

(s) The detection of omeprazole at a urinary concentration of 1 nanogram per milliliter.

(t) The detection of prednisolone at a blood serum concentration of 1 nanogram per milliliter.

(u) The detection of procaine penicillin at a blood serum concentration of 25 nanograms per milliliter.

(v) The detection of triamcinolone acetonide at a blood serum concentration of 100 picograms per milliliter.

(w) The detection of xylazine at a blood serum concentration of 0.01 nanogram per milliliter.

(3) Samples collected may contain one of the three non-steroidal anti-inflammatory drugs (NSAIDs) listed below up to the primary threshold. Samples may contain two of the NSAIDs at a concentration up to the secondary threshold. No more than two of the NSAIDs listed below may be present in any sample.

(a) Flunixin at a primary blood serum concentration of 20 nanograms per milliliter, and a secondary blood serum concentration of 3 nanograms per milliliter.

(b) Ketoprofen at a primary blood serum concentration of 2 nanograms per milliliter, and a secondary blood serum concentration of 1 nanogram per milliliter.

(c) Phenylbutazone at a primary blood serum concentration of 2 micrograms per milliliter, and a secondary blood serum concentration of 0.3 micrograms per milliliter.

~~(a) The detection of dimethyl sulfoxide (DMSO) at a blood serum concentration less than or equal to 10 micrograms per milliliter.~~

~~(b) The detection of flunixin at a blood serum concentration less than or equal to 20 nanograms per milliliter.~~

~~(c) The detection of guaifenesin (free) at a blood serum concentration less than or equal to 100 nanograms per milliliter.~~

~~(d) The detection of total isoxsuprine at a urinary concentration less than or equal to 100 nanograms per milliliter.~~

~~(e) The detection of ketoprofen at a blood serum concentration less than or equal to 10 nanograms per milliliter.~~

~~(f) The detection of methocarbamol (free) at a blood serum concentration less than or equal to 20 nanograms per milliliter.~~

~~(g) The detection of naproxen at a blood serum concentration less than or equal to 1 microgram per milliliter.~~

(4) (40) All prescription medications, regardless of method of administration, shall be safeguarded under lock and key when not being actively administered.

Rulemaking Authority 550.0251(3), 550.2415(7)(a), (b), (c), (e), (8)(c), (12) FS. Law Implemented 550.0251(11), 550.2415(1), (7)(e), (8)(c), (12), (14), (15) FS. History—New 10-20-96, Amended 1-5-98, 6-6-00, 5-14-02, 6-6-04, 7-6-06, 8-12-07, 12-30-08, 12-29-11, _____.

