

- (1) **NSAID Stacking** is deemed to occur when a post-race sample is found to contain the presence of multiple Non-Steroidal Anti-Inflammatory Drugs in violation of the rules.

Annex I

PROHIBITED SUBSTANCES

All substances in the categories below shall be strictly prohibited unless otherwise provided in accordance with Utah Amin. Rule R52-7. Any reference to substances in this section does not alter the requirements for testing concentrations in race day samples.

Nothing in this list shall alter the requirements of post-race testing.

S0. NON-APPROVED SUBSTANCES

Any pharmacologic substance that is not approved by any governmental regulatory health authority for human or veterinary use within the jurisdiction is prohibited. This prohibition includes drugs under pre-clinical or clinical development, discontinued drugs, and designer drugs (a synthetic analog of a drug that has been altered in a manner that may reduce its detection); but does not include vitamins, herbs and supplements for nutritional purposes that do not contain any other prohibited substance, or the administration of a substance with the prior approval of the commission in a clinical trial for which an FDA or similar exemption has been obtained.

S1. ANABOLIC AGENTS

Anabolic agents are prohibited.

1. Anabolic Androgenic Steroids (AAS)

1.1. Exogenous AAS, including:

1-androstenediol (5 α -androst-1-ene-3 β ,17 β -diol); 1- androstenedione (5 α - androst-1-ene-3,17-dione); bolandiol (estr-4-ene-3 β ,17 β -diol); bolasterone; boldenone; boldione (androsta-1,4-diene-3,17-dione); calusterone; clostebol; danazol ([1,2]oxazolo[4',5':2,3]pregna-4-en-20-yn-17 α - ol);dehydrochlormethyltestosterone (4-chloro-17 β - hydroxy-17 α -methylandrosta- 1,4-dien-3-one); desoxymethyltestosterone (17 α -methyl-5 α -androst-2-en- 17 β -ol); drostanolone; ethylestrenol (19-norpregna-4-en- 17 α -ol); fluoxymesterone; formebolone; furazabol (17 α -methyl[1,2,5]oxadiazolo[3',4':2,3]-5 α -androstan-17 β -ol); gestrinone; 4- hydroxytestosterone (4,17 β - dihydroxyandrost-4-en-3-one); mestanolone; mesterolone; metandienone (17 β -hydroxy-17 α - methylandrosta-1,4-dien-3- one); metenolone; methandriol; methasterone (17 β -hydroxy-2 α ,17 α - dimethyl-5 α -androstan-3-one); methyldienolone (17 β - hydroxy-17 α - methylestra-4,9-dien-3-one); methyl-1- testosterone (17 β -hydroxy-17 α -methyl-5 α -androst-1-en- 3-one); methylnortestosterone (17 β -hydroxy-17 α - methylestr-4-en-3-one); methyltestosterone; metribolone (methyltrienolone, 17 β - hydroxy-17 α -methylestra-4,9,11- trien-3-one); mibolerone; nandrolone; 19- norandrostenedione (estr-4-ene-3,17-dione);norboletone; norclostebol; norethandrolone; oxabolone; oxandrolone; oxymesterone; oxymetholone; prostanazol (17 β - [(tetrahydropyran-2-yl)oxy]-1'H-pyrazolo[3,4:2,3]-5 α - androstane); quinbolone; stanazolol; stenbolone; 1- testosterone (17 β - hydroxy-5 α -androst-1-en-3-one); tetrahydrogestrinone (17-hydroxy-18 α -homo-19-nor-17 α - pregna-4,9,11-trien-3-one); trenbolone(17 β -hydroxyestr- 4,9,11-

trien-3-one); and other substances with a similar chemical structure or similar biological effect(s).

1.2. Endogenous AAS or their synthetic esters when administered exogenously:

androstenediol (androst-5-ene-3 β ,17 β -diol); androstenedione (androst-4-ene-3,17-dione); dihydrotestosterone (17 β -hydroxy-5 α -androstane-3-one); prasterone (dehydroepiandrosterone, DHEA, 3 β -hydroxyandrost-5-en-17-one); testosterone; and their metabolites and isomers, including but not limited to:

5 α -androstane-3 α ,17 α -diol; 5 α -androstane-3 α ,17 β -diol; 5 α -androstane-3 β ,17 α -diol; 5 α -androstane-3 β ,17 β -diol; 5 β -androstane-3 α ,17 β -diol, androst-4-ene-3 α ,17 α -diol; androst-4-ene-3 α ,17 β -diol; androst-4-ene-3 β ,17 α -diol; androst-5-ene-3 α ,17 α -diol; androst-5-ene-3 α ,17 β -diol; androst-5-ene-3 β ,17 α -diol; 4-androstenediol (androst-4-ene-3 β ,17 β -diol); 5-androstenedione (androst-5-ene-3,17-dione); androsterone (3 β -hydroxy-5 α -androstane-17-one); epi-dihydrotestosterone; epitestosterone; etiocholanolone; 7 α -hydroxy-DHEA; 7 β -hydroxy-DHEA; 7-keto-DHEA; 19-norandrosterone; 19-noretiocholanolone.

2. Other Anabolic Agents, including but not limited to:

Clenbuterol, selective androgen receptor modulators (SARMs e.g., andarine and ostarine), ractopamine, tibolone, zeranol, zilpaterol.

S2. PEPTIDE HORMONES, GROWTH FACTORS AND RELATED SUBSTANCES

The following substances, and other substances with similar chemical structure or similar biological effect(s), are prohibited:

1. Erythropoietin-Receptor agonists:

1.1 Erythropoiesis-Stimulating Agents (ESAs) including, e.g., darbepoetin (dEPO); erythropoietins (EPO); EPO-Fc; EPO-mimetic peptides (EMP), e.g., CNTO 530 and peginesatide; and methoxypolyethylene glycol-epoetin beta (CERA); and

1.2 Non-erythropoietic EPO-Receptor agonists, e.g., ARA-290, asialo EPO and carbamylated EPO;

2. Hypoxia-inducible factor (HIF) stabilizers, e.g., cobalt (when found in excess of regulatory authority limits) and roxadustat (FG-4592); and HIF activators, (e.g., argon, xenon);

3. Chorionic Gonadotropin (CG) and Luteinizing Hormone (LH) and their releasing factors, in males;

4. Corticotrophins and their releasing factors;
5. Growth Hormone (GH) and its releasing factors including Growth Hormone Releasing Hormone (GHRH) and its analogues, e.g., CJC-1295, sermorelin and tesamorelin; Growth Hormone Secretagogues (GHS), e.g., ghrelin and ghrelin mimetics, e.g., anamorelin and ipamorelin; and GH-Releasing Peptides (GHRPs), e.g., alexamorelin, GHRP-6, hexarelin and pralmorelin (GHRP-2);
6. Venoms and toxins including but not limited to venoms and toxins from sources such as snails, snakes, frogs, and bees as well as their synthetic analogues such as ziconotide.
7. In addition, the following growth factors are prohibited:

Fibroblast Growth Factors (FGFs), Hepatocyte Growth Factor (HGF), Insulin-like Growth Factor-1 (IGF-1) and its analogues, Mechano Growth Factors (MGFs), Platelet-Derived Growth Factor (PDGF), Vascular-Endothelial Growth Factor (VEGF) and any other growth factor affecting muscle, tendon or ligament protein synthesis/degradation, vascularization, energy utilization, regenerative capacity or fiber type switching.

S3. BETA-2 AGONISTS

All beta-2 agonists, including all optical isomers (i.e. *d*- and *l*-) where relevant, are prohibited.

S4. HORMONE AND METABOLIC MODULATORS

The following are prohibited:

1. Aromatase inhibitors, including but not limited to: aminoglutethimide, anastrozole, androsta-1,4,6-triene-3,17- dione (androstatrienedione), 4-androstene-3,6,17 trione (6- oxo), exemestane, formestane, letrozole, testolactone;
2. Selective estrogen receptor modulators (SERMs), including but not limited to: raloxifene, tamoxifen, toremifene;
3. Other anti-estrogenic substances, including but not limited to: clomiphene, cyclofenil, fulvestrant;

4. Agents modifying myostatin function(s), including but not limited to: myostatin inhibitors;
5. Metabolic modulators:
 - 5.1. Activators of the AMP-activated protein kinase (AMPK), e.g., AICAR, and Peroxisome Proliferator Activated Receptor δ (PPAR δ) agonists (e.g., GW 1516);
 - 5.2 Insulins;
 - 5.3 Trimetazidine; and
 - 5.4. Thyroxine and thyroid modulators/hormones, including but not limited to those containing T4 (tetraiodothyronine/thyroxine), T3 (triiodothyronine), or combinations thereof.

S5. DIURETICS AND OTHER MASKING AGENTS

The following diuretics and masking agents are prohibited, as are other substances with similar chemical structure or similar biological effect(s): acetazolamide, amiloride, bumetanide, canrenone, chlorthalidone, desmopressin, etacrynic acid, indapamide, metolazone, plasma expanders (e.g. glycerol; intravenous administration of albumin, dextran, hydroxyethyl starch and mannitol), probenecid, spironolactone, thiazides (e.g. bendroflumethiazide, chlorothiazide, hydrochlorothiazide), torsemide, triamterene, and vasopressin receptor antagonists orvaptans (e.g., tolvaptan).

Furosemide and trichlormethiazide may be administered only in a manner permitted by other rules of the commission.

PROHIBITED METHODS

M1. MANIPULATION OF BLOOD AND BLOOD COMPONENTS

The following are prohibited:

1. The administration or reintroduction of any quantity of autologous, allogenic (homologous) or heterologous blood or red blood cell products of any origin into the circulatory system.
2. Artificially enhancing the uptake, transport or delivery of oxygen, including, but not limited to, perfluorochemicals, efaproxiral (RSR13) and modified hemoglobin products (e.g. hemoglobin-based blood substitutes, microencapsulated hemoglobin products), excluding supplemental oxygen.
3. Any form of intravascular manipulation of the blood or blood components by physical or chemical means.

M2. CHEMICAL AND PHYSICAL MANIPULATION

Tampering, or attempting to tamper, in order to alter the integrity and validity of samples collected by the commission, is prohibited. These methods include but are not limited to urine substitution or adulteration (e.g., proteases).

M3. GENE DOPING

The following, with the potential to enhance sport performance, are prohibited:

1. The transfer of polymers of nucleic acids or nucleic acid analogues.
2. The use of normal or genetically modified hematopoietic cells.

Annex II

Restricted Therapeutic Use Requirements

Prohibited Substance	Required Conditions for Therapeutic Use Exemption						
	Report When Sampled	Pre-file Treatment Plan	Written Approval from Commission	Emergency Use (Report)	Prescribed by Veterinarian	Veterinary Record	Other Limitations
Adrenocorticotrophic Hormone (ACTH)		X			X	X	
Albuterol					X	X	6-month Vet List ⁴
Altrenogest					X	X	Fillies/Mares only
Autologous Conditioned Plasma (IRAP)							
Blood Replacements	X			X	X	X	
Boldenone		X			X	X	6-month Vet List
Clenbuterol		X			X	X	6-month Vet List ⁴
Chorionic Gonadotropin		X	X ¹		X	X	60-day Vet List
Furosemide	X				X	X	
Lutenizing Hormone		X	X ¹		X	X	60-day Vet List
Nandrolone		X			X	X	6-month Vet List
Nucleic Polymer Transfers		X	X				
Platelet Rich Plasma (PRP)	X				X	X	
Stanozolol		X			X	X	6-month Vet List
S0 (not FDA approved)			X ²		X	X	
Testosterone		X			X	X	6-month Vet List

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Thyroxine (T4)		X	X ³		X	X	
Trichlormethiazide	X				X	X	
Other Diuretics	X			X	X	X	

1: The approved treatment plan must show a specific treatment of a specific individual horse for an undescended testicle condition.

2: The approved treatment plan must show: (A) the substance has a generally accepted veterinary use; (B) the treatment provides a significant health benefit for the horse; (C) there is no reasonable therapeutic alternative; and (D) the use of the substance is highly unlikely to produce any additional enhancement of performance beyond what might be anticipated by a return to the horse's normal state of health, not exceeding the level of performance of the horse prior to the onset of the horses' medical condition.

3: The approved treatment plan must show: (A) the thyroxine is prescribed to a specific individual horse for a specific period of time; (B) the diagnosis and basis for prescribing such drug, the dosage, and the estimated last administration date; and (C) that any container of such drug on licensed premises shall be labeled with the foregoing information and contain no more thyroxine than for the treatment of the specific individual horse, as prescribed.

4: Vet list requirement applies to Quarter Horses only as of August 2019

Medications and Prohibited Substances

Upon a finding of a violation of these medications and prohibited substances rules, the stewards shall consider the classification level of the violation as listed in at the time of the violation in the Uniform Classification Guidelines of Foreign Substances as promulgated by the Association of Racing Commissioners International and impose penalties and disciplinary measures consistent with the recommendations contained therein. The stewards shall also consult with the official veterinarian to determine if the violation was a result of the administration of a therapeutic medication as documented in a veterinarian's Medication Report Form submitted. The stewards may also consult with the laboratory director or other individuals to determine the seriousness of the laboratory finding or the medication violation. Penalties for all medication and drug violations shall be investigated and reviewed on a case by case basis. Extenuating factors include, but are not limited to:

- (1) The past record of the trainer, veterinarian and owner in drug cases;
- (2) The potential of the drug(s) to influence a horse's racing performance;
- (3) The legal availability of the drug;
- (4) Whether there is reason to believe the responsible party knew of the administration of the drug or intentionally administered the drug;
- (5) The steps taken by the trainer to safeguard the horse;
- (6) The probability of environmental contamination or inadvertent exposure due to human drug use;
- (7) The purse of the race;
- (8) Whether the drug found was one for which the horse was receiving a treatment as determined by the Medication Report Form;
- (9) Whether there was any suspicious betting pattern in the race, and;
- (10) Whether the licensed trainer was acting on the advice of a licensed veterinarian.

As a result of the investigation, there may be mitigating circumstances for which a lesser or no penalty is appropriate for the licensee and aggravating factors, which may increase the penalty beyond the minimum.

A. Uniform Classification Guidelines

The following outline describes the types of substances placed in each category. This list shall be publicly posted in the offices of the official veterinarian and the racing secretary.

(1) Class 1

Opiates, opium derivatives, synthetic opioids, psychoactive drugs, amphetamines, all United States Drug Enforcement Agency (DEA) Schedule I drugs and many Schedule II drugs. Also found in this class are drugs that are potent stimulants of the central nervous system. Drugs in this class have no generally accepted medical use in the racing horse and their pharmacologic potential for altering the performance of a racing horse is very high.

(2) Class 2

Drugs placed in this category have a high potential for affecting the outcome of a race. Most are not generally accepted as therapeutic agents in the racing horse. Many are products intended to alter consciousness or the psychic state of humans and have no

approved or indicated use in the horse. Some, such as injectable local anesthetics, have legitimate use in equine medicine, but should not be found in a racing horse. The following groups of drugs placed are in this class:

- (a) Opiate partial agonists, or agonist-antagonists;
- (b) Non-opiate psychotropic drugs. These drugs may have stimulant, depressant, analgesic or neuroleptic effects;
- (c) Miscellaneous drugs which might have a stimulant effect on the central nervous system (CNS);
- (d) Drugs with prominent CNS depressant action;
- (e) Antidepressant and antipsychotic drugs, with or without prominent CNS stimulatory or depressant effects;
- (f) Muscle blocking drugs that have a direct neuromuscular blocking action;
- (g) Local anesthetics that have a reasonable potential for use as nerve blocking agents (except procaine); and
- (h) Snake venoms and other biologic substances, which may be used as nerve blocking agents.

(3) Class 3

Drugs placed in this class may or may not have an accepted therapeutic use in the horse. Many are drugs that affect the cardiovascular, pulmonary and autonomic nervous systems. They all have the potential of affecting the performance of a racing horse. The following groups of drugs are placed in this class:

- (a) Drugs affecting the autonomic nervous system that do not have prominent CNS effects, but which do have prominent cardiovascular or respiratory system effects. Bronchodilators are included in this class;
- (b) A local anesthetic that has nerve blocking potential but also has a high potential for producing urine residue levels from a method of use not related to the anesthetic effect of the drug (procaine);
- (c) Miscellaneous drugs with mild sedative action, such as the sleep inducing antihistamines;
- (d) Primary vasodilating/hypotensive agents;
- (e) Potent diuretics affecting renal function and body fluid composition; and
- (f) Anabolic and/or androgenic steroids and other drugs

(4) Class 4

Drugs in this category comprise primarily therapeutic medications routinely used in racing horses. These may influence performance, but generally have a more limited ability to do so. Groups of drugs assigned to this category include the following:

- (a) Non-opiate drugs that have a mild central analgesic effect;
- (b) Drugs affecting the autonomic nervous system that do not have prominent CNS, cardiovascular or respiratory effects
 - (A) Drugs used solely as topical vasoconstrictors or decongestants
 - (B) Drugs used as gastrointestinal antispasmodics
 - (C) Drugs used to void the urinary bladder

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- (D) Drugs with a major effect on CNS vasculature or smooth muscle of visceral organs.
- (E) Antihistamines which do not have a significant CNS depressant effect (This does not include H1 blocking agents, which are listed in Class 5);
- (c) Antihistamines that do not have a significant CNS depressant effect. This does not include H2 blocking agents, which are in Class 5.
- (d) Mineralocorticoid drugs;
- (e) Skeletal muscle relaxants;
- (f) Anti-inflammatory drugs. These drugs may reduce pain as a consequence of their anti-inflammatory action.
 - (A) Non-Steroidal Anti-Inflammatory Drugs (NSAIDs);
 - (B) Corticosteroids (glucocorticoids); and
 - (C) Miscellaneous anti-inflammatory agents.
- (g) Less potent diuretics;
- (h) Cardiac glycosides and antiarrhythmic agents.
 - (A) Cardiac glycosides;
 - (B) Antiarrhythmic agents (exclusive of lidocaine, bretylium and propranolol); and
 - (C) Miscellaneous cardiotonic drugs.
- (i) Topical Anesthetics--agents not available in injectable formulations;
- (j) Antidiarrheal drugs;
- (k) Miscellaneous drugs.
 - (A) Expectorants with little or no other pharmacologic action;
 - (B) Stomachics; and
 - (C) Mucolytic agents.

(5) Class 5

Drugs in this category are therapeutic medications for which concentration limits have been established by the racing jurisdictions as well as certain miscellaneous agents. Included specifically are agents that have very localized actions only, such as anti-ulcer drugs and certain antiallergenic drugs. The anticoagulant drugs are also included.

A. Penalties

- (1) In issuing penalties against individuals found guilty of medication and drug violations a regulatory distinction shall be made between the detection of therapeutic medications used routinely to treat racehorses and those drugs that have no reason to be found at any concentration in the test sample on race day.
- (2) The stewards or the commission will use the penalty guidelines schedule contained in the rules as a starting place in the penalty stage of the deliberations for a rule violation for any drug listed in the *Classification Guidelines for Foreign Substances*.
- (3) If a licensed veterinarian is administering or prescribing a drug not listed in the *Classification Guide lines for Foreign substances*, the identity of the drug shall be forwarded to the official veterinarian to be forwarded to the Drug Testing Standards

and Practices Committee of the Association of Racing Commissioners International
for classification.

- (4) Any drug or metabolite thereof found to be presenting a pre- or post-race sample which is not classified in the most current *Classification Guidelines for Foreign Substances* shall be assumed to be a Class 1 Drug and the trainer and owner shall be subject to those penalties as set forth in schedule “A” unless satisfactorily demonstrated otherwise by the Racing Medication and Testing Consortium, with a penalty category assigned.
- (5) The penalty categories and their related schedules, if applicable, shall be on the following criteria:
 - (a) Whether the drug is approved by the U.S. Food and Drug Administration for use in the horse;
 - (b) Whether the drug is approved by the U.S. Food and Drug Administration for use in any species;
 - (c) Whether the drug has any legitimate therapeutic application in the equine athlete;
 - (d) Whether the drug was identified as “necessary” by the RMTC Veterinary Advisory Committee;
 - (e) Whether legitimate, recognized therapeutic alternatives exist, and;
 - (f) The current RCI Classification of the drug.
- (6) The penalty categories “A”, “B” and “C” and their related schedules for Trainers and Owners are shown in the following tables.

*If the trainer has not had more than one violation within the previous two years, the Stewards/Judges are encouraged to issue a warning in lieu of a fine provided the reported level is below 3.0 mcg/ml, absent of aggravating factors.

After a two year period, if the licensee has had no further violations, any penalty due to an overage in the 2.0 – 5.0 category will be expunged from the licensee's record for penalty purposes.

The recommended penalty for a violation involving a drug that carries a Category "D" penalty is a written warning to the trainer and owner. Multiple violations may result in fines and/or suspensions

- (7) Any licensee of the commission, including veterinarians, found to be responsible for the improper or intentional administration of any drug resulting in a positive test may, after proper notice and hearing, be subject to the same penalties set forth for the licensed trainer.
- (8) The licensed owner, veterinarian or any other licensed party involved in a positive laboratory finding shall be notified in writing of the hearing and any resulting action. In addition their presence may be required at any and all hearings relative to the case.
- (9) Any veterinarian found to be involved in the administration of any drug carrying the penalty category of "A" shall be referred to the State Licensing Board of Veterinary Medicine for consideration of further disciplinary action and/or license revocation. This is in addition to any penalties issued by the stewards or the commission.
- (10) Any person who the stewards or the commission believe may have committed acts in violation of criminal statutes may be referred to the appropriate law enforcement agency. Administrative action taken by the stewards or the commission in no way prohibits a prosecution for criminal acts committed, nor does a potential criminal prosecution stall administrative action by the stewards or the commission.
- (11) Procedures shall be established to ensure that a licensed trainer is not able to benefit financially during the period for which the individual has been suspended. This includes, but is not limited to, ensuring that horses are not transferred to licensed family members.
- (12) Multiple Medication Violations (MMV)
 - (a) A trainer who receives a penalty for a medication violation based upon a horse testing positive for a Class 1-5 medication with Penalty Class A-C, as provided in the most recent version of the ARCI Uniform Classification Guidelines for Foreign Substances, or similar state regulatory guidelines, shall be assigned points as follows:

Penalty Class	Points If Controlled Therapeutic Substance	Points If Non-Controlled Substance
Class A	N/A	6
Class B	2	4
Class C	½ for first violation with an additional ½ point for each additional violation within 365 days ¹	1 for first violation with an additional ½ point for each additional violation within 365 days
Class D	0	0

¹ Points for NSAID violations only apply when the primary threshold of the NSAID is exceeded. Points are not to be separately assigned for a stacking violation.

If the Stewards or Commission determine that the violation is due to environmental contamination, they may assign lesser or no points against the trainer based upon the specific facts of the case.

- (b) The points assigned to a medication violation by the Stewards or Commission ruling may be included in the HRC official database. The HRC may record points consistent with Section 13(a) including when appropriate, a designation that points have been suspended for the medication violation. Points assigned by such regulatory ruling shall reflect, in the case of multiple positive tests as described in paragraph (d), whether they constitute a single violation. The Stewards' or Commission Ruling may be posted on the official website of the Commission and official database of the Association of Racing Commissioners International. Posting shall not occur until there is a finding of misconduct and time for appeal has run.
- (c) Multiple positive tests for the same medication incurred by a trainer prior to delivery of official notice by the commission may be treated as a single violation. In the case of a positive test indicating multiple substances found in a single post-race sample, the Stewards may treat each substance found as an individual violation for which points will be assigned, depending upon the facts and circumstances of the case.
- (d) The official HRC record shall be used to advise the Stewards or Commission of a trainer's past record of violations and cumulative points. Nothing in this administrative regulation shall be construed to confer upon a licensed trainer the right to appeal a violation for which all remedies have been exhausted or for which the appeal time has expired as provided by applicable law.
- (e) The Stewards or Commission shall consider all points for violations in all racing jurisdictions as contained in the trainer's official HRC record when determining whether the mandatory enhancements provided in this regulation shall be imposed.
- (f) In addition to the penalty for the underlying offense, the following enhancements shall be imposed upon a licensed trainer based upon the cumulative points contained in his/her official ARCI record:

Points	Suspension in days
5-5.5	15 to 30
6-8.5	30 to 60
9-10.5	90 to 180
11 or more	180 to 360

MMV penalties are not a substitute for the current penalty system and are intended to be an additional uniform penalty when the licensee:

- (i) Has had more than one medication violation for the relevant time period, and
- (ii) Exceeds the permissible number of points.

The Stewards and Commission shall consider aggravating and mitigating circumstances, including the trainer’s prior record for medication violations, when determining the appropriate penalty for the underlying offense. The MMP is intended to be a separate and additional penalty for a pattern of violations.

- (g) The suspension periods as provided in Section 13(g) shall run consecutive to any suspension imposed for the underlying offense.
- (h) The Stewards’ or Commission Ruling shall distinguish between the penalty for the underlying offense and any enhancement based upon a Stewards or Commission review of the trainer’s cumulative points and regulatory record, which may be considered an aggravating factor in a case.
- (i) Points shall expire as follows:

Penalty Classification	Time to Expire
A	3 years
B	2 years
C	1 year

In the case of a medication violation that results in a suspension, any points assessed expire on the anniversary date of the date the suspension is completed.

A. Medication Restrictions

- (1) A finding by the commission approved laboratory of a prohibited drug, chemical or other substance in a test specimen of a horse is prima facie evidence that the prohibited drug, chemical or other substance was administered to the horse and, in the case of a post-race test, was present in the horse's body while it was participating in a race. Prohibited substances include:
 - (a) Drugs or medications for which no acceptable threshold concentration has been established;
 - (b) Controlled therapeutic medications in excess of established threshold

concentrations or administration within the restricted time period as set forth in the HRC Controlled Therapeutic Medication Schedule.

- (c) Substances present in the horse in excess of concentrations at which such substances could occur naturally; and
 - (d) Substances foreign to a horse at concentrations that cause interference with testing procedures.
- (2) Except as otherwise provided by this chapter, a person may not administer or cause to be administered by any means to a horse a prohibited drug, medication, chemical or other substance, including any restricted medication pursuant to this chapter during the 24-hour period before post time for the race in which the horse is entered.

A. Medical Labeling

- (1) No person on association grounds where horses are lodged or kept, excluding licensed veterinarians, shall have in or upon association grounds which that person occupies or has the right to occupy, or in that person's personal property or effects or vehicle in that person's care, custody or control, a drug, medication, chemical, foreign substance or other substance that is prohibited in a horse on a race day unless the product is labeled in accordance with this subsection.
- (2) All allowable medications must have a prescription label which is securely attached to the medication container and clearly ascribed to show the following:
 - (a) name, address, and telephone number of the pharmacy or veterinarian dispensing the medication;
 - (b) prescription number when dispensed by a pharmacy if required by law;
 - (c) date prescription filled;
 - (d) name of the prescribing veterinarian;
 - (e) name of the horse for whom the medication is prescribed or dispensed;
 - (f) name of the trainer or owner of the horse for whom the product was dispensed;
 - (g) dose, dosage, route of administration, and duration of treatment of the prescribed product (instructions for use);
 - (h) name, active ingredient, quantity prescribed, expiration date (if applicable), beyond use date (if applicable), and lot number (if applicable); and
 - (i) cautionary statements (if any), and if applicable, withdrawal time.
- (3) The use of an expired medication is considered a violation of this rule.
- (4) Any medication that has a label that is missing, illegible, tampered with or altered, or in any other way does not comply with this section shall be considered a violation of these rules.
- (5) Any licensee that voluntarily surrenders any non-compliant medication shall not be considered to be in violation of the medication rules described in the rule. A surrender shall not be deemed voluntary after a licensee has been advised or it is apparent that an investigatory search has commenced.

A. Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

- (a) The use of NSAIDs shall be governed by the following conditions:
NSAIDs included in the HRC Controlled Therapeutic Medication Schedule, are not to be used in a manner inconsistent with the restrictions contained therein.
- (b) NSAIDs not included on the HRC Controlled Therapeutic Medication Schedule, are not be present in a racing horse biological sample at the laboratory concentration of detection.
- (c) The presence of more than one NSAID may constitute a NSAID stacking violation consistent with the following restrictions:

A. A Class 1 NSAID Stacking Violation (Penalty Class B) occurs when:

- i. Two non-steroidal anti-inflammatory drugs are found at individual levels determined to exceed the following restrictions:
 - a. Diclofenac – 5 nanograms per milliliter of plasma or serum;
 - b. Firocoxib - 20 nanograms per milliliter of plasma or serum;
 - c. Flunixin – 20 nanograms per milliliter of plasma or serum;
 - d. Ketoprofen – 2 nanograms per milliliter of plasma or serum;
 - e. Phenylbutazone – 2 micrograms per milliliter of plasma or serum; or
 - f. all other non-steroidal anti-inflammatory drugs – laboratory concentration of detection
- ii. Three or more non-steroidal anti-inflammatory drugs are found at individual levels determined to exceed the following restrictions:
 - a. Diclofenac – 5 nanograms per milliliter of plasma or serum;
 - b. Firocoxib - 20 nanograms per milliliter of plasma or serum;
 - c. Flunixin – 3 nanograms per milliliter of plasma or serum;
 - d. Ketoprofen – 1 nanograms per milliliter of plasma or serum;
 - e. Phenylbutazone – 0.3 micrograms per milliliter of plasma or serum; or
 - f. all other non-steroidal anti-inflammatory drugs – laboratory concentration of detection.

B. A Class 2 NSAID Stacking Violation (Penalty Class C) occurs when:

- i. Any one substance noted in Subsection (A)(i) above is found in excess of the restrictions contained therein in combination with any one of the following substances at levels below the restrictions so noted but in excess of the following levels:
 - a. Flunixin – 3 nanograms per milliliter of plasma or serum;
 - b. Ketoprofen – 1 nanogram per milliliter of plasma or serum; or

c. Phenylbutazone – 0.3 micrograms per milliliter of plasma or serum;

C. A Class 3 NSAID Stacking Violation (Penalty Class C, fines only) occurs when:

- i. Any combination of two of the following non-steroidal anti-inflammatory drugs are found at or below the restrictions in Subsection (A)(i)(a through e) above but in excess of the noted restrictions:

a. Flunixin – 3 nanograms per milliliter of plasma or serum; b. Ketoprofen – 1 nanogram per milliliter of plasma or serum; or

c. Phenylbutazone – 0.3 micrograms per milliliter of plasma or serum;

- (1) Any horse to which a NSAID has been administered shall be subject to having a blood and/or urine sample(s) taken at the direction of the official veterinarian to determine the quantitative NSAID level(s) and/or the presence of other drugs which may be present in the blood or urine sample(s).

A. Furosemide

- (1) Furosemide may be administered intravenously to a horse, which is entered to compete in a race. Except under the instructions of the official veterinarian or the racing veterinarian for the purpose of removing a horse from the Veterinarian's List or to facilitate the collection of a post-race urine sample, furosemide shall be permitted only after the official veterinarian has placed the horse on the Furosemide List. In order for a horse to be placed on the Furosemide List the following process must be followed.

- (a) After the horse's licensed trainer and licensed veterinarian determine that it would be in the horse's best interests to race with furosemide the official veterinarian or his/her designee shall be notified using the prescribed form, that the horse is to be put on the Furosemide List.
- (b) The form must be received by the official veterinarian or his/her designee by the proper time deadlines so as to ensure public notification.
- (c) A horse placed on the official Furosemide List must remain on that list unless the licensed trainer and licensed veterinarian submit a written request to remove the horse from the list. The request must be made to the official veterinarian or his/her designee, on the proper form, no later than the time of entry.
- (d) After a horse has been removed from the Furosemide List, the horse may not be placed back on the list for a period of 60 calendar days unless it is determined to be detrimental to the welfare of the horse, in consultation with the official veterinarian. If a horse is removed from the official Furosemide List a second time in a 365-day period, the horse may not be placed back on the list for a period of 90 calendar days.
- (e) Furosemide shall only be administered on association grounds.
- (f) Furosemide shall be the only authorized bleeder medication

- (2) The use of furosemide shall be permitted under the following circumstances on association grounds where a detention barn is utilized:
 - (a) Furosemide shall be administered by the official veterinarian, the racing veterinarian or his/her designee no less than four hours prior to post time for the race for which the horse is entered.
 - (b) Any veterinarian or vet techs participating in the administration process must be prohibited from working as private veterinarians or technicians on the racetrack or with participating licensees;
 - (c) A horse qualified for furosemide administration must be brought to the detention barn within time to comply with the four-hour administration requirement specified above.
 - (d) The dose administered shall not exceed 500 mg. nor be less than 150 mg.
 - (e) Furosemide shall be administered by a single, intravenous injection.
 - (f) After treatment, the horse shall be required by the Commission to remain in the detention barn in the care, custody and control of its trainer or the trainer's designated representative under association and/or Commission security supervision until called to the saddling paddock.
- (3) The use of furosemide shall be permitted under the following circumstances on association grounds where a detention barn is not utilized:
 - (a) Furosemide shall be administered by the official veterinarian, the racing veterinarian or his/her designee no less than four hours prior to post time for the race for which the horse is entered.
 - (b) Any veterinarian or vet techs participating in the administration process must be prohibited from working as private veterinarians or technicians on the racetrack on or with participating licensees;
 - (c) The furosemide dosage administered shall not exceed 500 mg. nor be less than 150 mg.
 - (d) Furosemide shall be administered by a single, intravenous injection.
 - (e) After treatment, the horse shall be required by the Commission to remain in the proximity of its stall in the care, custody and control of its trainer or the trainer's designated representative under general association and/or Commission security surveillance until called to the saddling paddock.
- (4) Test results must show a detectable concentration of the drug in the post-race serum, plasma or urine sample.
 - (a) The specific gravity of post-race urine samples may be measured to ensure that samples are sufficiently concentrated for proper chemical analysis. The specific gravity shall not be below 1.010. If the specific gravity of the urine is found to be below 1.010 or if a urine sample is unavailable for testing, quantitation of furosemide in serum or plasma shall be performed;
 - (b) Quantitation of furosemide in serum or plasma shall be performed when the specific gravity of the corresponding urine sample is not measured or if

measured below

1.010. Concentrations may not exceed 100 nanograms of furosemide per milliliter of serum or plasma.

- (5) The administering authority or association may assess a fee approved by the commission on licensed owners of treated horses to recoup the reasonable costs associated with the administration of furosemide in the manner prescribed in these rules.

A. Bleeder List

- (1) The official veterinarian shall maintain a Bleeder List of all horses, which have demonstrated external evidence of exercise induced pulmonary hemorrhage from one or both nostrils during or after a race or workout as observed by the official veterinarian.
- (2) Every confirmed bleeder, regardless of age, shall be placed on the Bleeder List and be ineligible to race for the following time periods:
 - (a) First incident – 14 days;
 - (b) Second incident within 365 day period – 30 days;
 - (c) Third incident within 365 day period – 180 days;
 - (d) Fourth incident within 365-day period – barred for racing lifetime.
- (3) For the purposes of counting the number of days a horse is ineligible to run, the day the horse bled externally is the first day of the recovery period.
- (4) The voluntary administration of furosemide without an external bleeding incident shall not subject the horse to the initial period of ineligibility as defined by this policy.
- (5) A horse may be removed from the Bleeder List only upon the direction of the official veterinarian, who shall certify in writing to the stewards the recommendation for removal.
- (6) A horse which has been placed on a Bleeder List in another jurisdiction pursuant to these rules shall be placed on a Bleeder List in this jurisdiction.

A. Environmental Contaminants and Substances of Human Use

- (1) Environmental contaminants are either endogenous to the horse or can arise from plants traditionally grazed or harvested as equine feed or are present in equine feed because of contamination during the cultivation, processing, treatment, storage or transportation phases.
- (2) Substances of human use and addiction may be found in the horse due to its close association with humans.
- (3) If the preponderance of evidence presented in the hearing shows that a positive test is the result of environmental contamination, including inadvertent exposure due to human drug use, or dietary intake, or is endogenous to the horse, those factors should be considered in mitigation of any disciplinary action taken against the affected trainer. Disciplinary action shall only be taken if test sample results exceed the regulatory thresholds in the most recent version of the HRC Endogenous, Dietary, or Environmental Substances Schedule.

- (4) The identification and adoption of these uniform thresholds for certain substances shall not preclude an individual jurisdiction from maintaining thresholds for substances not on this list which predate the adoption of this regulation in such jurisdiction.

I. Androgenic-Anabolic Steroids (AAS)

- (1) No AAS shall be permitted in test samples collected from racing horses except for endogenous concentrations of the naturally occurring substances **boldenone**, **nandrolone**, and testosterone at concentrations less than the indicated thresholds.
- (2) Concentrations of these AAS shall not exceed the following free (*i.e.*, not conjugated) steroid concentrations in plasma or serum:
 - (a) Boldenone – A confirmatory threshold not greater than 25 picograms/milliliter for all horses, regardless of sex;
 - (b) Nandrolone – A confirmatory threshold not greater than 25 picograms/milliliter for fillies, mares, and geldings; males horses other than geldings shall be tested for Nandrolone in urine (see (2)(b)(B) below);
 - (c) Testosterone – A confirmatory threshold not greater than 100 picograms/milliliter for fillies, mares, and gelding.
- (3) Total concentrations of these AAS shall not exceed the following total concentrations in urine after hydrolysis of conjugates:
 - (a) Boldenone - A confirmatory threshold not greater than 1 nanogram/milliliter for fillies, mares, and geldings; a confirmatory threshold not greater than 15 nanograms/milliliter in male horses other than geldings;
 - (b) Nandrolone - A confirmatory threshold not greater than 1 nanogram/milliliter for fillies, mares, and geldings; a confirmatory threshold not greater than 45 nanograms/milliliter (as 5 α -estrane-3 β ,17 α -diol) of urine in male horses other than geldings;
 - (c) Testosterone – A confirmatory threshold of not greater than 55 nanograms/milliliter of urine in fillies and mares (unless in foal); a confirmatory threshold of not greater than 20 nanograms/milliliter in geldings
- (4) Any other AAS are prohibited in racing horses.
- (5) The sex of the horse must be identified to the laboratory on all pre-race and post-race samples designated for AAS testing.
- (6) If an anabolic steroid has been administered to a horse in order to assist in its recovery from illness or injury, that horse may be placed on the Veterinarian's List in order to monitor the concentration of the drug or metabolite in urine or blood. After the concentration has fallen below the designated threshold for the administrated AAS, the horse is eligible to be removed from the list.

J. Alkalinizing Substances

The use of agents that elevate the horse's TCO₂ or Base excess level above those existing naturally in the untreated horse at normal physiological concentrations is prohibited. The following levels also apply to blood gas analysis:

- (1) The regulatory threshold for TCO₂ is 37.0 millimoles per liter of plasma/serum or a base excess level of 10.0 millimoles, and;

- (2) The decision level to be used for the regulation of TCO₂ is 37.0 millimoles per liter of plasma/serum plus the measurement uncertainty of the laboratory analyzing the sample, or a base excess level of 10.4 millimoles per liter of plasma/serum.

K. Compounded Medications on Association Grounds

- (1) The possession or use of a drug, substance, or medication on Association Grounds that has not been approved by the appropriate federal agency (e.g., the United States Food and Drug Administration in the United States) for any use in (human or animal) is forbidden without prior permission of the Commission or its designee.
- (2) It is a violation of this regulation to possess, use, or distribute a compounded medication on Association Grounds if there is an FDA approved equivalent of that substance available for purchase. A difference in available formulations or concentrations does not alleviate the need to use FDA approved products.
- (3) It is a violation of this regulation to possess, use, or distribute a compounded medication on Association Grounds made from bulk substances if an FDA approved equivalent is available for purchase.
- (4) Combining two or more substances with pharmacologic effect constitutes the development of a new drug. This may only be done in accordance with state and local laws and must contain FDA approved medications, if available.
- (5) Compounded veterinary drugs. Veterinary drugs shall be compounded in accordance with all applicable state and federal laws. Compounded medication shall be dispensed only by prescription issued by a licensed veterinarian to meet the medical needs of a specific horse and for use only in that specific horse
- (6) Labels on compounded veterinary drugs. All compounded medications must be labeled in accordance with the rule.
- (7) Possession of an improperly labeled product by any person on Association Grounds is considered a violation of this section.