

**Frequently Asked Questions: Therapeutic Use Exemption (TUE) Status for Pergolide Administration Announcement Effective December 1, 2018**

Pergolide has been the mainstay treatment of Equine Cushing's disease, also known as Pituitary Pars Intermedia Dysfunction (PPID), for several decades. Due to the class of drug that pergolide represents, it is a prohibited substance under Federation Equestre International (FEI) and United States Equestrian Federation (USEF) rules. Currently, under USEF GR411 *Conditions For Therapeutic Administrations of Prohibited Substances*, pergolide can be administered, but requires a 24-hour withdrawal from treatment prior to competition and represents a hardship to competitor and horse. Effective December 1, 2018, horses that are granted a Therapeutic Use Exemption (TUE) for pergolide can remain on pergolide with no withdrawal of drug prior to competition and no need to file a Medication Report Form (MRF) each time they compete.

Electronic: <https://competitions.usef.org/medicationreportform/usef>

**Q: What is Cushing's?**

A: Equine Cushing's disease, also known as pituitary pars intermedia dysfunction (PPID), is probably the most common disease of geriatric horses. Affected horses show a variety of clinical signs, including excessive hair growth with reduced to no seasonal shedding, frequent urination and drinking, immunosuppression, muscle wasting, and founder.

**Q: What is pergolide?**

A: Pergolide is the most common medication used for the treatment of Cushing's disease/PPID and is a prohibited substance under USEF Equine Drugs and Medications Rules.

**Q: What is a pergolide Therapeutic Use Exemption (TUE)?**

A: This is an exemption for the use of pergolide in those horses with documented disease.

**Q: Does this mean that pergolide is a permitted medication?**

A: No, pergolide will continue to be a prohibited substance under USEF Equine Drugs and Medications Rules, but the TUE process will permit the continuous treatment of Cushing's disease/PPID.

**Q: How does this differ from a Medication Report Form (MRF)?**

A: The use of an MRF requires the withdrawal of a horse from competition for 24 hours following the last administration of a prohibited substance. A TUE will permit the horse to compete without having to observe a 24-hour withdrawal from pergolide. Trainers will still be able to utilize MRFs to document the administration of pergolide but would be required to file an MRF in accordance with GR411 prior to each time the horse competed.

**Q: How does this change the way my horse with Cushing's/PPID needs to be medicated with pergolide?**

A: If your horse is granted a TUE based upon documented medical tests and clinical history, there will be no need to file MRFs at each competition or to change the frequency or schedule of their pergolide treatment.

**Q: How long will a pergolide TUE be effective, and is it necessary to reapply?**

A: A pergolide TUE will be effective for three years from the approval date. Prior to the TUE's expiration, a request can be made to extend the effective period for an additional three years.

**Q: Can a TUE be used for other treatments?**

A: No, the use of a TUE can only be requested for pergolide at this time. The USEF recognizes the benefit of this medication in the treatment of Cushing's/PPID-affected horses to normalize the endocrine feedback mechanisms disrupted by this disease.

**Q: Does the TUE process apply for Fédération Équestre Internationale (FEI) competitions?**

A: No, pergolide is considered a prohibited substance under FEI rules and is not permitted in competition, and no exemption or form applies.

**Q: How do I apply for a TUE for pergolide?**

A: The process can be initiated with the filing of an [electronic MRF for pergolide](#). Just complete the online MRF, check the box (shown below), and the process will start.

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I would like to be considered for a Pergolide Therapeutic Use Exemption

**For questions regarding pergolide, or other drugs and medications, please email [medequestrian@aol.com](mailto:medequestrian@aol.com) or call 1-800-633-2472.**