

tagħrif importanti

It-tobba għandhom jikkonsultaw mal-Lista ta' Sustanzi u Metodi Pprojbiti kull meta jkunu se jippreskrivu mediċini lill-atleti. Min-naħa tagħhom, l-atleti għandhom ir-responsabbiltà li jfakkru lit-tobba biex jiċċekkjaw il-Lista ta' Sustanzi u Metodi Pprojbiti. Il-coaches għandhom ifakkru kemm lit-tobba kif ukoll lill-atleti dwar dawn ir-responsabbiltajiet kull meta jkun possibbli.

Il-Lista ta' Sustanzi u Metodi Pprojbiti tiġi aġġornata kull sena. Ir-regolamenti l-ġodda jidhru fis-sehħ fl-1 ta' Jannar, iżda dawn jiġu ppubblikati fl-1 t'Ottubru, sabiex il-coaches u l-atleti jingħataw ċans biex jikkonformaw magħhom. L-aktar edizzjoni riċenti tal-Lista ta' Sustanzi u Metodi Pprojbiti tista' tiġi kkonsultata fuq il-websajt tal-KMS www.sportmalta.org.mt/userFiles/WADA_Prohibited_List_2012_EN.pdf u fuq il-websajt tal-WADA <http://list.wada-ama.org/>

Jekk il-mediċina li tiġi preskritta mit-tabib ikun fiha sustanza li tkun imniżżla fil-Lista ta' Sustanzi u Metodi Pprojbiti, u jekk ma jkunx hemm alternattiva oħra, it-tabib għandu jimla formola ta' applikazzjoni għal TUE.

Jekk il-mediċina preskritta ma jkun fiha l-ebda waħda mis-sustanzi li jidhru fil-Lista ta' Sustanzi u Metodi Pprojbiti, ma jkunx hemm bżonn ta' TUE.

x'jiġri jekk atleta jingħata TUE?

TUEs jingħataw għall-mediċini speċifiċi b'doża stabbilita. Dawn ikunu validi għal perjodu ta' żmien limitat, li warajh jiskadu. L-atleta għandu josserva l-kondizzjonijiet kollha dwar it-treatment li jiġu deskritti fl-applikazzjoni għat-TUE.

Meta TUE tingħata mill-KMS jew minn FI, l-organizzazzjoni kontra d-doping tgharraf lill-WADA, li mbagħad ikollha l-opportunità li tirrevedi d-deċiżjoni. Jekk id-deċiżjoni ma tkunx konformi mal-Istandards Internazzjonali dwar it-TUE, il-WADA tista' tiddeċiedi li tħassarha u żżomm it-TUE milli tinhareġ. Id-deċiżjoni tal-WADA mhijjex retroattiva.

x'jiġri f'każ li TUE ma tingħatax?

Jekk atleta li jkun imniżżel fil-Registered Testing Pool (RTP) tal-KMS jew li jkun wasal biex jieħu sehem f'avveniment nazzjonali jew internazzjoni jiġi mċaħhad minn TUE, huwa jista' jappella kontra d-deċiżjoni tat-TUEC mal-Bord ta' Appell Nazzjonali ta' Kontra d-Doping jew mal-WADA.

Il-WADA tista' tħassar id-deċiżjoni tat-TUEC u / jew tal-Bord ta' Appell. Kwalunkwe deċiżjoni li tiegħu l-WADA biex titreġġa' lura deċiżjoni għall-ghoti jew għaċ-ċaħda ta' TUE tista' tiġi appellata b'mod esklussiv quddiem il-Qorti tal-Arbitraġġ għall-Isport (CAS – Court of Arbitration of Sport) mill-atleta jew mill-KMS. Deċiżjoni meħuda mill-KMS, mit-TUEC u / jew mill-Bord ta' Appell li ma tiġix imħassra mill-WADA tista' tiġi appellata mill-atleta quddiem il-CAS.

l-informazzjoni li tiġi pprovduta fil-formola ta' applikazzjoni tiġi ttrattata bħala kunfidenzjali?

L-informazzjoni kollha li titniżżel fl-applikazzjoni għal TUE tinzamm strettament kunfidenzjali, u tiġi ttrattata bħala tagħrif mediku. Il-membri kollha tal-bord tat-TUEC jridu jiffirmaw ftehim ta' kunfidenzjalità, u f'każ li jkollhom bżonn ta' parir mediku mingħand esperti mediċi oħra rigward każ partikolari, l-isem tal-atleta ma jissemmiex.

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eżenzjonijiet għall-użu terapewtiku

GWIDA GĦALL-ATLETI

x'inh i eżenzjoni għall-użu terapewtiku?

Jista' jagħti l-każ li atleti jkollom mard jew kundizzjonijiet li minhabba fihom ikollhom jieħdu mediċini partikolari. Eżenzjoni għall-Użu Terapewtiku (TUE - Therapeutic Use Exemption) tista' tawtorizza lill-atleta biex jieħu l-mediċina li jkollu bżonn jekk il-mediċina li jrid jieħu biex jikkura l-marda jew il-kundizzjoni tkun inkluża fil-Lista Pprojbita.



min jista' joħroġ TUE?

Ir-Regoli ta' Malta Kontra d-Doping u l-Kodiċi tal-WADA jagħtu permess lill-atleti li jbatu minn kondizzjonijiet mediċi kkonfermati u li jkollhom bżonn jużaw metodu jew sustanza pprojbita biex japplikaw għal TUE. Skont l-Istandard Internazzjonali għall-Istestjar, li huwa parti mir-Regoli ta' Malta Kontra d-Doping u l-Kodiċi, l-Organizzazzjonijiet Nazzjonali ta' kontra d-Doping (NADOs - *National Anti-Doping Organisations*) u l-Federazzjonijiet Internazzjonali (FI) kollha għandhom ikollhom fis-seħħ proċess li permezz tiegħu l-atleti li jbatu minn kondizzjoni medika kkonfermata jistgħu jitolbu TUE. Il-Kumitat għall-Eżenzjonijiet għal Użu Terapewtiku (TUEC - *Therapeutic Use Exemption Committee*) huwa bord li jikkonsisti minn tobbja speċjalizzati maħtura mill-Kummissjoni Kontra d-Doping (ADC - *Anti-Doping Commission*) biex jipproċessaw it-talbiet għal TUE li jsiru mill-atleti. B'hekk, il-KMS jew il-FI huma responsabbli għall-ghoti jew għaċ-ċaħda ta' TUE permezz tal-TUEC tagħhom.

kriterji għall-ghoti ta' TUE

It-TUEC mwaqqaf mill-ADC jew mill-FI tiegħek jiddeciedi dwar jekk għandhiex tingħatalek TUE skont il-kriterji li ġejjin:

- L-atleta jibda jbati minn problemi sinifikanti ta' saħħa jekk il-metodu pprojbit jew is-sustanza pprojbita ma jintużawx għat-treatment ta' kondizzjoni medika akuta jew kronika.
- L-użu terapewtiku tal-metodu pprojbit jew tas-sustanza pprojbita ma jtejjibx il-prestazzjoni jekk mhux biss sal-livell normali tal-atleta meta dan jerġa' jirritorna għall-istat ta' saħħa normali tiegħu wara t-treatment ta' kundizzjoni medika legittima.
- Ma jkun hemm l-ebda alternattiva terapewtika raġonevoli għall-użu tas-sustanza jew tal-metodu pprojbit.

F'ċirkostanzi normali, id-deċiżjonijiet tal-TUEC is-soltu jsiru fi żmien tletin (30) jum minn meta jaslu d-dokumenti kollha rilevanti. L-atleta jirċievi r-risposta dwar id-deċiżjoni bil-miktub, mingħand il-FI rilevanti jew mingħand il-KMS.

Jekk it-TUE ma tinħariġx, l-atleta ma jkunx jista' juża' l-metodu jew is-sustanza pprojbita. L-użu tal-metodu jew tas-sustanza pprojbita jitqies bħala ksur tar-regoli kontra d-doping (ADRV - *Anti-Doping Rule Violation*). Jekk it-TUE tiġi approvata, l-atleta jkun jista' juża' l-metodu jew il-medicina b'konformità mat-termini tat-TUE, f'ammonti li jaqblu mad-dożi għall-użu terapewtiku. L-użu ta' ammonti tal-metodu jew tal-medicina li huma ikbar minn dawk permessi għal użu terapewtiku jitqies bħala li hu ksur tar-regoli kontra d-doping (ADRV).

** Ir-referenza għall-atleta tinkludi kemm is-sess femminili kif ukoll is-sess maskili.*

kif jista' atleta japplika għal TUE?

Jekk l-atleta jkun atleta ta' livell internazzjonali jew ser jikkompeti f'avveniment internazzjonali li għalih tkun meħtieġa TUE, l-atleta jrid jipprezenta l-applikazzjoni għal TUE lill-FI, li għandha r-responsabbiltà li tilqa' l-applikazzjonijiet u toħroġ it-TUEs

Jekk l-atleta jkun atleta ta' livell nazzjonali, huwa għandu jipprezenta l-applikazzjoni għal TUE lin-NADO, jiġifieri lill-KMS.

Kull atleta għandu jikkuntattja lin-NADO jew lill-FI u jistaqsi għal formola ta' applikazzjoni għal TUE, jew inizzilha mill-websajt tal-FI jew tal-KMS (www.sportmalta.org.mt/antidoping). L-atleta jrid jgħid lit-tabib tiegħu biex jimla l-formola għat-TUE, u biex jipprovi d-dokumenti ta' prova meħtieġa. Il-formola għat-TUE għandha tiġi ffirmata mill-atleta (jew minn ġenitur jew mill-gwardjan tiegħu, f'każ ta' minuri). Il-formola mimlija għandha tintbagħat lin-NADO jew lill-FI ikkonċernata.

L-atleta għandu jipprezenta l-applikazzjoni għal TUE sa mhux aktar tard minn tletin (30) jum qabel ma tkun meħtieġa l-approvazzjoni. Perezempju, jekk l-atleta jkun jixtieq jikkompeti f'avveniment, il-formola ta' applikazzjoni għandha tasal għand il-KMS jew għand il-FI tletin (30) jum qabel ma jseħħ l-avveniment. TUEs retroattivi jiġu kkunsidrati biss meta jkun hemm bżonn li jsir treatment ta' emergenza jew treatment għal kondizzjoni medika akuta, jew inkella taħt ċirkostanzi straordinarji.

L-atleti m'għandhomx jipprezentaw applikazzjoni għal TUE lil aktar minn organizzazzjoni waħda.

important information

Doctors should check the List of Prohibited Substances and Methods whenever they prescribe a medication to any athlete. Athletes, in turn, have a responsibility to remind doctors to check the List of Prohibited Substances and Methods. Coaches should also remind athletes and doctors of these responsibilities whenever possible.

The List of Prohibited Substances and Methods is updated every year. New regulations come into effect on January 1, but they are released on October 1 to give coaches and athletes three months to comply. The current and upcoming Lists of Prohibited Substances and Methods are available on the KMS website www.sportmalta.org.mt/userFiles/WADA_Prohibited_List_2012_EN.pdf and WADA's website at <http://list.wada-ama.org/>

If the prescribed medication contains a substance on the List of Prohibited Substances and Methods, and there is no reasonable alternative, the doctor should fill out a Therapeutic Use Exemption (TUE) request form as explained above.

If the prescribed medication does not contain a substance on the List of Prohibited Substances and Methods, no Therapeutic Use Exemption (TUE) is needed.



what happens if an athlete is granted a TUE?

TUEs are granted for a specific medication with a defined dosage. They are also granted for a specific period of time and do expire. The athlete needs to comply with all the treatment conditions outlined in the TUE Application.

Once a TUE has been granted by KMS or the IF, the anti-doping organisation will inform WADA, who will then have the opportunity to review this decision. If the decision does not conform to the International Standard for TUEs, WADA may reverse it and deny the TUE. WADA's decision is not retroactive.

what happens if a tue is denied?

If an athlete who is in KMS's Registered Testing Pool or is due to participate in a national or international event has a TUE denied, the athlete may appeal the decision by the TUEC to the National Anti-Doping Appeals Board or to WADA.

WADA may reverse the decision taken by the TUEC and/or the Appeals Board. Any decision by WADA reversing the granting or denial of a TUE may be appealed exclusively to the Court of Arbitration of Sport (CAS) by the athlete or KMS. A decision by the TUEC and/or the Appeals Board which is not reversed by WADA may be appealed by the athlete to CAS.

will the information provided in the application form remain confidential?

All the information contained in the TUE application will be kept strictly confidential as medical data. All members on the TUEC panel are required to sign confidentiality agreements and if they require advice from other medical experts regarding a particular case, the name of the athlete will not be disclosed.

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therapeutic use exemptions

An Athlete's Guide

what is a therapeutic use exemption?

Athletes may have illnesses or conditions that require them to take particular medications. A Therapeutic Use Exemption (TUE) may give the athlete the authorisation to take the required medication if the medication that the athlete must take to treat the illness or condition is included in the Prohibited List.



who grants a TUE?

The Malta Anti-Doping Rules and the WADA Code permit athletes with documented medical conditions, requiring the use of a prohibited substance or method to apply for a Therapeutic Use Exemption (TUE). According to the International Standard for Testing incorporated in the Malta Anti-Doping Rules and the Code, all National Anti-Doping Organisations and International Federations must have a process in place whereby athletes with a documented medical condition can request a TUE. The Therapeutic Use Exemption Committee (TUEC) is a panel of independent specialised physicians appointed by Anti-Doping Commission (ADC) to process the TUE requests made by athletes. Thus, KMS or the IF, through their TUEC is responsible for granting or declining a TUE.

criteria for granting a TUE

The Therapeutic Use Exemption Committee (TUEC) established by the ADC or your IF will take a decision on whether to grant a TUE based on the following criteria:

- The athlete would experience a significant impairment to health if the prohibited substance or method was not used for treatment of an acute or chronic medical condition.
- The therapeutic use of the prohibited substance or method would not enhance performance, other than the enhancement that might be anticipated by a return to a normal state of health following the treatment of a legitimate medical condition.
- There is no reasonable therapeutic alternative to the use of the otherwise-prohibited substance or method.

In normal circumstances, decisions of the TUEC should be made within thirty (30) days of receipt of all relevant documentation and will be communicated, in writing, to the athlete by the relevant IF or KMS.

If the TUE is denied, the athlete cannot use the prohibited substance or method. Use of the prohibited substance or method is considered an anti-doping rule violation (ADRV). If the TUE is approved, the athlete may use the medication or method according to the terms of the TUE, in amounts consistent with therapeutic use. Using more of the medication or method than is consistent with therapeutic use is considered an anti-doping rule violation (ADRV).

how can an athlete apply for a TUE?

If the athlete is an international level athlete or is entered in an international event for which a TUE is required, the athlete must submit the TUE Application to the IF, which is responsible for accepting applications and granting TUEs.

If the athlete is a national level athlete, the athlete must submit the TUE Application to the National Anti-Doping Organization (NADO) i.e. KMS.

Each athlete must contact the NADO or the IF and ask for a TUE Application form or download it from the website of the IF or KMS (www.sportmalta.org.mt/antidoping). The athlete must have his doctor fill out the TUE form and produce the required supporting documentation. The TUE form should be signed by the athlete (or the athlete's parent or guardian, for a minor). The completed form must be sent to the NADO or the appropriate IF.

The athlete must submit the application for a TUE not less than thirty (30) days before the approval is needed. For instance, if the athlete wishes to compete in an event, the TUE request form must be received by KMS or the IF thirty (30) days in advance of the event. Retroactive (after-use) TUEs will only be considered when emergency treatment or treatment of an acute medical condition is necessary, or under exceptional circumstances.

Athletes must not submit a TUE application to more than one organisation.



WORLD ANTI-DOPING CODE
**INTERNATIONAL
STANDARD**



PROHIBITED LIST

JANUARY 2016



**WORLD
ANTI-DOPING
AGENCY**
play true

The official text of the *Prohibited List* shall be maintained by WADA and shall be published in English and French.
In the event of any conflict between the English and French versions, the English version shall prevail.

SUBSTANCES & METHODS PROHIBITED AT ALL TIMES

(IN- AND OUT-OF-COMPETITION)

IN ACCORDANCE WITH ARTICLE 4.2.2 OF THE WORLD ANTI-DOPING CODE, ALL *PROHIBITED SUBSTANCES* SHALL BE CONSIDERED AS "*SPECIFIED SUBSTANCES*" EXCEPT SUBSTANCES IN CLASSES S1, S2, S4.4, S4.5, S6.a, AND *PROHIBITED METHODS* M1, M2 AND M3.

PROHIBITED SUBSTANCES

S0 NON-APPROVED SUBSTANCES

Any pharmacological substance which is not addressed by any of the subsequent sections of the *List* and with no current approval by any governmental regulatory health authority for human therapeutic use (e.g. drugs under pre-clinical or clinical development or discontinued, designer drugs, substances approved only for veterinary use) is prohibited at all times.

S1 ANABOLIC AGENTS

Anabolic agents are prohibited.

1. ANABOLIC ANDROGENIC STEROIDS (AAS)

a. 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);
1-Testosterone (17 β -hydroxy-5 α -androst-1-en-3-one);
4-Hydroxytestosterone (4,17 β -dihydroxyandrost-4-en-3-one);
19-Norandrostenedione (estr-4-ene-3,17-dione);
Bolandioli (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 -androstano-17 β -ol);

Gestrinone;
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 -androstano-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;
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;
Stanozolol;
Stenbolone;
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).

b. Endogenous** AAS 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 -androstan-3-one);
Prasterone (dehydroepiandrosterone, DHEA,
3 β -hydroxyandrost-5-en-17-one);
Testosterone;

and their metabolites and isomers, including but not limited to:

3 β -Hydroxy-5 α -androstan-17-one;
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;
7 α -Hydroxy-DHEA;
7 β -Hydroxy-DHEA;
4-Androstenediol (androst-4-ene-3 β , 17 β -diol)
5-Androstenedione (androst-5-ene-3,17-dione);
7-Keto-DHEA;
19-Norandrosterone;
19-Noretiocholanolone.
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;
Androsterone
Epi-dihydrotestosterone;
Epitestosterone;
Etiocholanolone.

2. OTHER ANABOLIC AGENTS

Including, but not limited to:

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

For purposes of this section:

* "exogenous" refers to a substance which is not ordinarily produced by the body naturally.

** "endogenous" refers to a substance which is ordinarily produced by the body naturally.

S2 PEPTIDE HORMONES, GROWTH FACTORS, RELATED SUBSTANCES AND MIMETICS

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. Darbepoietin (dEPO); Erythropoietins (EPO); EPO-Fc; EPO-mimetic peptides (EMP), e.g. CNTO 530 and peginesatide; Methoxy polyethylene glycol-epoetin beta (CERA).

- 1.2** Non-erythropoietic EPO-Receptor agonists, e.g. ARA-290; Asialo EPO; Carbamylated EPO.

2. Hypoxia-inducible factor (HIF) stabilizers, e.g. cobalt and FG-4592; and HIF activators, e.g. argon, xenon.

3. Chorionic Gonadotrophin (CG) and Luteinizing Hormone (LH) and their releasing factors, e.g. buserelin, gonadorelin and triptorelin, in males.

4. Corticotrophins and their releasing factors, e.g. corticorelin.

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).

Additional prohibited growth factors:

- F**ibroblast Growth Factors (FGFs);
- H**epatocyte Growth Factor (HGF);
- I**nsulin-like Growth Factor-1 (IGF-1) and its analogues;
- M**echano Growth Factors (MGFs);
- P**latelet-Derived Growth Factor (PDGF);
- V**ascular-Endothelial Growth Factor (VEGF) and any other growth factor affecting muscle, tendon or ligament protein synthesis/degradation, vascularisation, energy utilization, regenerative capacity or fibre type switching.

S3 BETA-2 AGONISTS

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

Except:

- Inhaled salbutamol (maximum 1600 micrograms over 24 hours);
- Inhaled formoterol (maximum delivered dose 54 micrograms over 24 hours); and
- Inhaled salmeterol in accordance with the manufacturers' recommended therapeutic regimen.

The presence in urine of salbutamol in excess of 1000 ng/mL or formoterol in excess of 40 ng/mL is presumed not to be an intended therapeutic use of the substance and will be considered as an *Adverse Analytical Finding (AAF)* unless the *Athlete* proves, through a controlled pharmacokinetic study, that the abnormal result was the consequence of the use of the therapeutic inhaled dose up to the maximum indicated above.

S4 HORMONE AND METABOLIC MODULATORS

The following hormone and metabolic modulators are prohibited:

1. Aromatase inhibitors including, but not limited to:
 - 4-A**ndrostene-3,6,17 trione (6-oxo);
 - A**minoglutethimide;
 - Anastrozole;
 - Androsta-1,4,6-triene-3,17-dione (androstatrienedione);
 - E**xemestane;
 - F**ormestane;
 - L**etrozole;
 - T**estolactone.
2. Selective estrogen receptor modulators (SERMs) including, but not limited to:
 - R**aloxifene;
 - T**amoxifen;
 - Toremifene.
3. Other anti-estrogenic substances including, but not limited to:
 - C**lomiphene;
 - Cyclofenil;
 - F**ulvestrant.
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 and insulin-mimetics;
 - 5.3** Meldonium;
 - 5.4** Trimetazidine.

S5 DIURETICS AND MASKING AGENTS

The following diuretics and masking agents are prohibited, as are other substances with a similar chemical structure or similar biological effect(s).

Including, but not limited to:

- Desmopressin; probenecid; plasma expanders, e.g. glycerol and intravenous administration of albumin, dextran, hydroxyethyl starch and mannitol.
- Acetazolamide; amiloride; bumetanide; canrenone; chlortalidone; etacrynic acid; furosemide; indapamide; metolazone; spironolactone; thiazides, e.g. bendroflumethiazide, chlorothiazide and hydrochlorothiazide; triamterene and vaptans, e.g. tolvaptan.

Except:

- Drospirenone; pamabrom; and ophthalmic use of carbonic anhydrase inhibitors (e.g. dorzolamide, brinzolamide).
- Local administration of felypressin in dental anaesthesia.

The detection in an *Athlete's Sample* at all times or *In-Competition*, as applicable, of any quantity of the following substances subject to threshold limits: formoterol, salbutamol, cathine, ephedrine, methylephedrine and pseudoephedrine, in conjunction with a diuretic or masking agent, will be considered as an *Adverse Analytical Finding* unless the *Athlete* has an approved *TUE* for that substance in addition to the one granted for the diuretic or masking agent.

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 haemoglobin products, e.g. haemoglobin-based blood substitutes and microencapsulated haemoglobin 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

The following are prohibited:

1. *Tampering*, or *Attempting to Tamper*, to alter the integrity and validity of *Samples* collected during *Doping Control*.
Including, but not limited to:
Urine substitution and/or adulteration, e.g. proteases.
2. Intravenous infusions and/or injections of more than 50 mL per 6 hour period except for those legitimately received in the course of hospital admissions, surgical procedures or clinical investigations.

M2 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 cells.

SUBSTANCES & METHODS PROHIBITED IN-COMPETITION

IN ADDITION TO THE CATEGORIES S0 TO S5 AND M1 TO M3 DEFINED ABOVE, THE FOLLOWING CATEGORIES ARE PROHIBITED *IN-COMPETITION*:

PROHIBITED SUBSTANCES

S6 STIMULANTS

All stimulants, including all optical isomers, e.g. *d*- and *l*- where relevant, are prohibited.

Stimulants include:

a: Non-Specified Stimulants:

Adrafinil;
Amfepramone;
Amfetamine;
Amfetaminil;
Amiphenazole;
Benfluorex;
Benzylpiperazine;
Bromantan;
Clobenzorex;
Cocaine;
Cropropamide;
Crotetamide;
Fencamine;
Fenetylline;
Fenfluramine;
Fenproporex;
Fonturacetam [4-phenylpiracetam (carphedon)];
Furfenorex;
Mefenorex;
Mephentermine;
Mesocarb;
Metamfetamine(d-);
p-Methylamphetamine;
Modafinil;
Norfenfluramine;
Phendimetrazine;
Phentermine;
Prenylamine;
Prolintane.

b: Specified Stimulants.

Including, but not limited to:

Benzfetamine;
Cathine**;
Cathinone and its analogues, e.g. mephedrone, methedrone, and α - pyrrolidinovalerophenone;
Dimethylamphetamine;
Ephedrine***;
Epinephrine**** (adrenaline);
Etamivan;
Etilamphetamine;
Etilefrine;
Famprofazone;
Fenbutrazate;
Fencamfamin;
Heptaminol;
Hydroxyamphetamine (parahydroxyamphetamine);
Isometheptene;
Levmetamphetamine;
Meclofenoxate;
Methylenedioxymethamphetamine;
Methylephedrine***;
Methylhexaneamine (dimethylpentylamine);
Methylphenidate;
Nikethamide;
Norfenefrine;
Octopamine;
Oxilofrine (methysynephrine);
Pemoline;
Pentetrazol;
Phenethylamine and its derivatives;
Phenmetrazine;
Phenpromethamine;
Propylhexedrine;
Pseudoephedrine*****;
Selegiline;

A stimulant not expressly listed in this section is a Specified Substance.

Sibutramine;
Strychnine;
Tenamfetamine (methylenedioxyamphetamine);
Tuaminoheptane;

and other substances with a similar chemical structure or similar biological effect(s).

Except:

- Clonidine
- Imidazole derivatives for topical/ophthalmic use and those stimulants included in the 2016 Monitoring Program*.

* Bupropion, caffeine, nicotine, phenylephrine, phenylpropanolamine, pipradrol, and synephrine: These substances are included in the 2016 Monitoring Program, and are not considered *Prohibited Substances*.

** Cathine: Prohibited when its concentration in urine is greater than 5 micrograms per milliliter.

*** Ephedrine and methylephedrine: Prohibited when the concentration of either in urine is greater than 10 micrograms per milliliter.

**** Epinephrine (adrenaline): Not prohibited in local administration, e.g. nasal, ophthalmologic, or co-administration with local anaesthetic agents.

***** Pseudoephedrine: Prohibited when its concentration in urine is greater than 150 micrograms per milliliter.

S7 NARCOTICS

Prohibited:

- Buprenorphine;
- Dextromoramide;
- Diamorphine (heroin);
- Fentanyl and its derivatives;
- Hydromorphone;
- Methadone;
- Morphine;
- Oxycodone;
- Oxymorphone;
- Pentazocine;
- Pethidine.

S8 CANNABINOIDS

Prohibited:

- Natural, e.g. cannabis, hashish and marijuana, or synthetic Δ^9 -tetrahydrocannabinol (THC).
- Cannabimimetics, e.g. "Spice", JWH-018, JWH-073, HU-210.

S9 GLUCOCORTICOIDS

All glucocorticoids are prohibited when administered by oral, intravenous, intramuscular or rectal routes.

SUBSTANCES PROHIBITED IN PARTICULAR SPORTS

P1 ALCOHOL

Alcohol (ethanol) is prohibited *In-Competition* only, in the following sports. Detection will be conducted by analysis of breath and/or blood. The doping violation threshold is equivalent to a blood alcohol concentration of 0.10 g/L.

- Air Sports (FAI)
- Archery (WA)
- Automobile (FIA)
- Powerboating (UIM)

P2 BETA-BLOCKERS

Beta-blockers are prohibited *In-Competition* only, in the following sports, and also prohibited *Out-of-Competition* where indicated.

- Archery (WA)*
- Automobile (FIA)
- Billiards (all disciplines) (WCBS)
- Darts (WDF)
- Golf (IGF)
- Shooting (ISSF, IPC)*
- Skiing/Snowboarding (FIS) in ski jumping, freestyle aerials/halfpipe and snowboard halfpipe/big air
- Underwater sports (CMAS) in constant-weight apnoea with or without fins, dynamic apnoea with and without fins, free immersion apnoea, Jump Blue apnoea, spearfishing, static apnoea, target shooting and variable weight apnoea.

*Also prohibited *Out-of-Competition*

Including, but not limited to:

A cebutolol;	L abetalol;
A lprenolol;	L evobunolol;
A tenolol;	M etipranolol;
B etaxolol;	M etoprolol;
B isoprolol;	N adolol;
B unolol;	O xprenolol;
C arteolol;	P indolol;
C arvedilol;	P ropranolol;
C eliprolol;	S otalol;
E smolol;	T imolol.

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