

नवीन अग्रवाल, आईपीएस  
महानिदेशक एवं मुख्य कार्यकारी अधिकारी  
**NAVIN AGARWAL, IPS**  
Director General & Chief Executive Officer



भारत सरकार  
राष्ट्रीय डोप रोधी एजेन्सी  
Government of India  
National Anti Doping Agency  
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F. No. 04/07/2016/NADA

Dear Principal/ Dean,  
Medical College/ Institute

March 10, 2017

National Anti Doping Agency established in 2009 has been employing all means to get rid of doping menace in the country. To bring all stakeholders on a common platform, NADA has been initiating various steps with an objective to deal with fight against doping across the country.


The World Anti Doping Agency (WADA) has published the 2017 Prohibited List effective from 1<sup>st</sup> January 2017 worldwide. The List, which is one of the International Standards mandatory for the Stakeholders of the Country designates what substances and methods are prohibited both In- and Out of Competition and which substances are banned in particular sports.

NADA would like to make you aware that there are certain prescription drugs which fall in the Prohibited List 2017. These prescription drugs might be prescribed by the treating medical doctor/ physicians to treat the sportspersons as his patient without knowing the fact that prescribed drugs are prohibited for sportspersons, which may result in violation of Anti Doping Rule by sportspersons with serious consequences in sportsperson's profession. It is also pertinent to mention here that those sportspersons who require the treatment of prescription drugs which might contain the Prohibited Substances on account of legitimate medical condition for which no alternate therapy is available may apply for the Therapeutic Use Exemption (TUE) to NADA. The TUE granted by NADA will allow the applicant sportspersons to take such drug even if it contains the prohibited substance.

While ultimately the athlete is responsible for what substances go in his or her body, let's make sure that physicians being trained in your institution are aware in this regard to prevent inadvertent use of prohibited drugs.

A copy of the Prohibited List 2017 alongwith the Therapeutic Use Exemption (TUE) Form is enclosed herewith for wide circulation amongst the medical doctors/physicians and medical students.

Yours sincerely

  
(Navin Agarwal)

To,  
All recognize Medical College/ Institution of MCI



Play fair

# National Anti Doping Agency

(An Autonomous Body Under Ministry of Youth Affairs & Sports, Government of India)

## THERAPEUTIC USE EXEMPTIONS

Please complete all sections in capital letters or typing

Athlete to complete sections 1, 5, 6 and 7; physician to complete sections 2, 3 and 4. Illegible or incomplete applications will be returned and will need to be re-submitted in legible and complete form.

### 1. Athlete Information

Surname: _____	Given Names: _____	
Female <input type="checkbox"/>	Male <input type="checkbox"/>	
Date of Birth (d/m/y) _____		
Address: _____		
City: _____	Country: _____	Postcode: _____
Tel.: _____	E-mail: _____	
<i>(with international code)</i>		
Sport: _____	Discipline/Position: _____	
International or National Sport Organization: _____		
If you are an Athlete with an impairment, please indicate the impairment;		



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## 2. Medical information

Diagnosis

If a permitted medication can be used to treat the medical condition, please provide clinical justification for the requested use of the prohibited medication

### Comment:

Evidence confirming the diagnosis shall be attached and forwarded with this application. The medical information must include a comprehensive medical history and the results of all relevant examinations, laboratory investigations and imaging studies. Copies of the original reports or letters should be included when possible. Evidence should be as objective as possible in the clinical circumstances. In the case of non-demonstrable conditions, independent supporting medical opinion will assist this application.

WADA maintains a series of guidelines to assist physicians in the preparation of complete and thorough TUE applications. These TUE Physician Guidelines can be accessed by entering the search term "Medical Information" on the WADA website: <https://www.wada-ama.org>. The guidelines address the diagnosis and treatment of a number of medical conditions commonly affecting athletes, and requiring treatment with prohibited substances.

## 3. Medication details

Prohibited substance(s): <u>Generic name</u>	Dose	Route of administration	Frequency	Duration of Treatment
1.				
2.				
3.				
4.				
5.				



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## 4. Medical practitioner's declaration

I certify that the information at sections 2 and 3 above is accurate and that the above mentioned treatment is medically appropriate.

Name: \_\_\_\_\_

Medical specialty: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Tel.: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature of Medical Practitioner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Medical Practitioner: \_\_\_\_\_ Date: \_\_\_\_\_



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## 5. Retroactive Applications

<p>Is this a retroactive application?</p> <p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p> <p>If yes, on what date was treatment started ?</p>	<p><b>Please indicate reason:</b></p> <p>Emergency treatment or treatment of an acute medical condition was necessary <input type="checkbox"/></p> <p>Due to other exceptional circumstances, there was insufficient time or opportunity to submit an application prior to sample collection <input type="checkbox"/></p> <p>Advance application not required under applicable rules <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Please explain:</p> <hr/> <hr/>
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## 6. Previous applications

<p>Have you submitted any previous TUE application(s)?</p> <p>No <input type="checkbox"/></p> <p>For which substance or method?</p> <p>To Whom _____ When ?</p> <p>Decision: Approved <input type="checkbox"/> Not approved <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/></p>
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## 7. Athlete's declaration

I, \_\_\_\_\_, certify that the information set out at sections 1, 5 and 6 is accurate. I authorize the release of personal medical information to the National Anti-Doping Agency, India (NADA, India) as well as to WADA authorized staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other ADO TUECs and authorized staff that may have a right to this information under the World Anti-Doping Code ("*Code*") and/or the International Standard for Therapeutic Use Exemptions.

I consent to my physician(s) releasing to the above persons any health information that they deem necessary in order to consider and determine my application.

I understand that my information will only be used for evaluating my TUE request and in the context of potential anti-doping rule violation investigations and procedures. I understand that if I ever wish to (1) obtain more information about the use of my health information; (2) exercise my right of access and correction; or (3) revoke the right of these organizations to obtain my health information, I must notify my medical practitioner and my ADO in writing of that fact. I understand and agree that it may be necessary for TUE-related information submitted prior to revoking my consent to be retained for the sole purpose of establishing a possible anti-doping rule violation, where this is required by the *Code*.

I consent to the decision on this application being made available to all ADOs, or other organizations, with Testing authority and/or results management authority over me.

I understand and accept that the recipients of my information and of the decision on this application may be located outside the country where I reside. In some of these countries data protection and privacy laws may not be equivalent to those in my country of residence.

I understand that if I believe that my Personal Information is not used in conformity with this consent and the International Standard for the Protection of Privacy and Personal Information, I can file a complaint to WADA or CAS.

**Athlete's signature** \_\_\_\_\_

**Parent's/Guardian's signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Date** \_\_\_\_\_

(If the Athlete is a Minor or has an impairment preventing him/her signing this form, a parent or guardian shall sign on behalf of the Athlete).

Please submit the completed form to NADA India by the following means (keeping a copy for your records:-

**By Post:** National Anti Doping Agency, 'A' Block, Pragati Vihar Hostel, Lodhi Road, New Delhi-110003, India Telefax: 011-24368248

**By Email:** [info.nada@nic.in](mailto:info.nada@nic.in)

THE WORLD ANTI-DOPING CODE  
**INTERNATIONAL  
STANDARD**



# PROHIBITED LIST

JANUARY 2017



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.

This List shall come into effect on 1 January 2017

# 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-A**ndrostenediol (5 $\alpha$ -androst-1-ene-3 $\beta$ ,17 $\beta$ -diol);  
1-Androstenedione (5 $\alpha$ -androst-1-ene-3,17-dione);  
**1-T**estosterone (17 $\beta$ -hydroxy-5 $\alpha$ -androst-1-en-3-one);  
**4-H**ydroxytestosterone (4,17 $\beta$ -dihydroxyandrost-4-en-3-one);  
**B**olandioli (estr-4-ene-3 $\beta$ ,17 $\beta$ -diol);  
Bolasterone;  
**C**alusterone;  
Clostebol;  
**D**anazol ([1,2]oxazolo[4',5':2,3]pregna-4-en-20-yn-17 $\alpha$ -ol);  
Dehydrochlormethyltestosterone (4-chloro-17 $\beta$ -hydroxy-17 $\alpha$ -methylandrosta-1,4-dien-3-one);  
Desoxymethyltestosterone (17 $\alpha$ -methyl-5 $\alpha$ -androst-2-en-17 $\beta$ -ol);  
Drostanolone;  
**E**thylestrenol (19-norpregna-4-en-17 $\alpha$ -ol);  
**F**luoxymesterone;  
Formebolone;  
Furazabol (17 $\alpha$ -methyl [1,2,5]oxadiazolo[3',4':2,3]-5 $\alpha$ -androstan-17 $\beta$ -ol);  
**G**estrinone;

**M**estanolone;  
Mesterolone;  
Metandienone (17 $\beta$ -hydroxy-17 $\alpha$ -methylandrosta-1,4-dien-3-one);  
Metenolone;  
Methandriol;  
Methasterone (17 $\beta$ -hydroxy-2 $\alpha$ ,17 $\alpha$ -dimethyl-5 $\alpha$ -androstan-3-one);  
Methyldienolone (17 $\beta$ -hydroxy-17 $\alpha$ -methylestra-4,9-dien-3-one);  
Methyl-1-testosterone (17 $\beta$ -hydroxy-17 $\alpha$ -methyl-5 $\alpha$ -androst-1-en-3-one);  
Methylnortestosterone (17 $\beta$ -hydroxy-17 $\alpha$ -methylestr-4-en-3-one);  
Methyltestosterone;  
Metribolone (methyltrienolone, 17 $\beta$ -hydroxy-17 $\alpha$ -methylestra-4,9,11-trien-3-one);  
Mibolerone;  
**N**orboletone;  
Norclostebol;  
Norethandrolone;  
**O**xabolone;  
Oxandrolone;  
Oxymesterone;  
Oxymetholone;  
**P**rostanazol (17 $\beta$ -[[tetrahydropyran-2-yl]oxy]-1'H-pyrazolo[3,4:2,3]-5 $\alpha$ -androstan-3-one);  
**Q**uinbolone;  
**S**tanozolol;  
Stenbolone;  
**T**etrahydrogestrinone (17-hydroxy-18 $\alpha$ -homo-19-nor-17 $\alpha$ -pregna-4,9,11-trien-3-one);  
Trenbolone (17 $\beta$ -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:

**19-N**orandrostenediol (estr-4-ene-3,17-diol);  
19-Norandrostenedione (estr-4-ene-3,17-dione);  
**A**ndrostenediol (androst-5-ene-3 $\beta$ ,17 $\beta$ -diol);  
Androstenedione (androst-4-ene-3,17-dione);  
**B**oldenone;  
Boldione (androsta-1,4-diene-3,17-dione);  
**D**ihydrotestosterone (17 $\beta$ -hydroxy-5 $\alpha$ -androstan-3-one);  
**N**androlone (19-nortestosterone);  
**P**rasterone (dehydroepiandrosterone, DHEA,  
3 $\beta$ -hydroxyandrost-5-en-17-one);  
**T**estosterone;

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

**3 $\beta$ -H**ydroxy-5 $\alpha$ -androstan-17-one;  
**5 $\alpha$ -A**ndrost-2-ene-17-one;  
5 $\alpha$ -Androstane-3 $\alpha$ ,17 $\alpha$ -diol;  
5 $\alpha$ -Androstane-3 $\alpha$ ,17 $\beta$ -diol;  
5 $\alpha$ -Androstane-3 $\beta$ ,17 $\alpha$ -diol;  
5 $\alpha$ -Androstane-3 $\beta$ ,17 $\beta$ -diol;  
**5 $\beta$ -A**ndrostane-3 $\alpha$ ,17 $\beta$ -diol;  
**7 $\alpha$ -H**ydroxy-DHEA;  
**7 $\beta$ -H**ydroxy-DHEA;  
**4-A**ndrostenediol (androst-4-ene-3 $\beta$ , 17 $\beta$ -diol);  
**5-A**ndrostenedione (androst-5-ene-3,17-dione);  
**7-K**eto-DHEA;  
**19-N**orandrosterone;  
19-Noretiocholanolone;  
**A**ndrost-4-ene-3 $\alpha$ ,17 $\alpha$ -diol;  
Androst-4-ene-3 $\alpha$ ,17 $\beta$ -diol;  
Androst-4-ene-3 $\beta$ ,17 $\alpha$ -diol;  
Androst-5-ene-3 $\alpha$ ,17 $\alpha$ -diol;  
Androst-5-ene-3 $\alpha$ ,17 $\beta$ -diol;  
Androst-5-ene-3 $\beta$ ,17 $\alpha$ -diol;  
Androsterone;  
**E**pi-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;
- 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; GATA inhibitors, e.g. K-11706; Methoxy polyethylene glycol-epoetin beta (CERA); Transforming Growth Factor- $\beta$  (TGF- $\beta$ ) inhibitors, e.g. sotatercept, luspatercept;

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

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

3. Chorionic Gonadotrophin (CG) and Luteinizing Hormone (LH) and their releasing factors, e.g. buserelin, gonadorelin and leuprorelin, 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;
  - 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.

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**S3 BETA-2 AGONISTS**  
 All selective and non-selective beta-2 agonists, including all optical isomers, are prohibited.

Including, but not limited to:

**F**enoterol;  
**F**ormoterol;  
**H**igenamine;  
**I**ndacaterol;  
**O**lodaterol;  
**P**rocaterol;  
**R**eproterol;  
**S**albutamol;  
**S**almeterol;  
**T**erbutaline;  
**V**ilanterol.

**Except:**

- Inhaled salbutamol: maximum 1600 micrograms over 24 hours, not to exceed 800 micrograms every 12 hours;
- Inhaled formoterol: maximum delivered dose of 54 micrograms over 24 hours;
- Inhaled salmeterol: maximum 200 micrograms over 24 hours.

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 dose (by inhalation) up to the maximum dose indicated above.

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## **S4 HORMONE AND METABOLIC MODULATORS**

The following hormone and metabolic modulators are prohibited:

1. Aromatase inhibitors including, but not limited to:
  - 4-Androstene-3,6,17 trione (6-oxo);**  
Aminoglutethimide;
  - Anastrozole;
  - Androsta-1,4,6-triene-3,17-dione (androstatrienedione);
  - Androsta-3,5-diene-7,17-dione (arimistane);
  - 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  $\delta$  (PPAR $\delta$ ) agonists, e.g. GW 1516;

5.2 Insulins and insulin-mimetics;

5.3 Meldonium;

5.4 Trimetazidine.

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## 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 (AAF)* unless the *Athlete* has an approved *Therapeutic Use Exemption (TUE)* for that substance in addition to the one granted for the diuretic or masking agent.

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## 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 by inhalation.
3. Any form of intravascular manipulation of the blood or blood components by physical or chemical means.

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### 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.

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### 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 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:

**A**drafinil;  
Amfepramone;  
Amfetamine;  
Amfetaminil;  
Amiphenazole;  
**B**enfluorex;  
Benzylpiperazine;  
Bromantan;  
**C**lobenzorex;  
Cocaine;  
Cropropamide;  
Crotetamide;  
**F**encamine;  
Fenetylline;  
Fenfluramine;  
Fenproporex;  
Fonturacetam [4-phenylpiracetam (carphedon)];  
Furfenorex;  
**L**isdexamfetamine;  
**M**efenorex;  
Mephentermine;  
Mesocarb;  
Metamfetamine(*d*-);  
*p*-methylamphetamine;  
Modafinil;  
**N**orfenfluramine;  
**P**hendimetrazine;  
Phentermine;  
Prenylamine;  
Prolintane.

##### b: Specified Stimulants.

Including, but not limited to:

**4-M**ethylhexan-2-amine (methylhexaneamine);  
**B**enzfetamine;  
**C**athine\*\*;  
Cathinone and its analogues, e.g. mephedrone, methedrone, and  $\alpha$ - pyrrolidinovalerophenone;  
**D**imethylamphetamine;  
**E**phedrine\*\*\*;  
Epinephrine\*\*\*\* (adrenaline);  
Etamivan;  
Etilamfetamine;  
Etilefrine;  
**F**amprofazone;  
Fenbutrazate;  
Fencamfamin;  
**H**eptaminol;  
Hydroxyamphetamine (parahydroxyamphetamine);  
**I**sometheptene;  
**L**evmetamphetamine;  
**M**eclofenoxate;  
Methylenedioxymethamphetamine;  
Methylephedrine\*\*\*;  
Methylphenidate;  
**N**ikethamide;  
Norfenefrine;  
**O**ctopamine;  
Oxilofrine (methylnephrine);  
**P**emoline;  
Pentetrazol;  
Phenethylamine and its derivatives;  
Phenmetrazine;  
Phenpromethamine;  
Propylhexedrine;  
Pseudoephedrine\*\*\*\*\*;

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

Selegiline;  
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 2017 Monitoring Program\*.

\* Bupropion, caffeine, nicotine, phenylephrine, phenylpropanolamine, pipradrol, and synephrine: These substances are included in the 2017 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.

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**S7 NARCOTICS**

**Prohibited:**

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

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**S8 CANNABINOIDS**

**Prohibited:**

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

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**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:

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

[www.wada-ama.org](http://www.wada-ama.org)

