COMUNICATO N. 104/L – 23 DICEMBRE 2020

104/165

Comunicazioni della F.I.G.C.

Si riporta il testo del Com. Uff. n.145/ della F.I.G.C., pubblicato in data 23 Dicembre 2020:

Comunicato Ufficiale n. 145/A

In allegato si pubblica la versione 1/2021 delle Norme Sportive Antidoping in vigore dal 1° gennaio 2021, così come pubblicate sul sito istituzionale NADOITALIA www.nadoitalia.it

Pubblicato in Firenze il 23 dicembre 2020

IL PRESIDENTE
Francesco Ghirelli

Prot. 9262/2020 Int.
To: P.Nucci
Commissione Antidoping

CC: M.Vladovich, A.Giuliani, A.Stallone; M.Martino; V.Fortuna; A.Ferretti; Sez. Medica Cov.; Legale; Segr. Generale; Licenze Uefa; Club ITA org.; I.Gioia

No. 92/2020

TO UEFA MEMBER ASSOCIATIONS
TO CLUBS PARTICIPATING IN UEFA COMPETITIONS

For the attention of
the President and the General Secretary

Your reference	Your correspondence of	Our reference	Date
		RLE/VOU	9 December 2020

UEFA Anti-Doping Regulations, 2021 edition, and 2021 WADA Prohibited List

Dear Sir or Madam,

Please find enclosed the 2021 edition of the UEFA Anti-Doping Regulations (ADR) as approved by the UEFA Executive Committee at its meeting of 3 December 2020. The ADR have been updated to ensure harmonisation with the 2021 World Anti-Doping Code (WADA Code). The goal is for all footballers to benefit from the same anti-doping procedures and protections, no matter their nationality, the country where tested or the competition they are involved in, so that all players may participate in competition that is both safe and fair.

These regulations apply to all aspects of the UEFA anti-doping programme, including in- and out-of-competition doping controls, and will come into force on 1 January 2021.

UEFA Anti-Doping Regulations, 2021 edition

The main changes made to the UEFA ADR are as follows:

The structure of the new UEFA ADR 2021 has been amended so that the numbering of the articles is now fully in alignement with the WADA Code 2021.

Protection for Individuals Reporting Violations (Article 2.11)
This new Article makes it an anti-doping rule violation to threaten another person to discourage them from reporting to authorities any information relating to an anti-doping rule violation, non-compliance with the Code or other doping activity, or to retaliate against another person for doing so. The range of sanction for these violations is two years to lifetime ineligibility depending on the seriousness of the violation. (Article 10.3.6)

UEFA Route de Genève 46, CH-1260 Nyon 2, Switzerland
Tel. +41 848 00 27 27, Fax. +41 848 01 27 27 UEFA.com

Specified methods (Article 4.2.2)
The new ADR introduces the concept of 'specified methods' which, similar to 'specified substances', may be subject to sanctions that are milder or different from those for non-specified methods and non-specified substances. The annual WADA Prohibited List sets out the specified methods.

Regime of sanctions (Article 10)

The new ADR have identified certain situations which permit flexibility in the sanctioning regime for anti-doping rule violations.

Substance of abuse (Article 10.2.4)
Substances of Abuse is a new definition that encompasses those substances that are frequently abused in society outside of the context of sport. If the player can establish that the substance was used during an out-of-competition period in a context unrelated to sports performance, the period of ineligibility is three months and can be further reduced to one month if the player completes a rehabilitation programme. WADA will specify the Substances of Abuse on its Prohibited List. The 2021 edition identifies the following as Substances of Abuse: cocaine, diamorphine (heroin), methylenedioxymethamphetamine (MDMA/ecstasy) and tetrahydrocannabinol (THC).

Fraudulent Conduct During Results Management and Hearing Process (Definition in Annex A and Article 10.3.1)
The definition of "Tampering" has been expanded to specifically include fraudulent conduct during results management including for example, submitting fraudulent documents or procuring false witness testimony. The range of sanction for this violation is from two to four years ineligibility, to be served consecutively with any period of ineligibility imposed for the underlying violation.

Aggravating Circumstances (Article 10.4)
The concept of 'Aggravating Circumstances' has been inserted to deal with special or exceptional circumstances where an additional period of ineligibility of up to two years may be given.

Such circumstances and actions include, but are not limited to; Using or possessing multiple prohibited substances or methods; using or possessing prohibited substances or methods on multiple occasions; committing multiple other anti-doping rule violations; experiencing the performance-enhancing effects of the substance beyond the otherwise applicable period of Ineligibility; engaging in deceptive or obstructive conduct to avoid the detection or adjudication of an anti-doping rule violation.

Common contaminants and supplements (Article 10.6.1.2)
As WADA-accredited laboratories are able to detect tiny quantities of prohibited substances, it has been difficult for players to prove that their adverse analytical findings were due to contamination and they were therefore unable to have their sanction reduced. To address this situation without changing Article 10.6.1.2, WADA will raise the reporting limits for prohibited substances that are known contaminants.

Results management agreements (Article 10.8)
Article 10.8.1 provides that when a player or other person facing four or more years' ineligibility admits to the violation and accepts the period of ineligibility within twenty days of notice of the charge, the ineligibility will be reduced by one year, thus providing some incentive for the individual to admit to the violation. Article 10.8.2 provides an opportunity for UEFA, the player or other person and WADA to enter into a case resolution agreement under which the period of ineligibility can be agreed upon based on the facts of the case. The case will then not be referred to the disciplinary bodies. Case resolution agreements are not appealable.

Education (Article 18 and definition in Annex A)
A specific provision that refers to the new WADA International Standard for Education has now been included in the ADR to reaffirm UEFA's strong commitment to education in its protection of clean sport. For the last 15 years, UEFA has been running a very robust anti-doping education programme and has recently launched a new education strategy in line with the new International Standard for Education. Education is also defined in Annex A.

Definition of 'in-competition' (Annex A)
For the purposes of the laboratory analysis menu, the term 'in-competition' is now defined as the period starting at 23:59 on the day before a match in which the player is scheduled to participate and ending with the completion of the sample collection process after the match. This will lead to short periods within a tournament in which 'out-of-competition' and 'in-competition' periods alternate.

Definition of 'Protected Person' (Annex A)
A new definition of Protected Person has been included in the ADR. A Protected Person is a Player or other Person who at the time of the anti-doping rule violation is: (i) under the age of sixteen (16), or (ii) under the age of eighteen (18) and not included in any Registered Testing Pool and has never competed in any International Competition other than in youth matches (e.g. UEFA European Under-17 Championship, UEFA Youth League). Such Protected Persons benefit from a more favourable disciplinary regime (determination of fault, sanction, public disclosure).

Whereabouts sanction (Annex C)
While the sanctioning regime remains unchanged for teams failing to submit timely and accurate whereabouts of their players, the player whereabouts violation will not be considered an anti-doping rule violation under Article 2.4 of the Code. Consequently, players in UEFA testing pools committing a whereabouts violation (three whereabouts failures or missed tests within a 12-month period) will now only be sanctioned with a maximum period of ineligibility of 12 months, depending on the player's degree of fault. In parallel, UEFA may at any time request FIFA to include a player in its Registered Testing Pool.

Additional Roles and Responsibilities
Information regarding the additional roles and responsibilities of Players, Player Support Personnel, Member Associations and Clubs in UEFA Competitions can be found in Articles 21, 22 and 23 of the ADR.

2021 WADA Prohibited List

In accordance with Article 4.1 of the ADR, the 2021 WADA Prohibited List will apply to all UEFA competitions from 1 January 2021.

In light of this, please find enclosed with this letter the new list of prohibited substances, and a WADA document summarising the changes compared to the 2020 Prohibited List. This information is also available on uefa.com (full address below) and the WADA website (www.wada-ama.org).

Therapeutic Use Exemptions (TUEs)

All TUE applications are processed by UEFA in accordance with the 2021 WADA International Standard for Therapeutic Use Exemptions (ISTUE). There have been a number of updates to the 2021 ISTUE and your team doctors are strongly advised to carefully read the enclosed, *'Guide to the WADA Prohibited List and TUEs'*, for more detailed information regarding TUEs.

UEFA's rules and procedures governing TUEs are harmonised with those of FIFA. Players who are participating in UEFA competitions or in senior international (national A team) friendly matches and have to use a prohibited substance or prohibited method for therapeutic purposes must request prior authorisation from UEFA by means of a UEFA TUE application form (enclosed).

The TUE application form must be completed and signed by the player and their treating physician, and then sent with a complete file of medical evidence to the UEFA anti-doping and medical unit (antidoping@uefa.ch). In order to provide additional security, please encrypt the documents with a password and send the password in a separate email to Rebecca.lee@uefa.ch Forms must be sent to UEFA only and not to NADOs. Except in cases of medical emergency, doctors must not administer a prohibited substance or prohibited method before a TUE has been granted by UEFA.

WADA publishes checklists on the requirements for TUE applications for many common medical conditions. Doctors must ensure that all the requirements are met before applying to UEFA for a TUE otherwise applications will be sent back to the applicant for further information and the process for granting a TUE will be delayed. The guidance documents can be downloaded from the WADA website: https://www.wada-ama.org/en/what-we-do/science-medical/therapeutic-use-exemptions/

TUEs granted by FIFA are automatically valid for UEFA competitions. However, TUEs granted by NADOs are not valid for UEFA competitions unless they have been recognised by UEFA. In case of a TUE recognition request, the UEFA anti-doping and medical unit must be provided with a copy of the original application form and all medical information submitted to the authorising body (both translated into one of UEFA's official languages, if necessary) and any other specific document that may be requested by UEFA.

Players participating in youth-level international friendly matches (i.e. any national youth team up to and including Under-21s) must apply to their NADO for a TUE, and not to UEFA.

Please forward this circular, the UEFA Anti-Doping Regulations, 2021 edition, and the 2021 WADA Prohibited List immediately to your team doctors, who must in turn inform their players. The Prohibited List, the Guide to the WADA Prohibited List and TUEs and all other enclosed documents are also available on the dedicated anti-doping section of the UEFA website at:
https://www.uefa.com/insideuefa/protecting-the-game/anti-doping/

Should you have any queries or require additional information regarding the new ADR, please contact Caroline Thom (caroline.thom@uefa.ch). For TUE matters, please contact Rebecca Lee (Rebecca.lee@uefa.ch) or anti-doping@uefa.ch.

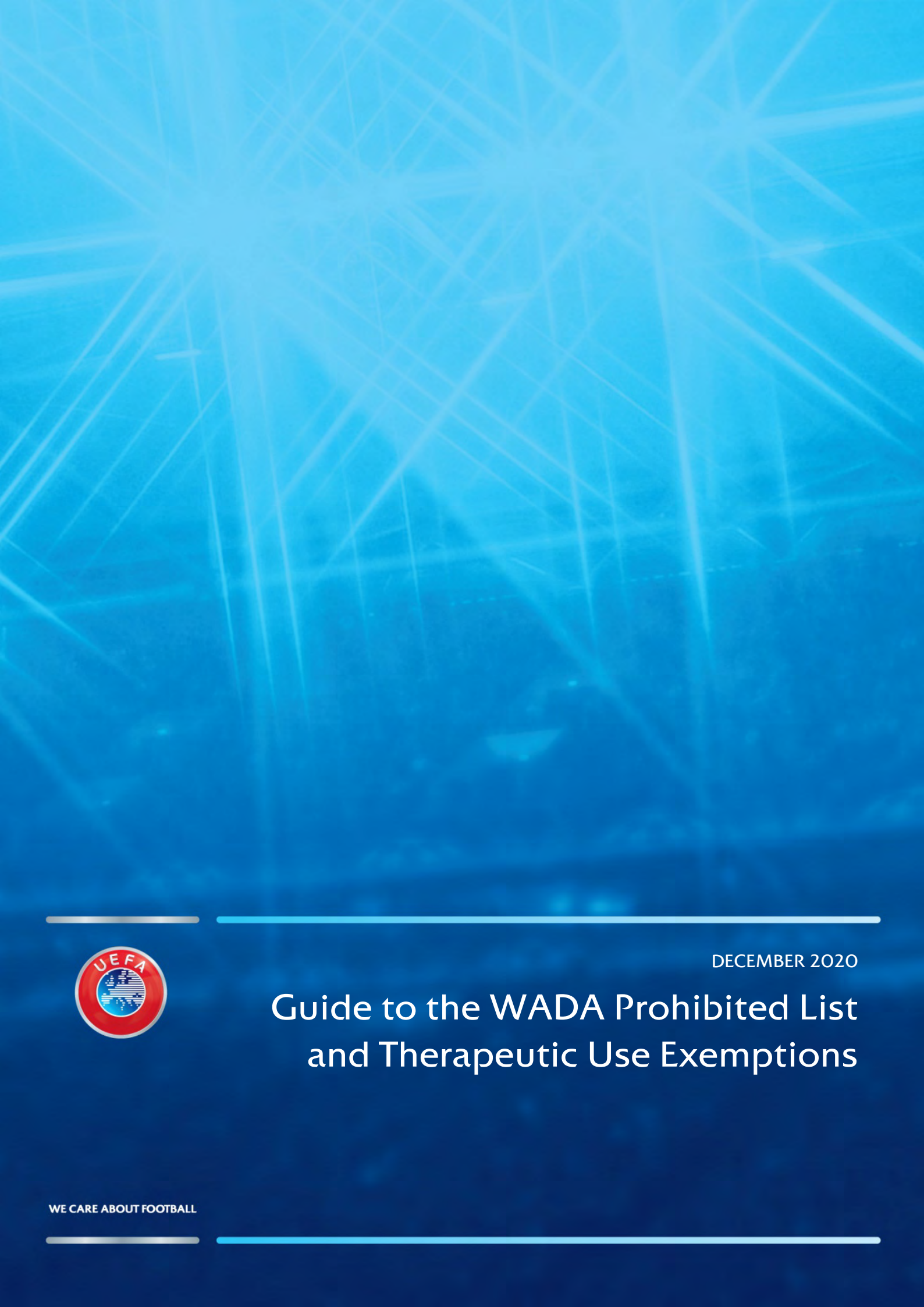
Yours faithfully,

U E F A

Theodore Theodoridis
General Secretary

Enclosures
- UEFA Anti-Doping Regulations, 2021 edition
- 2021 WADA Prohibited List
- WADA summary of modifications made to 2020 Prohibited List
- Guide to the WADA Prohibited List and TUEs
- UEFA TUE application form

cc (with enclosures)
- UEFA Executive Committee
- UEFA Medical Committee
- UEFA Anti-Doping Panel
- UEFA TUE Committee
- UEFA Doping Control Officers
- European members of the FIFA Council
- FIFA, Zurich
- European national anti-doping organisations
- European WADA-accredited laboratories



DECEMBER 2020

Guide to the WADA Prohibited List and Therapeutic Use Exemptions

WE CARE ABOUT FOOTBALL

Contents

The WADA Prohibited List

What is the WADA Prohibited List?

The WADA Prohibited List is a list of the substances and methods which are prohibited in sport. Some substances on the list are prohibited at all times (both in- and out-of-competition), while others are prohibited in-competition only. Methods on the list are prohibited at all times. The list is published by the World Anti-Doping Agency (WADA) and is updated every year.

What is my responsibility towards the Prohibited List?

Paragraph 2.2.1 of the UEFA Anti-Doping Regulations states: *"It is the Players' personal duty to ensure that no Prohibited Substance enters their bodies and that no Prohibited Method is Used. Accordingly, it is not necessary that intent, Fault, Negligence or knowing Use on the Player's part be demonstrated in order to establish an anti-doping rule violation for Use of a Prohibited Substance or a Prohibited Method."*

Prohibited substances can be found in common medicines, and studies have shown that many nutritional supplements are contaminated with them. You must therefore be particularly careful if you are ill or if you decide to use nutritional supplements.

What is the difference between substances prohibited in-competition and those prohibited at all times?

Some substances (e.g. anabolic steroids) are prohibited at all times because they can have long-term performance enhancing effects when used as part of a training or recovery programme. Other substances, such as masking agents, are prohibited at all times because they can be used to hide evidence of doping.

Out-of-competition use of a substance which is only prohibited in-competition is not an anti-doping rule violation. However, many substances can stay in the body for a long time, and if you test positive for such a substance after an in-competition doping control, unless you can demonstrate that your usage of the substance satisfies the TUE conditions set out below, this would be a possible anti-doping rule violation.

All substances and methods on the Prohibited List are prohibited in-competition.

What is a specified substance or method?

Substances and methods on the Prohibited List are classified as 'specified' or 'non-specified'.

Specified substances and specified methods should not in any way be considered less performance enhancing or less dangerous than other doping substances or methods. Rather, they are simply substances and methods which are more likely to have been consumed or used by a player for a purpose other than the enhancement of sport performance.

All substances and methods on the Prohibited List are prohibited. However, if a player is charged with an Anti-Doping Rule Violation for the use of a "specified substance or method" under certain conditions, there may be a possibility of a greater reduction of a sanction.

What is a Substance of Abuse?

Substances of abuse are substances that are frequently abused in society outside of the context of sport. If you test positive for a substance of abuse and you can establish that the substance was used out-of-competition and in a context unrelated to sports performance, your period of suspension will be three months and can be further reduced to one month if you complete a rehabilitation programme.

WADA will specify the substances of abuse on its Prohibited List. The 2021 edition identifies cocaine, diamorphine (heroin), methylenedioxymethamphetamine (MDMA/ecstasy) and tetrahydrocannabinol (THC/cannabis) as substances of abuse

Is an IV drip prohibited?

Yes, intravenous infusions and/or injections of more than 100 mL per twelve-hour period are prohibited and therefore require a TUE. This is the case even if the liquid infused or injected does not contain any prohibited substance, since it is the method that is prohibited.

You do not require a TUE if you have legitimately received an infusion in the course of hospital treatments, surgical procedures or clinical diagnostic investigations (even if the volume exceeded 100 mL per twelve-hour period).

Can prohibited substances be present in common medicines?

Yes. Many common medications, including painkillers and treatments for colds and flu, contain substances that appear on the Prohibited List.

You should be particularly careful with medications in your family medicine cabinet. Also, if you travel abroad, you should remember that medications that have the same brand name as in your home country may differ in composition depending on the country of purchase. In one country, a product may be free from prohibited substances, while in another country a product with the same name and packaging may contain a prohibited substance. You should never take any medication without first checking with your team doctor, and if you regularly need to take a particular medication, take it with you when you travel.

Can prohibited substances be present in nutritional supplements?

Yes. The results of studies carried out on nutritional supplements used by athletes have shown that many of these products are contaminated with prohibited substances, including anabolic steroids and stimulants. However, the ingredient lists on these supplements mostly do not indicate that they contain prohibited substances.

You should also be aware that some prohibited substances have several different names. For example, there have been many cases in recent years of athletes from several sports, including football, testing positive for the banned stimulant methylhexaneamine, which is commonly found in supplements. Methylhexaneamine is also known as dimethylamylamine, geranamine, Forthane, 2-amino-4-methylhexane, geranium root extract and geranium oil. Although one of these names may be listed in the ingredients of a supplement, the official name of methylhexaneamine will almost certainly not be.

You must be extremely careful with the use of nutritional supplements as you would face disciplinary sanctions in the event of a positive doping test, even if you had accidentally consumed a prohibited substance via the supplement.

What should I do if I have to take any medication or a food supplement?

Given the disciplinary consequences that you may face in the event of an anti-doping rule violation, you should be aware of the contents of the Prohibited List, and before taking any medication or food supplements you should consult your team doctor or your national anti-doping organisation (NADO). You can also ask for advice at antidoping@uefa.ch.

What should I do if I am injured or ill and have to take a medication on the Prohibited List?

You have to apply for a Therapeutic Use Exemption (TUE). The section below gives more information about TUEs.

Where can I find out more about the WADA Prohibited List?

You can print out the 2021 WADA Prohibited List, and the summary of changes compared to the 2020 List, from UEFA.com: http://www.uefa.com/insideuefa/protecting-the-game/anti-doping/index.html

More information is also available on WADA's website (www.wada-ama.org), or you can contact your NADO.

Therapeutic Use Exemptions

What is a Therapeutic Use Exemption (TUE)?

Footballers, like all people, may have illnesses or conditions that require them to take particular medications or undergo procedures. If the medication or method you are required to take/use to treat an illness or condition is included in the WADA Prohibited List, a Therapeutic Use Exemption (TUE) may give you the authorisation to take it.

Applications for TUEs are reviewed by the UEFA TUE Committee (TUEC), who may give such permission.

TUEs are only approved if there is no *reasonable* alternative permitted treatment, so you should consult your team doctor to consider possible other options before applying.

When should I apply for a TUE?

If you need to use a prohibited substance or method for medical reasons, you must apply for and obtain a TUE **before** using or possessing the substance or method in question.

What are the criteria for granting a TUE?

The rules governing TUE applications are laid out in the WADA International Standard for TUEs (ISTUE). According to Article 4.2 of the ISTUE, you may be granted a TUE if (and only if) you can show, on the balance of probabilities, that each of the following conditions is met:

- The prohibited substance or prohibited method in question is needed to treat a diagnosed medical condition supported by relevant clinical evidence.
- The therapeutic use of the prohibited substance or prohibited method will not, on the balance of probabilities, produce any additional enhancement of performance beyond what might be anticipated by a return to the player's normal state of health following the treatment of the medical condition.

- The prohibited substance or prohibited method is an indicated treatment for the medical condition, and there is no *reasonable* permitted therapeutic alternative.
- The necessity for the use of the prohibited substance or prohibited method is not a consequence, wholly or in part, of the prior use (without a TUE) of a substance or method which was prohibited at the time of such use.

What if I have a medical emergency?

If you have a medical emergency which requires the immediate administration of a prohibited substance or prohibited method, you can apply for a TUE retroactively.

A retroactive TUE application will only be considered by the UEFA TUE Committee if there is a clear medical justification for the emergency use of a prohibited substance. Taking a prohibited substance to recover from an injury to be able to participate in a forthcoming important match is not a medical emergency.

What if I used a substance Out-of-Competition that is only prohibited In-Competition?

You may also apply for a retroactive TUE if you used out-of-competition, for medical reasons, a prohibited substance that is only prohibited in-competition.

This is intended to address situations where, for medical reasons, you use a substance out-of-competition that is only prohibited in-competition, but there is a risk that the substance will remain in your system in-competition. In this instance, you are strongly advised to have a medical file prepared, with the exact time and dose of the administration, to demonstrate that your use of the substance satisfies the TUE conditions set out below.

Are there any other exceptions where I can get a retroactive TUE?

Article 4.3 of the ISTUE outlines a specific exemption where it would be manifestly unfair not to grant a retroactive TUE, even if all the criteria for granting a TUE are not fulfilled. This exemption is reserved to truly exceptional and rare circumstances and the granting of such TUEs will require the prior approval of WADA. WADA's decision is final.

How do I get a TUE?

If you are registered to participate in a UEFA competition, or if you are playing in a senior-level international friendly match, you must apply for a TUE from UEFA. You must not apply to your NADO, to FIFA or to WADA.

- Download the TUE application form from the anti-doping section of UEFA.com: http://www.uefa.com/insideuefa/protecting-the-game/anti-doping/index.html
- Ask your doctor to complete the form in block capitals or in type. If the writing on the form is not clear, the form will be returned to you.
- The form must be accompanied by a statement from an appropriately qualified doctor confirming why you need the prohibited substance or method. This must also be supported by medical evidence and a detailed medical history, including the results of all examinations, laboratory investigations and scans which are relevant to the application. WADA publishes checklists on the requirements for TUE applications for many common medical conditions. Your doctor should ensure that all the requirements are met before applying to UEFA for a TUE. The guidance

documents can be downloaded from the UEFA website: https://www.uefa.com/insideuefa/documentlibrary/antidoping/index.html

- If the medical information is not in one of UEFA's official languages (English/French/German), you must provide a clear summary in one of these three languages.
- Both you and your doctor must sign the form.
  Send the form and the supporting medical evidence to UEFA's Anti-Doping e-mail address: antidoping@uefa.ch .
- In order to provide additional security, please encrypt the documents with a password and send the password in a separate email to Rebecca.lee@uefa.ch
- Unless you fulfil one of the conditions for a retroactive TUE, as outlined above, you may not use the prohibited substance or method until your TUE application has been approved.

I will be playing in an international youth friendly match and I need a TUE. To whom should I apply for the TUE?

Players participating in international friendly matches at youth level (i.e. up to and including U21) should apply to their NADO. If you are subsequently called up to play in an official UEFA youth competition, you must send this NADO TUE to UEFA for recognition before the start of the competition.

Will the information in my TUE application remain confidential?

All the information contained in your TUE application will be treated as confidential medical data. The staff of UEFA's Anti-Doping Unit and all members of the UEFA TUE Committee are bound by confidentiality agreements.

Who decides whether to grant me a TUE?

Your TUE application will be assessed by UEFA's TUE Committee, which is made up of independent medical experts. Based on the medical evidence you send with your application, they will decide whether to grant you a TUE or whether to refuse the application. They may ask you to provide additional evidence or ask you to undergo further tests.

WADA issues guidance documents on many medical conditions to support the decisions of TUE Committees. These documents can be found on the UEFA website:
https://www.uefa.com/insideuefa/documentlibrary/antidoping/index.html

How long does the TUE application process take?

According to the WADA International Standard for TUEs, the UEFA TUE Committee should take a decision on your application as soon as possible, and within no more than 21 days of receiving your TUE application. If you have a chronic condition which requires treatment, you should therefore submit your TUE application well in advance of the beginning of the UEFA competition in which you are participating.

How do I know if my TUE application has been successful?

If the TUE is granted by the UEFA TUE Committee, UEFA will email the TUE certificate to you and your club or national association. The TUE will also be entered in the WADA Anti-Doping Administration & Management System (ADAMS) so that your NADO, FIFA and WADA will have access.

Does WADA review TUEs granted by UEFA?

WADA receives a copy of every TUE granted by UEFA and can review the decision made by the UEFA TUE Committee. If WADA concludes that the decision does not conform to the ISTUE, WADA may decide to revoke your TUE. If this is the case, you and UEFA may appeal to the Court of Arbitration for Sport (CAS) for a final decision.

What happens if UEFA refuses my TUE application?

If UEFA refuses your TUE application, you can request a review of UEFA's decision by WADA, at your own expense. You must provide all of the information that was sent to UEFA, as well as UEFA's decision. You may also have to provide additional medical information, if requested by WADA. WADA assesses whether or not the decision of the UEFA TUE Committee met the criteria set out in the ISTUE. If WADA upholds UEFA's decision to refuse your TUE application, you can then appeal to CAS. If WADA overturns UEFA's original position and grants the TUE, then UEFA also has the possibility of appealing to CAS.

Is a UEFA TUE only valid in UEFA competitions?

A UEFA TUE is valid for all UEFA competitions, all FIFA competitions, and your football at national level.

I already have a TUE, which was granted by FIFA. Is it valid for UEFA competitions?

Yes. FIFA TUEs are valid for UEFA competitions, and UEFA TUEs are valid for FIFA competitions. No request for recognition is necessary.

I already have a TUE which was granted by my NADO. Is it valid for UEFA competitions?

No. However, you do not have to apply to UEFA for a new TUE. You should send your NADO TUE to UEFA along with the original application form and any accompanying medical information. Provided that the NADO TUE was granted in accordance with UEFA TUE rules and the ISTUE, the UEFA TUE Committee will recognise the NADO TUE for UEFA competitions.

Are there conditions attached to a TUE when it is granted?

TUEs are granted for a specific medication and a defined dosage. They are also granted for a specific period of time and have an expiry date. Therefore, you need to comply with all the conditions set out on the TUE certificate.

If your TUE is going to expire and you still need to use the prohibited substance or method for a long-term condition, you must make sure you re-apply for another TUE in good time.

What should I do if I have to undergo a doping control and I have a granted TUE?

When undergoing a doping control, you should declare the medication you are taking in the 'Declaration of medication' section of the doping control form.

What will happen if the prohibited substance is detected during the analysis of my sample?

When UEFA receives the report from the laboratory, it will check that your TUE is still valid and that the results of the analysis are consistent with the conditions under which the TUE was granted (type of substance, route of administration, dose, time frame of administration, etc.). If the check proves satisfactory, the result of your test will be recorded as negative.

Summary: to which organisation do I apply for a TUE?

I am	**TUE applications to be sent to**	**Period**	**Application to be made by**
A player participating in domestic competitions only	National Anti-Doping Organisation (NADO)	Entire domestic season	Me (player) and my club doctor
A player participating in a junior (up to U-21 level) international friendly match	National Anti-Doping Organisation (NADO)	Period I am on duty with my junior-level national team	Me (player) and national team doctor
An international player participating in a UEFA **national team** competition or **senior** international friendly matches	**UEFA**	Period I am on duty with my national team	Me (player) and my national team doctor
A player participating in UEFA **club** competitions	**UEFA**	Duration of my team's involvement in UEFA club competitions	Me (player) and my club doctor
An international player participating in FIFA competitions	FIFA TUEs granted by UEFA or another Confederation are automatically recognised	Period I am on duty with my national team	Me (player) and my national team doctor
A player in the FIFA international registered testing pool	FIFA TUEs granted by UFEA or another Confederation are automatically recognised	Period during which I am included in the registered testing pool	Me (player) and my club doctor

UEFA
ROUTE DE GENÈVE 46
CH-1260 NYON 2
SWITZERLAND
TELEPHONE: +41 848 00 27 27
TELEFAX: +41 848 01 27 27
UEFA.com

WE CARE ABOUT FOOTBALL

THERAPEUTIC USE EXEMPTION (TUE)

Application form

PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS OR TYPE.

INCOMPLETE OR ILLEGIBLE FORMS WILL BE RETURNED AND WILL NEED TO BE RESUBMITTED.

1. Player Information

Surname: _____ First name(s): _____

❒ Female ❒ Male

Nationality:_____

Date of birth (dd/mm/yyyy): _____/_____/_____

Name of club or national football association:_____

Participating in which UEFA competition? _____
NB: UEFA can only treat TUE applications from players currently registered to participate in a UEFA competition

Date of next match/proposed return to competition:_____

2. Previous applications

Have you submitted any previous TUE application(s) to any Anti-Doping Organisation for the same condition? ❒ Yes ❒ No

If yes, on what date? (dd/mm/yyyy): _____/_____/_____

For which substance or method? _____

To which anti-doping organisation? Please specify: _____

Decision: Approved ❒ Not approved ❒ *(if approved, please attach previous TUE(s))*

3. Retroactive applications

Is this a retroactive application? ❒ Yes ❒ No

If yes, on what date was treatment started? (dd/mm/yyyy): _____/_____/_____

Please indicate the reason for the retroactive application: (Article 4.1 of the WADA International Standard for Therapeutic Use Exemptions [ISTUE]):

❒ You required emergency or urgent treatment of a medical condition;

❒ There was insufficient time, opportunity or other exceptional circumstances that prevented you from submitting the TUE application, or having it evaluated, before getting tested.

❒ You tested positive after using a substance Out-of-Competition that was only prohibited In-Competition (See S6 to S9 of the WADA Prohibited List; e.g. S9 glucocorticoids).

Please explain (if necessary, attach further documents): _____

_____

_____

_____

❒ Other Retroactive Applications (Article 4.3 of the ISTUE):
In rare and exceptional circumstances notwithstanding any other provision in the ISTUE, an Athlete may apply for and be granted retroactive approval for their TUE if, considering the purpose of the Code, it would be manifestly unfair not to grant a retroactive TUE.

In order to apply under Article 4.3, please include a full reasoning and attach all necessary supporting documentation. _____

_____

_____

_____

4. Medical information

Evidence confirming the diagnosis must be submitted with this application. The medical evidence must include a comprehensive medical history including documentation from the original diagnosing physician(s) (where possible) and the results of all relevant examinations, laboratory investigations and imaging studies. **If the medical information is not in one of UEFA's official languages, (English/French/German), a clear summary of the medical condition and diagnostic tests must be provided.**

WADA maintains a series of TUE Checklists to assist physicians in the preparation of complete and thorough TUE applications. These can be accessed by entering the search term 'Checklist' on the WADA website: www.wada-ama-org

Diagnosis with sufficient medical information: _____

_____

_____

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

_____

_____

5. Medication details

Generic name of prohibited substance(s)	**Dose**	**Route of administration**	**Frequency of administration**	**Duration of treatment**
1.				
2.				
3.				

6. Medical practitioner's declaration

I certify that the information above is accurate. I acknowledge and agree that my personal data may be used by Anti-Doping Organization(s) (ADO) to contact me regarding this TUE application, to verify the professional assessment in connection with the TUE process, or in connection with Anti-Doping Rule Violation investigations or proceedings. I further acknowledge and agree that my personal data will be uploaded to the Anti-Doping Administration and Management System (ADAMS) for these purposes (see UEFA Player Privacy Notice and the ADAMS Privacy Policy for more details)

Name: _____

Qualifications: _____

Medical speciality: _____

Address: _____

Email: _____

Tel. (work): _____ Mobile: _____

Signature of medical practitioner: _____ **Date:** _____

Player's declaration

I, _____, certify that the information given above is accurate and complete.

I authorise my physician(s) to release the medical information and records that they deem necessary to evaluate the merits of my TUE application to the following recipients: the Anti-Doping Organisation(s) (ADO) responsible for making a decision to grant, reject, or recognize my TUE; the World Anti-Doping Agency (WADA), who is responsible for ensuring determinations made by ADOs respect the ISTUE; the physicians who are members of relevant ADO(s) and WADA TUE Committees (TUECs) who may need to review my application in accordance with the World Anti-Doping Code and International Standards; and, if needed to assess my application, other independent medical, scientific or legal experts.

I further authorise UEFA to release my complete TUE application, including supporting medical information and records, to other ADO(s) and WADA for the reasons described above, and I understand that these recipients may also need to provide my complete application to their TUEC members and relevant experts to assess my application.

I have read and understood the TUE Privacy Notice explaining how my personal data will be processed in connection with my TUE application.

Player's signature: _____ **Date:** _____

Parent/guardian's signature: _____ **Date:** _____
(If the player is a minor or has an impairment preventing him/her from signing this form, a parent or guardian shall sign with or on behalf of the player.)

Please email the completed form and medical information to UEFA at antidoping@uefa.ch and keep a copy for your records. For added security, please protect the documents with a password and send the password in a separate email to Rebecca.lee@uefa.ch

Treatment may be administered only upon receipt of TUE approval

TUE Privacy Notice

This Notice describes the personal data processing that will occur in connection with your submission of a TUE Application.

Types of Personal Data

- The information provided by you or your physician(s) on the TUE Application Form (including your name, date of birth, contact details, sport and discipline, the diagnosis, medication, and treatment relevant to your application);
- Supporting medical information and records provided by you or your physician(s); and
- Assessments and decisions on your TUE application by ADOs (including WADA) and their TUE Committees and other TUE experts, including communications with you and your physician(s), relevant ADOs or support personnel regarding your application.

Purposes & Use

Your personal data will be used in order to process and evaluate the merits of your TUE application in accordance with the International Standard for Therapeutic Use Exemptions In some instances, it could be used for other purposes in accordance with the World Anti-Doping Code (Code), the International Standards, and the anti-doping rules of ADOs with authority to test you. This includes:

- Results management, in the event of an adverse or atypical finding based on your sample(s) or the Athlete Biological Passport; and
- In rare cases, investigations, or related procedures in the context of a suspected Anti-Doping Rule Violation (ADRV).

Types of Recipients

Your personal data, including your medical or health information and records, may be shared with the following:

ADO(s) responsible for making a decision to grant, reject, or recognise your TUE, as well as their delegated third parties (if any). The decision to grant or deny your TUE application will also be made available to ADOs with testing authority and/or results management authority over you;

- WADA authorised staff;
- Members of the TUE Committees (TUECs) of each relevant ADO and WADA; and
- Other independent medical, scientific or legal experts, if needed.

Note that due to the sensitivity of TUE information, only a limited number of ADO and WADA staff will receive access to your application. ADOs (including WADA) must handle your personal data in accordance with the International Standard for the Protection of Privacy and Personal Information (ISPPPI). You may also consult UEFA to obtain more details about the processing of your personal data (see UEFA Player Privacy Notice).

Your personal data will also be uploaded to ADAMS by UEFA so that it may be accessed by other ADOs and WADA as necessary for the purposes described above. ADAMS is hosted in Canada and is operated and managed by WADA. For details about ADAMS, and how WADA will process your personal data, consult the ADAMS Privacy Policy (ADAMS Privacy Policy).

Fair & Lawful Processing

When you sign the Player's declaration, you are confirming that you have read and understood this TUE Privacy Notice. Where appropriate and permitted by applicable law, ADOs and other parties mentioned above may also consider that this signature confirms your express consent to the personal data processing described in this Notice. Alternatively, ADOs and these other parties may rely upon other grounds recognised in law to process your personal data for the purposes described in this Notice, such as the important public interests served by anti-doping, the need to fulfil contractual obligations owed to you, the need to ensure compliance with a legal obligation or a compulsory legal process, or the need to fulfil legitimate interests associated with their activities.

Rights

You have rights with respect to your personal data under the ISPPPI, including the right to a copy of your personal data and to have your personal data corrected, blocked or deleted in certain circumstances. You may have additional rights under applicable laws, such as the right to lodge a complaint with a data privacy regulator in your country.

Where the processing of your personal data is based on your consent, you can revoke your consent at any time, including the authorisation to your physician to release medical information as described in the Player's declaration. To do so, you must notify your ADO and your physician(s) of your decision. If you withdraw your consent or object to the personal data processing described in this Notice, your TUE will likely be rejected as ADOs will be unable to properly assess it in accordance with the Code and International Standards.

In rare cases, it may also be necessary for ADOs to continue to process your personal data to fulfil obligations under the Code and the International Standards, despite your objection to such processing or withdrawal of consent (where applicable). This includes processing for investigations or proceedings related to ADRV, as well as processing to establish, exercise or defend against legal claims involving you, WADA and/or an ADO.

Safeguards

All the information contained in a TUE application, including the supporting medical information and records, and any other information related to the evaluation of a TUE request must be handled in accordance with the principles of strict medical confidentiality. Physicians who are members of a TUE Committee and any other experts consulted must be subject to confidentiality agreements.

Under the ISPPPI, ADO staff must also sign confidentiality agreements, and ADOs must implement strong privacy and security measures to protect your personal data. The ISPPPI requires ADOs to apply higher levels of security to TUE information, because of the sensitivity of this information. You can find information about security in ADAMS by consulting the response to How is your information protected in ADAMS? in our ADAMS Privacy and Security FAQs.

Retention

Your personal data will be retained by ADOs (including WADA) for the retention periods described in Annex A of the ISPPPI. TUE certificates or rejection decisions will be retained for 10 years. TUE application forms and supplementary medical information will be retained for 12 months from the expiry of the TUE. Incomplete TUE applications will be retained for 12 months.

Contact

Consult UEFA at privacy@uefa.ch for questions or concerns about the processing of your personal data. To contact WADA, use privacy@wada-ama.org.

SUMMARY OF MAJOR MODIFICATIONS AND EXPLANATORY NOTES

WORLD ANTI-DOPING AGENCY
play true

2021 Prohibited List

Redesign of the List

- The *2021 Prohibited List* is redesigned to improve navigation and usability.

Specified Methods

- M2.2 is now a *Specified Method* in accordance with Article 4.2.2 of the 2021 World Anti-Doping Code (the *Code*).

Substances of Abuse

- Article 4.2.3 of the *Code* defines *Substances of Abuse* as those "*Prohibited Substances* which are specifically identified as *Substances of Abuse* on the *Prohibited List* because they are frequently abused in society outside of the context of sport."
- Cocaine, diamorphine (heroin), methylenedioxymethamphetamine (MDMA/"ecstasy") and tetrahydrocannabinol (THC) are designated as *Substances of Abuse*.
- Other substances are currently under review and may be designated as *Substances of Abuse* in the future.

SUBSTANCES AND METHODS PROHIBITED AT ALL TIMES
(IN- AND OUT-OF-COMPETITION)

PROHIBITED SUBSTANCES

S2. Peptide Hormones, Growth Factors, Related Substances and Mimetics

- Transforming growth factor-beta (TGF-ß) signalling inhibitors are now included with their full rather than abbreviated name.
- IOX2 is added as an example of a hypoxia-inducible factor (HIF) activating agent.

S3. Beta-2 Agonists

- Inhaled vilanterol is now permitted up to the manufacturer's maximum recommended dose. The dose is expressed as the metered dose of 25 micrograms which is equivalent to a delivered dose of 22 micrograms.
- It is clarified that arformoterol and levosalbutamol are prohibited by adding them as examples.

S4. Hormone and Metabolic Modulators

- Sub-classes 4.2 and 4.3 were amalgamated to become anti-estrogenic substances (including selective estrogen receptor modulators (SERMs)). This clarification in terminology reflects that, for anti-doping purposes, all these substances act by a common mechanism of binding to estrogen receptors and blocking estrogen action. This clarification did not add or remove any substances from this category.

S5. Diuretics and Masking Agents

- The wording regarding the exception to allow the ophthalmic use of carbonic anhydrase inhibitors is clarified as "topical ophthalmic administration".

PROHIBITED METHODS

M2. Chemical and Physical Manipulation

- As explained above, M2.2 is changed from a non-*Specified* to a *Specified Method*.

PROHIBITED SUBSTANCES

S6. Stimulants

- Examples of imidazole derivatives for topical use are added to the exceptions. These are brimonidine, clonazoline, fenoxazoline, indanazoline, naphazoline, oxymetazoline and xylometazoline.

S9. Glucocorticoids

- Additional examples of glucocorticoids are added to the *List*. The names of some existing examples are clarified to better reflect the active drug compound.
- As proposed in the draft 2021 *Prohibited List* circulated for consultation to stakeholders in May 2020, *WADA's* Executive Committee approved, at its 14-15 September 2020 meeting, prohibiting all injectable routes of administration of glucocorticoids during the *In-Competition* period. Examples of injectable routes of administration include: intravenous, intramuscular, periarticular, intra-articular, peritendinous, intratendinous, epidural, intrathecal, intrabursal, intralesional (e.g. intrakeloid), intradermal, and subcutaneous. However, in order to thoroughly and widely communicate the rule changes and to allow sufficient time for information and education, the Executive Committee decided to introduce the prohibition of all injectable glucocorticoid routes and the implementation of the new rules on 1 January 2022. This one-year period will allow, for example, *Athletes* and medical personnel to get a better understanding of the practical implementation of the washout periods, Laboratories to update their procedures to incorporate the revised and substance-specific new reporting values, and sports authorities to develop educational tools for *Athletes*, medical and support personnel, addressing the safe use of glucocorticoids for clinical purposes in anti-doping.

P1. Beta-blockers

- Nebivolol was added as an example.

MONITORING PROGRAM

Beta-2 Agonists: *In* and *Out-of-Competition*:

- Any combination of beta-2 agonists was removed as the required prevalence data were obtained.
- Findings for salmeterol and vilanterol below the *Minimum Reporting Level* are included in the Monitoring Program to better monitor their therapeutic use vs risk of abuse.

* For further information on previous modifications and clarifications, please consult the *Prohibited List* Q & A at www.wada-ama.org/en/questions-answers/prohibited-list-qa.

WORLD ANTI-DOPING AGENCY
play true

WORLD ANTI-DOPING CODE

INTERNATIONAL STANDARD

PROHIBITED LIST

2021

This List shall come into effect on 1 January 2021.

TABLE OF CONTENTS

Please note that the list of examples of medical conditions below is not inclusive.

SUBSTANCES & METHODS PROHIBITED AT ALL TIMES

SUBSTANCES & METHODS PROHIBITED IN-COMPETITION

SUBSTANCES PROHIBITED IN PARTICULAR SPORTS

THE 2021 PROHIBITED LIST WORLD ANTI-DOPING CODE

VALID 1 JANUARY 2021

Introduction

The *Prohibited List* is a mandatory *International Standard* as part of the World Anti-Doping Program.

The *List* is updated annually following an extensive consultation process facilitated by *WADA*. The effective date of the *List* is 01 January 2021.

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.

Below are some terms used in this *List* of *Prohibited Substances* and *Prohibited Methods*.

Prohibited In-Competition

Subject to a different period having been approved by *WADA* for a given sport, the *In-Competition* period shall in principle be the period commencing just before midnight (at 11:59 p.m.) on the day before a *Competition* in which the *Athlete* is scheduled to participate until the end of the *Competition* and the *Sample* collection process.

***Prohibited* at all times**

This means that the substance or method is prohibited *In-* and *Out-of-Competition* as defined in the *Code*.

Specified* and non-*Specified

As per Article 4.2.2 of the *World Anti-Doping Code*, "for purposes of the application of Article 10, all *Prohibited Substances* shall be *Specified Substances* except as identified on the *Prohibited List*. No *Prohibited Method* shall be a *Specified Method* unless it is specifically identified as a *Specified Method* on the *Prohibited List*". As per the comment to the article, "the *Specified Substances* and *Methods* identified in Article 4.2.2 should not in any way be considered less important or less dangerous than other doping substances or methods. Rather, they are simply substances and methods which are more likely to have been consumed or used by an *Athlete* for a purpose other than the enhancement of sport performance."

Substances of Abuse

Pursuant to Article 4.2.3 of the Code, *Substances of Abuse* are substances that are identified as such because they are frequently abused in society outside of the context of sport. The following are designated *Substances of Abuse*: cocaine, diamorphine (heroin), methylenedioxymethamphetamine (MDMA/"ecstasy"), tetrahydrocannabinol (THC).

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S0 NON-APPROVED SUBSTANCES

PROHIBITED AT ALL TIMES (IN- AND OUT-OF-COMPETITION)

All prohibited substances in this class are *Specified 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

PROHIBITED AT ALL TIMES (IN- AND OUT-OF-COMPETITION)

All prohibited substances in this class are non-*Specified Substances*.

Anabolic agents are prohibited.

1. ANABOLIC ANDROGENIC STEROIDS (AAS)

When administered exogenously, including but not limited to:

- 1-Androstenediol (5α-androst-1-ene-3β, 17β-diol)
- 1-Androstenedione (5α-androst-1-ene-3, 17-dione)
- 1-Androsterone (3α-hydroxy-5α-androst-1-ene-17-one)
- 1-Epiandrosterone (3β-hydroxy-5α-androst-1-ene-17-one)
- 1-Testosterone (17β-hydroxy-5α-androst-1-en-3-one)
- 4-Androstenediol (androst-4-ene-3β,17β-diol)
- 4-Hydroxytestosterone (4,17β-dihydroxyandrost-4-en-3-one)
- 5-Androstenedione (androst-5-ene-3,17-dione)
- 7α-hydroxy-DHEA
- 7β-hydroxy-DHEA
- 7-Keto-DHEA
- 19-Norandrostenediol (estr-4-ene-3,17-diol)
- 19-Norandrostenedione (estr-4-ene-3,17-dione)
- Androstanolone (5α-dihydrotestosterone, 17β-hydroxy-5α-androstan-3-one)
- Androstenediol (androst-5-ene-3β,17β-diol)
- Androstenedione (androst-4-ene-3,17-dione)
- 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-17α-ol)
- Dehydrochlormethyltestosterone (4-chloro-17β-hydroxy-17α-methylandrosta-1,4-dien-3-one)
- Desoxymethyltestosterone (17α-methyl-5α-androst-2-en-17β-ol and 17α-methyl-5α-androst-3-en-17β-ol)
- Drostanolone
- Epiandrosterone (3β-hydroxy-5α-androstan-17-one)
- Epi-dihydrotestosterone (17β-hydroxy-5β-androstan-3-one)
- Epitestosterone
- Ethylestrenol (19-norpregna-4-en-17α-ol)
- Fluoxymesterone
- Formebolone
- Furazabol (17α-methyl [1,2,5] oxadiazolo[3',4':2,3]-5α-androstan-17β-ol)
- Gestrinone
- Mestanolone

S1 ANABOLIC AGENTS (continued)

1. ANABOLIC ANDROGENIC STEROIDS (AAS) (continued)

- Mesterolone
- Metandienone (17ß-hydroxy-17α-methylandrosta-1,4-dien-3-one)
- Metenolone
- Methandriol
- Methasterone (17ß-hydroxy-2α,17α-dimethyl-5α-androstan-3-one)
- Methyl-1-testosterone (17ß-hydroxy-17α-methyl-5α-androst-1-en-3-one)
- Methylclostebol
- Methyldienolone (17ß-hydroxy-17α-methylestra-4,9-dien-3-one)
- Methylnortestosterone (17ß-hydroxy-17α-methylestr-4-en-3-one)
- Methyltestosterone
- Metribolone (methyltrienolone, 17ß-hydroxy-17α-methylestra-4,9,11-trien-3-one)
- Mibolerone
- Nandrolone (19-nortestosterone)
- Norboletone
- Norclostebol (4-chloro-17ß-ol-estr-4-en-3-one)
- Norethandrolone
- Oxabolone
- Oxandrolone
- Oxymesterone
- Oxymetholone
- Prasterone (dehydroepiandrosterone, DHEA, 3ß-hydroxyandrost-5-en-17-one)
- Prostanozol (17ß-[(tetrahydropyran-2-yl) oxy]-1'H-pyrazolo[3,4:2,3]-5α-androstane)
- Quinbolone
- Stanozolol
- Stenbolone
- Testosterone
- Tetrahydrogestrinone (17-hydroxy-18a-homo-19-nor-17α-pregna-4,9,11-trien-3-one)
- Trenbolone (17ß-hydroxyestr-4,9,11-trien-3-one)

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

2. OTHER ANABOLIC AGENTS

Including, but not limited to:

Clenbuterol, selective androgen receptor modulators [SARMs, e.g. andarine, LGD-4033 (ligandrol), enobosarm (ostarine) and RAD140], tibolone, zeranol and zilpaterol.

S2 PEPTIDE HORMONES, GROWTH FACTORS, RELATED SUBSTANCES, AND MIMETICS

PROHIBITED AT ALL TIMES (IN- AND OUT-OF-COMPETITION)

All prohibited substances in this class are non-*Specified Substances*.

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

1. ERYTHROPOIETINS (EPO) AND AGENTS AFFECTING ERYTHROPOIESIS

Including, but not limited to:

1.1 Erythropoietin receptor agonists, e.g. darbepoetins (dEPO); erythropoietins (EPO); EPO-based constructs [e.g. EPO-Fc, methoxy polyethylene glycol-epoetin beta (CERA)]; EPO-mimetic agents and their constructs (e.g. CNTO-530, peginesatide).

1.2 Hypoxia-inducible factor (HIF) activating agents, e.g. cobalt; daprodustat (GSK1278863); IOX2; molidustat (BAY 85-3934); roxadustat (FG-4592); vadadustat (AKB-6548); xenon.

1.3 GATA inhibitors, e.g. K-11706.

1.4 Transforming growth factor beta (TGF-β) signalling inhibitors, e.g. luspatercept; sotatercept.

1.5 Innate repair receptor agonists, e.g. asialo EPO; carbamylated EPO (CEPO).

2. PEPTIDE HORMONES AND THEIR RELEASING FACTORS

2.1 Chorionic gonadotrophin (CG) and luteinizing hormone (LH) and their releasing factors in males, e.g. buserelin, deslorelin, gonadorelin, goserelin, leuprorelin, nafarelin and triptorelin.

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

2.3 Growth hormone (GH), its fragments and releasing factors, including, but not limited to: growth hormone fragments, e.g. AOD-9604 and hGH 176-191; growth hormone-releasing hormone (GHRH) and its analogues, e.g. CJC-1293, CJC-1295, sermorelin and tesamorelin; growth hormone secretagogues (GHS), e.g. lenomorelin (ghrelin) and its mimetics, e.g. anamorelin, ipamorelin, macimorelin and tabimorelin; GH-releasing peptides (GHRPs), e.g. alexamorelin, GHRP-1, GHRP-2 (pralmorelin), GHRP-3, GHRP-4, GHRP-5, GHRP-6, and examorelin (hexarelin).

S2 PEPTIDE HORMONES, GROWTH FACTORS, RELATED SUBSTANCES, AND MIMETICS (continued)

3. GROWTH FACTORS AND GROWTH FACTOR MODULATORS

Including, but not limited to:

- 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)
- Thymosin-ß4 and its derivatives e.g. TB-500
- Vascular endothelial growth factor (VEGF)

and other growth factors or growth factor modulators affecting muscle, tendon or ligament protein synthesis/degradation, vascularisation, energy utilization, regenerative capacity or fibre type switching.

S3 BETA-2 AGONISTS

PROHIBITED AT ALL TIMES (IN- AND OUT-OF-COMPETITION)

All prohibited substances in this class are *Specified Substances*.

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

Including, but not limited to:

- Arformoterol
- Fenoterol
- Formoterol
- Higenamine
- Indacaterol
- Levosalbutamol
- Olodaterol
- Procaterol
- Reproterol
- Salbutamol
- Salmeterol
- Terbutaline
- Tretoquinol (trimetoquinol)
- Tulobuterol
- Vilanterol

EXCEPTIONS

- Inhaled salbutamol: maximum 1600 micrograms over 24 hours in divided doses not to exceed 800 micrograms over 12 hours starting from any dose;
- Inhaled formoterol: maximum delivered dose of 54 micrograms over 24 hours;
- Inhaled salmeterol: maximum 200 micrograms over 24 hours;
- Inhaled vilanterol: maximum 25 micrograms over 24 hours.

NOTE

The presence in urine of salbutamol in excess of 1000 ng/mL or formoterol in excess of 40 ng/mL is not consistent with 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 a therapeutic dose (by inhalation) up to the maximum dose indicated above.

S4 HORMONE AND METABOLIC MODULATORS

PROHIBITED AT ALL TIMES (IN- AND OUT-OF-COMPETITION)

Prohibited substances in classes S4.1 and S4.2 are *Specified Substances*. Those in classes S4.3 and S4.4 are non-*Specified Substances*.

The following hormone and metabolic modulators are prohibited.

1. AROMATASE INHIBITORS

Including, but not limited to:

- 2-Androstenol (5α-androst-2-en-17-ol)
- 2-Androstenone (5α-androst-2-en-17-one)
- 3-Androstenol (5α-androst-3-en-17-ol)
- 3-Androstenone (5α-androst-3-en-17-one)
- 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. ANTI-ESTROGENIC SUBSTANCES [ANTI-ESTROGENS AND SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)]

Including, but not limited to:

- Bazedoxifene
- Clomifene
- Cyclofenil
- Fulvestrant
- Ospemifene
- Raloxifene
- Tamoxifen
- Toremifene

S4 HORMONE AND METABOLIC MODULATORS (continued)

3. AGENTS PREVENTING ACTIVIN RECEPTOR IIB ACTIVATION

Including, but not limited to:

- Activin A-neutralizing antibodies
- Activin receptor IIB competitors such as:
  - Decoy activin receptors (e.g. ACE-031)
- Anti-activin receptor IIB antibodies (e.g. bimagrumab)
- Myostatin inhibitors such as:
  - Agents reducing or ablating myostatin expression
  - Myostatin-binding proteins (e.g. follistatin, myostatin propeptide)
  - Myostatin-neutralizing antibodies (e.g. domagrozumab, landogrozumab, stamulumab)

4. METABOLIC MODULATORS

4.1 Activators of the AMP-activated protein kinase (AMPK), e.g. AICAR, SR9009; and peroxisome proliferator-activated receptor delta (PPARδ) agonists, e.g. 2-(2-methyl-4-((4-methyl-2-(4-(trifluoromethyl)phenyl)thiazol-5-yl)methylthio)phenoxy) acetic acid (GW1516, GW501516)

4.2 Insulins and insulin-mimetics

4.3 Meldonium

4.4 Trimetazidine

S5 DIURETICS AND MASKING AGENTS

PROHIBITED AT ALL TIMES (IN- AND OUT-OF-COMPETITION)

All prohibited substances in this class are *Specified Substances*.

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. 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.

EXCEPTIONS

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

NOTE

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.

PROHIBITED METHODS

PROHIBITED AT ALL TIMES (IN- AND OUT-OF-COMPETITION)

All prohibited methods in this class are non-*Specified* except methods in M2.2. which are *Specified 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.

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:
   Sample substitution and/or adulteration, e.g. addition of proteases to *Sample*.

2. Intravenous infusions and/or injections of more than a total of 100 mL per 12-hour period except for those legitimately received in the course of hospital treatments, surgical procedures or clinical diagnostic investigations.

M3. GENE AND CELL DOPING

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

1. The use of nucleic acids or nucleic acid analogues that may alter genome sequences and/or alter gene expression by any mechanism. This includes but is not limited to gene editing, gene silencing and gene transfer technologies.
2. The use of normal or genetically modified cells.

S6 STIMULANTS

PROHIBITED IN-COMPETITION

All prohibited substances in this class are *Specified Substances* except those in S6.A, which are non-*Specified Substances*.

Substances of Abuse in this section: cocaine and methylenedioxymethamphetamine (MDMA / "ecstasy")

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
- Lisdexamfetamine
- Mefenorex
- Mephentermine
- Mesocarb
- Metamfetamine(*d*-)
- p-methylamfetamine
- Modafinil
- Norfenfluramine
- Phendimetrazine
- Phentermine
- Prenylamine
- Prolintane

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

S6 STIMULANTS (continued)

B: SPECIFIED STIMULANTS

Including, but not limited to:

- 3-Methylhexan-2-amine (1,2-dimethylpentylamine)
- 4-Methylhexan-2-amine (methylhexaneamine)
- 4-Methylpentan-2-amine (1,3-dimethylbutylamine)
- 5-Methylhexan-2-amine (1,4-dimethylpentylamine)
- Benzfetamine
- Cathine**
- Cathinone and its analogues, e.g. mephedrone, methedrone, and α - pyrrolidinovalerophenone
- Dimetamfetamine (dimethylamphetamine)
- Ephedrine***
- Epinephrine**** (adrenaline)
- Etamivan
- Etilamfetamine
- Etilefrine
- Famprofazone
- Fenbutrazate
- Fencamfamin
- Heptaminol
- Hydroxyamfetamine (parahydroxyamphetamine)
- Isometheptene
- Levmetamfetamine
- Meclofenoxate
- Methylenedioxymetham-phetamine
- Methylephedrine***
- Methylphenidate
- Nikethamide
- Norfenefrine
- Octodrine (1,5-dimethylhex-ylamine)
- Octopamine
- Oxilofrine (methylsynephrine)
- Pemoline
- Pentetrazol
- Phenethylamine and its derivatives
- Phenmetrazine
- Phenpromethamine
- Propylhexedrine
- Pseudoephedrine*****
- Selegiline
- Sibutramine
- Strychnine
- Tenamfetamine (methylenedioxyamphet-amine)
- Tuaminoheptane

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

(i) EXCEPTIONS

- Clonidine;
- Imidazole derivatives for dermatological, nasal or ophthalmic use (e.g. brimonidine, clonazoline, fenoxazoline, indanazoline, naphazoline, oxymetazoline, xylometazoline) and those stimulants included in the 2021 Monitoring Program*.

* Bupropion, caffeine, nicotine, phenylephrine, phenylpropanolamine, pipradrol, and synephrine: These substances are included in the 2021 Monitoring Program and are not considered *Prohibited Substances*.

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

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

**** 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 millilitre.

S7 NARCOTICS

PROHIBITED IN-COMPETITION

All prohibited substances in this class are *Specified Substances*.

Substance of Abuse in this section: diamorphine (heroin)

The following narcotics, including all optical isomers, e.g. *d*- and *l*- where relevant, are prohibited.

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

S8 CANNABINOIDS

PROHIBITED IN-COMPETITION

All prohibited substances in this class are *Specified Substances*.

Substance of Abuse in this section: tetrahydrocannabinol (THC)

All natural and synthetic cannabinoids are prohibited, e.g.

- In cannabis (hashish, marijuana) and cannabis products
- Natural and synthetic tetrahydrocannabinols (THCs)
- Synthetic cannabinoids that mimic the effects of THC

EXCEPTIONS

- Cannabidiol

S9 GLUCOCORTICOIDS

PROHIBITED IN-COMPETITION

All prohibited substances in this class are *Specified Substances*.

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

Including, but not limited to:

- Beclometasone
- Betamethasone
- Budesonide
- Ciclesonide
- Cortisone
- Deflazacort
- Dexamethasone
- Flucortolone
- Flunisolide
- Fluticasone
- Hydrocortisone
- Methylprednisolone
- Mometasone
- Prednisolone
- Prednisone
- Triamcinolone acetonide

P1 BETA-BLOCKERS

PROHIBITED IN PARTICULAR SPORTS

All prohibited substances in this class are *Specified Substances*.

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:

- Acebutolol
- Alprenolol
- Atenolol
- Betaxolol
- Bisoprolol
- Bunolol
- Carteolol
- Carvedilol
- Celiprolol
- Esmolol
- Labetalol
- Metipranolol
- Metoprolol
- Nadolol
- Nebivolol
- Oxprenolol
- Pindolol
- Propranolol
- Sotalol
- Timolol

INDEX

A

B

C

INDEX

INDEX

N

O

P

Q

R

S

T

INDEX

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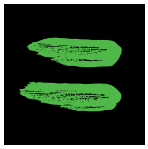

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