2016

THE PROHIBITED LIST

WORLD ANTI-DOPING AGENCY
THE PROHIBITED LIST 2016

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2016
Preface

The Saudi Arabian Anti-Doping Committee (SAADC), by preparing and publishing this booklet, helps providing athletes and Athlete's Support Personnel, with the required and important information about the prohibited substances and methods in sport. This kind of activity also falls within the program of awareness which represents one of the main pillars of the Saudi Anti-Doping program.

The list of prohibited substances and methods is one of the international standards emanating from the WADC and issued by the World Anti-Doping Agency WADA.

It is very important for all the staff of the sport community to know some facts about the List in order to get the maximum benefits. These facts can be summarized as follows:
1. The list shall come into effect on 1/1/2016 until 31/12/2016.
2. All athletes and Athletes' Support Personnel must refer to this list prior to using or prescribing any medications.
3. Names mentioned in the List refer to the scientific and chemical properties of pharmaceutical compounds which are different from the brand-names of medications in pharmacies, and stores selling medicine, dietary and food supplements.
5. Unofficial translation: The official texts of the 2016 WADA Prohibited List are the English and French versions maintained by the World Anti-Doping Agency and published on its website. The English version shall prevail in the event of any conflict of interpretation.
6. Acknowledgement
The World Anti-Doping Agency (WADA) wishes to acknowledge and thank Saudi Arabia Anti-Doping Committee for their valuable contribution in the development of the Arabic version of the 2016 WADA Prohibited List. This enables the 2016 WADA Prohibited List to be shared across countries globally so that WADA, the Public Authorities and the Sports Movement can work together to protect clean athletes.

Our best wishes to all sport teams and clubs with success and for their contribution to keeping sport as a field of fair competition and maintaining the health of all athletes.
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World Anti-Doping Agency "WADA"

The World Anti-Doping Agency is an independent international organization responsible for promoting, coordinating and monitoring the fight against doping in sport in all its aspects, pursuing doping-free sport. It was established in 1999.

Saudi Arabian Anti-Doping Committee "SAADC"

SAADC is a consultative, legislative and executive committee, attached to the Board of Directors of the Saudi Arabian National Olympic Committee. It is an independent distinct body with its own legal personality. It is a reference in all anti-doping matters in the Kingdom of Saudi Arabia. It is the sole authority to represent Saudi Arabia at international anti-doping events. SAADC operates within the policies of Saudi Arabian National Olympic Committee under the supervision of the General Presidency of Youth Welfare in Saudi Arabia. It was established in 2004.
WORLD ANTI-DOPING CODE “WADC”

The World Anti-Doping Code (WADC) is the core document that harmonizes anti-doping policies, rules and regulations within sport organizations and among public authorities around the world. It works in conjunction with five International Standards which aim to foster consistency among anti-doping organizations in various areas: testing; laboratories; Therapeutic Use Exemptions (TUEs); the List of Prohibited Substances and Methods; and the protection of privacy and personal information.

To date, more than 660 sport organizations have accepted the World Anti-Doping Code. Code acceptance means that a sport organization agrees to the principles of the Code and agrees to implement and comply with it. The implementation of the Code is the process that an anti-doping organization goes through to amend its rules and policies so that all mandatory articles and principles of the Code are included. WADA monitors implementation of and compliance with the Code.
The revision process for the 2015 Code began at the end of 2011 and, following three phases of consultation over a two-year period, and with 2,000 changes submitted, the revised Code was unanimously approved on 15 November 2013 at the World Conference on Doping in Sport in Johannesburg, South Africa. The review process for the revised Code has resulted in stronger, more robust tool that will protect the rights of the clean athlete worldwide.

The revised Code is currently being implemented by Code signatories worldwide ahead of its introduction on 1 January 2015.

"Prohibited List" International Standard

List of prohibited substances and methods (the Prohibited List) is one of the five international standards that determines what are the materials and methods prohibited in both IN and OUT of competition. It also refers to the list of prohibited substances in a particular sport. The prohibited substances and methods on the List are classified by different categories (e.g., steroids, stimulants, gene doping). The list is updated annually.
How is the list updating?

The List is developed through a consultative and intensive process where it starts by circulating and sending a draft to more than 1,700 persons who are related in particular to the anti-doping and substances matters to get their comments and notes. All received Comments are processed by the List Expert Group and Health, Medical and Research Committee, of the World Anti-Doping Agency that is composed of international anti-doping scientists and experts. The List Committee analyzes all these comments and consultations and reports last findings to the on WADA Medical and Research Committee, which in turn sends its final recommendations to the Executive Committee, to confirm the final draft in their annual meeting which is held in September every year. (Executive Committee , is the final decision-making body to approve all policies related to international standards).
The Saudi Anti-Doping Program:

Anti-doping programs seek to preserve what is intrinsically valuable about sport. This intrinsic value is often referred to as “the spirit of sport”; it is the essence of Olympism; it is how we play true. The spirit of sport is the celebration of the human spirit, body and mind, and is characterized by the following values:

- Ethics, fair play and honesty
- Health
- Excellence in performance
- Character and education
- Fun and joy
- Teamwork
- Dedication and commitment
- Respect for rules and laws
- Respect for self and other Participants
- Courage
- Community and solidarity
Doping is fundamentally contrary to the spirit of sport.

The Saudi Arabian anti-doping Program is conducted according to the following main items:
- Education, Training and Research.
- Therapeutic Use Exemption.
- Testing.
- Result Management.
- Sanctions.
- Appeals.
Scope

These Anti-Doping Rules shall apply to the following:

- Saudi Arabian Olympics Committee
- Saudi Arabian Anti-Doping Committee (SAADC)
- Saudi Arabian Sports Federations and Organizations
- All participants in programs and activities supervised by Saudi Sports Federations and Organizations.

Any Person who is not a member of a Saudi Arabian National Federation and who fulfills the requirements to be part of SAADC Registered Testing Pool, must become a member of the Person’s National Federation, and shall make himself or herself available for Testing, at least twelve months before participating in International Events or Events of his or her National Federation.

Athletes and Athlete Support Personnel are also bound by SAADC anti-doping rules. Each Saudi Sports Federation shall take the necessary steps to ensure that all Athletes and Athlete Support Personnel within its authority and all affiliated associations are informed and bound by these rules.

These Anti-Doping Rules shall apply to all Doping Controls over which SAADC has jurisdiction.

ANTI-DOPING RULE VIOLATIONS

Doping is defined as the occurrence of one or more of the anti-doping rule violations shown below (athlete and other persons should be responsible for knowing what constitutes a violation of anti-doping rules, and the prohibited substances and methods):

1. Presence of a Prohibited Substance or its Metabolites or Markers in an Athlete’s sample.
2. Use or Attempted Use by an Athlete of a Prohibited Substance or a Prohibited Method.
3. Refusing or failing without compelling justification to submit to Sample collection after notification as authorized in the Saudi Arabian Anti-Doping Rules, or otherwise evading Sample collection.
4. Violation of applicable requirements regarding Athlete availability for Out-of-Competition Testing set out in the International Standard for Testing, including failure to file whereabouts information.
5. Tampering or Attempted Tampering with any part of Doping Control.
7. Trafficking or Attempted Trafficking in any Prohibited Substance or Prohibited Method.
8. Administration or Attempted administration to any Athlete In-Competition of any Prohibited Method or Prohibited Substance, or administration or Attempted administration to any Athlete Out-of-Competition of any Prohibited Method or any Prohibited Substance that is prohibited in Out-of Competition Testing, or assisting, encouraging, aiding, abetting, covering up or any other type of complicity involving an anti-doping rule violation or any Attempted anti-doping rule violation.
9. Complicity
   Assisting, encouraging, aiding, abetting, conspiring, covering up or any other type of intentional complicity involving an anti-doping rule violation, Attempted anti-doping rule violation or violation of Article 10.12.1 by another Person.
10. Prohibited Association

Every Athlete are responsible to ensure non-entry of any banned substance into his body.
Therapeutic Use exemption "TUE":
Many athletes suffer from different diseases, taking different types of drugs they need. Such drugs may contain prohibited substances which upon using prior or during the In and Out-of-competition, may lead to one of the anti-doping violations. For this purpose, a Therapeutic Use Exemption Committee "TUEC" had been established. It is a Sub-Committee of the Saudi Arabian Anti-Doping Committee and its mission is to review applications from athletes in various sports in order to allow or deny the athlete's use of such therapeutic material In and Out-of-Competitions.

GOAL OF TUE COMMITTEE IS:
to reach dope-free sport community allowing equal opportunities for everyone in various sports competitions.

Applications should be submitted to:
The Therapeutic Use Exemption Committee "TUEC" after filling up the required forms, along with an explanation of the pathological condition, indications and justifications for the request of the exemption. Forms are available on the SAADC Committee's website: [WWW.SAADC.COM](http://WWW.SAADC.COM)

Should be submitted by hand to:
1. SAADC's headquarters –3rd Floor, Prince Faisal bin Fahd Olympic Complex - Riyadh, or
2. Email to: tuec@saadc.org, or
3. Fax to: 011-4831279
IN ACCORDANCE WITH ARTICLE 4.2.2
OF THE SAADC RULES AND 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.
SUBSTANCES & METHODS PROHIBITED AT ALL TIMES (IN- AND OUT-OF-COMPETITION)

PROHIBITED SUBSTANCES

S0- NON-APPROVED SUBSTANCES

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

S1- ANABOLIC AGENTS

Anabolic agents are prohibited.

1. ANABOLIC ANDROGENIC STEROIDS (AAS)

a. Exogenous* AAS, including:

1-Androstenediol (5a-androst-1-ene-3β, 17β-diol);
1-Androstenedione (5a-androst-1-ene-3, 17-dione);
1-Testosterone (17β-hydroxy-5a-androst-1-en-3-one);
4-Hydroxytestosterone (4, 17β-dihydroxyandrost-4-en-3-one);
19-Norandrosterenedione (estr-4-ene-3, 17-dione);
Bolandiol (estr-4-ene-3β, 17β-diol);
Bolasterone;
Boldenone;
Boldione (androsta-1,4-diene-3,17-dione);
Calusterone;
Clostebol;
Danazol ([1,2]oxazolo[4',5':2,3]pregna-4-en-20-yn-17a-ol);
Dehydrochlormethyltestosterone (4-chloro-17β-hydroxy-17 α-methylandrosta-1,4-dien-3-one);
Desoxymethyltestosterone (17α-methyl-5α-androst-2-en-17β-ol);
Drostanolone;
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;
Mesterolone;
Metandienone (17β-hydroxy-17α-methylandrosta-1,4-dien-3-one);
Metenolone;
Methandriol;
Methasterone (17β-hydroxy-2α,17α-dimethyl-5α-androstan-3-one);
Methylidenolone (17β-hydroxy-17α-methylenestra-4,9-dien-3-one);
Methyl-1-testosterone(17β-hydroxy-17α-methyl-5α-androst-1-en-3-one);
Methylnoretestosterone(17β-hydroxy-17α-methylenestr-4-en-3-one);
Methyltestosterone;
Metribolone (methyltrienolone, 17β-hydroxy-17α-methylenestra-4,9,11-trien-3-one);
Mibolerone;
Nandrolone;
Norbolethene;
Norclostebol;
Norethandrolone;
Oxabolone;
Oxandrolone;
Oxymesterone;
Oxymetholone;
Prostanozol(17β-{(tetrahydropropyl-2-y1)oxyl}-1′Hpyrazolo[3,4:2,3]-5α-androstan); Quinabolone;
Stanozolol;
Stenbolone;
Tetrahydrogestrinone (17-hydroxy-18a-homo-19-nor-17a-pregn-4,9,11-trien-3-one);
Trenbolone (17β-hydroxyestr-4,9,11-trien-3-one)

and other substances with a similar chemical structure or similar biological effect(s).
b. Endogenous** AAS when administered exogenously:

Androstenediol (androst-5-ene-3\(\beta\), 17\(\beta\)-diol);
Androstenedione (androst-4-ene-3, 17-dione);
Dihydrotestosterone (17\(\beta\)-hydroxy-5a-androstan-3-one);
Prasterone (dehydroepiandrosterone, DHEA, 3\(\beta\)-hydroxyandrost-5-en-17-one);
Testosterone;

3\(\beta\)-Hydroxy-5a-androstan-17-one;
5a-Androstan-3a, 17a-diol;
5a-Androstan-3a, 17\(\beta\)-diol;
5a-Androstan-3\(\beta\), 17a-diol;
5a-Androstan-3\(\beta\), 17\(\beta\)-diol;
5\(\beta\)-Androstan-3a, 17\(\beta\)-diol;
7a-Hydroxy-DHEA;
7\(\beta\)-Hydroxy-DHEA;
4-Androstenediol (androst-4-ene-3\(\beta\), 17\(\beta\)-diol)
5-Androstenedione (androst-5-ene-3, 17-dione);
7-Keto-DHEA;

19-Norandrosterone;
19-Noretiocholanolone.
Androst-4-ene-3a, 17a-diol;
Androst-4-ene-3\(\beta\), 17\(\beta\)-diol;
Androst-4-ene-3\(\beta\), 17a-diol;
Androst-5-ene-3a, 17a-diol;
Androst-5-ene-3\(\beta\), 17a-diol;
Androst-5-ene-3\(\beta\), 17\(\beta\)-diol;
Androst-5-ene-3\(\beta\), 17\(\beta\)-diol;
Androst-4-ene-3\(\beta\), 17a-diol;
Androsterone
Epi-dihydrotestosterone;
Epitestosterone;
Etioclocholanolone.

2. OTHER ANABOLIC AGENTS
Including, but not limited to:
Clenbuterol, selective androgen receptor modulators (SARMs, e.g. andarine and ostarine), tibolone, zeranol and zilpaterol.

For purposes of this section:
* "exogenous" refers to a substance which is not ordinarily produced by the body naturally.
** "endogenous" refers to a substance which is ordinarily produced by the body naturally.
S2- PEPTIDE HORMONES, GROWTH FACTORS, RELATED SUBSTANCES AND MIMETICS

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

1. Erythropoietin-Receptor agonists:
   1.1 Erythropoiesis-Stimulating Agents (ESAs) including e.g.
       - Darbepoetin (dEPO);
       - Erythropoietins (EPO);
       - EPO-Fc;
       - EPO-mimetic peptides (EMP), e.g. CNTO 530 and peginesatide; methoxy poly ethyl ene glycol-epoetin beta (CERA).
   1.2 Non-erythropoietic EPO-Receptor agonists, e.g.
       - ARA-290;
       - asialo EPO;
       - carbamylated EPO.

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

3. Chorionic Gonadotrophin (CG) and Luteinizing Hormone (LH) and their releasing factors, e.g. buserelin, gonadorelin and leuprolelin, 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. alesmamorelin, GHRP-6, hexarelin and pralmorelin (GHRP-2).

Additional prohibited growth factors:

- Fibroblast Growth Factors (FGFs);
- Hepatocyte Growth Factor (HGF);
- Insulin-like Growth Factor-1 (IGF-1) and its analogues;
- Mechano Growth Factors (MGFs);
- Platelet-Derived Growth Factor (PDGF);
- Vascular-Endothelial Growth Factor (VEGF)

and any other growth factor affecting muscle, tendon or ligament protein synthesis/degradation, vascularisation, energy utilization, regenerative capacity or fibre type switching.
S3- BETA-2 AGONISTS

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

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

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

S4- HORMONE AND METABOLIC MODULATORS

The following hormone and metabolic modulators are prohibited:

1. Aromatase inhibitors including, but not limited to:
   - 4-Androstene-3,6,17 trione (6-oxo);
   - Aminoglutethimide;
   - Anastrozole;
   - Androsta-1,4,6-triene-3,17-dione (androstatrienedione);
   - Exemestane;
   - Formestane;
   - Letrozole;
   - Testolactone.

2. Selective estrogen receptor modulators (SERMs) including, but not limited to:
   - Raloxifene;
   - Tamoxifen;
   - Toremifene.
3. Other anti-estrogenic substances including, but not limited to: Clomiphene; Cyclofenil; Fulvestrant.

4. Agents modifying myostatin function(s) including, but not limited, to: myostatin inhibitors.

5. Metabolic modulators:
   5.1 Activators of the AMP-activated protein kinase (AMPK), e.g. AICAR; and Peroxisome Proliferator Activated Receptor δ (PPARδ) agonists, e.g. GW 1516;
   5.2 Insulins and insulin-mimetics;
   5.3 Meldonium;
   5.4 Trimetazidine

**S5- DIURETICS AND MASKING AGENTS**

The following diuretics and masking agents are prohibited, as are other substances with a similar chemical structure or similar biological effect(s). Including, but not limited to:
- Desmopressin; probenecid; plasma expanders, e.g. glycerol and intravenous administration of albumin, dextran, hydroxyethyl starch and mannitol.
- Acetazolamide Amiloride Bumetanide Canrenone Chlortalidone Etacrynic acid Furosemide Indapamide Metolazone Spironolactone Thiazides; e.g.
  - Bendroflumethiazide,
  - Chlorothiazide,
  - and hydrochlorothiazide
  Triamterene, and Vaptans: e.g. tolvaptan
Except:
- Drospirenone; pambrom; and ophthalmic use of carbonic anhydrase inhibitors (e.g. dorzolamide, brinzolamide).
- Local administration of felypressin in dental anaesthesia.

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

M1- MANIPULATION OF BLOOD AND BLOOD COMPONENTS

The following are prohibited:
1. The Administration or reintroduction of any quantity of autologous, allogenic (homologous) or heterologous blood, or red blood cell products of any origin into the circulatory system.
2. Artificially enhancing the uptake, transport or delivery of oxygen. Including, but not limited to:
   Perfluorochemicals; efaproxiril (RSR13) and modified haemoglobin products, e.g. haemoglobin-based blood substitutes and microencapsulated haemoglobin products, excluding supplemental oxygen.
3. Any form of intravascular manipulation of the blood or blood components by physical or chemical means.

M2- CHEMICAL AND PHYSICAL MANIPULATION

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

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:
α: Non-Specified Stimulants:

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

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

Including, but not limited to:

Benzfetamine;
Cathine**;
Cathinone and its analogues, e.g.
mephedrone,
methedrone, and
α-pyrrolidinovalerophenone;
Dimethylamphetamine;
Ephedrine***;
Epinephrine**** (adrenaline);
Etamivan;
Etilamfetamine;
Etilefrine;
Famprofazone;
Fenbutrazate;
Fencamfamin;
Heptaminol;
Hydroxyamphetamine
(parahydroxyamphetamine);
Isometheptene;
Levmetamfetamine;
Meclofenoxate;

Methylenedioxymethamphetamine;
Methylephedrine***;
Methylhexaneamine (dimethylpentylamine);
Methylphenidate;
Nikethamide;
Norfenefrine;
Octopamine;
Oxilofrine (methylysyneprine);
Pemoline;
Pentetrazol;
Phenethylamine and its derivatives;
Phenmetrazine;
Phenpromethamine;
Propylhexedrine;
Pseudoephedrine*****;
Selegiline;
Sibutramine;
Strychnine;
Tenamfetamine (methylenedioxymethamphetamine);
Tuaminoheptane;

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

- Clonidine
- Imidazole derivatives for topical/ophthalmic use and those stimulants included in the 2016 Monitoring Program.*
- Bupropion, caffeine, nicotine, phenylephrine, phenylpropanolamine, pipradrol, and synephrine: These substances are included in the 2016 Monitoring Program, and are not considered Prohibited Substances.
- Cathine: Prohibited when its concentration in urine is greater than 5 micrograms per milliliter.
- Ephedrine and methylephedrine: Prohibited when the concentration of either in urine is greater than 10 micrograms per milliliter.
- Epinephrine (adrenaline): Not prohibited in local administration, e.g. nasal, ophthalmologic, or co-administration with local anaesthetic agents.
- Pseudoephedrine: Prohibited when its concentration in urine is greater than 150 micrograms per milliliter.

**S7- NARCOTICS**

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

**S8- CANNABINOIDS**

Prohibited:
- Natural, e.g. cannabis, hashish and marijuana, or synthetic Δ9-tetrahydrocannabinol (THC).

**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:

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

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THE 2016 MONITORING PROGRAM*

The following substances are placed on the 2016 Monitoring Program:

1. **Stimulants:**
   In-Competition only:
   - Bupropion,
   - caffeine,
   - nicotine,
   - phenylephrine,
   - phenylpropanolamine,
   - pipradrol and synephrine.

2. **Narcotics:**
   In-Competition only:
   - Mitragynine and tramadol.

3. **Glucocorticoids:**
   In-competition
   (by routes of administration other than oral, intravenous, intramuscular or rectal)
   and Out-of-Competition
   (all routes of administration)

4. **Telmisartan: In and Out-of-Competition**

* The World Anti-Doping Code (Article 4.5) states: “WADA, in consultation with Signatories and governments, shall establish a monitoring program regarding substances which are not on the Prohibited List, but which WADA wishes to monitor in order to detect patterns of misuse in sport.”
2016 Prohibited List
Summary of Major Modifications and Explanatory Notes

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

PROHIBITED SUBSTANCES
S2- Peptide hormones, Growth Factors, Related Substances and Mimetics
• Leuprolein replaced triptorelin as a more universal example of a chorionic gonadotrophin and luteinizing hormone-releasing factor.

S4- Hormone and Metabolic Modulators
• Insulin-mimetics were added to the List to include all insulin-receptor agonists.
• Meldonium (Mildronate) was added because of evidence of its use by athletes with the intention of enhancing performance.

S5- Diuretics and Masking Agents
• It was clarified that the ophthalmic use of carbonic anhydrase inhibitors is permitted.

SUBSTANCES AND METHODS PROHIBITED IN-COMPETITION

S6- Stimulants:
• It was clarified that clonidine is permitted.

SUBSTANCES PROHIBITED IN PARTICULAR SPORTS

P1- Alcohol:
• After consideration of the Federation International de Motocyclisme (FIM)’s request, their Federation was removed from the list of sports prohibiting alcohol as a doping agent.
WADA understands that FIM will address the use of alcohol using their own regulations.

MONITORING PROGRAM
• Meldonium was removed from the Monitoring Program and added to the Prohibited List.
• Hydrocodone, morphine/codeine ratio and tapentadol were removed from the Monitoring Program.
THE PROHIBITED LIST

2016