



## ***2013 Prohibited List***

### ***Summary of Major Modifications and Explanatory Notes***

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

##### **PROHIBITED SUBSTANCES**

###### S0: Non-Approved Substances

- It is clarified that veterinary products only refer to substances not approved for human use.

###### S1. Anabolic Agents

- The IUPAC names have been reviewed with the assistance of IUPAC and the appropriate changes have been introduced for the following substances :
  - danazol ([1,2]oxazolo[4',5':2,3]pregna-4-en-20-yn-17 $\alpha$ -ol)
  - ethylestrenol (19-norpregna-4-en-17 $\alpha$ -ol)
  - furazabol (17 $\alpha$ -methyl[1,2,5]oxadiazolo[3',4':2,3]-5 $\alpha$ -androstan-17 $\beta$ -ol)
  - methasterone (17 $\beta$ -hydroxy-2 $\alpha$ ,17 $\alpha$ -dimethyl-5 $\alpha$ -androstan-3-one)
  - prostanazol(17 $\beta$ -[(tetrahydropyran-2-yl)oxy]-1'*H*-pyrazolo[3,4:2,3]-5 $\alpha$ -androstane)
  - tetrahydrogestrinone(17-hydroxy-18 $\alpha$ -homo-19-nor-17 $\alpha$ -pregna-4,9,11-trien-3-one)
  - trenbolone (17 $\beta$ -hydroxyestr-4,9,11-trien-3-one)
  - prasterone (dehydroepiandrosterone, DHEA, 3 $\beta$ -hydroxyandrost-5-en-17-one).

- Etiocholanolone has been added to the S1.b section as an example of testosterone metabolite.

*The INN will be used if existing; IUPAC nomenclature will also be used when necessary for further clarity; common names will be added where considered helpful.*

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

- Insulins have been moved to S4.5.a (Metabolic Modulators) because it is considered a more appropriate category based on their mechanism of action. Other antidiabetic drugs, including exenatide and liraglutide are not prohibited.

*Platelet-derived preparations (PRP) were previously removed from the List after consideration of the lack of any current evidence concerning the use of these methods for purposes of performance enhancement notwithstanding that these preparations contain growth factors. Despite the presence of some growth factors, current studies on PRP do not demonstrate any potential for performance enhancement beyond a potential therapeutic effect. Note that individual growth factors are still prohibited when given separately as purified substances as described in S.2.5. Intravenous use of PRP is not permitted in accordance with M2.*

## S3. Beta2-agonists:

- The permitted delivered (inhaled) dose of formoterol has increased to 54 micrograms over 24 hours with a corresponding increase of the urinary threshold to 40 ng/mL.
- For clarity, all optical isomers (d- and l-) where relevant, are prohibited.

*It should be noted that there are differences worldwide in the labelling of the formoterol content in inhalation devices, and that the List refers to the delivered dose of formoterol and not the metered dose. The delivered dose is the dose that leaves the mouthpiece and is available for inhalation. For example, a Symbicort® Turbuhaler®/Turbohaler® labelled as containing 12 micrograms of formoterol delivers to the patient ~9 micrograms per inhalation. If two inhalations twice a day (i.e. 48 micrograms) are administered, the delivered dose is 36 micrograms, which is the maximum approved daily dose in most countries. In some countries the permitted maximum delivered dose for temporary occasional use for treatment of asthma exacerbations is 54 micrograms over 24 hours.*

*Where formoterol is delivered via an Aerolizer® device, studies have shown that 60-85% of the dose is delivered.*

*WADA is continuing to evaluate other beta-2-agonists in order to establish appropriate urinary threshold levels for these products. Regardless of the dosage permitted, all athletes are encouraged to seek appropriate medical advice to ensure that they are receiving optimal treatment. For more information regarding beta-2-agonists refer to the Medical Information to Assist TUE Committees document on Asthma.*

#### S4. Hormone and Metabolic Modulators

- Insulins are included under S4.5.a (see S2 above).

#### S5: Diuretics and Other masking agents

- “Local application” of felypressin is changed to “Local administration” for clarity.
- Morphine is removed from the last paragraph as it is not a substance subject to threshold limits in the List so a TUE would always be required to use *in-competition*.

### **PROHIBITED METHODS**

#### M1. Manipulation of blood and blood components

- The title and the body of this section have been changed to encompass all kinds of manipulations of blood and blood components. As a consequence, M2.3 has been deleted, as it is now included in this revised category.

#### M2. Chemical and Physical Manipulation

- M2.3 has been deleted as it is now included in the wording of M1.

#### M3. Gene Doping

- To enable a more precise definition of Gene Doping, M3.1 has been reworded.

### **SUBSTANCES AND METHODS PROHIBITED IN-COMPETITION**

#### S6: Stimulants:

- For clarity, it is confirmed that all optical isomers (*d*- and *l*-) where relevant, are prohibited.

*As a reminder some stimulants may be available under several other names, for example "methyhexaneamine", sometimes presented as dimethylamylamine, pentylamine, geranamine, Forthane, 2- amino-4-methylhexane, geranium root extract or geranium oil.*

- Another example is methylsynephrine which has been added as a different name for oxilofrine.

## **SUBSTANCES PROHIBITED IN PARTICULAR SPORTS**

### P2. Beta-blockers

- Aeronautic (FAI), Boules (CMSB), Bridge (FMB), Ninepin and Tenpin Bowling (FIQ) and Powerboating (UIM) are removed from the list of sports in which beta-blockers are prohibited.

*WADA continues to re-evaluate the prohibition of beta-blockers in certain sports in conjunction with the concerned federations and other stakeholders. This has led to the removal of five more sports from this section.*

## **MONITORING PROGRAM**

- In order to detect potential patterns of abuse, the following has been added to the Monitoring Program:
  - In-competition: tapentadol.