



Roma,

Protocollo:

COMUNICATO UFFICIALE N. 200
Stagione Sportiva 2015/2016

Si trasmette, in allegato, la Circolare UEFA 53/2015-2016 WADA PROHIBITED LIST, inerente chiarificazioni ed aggiornamenti sulla lista delle sostanze proibite WADA 2016..

PUBBLICATO IN ROMA IL 22 DICEMBRE 2015

IL SEGRETARIO GENERALE
(Massimo Ciaccolini)

IL PRESIDENTE
(Antonio Cosentino)



F.I.G.C. Ufficio Internazionale
21 DIC. 2015
Prot. N. <u>23/i 1549</u>

ANTIDOPING
P. NUCCI
SEGRETARIA FEDERALE
LICENZE UEFA
UEFAE
CONISOC
LNP A
LNP B

No. 53/2015

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
		KCDAD/MAC/VOU	18 December 2015

2016 WADA Prohibited List: update and clarification on intravenous infusions

Dear Sir or Madam,

In accordance with paragraph 4.01 of the UEFA Anti-Doping Regulations, edition 2015, the 2016 WADA Prohibited List will apply to all UEFA competitions **from 1 January 2016**.

For this purpose, we enclose the new list of prohibited substances, as well as a WADA document summarising the changes compared with the 2015 List. This information is also available on the WADA website (www.wada-ama.org).

Main amendments to the 2016 List (see also enclosures)

Substances and methods prohibited at all times (in- and out-of-competition)

S2: Peptide hormones, Growth Factors, Related Substances and Mimetics

- Leuprorelin has replaced triptorelin as a more universal example of a chorionic gonadotrophin and luteinizing hormone-releasing factor.

S4. Hormone and Metabolic Modulators

- Insulin-mimetics have been added to the List to include all insulin-receptor agonists.
- Meldonium (Mildronate) has been added because of evidence of its use by athletes with the intention of enhancing performance.

S5. Diuretics and Masking Agents

- It has been clarified that the ophthalmic use of carbonic anhydrase inhibitors is permitted.

Substances and methods prohibited in-competition

S6. Stimulants

- It has been clarified that clonidine is permitted.

Intravenous infusions and injections

We would like to remind you of the status of intravenous (IV) infusions. In accordance with the WADA Prohibited List 2016 (Category M2, Chemical and Physical Manipulation), all IV infusions and/or injections of more than 50mL per 6-hour period are prohibited both in- and out-of-competition, except for those legitimately received in the course of hospital admissions, surgical procedures or clinical investigations or where a player has been granted a Therapeutic Use Exemption (TUE). Further, if any prohibited substance is administered intravenously, a TUE is necessary for this substance regardless of volume. IV infusions have been included on the Prohibited List because they can be used to increase plasma volume levels, mask the use of a prohibited substance, and distort the values in the Athlete Biological Passport.

There have been reports in various sports of IV infusions, including dietary supplement and vitamin cocktails, being provided to athletes for recuperation or recovery. This practice is prohibited at all times without prior TUE approval. Further, it must be understood that the use of IV fluid replacement following exercise in order to correct mild to moderate dehydration is not clinically indicated nor substantiated by the medical literature. There is a well-established body of scientific evidence to confirm that oral rehydration is the preferred therapeutic choice.

When an IV infusion is administered to an athlete, the following criteria should be fulfilled:

- A clearly defined diagnosis;
- Supportive evidence that no permitted alternative treatment can be used;
- The treatment has been ordered by a physician and administered by qualified medical personnel in an appropriate medical setting;
- Adequate medical records of the treatment.

Anyone administering an IV infusion which cannot be medically justified is committing an anti-doping rule violation (ADRV), whether or not the individual substance is prohibited. In such cases, both the player and the personnel administering the IV infusion may be sanctioned.

Therapeutic Use Exemptions (TUEs)

UEFA's rules and procedures governing TUEs, which are harmonised with those of FIFA, remain essentially the same as in 2015, despite changes to the 2016 Prohibited List. 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 doctor, and then sent with a complete file of medical evidence to the UEFA Medical and Anti-Doping Unit (confidential fax +41 22 990 31 31). 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.

TUEs granted by FIFA are automatically valid for UEFA competitions, while TUEs granted by NADOs – to players who were not participating in a UEFA competition at the time – must first be recognised by UEFA in order to be valid for UEFA competitions. In accordance with Article 4.4.3 of the World Anti-Doping Code, the UEFA TUE Committee recognises TUEs granted by NADOs provided that the following three conditions are all fulfilled:

- The NADO followed the UEFA criteria for granting a TUE, in particular with regard to asthma treatment;
- The UEFA anti-doping and medical unit is provided with a copy of the original application form, including all medical information submitted to the authorising body (both translated into one of UEFA's official languages if necessary); and
- The UEFA TUE Committee confirms that the application complies with the UEFA TUE rules and requirements (which are the same as the FIFA and WADA rules).

Players participating in youth-level international friendly matches (i.e. any national youth team up to and including U21) must apply to their NADO for a TUE, and not to UEFA.

TUE applications for prohibited beta-2 agonists must include a complete medical file meeting the requirements set out in the enclosed Guide to the WADA Prohibited List and TUEs.

Responsibility

Players should be aware that doping controls can be carried out at all times, both in- and out-of-competition. We therefore remind you of Paragraph 2.01b) of the UEFA Anti-Doping Regulations, edition 2015: *"It is each player's personal duty that no prohibited substance enters his body. 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 prohibited method"*. Given the disciplinary consequences that a player may face in the event of an anti-doping rule violation, we ask that all players be fully informed of the risks involved in taking any form of medication or food supplement.

Please forward this circular and the 2016 WADA Prohibited List immediately to your team doctors, who must in turn inform the players. The List, the "Guide to the WADA Prohibited List and TUEs", as well as the UEFA Anti-Doping Regulations, edition 2015, are also available on the dedicated anti-doping section of the UEFA website at: <http://www.uefa.org/protecting-the-game/anti-doping/index.html>.

If you have questions or require further information, please contact Marc Vouillamoz (marc.vouillamoz@uefa.ch) or Richard Grisdale (richard.grisdale@uefa.ch) in UEFA's Anti-Doping Unit.

Yours faithfully,

U E F A



Gianni Infantino
General Secretary

Enclosure(s)

- 2016 WADA Prohibited List
- WADA summary of modifications made to 2016 List
- Guide to the WADA Prohibited List and TUEs
- TUE application form

cc (with enclosures)

- UEFA Executive Committee
- UEFA Medical Committee
- European members of the FIFA Executive Committee
- FIFA, Zürich
- European NADOs

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

- Leuprorelin 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.

WORLD ANTI-DOPING CODE
**INTERNATIONAL
STANDARD**



PROHIBITED LIST

JANUARY 2016



This List shall come into effect on 1 January 2016.

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.

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

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 [5 α -androst-1-ene-3 β ,17 β -diol];
1-Androstenedione [5 α -androst-1-ene-3,17-dione];
1-Testosterone [17 β -hydroxy-5 α -androst-1-en-3-one];
4-Hydroxytestosterone [4,17 β -dihydroxyandrost-4-en-3-one];
19-Norandrostenedione [estr-4-ene-3,17-dione];
Bolandiol [estr-4-ene-3 β ,17 β -diol];
Bolasterone;
Boldenone;
Boldione (androsta-1,4-diene-3,17-dione);
Calusterone;
Clostebol;
Danazol [[1,2]oxazolo[4',5':2,3]pregna-4-en-20-yn-17 α -ol];
Dehydrochlormethyltestosterone [4-chloro-17 β -hydroxy-17 α -methylandrosta-1,4-dien-3-one];
Desoxymethyltestosterone [17 α -methyl-5 α -androst-2-en-17 β -ol];
Drostanolone;
Ethylestrenol [19-norpregna-4-en-17 α -ol];
Fluoxymesterone;
Formebolone;
Furazabol [17 α -methyl [1,2,5]oxadiazolo[3',4':2,3]-5 α -androstan-17 β -ol];

Gestrinone;
Mestanolone;
Mesterolone;
Metandienone [17 β -hydroxy-17 α -methylandrosta-1,4-dien-3-one];
Metenolone;
Methandriol;
Methasterone [17 β -hydroxy-2 α ,17 α -dimethyl-5 α -androstan-3-one];
Methyldienolone [17 β -hydroxy-17 α -methylestra-4,9-dien-3-one];
Methyl-1-testosterone [17 β -hydroxy-17 α -methyl-5 α -androst-1-en-3-one];
Methylnortestosterone [17 β -hydroxy-17 α -methylestr-4-en-3-one];
Methyltestosterone;
Metribolone (methyltrienolone, 17 β -hydroxy-17 α -methylestra-4,9,11-trien-3-one);
Mibolerone;
Nandrolone;
Norboletone;
Norclostebol;
Norethandrolone;
Oxabolone;
Oxandrolone;
Oxymesterone;
Oxymetholone;
Prostanozolol [17 β -[[tetrahydropyran-2-yl]oxy]-1'H-pyrazolo[3,4:2,3]-5 α -androstane];
Quinbolone;
Stanozolol;
Stenbolone;
Tetrahydrogestrinone [17-hydroxy-18 α -homo-19-nor-17 α -pregna-4,9,11-trien-3-one];
Trenbolone [17 β -hydroxyestr-4,9,11-trien-3-one];

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

b. Endogenous** AAS when administered exogenously:

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

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

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

2. OTHER ANABOLIC AGENTS

Including, but not limited to:

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

For purposes of this section:

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

S2 PEPTIDE HORMONES, GROWTH FACTORS, RELATED SUBSTANCES AND MIMETICS

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

1. Erythropoietin-Receptor agonists:

- 1.1** Erythropoiesis-Stimulating Agents (ESAs) including e.g. Darbepoietin (dEPO); Erythropoietins (EPO); EPO-Fc; EPO-mimetic peptides (EMP), e.g. CNTO 530 and peginesatide; methoxy polyethylene glycol-epoetin beta (CERA).

- 1.2** Non-erythropoietic EPO-Receptor agonists, e.g. ARA-290; asialo EPO; carbamylated EPO.

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

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

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

5. Growth Hormone (GH) and its releasing factors including: Growth Hormone Releasing Hormone (GHRH) and its analogues, e.g. CJC-1295, sermorelin and tesamorelin; Growth Hormone Secretagogues (GHS), e.g. ghrelin and ghrelin mimetics, e.g. anamorelin and ipamorelin; GH-Releasing Peptides (GHRPs), e.g. alexamorelin, GHRP-6, hexarelin and pralmorelin (GHRP-2).

Additional prohibited growth factors:

- 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 (PPAR δ) agonists, e.g. GW 1516;
 - 5.2 Insulins and insulin-mimetics;
 - 5.3 Meldonium;
 - 5.4 Trimetazidine.

S5 DIURETICS AND MASKING AGENTS

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

Including, but not limited to:

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

Except:

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

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

PROHIBITED METHODS

M1 MANIPULATION OF BLOOD AND BLOOD COMPONENTS

The following are prohibited:

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

M2 CHEMICAL AND PHYSICAL MANIPULATION

The following are prohibited:

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

M3 GENE DOPING

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

1. The transfer of polymers of nucleic acids or nucleic acid analogues;
2. The use of normal or genetically modified cells.

SUBSTANCES & METHODS PROHIBITED IN-COMPETITION

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

PROHIBITED SUBSTANCES

S6 STIMULANTS

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

Stimulants include:

a: Non-Specified Stimulants:

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

b: Specified Stimulants.

Including, but not limited to:

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

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

Sibutramine;
Strychnine;
Tenamfetamine (methylenedioxyamphetamine);
Tuaminoheptane;

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

Except:

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

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

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

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

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

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

S7 NARCOTICS

Prohibited:

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

S8 CANNABINOIDS

Prohibited:

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

S9 GLUCOCORTICOIDS

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

SUBSTANCES PROHIBITED IN PARTICULAR SPORTS

P1 ALCOHOL

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

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

P2 BETA-BLOCKERS

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

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

*Also prohibited *Out-of-Competition*

Including, but not limited to:

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

www.wada-ama.org





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.

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

1. Player Information

Surname: _____ First names: _____

Female Male

Nationality: _____

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

Participating in which UEFA competition? _____

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

Name of club or national football association: _____

Reply to be sent to the above-mentioned club/national football association:

YES Fax no. (please include country and area codes): _____

By post: _____

NO If your reply is NO, please tick one of the boxes below and fill in the requested details

Fax no. (please include country and area codes): _____

By post: _____



THERAPEUTIC USE EXEMPTION (TUE)

Application form

2. Medical information

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: _____

3. Medication details

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

Intended duration of treatment (please tick appropriate box):

Once only

Duration (days/weeks/months): _____

4. 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:

Emergency treatment or treatment of an acute medical condition was necessary

Due to other exceptional circumstances, there was insufficient time or opportunity to submit an application prior to sample collection

Other: _____



THERAPEUTIC USE EXEMPTION (TUE)

Application form

5. Previous applications

Have you made a TUE application before? Yes No

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

For which substance or method? _____

To an anti-doping organisation? Please specify: _____

To my national football association

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

6. Medical practitioner's declaration

I certify that the above-mentioned treatment is medically appropriate and that the use of alternative medication not on the prohibited list would be unsatisfactory for this condition.

Name: _____

Qualifications: _____

Medical speciality: _____

Address: _____

Email: _____

Tel. (work): _____

(Please include country and area codes)

Mobile: _____ Fax: _____

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



THERAPEUTIC USE EXEMPTION (TUE)

Application form

7. Player's declaration

I, _____, certify that the information given above is accurate. I authorise the release of my personal medical information to the UEFA Medical and Anti-Doping Unit and relevant UEFA bodies, as well as to authorised WADA staff, the WADA Therapeutic Use Exemption Committee (TUEC) and other anti-doping organisations' TUECs and authorised staff that may have a right to this information under the World Anti-Doping Code and/or International Standard for Therapeutic Use Exemptions.

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

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

I consent to the decision on this application being made available to all anti-doping organisations with testing authority and/or results management authority over me.

I understand and accept that the recipients of my information and of the decision on this application may be located outside the country where I reside, in countries whose data protection and privacy laws may not be the same as those in my country of residence.

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

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 fax the completed form to UEFA at +41 22 990 31 31 and keep a copy for your records

Treatment may be administered only upon receipt of TUE approval



JANUARY 2016

Guide to the WADA Prohibited List and Therapeutic Use Exemptions

WE CARE ABOUT FOOTBALL

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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 2.01b of the UEFA Anti-Doping regulations states: *"It is each player's personal duty to ensure that no prohibited substance enters his body 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 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, this would be an anti-doping rule violation.

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

What is a specified substance?

Some substances on the Prohibited List are classified as specified substances. If you test positive for a specified substance, you would receive an initial ban of up to two years rather than the four years which is standard for substances which are not specified. This is because WADA recognises that substances can enter a player's body inadvertently, without necessarily having been used with the intention of doping.

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 which have the same brand name 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 recently 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. The ingredient lists on most supplements rarely 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 methylhexanamine, which is commonly found in supplements. Methylhexanamine 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 methylhexanamine 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 anti-doping@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 2016 WADA Prohibited List, and the summary of changes compared to the 2015 List, from UEFA.org: <http://www.uefa.org/protecting-the-game/anti-doping>

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)?

A Therapeutic Use Exemption is the permission to use, for therapeutic purposes, substances or methods on the WADA Prohibited List, i.e. substances or methods whose use would otherwise be prohibited.

Like everyone else, footballers have illnesses and conditions that require them to take medication, but if the only suitable medication is on the Prohibited List, you must apply for a TUE before you use it.

TUEs are only approved if you cannot take a permitted treatment instead, so you should consult your team doctor to consider possible alternative treatments before applying.

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.org: <http://www.uefa.org/protecting-the-game/anti-doping>.
- 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.
- Both you and your doctor must sign the form.
- Fax the form and the supporting medical evidence to UEFA's confidential anti-doping fax: **+41 22 990 31 31**.
- If you have asthma and need to use a prohibited beta-2 agonist (e.g. terbutaline), you will need to undergo certain lung function tests and include the results of these tests with your application. See the requirements for asthma TUEs on page 9 for full details.
- 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.

What are the criteria for granting a TUE?

The rules governing TUE applications and the criteria for granting a TUE are laid out in the WADA International Standard for TUEs. According to article 4.1 of this document, the main criteria for granting a TUE are the following:

- The player would experience significant health problems if the prohibited substance or method were not used.
- Therapeutic use of the prohibited substance or method is highly unlikely to produce any enhancement in performance beyond a return to the player's normal state of health.
- There is no reasonable therapeutic alternative to the use of the prohibited substance or method.
- The need to use a prohibited substance or method cannot be the result of the prior use, without a TUE, of a prohibited substance or method.

Who decides whether to grant me a TUE?

WADA requires all anti-doping organisations to have an independent TUE Committee to deal with TUE applications. 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.

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.

What happens if I have a medical emergency? Do I have to wait up to 30 days to use the medication I need?

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.

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

If the TUE is granted by the UEFA TUE Committee, UEFA will fax the TUE certificate to you, along with copies to your club, national association, NADO, FIFA and WADA.

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 decides that the decision does not conform to the International Standard for TUEs,

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 so requested by WADA. WADA assesses whether or not the decision of the UEFA TUE Committee met the criteria set out in the International Standard for TUEs. If WADA upholds UEFA's decision to refuse your TUE application, you can then appeal to the Court of Arbitration for Sport (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 also 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.

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 WADA International Standard for TUEs, 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. You should be particularly careful not to exceed the prescribed dose.

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 while using a prohibited substance or method under 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 the TUE is still valid and that the results of the analysis are consistent with the TUE 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?

<u>I am</u>	<u>TUE applications to be sent to</u>	<u>Period</u>	<u>Application to be made by</u>
A player participating in domestic competitions only	National Anti-Doping Organisation (NADO) or other authorised body, e.g. National Olympic Committee	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) or other authorised body, e.g. National Olympic Committee	Period I am on duty with my junior-level national team	Me (player) and national team doctor
An international player called up by my association to participate in a UEFA national team competition and 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 (incl. FIFA elite testing pool)	UEFA	Duration of my team's involvement in UEFA club competitions NB: when my club is no longer involved in UEFA competitions, any new applications must be addressed to my NADO	Me (player) and my club doctor
An international player called up by my association to participate in FIFA competitions or who is part of the FIFA pre-competition testing pool	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 UEFA or another Confederation are automatically recognised	Period during which I am included in the registered testing pool	Me (player) and my club doctor

Requirements for asthma TUEs

The beta-2 agonists salbutamol, salmeterol and formoterol, when taken by inhalation and in therapeutic doses, are not prohibited. In addition, inhaled glucocorticoids are also not prohibited. No TUE is therefore required for these substances.

All other beta-2 agonists (including terbutaline) are prohibited and their use requires a TUE. For prohibited beta-2 agonists, the following applies:

- 1) The TUE application to the UEFA TUE Committee must include a medical file containing the following:
 - A complete medical history, including presence of symptoms typically related to asthma (chest tightness, shortness of breath, coughing, wheezing) during and after exercise, including fatigue, prolonged recovery and poor performance, as well as the onset and severity of symptoms as related to exercise, including relief from symptoms after cessation of exercise, and any influencing factors (e.g. environmental conditions, infections of the respiratory tract).
 - A comprehensive report of a recent clinical examination with specific focus on the respiratory system.
 - A spirometry report with the measure of the forced expiratory volume in one second (FEV1) at rest (peak expiratory flow measurements are not accepted).
 - If airway obstruction is present at rest, the spirometry needs to be repeated after inhalation of a short-acting beta-2 agonist to demonstrate the reversibility of bronchoconstriction (however, absence of response to bronchodilators does not exclude diagnosis of asthma).
 - In the absence of reversible airway obstruction at rest, a bronchial provocation test is required to establish the presence of airway hyper-responsiveness. Provocation may be by inhalation of cold, dry air, inhalation of aerosols, or exercise. Common provocation tests include, but are not limited to, Methacholine Aerosol Challenge, Mannitol Inhalation, Eucapnic Voluntary Hyperpnea test, Hypertonic Saline Aerosol Challenge, Exercise Challenge Tests (field or laboratory) and Histamine Challenge.
 - Exact name, speciality, address (including telephone, email and fax) of examining physician.
 - If applicable, a peak flow diary listing, for example, the peak flow values, the time they were taken, symptoms, possible allergen exposure, etc. to support the application is recommended but not mandatory.
- 2) The TUE application must state if the player is also taking permitted asthma medication – e.g. inhaled glucocorticoids or inhaled salbutamol, salmeterol or formoterol.
- 3) TUEs for asthma will be granted for four years in the case of chronic asthma and exercise-induced asthma. For renewal of a TUE, the results of follow-ups performed at least annually during the exemption period by a respiratory physician or a physician experienced in treating asthma in athletes must be submitted to the UEFA Anti-Doping Unit, as well as the results of repeated lung function tests and, ideally, a peak flow diary.

Notes

Notes



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