

Prohibited List

(updated on January 28, 2024)

Compounds marked with three asterisks (***) have a *Decision Limit* of 100 pg/mL and above. A level of under 100pg/mL will be flagged by the *Policy Administrator* as “Atypical” and the *Player* will be subjected to targeted testing.

Compounds marked with four asterisks (****) have a *Decision Limit* of 5 ng/mL and above. A level of under 5 ng/mL will be flagged by the *Policy Administrator* as “Atypical” and the *Player* will be subjected to targeted testing.

The *Policy* recognizes that certain of these compounds are capable of a pattern involving an adverse finding, followed by one or more apparently negative samples, and then an adverse finding even though there has been no new administration. The *Policy* also recognizes that certain of these compounds can exhibit long excretion windows at low pg/mL levels. These issues will not impact whether the *Policy Administrator* finds an *Anti-Doping Rule Violation*. However, a *Player* may raise these issues as a defense to an *Anti-Doping Rule Violation* subject to burden-of-proof and standard-of-proof provisions of the *Policy*.

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Section 1 - ANABOLIC AGENTS

Anabolic agents are prohibited. The *Policy Administrator* has the discretion to add to the following list any substances with similar chemical structure or similar biological effects to those listed below.

1. ANABOLIC ANDROGENIC STEROIDS (AAS)

When administered exogenously, including but not limited to:

- 1-Androstenediol (5 α -androst-1-ene-3 β , 17 β -diol)
- 1-Androstenedione (5 α -androst-1-ene-3, 17-dione)
- 1-Androsterone (3 α -hydroxy-5 α -androst-1-ene-17-one)
- 1-Epiandrosterone (3 β -hydroxy-5 α -androst-1-ene-17-one)
- 1-Testosterone (17 β -hydroxy-5 α -androst-1-en-3-one)
- 4-Androstenediol (androst-4-ene-3 β , 17 β -diol)
- 4-Hydroxytestosterone (4,17 β -dihydroxyandrost-4-en-3-one)
- 5-Androstenedione (androst-5-ene-3,17-dione)
- 7 α -hydroxy-DHEA
- 7 β -hydroxy-DHEA
- 7-Keto-DHEA
- 17 α -methylepithiostanol (epistane)
- 19-Norandrostenediol (estr-4-ene-3,17-diol)
- 19-Norandrostenedione (estr-4-ene-3,17-dione)
- Androst-4-ene-3,11,17-trione (11-ketoandrostenedione, adrenosterone)
- Androstanolone (5 α -dihydrotestosterone, 17 β -hydroxy-5 α -androstan-3-one)
- Androstenediol (androst-5-ene-3 β ,17 β -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-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 and 17 α -methyl-5 α -androst-3-en-17 β -ol)
- Drostanolone
- Epiandrosterone (3 β -hydroxy-5 α -androstan-17-one)
- Epi-dihydrotestosterone (17 β -hydroxy-5 β -androstan-3-one)

- Epitestosterone
- 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)
- Methyl-1-testosterone (17 β -hydroxy-17 α - methyl-5 α -androst-1-en-3-one)
- Methylclostebol
- Methyldienolone (17 β -hydroxy-17 α - methylestra-4,9-dien-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 (19-nortestosterone) and its analogues (e.g., Trestolone (7 α -methyl-19-nortestosterone, MENT), dimethandrolone (7 α ,11 β -Dimethyl19-nortestosterone) and 11 β -methyl-19 nortestosterone)
- Norboletone
- Norclostebol (4-chloro-17 β -ol-estr-4-en-3-one)
- Norethandrolone
- Oxabolone
- Oxandrolone
- Oxymesterone
- Oxymetholone
- Prasterone (dehydroepiandrosterone, DHEA, 3 β -hydroxyandrost-5-en-17-one)
- Prostanazol (17 β -[(tetrahydropyran-2-yl)oxy]- 1'H-pyrazolo[3,4:2,3]-5 α -androstane)
- Quinbolone
- Stanozolol
- Stenbolone
- Testosterone

- Tetrahydrogestrinone (17-hydroxy-18a-homo-19-nor-17 α -pregna-4,9,11-trien-3-one)
- Tibolone
- Trenbolone (17 β -hydroxyestr-4,9,11-trien-3-one)

2. OTHER ANABOLIC AGENTS

Including, but not limited to:

- ****Clenbuterol
- Osilodrostat
- ****Ractopamine
- Selective androgen receptor modulators [SARMs, e.g. andarine^{***}, enobosarm (ostarine)^{***} LGD-4033 (ligandrol)^{***} RAD140, S-23 and YK-11]
- ****Zeranol
- ****Zilpaterol

Section 2 - PEPTIDE HORMONES, GROWTH FACTORS, AND MIMETICS

The following substances are prohibited. The *Policy Administrator* has the discretion to add to the following list any substances with similar chemical structure or similar biological effects to those listed below.

1. PEPTIDE HORMONES AND THEIR RELEASING FACTORS

1.1 Testosterone-stimulating peptides in males including, but not limited to:

- chorionic gonadotrophin (CG),
- luteinizing hormone (LH),
- gonadotrophin- releasing hormone (GnRH, gonadorelin) and its agonist analogues (e.g. buserelin, deslorelin, goserelin, histrelin, leuprorelin, nafarelin and triptorelin)

1.2 Corticotrophins and their releasing factors, e.g. corticorelin and tetracosactide

1.3 Growth hormone (GH), its analogues and fragments including, but not limited to:

- growth hormone analogues, e.g. lonapegsomatropin, somapacitan and somatrogen
- growth hormone fragments, e.g. AOD-9604 and hGH 176-191

1.4 Growth hormone releasing factors, including, but not limited to:

- growth hormone-releasing hormone (GHRH) and its analogues (e.g. CJC-1293, CJC-1295, sermorelin and tesamorelin)
- growth hormone secretagogues (GHS) and their mimetics [e.g. anamorelin, capromorelin, ibutamoren (MK-677), ipamorelin, lenomorelin (ghrelin), macimorelin and tabimorelin]

2. 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, mecasermin) and its analogues
- Mechano growth factors (MGFs)
- Platelet-derived growth factor (PDGF)
- Thymosin- β 4 and its derivatives e.g. TB-500
- Vascular endothelial growth factor (VEGF)

Section 3 - HORMONE AND METABOLIC MODULATORS

The following hormone and metabolic modulators are prohibited.

1. AROMATASE INHIBITORS

Including, but not limited to:

- 2-Androstenol (5 α -androst-2-en-17-ol)
- 2-Androstenone (5 α -androst-2-en-17-one)
- 3-Androstenol (5 α -androst-3-en-17-ol)
- 3-Androstenone (5 α -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

3. ADDITIONAL METABOLIC MODULATORS

- *** GW501516 (Cardarine)
- SR9011
- SR9009

Section 4 - STIMULANTS

The following stimulants, including all optical isomers (except where an optical isomer is specifically listed), e.g. d- and l- where relevant, are prohibited. The *Policy Administrator* has the discretion to add to the following list any substances with similar chemical structure or similar biological effects to those listed below. Except where indicated by an * (or where a higher limit is specified), stimulants at approximate concentrations less than 50 ng/mL will be flagged by the *Policy Administrator* as “Negative”. Those stimulants marked by a single * found in the urine at approximate concentrations less than 50 ng/mL will be flagged by the *Policy Administrator* as “Atypical” and the *Player* may be subjected to additional targeted testing.

** These substances are threshold substances and their measurement should be quantitative on any confirmation.

- 2-phenylpropan-1-amine (β -methylphenylethylamine, BMPEA)
- 3-Methylhexan-2-amine (1,2-dimethylpentylamine)
- 4-fluoromethylphenidate
- 4-Methylhexan-2-amine (methylhexaneamine, 1,3-dimethylamylamine, 1,3 DMAA)
- 4-Methylpentan-2-amine (1,3-dimethylbutylamine)
- 5-Methylhexan-2-amine (1,4-dimethylpentylamine, 1,4-dimethylamylamine, 1,4-DMAA)
- Adrafinil*
- Amfepramone*
- Amphetamine*
- Amfetaminil*
- Amiphenazole*
- Benfluorex*
- Benzfetamine
- Benzylpiperazine *
- Bromantan*
- Cathine (d-norpseudoephedrine) and its l-isomer: Prohibited when its concentration in urine is greater than 5 micrograms per milliliter.**
- Cathinone and its analogues, e.g. mephedrone, methedrone, and α -pyrrolidinovalerophenone
- Clobenzorex*
- Cropropamide*
- Crotetamide*
- Dimetamfetamine (dimethylamphetamine)

- Ephedrine: Prohibited when the concentration 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 anesthetic agents.
- Etamivan
- Ethylphenidate
- Etilamfetamine
- Etilefrine
- Famprofazone
- Fenbutrazate
- Fencamfamin
- Fencamine*
- Fenetylline*
- Fenfluramine*
- Fenproporex*
- Fonturacetam [4-phenylpiracetam (carphedon)] *
- Furfenorex*
- Heptaminol
- Hydrafinil (fluorenol)
- Hydroxyamfetamine (parahydroxyamphetamine)
- Isometheptene
- Levmetamfetamine
- Lisdexamfetamine*
- Meclofenoxate
- Mefenorex
- Mephentermine
- Mesocarb
- Methamphetamine(d-)*
- p-methylamphetamine*
- Methylephedrine: Prohibited when the concentration in urine is greater than 10 micrograms per milliliter. **
- Methylnaphthidate [((±)-methyl-2-(naphthalen-2-yl)-2-(piperidin-2-yl)acetate]
- Methylphenidate
- Modafinil*
- Nikethanamide
- Norfenefrine
- Norfenfluramine*

- Octodrine (1,5-dimethyl- hexylamine)
- Octopamine
- Oxilofrine (methylnephrine)
- Pemoline
- Pentetrazol
- Phendimetrazine*
- Phenethylamine and its derivatives
- Phenmetrazine
- Phenpromethamine
- Phentermine*
- Prenylamine*
- Prolintane*
- Propylhexedrine
- Selegiline
- Sibutramine
- Solriamfetol
- Strychnine
- Tenamfetamine (methylenedioxyamphetamine)
- Tuaminoheptane

Exceptions:

- Clonidine;
- Imidazoline derivatives for dermatological, nasal, ophthalmic or otic use (e.g. brimonidine, clonazoline, fenoxazoline, indanazoline, naphazoline, oxymetazoline, tetryzoline, tramazoline, xylometazoline);
- **Phenylephrine and pseudoephedrine are permitted in LIV Golf events.**

Section 5 - GLUCOCORTICOIDS

All glucocorticoids are prohibited when administered by any injectable, oral including oromucosal (e.g. buccal, gingival, sublingual) or rectal route. Absent non-analytical evidence to the contrary, all Glucocorticoids with estimated concentrations less than 50 ng/mL are presumed to have been administered through a permitted route.

Including, but not limited to:

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

NOTE:

Other routes of administration (including inhaled and topical: dental-intracanal, dermal, intranasal, ophthalmological, otic and perianal) are not prohibited when used within the manufacturer's licensed doses and therapeutic indications. In addition, the use of compounds in this section (including injectable, oral, or intra-venous) for acute anaphylaxis is not prohibited.

Section 6 – BETA-BLOCKERS

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

Section 7 - PROHIBITED METHODS

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.

The following are not included, but should be reviewed annually:

- Manipulation of blood and blood components
- Gene and cell doping