ANTI-DOPING 2026

THE PGA EUROPEAN TOUR ANTI-DOPING PROGRAMME

LIST OF PROHIBITED SUBSTANCES AND METHODS 2026

#DrivingGolfFurther

PGA EUROPEAN TOUR PROHIBITED LIST 2026

SUBSTANCES AND METHODS ON THIS LIST ARE PROHIBITED AT ALL TIMES – IN and OUT OF COMPETITION

The following classes of substances and methods are PROHIBITED.

PROHIBITED SUBSTANCES

S0 Non-Approved Substances
Includes drugs with no current approval by any governmental regulatory health authority for human therapeutic use

S1 Anabolic Agents
Some of these substances may be found, without limitation, in medications used for treatment of conditions such as male hypogonadism

S2 Peptide Hormones, Growth Factors, Related Substances and Mimetics
Some of these substances may be found, without limitation, in medications used for treatment of anaemia, male hypogonadism, growth hormone deficiency.

S3 $Beta_2$Agonists
Some of these substances may be found, without limitation, in medications used for treatment of conditions such as asthma and other respiratory diseases.

S4 Hormone and Metabolic Modulators
Some of these substances may be found, without limitation, in medications used for treatment of conditions such as breast cancer, diabetes, infertility (female), polycystic ovarian syndrome.

S5 Diuretics and Masking Agents
Some of these substances may be found, without limitation, in medications used for treatment of conditions such as heart failure, hypertension.

S6 Stimulants
Some of these substances may be found, without limitation, in medications used for treatment of conditions such as anaphylaxis, attention deficit hyperactivity disorders (ADHD), cold and influenza symptoms

S7 Narcotics
Some of these substances may be found, without limitation, in medications used for treatment of pain, including musculoskeletal injuries.

S8 Cannabinoids
Considered a Substance of Abuse and risk of active ingredient (THC) or other cannabinoids (natural or synthetic) contained in CBD products.

S9 Glucocorticoids
Some of these substances may be found, without limitation, in medications used for treatment of conditions such as allergy, anaphylaxis, asthma, inflammatory bowel disease.

S10 Beta Blockers
Some of these substances may be found, without limitation, in medications used for treatment of conditions such as heart failure, hypertension

PROHIBITED METHODS

M1 Manipulation of Blood and Blood Components

M2 Chemical and Physical Manipulation

M3 Gene and Cell Doping.

WARNING - IMPORTANT NOTE about using the PROHIBITED LIST

There is no complete list of prohibited substances.

The following list (and the World Anti-Doping Agency Prohibited List Standard 2026 on which it is based) shows **examples only** of the prohibited classes.
New examples may be added throughout the year, without notice.

Note the Prohibited List statement:

…**"and other substances with similar chemical structure or similar biological effects(s)".**

Do not rely upon the Prohibited List to rule out a prohibited ingredient, particularly from a **supplement.** Any substance that is chemically related to the class, even if not listed as an example is **also prohibited**. Dietary supplements are not well regulated and may cause an adverse analytical finding or rule violation. Athletes have tested positive and been charged with a doping violation because of a supplement contaminated or containing a prohibited substance not clearly identified on the label. Testing of Supplements may reduce the risk but will **not guarantee** that the supplement is entirely free of unknown or unidentified contaminants. Player remains liable!

Therefore, any product containing a dietary supplement is taken at your own risk.

Check the status of a licensed medication using a drug information website.

Keep a record of the response to the enquiry.

If you cannot find it – don't assume it's permitted

NOTE: Substances of Abuse (as indicated in the European Tour Policy) include the following:

- amphetamine (speed), methylenedioxymethamphetamine (MDMA/ecstasy),
- marijuana (cannabis, tetrahydrocannabinol/THC, excluding CBD),
- cocaine,
- heroin (diamorphine),

These substances are **prohibited** at all times.
If the presence of a Substance of Abuse is determined to be as a consequence of use outside the context of golf, the management of the finding may follow a specific process involving clinical assessment and rehabilitation.

PROHIBITED SUBSTANCES – (classes with examples)

The use of any drug should be limited to medically justified indications

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 medicines) is prohibited at all times.

This class covers many different substances including but not limited to BPC-157, 2,4-dinitrophenol (DNP), ryanodine receptor-1-calstabin complex stabilisers [e.g. S-107, S48168 (ARM210)] and troponin Activators (e.g., reldesemtiv and tirasemtiv).

S1. ANABOLIC AGENTS

Anabolic Agents are prohibited.

S1.1 Anabolic Androgenic Steroids (AAS)

when administered exogenously, including but not limited to:

1-Androstendiol (5α-androst-1-ene-3β,17β-diol)
1-Androstendione (5α-androst-1-ene-3,17-dione)
1-Androsterone (3α-hydroxy-5α-androst-1-ene-17-one)
1-Epiandrosterone (3β-hydroxy-5α-androst-1-ene-17-one)
1-Testosterone (17β –hydroxy-5α-androst-1-en-3-one)
4-Androstenediol (androst-4-ene-3β,17β-diol)**;**
4-Hydroxytestosterone (4,17β-dihydroxyandrost-4-en-3-one);
5-Androstenedione (androst-5-ene-3,17-dione);
7α-Hydroxy-DHEA;
7β-Hydroxy-DHEA;
7-keto-DHEA;
11β-Methyl-19-nortestosterone
17α-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 (5α -dihydrotestosterone, 17β-hydroxy-5α-androstan-3-one)**;**
Androstenediol (androst-5-ene-3β,17β-diol)**;**
Androstenedione (androst-4-ene-3,17-dione)**;**
Bolasterone;
Boldenone;
Boldione (androsta-1,4-diene-3,17-dione)**;**
Calusterone;
Clostebol;
Danazol ([1,2] oxazolo[4',5':2,3]pregna-4-en-20-yn-17α-ol)**;**
Dehydrochlormethyltestosterone (4-chloro-17β-hydroxy-17α-methylandrosta-1,4-dien-3-one)**;**
Desoxymethyltestosterone (17α-methyl-5α-androst-2-en-17β-ol)**;**
Dimethandrolone (7α, 11β-Dimethyl-19-nortestosterone)
Drostanolone;
Epiandrosterone (3β-hydroxy-5a-androstan-17-one);
Epi-dihydrotestosterone (17β- hydroxy-5 β-androstan-3-one) ;
Epitestosterone;
Ethylestrenol (19-norpregna-4-en-17α-ol)**;**
Fluoxymesterone;
Formebolone;
Furazabol (17α-methyl[1.2.5]oxadiazolol[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)**;**
Methyl-1-testosterone(17β-hydroxy-17α-methyl-5α-androst-1-en-3-one)**;**
Methylclostebol;
Methyldienolone (17β-hydroxy-17α-methylestra-4,9-dien-3-one)**;**
Methylnortestosterone (17β-hydroxy-17α-methylestr-4-en-3-one)**;**
Methyltestosterone;
Metribolone (methyltrienolone, 17β-hydroxy -17α-methylestra-4,9,11-trien-3-one);
Mibolerone;
Nandrolone (19-nortestosterone)**;**
Norboletone;
Norclostebol (4-chloro-17β-ol-estr-4-en-3-one)**;**
Norethandrolone;
Oxabolone;
Oxandrolone;
Oxymesterone;
Oxymetholone;
Prasterone (dehydroepiandrosterone, DHEA, 3β-hydroxyandrost-5-en-17-one)**;**
Prostanozol (17β-[(tetrahydropyran-2-yl)oxy]-1'H-pyrazolol[3,4:2,3]-5α-androstane)**;**
Quinbolone;
Stanozolol;
Stenbolone;
Testosterone,
Tetrahydrogestrinone (17-hydroxy-18a-homo-19-nor-17α-pregna-4,9,11-trien-3-one)**;**
Tibolone
Trenbolone (17β-hydroxyestr-4,9,11-trien-3-one)
Trestolone (7α-Methyl-19-nortestosterone)

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

S1.2. 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 and zilpaterol.

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:

S2.1 Erythropoietins (EPO) and agents affecting erythropoiesis, including, but not limited to:

S2.1.1 Erythropoietin-Receptor agonists, e.g. darbepoietins (dEPO); **erythropoietins (EPO), EPO based constructs (EPO-Fc, methoxy polyethylene glycol-epoetin beta (CERA]); EPO-mimetic agents and their constructs (e.g. CNTO-530, Peginesatide, pegmolesatide).**

S2.1.2 Hypoxia-inducible factor (HIF) **activating agents e.g. Cobalt*, daprodustat (GSK1278863); IOX2, molidustat (BAY 85-3934); roxadustat (FG-4592); vadadustat (AKB-6548); xenon.**
**It is reiterated that vitamin B12, which contains cobalt, is not prohibited.*

S2.1.3 GATA inhibitors, e.g. K-11706

S2.1.4 Transforming growth factor beta (TGF-β) signaling inhibitors, e.g. luspatercept; sotatercept.

S2.1.5 Innate repair receptor agonists, e.g. asialo EPO; carbamylated EPO (CEPO).

S2.2. Peptide Hormones and their Releasing Factors,

S2.2.1 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**
- **kisspeptin and its agonist analogues**

S2.2.2 Corticotrophins and their releasing factors, e.g. corticorelin and tetracosactide

S2.2.3 Growth hormone (GH), its analogues and fragments including, but not limited to:
• growth hormone analogues, e.g. lonapegsomatropin, somapacitan and somatrogon
• growth hormone fragments, e.g. AOD-9604 and hGH 176-191

S2.2.4 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]
• GH-releasing peptides (GHRPs) [e.g. alexamorelin, examorelin (hexarelin), GHRP-1, GHRP-2 (pralmorelin), GHRP-3, GHRP-4, GHRP-5, GHRP-6]

S2.3. Growth Factors and Growth Factor Modulators, including, but not limited to:

Fibroblast growth factors (FGFs),

Hepatocyte growth factor (HGF)

Insulin-like growth factor-1 (IGF-1, mecasermin) and its analogues;

Mechano growth factors (MGFs);

Platelet-derived growth factor (PDGF),

Thymosin-β4 and its derivatives (TB-500),

Vascular endothelial Growth Factor (VEGF).

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

S3. BETA$_2$AGONISTS

All selective and non-selective **beta$_2$ agonists**, including all **optical isomers**, are prohibited. Including but not limited to:

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

EXCEPTIONS:

• Inhaled **salbutamol**: maximum **1600 micrograms** over 24 hours in divided doses not to exceed **600 micrograms** over 8 hours starting from any dose;

• Inhaled **formoterol**: maximum delivered dose of **54 micrograms** over 24 hours in divided doses not to exceed 36 micrograms over 12 hours starting from any dose;

• Inhaled **salmeterol**: maximum **200 micrograms** over 24 hours in divided doses not to exceed 100 micrograms over 8 hours starting from any dose;

• Inhaled **vilanterol**: maximum **25 micrograms** over 24 hours

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

S4. HORMONE AND METABOLIC MODULATORS

The following **hormones** and **metabolic modulators** are prohibited:

S4.1 Aromatase Inhibitors including, but not limited to:

2-Androstenol (5α-androst-2-en-17-ol)
2-Androstenone (5α-androst-2-ene-17-one)
2-Phenylbenzo[h]chromen-4-one, (also known as α-naphthoflavone or 7,8-benzoflavone)
3-Androstenol (5α-androst-3-en-17-ol)
3-Androstenone (5α-androst-3-en-17-one)
4-androstene-3,6,17 trione (6-oxo);
Aminoglutethimide,
Anastrozole,
Androsta-1,4,6-triene-3, 17-dione (androstatrienedione);
Androsta 3,5-diene-7,17-dione (arimistane);
Exemestane,
Formestane,
Letrozole,
Testolactone.

S4.2 Anti-Estrogenic Substances (Anti-Estrogens and Selective Estrogen Receptor Modulators (SERMs)
including, but not limited to;

Bazedoxifene,
Clomifene
Cyclofenil
Elacestrant
Fulvestrant
Ospemifene
Raloxifene
Tamoxifen
Toremifene

S4.3 Agents preventing Activin receptor IIB activation including but not limited to:

Activin A-neutralizing antibodies;
Activin receptor IIB competitors such as: decoy activin receptors (e.g. ACE-031),
Anti-activin receptor IIB antibodies (e.g., bimagrumab)
Myostatin inhibitors such as:

- Agents reducing or ablating myostatin expression,
- Myostatin-binding proteins (e.g., follistatin, myostatin propeptide),
- Myostatin- or precursor-neutralising antibodies (e.g., apitegromab, domagrozumab, landogrozumab, stamulumab).

S4.4 Metabolic modulators:

S4.4.1 Activators of the AMP-activated protein kinase (AMPK), e.g. 5N,6-N-bis(2fluorophenyl)-[1,2,5]oxadiazolol[3,4-b]pyrazine-5,6-diamine (BAM15), AICAR, mitochondrial open reading frame of the 12S rRNA-c (MOTS-c)
Peroxisome proliferator activated receptor delta (PPARδ) agonists, e.g. 2-(2-methyl-4-((4-methyl-2-(4-(trifluoromethyl)phenyl)thiazol-5-yl)methylthio)phenoxy) acetic acid (GW 1516, GW501516) and
Rev-erba agonists, e.g., SR9009, SR9011

S4.4.2 Insulins and insulin-mimetics, e.g. S519, S597
S4.4.3 Meldonium
S4.4.4 Trimetazidine.

S5. DIURETICS AND MASKING AGENTS

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

Including but not limited to:
Diuretics such as:

- Acetazolamide; amiloride; bumetanide; canrenone; chlortalidone; etacrynic acid; furosemide, indapamide, metolazone, spironolactone, thiazides, e.g., bendroflumethiazide, chlorothiazide and hydrochlorothiazide; torasemide, triamterene, xipamide;
- Vaptans e.g. conivaptan, mozavaptan, tolvaptan;
- Plasma expanders by intravenous administration such as:
  albumin, dextran, hydroxyethyl starch, mannitol.
- Desmopressin,
- Probenecid;
  And other substances with a similar chemical structure or similar biological effect(s)

EXCEPTIONS:

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

NOTE: The detection in a Player's Sample at all times or *In-Competition*, as applicable, of any quantity of the following substances subject to threshold limits; i.e. formoterol, salbutamol, cathine, ephedrine, methylephedrine and pseudoephedrine, in conjunction with a diuretic or masking agent (except topical ophthalmic administration of a carbonic anhydrase inhibitor or local administration of felypressin in dental anaesthesia), will be considered as an *Adverse Analytical Finding (AAF)* unless the Player has an approved *Therapeutic Use Exemption* (TUE) for that substance in addition to the one granted for the diuretic or masking agent.

S6. STIMULANTS

All stimulants, including all optical isomers, e.g. *d*- and *l*- where relevant, are prohibited.
Including but not limited to:

2-phenylpropan-1-amine (β-methylphenylethyl-amine, 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;
Amfetamine;
Amfetaminil;
Amiphenazole;
Benzfetamine,
Benfluorex;
Benzylpiperazine;
Bromantan;
Cathine; **
Cathinone and its analogues (e.g. mephedrone, methedrone, α-pyrrolidinovalerophenone)
Clobenzorex;
Cocaine;
Cropropamide;
Crotetamide;
Dimetamfetamine (dimethylamphetamine);
Ephedrine[1],***
Epinephrine[2] (adrenaline),****
Etamivan,
Ethylphenidate,
Etilamphetamine,
Etilefrine,
Famprofazone,
Fenbutrazate,
Fencamfamin,
Fencamine,
Fenetylline;
Fenfluramine;
Fenproporex;
Flmodafinil (2-[Bis(4-fluorophenyl)methylsulfinyl]acetamide
Fonturacetam [4-phenylpiracetam (carphedon)];
Furfenorex;
Heptaminol,
Hydrafinil (flurenol)
Hydroxyamfetamine (parahydroamphetamine),
Isometheptene,
Levmetamfetamine,
Lisdexamfetamine
Meclofenoxate;
Mefenorex;
Methylenedioxyamphetamine
Methylephedrine[9],***
Methylhexaneamine (dimethylpentylamine),
Methylnaphthidate [((±)-methyl-2-(naphthalen-2- yl)-2-(piperidin-2-yl)acetate]
Methylphenidate,

[1] **Ephedrine** and **methylephedrine** are prohibited at concentrations in urine greater than 10 micrograms per millilitre.
[2] Local administration (e.g. nasal, ophthalmologic) of **epinephrine (adrenaline)** or co-administration with local anaesthetic agents is **not prohibited.**

Mephentermine;
Mesocarb;
Metamfetamine(*d*-)
p-methylamphetamine;
Midodrine;
Modafinil;
Nikethamide,
Norfenefrine,
Norfenfluramine;
Octodrine (1,5-dimethylhexylamine)
Octopamine,
Oxilofrine (methylsynephrine),
Pemoline,
Pentetrazol,
Phenethylamine and its derivatives,
Phendimetrazine;
Phenmetrazine,
Phenpromethamine,
Phentermine;
Prenylamine;
Prolintane;
Propylhexedrine,
Pseudoephedrine, ***
Selegiline,
Sibutramine,
Solriamfetol,
Strychnine,
Tenamfetamine (methylenedioxyamphetamine),
Tesofensine
Tuaminoheptane

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

EXCEPTIONS:

- **Clonidine, guanfacine;**
- **Imidazoline derivatives for dermatological, nasal or ophthalmic use (e.g. brimonidine, clonazoline, fenoxazoline, indanazoline, naphazoline, oxymetazoline, tramazoline, tetryzoline, xylometazoline) and those stimulants included in the 2025 Monitoring Program*.**

*** Bupropion, caffeine, nicotine, phenylephrine, phenylpropanolamine, pipradol and synephrine: These substances are included in the 2025 Monitoring Program and are not considered *Prohibited Substances*.**
**** Cathine (d-norpseudoephedrine) and its l-isomer: Prohibited when its concentration in urine is greater than 5 micrograms per millilitre.**
***** Ephedrine and methylephedrine: Prohibited when the concentration of either in urine is greater than 10 micrograms per millilitre.**
****** Epinephrine (adrenaline): Not prohibited in local administration, e.g., nasal, ophthalmologic, or co-administration with local anesthetic agents.**
******* Pseudoephedrine: Prohibited when its concentration in urine is greater than 150 micrograms per millilitre.**

S7. NARCOTICS

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

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

S8. CANNABINOIDS

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

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

EXCEPTIONS:

- **Cannabidiol**.
  Cannabidiol (CBD) is not prohibited.
  However, be aware that some CBD products extracted from cannabis plants may also contain THC or other prohibited cannabinoids that could result in a positive test for a prohibited cannabinoid.

S9. GLUCOCORTICOIDS

All glucocorticoids are prohibited when administered by any injectable, oral [including oromucosal (e.g. buccal, gingival, sublingual)] or rectal routes. Dental-intracanal application is not prohibited.

Including, but not limited to:

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

NOTE: Other routes of administration (including inhaled, and topical: dental-intracanal, dermal, intranasal, ophthalmological, otic (ear) and perianal) are not prohibited when used within the manufacturer's licensed doses and therapeutic indications.

NOTE: Use of sustained-release glucocorticoid formulations may result in detectable glucocorticoid levels past the washout period due to prolonged systemic absorption.

P1. BETA BLOCKERS

Beta-Blockers are prohibited,Including, but not limited to:

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

PROHIBITED METHODS

M1. MANIPULATION OF BLOOD AND BLOOD COMPONENTS

The following are prohibited:

M1.1. 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

NOTE: The withdrawal of blood or blood components (including by apheresis), unless performed for
1. analytical purposes including medical tests or *Doping Control,* or for
2. donation purposes in a collection centre accredited by the relevant regulatory authority of the country in which it operates.

M1.2. Artificially enhancing the uptake, transport or delivery of oxygen.
Including, but not limited to perfluorochemicals; efaproxiral (RSR13); voxelotor and modified haemoglobin products (e.g. haemoglobin-based blood substitutes, microencapsulated haemoglobin products, excluding supplemental oxygen by inhalation.

M1.3. Any form of intravascular manipulation of the blood or blood components by physical or chemical means.

M1.4. The use of re-breathing systems or equipment to deliver carbon monoxide, unless performed as a diagnostic procedure under the supervision of a medical or scientific professional.

M2. CHEMICAL AND PHYSICAL MANIPULATION

The following are prohibited:

M2.1 *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*.
(Topical and systemic therapeutic use of proteases are not prohibited).

M2.2. Intravenous infusions and/or injections of more than a total of 100 mL per 12-hour period except for those legitimately received in the course of hospital treatments, surgical procedures or clinical diagnostic investigations.

M3. GENE AND CELL DOPING

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

M3.1 The use of nucleic acids or nucleic acid analogues that may alter genome sequences and/or gene expression by any mechanism. This includes but is not limited to gene editing, gene silencing and gene transfer technologies.

M3.2 The use of normal or genetically modified cells or cell components (e.g. nuclei and organelles such as mitochondria and ribosomes).

THE 2025 MONITORING PROGRAM

The following substances are placed on the 2025 Monitoring Program:

1. **Anabolic agents**: Ecdysterone

2. **Peptide Hormones, Growth Factors, Related Substances, and Mimetics**:

   Gonadotrophin-releasing hormone (GnRH) analogues in females under 18 years only)

3. **Hypoxen (polyhydroxyphenylene thiosulfonate sodium):**

4. **Stimulants**:

   Bupropion, caffeine, nicotine, phenylephrine, phenylpropanolamine, pipradrol and synephrine.

5. **Narcotics**:
   Codeine, dermorphin (and its analogues), dihydrocodeine, hydrocodone, and tapentadol. (Out of competition: Fentanyl and tramadol)

6. **Markers of Semaglutide and Tirzepatide**

The Monitoring Program is established to monitor substances in order to detect potential patterns of misuse in sport.

IMPORTANT NOTICE REGARDING GLUCOCORTICOIDS (GCS)

Oral, intramuscular, rectal and intravenous routes are **prohibited** because there is clear evidence of systemic effects which could potentially enhance performance and be harmful to health. Oral administration of glucocorticoids also includes oromucosal, buccal, gingival and sublingual routes. Dental-intracanal application is **not prohibited**.

There are now also sufficient data available to show that the same systemic concentrations as existing prohibited routes can be achieved after administration by local injection (including periarticular, intra-articular, peritendinous and intratendinous) at licensed therapeutic doses. Use of sustained-release glucocorticoid formulations may result in detectable glucocorticoid levels past the washout period due to prolonged systemic absorption.

Systemic plasma and hence urinary concentrations of glucocorticoids that are reached after administration by local injection using normal licensed therapeutic doses were demonstrated to reach levels consistent with doses that were shown to have the potential to improve performance in clinical studies. The systemic effect of glucocorticoids following local injectable routes of administration may therefore present a significant potential to both improve performance and cause harm to health.

Administration of glucocorticoid medications by inhaled, or topical routes (including dental-intracanal, dermal, intranasal, ophthalmological and perianal), in accordance with the manufacturer's approved dosing regimen, are unlikely to reach systemic concentrations which may be performance enhancing. These routes of administration of glucocorticoids are **permitted.**

NOTE: all injectable routes of administration of glucocorticoids are *prohibited.*

Examples of injectable routes of administration include:
intravenous, intramuscular, periarticular, intra-articular, peritendinous, intratendinous, epidural, intrathecal, intrabursal, intralesional (e.g., intrakeloid), intradermal, and subcutaneous. In order to thoroughly and widely communicate this rule change and to allow sufficient time for information and education the implementation of this rule commenced from 1 January 2022.

EUROPEAN TOUR APPROACH TO GCS TREATMENTS BY INJECTION

To address the safe use of glucocorticoids for clinical purposes, to prevent doping and reduce confusion about which types of injection or glucocorticoid is administered to a Player, the timing of treatment in relation to competition determines whether a TUE application is needed immediately.

Players should prepare a Medical File with the treating Physician for all injectable routes of glucocorticoids (GCS) treatment. The Medical File may be submitted to support a TUE Application (See resource: How to prepare a Medical File).

GCS treatments (oral and/or injection) administered during competition MUST be supported by an immediate TUE application.

Long term treatments of GCS for Adrenal Insufficiency, IBS, Crohn's Disease require a TUE.

PERMITTED- GCS by inhalation, skin, eye, ear, nasal, mouth (not swallowed) or iontophoresis

IF IN DOUBT – ASK!
COMPLETE A MEDICAL FILE TO SUBMIT AS A TUE IF REQUIRED