



Voluntary Anti-Doping Association Official Prohibited List

This document contains the Official Prohibited List (Substances and Methods) of the Voluntary Anti-Doping Association (VADA). VADA guidelines concerning these specific substances and groups are intended to closely track internationally recognized standards for substances prohibited by sport, such as the World Anti-Doping Agency (WADA) Official Prohibited List of 2018. Therefore, nomenclature for these substances, classification groups and other uses by the WADA Prohibited List will be preserved, unless otherwise specified by VADA.

VADA Prohibited List

PROHIBITED SUBSTANCES

The following classification groups and substances are prohibited at all times during participation in the VADA program. The following classification groups and substances listed herein are not restricted to the specifically-listed common or chemical names, nor are they restricted to the specific compounds or isomers listed below. Moreover, VADA has the right, at any time, to modify, edit, and add any substance or method according to any new laws, guidelines, VADA policies, or anti-doping ideals.

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-Androsterone (3 α -hydroxy-5 α -androst-1-ene-17-one);
- 1-Testosterone (17 β -hydroxy-5 α -androst-1-en-3-one);
- 4-Hydroxytestosterone (4,17 β -dihydroxyandrost-4-en-3-one);

Bolandiol (estr-4-ene-3 β -diol);
Bolasterone;
Calusterone;
Clostebol;
Danazol ([1,2]oxazolo[4',5':2,3]pregna-4-en-20-yn-17a -ol);
Dehydrochlormethyltestosterone (4-chloro-17 β -hydroxy-17a-methylandrosta-1,4-dien-3-one);
Desoxymethyltestosterone (17a-methyl-5a androst-2-en-17 β -ol);
Drostanolone;
Ethylestrenol (19-norpregna-4-en-17a -ol);
Fluoxymesterone;
Formebolone;
Furazabol (17a -methyl [1,2,5]oxadiazolo(3',4':2,3)-5a-androstan-17 β -ol);
Gestrinone;
Mestanolone;
Mesterolone;
Metandienone (17 β -hydroxy-17a -methylandrosta-1,4-dien-3-one);
Metenolone;
Methandriol;
Methasterone (17 β -hydroxy-2a,17a-dimethyl-5a-androstan-3-one);
Methyldienolone (17 β -hydroxy-17a-methylestra-4,9-dien-3-one);
Methyl-1- testosterone (17 β -hydroxy-17a-methyl-5a-androst-1-en-3-one);
Methylnortestosterone (17 β -hydroxy-17a-methylestr-4-en-3-one);
Methyltestosterone;
Metribolone (methyltrienolone, 17 β -hydroxy-17a-methylestra-4,9,11-trien-3-one);
Mibolerone;
Norboletone;
Norclostebol;
Norethandrolone;
Oxabolone;
Oxandrolone;
Oxymesterone;
Oxymetholone;
Prostanazol (17 β -[[tetrahydropyran-2-yl]oxy]-1'H-pyrozolo[3,4:2,3]-5a-androstane);
Quinbolone;
Stanozolol;
Stenbolone;
Tetrahydrogestrinone (17-hydroxy-18a-homo-19-nor-17a-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.**

19-Norandrostenediol (estr-4-ene-3,17-diol);
19-Norandrostenedione (estr-4-ene-3,17-dione);
Androstanolone (5a-dihydrotestosterone, 17 β -hydroxy-5a-androstan-3-one);
Androstenediol (androst-5-ene-3 β , 17 β -diol);
Androstenedione (androst-4-ene- 3,17-dione);
Boldenone;

Boldione (androsta-1,4-diene-3,17-dione);
Nandrolone (19-nortestosterone);
Prasterone (dhydroepiandrosterone, 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 -Androst-2-ene-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 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, LGD-4033, ostarine and RAD 140);
- Tibolone;
- Zeranol;
- 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 effects(s), are prohibited:

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

1.1 Erythropoietin-Receptor Agonists, e.g.

Darbepoetins (dEPO);
Erythropoietins (EPO);
EPO based constructs (EPO-Fc, methoxy polyethylene glycol-epoetin beta (CERA));
EPO-mimetic agents and their constructs (e.g. CNTO 530 and peginesatide);

1.2 Hypoxia-inducible factor (HIF) activating agents, e.g.

Argon;
Cobalt;
Molidustat;
Roxadustat (FG-4592);
Xenon.

1.3 GATA inhibitors, e.g.

K-11706

1.4 TGF-beta (TGF β) inhibitors, e.g.

Luspatercept;
Sotatercept.

1.5 Innate repair receptor agonists, e.g.

Asialo EPO;
Carbamylated EPO (CEPO)

2. Peptide Hormones and Hormone Modulators:

2.1 Chorionic Gonadotrophin (CG) and Luteinizing Hormone (LH) and their releasing factors, e.g. Buserelin, deslorelin, gonadorelin, goserelin, leuprorelin, nafarelin and triptorelin, in males;

2.2 Corticotrophins and their releasing factors, e.g. Corticorelin;

2.3 Growth Hormone (GH), its fragments and releasing factors, including, but not limited to: Growth Hormone fragments, e.g. ADD-9604 and hGH 176-191; Growth Hormone Releasing Hormone (GHRH) and its analogues, e.g. CJC-1293, CJC-1295, sermorelin and tesamorelin; Growth Hormone Secretagogues (GHS), e.g. ghrelin and ghrelin mimetics, e.g. anamorelin, ipamorelin and tabimorelin; GH-Releasing Peptides (GHRPs), e.g. alexamorelin, GHRP-1, GHRP-2 (pralmorelin), GHRP-3, GHRP-4, GHRP-5, GHRP-6, and hexarelin.

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) 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).

Additional growth factors or growth factor modulators affecting muscle, tendon or ligament protein synthesis/degradation, vascularization, 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:

Fenoterol;
Formoterol;
Higenamine;
Indacaterol;
Olodaterol;
Procaterol;
Reproterol;
Salbutamol;
Salmeterol;
Terbutaline;
Tulobuterol;
Vilanterol.

Except:

- Inhaled salbutamol: maximum 1600 micrograms over 24 hours in divided doses not to exceed 800 micrograms over 12 hours starting from any dose;
- Inhaled formoterol: maximum delivered dose of 54 micrograms over 24 hours;
- Inhaled salmeterol: maximum 200 micrograms over 24 hours.

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 Athlete proves, through a controlled pharmacokinetic study, that the abnormal result was the consequence of the use of the therapeutic dose (by inhalation) up to the maximum dose 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);
Androsta-3,5-diene-7,17-dione (arimistane);
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, SR9009; and Peroxisome Proliferator Activated Receptor δ (PPAR δ) agonists, e.g. 2-(2-(methyl-4-((4-methyl-2-(4-(trifluoromethyl) phenyl)thiazol-5-yl)methylthio)phenoxy) acetic acid (GW 1516, GW501516);
 - 5.2 Insulins and insulin-mimetics;
 - 5.3 Meldonium;
 - 5.4 Trimetazidine.

S5. DIURETICS AND OTHER 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, 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 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 (AAF) unless the Athlete 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.

Stimulants include:

a: Non-Specified Stimulants:

Adrafinil;
Amfepramone;
Amphetamine;
Amfetaminil;
Amiphenazole;
Benfluorex;
Benzylpiperazine;
Bromantan;
Clobenzorex;
Cocaine;
Cropropamide;
Crotetamide;
Fencamine;
Fenetylline;
Fenfluramine;
Fenproporex,
Fonturancetam (4-phenylpiracetam (carphedon));
Furfenorex;
Lisdexamfetamine;
Mefenorex;
Mephentermine;
Mesocarb;
Methamphetamine (*d*-);
p-methylamphetamine;
Modafinil;
Norfenfluramine;
Phendimetrazine;
Phentermine;
Prenylamine;
Prolintane.

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

b. Specified Stimulants.

Including, but not limited to:

1,3-Dimethylbutylamine;
4-Methylhexan-2-amine (methylhexaneamine);
Benzfetamine;
Cathine**
Cathinone and its analogues, e.g. mephedrone, methedrone, and α -pyrrolidinovalerophenone;
Dimethylamphetamine;

Ephedrine***;
Epinephrine**** (adrenaline);
Etamivan;
Etilamfetamine;
Etilefrine;
Famprofazone;
Fenbutrazate;
Fencamfamin;
Heptaminol;
Hydroxyamfetamine (parahydroxyamphetamine);
Isometheptene;
Levmetamfetamine;
Meclofenoxate;
Methylenedioxyamphetamine;
Methyephedrine***;
Methylphenidate;
Nikethamidine;
Norfenefrine;
Octopamine;
Oxilofrine (methylnephrine);
Pemoline;
Penetrazol;
Phenethylamine and its derivatives;
Phenmetrazine;
Phenpromethamine;
Propylhexedrine;
Pseudoephedrine****;
Selegiline;
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 WADA's 2018 Monitoring Program*.

*Bupropion, caffeine, nicotine, phenylephrine, phenylpropranolamine, pipradrol, and synephrine: These substances are included in WADA's 2018 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

The following narcotics are prohibited:

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

S9. GLUCOCORTICOIDS

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

Including but not limited to:

Bethamethesone;
Budesonide;
Cortisone;
Deflazacort;
Dexamethasone;
Fluticasone;
Hydrocortisone;
Methylprednisolone;
Prednisolone;
Prednisone;
Triamcinolone.

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, microencapsulated haemoglobin products, excluding supplemental oxygen by inhalation.

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 a total of 100ml per 12 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 use of polymers of nucleic acids or nucleic acid analogues;

2. The use of gene editing agents designed to alter genome sequences and/or the transcriptional or epigenetic regulation of gene expression.

3. The use of normal or genetically modified cells.