



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 2017. 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 (and related Substances/Compounds)

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);
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);
Dehydrochloromethyltestosterone (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;
Mestibolone (methyltrienolone, 17 β -hydroxy-17 α -methylestra-4, 9, 11-trien-3-one);
Mibolone;
Norboletone;
Norclostebol;
Norethandrolone;
Oxabolone;
Oxandrolone; Oxymesterone;
Oxymetholone;
Prostanozolol (17 β -[(tetrahydropyran-2-yl)oxy]-1'H-pyrazolo[3,4:2,3]-5 α -androstan-3-one);

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);
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);
Dihydrotestosterone (17 β -hydroxy-5a-androstan-3-one);
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-5a-androstan-17-one;
5a-Androst-2-ene-17-one;
5a-Androstane-3a,17a-diol;
5a-Androstane-3a,17 β -diol;
5a-Androstane-3 β ,17a-diol;
5 β -Androstane-3a,17 β -diol;
7a-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;
- 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 AND RELATED SUBSTANCES, AND MIMETICS (and related Substances/Compounds)

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

1. Erythropoietin – Receptor agonists:

1.1 Erythropoiesis-Stimulating Agents (ESAs) e.g.

Darbepoetin (dEPO);
Erythropoietins (EPO);
EPO-Fc;
EPO-minetic peptides (EMP), e.g. CNTO 530 and peginesatide;
GATA inhibitors, e.g. K-11706;
Methoxy polyethylene glycol-epoetin beta (CERA);
Transforming Growth Factor - β (TGF- β) inhibitors, e.g. sotatercept, luspatercept;

1.2 Non-erythropoietic EPO-Receptor agonists, e.g.

ARA-290;
Asialo EPO;
Carbamylated EPO.

2. Hypoxia-inducible factor (HIF) stabilizers, e.g. cobalt, molidustat and roxadustat (FG-4592); and HIF activators, e.g. argon and 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, somatostatin 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, vascularization, energy utilization, regenerative capacity, or fiber type switching.

S3. BETA-2 AGONISTS (and related Substances/Compounds)

All selective and non-selective beta-2 agonists, including all optical isomers, are prohibited.

Including, but not limited to:

Fenoterol;

Formoterol;

Higenamine;

Indacaterol;

Olodateron;

Procaterol;

Reproterol;

Salbutamol;

Salmeterol;
Terbutaline;
Vilanterol.

Except:

- Inhaled salbutamol: maximum 1600 micrograms over 24 hours, not to exceed 800 micrograms every 12 hours;
- 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 presumed not to be an intended therapeutic use of the substance and will be considered as an Adverse Analytical Finding (AAF) unless the Boxer 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 (and related Substances /Compounds)

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; and Peroxisome Proliferator Activated Receptor δ (PPAR δ) agonists, e.g. GW 516;
 - 5.2 Insulins and insulin-mimetics;
 - 5.3 Meldonium;
 - 5.4 Trimetazidine.

S5. DIURETICS AND OTHER MASKING AGENTS (and related Substances/Compounds)

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, 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 Boxer'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 Boxer has an approved Therapeutic Use Exemption (TUE) for that substance in addition to the one granted for the diuretic or masking agent.

S6. STIMULANTS (and related Substances/Compounds)

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

Stimulants include:

4-Methylhexan-2-amine (methylhexaneamine) (A number of other synonyms exist for methylhexaneamine including: 1,3-dimethylamylamine; dimethylpentylamine; methylhexamine; methylhexanamine; 1,3-dimethylpentylamine.)

Adrafinil;

Amfepramone;

Amfetamine (amphetamine);

Amfetaminil (amphetaminil)

Amiphenazole;

Benfluorex;

Benzfetamine;

Benzylpiperazine;

Bromantan;

Cathine **;

Cathinone and its analogues, e.g. mephedrone, methedrone, and a-pyrrolidinovalerophenone;

Clobenzorex;

Cocaine;

Cropropamide;

Crotetamide;

Dimethylamphetamine;

Ephedrine***

Epinephrine**** (adrenaline);

Etamivan;

Etilamfetamine;

Etilefrine;

Famprofazone;

Fenbutrazate;

Famprofazone;

Fenbutrazate;

Fencamfamin;

Fencamine;

Fenetylline;

Fenfluramine;

Fenproporex,

Fonturancetam (4-phenylpiracetam corphedon);
Furfenorex;
Heptaminol;
Hydroxyamfetamine (parahydroxyamfetamine);
Isometheptene;
Levmetamfetamine;
Lisdexamfetamine;
Meclofenoxate;
Mefenorex;
Mephentermine;
Mesocarb;
Methamphetamine (d-);
p-methylamphetamine;
Methylenedioxyamphetamine;
Methylephedrine***
Methylphenidate;
Modafinil;
Nikethamide;
Norfenefrine;
Norfenfluramine;
Octopamine;
Oxilofrine (methylnephrine);
Pemoline;
Pentetrazol;
Phendimetrazine;
Phenethylamine and its derivatives;
Phenmetrazine;
Phenpromethamine;
Phentermine;
Prolintane;
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 2017 Monitoring Program*.

*Bupropion, caffeine, nicotine, phenylephrine, phenylpropanolamine, pipradrol, and synephrine: These substances are included in WADA's 2017 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 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 (and related Substances/Compounds)

Prohibited:

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

S9. GLUCOCORTICOIDS (and related Substances/Compounds)

All glucocorticoids are prohibited when administered by oral, intravenous, intramuscular or rectal routes including any related substance or chemical structure or isomer that provided similar biological effect(s).

The following are some examples:

Flunisolide; flucortolone; fludrocortisone; prednisone; methylprednisolone; budesonide; flumethasone, fluticasone propionate; prednisolone; bethamethasone; ciclesonide; hydroxycortisone; beclamethasone; triamcinolone; desonide.

PROHIBITED METHODS

M1. MANIPULATION OF BLOOD AND BLOOD COMPONENTS

The following methods 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 methods 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.