

Dear Colleague

Re: The 2010 World Anti-Doping Agency Prohibited List

The 2010 Prohibited List, which will come into effect from 1 January 2010, has been published by the World Anti-Doping Agency (WADA). There are a number of significant modifications which will have important implications for your athletes and athlete support personnel.

A summary of the key changes can be found below:

Category S1: Anabolic Agents

The collection of additional urine samples is no longer mandated in cases where the testosterone to epitestosterone ratio is greater than 4:1 and an isotope ratio mass spectrometry (IRMS) test or other reliable method has not revealed evidence of exogenous administration of a prohibited substance.

Key Message: Follow up testing on athletes returning an elevated T/E ratio of greater than 4:1 will be determined by the National Anti-Doping Organisation.

Category S2: Peptide Hormones, Growth Factors and Related Substances

As with previous years, platelet derived preparations (e.g. Platelet Rich Plasma (PRP) or spun blood) are prohibited via intramuscular injection. Approval of a Therapeutic Use Exemption (TUE) application will be required before treatment.

In 2010, administration of PRP preparations via any other route will require a Declaration of Use using the online declaration form provided on the 100% ME website (www.100percentme.co.uk).

Key Message: For any athlete requiring platelet derived preparations for injury management it is essential to check and complete the required notification process in advance of administering the treatment. If a Therapeutic Use Exemption is required then the treatment should not commence until this TUE has been approved.

Category S3: Beta-2 Agonists

Two Beta-2 Agonists taken via inhalation, Salbutamol and Salmeterol, no longer require a TUE but instead must be declared using the online declaration form provided on the 100% ME website (www.100percentme.co.uk). All other Beta-2 Agonists remain the same and will still require a TUE application with lung



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function test results.

The change also imposes a maximum dose for inhaled Salbutamol of 1600 micrograms (μg) in a 24 hour period, and the threshold for an athlete's urine sample remains at 1000 nanograms/millilitre (ng/ml). The presence of Salbutamol in urine in excess of 1000 ng/ml is presumed not to be as a result of a therapeutic use of the substance. In such circumstances the burden of proof shall shift to the athlete who must demonstrate that such levels are the result of inhaled use within the maximum dose of 1600 μg in a 24 hour period.

Key Message: Any athlete requiring the use of a Salbutamol or Salmeterol inhaler must declare the use of these medications.

Key Message: With a Declaration of Use a maximum of 1600 μg of Salbutamol in a 24 hour period is permitted.

The information provided by the manufacturers of salbutamol inhalers is that the maximum dose should not exceed 800 μg within a 24 hour period (as a guidance this is normally 1/2 inhalations 4 times a day). Following the manufacturer's guidance will minimise the risk of inadvertently surpassing the threshold and returning an Adverse Analytical Finding.

Category S5: Diuretics and other masking agents

The status of oral glycerol as a plasma expander has been confirmed as prohibited.

Category M1: Enhancement of Oxygen Transfer

The status of supplemental oxygen (hyperoxia) has been clarified as not prohibited.

Category S6: Stimulants

Pseudoephedrine has been placed back on the Prohibited List at a urinary threshold of 150 $\mu\text{g/ml}$. The threshold has been established on the basis of a maximum daily dose for pseudoephedrine of 240 mg following specific dosing regimes. WADA are advising athletes to stop taking pseudoephedrine at least 24 hours before competition and that, should the medication be required during the competition period, alternative medication be sought.

Key Message: Athletes must take the utmost care as pseudoephedrine is readily available in many over the counter medication.

Key Message: Following consultation with a physician if necessary, athletes should at all times use an alternative permitted medication to pseudoephedrine. This will minimise the risk of inadvertently surpassing the threshold and returning an Adverse Analytical Finding.



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Additional Resources

We will be updating our anti-doping resources including the Athlete Advice Card and Manual to reflect the 2010 Prohibited List.

To support athletes checking the status of their medication, UK Sport, in partnership with the United States Anti-Doping Agency (USADA) and the Canadian Centre for Ethics in Sport (CCES) have developed the Global Drug Reference Online (Global DRO). This online database is an important tool by which to check the status of medications. It provides critical information to athletes and athlete support personnel about the prohibited status of a medication or ingredient based on the current WADA Prohibited List. Global DRO covers products sold in the United States, the United Kingdom, and Canada. It can be accessed at www.globaldro.co.uk.

Global DRO will be updated for 1 January 2010 to reflect the 2010 Prohibited List, enabling the status of various ingredients and brands to be determined; more specifically, whether they are classified as "Prohibited", "Not Prohibited", or "Requires Declaration".

A copy of the 2010 Prohibited List is available to be downloaded from the 100% ME website at www.100percentme.co.uk.

A 2010 Prohibited List Q&A, a summary of modifications and additional information regarding the reintroduction of pseudoephedrine to the 2010 Prohibited List can all be found on WADA's website www.wada-ama.org.

Should you have any questions please do not hesitate to contact our Science and Information Coordinator, Michael Stow at Michael.Stow@uksport.gov.uk.

Yours sincerely



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