



No. 53/2015

TO UEFA MEMBER ASSOCIATIONS
TO CLUBS PARTICIPATING IN UEFA COMPETITIONS

For the attention of
the President and the General Secretary

Your reference	Your correspondence of	Our reference KCDAD/MAC/VOU	Date 18 December 2015
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2016 WADA Prohibited List: update and clarification on intravenous infusions

Dear Sir or Madam,

In accordance with paragraph 4.01 of the UEFA Anti-Doping Regulations, edition 2015, the 2016 WADA Prohibited List will apply to all UEFA competitions **from 1 January 2016**.

For this purpose, we enclose the new list of prohibited substances, as well as a WADA document summarising the changes compared with the 2015 List. This information is also available on the WADA website (www.wada-ama.org).

Main amendments to the 2016 List (see also enclosures)

Substances and methods prohibited at all times (in- and out-of-competition)

S2: Peptide hormones, Growth Factors, Related Substances and Mimetics

- Leuprorelin has replaced triptorelin as a more universal example of a chorionic gonadotrophin and luteinizing hormone-releasing factor.

S4. Hormone and Metabolic Modulators

- Insulin-mimetics have been added to the List to include all insulin-receptor agonists.
- Meldonium (Mildronate) has been added because of evidence of its use by athletes with the intention of enhancing performance.

S5. Diuretics and Masking Agents

- It has been clarified that the ophthalmic use of carbonic anhydrase inhibitors is permitted.

Substances and methods prohibited in-competition

S6. Stimulants

- It has been clarified that clonidine is permitted.

Intravenous infusions and injections

We would like to remind you of the status of intravenous (IV) infusions. In accordance with the WADA Prohibited List 2016 (Category M2, Chemical and Physical Manipulation), all IV infusions and/or injections of more than 50mL per 6-hour period are prohibited both in- and out-of-competition, except for those legitimately received in the course of hospital admissions, surgical procedures or clinical investigations or where a player has been granted a Therapeutic Use Exemption (TUE). Further, if any prohibited substance is administered intravenously, a TUE is necessary for this substance regardless of volume. IV infusions have been included on the Prohibited List because they can be used to increase plasma volume levels, mask the use of a prohibited substance, and distort the values in the Athlete Biological Passport.

There have been reports in various sports of IV infusions, including dietary supplement and vitamin cocktails, being provided to athletes for recuperation or recovery. This practice is prohibited at all times without prior TUE approval. Further, it must be understood that the use of IV fluid replacement following exercise in order to correct mild to moderate dehydration is not clinically indicated nor substantiated by the medical literature. There is a well-established body of scientific evidence to confirm that oral rehydration is the preferred therapeutic choice.

When an IV infusion is administered to an athlete, the following criteria should be fulfilled:

- A clearly defined diagnosis;
- Supportive evidence that no permitted alternative treatment can be used;
- The treatment has been ordered by a physician and administered by qualified medical personnel in an appropriate medical setting;
- Adequate medical records of the treatment.

Anyone administering an IV infusion which cannot be medically justified is committing an anti-doping rule violation (ADRV), whether or not the individual substance is prohibited. In such cases, both the player and the personnel administering the IV infusion may be sanctioned.

Therapeutic Use Exemptions (TUEs)

UEFA's rules and procedures governing TUEs, which are harmonised with those of FIFA, remain essentially the same as in 2015, despite changes to the 2016 Prohibited List. Players who are participating in UEFA competitions or in senior international (national A team) friendly matches and have to use a prohibited substance or prohibited method for therapeutic purposes must request prior authorisation from UEFA by means of a UEFA TUE application form (enclosed).

The TUE application form must be completed and signed by the player and their doctor, and then sent with a complete file of medical evidence to the UEFA Medical and Anti-Doping Unit (confidential fax +41 22 990 31 31). Forms must be sent to UEFA only, and not to NADOs. Except in cases of medical emergency, doctors must not administer a prohibited substance or prohibited method before a TUE has been granted by UEFA.

TUEs granted by FIFA are automatically valid for UEFA competitions, while TUEs granted by NADOs – to players who were not participating in a UEFA competition at the time – must first be recognised by UEFA in order to be valid for UEFA competitions. In accordance with Article 4.4.3 of the World Anti-Doping Code, the UEFA TUE Committee recognises TUEs granted by NADOs provided that the following three conditions are all fulfilled:

- The NADO followed the UEFA criteria for granting a TUE, in particular with regard to asthma treatment;
- The UEFA anti-doping and medical unit is provided with a copy of the original application form, including all medical information submitted to the authorising body (both translated into one of UEFA's official languages if necessary); and
- The UEFA TUE Committee confirms that the application complies with the UEFA TUE rules and requirements (which are the same as the FIFA and WADA rules).

Players participating in youth-level international friendly matches (i.e. any national youth team up to and including U21) must apply to their NADO for a TUE, and not to UEFA.

TUE applications for prohibited beta-2 agonists must include a complete medical file meeting the requirements set out in the enclosed Guide to the WADA Prohibited List and TUEs.

Responsibility

Players should be aware that doping controls can be carried out at all times, both in- and out-of-competition. We therefore remind you of Paragraph 2.01b) of the UEFA Anti-Doping Regulations, edition 2015: *"It is each player's personal duty that no prohibited substance enters his body. Accordingly, it is not necessary that intent, fault, negligence or knowing use on the player's part be demonstrated in order to establish an anti-doping rule violation for use of a prohibited substance or prohibited method"*. Given the disciplinary consequences that a player may face in the event of an anti-doping rule violation, we ask that all players be fully informed of the risks involved in taking any form of medication or food supplement.

Please forward this circular and the 2016 WADA Prohibited List immediately to your team doctors, who must in turn inform the players. The List, the "Guide to the WADA Prohibited List and TUEs", as well as the UEFA Anti-Doping Regulations, edition 2015, are also available on the dedicated anti-doping section of the UEFA website at: <http://www.uefa.org/protecting-the-game/anti-doping/index.html>.

If you have questions or require further information, please contact Marc Vouillamoz (marc.vouillamoz@uefa.ch) or Richard Grisdale (richard.grisdale@uefa.ch) in UEFA's Anti-Doping Unit.

Yours faithfully,

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Gianni Infantino
General Secretary

Enclosure(s)

- 2016 WADA Prohibited List
- WADA summary of modifications made to 2016 List
- Guide to the WADA Prohibited List and TUEs
- TUE application form

cc (with enclosures)

- UEFA Executive Committee
- UEFA Medical Committee
- European members of the FIFA Executive Committee
- FIFA, Zürich
- European NADOs