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# Guide to the WADA Prohibited List and Therapeutic Use Exemptions

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## The Prohibited List

### What is the Prohibited List?

The List of Prohibited Substances and Methods, also known as the Prohibited List or just the List, is a document that specifies which substances and methods are banned in sport and when the ban applies.

The List is managed and coordinated by the World Anti-Doping Agency (WADA) and is revised and updated annually. WADA publishes the updated List on its website in October and it comes into effect on 1 January.

### How does WADA decide what to include on the List?

A substance or method is included on the List when WADA determines that it meets any two of the following three criteria:

- It enhances or has the potential to enhance sporting performance.
- It represents an actual or potential health risk to the athlete.
- It violates the spirit of sport (as defined in the WADA Code).

In addition, if a substance or method can mask the effect or detection of a prohibited substance, it is likely to be prohibited itself.

Finally, any substance that has not been approved for human use is likely to be prohibited. This includes drugs under pre-clinical or clinical development, discontinued drugs, designer drugs and veterinary drugs.

### What does it mean for a substance or method to be prohibited in-competition or at all times?

The in-competition period extends from 23:59 the day before a match through to the end of that match and the associated sample collection process. Any time outside of that period is considered 'out-of-competition'.

- If a substance or method is prohibited at all times, it is banned in both the in-competition and out-of-competition periods.
- If a substance or method is prohibited in-competition, it can be used out-of-competition but must not be used during the in-competition period defined above.
  - Note: many substances can stay in the body for a long time. If you test positive during the in-competition period for a prohibited substance that was used out-of-competition, you risk committing an Anti-Doping Rule Violation (ADRV), unless you can demonstrate that your use of the substance meets certain TUE conditions, as explained in the second part of this guide.

### Can prohibited substances be found in common medicines?

Yes. Medication used to treat common health conditions such as ADHD and diabetes are included on the Prohibited List. If you require medication for a legitimate health condition, you should apply for a Therapeutic Use Exemption, as described later in this document.

Many common 'over-the-counter' medications, including painkillers and treatments for colds and flu, also contain substances that appear on the Prohibited List. You should therefore be particularly careful with medication found in your family medicine cabinet.

Also, if you travel abroad, remember that the composition of medication with the same brand name may differ from one country to the next.

### How do I know if my medical treatment includes a prohibited substance or method?

If you need medication, whether on prescription or over-the-counter, you need to check its ingredients against the List. You can check with your team doctor too, but you cannot rely on others to check the List on your behalf. You need to be proficient in doing so yourself.

You can check the List itself or you can use a medication checker such as [GlobalDRO](#). Either way, you need to make sure that you search for the medical names of the ingredients as listed on the packaging (they may also be called the "active ingredients") rather than the common, brand or street names. For example, you should search for methylphenidate rather than Ritalin and insulin rather than Levemir.

If you are unsure, you should contact your national anti-doping organisation (NADO) or UEFA's Anti-Doping Unit before taking the medication to be 100% certain that it is safe.

### What happens if I use a prohibited substance by accident?

You are responsible for any banned substance that you use, that you attempt to use or that is found in your system, regardless of how it got there and whether there was any intention to cheat or not. This is what is known as the principle of strict liability.

In other words, you could end up committing an Anti-Doping Rule Violation (ADRV) even if you used a prohibited substance by mistake or were given it by someone else. You should always **personally** check whether any medication contains a prohibited substance before using it, including medication prescribed by a doctor. You should always question medical treatment before accepting it and make sure that medical professionals are aware that you are an athlete and are subject to these anti-doping rules.

### What is the difference between 'specified' and 'non-specified' substances and methods?

The List also classifies substances and methods as 'specified' or 'non-specified'. Specified substances and methods are those for which a credible non-doping explanation is more likely (e.g. methylphenidate, fentanyl).

It is important to understand that all the substances on the List are prohibited and this classification is purely for sanctioning purposes: reduced sanctions may be applied in cases involving specified substances and methods.

### What is a 'substance of abuse'?

Substances of abuse are substances that are frequently abused in society outside of the context of sport. If you test positive for a substance of abuse and you can establish that the substance was used out-of-competition and in a context unrelated to sports performance, your period of suspension will be 'only' three months and can be further reduced to one month if you complete a rehabilitation programme.

WADA identifies substances of abuse on the Prohibited List. The current edition identifies cocaine, diamorphine (heroin), 3,4-methylenedioxymethamphetamine (MDMA/ecstasy) and tetrahydrocannabinol (THC/cannabis) as substances of abuse.

### Can prohibited substances be found in nutritional supplements?

Yes. The use of supplements is one of the main causes of doping in football.

Supplement manufacturers are not required to follow the same practices and standards as pharmaceutical companies. Supplements may have incomplete, inaccurate or missing ingredients lists and may make false claims about enhancing strength or speed or being "safe for athletes", "backed by research" or "approved by WADA". These claims can be misleading and create a false sense of security.

You must be extremely careful in your use of nutritional supplements as you would face disciplinary sanctions in the event of a positive doping test even if you consumed a prohibited substance accidentally as part of a supplement.

### What are the rules on glucocorticoids?

Glucocorticoids (GCs) are commonly used to treat a variety of medical conditions. They are given primarily for their anti-inflammatory and immune-suppressive effects and may be administered via different routes.

GCs are prohibited in-competition if administered orally or rectally or injected (local and systemic injections). All other means of administration, including inhalation, nose spray, eye drops and topical application, are permitted. As a reminder, the in-competition period extends from 23:59 the day before a match through to the end of that match and the associated sample collection process.

Out-of-competition use of GCs, by any route, is permitted. However, out-of-competition GC use may be detected in an in-competition urine sample, which could result in an adverse analytical finding (AAF). If you and your doctor provide appropriate clinical justification for the GC use, a retroactive TUE may be granted. However, if no TUE is granted, the AAF may lead to a sanction.

Please refer to **Annex 1** for further information on GC washout periods and TUE applications.

You can also find more information in the WADA guidance document entitled [Glucocorticoids and Therapeutic Use Exemptions](#).

### What is the status of tramadol?

The Prohibited List is updated every year and one of the most recent additions is the narcotic tramadol. Tramadol was added on 1 January 2024 and is prohibited in-competition.

### Are IV infusions prohibited?

Intravenous infusions and injections of more than 100ml per 12-hour period are prohibited unless they are legitimately received during hospital treatment, a surgical procedure or a clinical diagnostic investigation.

If you receive an IV infusion outside a hospital setting, surgical procedure or clinical diagnostic investigation, you will need a TUE. This is the case even if the liquid infused or injected does not contain a prohibited substance, because the method itself is prohibited.

## Therapeutic Use Exemptions

### What is a Therapeutic Use Exemption (TUE)?

If you have a legitimate illness or condition that requires medication or a medical procedure that is included on the List, you will need a valid Therapeutic Use Exemption or TUE.

A TUE is a document that allows an athlete to use a prohibited substance or method without it being an Anti-Doping Rule Violation (ADRV).

### What are the conditions for approval of a TUE?

All UEFA TUEs are processed in accordance with WADA's [International Standard for TUEs \(ISTUE\)](#). According to Article 4.2 of the ISTUE, you may be granted a TUE if (and only if) you can show, on the balance of probabilities, that each of the following conditions is met:

- The prohibited substance or method is needed to treat a diagnosed medical condition, supported by relevant clinical evidence.
- The use of the prohibited substance or method will not enhance performance beyond what is expected from the athlete's return to normal health.
- The prohibited substance or method is a legitimate treatment for the medical condition, and there is no reasonable, permitted therapeutic alternative.
- The need to use the prohibited substance or method is not a consequence of the prior use (without a TUE) of a prohibited substance or method.

### When should I apply for a TUE?

- If you need to use a prohibited substance or method and are taking part in a UEFA competition, you should apply for a TUE as soon as reasonably possible, before using or possessing the substance or method, unless you are entitled to apply retroactively (see below).
- If you already have a NADO TUE, you should apply for UEFA recognition as soon as you qualify for a UEFA competition.
- If you use a substance or method that requires a TUE and you are not subject to the anti-doping rules of your NADO, you should apply for a UEFA TUE as soon as you qualify for a UEFA competition.

Decisions on applications to UEFA are made by the UEFA TUE Committee as soon as possible and no later than 21 days after receipt of a complete TUE application.

Please see below for further details regarding to whom you should apply for a TUE.

### What is a 'retroactive TUE' and can I apply for one?

In case of a medical emergency and in other clearly defined circumstances, you can apply for a TUE after you have started using the substance or method. This is called a retroactive TUE.

For UEFA competitions, the only circumstances in which a retroactive TUE may be accepted are as follows:

- If you needed emergency or urgent medical treatment.



- If you use a substance out-of-competition that is only banned in-competition and you test positive in the in-competition period.
- If it would be "manifestly unfair" not to grant you a retroactive TUE.
  - Note: this exemption is reserved for truly exceptional circumstances, which by definition are rare, and the granting of these TUEs requires WADA's prior approval. WADA's decision is final.

It is important be aware that a retroactive TUE application for a medical emergency will only be considered by the UEFA TUE Committee if there is clear medical justification. A player using a prohibited substance to recover from an injury so that they can play in an important match is not a medical emergency.

### To whom should I apply for a TUE?

If you are registered to participate in a UEFA competition or are playing in a senior international friendly match, you must apply to UEFA for a TUE. **A UEFA TUE is valid for all UEFA competitions, all FIFA competitions and domestic football.**

If you are registered to participate in a FIFA competition or are part of the FIFA Pre-Competition Testing Pool or the FIFA International Registered Testing Pool, you must apply to FIFA for a TUE. **A FIFA TUE is valid for all FIFA competitions, all UEFA competitions and domestic football.**

If you are only participating in domestic competitions or are playing in a youth or U21 international friendly match, you should **check with your NADO** whether you require a TUE.

**If you have a NADO TUE and subsequently qualify for a UEFA competition, this TUE must be recognised by UEFA** (see information below on applying for international recognition of a NADO TUE).

The table below provides a useful overview of the different scenarios.

The football player is...	TUE application to be sent to...
A player participating in domestic competitions only	NADO <i>If you subsequently qualify for a UEFA competition, the NADO TUE must be sent to UEFA for recognition.</i>
A player participating in a youth or U21 international <b>friendly</b> match	NADO <i>If you subsequently qualify for a UEFA competition, the NADO TUE must be sent to UEFA for recognition.</i>
A player participating in a senior international <b>friendly</b> match at confederation level	UEFA
A player participating in a UEFA national team competition (youth or senior)	UEFA
A player participating in a UEFA club competition (youth or senior)	UEFA

A player participating in any FIFA competition	FIFA <i>TUEs granted by FIFA or a confederation other than UEFA are automatically recognised by UEFA.</i>
A player in the FIFA International Registered Testing Pool	FIFA <i>TUEs granted by FIFA or a confederation other than UEFA are automatically recognised by UEFA.</i>

### How do I apply for a UEFA TUE?

- You can access the UEFA TUE application form [here](#) or by typing tue.uefa.com into any web browser.
- As part of the application, both you and your doctor will be required to download, print, sign and upload a declaration/consent form.
- You will also need to submit medical evidence and a detailed medical history, including the results of all examinations, laboratory investigations and scans that are relevant to the application.
- WADA publishes [TUE application checklists](#) for many common medical conditions. Your doctor can use these to ensure that all the requirements are met before applying to UEFA for a TUE.
- If your medical information is not in one of UEFA's official languages – English, French or German – you must provide a clear summary in one of these three languages.
- Unless you meet the conditions for a retroactive TUE, as outlined above, you may not use the prohibited substance or method until your TUE application has been approved.

### How do I apply for international recognition of my NADO TUE?

TUEs granted by NADOs are not valid for UEFA competitions unless they have been recognised by UEFA. To request recognition of a NADO TUE, please email [anti-doping@uefa.ch](mailto:anti-doping@uefa.ch) with the ADAMS reference of your NADO TUE or your name and date of birth.

### Who decides whether my UEFA TUE is approved?

All applications for TUEs are reviewed by the UEFA TUE Committee which is composed of at least three independent and experienced physicians with expert knowledge of clinical, sports and exercise medicine. When reviewing applications, the committee follows the rules governing TUE applications, which are set out in the WADA International Standard for TUEs (ISTUE).

The UEFA TUE Committee makes a decision on each application as soon as possible and no later than 21 days after receipt of a complete application.

### Will the information in my TUE application remain confidential?

All the information contained in a TUE application, including the supporting medical information and any other information related to the evaluation of your TUE request, is kept strictly confidential and treated in accordance with the player declaration submitted with the TUE application form. All members of the UEFA TUE Committee and any other authorised recipients of your TUE request are subject to a professional or contractual confidentiality obligation.



### What happens if my TUE application is successful?

If your TUE is granted by the UEFA TUE Committee, UEFA will send the TUE certificate to you and your doctor. The TUE will also be entered in WADA's Anti-Doping Administration & Management System (ADAMS) so that your NADO, FIFA and WADA all have access.

### What happens if UEFA refuses my TUE application?

If your TUE application is refused by the UEFA TUE Committee, UEFA will give you the reason for its decision. You can request a review of the decision by WADA, at your own expense. You may also appeal against it to the Court of Arbitration for Sport (CAS).

TUE refusals are also entered in ADAMS so that your NADO, FIFA and WADA are informed.

### Are there conditions attached to a TUE when it is granted?

If granted, a TUE allows you to use a defined substance or method according to a specific dose, frequency and route of administration. You must comply with the conditions set out on the TUE certificate.

All approved TUEs are valid for a specific period of time and have an expiry date. If you need to continue using the prohibited substance or method after that date, you will need to apply for a new TUE.

## Annex 1 – Glucocorticoid washout periods and TUE applications

As explained above, glucocorticoids (GCs) are prohibited in-competition if administered orally or rectally or injected (local and systemic injections). Out-of-competition use of GCs, by any route, is permitted. However, out-of-competition GC use may be detected in an in-competition urine sample, which could result in an adverse analytical finding (AAF). If you and your doctor provide appropriate clinical justification for GC use, a retroactive TUE may be granted. However, if no TUE is granted, the AAF may lead to a sanction.

Given the above, it is important that you are aware of the washout periods for GCs. You also need to understand when to apply for a TUE and what medical documentation is recommended to support applications.

### Glucocorticoid washout periods

After administration of GCs, urinary reporting levels which would result in an AAF can be reached for different periods of time, depending on the GC administered, the route and the dose.

The washout periods below refer to the time between the last administered dose and the start of the in-competition period, assuming the GC is administered in its maximum dose according to the manufacturer's licence.

Route	Glucocorticoid	Washout period
Oral*	All glucocorticoids	3 days
	<b>Except:</b> triamcinolone, triamcinolone acetonide	10 days

Intramuscular	Betamethasone, dexamethasone, methylprednisolone	5 days
	Prednisolone, prednisone	10 days
	Triamcinolone acetonide	60 days
Local injection (including periarticular, intra-articular, peritendinous and intratendinous)	All glucocorticoids	3 days
	<b>Except:</b> prednisolone, prednisone, triamcinolone acetonide, triamcinolone hexacetonide	10 days
Rectal	All glucocorticoids	3 days
	<b>Except:</b> triamcinolone diacetate, triamcinolone acetonide	10 days

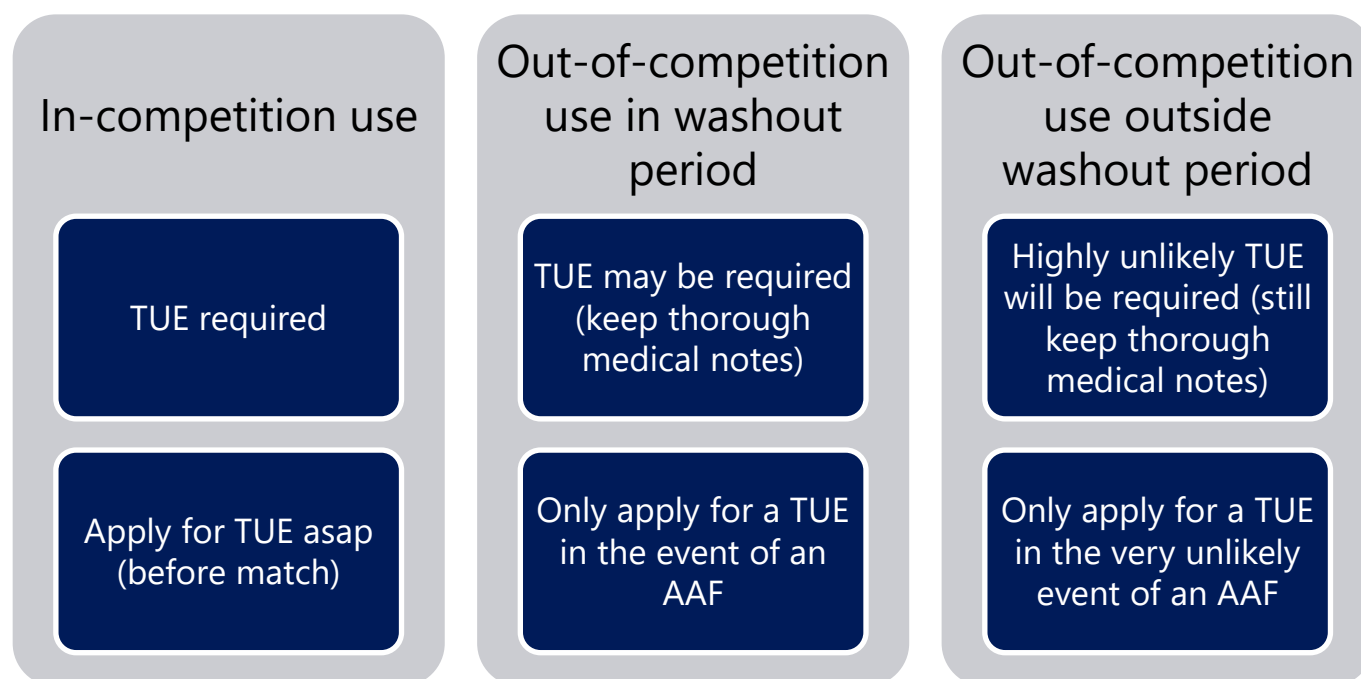
\*Oral routes include e.g. oromucosal, buccal, gingival and sublingual.

### When to apply for a TUE for glucocorticoid use

If you have an urgent need for GC in-competition, you should apply for a TUE as soon as possible.

If you use a GC out-of-competition (even within the washout period), you do not need to apply for a TUE unless a sample is collected from you that results in an AAF.

The chart below describes the three scenarios that may arise depending on whether the GC was administered in-competition or out-of-competition, within or outside the washout period.



### TUE guidance for glucocorticoid injections

Whenever a doctor administers a GC injection, they must be prepared to provide the following medical information in case a TUE is required:

- A copy of the results of the imaging and/or other investigations used to confirm the diagnosis.
- A thorough clinical history of the player that includes when the injury first presented, a description of the symptoms experienced (at that time), and the severity of the symptoms.

- The clinical examination findings that led to the decision to proceed with the injection.
- The consequences for the player if treatment were to be withheld any longer.
- A summary of the permitted medication and/or non-pharmacological treatment trialled before considering the use of a GC injection (including name, dose, dates, duration and effect of each), or clinical justification for not trialling any alternatives.
- The time, date and dosage of the GC injection.



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