You are **personally responsible** for ensuring that anything you eat, drink, put into your body or use (as well as any medical treatment you receive) does not give rise to an anti-doping rule violation under the ICC Anti-Doping Code.
Introduction

The ICC Anti-Doping Code has been adopted and implemented as part of the ICC’s continuing efforts to: (a) maintain the integrity of the sport of cricket; (b) protect the health and rights of all participants in the sport of cricket; and (c) keep the sport of cricket free from doping.

The ICC Anti-Doping Code applies at all times to all players (men and women) who participate (or who have participated) in the last 24 months in an ‘International Match’.

Players are required to be familiar with the full ICC Anti-Doping Code, which is the definitive statement of the anti-doping requirements applicable to players.

In the event of any conflict between the information contained in this pocket guide and the ICC Anti-Doping Code, the provisions of the ICC Anti-Doping Code shall apply.

The ICC Anti-Doping Code is reviewed on an annual basis to ensure it remains fit for purpose, with any amendments being effective from 1 January every year. A full copy of the current Code will always be available on the anti-doping section of the ICC’s website (www.icc-cricket.com).

REPORT DOPING
+971 50 554 5891
anti-doping@icc-cricket.com
ICC Integrity APP
Advice for Players

• Be aware of the ICC Anti-Doping Code and ensure that you have access at all times to a copy of the current WADA Prohibited List.

• Always check, or ask your medical advisors to check, any medication (including all of its ingredients) or substance against the WADA Prohibited List before using any medication or substance.

• Extreme caution is recommended regarding supplement use as some products may contain ingredients not listed on the label.

• Keep a list of medications, substances and supplements you are taking so that you can record them on the doping control form at the time of sample collection.

• Remember that when travelling overseas, medication with the same brand name as the one you use in your home country may contain different substances. Take care to ensure that each individual substance listed on the label is checked against the current WADA Prohibited List.

• Know the sample collection procedure and your rights and responsibilities during testing.

• Download the ICC Integrity App and ensure that your coach, physician, doctor and team manager are all aware that you are subject to the ICC Anti-Doping Code.

• If you have been notified that you are in the ICC’s International Registered Testing Pool, National Player Pool or any other testing pools, make sure that you understand your obligations in relation to filing ‘whereabouts’ information.

• If you have any questions in relation to any aspect of the ICC’s Anti-Doping Code, please contact the ICC’s anti-doping contacts immediately.
Your Responsibilities as a Player

If you are subject to the ICC Anti-Doping Code you are **personally responsible** for:

- Making sure that you and every person that you take advice from (including medical personnel) are aware of and understands all of the requirements of the ICC Anti-Doping Code

- Knowing what constitutes an anti-doping rule violation under the ICC Anti-Doping Code and what substances and methods have been included on the WADA Prohibited List (which can be found online at www.wada-ama.org and www.icc-cricket.com)

- Making sure that anything you eat, drink, put into your body or use, as well as any medical treatment you receive, does not give rise to an anti-doping rule violation under the ICC Anti-Doping Code

*Use of any supplement is at your own risk.*
Therapeutic Use Exemption (TUE)

You may need to use a prohibited substance or a method to treat a legitimate medical condition. If this applies to you, then you must obtain a Therapeutic Use Exemption (TUE) certificate before using the prohibited substance or method. Unless there are emergency or exceptional circumstances, TUE applications must be lodged with the ICC a minimum of 30 days before you require an approved exemption, failing that the application should be sent as soon as possible.

Key steps to completing your TUE application:

1. Obtain the TUE application form from the ICC website (www.icc-cricket.com), the ICC Integrity App or or request a hard copy from the ICC anti-doping contacts listed on this guide

2. Complete all sections of the form

Warning: Incomplete or illegible forms will not be approved / accepted and will be returned to you for resubmission

3. Make sure that your doctor has read and signed the Medical Practitioner’s Declaration

4. Read and sign the Player Declaration
Note: In addition, any player under the age of 18 will also need the signature of a parent / guardian.

5. Send the TUE application form to the ICC as soon as possible

More information on TUEs can be found on the anti-doping section of the ICC website (www.icc-cricket.com) and ICC Integrity App.

Note on TUEs: If you have already obtained a TUE from another anti-doping organisation (such as your Regional / National Anti-Doping Organisation), you may apply to have that TUE recognised by the ICC. You must send a copy of the TUE certificate, the original TUE application with supporting documentation, together with a covering letter requesting the ICC to recognise the exemption. Unless and until such recognition is communicated to you, you use the prohibited substance or method in issue entirely at your own risk.

In all other circumstances, you may not assume that your application for a TUE will be granted. Again, your use of the prohibited substance or method in issue before approval of your TUE application, or recognition of another anti-doping organisation’s TUE is at your own risk.
Whereabouts

The ICC whereabouts rules have seen the development of two pools of players, (i) International Registered Testing Pool (IRTP) and (ii) National Player Pool (NPP).

If you are included in either pool, you will receive formal notification from the ICC and will be required to provide whereabouts information specific to your respective pool as detailed in the current ‘Whereabouts Requirements for Out-of-Competition Testing’ and in the respective documents, ‘About the IRTP’ and ‘About the NPP’ available on the Anti-Doping section of the ICC website (www.icc-cricket.com) and ICC Integrity App.

Whereabouts information can be submitted on WADA’s Anti-Doping Administration and Management System (ADAMS) website (https://adams.wada-ama.org/adams).

You can be tested by the ICC on any day, 365 days of the year.
Sample Collection Procedure

Testing under the ICC Anti-Doping Code will be conducted both in-competition and out-of-competition. This means that all players can be tested at any time on any day of the year whether during an ‘International Match’ (in-competition) or at any other time, including when on holiday (out-of-competition).

The testing procedures outlined in this guide follow the most recent version of the International Standard for Testing and Investigations, which is published from time to time by the World Anti Doping Agency (WADA).

Notification

1. If you have been selected to provide a sample (urine or blood), you will be notified by a Doping Control Officer (DCO), or Chaperone. They will carry identification and will ask you for some form of identification.

2. The Chaperone will observe you from the moment that you are notified of your selection. You will not be unsupervised until you have provided your sample.

3. You are advised to drink the secure beverages supplied in the Doping Control Station until you have provided your sample. If you choose to consume foods or fluids prior to providing your sample, you do so at your own risk.
Reporting to Doping Control

4. Following notification, you will be followed by a DCO or Chaperone at all times and be required to report to the doping control station as soon as possible, or request for a delay in reporting for valid reasons (e.g. warm down, medical treatment, training session etc).

5. Upon arrival at the doping control station, the procedures will be explained to you and you will be given the opportunity to ask any questions that you might have.

6. In the case of blood, you will be requested to rest for a period of time prior to providing your sample.

Selection of Kits

7. You will be asked to select two types of kits (sample collection and security) from a selection of sealed kits.

8. Always check that the kits you select have not been tampered with or been damaged.

9. Firstly, you will need to select a sample collection kit which will be used to collect your sample. In the case of urine this will be a collection vessel with a lid and in the case of blood, the sample collection kit will contain vacutainer tubes, sterile needle (butterfly or straight) and a plastic syringe.

10. You will then need to select a Security Kit which contains ‘A’ and ‘B’ bottles. You should also check that the sample code numbers on the bottles, lids, and labels match. The security kits will be sent to the laboratory for testing.
Urine Sample Collection

11. You will be required to provide a urine sample under direct supervision and observation of a DCO of the same gender. If your sample is not enough, it shall be sealed and you will be required to provide more until enough has been collected.

12. The DCO will also check that your sample is suitable for analysis. If the sample is too weak, you will be required to provide more samples until it is suitable.

13. You will then be asked to divide your sample between the ‘A’ and ‘B’ bottles. The DCO will not handle any of the equipment during the procedure.
Blood Sample Collection

14. The Blood Collection Officer (BCO), will select a location from where to draw the blood (preferably on the player’s non-dominant arm).

15. The area will be cleaned with a sterile disinfectant swab.

16. The BCO will apply a tourniquet to the upper arm to aid in the collection and insert the needle to begin to draw the blood sample.

17. Two 5ml vacutainer tubes will be filled with blood to complete sample provision.
Securing the Sample

18. Once the sample has been divided, in the case of urine, both the ‘A’ and ‘B’ bottles are sealed. The DCO will check in full view of the player that the bottles have been properly sealed before placing them in a box.

19. In the case of blood, each vacutainer tube is labeled with the sample code number, the same as on the security bottles. The BCO will invert both vacutainer tubes gently to initiate clotting and allow the samples to remain at room temperature for approximately 15 minutes prior to the player sealing them inside the security kit.

Completing the Doping Control Form

20. The DCO will record the code number of the security kit on the doping control form. You should take care to check the form, making sure the information is accurate and correct. You should also declare any substances, supplements or medication you have taken during the past seven days. If you have a Therapeutic Use Exemption (TUE) you should note down the details. You will then be asked to complete and sign the doping control form. A copy will be given to you which you should keep in a safe place.

21. If you have any concerns about the testing process, privacy or hygiene of the facility, you should write them down on your form and report your concerns to the ICC Anti-Doping Manager and your Team Manager straight away.
Blood Testing for Human Growth Hormone (hGH)

- Human Growth Hormone (hGH) has been identified as a substance at risk of abuse in cricket.

- hGH can only be detected in blood.

- You may be tested in-competition or out-of-competition for both urine and blood at the same time.

- Blood Collection Officers (BCOs), who are responsible for collecting the blood sample, are fully qualified in phlebotomy (the collection of blood).

- The sample will be drawn from your non-dominant arm, unless the BCO identifies the other arm as more suitable or you make a specific request.

- The quantity of blood collected is 10 m/L (2 x 5m/L vacutainer tubes) – less than a tablespoon.

- Samples are required to remain at room temperature for approximately 15 minutes prior to securing the vacutainers in the security kits. You are encouraged to remain and observe your sample during this time.

- In case of three (3) unsuccessful attempts to draw blood, the DCO will decide to terminate collection.

- You are strongly advised to rest the arm from which the sample was drawn for 30 minutes post sample provision.

- Blood samples are treated with the same high level of security and integrity as urine samples.
The 2019 Prohibited List

The WADA Prohibited List is the list of prohibited substances and methods incorporated into the ICC Anti-Doping Code. This is the list that players should use to determine what is prohibited in and out-of-competition.

The list is updated annually and comes into effect on **1 January each year**. Therefore, with effect from 1 January 2019, the 2019 WADA Prohibited List will replace the 2018 Prohibited List.

The Prohibited List can be found on the WADA website (www.wada-ama.org) or, the ICC website (www.icc-cricket.com) and ICC Integrity App.

In accordance with Article 4.2.2 of the World Anti-Doping Code, all Prohibited Substances shall be considered as “Specified Substances” except Substances in classes S1, S2, S4.4, S4.5, S6.a and Prohibited Methods M1, M2 and M3.

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**Warning on dietary supplements**

Supplements can take the form of sports drinks, gels and bars, carbohydrate supplements, protein supplements, meal replacements, weight loss and weight gain products, vitamins and minerals including antioxidants, herbs, homeopathic remedies or traditional medicines.

Unlike pharmaceutical products, the manufacture and distribution of supplements is not regulated. *Supplements may therefore contain ingredients not listed on the label. Consumption of any supplement is always at your own risk.*
SUBSTANCES & METHODS PROHIBITED AT ALL TIMES (In & Out-of-Competition)

Prohibited Substances

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 (5α-androst-1-ene-3β,17β-diol);
   1-androstenedione (5α-androst-1-ene-3,17-dione);
   1-androsterone (3α-hydroxy-5α-androst-1-ene-17-one);
   1-testosterone (17β-hydroxy-5α-androst-1-en-3-one);
   bolasterone;
   calusterone;
   clomestebol;
   danazol ([1,2]oxazolo[4’,5’:2,3]pregna-4-en-20-yn-17α-ol);
   dehydrochlorormethyltestosterone (4-chloro-17β-hydroxy-17α-methylandrosta-1,4-dien-3-one);
   desoxymethyltestosterone (17α-methyl-5α-androst-2-en-17β-ol) and 17α-methyl-5α-androst-3-en-17β-ol);
   drostanolone;
   ethylestrenol (19-norpregna-4-en-17α-ol);
   fluoxymesterone;
   formebolone;
   furazabol (17α-methyl[1,2,5]oxadiazolo[3’,4’:2,3]-5α-androstan-17β-ol);
   gestrinone;
   mesterolone;
mesterolone; metandienone (17β-hydroxy-17α-methylandrosta-1,4-dien-3-one);
metenolone; methandriol; methasterone (17β-hydroxy-2α, 17α-dimethyl-5α-androstan-3-one);
methylidenolone (17β-hydroxy-17α-methylestra-4,9-dien-3-one);
methyl-1-testosterone (17β-hydroxy-17α-methyl-5α-androst-1-en-3-one);
methylnortestosterone (17β-hydroxy-17α-methylestr-4-en-3-one);
methylandrostenolone; metribolone (methyltrienolone, 17β-hydroxy-17α-methylestra-4,9,11-trien-3-one);
mibolerone; norboletone; norclostebol; norethandrolone; oxabolone; oxandrolone; oxymesterone; oxymetholone; prostanozol (17β-[(tetrahydropyran-2-yl)oxy]-1’H-pyrazolo[3,4:2,3]-5α-androstane);
quinclorol; stanozolol; stenbolone; tetrahydrogestrinone (17-hydroxy-18a-homo-19-nor-17α-pregna-4,9,11-trien-3-one);
trenbolone (17β-hydroxyestr-4,9,11-trien-3-one); and other substances with a similar chemical structure or similar biological effect(s).

b. Endogenous** AAS and their Metabolites and isomers, when administered exogenously including but not limited to:
4-androstenediol (androst-4-ene-3β,17β-diol); 4-hydroxytestosterone (4,17β-dihydroxyandrost-4-en-3-one);
5-androstenedione (androst-5-ene-3,17-dione);  
7α-hydroxy-DHEA;  
7β-hydroxy-DHEA;  
7-keto-DHEA;  
19-norandrostenediol (estr-4-ene-3,17-diol);  
19-norandrostenedione (estr-4-ene-3,17-dione);  
androstanolone (5α-dihydrotestosterone,  
17β-hydroxy-5α-androstan-3-one);  
androstenediol (androst-5-ene-3β,17β-diol);  
androstenedione (androst-4-ene-3,17-dione);  
boldenone;  
boldione (androsta-1,4-diene-3,17-dione);  
epiandrosterone (3β-hydroxy-5α-androstan-17-one);  
epi-dihydrotestosterone (17β-hydroxy-5β- 
androstan-3-one);  
epitestosterone;  
nandrolone (19-nortestosterone);  
prasterone (dehydroepiandrosterone, DHEA  
3β-hydroxyandrost-5-en-17-one);  
testosterone.

2. Other Anabolic Agents, including but not limited to:  
Clenbuterol, selective androgen receptor modulators  
(SARMs, e.g. andarine, LGD-4033, enobosarm  
(ostarine) and RAD140), tibolone, zeranol and  
zilpaterol.

For purposes of this section:  
* “exogenous” refers to a substance which is not  
or ordinarily produced by the body naturally.  
** “endogenous” refers to a substance which is  
or 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 effect(s), are prohibited:  
1. Erythropoietins (EPO) and agents affecting  
erythropoiesis, including, but not limited to:  
1.1 Erythropoietin-Receptor Agonists, e.g.  
Darbepoetins (dEPO); erythropoietins (EPO); EPO
based constructs [e.g. EPO-Fc, methoxy polyethylene glycol-epoetin beta (CERA)]; EPO-mimetic agents and their constructs (e.g. CNTO-530, peginesatide).

1.2 Hypoxia-inducible factor (HIF) activating agents, e.g. Argon; cobalt; daprodustat (GSK1278863); molidustat (BAY 85-3934); roxadustat (FG-4592); vadadustat (AKB-6548); 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 their releasing factors, 2.1 Chorionic Gonadotrophin (CG) and Luteinizing Hormone (LH) and their releasing factors in males, e.g. Buserelin, deslorelin, gonadorelin, goserelin, leuprorelin, nafarelin and triptorelin;

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. AOD-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. lenomorelin (ghrelin) and its mimetics, e.g. anamorelin, ipamorelin, macimorelin and tabimorelin; GH-Releasing Peptides (GHRPs), e.g. alexamorelin, GHRP-1, GHRP-2 (pralmorelin), GHRP-3, GHRP-4, GHRP-5, GHRP-6, and examorelin (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-β4 and its derivatives e.g. TB-500; Vascular-Endothelial Growth Factor (VEGF) and other growth factors or growth factor modulators affecting muscle,
tendon or ligament protein synthesis/degradation, vascularisation, 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; tretquinol (trimetoquinol); 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; and
- 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 a therapeutic dose (by inhalation) up to the maximum dose indicated above.

**S4. HORMONE & METABOLIC MODULATORS**

The following hormone and metabolic modulators are prohibited:

1. **Aromatase inhibitors** including, but not limited to:
   - 2-Androstenol (5α-androst-2-en-17-ol);
   - 2-Androstenone (5α-androst-2-en-17-one);
   - 3-Androstenol (5α-androst-3-en-17-ol);
   - 3-Androstenone (5α-androst-3-en-17-one);
   - 4-androstene-3,6,17 trione (6-oxo);
   - aminogluthethimide; anastrozole; androsta-1,4,
   - 6-triene-3,17-dione (androstatrienedione); androsta-3,5-diene-7,17-dione (arimistane); exemestane; formestane; letrozole and testolactone.
2. Selective estrogen receptor modulators (SERMs) including, but not limited to: raloxifene; tamoxifen and toremifene.

3. Other anti-estrogenic substances including, but not limited to: clomifene; cyclofenil and fulvestrant.

4. Agents preventing activin receptor IIB including, but not limited, to: activin A-neutralizing antibodies; activin receptor IIB competitors such as decoy activin receptors (e.g. ACE-031); anti-activin receptor IIB antibodies (e.g. bimagrumab); myostatin inhibitors such as agents reducing or ablating myostatin expression; myostatin-neutralizing antibodies (e.g. domagrozumab, landogrozumab, stamulumab); myostatin-binding proteins (e.g. follistatin, myostatin propeptide).

5. Metabolic modulators:
5.1 Activators of the AMP-activated protein kinase (AMPK), e.g. AICAR, SR9009; and Peroxisome Proliferator Activated Receptor δ (PPARδ) agonists, e.g. 2-(2-methyl-4-(((4-methyl-2-(4-(trifluoromethyl) phenyl)thiazol-5-yl)methylthio)phenoxy) acetic acid (GW1516, GW501516);
5.2 Insulins and insulin-mimetics;
5.3 Meldonium
5.4 Trimetazidine

S5. DIURETICS & 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, e.g. 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 at all times or In-Competition, as applicable, 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.

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 and 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 & 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 100 mL per 12-hour period except for those legitimately received in the course of hospital treatments, surgical procedures or clinical diagnostic investigations.

M3. GENE AND CELL 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, post-transcriptional or epigenetic regulation of gene expression.

3. The use of normal or genetically modified cells.

SUBSTANCES & METHODS PROHIBITED IN-COMPETITION

In addition to the classes S0 to S5 and M1 to M3, the following classes are prohibited In-Competition:

Prohibited Substances

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;
- amfetamine;
- amfetaminil;
- amiphenazole;
- benfluorex;
- bromantan;
- benzylpiperazine;
- clobenzorex;
cocaine; cropropamide; crotetamide; fencamine; fenetylline; fenfluramine; fenproporex; fonturacetam [4-phenylpiracetam (carphdeon)]; furfenorex; lisdexamfetamine; mefenorex; mephentermine; mesocarb; metamfetamine (d-); p-methylamfetamine; modafinil; norfenfluramine; phendimetrazine; phentermine; prenylamine; and prolintane.

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

**b: Specified Stimulants:**
Including, but not limited to:
3-methylhexan-2-amine (1,2-dimethylpentylamine);
4-methylhexan-2-amine (methylhexaneamine);
4-methylpentan-2-amine (1,3-dimethylbutylamine);
5-methylhexan-2-amine (1,4-dimethylpentylamine);
benzfetamine;
cathine**;
cathinone and its analogues, e.g. mephedrone, methedrone and α-pyrrolidinovalerophenone;
dimetamfetamine (dimethylamphetamine);
ephrine***;
epinephrine**** (adrenaline);
etamivan;
etilamfetamine;
etilefrine;
famprofazone;
fenbutrazate;
fencamfamin;
heptaminol;
hydroxyamfetamine (parahydroxyamphetamine);
isometheptene;
levmetamfetamine;
meclofenoxate;
methylenedioxymethamphetamine;
methylephedrine***;
methylphenidate;
nikethamide;
norfenefrine;
octopamine;
oxilofrine (methylsynephrine);
pemoline;
pentetrazol;
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 the 2019 Monitoring Program*.
* Bupropion, caffeine, nicotine, phenylephrine, phenylpropanolamine, pipradrol, and synephrine: These substances are included in the 2019 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; and pethidine.

S8. CANNABINOIDS

The following cannabinoids are prohibited: Natural cannabinoids e.g. cannabis, hashish and marijuana, Synthetic cannabinoids e.g. Δ9-tetrahydrocannabinol (THC) and other cannabimimetics. Except: Cannabidiol.

S9. GLUCOCORTICOIDs

All glucocorticoids are prohibited when administered by oral, intravenous, intramuscular or rectal routes. Including but not limited to: Betamethasone; budesonide; cortisone; deflazacort; dexamethasone; fluticasone; hydrocortisone; methylprednisolone; prednisolone; prednisone; triamcinolone.