

Explanatory Statement 20 of 2022

2022 Amendment to Annexes I and II of the International Convention against Doping in Sport

Practical and legal effect

1. The proposed minor treaty action amends **Annexes I and II** to the United Nations Education, Scientific and Cultural Organisation ('UNESCO') *International Convention against Doping in Sport [2007] ATS 10*, ('the Convention'). **Annex I (Prohibited List - International Standard)** identifies the substances and methods which are prohibited in sport. **Annex II (Standards for Granting Therapeutic Use Exemptions)** outlines the means by which athletes can use medicines or methods on the Prohibited List to treat legitimate medical conditions. Both **Annexes I and II** are an integral part of the Convention (**Article 4 (3)**).
2. The proposed amendments to **Annexes I and II** update the annexes to reflect the **2023 Prohibited List** and the changes to the **International Standard for Therapeutic Use Exemptions (ISTUE)** adopted by the World Anti-Doping Agency ('WADA') on 23 September 2022, both of which take effect on 1 January 2023.
3. Under **Article 3 (c)** of the Convention, States Parties undertake to foster international cooperation with, inter alia, WADA, in the fight against doping in sport. WADA reviews its Prohibited List annually and consults widely on possible amendments. The Australian Government contributes to this consultation process. The ISTUE is amended as required – this particular amendment contains minor updates resulting from stakeholder comments, and ensures the Standard is compatible with the new TUE model of WADA's Anti-Doping Administration and Management System.
4. The proposed treaty action will not impact significantly on the national interest. There will be a negligible practical, legal and financial effect on Australia as the change only updates the existing Prohibited List and ISTUE to reflect the minor amendments made to both as part of a review process.

Nature and timing of proposed treaty matter

5. On 1 October 2022, pursuant to **Article 34 (1)** of the Convention, the Director-General of UNESCO notified States Parties of the proposed amendments to **Annexes I and II**, to incorporate the changes to the WADA Prohibited List and ISTUE. In accordance with **Article 34 (2)**, the amendments will be deemed to be approved by the Conference of Parties 45 days after the Director-General's notification (14 November 2022), unless two-thirds of States Parties express their objection within that time.
6. Under **Article 34 (3)**, the proposed amendments will enter into force 45 days after the Director-General provides further notification of this deemed approval (1 January 2023), except for any State Party that has previously notified the Director-General in accordance with **Article 34 (2)** that it does not accept the proposed amendment.

7. Australia does not intend to object to these amendments. Accordingly, the proposed amendments will enter into force for Australia on 1 January 2023.

Reasons for Australia to take the proposed action relating to the treaty matter

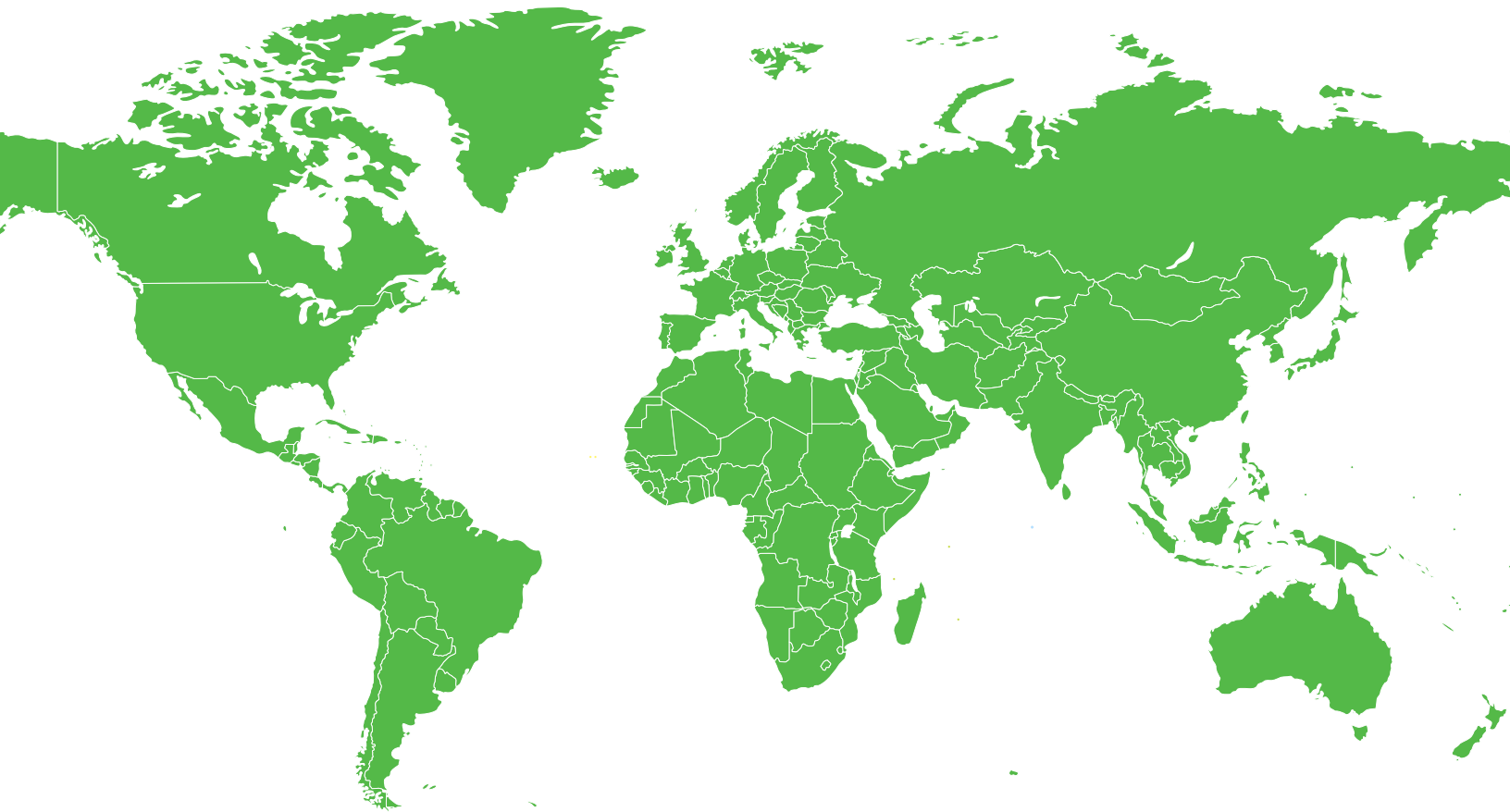
8. The proposed amendment of **Annexes I** and **II** harmonises the regulation of anti-doping arrangements, in- and out-of-competition, across sports globally. This provides certainty and consistency for Australian athletes, who are required to comply with WADA's Prohibited List and ISTUE.

9. If a discrepancy exists between the Australian Government's agreed Prohibited List (**Annex I** of the Convention) or ISTUE (**Annex II** of the Convention) and WADA's Prohibited List or ISTUE, Sport Integrity Australia would be restricted in its ability to implement its anti-doping regime in accordance with the requirements of the World Anti-Doping Code, which is overseen by WADA.

Implementing legislation

10. Australia's obligations under the Convention are given effect through an anti-doping legislative framework which comprises the *Sport Integrity Australia Act 2020* (Cth) and the *Sport Integrity Australia Regulations 2020*, which incorporate the National Anti-Doping Scheme.

11. Compliance with the proposed amendment to **Annexes I** and **II** of the Convention does not require amendment to the Australian anti-doping legislative framework, as the specification of prohibited substances and methods and therapeutic use exemption requirements under the Australian Government's anti-doping arrangements is based on the Prohibited List and ISTUE, as adopted by WADA and in force at the time.



WORLD ANTI-DOPING CODE
INTERNATIONAL STANDARD
**PROHIBITED
LIST**
2023

This List shall come into effect on 1 January 2023.

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THE 2023 PROHIBITED LIST WORLD ANTI-DOPING CODE

VALID 1 JANUARY 2023

Introduction

The *Prohibited List* is a mandatory *International Standard* as part of the World Anti-Doping Program.

The *List* is updated annually following an extensive consultation process facilitated by WADA. The effective date of the *List* is 01 January 2023.

The official text of the *Prohibited List* shall be maintained by WADA and shall be published in English and French. In the event of any conflict between the English and French versions, the English version shall prevail.

Below are some terms used in this *List of Prohibited Substances and Prohibited Methods*.

Prohibited In-Competition

Subject to a different period having been approved by WADA for a given sport, the *In-Competition* period shall in principle be the period commencing just before midnight (at 11:59 p.m.) on the day before a *Competition* in which the *Athlete* is scheduled to participate until the end of the *Competition* and the *Sample* collection process.

Prohibited at all times

This means that the substance or method is prohibited *In-* and *Out-of-Competition* as defined in the *Code*.

Specified and non-**Specified**

As per Article 4.2.2 of the *World Anti-Doping Code*, “for purposes of the application of Article 10, all *Prohibited Substances* shall be *Specified Substances* except as identified on the *Prohibited List*. No *Prohibited Method* shall be a *Specified Method* unless it is specifically identified as a *Specified Method* on the *Prohibited List*”. As per the comment to the article, “the *Specified Substances* and *Methods* identified in Article 4.2.2 should not in any way be considered less important or less dangerous than other doping substances or methods. Rather, they are simply substances and methods which are more likely to have been consumed or used by an *Athlete* for a purpose other than the enhancement of sport performance.”

Substances of Abuse

Pursuant to Article 4.2.3 of the *Code*, *Substances of Abuse* are substances that are identified as such because they are frequently abused in society outside of the context of sport. The following are designated *Substances of Abuse*: cocaine, diamorphine (heroin), methylenedioxymethamphetamine (MDMA/“ecstasy”), tetrahydrocannabinol (THC).

Published by:

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S0 NON-APPROVED SUBSTANCES

PROHIBITED AT ALL TIMES (IN- AND OUT-OF-COMPETITION)

All prohibited substances in this class are *Specified 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.

This class covers many different substances including but not limited to BPC-157.

PROHIBITED AT ALL TIMES (IN- AND OUT-OF-COMPETITION)

All prohibited substances in this class are non-*Specified Substances*.

Anabolic agents are prohibited.

1. ANABOLIC ANDROGENIC STEROIDS (AAS)

When administered exogenously, including but not limited to:

- 1-Androstenediol (5 α -androst-1-ene-3 β , 17 β -diol)
- 1-Androstenedione (5 α -androst-1-ene-3, 17-dione)
- 1-Androsterone (3 α -hydroxy-5 α -androst-1-ene-17-one)
- 1-Epiandrosterone (3 β -hydroxy-5 α -androst-1-ene-17-one)
- 1-Testosterone (17 β -hydroxy-5 α -androst-1-en-3-one)
- 4-Androstenediol (androst-4-ene-3 β , 17 β -diol)
- 4-Hydroxytestosterone (4,17 β -dihydroxyandrost-4-en-3-one)
- 5-Androstenedione (androst-5-ene-3,17-dione)
- 7 α -hydroxy-DHEA
- 7 β -hydroxy-DHEA
- 7-Keto-DHEA
- 17 α -methylepithiostanol (epistane)
- 19-Norandrostenediol (estr-4-ene-3,17-diol)
- 19-Norandrostenedione (estr-4-ene-3,17-dione)
- Androst-4-ene-3,11,17- trione (11-ketoandrostenedione, adrenosterone)
- Androstanolone (5 α -dihydrotestosterone, 17 β -hydroxy-5 α -androstan-3-one)
- Androstenediol (androst-5-ene-3 β ,17 β -diol)
- Androstenedione (androst-4-ene-3,17-dione)
- Bolasterone
- Boldenone
- Boldione (androsta-1,4-diene-3,17-dione)
- Calusterone
- Clostebol
- Danazol ([1,2]oxazolo[4',5':2,3]pregna-4-en-20-yn-17 α -ol)
- Dehydrochlormethyltestosterone (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 and 17 α -methyl-5 α -androst-3-en-17 β -ol)
- Drostanolone
- Epiandrosterone (3 β -hydroxy-5 α -androstan-17-one)
- Epi-dihydrotestosterone (17 β -hydroxy-5 β -androstan-3-one)
- Epitestosterone
- 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

1. ANABOLIC ANDROGENIC STEROIDS (AAS) (continued)

- 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)
- Methyl-1-testosterone (17 β -hydroxy-17 α -methyl-5 α -androst-1-en-3-one)
- Methylclostebol
- Methyldienolone (17 β -hydroxy-17 α -methylestra-4,9-dien-3-one)
- Methylnortestosterone (17 β -hydroxy-17 α -methylestr-4-en-3-one)
- Methyltestosterone
- Metribolone (methyltrienolone, 17 β -hydroxy-17 α -methylestra-4,9,11-trien-3-one)
- Mibolerone
- Nandrolone (19-nortestosterone)
- Norboletone
- Norclostebol (4-chloro-17 β -ol-estr-4-en-3-one)
- Norethandrolone
- Oxabolone
- Oxandrolone
- Oxymesterone
- Oxymetholone
- Prasterone (dehydroepiandrosterone, DHEA, 3 β -hydroxyandrost-5-en-17-one)
- Prostanazol (17 β -[(tetrahydropyran-2-yl)oxy]-1'H-pyrazolo[3,4:2,3]-5 α -androstane)
- Quinbolone
- Stanozolol
- Stenbolone
- Testosterone
- Tetrahydrogestrinone (17-hydroxy-18 α -homo-19-nor-17 α -pregna-4,9,11-trien-3-one)
- Tibolone
- Trenbolone (17 β -hydroxyestr-4,9,11-trien-3-one)

and other substances with a similar chemical structure or similar biological effect(s).

2. OTHER ANABOLIC AGENTS

Including, but not limited to:

Clenbuterol, osilodrostat, ractopamine, selective androgen receptor modulators [SARMs, e.g. andarine, enobosarm (ostarine), LGD-4033 (ligandrol), RAD140, S-23 and YK-11], zeranol and zilpaterol.

S2

PEPTIDE HORMONES, GROWTH FACTORS, RELATED SUBSTANCES, AND MIMETICS

PROHIBITED AT ALL TIMES (IN- AND OUT-OF-COMPETITION)

All prohibited substances in this class are non-*Specified Substances*.

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. cobalt; daprodustat (GSK1278863); IOX2; molidustat (BAY 85-3934); roxadustat (FG-4592); vadadustat (AKB-6548); xenon.
- 1.3 GATA inhibitors, e.g. K-11706.
- 1.4 Transforming growth factor beta (TGF- β) signalling inhibitors, e.g. luspatercept; sotatercept.
- 1.5 Innate repair receptor agonists, e.g. asialo EPO; carbamylated EPO (CEPO).

S2

PEPTIDE HORMONES, GROWTH FACTORS, RELATED SUBSTANCES, AND MIMETICS (continued)

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 analogues and fragments including, but not limited to:
 - growth hormone analogues, e.g. lonapegsomatropin, somapacitan and somatrogen
 - growth hormone fragments, e.g. AOD-9604 and hGH 176-191
- 2.4 Growth hormone releasing factors, including, but not limited to:
 - growth hormone-releasing hormone (GHRH) and its analogues (e.g. CJC-1293, CJC-1295, sermorelin and tesamorelin)
 - growth hormone secretagogues (GHS) and their mimetics [e.g. lenomorelin (ghrelin), 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- β 4 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

PROHIBITED AT ALL TIMES (IN- AND OUT-OF-COMPETITION)

All prohibited substances in this class are *Specified Substances*.

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

Including, but not limited to:

- Arformoterol
- Fenoterol
- Formoterol
- Higenamine
- Indacaterol
- Levosalbutamol
- Olodaterol
- Procaterol
- Reproterol
- Salbutamol
- Salmeterol
- Terbutaline
- Tretoquinol (trimetoquinol)
- Tulobuterol
- Vilanterol

EXCEPTIONS

- Inhaled salbutamol: maximum 1600 micrograms over 24 hours in divided doses not to exceed 600 micrograms over 8 hours starting from any dose;
- Inhaled formoterol: maximum delivered dose of 54 micrograms over 24 hours;
- Inhaled salmeterol: maximum 200 micrograms over 24 hours;
- Inhaled vilanterol: maximum 25 micrograms over 24 hours.

NOTE

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 AND METABOLIC MODULATORS

PROHIBITED AT ALL TIMES (IN- AND OUT-OF-COMPETITION)

Prohibited substances in classes S4.1 and S4.2 are *Specified Substances*. Those in classes S4.3 and S4.4 are non-*Specified Substances*.

The following hormone and metabolic modulators are prohibited.

4.1. AROMATASE INHIBITORS

Including, but not limited to:

- 2-Androst-enol (5 α -androst-2-en-17-ol)
- 2-Androst-enone (5 α -androst-2-en-17-one)
- 3-Androst-enol (5 α -androst-3-en-17-ol)
- 3-Androst-enone (5 α -androst-3-en-17-one)
- 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

4.2. ANTI-ESTROGENIC SUBSTANCES [ANTI-ESTROGENS AND SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)]

Including, but not limited to:

- Bazedoxifene
- Clomifene
- Cyclofenil
- Fulvestrant
- Ospemifene
- Raloxifene
- Tamoxifen
- Toremifene

S4 HORMONE AND METABOLIC MODULATORS

(continued)

4.3. AGENTS PREVENTING ACTIVIN RECEPTOR IIB ACTIVATION

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-binding proteins (e.g. follistatin, myostatin propeptide)
 - Myostatin- or precursor-neutralizing antibodies (e.g. apitegromab, domagrozumab, landogrozumab, stamulumab)

4.4. METABOLIC MODULATORS

4.4.1 Activators of the AMP-activated protein kinase (AMPK), e.g. AICAR, SR9009; and peroxisome proliferator-activated receptor delta (PPAR δ) agonists, e.g. 2-(2-methyl-4-((4-methyl-2-(4-(trifluoromethyl)phenyl)thiazol-5-yl)methylthio)phenoxy) acetic acid (GW1516, GW501516)

4.4.2 Insulins and insulin-mimetics

4.4.3 Meldonium

4.4.4 Trimetazidine

S5 DIURETICS AND MASKING AGENTS

PROHIBITED AT ALL TIMES (IN- AND OUT-OF-COMPETITION)

All prohibited substances in this class are *Specified Substances*.

All diuretics and masking agents, including all optical isomers, e.g. *d*- and *l*- where relevant, are prohibited.

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; torasemide; triamterene and vaptans, e.g. tolvaptan.

and other substances with a similar chemical structure or similar biological effect(s).

EXCEPTIONS

- Drospirenone; pamabrom; and topical ophthalmic administration of carbonic anhydrase inhibitors (e.g. dorzolamide, brinzolamide);
- Local administration of felypressin in dental anaesthesia.

NOTE

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 (except topical ophthalmic administration of a carbonic anhydrase inhibitor or local administration of felypressin in dental anaesthesia), 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

PROHIBITED AT ALL TIMES (IN- AND OUT-OF-COMPETITION)

All prohibited methods in this class are non-*Specified* except methods in M2.2. which are *Specified 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); voxelotor 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 AND 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:
Sample substitution and/or adulteration, e.g. addition of proteases to *Sample*.
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 nucleic acids or nucleic acid analogues that may alter genome sequences and/or alter gene expression by any mechanism. This includes but is not limited to gene editing, gene silencing and gene transfer technologies.
2. The use of normal or genetically modified cells.

S6 STIMULANTS

PROHIBITED IN-COMPETITION

All prohibited substances in this class are *Specified Substances* except those in S6.A, which are non-*Specified Substances*.

Substances of Abuse in this section: cocaine and methylenedioxymethamphetamine (MDMA / “ecstasy”)

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
- Benzylpiperazine
- Bromantan
- Clobenzorex
- Cocaine
- Cropropamide
- Crotetamide
- Fencamine
- Fenetylline
- Fenfluramine
- Fenproporex
- Fonturacetam
[4-phenylpiracetam (carphedon)]
- Furfenorex
- Lisdexamfetamine
- Mefenorex
- Mephentermine
- Mesocarb
- Metamfetamine(*d*-)
- *p*-methylnfetamine
- Modafinil
- Norfenfluramine
- Phendimetrazine
- Phentermine
- Prenylamine
- Prolintane

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

S6 STIMULANTS (continued)

B: SPECIFIED STIMULANTS

Including, but not limited to:

- 3-Methylhexan-2-amine (1,2-dimethylpentylamine)
- 4-fluoromethylphenidate
- 4-Methylhexan-2-amine (methylhexaneamine, 1,3-dimethylamylamine, 1,3 DMAA)
- 4-Methylpentan-2-amine (1,3-dimethylbutylamine)
- 5-Methylhexan-2-amine (1,4-dimethylpentylamine, 1,4-dimethylamylamine, 1,4-DMAA)
- Benzfetamine
- Cathine**
- Cathinone and its analogues, e.g. mephedrone, methedrone, and α - pyrrolidinovalerophenone
- Dimetamfetamine (dimethylamphetamine)
- Ephedrine***
- Epinephrine**** (adrenaline)
- Etamivan
- Ethylphenidate
- Etilamfetamine
- Etilefrine
- Famprofazone
- Fenbutrazate
- Fencamfamin
- Heptaminol
- Hydrafinil (fluorenol)
- Hydroxyamfetamine (parahydroxyamphetamine)
- Isometheptene
- Levmetamfetamine
- Meclofenoxate
- Methylenedioxyamphetamine
- Methylephedrine***
- Methylnaphthidate [((±)-methyl-2-(naphthalen-2-yl)-2-(piperidin-2-yl)acetate]
- Methylphenidate
- Nikethamide
- Norfenefrine
- Octodrine (1,5-dimethylhexylamine)
- Octopamine
- Oxilofrine (methysynephrine)
- Pemoline
- Pentetrazol
- Phenethylamine and its derivatives
- Phenmetrazine
- Phenpromethamine
- Propylhexedrine
- Pseudoephedrine*****
- Selegiline
- Sibutramine
- Solriamfetol
- Strychnine
- Tenamfetamine (methylenedioxyamphetamine)
- Tuaminoheptane

and other substances with a similar chemical structure or similar biological effect(s).

i EXCEPTIONS

- Clonidine;
- Imidazoline derivatives for dermatological, nasal, ophthalmic or otic use (e.g. brimonidine, clonazoline, fenoxazoline, indanazoline, naphazoline, oxymetazoline, tetrazyline, xylometazoline) and those stimulants included in the 2023 Monitoring Program*.

* Bupropion, caffeine, nicotine, phenylephrine, phenylpropanolamine, pipradrol, and synephrine: These substances are included in the 2023 Monitoring Program and are not considered *Prohibited Substances*.

** Cathine (d-norpseudoephedrine) and its l-isomer: Prohibited when its concentration in urine is greater than 5 micrograms per millilitre.

*** Ephedrine and methylephedrine: Prohibited when the concentration of either in urine is greater than 10 micrograms per millilitre.

**** 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 millilitre.

PROHIBITED IN-COMPETITION

All prohibited substances in this class are *Specified Substances*.

Substance of Abuse in this section: diamorphine (heroin)

The following narcotics, including all optical isomers, e.g. *d-* and *l-* where relevant, are prohibited.

- Buprenorphine
- Dextromoramide
- Diamorphine (heroin)
- Fentanyl and its derivatives
- Hydromorphone
- Methadone
- Morphine
- Nicomorphine
- Oxycodone
- Oxymorphone
- Pentazocine
- Pethidine

S8 CANNABINOIDS

PROHIBITED IN-COMPETITION

All prohibited substances in this class are *Specified Substances*.
Substance of Abuse in this section: tetrahydrocannabinol (THC)

All natural and synthetic cannabinoids are prohibited, e.g.

- In cannabis (hashish, marijuana) and cannabis products
- Natural and synthetic tetrahydrocannabinols (THCs)
- Synthetic cannabinoids that mimic the effects of THC

EXCEPTIONS

- Cannabidiol

S9 GLUCOCORTICOIDS

PROHIBITED IN-COMPETITION

All prohibited substances in this class are *Specified Substances*.

All glucocorticoids are prohibited when administered by any injectable, oral [including oromucosal (e.g. buccal, gingival, sublingual)] or rectal route.

Including, but not limited to:

- Beclometasone
- Betamethasone
- Budesonide
- Ciclesonide
- Cortisone
- Deflazacort
- Dexamethasone
- Fluocortolone
- Flunisolide
- Fluticasone
- Hydrocortisone
- Methylprednisolone
- Mometasone
- Prednisolone
- Prednisone
- Triamcinolone acetonide

NOTE

- Other routes of administration (including inhaled, and topical: dental-intracanal, dermal, intranasal, ophthalmological, otic and perianal) are not prohibited when used within the manufacturer's licensed doses and therapeutic indications.

P1 BETA-BLOCKERS

PROHIBITED IN PARTICULAR SPORTS

All prohibited substances in this class are *Specified Substances*.

Beta-blockers are prohibited *In-Competition* only, in the following sports, and also prohibited *Out-of-Competition* where indicated (*).

- Archery (WA)*
- Automobile (FIA)
- Billiards (all disciplines) (WCBS)
- Darts (WDF)
- Golf (IGF)
- Mini-Golf (WMF)
- Shooting (ISSF, IPC)*
- Skiing/Snowboarding (FIS) in ski jumping, freestyle aerials/halfpipe and snowboard halfpipe/big air
- Underwater sports (CMAS)* in all subdisciplines of freediving, spearfishing and target shooting

*Also prohibited *Out-of-Competition*

Including, but not limited to:

- | | | | |
|--------------|--------------|----------------|---------------|
| • Acebutolol | • Bunolol | • Labetalol | • Oxprenolol |
| • Alprenolol | • Carteolol | • Metipranolol | • Pindolol |
| • Atenolol | • Carvedilol | • Metoprolol | • Propranolol |
| • Betaxolol | • Celiprolol | • Nadolol | • Sotalol |
| • Bisoprolol | • Esmolol | • Nebivolol | • Timolol |

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WORLD ANTI-DOPING CODE
INTERNATIONAL
STANDARD

THERAPEUTIC USE EXEMPTIONS

2023

International Standard for Therapeutic Use Exemptions

The World Anti-Doping Code *International Standard for Therapeutic Use Exemptions* is a mandatory *International Standard* developed as part of the World Anti-Doping Program. It was developed in consultation with *Signatories*, public authorities and other relevant stakeholders.

The *International Standard for Therapeutic Use Exemptions* was first adopted in 2004 and came into effect on 1 January 2005. It was subsequently amended seven times, the first-time effective January 2009, the second effective January 2010, the third effective January 2011, the fourth effective January 2015, the fifth effective January 2016, the sixth effective January 2019, the seventh effective January 2021. This revised version was approved by the WADA Executive Committee on 23 September 2022 and is effective as of 1 January 2023.

Published by:

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PART ONE: INTRODUCTION, CODE PROVISIONS, *INTERNATIONAL STANDARD* PROVISIONS AND DEFINITIONS

1.0 Introduction and Scope

The *International Standard for Therapeutic Use Exemptions* is a mandatory *International Standard* developed as part of the World Anti-Doping Program.

The purpose of the *International Standard for Therapeutic Use Exemptions* is to establish (a) the conditions that must be satisfied in order for a *Therapeutic Use Exemption* (or *TUE*) to be granted, permitting the presence of a *Prohibited Substance* in an *Athlete's Sample* or the *Athlete's Use* or *Attempted Use*, *Possession* and/or *Administration* or *Attempted Administration* of a *Prohibited Substance* or *Prohibited Method* for Therapeutic reasons; (b) the responsibilities imposed on *Anti-Doping Organizations* in making and communicating *TUE* decisions; (c) the process for an *Athlete* to apply for a *TUE*; (d) the process for an *Athlete* to get a *TUE* granted by one *Anti-Doping Organization* recognized by another *Anti-Doping Organization*; (e) the process for *WADA* to review *TUE* decisions; and (f) the strict confidentiality provisions that apply to the *TUE* process.

Terms used in this *International Standard* that are defined terms from the *Code* are italicized. Terms that are defined in this or another *International Standard* are underlined.

2.0 Code Provisions

The following articles in the 2021 *Code* are directly relevant to the *International Standard for Therapeutic Use Exemptions*; they can be obtained by referring to the *Code* itself:

- *Code* Article 4.4 *Therapeutic Use Exemptions* ("TUEs")
- *Code* Article 13.4 Appeals Relating to *TUEs*

3.0 Definitions and Interpretation

3.1 Defined terms from the 2021 *Code* that are used in the *International Standard for Therapeutic Use Exemptions*

ADAMS: The Anti-Doping Administration and Management System is a Web-based database management tool for data entry, storage, sharing, and reporting designed to assist stakeholders and *WADA* in their anti-doping operations in conjunction with data protection legislation.

Administration: Providing, supplying, supervising, facilitating, or otherwise participating in the *Use* or *Attempted Use* by another *Person* of a *Prohibited Substance* or *Prohibited Method*. However, this definition shall not include the actions of bona fide medical personnel involving a *Prohibited Substance* or *Prohibited Method Used* for genuine and legal therapeutic purposes or other acceptable justification and shall not include actions involving *Prohibited Substances* which are not prohibited in *Out-of-Competition Testing* unless the circumstances as a whole demonstrate that such *Prohibited Substances* are not intended for genuine and legal therapeutic purposes or are intended to enhance sport performance.

Adverse Analytical Finding: A report from a WADA-accredited laboratory or other WADA-approved laboratory that, consistent with the *International Standard for Laboratories*, establishes in a *Sample* the presence of a *Prohibited Substance* or its *Metabolites* or *Markers* or evidence of the *Use of a Prohibited Method*.

Anti-Doping Organization: WADA or a *Signatory* that is responsible for adopting rules for initiating, implementing or enforcing any part of the *Doping Control* process. This includes, for example, the International Olympic Committee, the International Paralympic Committee, other *Major Event Organizations* that conduct *Testing* at their *Events*, International Federations, and *National Anti-Doping Organizations*.

Athlete: Any *Person* who competes in sport at the international level (as defined by each International Federation) or the national level (as defined by each *National Anti-Doping Organization*). An *Anti-Doping Organization* has discretion to apply anti-doping rules to an *Athlete* who is neither an *International-Level Athlete* nor a *National-Level Athlete*, and thus to bring them within the definition of “*Athlete*”. In relation to *Athletes* who are neither *International-Level* nor *National-Level Athletes*, an *Anti-Doping Organization* may elect to: conduct limited *Testing* or no *Testing* at all; analyze *Samples* for less than the full menu of *Prohibited Substances*; require limited or no whereabouts information; or not require advance *TUEs*. However, if an Article 2.1, 2.3 or 2.5 anti-doping rule violation is committed by any *Athlete* over whom an *Anti-Doping Organization* has elected to exercise its authority to test and who competes below the international or national level, then the *Consequences* set forth in the *Code* must be applied. For purposes of Article 2.8 and Article 2.9 and for purposes of anti-doping information and *Education*, any *Person* who participates in sport under the authority of any *Signatory*, government, or other sports organization accepting the *Code* is an *Athlete*.

[Comment to Athlete: Individuals who participate in sport may fall in one of five categories: 1) International-Level Athlete, 2) National-Level Athlete, 3) individuals who are not International or National-Level Athletes but over whom the International Federation or National Anti-Doping Organization has chosen to exercise authority, 4) Recreational Athlete, and 5) individuals over whom no International Federation or National Anti-Doping Organization has, or has chosen to, exercise authority. All International and National-Level Athletes are subject to the anti-doping rules of the Code, with the precise definitions of international and national level sport to be set forth in the anti-doping rules of the International Federations and National Anti-Doping Organizations.]

Attempt: Purposely engaging in conduct that constitutes a substantial step in a course of conduct planned to culminate in the commission of an anti-doping rule violation. Provided, however, there shall be no anti-doping rule violation based solely on an *Attempt* to commit a violation if the *Person* renounces the *Attempt* prior to it being discovered by a third party not involved in the *Attempt*.

CAS: The Court of Arbitration for Sport.

Code: The World Anti-Doping Code.

Competition: A single race, match, game or singular sport contest. For example, a basketball game or the finals of the Olympic 100-meter race in athletics. For stage races and

other sport contests where prizes are awarded on a daily or other interim basis the distinction between a *Competition* and an *Event* will be as provided in the rules of the applicable International Federation.

Education: The process of learning to instill values and develop behaviors that foster and protect the spirit of sport, and to prevent intentional and unintentional doping.

Event: A series of individual *Competitions* conducted together under one ruling body (e.g., the Olympic Games, World Championships of an International Federation, or Pan American Games).

In-Competition: The period commencing at 11:59 p.m. on the day before a *Competition* in which the *Athlete* is scheduled to participate through the end of such *Competition* and the *Sample* collection process related to such *Competition*. Provided, however, WADA may approve, for a particular sport, an alternative definition if an International Federation provides a compelling justification that a different definition is necessary for its sport; upon such approval by WADA, the alternative definition shall be followed by all *Major Event Organizations* for that particular sport.

[Comment to In-Competition: Having a universally accepted definition for In-Competition provides greater harmonization among Athletes across all sports, eliminates or reduces confusion among Athletes about the relevant timeframe for In-Competition Testing, avoids inadvertent Adverse Analytical Findings in between Competitions during an Event and assists in preventing any potential performance enhancement benefits from substances prohibited Out-of-Competition being carried over to the Competition period.]

International Event: An *Event* or *Competition* where the International Olympic Committee, the International Paralympic Committee, an International Federation, a *Major Event Organization*, or another international sport organization is the ruling body for the *Event* or appoints the technical officials for the *Event*.

International-Level Athlete: *Athletes* who compete in sport at the international level, as defined by each International Federation, consistent with the *International Standard for Testing and Investigations*.

[Comment to International-Level Athlete: Consistent with the International Standard for Testing and Investigations, the International Federation is free to determine the criteria it will use to classify Athletes as International-Level Athletes, e.g., by ranking, by participation in particular International Events, by type of license, etc. However, it must publish those criteria in clear and concise form, so that Athletes are able to ascertain quickly and easily when they will become classified as International-Level Athletes. For example, if the criteria include participation in certain International Events, then the International Federation must publish a list of those International Events.]

International Standard: A standard adopted by WADA in support of the *Code*. Compliance with an *International Standard* (as opposed to another alternative standard, practice or procedure) shall be sufficient to conclude that the procedures addressed by the *International Standard* were performed properly. *International Standards* shall include any *Technical Documents* issued pursuant to the *International Standard*.

Major Event Organizations: The continental associations of *National Olympic Committees* and other international multi-sport organizations that function as the ruling body for any continental, regional or other *International Event*.

National Anti-Doping Organization: The entity(ies) designated by each country as possessing the primary authority and responsibility to adopt and implement anti-doping rules, direct the collection of *Samples*, manage test results and conduct *Results Management* at the national level. If this designation has not been made by the competent public authority(ies), the entity shall be the country's *National Olympic Committee* or its designee.

National-Level Athlete: *Athletes* who compete in sport at the national level, as defined by each *National Anti-Doping Organization*, consistent with the *International Standard for Testing and Investigations*.

Out-of-Competition: Any period which is not *In-Competition*.

Possession: The actual, physical *Possession*, or the constructive *Possession* (which shall be found only if the *Person* has exclusive control or intends to exercise control over the *Prohibited Substance* or *Prohibited Method* or the premises in which a *Prohibited Substance* or *Prohibited Method* exists); provided, however, that if the *Person* does not have exclusive control over the *Prohibited Substance* or *Prohibited Method* or the premises in which a *Prohibited Substance* or *Prohibited Method* exists, constructive *Possession* shall only be found if the *Person* knew about the presence of the *Prohibited Substance* or *Prohibited Method* and intended to exercise control over it. Provided, however, there shall be no anti-doping rule violation based solely on *Possession* if, prior to receiving notification of any kind that the *Person* has committed an anti-doping rule violation, the *Person* has taken concrete action demonstrating that the *Person* never intended to have *Possession* and has renounced *Possession* by explicitly declaring it to an *Anti-Doping Organization*. Notwithstanding anything to the contrary in this definition, the purchase (including by any electronic or other means) of a *Prohibited Substance* or *Prohibited Method* constitutes *Possession* by the *Person* who makes the purchase.

[Comment to Possession: Under this definition, anabolic steroids found in an Athlete's car would constitute a violation unless the Athlete establishes that someone else used the car; in that event, the Anti-Doping Organization must establish that, even though the Athlete did not have exclusive control over the car, the Athlete knew about the anabolic steroids and intended to have control over them. Similarly, in the example of anabolic steroids found in a home medicine cabinet under the joint control of an Athlete and spouse, the Anti-Doping Organization must establish that the Athlete knew the steroids were in the cabinet and that the Athlete intended to exercise control over them. The act of purchasing a Prohibited Substance alone constitutes Possession, even where, for example, the product does not arrive, is received by someone else, or is sent to a third-party address.]

Prohibited List: The list identifying the *Prohibited Substances* and *Prohibited Methods*.

Prohibited Method: Any method so described on the *Prohibited List*.

Prohibited Substance: Any substance, or class of substances, so described on the *Prohibited List*.

Recreational Athlete: A natural *Person* who is so defined by the relevant *National Anti-Doping Organization*; provided, however, the term shall not include any *Person* who, within the five (5) years prior to committing any anti-doping rule violation, has been an *International-Level Athlete* (as defined by each International Federation consistent with the *International Standard for Testing and Investigations*) or *National-Level Athlete* (as defined by each *National Anti-Doping Organization* consistent with the *International Standard for Testing and Investigations*), has represented any country in an *International Event* in an open category or has been included within any *Registered Testing Pool* or other whereabouts information pool maintained by any International Federation or *National Anti-Doping Organization*.

[*Comment to Recreational Athlete: The term “open category” is meant to exclude competition that is limited to junior or age group categories.*]

Results Management: The process encompassing the timeframe between notification as per Article 5 of the *International Standard for Results Management*, or in certain cases (e.g., *Atypical Finding, Athlete Biological Passport, Whereabouts Failure*), such pre-notification steps expressly provided for in Article 5 of the *International Standard for Results Management*, through the charge until the final resolution of the matter, including the end of the hearing process at first instance or on appeal (if an appeal was lodged).

Sample or Specimen: Any biological material collected for the purposes of *Doping Control*.

[*Comment to Sample or Specimen: It has sometimes been claimed that the collection of blood Samples violates the tenets of certain religious or cultural groups. It has been determined that there is no basis for any such claim.*]

Testing: The parts of the *Doping Control* process involving test distribution planning, *Sample* collection, *Sample* handling, and *Sample* transport to the laboratory.

Therapeutic Use Exemption (TUE): A *Therapeutic Use Exemption* allows an *Athlete* with a medical condition to use a *Prohibited Substance* or *Prohibited Method*, but only if the conditions set out in Article 4.4 and the *International Standard for Therapeutic Use Exemptions* are met.

Use: The utilization, application, ingestion, injection or consumption by any means whatsoever of any *Prohibited Substance* or *Prohibited Method*.

WADA: The World Anti-Doping Agency.

3.2 Defined terms from the *International Standard for the Protection of Privacy and Personal Information*

Personal Information: Information, including without limitation Sensitive Personal Information, relating to an identified or identifiable *Participant* or other *Person* whose information is Processed solely in the context of an *Anti-Doping Organization’s Anti-Doping Activities*.

[Comment to Personal Information: It is understood that Personal Information includes, but is not limited to, information relating to an Athlete's name, date of birth, contact details and sporting affiliations, whereabouts, designated TUEs (if any), anti-doping test results, and Results Management (including disciplinary hearings, appeals and sanctions). Personal Information also includes personal details and contact information relating to other Persons, such as medical professionals and other Persons working with, treating or assisting an Athlete in the context of Anti-Doping Activities. Such information remains Personal Information and is regulated by this International Standard for the entire duration of its Processing, irrespective of whether the relevant individual remains involved in organized sport.]

Processing (and its cognates, **Process** and **Processed**): Collecting, accessing, retaining, storing, disclosing, transferring, transmitting, amending, deleting or otherwise making use of Personal Information.

3.3 Defined terms specific to the *International Standard for Therapeutic Use Exemptions*

Therapeutic: Of or relating to the treatment of a medical condition by remedial agents or methods; or providing or assisting in a cure.

Therapeutic Use Exemption Committee (or "TUEC"): The panel established by an *Anti-Doping Organization* to consider applications for TUEs.

WADA TUEC: The panel established by WADA to review the TUE decisions of other *Anti-Doping Organizations*.

3.4 Interpretation

3.4.1 The official text of the *International Standard for Therapeutic Use Exemptions* shall be published in English and French. In the event of any conflict between the English and French versions, the English version shall prevail.

3.4.2 Like the *Code*, the *International Standard for Therapeutic Use Exemptions* has been drafted giving consideration to the principles of proportionality, human rights, and other applicable legal principles. It shall be interpreted and applied in that light.

3.4.3 The comments annotating various provisions of the *International Standard for Therapeutic Use Exemptions* shall be used to guide its interpretation.

3.4.4 Unless otherwise specified, references to Sections and Articles are references to Sections and Articles of the *International Standard for Therapeutic Use Exemptions*.

3.4.5 Where the term "days" is used in the *International Standard for Therapeutic Use Exemptions*, it shall mean calendar days unless otherwise specified.

3.4.6 The Annexes to the *International Standard for Therapeutic Use Exemptions* have the same mandatory status as the rest of the *International Standard*.

PART TWO: STANDARDS AND PROCESS FOR GRANTING TUES

4.0 Obtaining a TUE

An *Athlete* who needs to Use a *Prohibited Substance* or *Prohibited Method* for Therapeutic reasons must apply for and obtain a TUE prior to Using or Possessing the substance or method in question, unless the *Athlete* is entitled to apply for a TUE retroactively under Article 4.1. In both cases, the Article 4.2 conditions must be satisfied.

[Comment to Article 4.0: There may be situations where an Athlete has a medical condition and is Using or Possessing a Prohibited Substance or Prohibited Method prior to becoming subject to anti-doping rules. In that case, such prior Use/Possession does not require a TUE and a prospective TUE will be sufficient.]

4.1 A retroactive TUE provides an *Athlete* the opportunity to apply for a TUE for a *Prohibited Substance* or *Prohibited Method* after Using or Possessing the substance or method in question.

An *Athlete* may apply retroactively for a TUE (but must still meet the conditions in Article 4.2) if any one of the following exceptions applies:

- a) Emergency or urgent treatment of a medical condition was necessary;
- b) There was insufficient time, opportunity or other exceptional circumstances that prevented the *Athlete* from submitting (or the TUEC to consider) an application for the TUE prior to *Sample* collection;
- c) Due to national level prioritization of certain sports or disciplines, the *Athlete's National Anti-Doping Organization* did not permit or require the *Athlete* to apply for a prospective TUE (see comment to Article 5.1);
- d) If an *Anti-Doping Organization* chooses to collect a *Sample* from an *Athlete* who is not an *International-Level Athlete* or *National-Level Athlete*, and that *Athlete* is Using a *Prohibited Substance* or *Prohibited Method* for Therapeutic reasons, the *Anti-Doping Organization* must permit the *Athlete* to apply for a retroactive TUE; or
- e) The *Athlete Used Out-of-Competition*, for Therapeutic reasons, a *Prohibited Substance* that is only prohibited *In-Competition*.

[Comment to Article 4.1: The fulfillment of one of the retroactive exceptions does not mean that a TUE will necessarily be granted; it means that the Athlete's application may be evaluated under Article 4.2 to determine if the specified TUE conditions have been satisfied.]

[Comment to Article 4.1(c), (d) and (e): Such Athletes are strongly advised to have a medical file prepared and ready to demonstrate their satisfaction of the TUE conditions set out at Article 4.2, in case an application for a retroactive TUE is necessary following Sample collection.]

[Comment to Article 4.1(e): This seeks to address situations where, for Therapeutic reasons, an Athlete Uses a substance Out-of-Competition that is only prohibited In-Competition, but

there is a risk that the substance will remain in their system In-Competition. In such situations, the Anti-Doping Organization must permit the Athlete to apply for a retroactive TUE (where the Athlete has not applied in advance). This also seeks to prevent Anti-Doping Organizations from having to assess advance TUE applications that may not be necessary.]

4.2 An Athlete may be granted a TUE if (and only if) they can show, on the balance of probabilities, that each of the following conditions is met:

- a) The *Prohibited Substance* or *Prohibited Method* in question is needed to treat a diagnosed medical condition supported by relevant clinical evidence.

[Comment to Article 4.2(a): The Use of the Prohibited Substance or Prohibited Method may be part of a necessary diagnostic investigation rather than a treatment per se.]

- b) The Therapeutic Use of the *Prohibited Substance* or *Prohibited Method* will not, on the balance of probabilities, produce any additional enhancement of performance beyond what might be anticipated by a return to the Athlete's normal state of health following the treatment of the medical condition.

[Comment to Article 4.2(b): An Athlete's normal state of health will need to be determined on an individual basis. A normal state of health for a specific Athlete is their state of health but for the medical condition for which the Athlete is seeking a TUE.]

- c) The *Prohibited Substance* or *Prohibited Method* is an indicated treatment for the medical condition, and there is no reasonable permitted Therapeutic alternative.

[Comment to Article 4.2(c): The physician must explain why the treatment chosen was the most appropriate, e.g., based on experience, side-effect profiles or other medical justifications, including, where applicable, geographically specific medical practice, and the ability to access the medication. Further, it is not always necessary to try and fail alternatives before using the Prohibited Substance or Prohibited Method.]

- d) The necessity for the Use of the *Prohibited Substance* or *Prohibited Method* is not a consequence, wholly or in part, of the prior Use (without a TUE) of a substance or method which was prohibited at the time of such Use.

[Comment to Article 4.2: The WADA documents titled "TUE Physician Guidelines", posted on WADA's website, should be used to assist in the application of these criteria in relation to particular medical conditions.

The granting of a TUE is based solely on consideration of the conditions set out in Article 4.2. It does not consider whether the Prohibited Substance or Prohibited Method is the most clinically appropriate or safe, or whether its Use is legal in all jurisdictions.

When an International Federation or Major Event Organization TUEC is deciding whether or not to recognize a TUE granted by another Anti-Doping Organization (see Article 7), and when WADA is reviewing a decision to grant (or not to grant) a TUE (see Article 8), the issue will be the same as it is for a TUEC that is considering an application for a TUE under Article 6, i.e., has the Athlete demonstrated on the balance of probabilities that each of the conditions set out in Article 4.2 is met?]

- 4.3 In exceptional circumstances and notwithstanding any other provision in this *International Standard for Therapeutic Use Exemptions*, an *Athlete* may apply for and be granted retroactive approval for their Therapeutic Use of a *Prohibited Substance* or *Prohibited Method* if, considering the purpose of the *Code*, it would be manifestly unfair not to grant a retroactive *TUE*. For *International-Level Athletes* and *National-Level Athletes*, an *Anti-Doping Organization* may grant an *Athlete's* application for a retroactive *TUE* pursuant to this Article only with the prior approval of *WADA* (and *WADA* may in its absolute discretion agree with or reject the *Anti-Doping Organization's* decision).

For *Athletes* who are not *International-Level Athletes* or *National-Level Athletes*, the relevant *Anti-Doping Organization* may grant an *Athlete's* application for a retroactive *TUE* pursuant to this Article without first consulting *WADA*; however, *WADA* may at any time review an *Anti-Doping Organization's* decision to grant a retroactive *TUE* pursuant to this Article, and may in its absolute discretion, agree with or reverse the decision.

Any decision made by *WADA* and/or an *Anti-Doping Organization* under this Article may not be challenged either as a defense to proceedings for an anti-doping rule violation, or by way of appeal, or otherwise.

All decisions of an *Anti-Doping Organization* under this Article 4.3, whether granting or denying a *TUE*, must be reported through *ADAMS* in accordance with Article 5.5.

[Comment to Article 4.3: For the avoidance of doubt, retroactive approval may be granted under Article 4.3 even if the conditions in Article 4.2 are not met (although satisfaction of such conditions will be a relevant consideration). Other relevant factors might include, without limitation, the reasons why the Athlete did not apply in advance; the Athlete's experience; the Education previously received by the Athlete; whether the Athlete declared the Use of the substance or method on the Doping Control form; and the recent expiration of the Athlete's TUE. In making its decision, WADA may, at its discretion, consult with a member(s) of a WADA TUEC.]

5.0 TUE Responsibilities of Anti-Doping Organizations

- 5.1 *Code* Article 4.4 specifies (a) which *Anti-Doping Organizations* have authority to make *TUE* decisions; (b) how those *TUE* decisions should be recognized and respected by other *Anti-Doping Organizations*; and (c) when *TUE* decisions may be reviewed and/or appealed.

[Comment to Article 5.1: See Annex 1 – Code Article 4.4 Flowchart summarizing the key provisions of Code Article 4.4.

Where national policy requirements and imperatives lead a National Anti-Doping Organization to prioritize certain sports or disciplines over others in its test distribution planning (as contemplated by Article 4.4.1 of the International Standard for Testing and Investigations), the National Anti-Doping Organization may decline to consider advance applications for TUEs from Athletes in some or all of the non-priority sports or disciplines, but in that case it must permit any such Athlete from whom a Sample is subsequently collected to apply for a retroactive TUE. The National Anti-Doping Organization should publicize any such policy on its website for the benefit of affected Athletes.

Code Article 4.4.2 specifies the authority of a National Anti-Doping Organization to make TUE decisions in respect of Athletes who are not International-Level Athletes. In case of dispute as to which National Anti-Doping Organization should deal with the TUE application of an Athlete who is not an International-Level Athlete, WADA will decide. WADA's decision will be final and not subject to appeal.]

- 5.2** For the avoidance of doubt, when a *National Anti-Doping Organization* grants a *TUE* to an *Athlete*, that *TUE* is valid at national level on a global basis and does not need to be formally recognized by other *National Anti-Doping Organizations* under Article 7.0 (for example, if an *Athlete* is granted a *TUE* by their *National Anti-Doping Organization* and then trains or competes in the country of another *National Anti-Doping Organization*, that *TUE* will be valid if the *Athlete* is then tested by such other *National Anti-Doping Organization*).
- 5.3** Each *National Anti-Doping Organization*, *International Federation* and *Major Event Organization* must establish a TUEC to consider whether applications for grant or recognition of *TUEs* meet the conditions set out in Article 4.2.

[Comment to Article 5.3: For the avoidance of doubt, the fulfilment of the conditions set out in Articles 4.1 and 4.3 may be determined by the relevant Anti-Doping Organization in consultation with a member(s) of the TUEC.

While a Major Event Organization may choose to recognize pre-existing TUEs automatically, there must be a mechanism for Athletes participating in the Event to obtain a new TUE if the need arises. It is up to each Major Event Organization whether it sets up its own TUEC for this purpose, or rather whether it outsources the task by agreement to a third party. The aim in each case is to ensure that Athletes competing in such Events have the ability to obtain TUEs quickly and efficiently before they compete.]

- a) TUECs should include at least three (3) physicians with experience in the care and treatment of *Athletes* and a sound knowledge of clinical, sports and exercise medicine. In cases where specific expertise is required (for example, for *Athletes* with impairments where the substance or method pertains to the *Athlete's* impairment), at least one (1) TUEC member or expert should possess such expertise. One (1) physician member should act as chair of the TUEC.
- b) In order to ensure impartiality of decisions, all members of the TUEC must sign a conflict of interest and confidentiality declaration (a template declaration is available on WADA's website).
- 5.4** Each *National Anti-Doping Organization*, *International Federation* and *Major Event Organization* must establish a clear process for applying to its TUEC for a *TUE* that complies with the requirements of this *International Standard*. It must also publish details of that process by (at a minimum) posting the information in a conspicuous place on its website.
- 5.5** Each *National Anti-Doping Organization*, *International Federation* and *Major Event Organization* must promptly report (in English or French) all decisions of its TUEC granting or denying *TUEs*, and all decisions to recognize or refusing to recognize other *Anti-Doping Organizations' TUE* decisions, through ADAMS as soon as possible and in any event within twenty-one (21) days of receipt of the decision. A decision to deny a *TUE* shall include an explanation of the reason(s) for the denial. In respect of *TUEs* granted, the information reported shall include (in English or French):

- a) Whether the *Athlete* was permitted to apply for a *TUE* retroactively under Article 4.1 and an explanation of the reason(s) why, or whether the *Athlete* was permitted to apply for and was granted a *TUE* retroactively under Article 4.3 and an explanation of the reason(s) why;
- b) The approved substance or method, the dosage(s), frequency, route of *Administration* permitted, the duration of the *TUE* (and, if different, the duration of prescribed treatment), and any conditions imposed in connection with the *TUE*; and
- c) The *TUE* application form (if not completed electronically in *ADAMS*) and the relevant clinical information establishing that the Article 4.2 conditions have been satisfied in respect of such *TUE* (for access only by *WADA*, the *Athlete's National Anti-Doping Organization* and International Federation, and the *Major Event Organization* organizing an *Event* in which the *Athlete* wishes to compete).

[Comment to Article 5.5: If a TUE application form is used it may be translated into other languages by Anti-Doping Organizations, but the original English or French text must remain on the form, and an English or French translation of the content must be provided.]

The full medical file, including diagnostic tests, laboratory results and values must be provided, but need not be translated into English or French. However, a translated summary of all the key information (including key diagnostic tests) must be entered into ADAMS, with sufficient information to clearly establish the diagnosis. It is strongly suggested that the summary be prepared by a physician or other person with adequate medical knowledge, in order to properly understand and summarize the medical information. More detailed/full translations may be required by the relevant Anti-Doping Organization or WADA, upon request.]

- 5.6 When a *National Anti-Doping Organization* grants a *TUE* to an *Athlete*, it must warn him/her in writing that (a) the *TUE* is valid at national level only, and (b) if the *Athlete* becomes an *International-Level Athlete* or competes in an *International Event*, that *TUE* will not be valid for those purposes unless it is recognized by the relevant International Federation or *Major Event Organization* in accordance with Article 7.0. Thereafter, the *National Anti-Doping Organization* should help the *Athlete* to determine when they need to submit the *TUE* to an International Federation or *Major Event Organization* for recognition, and should guide and support the *Athlete* through the recognition process.
- 5.7 Each International Federation and *Major Event Organization* must publish and keep updated a notice (at a minimum, by posting it in a conspicuous place on its website and sending it to *WADA*) that sets out clearly (1) which *Athletes* under its jurisdiction are required to apply to it for a *TUE*, and when; (2) which *TUE* decisions of other *Anti-Doping Organizations* it will automatically recognize in lieu of such application, in accordance with Article 7.1(a); and (3) which *TUE* decisions of other *Anti-Doping Organizations* will have to be submitted to it for recognition, in accordance with Article 7.1(b).
- 5.8 If a *National Anti-Doping Organization* grants a *TUE* to an *Athlete* and the *Athlete* subsequently becomes an *International-Level Athlete* or competes in an *International Event*, the *TUE* will not be valid unless and until the relevant International Federation recognizes that *TUE* in accordance with Article 7.0. If an International Federation grants a *TUE* to an *Athlete* and the *Athlete* then competes in an *International Event* organized by a *Major Event*

Organization, the *TUE* will not be valid unless and until the relevant *Major Event Organization* recognizes that *TUE* in accordance with Article 7.0. As a result, if the International Federation or *Major Event Organization* (as applicable) declines to recognize that *TUE*, then (subject to the *Athlete's* rights of review and appeal) that *TUE* may not be relied upon to excuse the presence, *Use*, *Possession* or *Administration* of the *Prohibited Substance* or *Prohibited Method* mentioned in the *TUE* vis-à-vis that International Federation or *Major Event Organization*.

6.0 TUE Application Process

- 6.1** An *Athlete* who needs a *TUE* should apply as soon as possible. For substances prohibited *In-Competition* only, the *Athlete* should apply for a *TUE* at least thirty (30) days before their next *Competition*, unless it is an emergency or exceptional situation.
- 6.2** The *Athlete* should apply to their *National Anti-Doping Organization*, International Federation and/or a *Major Event Organization* (as applicable), online or using the *TUE* application form provided. *Anti-Doping Organizations* shall make the application form or process they want *Athletes* to use available on their websites. If an application form is used, it must be based on the “*TUE* Application Form” template available on *WADA's* website. The template may be modified by *Anti-Doping Organizations* to include additional requests for information, but no sections or items may be removed.

[Comment to Article 6.2: In certain situations, an Athlete may not know which National Anti-Doping Organization they should apply to for a TUE. In such circumstances, the Athlete should consult the National Anti-Doping Organization of the country of the sport organization for which they compete (or with which they are a member or license holder), to determine if they fall within that National Anti-Doping Organization's TUE jurisdiction, according to their rules.

If that National Anti-Doping Organization refuses to evaluate the TUE application because the Athlete does not fall within its TUE jurisdiction, the Athlete should consult the anti-doping rules of the National Anti-Doping Organization of the country in which they reside (if different).

If the Athlete still does not fall within that National Anti-Doping Organization's TUE jurisdiction, the Athlete should then consult the anti-doping rules of the National Anti-Doping Organization of their country of citizenship (if different from where they compete or reside).

Athletes may contact any of the above-referenced National Anti-Doping Organizations for assistance with determining whether the National Anti-Doping Organization has TUE jurisdiction. In the event that none of the above-mentioned National Anti-Doping Organizations have TUE jurisdiction, where there is an Adverse Analytical Finding, the Athlete should ordinarily be permitted to apply for a retroactive TUE from the Anti-Doping Organization that has Results Management authority. See also the summary flowcharts on “Where to Apply?” in the medical section of WADA's website.]

- 6.3** An *Athlete* may not apply to more than one (1) *Anti-Doping Organization* for a *TUE* for the *Use* of the same *Prohibited Substance* or *Prohibited Method* for the same medical condition. Nor may an *Athlete* have more than one (1) *TUE* at a time for the *Use* of the same *Prohibited Substance* or *Prohibited Method* for the same medical condition (and any such new *TUE* will supersede the previous *TUE*, which should be cancelled by the relevant *Anti-Doping*

Organization).

- 6.4 The *Athlete* should submit the *TUE* application to the relevant *Anti-Doping Organization* via *ADAMS* or as otherwise specified by the *Anti-Doping Organization*. The application must be accompanied by a comprehensive medical history, including documentation from the original diagnosing physician(s) (where possible) and the results of all relevant examinations, laboratory investigations and imaging studies. The application must include the physician's signature, in the designated area.

[Comment to Article 6.4: The information submitted in relation to the diagnosis and treatment should be guided by the relevant WADA documents posted on WADA's website.]

- 6.5 The *Athlete* should keep a complete copy of the *TUE* application and of all materials and information submitted to their *Anti-Doping Organization*.

- 6.6 A *TUE* application will only be considered by the TUEC following the receipt of a properly completed application, accompanied by all relevant documents. Incomplete applications will be returned to the *Athlete* for completion and re-submission.

- 6.7 The TUEC may request from the *Athlete* or their physician any additional information, examinations or imaging studies, or other information that it deems necessary in order to consider the *Athlete's* application; and/or it may seek the assistance of such other medical or scientific experts as it deems appropriate.

- 6.8 Any costs incurred by the *Athlete* in making the *TUE* application and in supplementing it as required by the TUEC are the responsibility of the *Athlete*.

- 6.9 The TUEC shall decide whether or not to grant the application as soon as possible, and usually (i.e., unless exceptional circumstances apply) within no more than twenty-one (21) days of receipt of a complete application. Where a *TUE* application is made in a reasonable time prior to an *Event*, the TUEC must use its best endeavors to issue its decision before the start of the *Event*.

- 6.10 The TUEC's decision must be communicated in writing to the *Athlete* and must be made available to *WADA* and to other *Anti-Doping Organizations* via *ADAMS*, in accordance with Article 5.5.

- 6.11 Each *TUE* will have a specified duration, as decided by the TUEC, at the end of which the *TUE* will expire automatically. If the *Athlete* needs to continue to *Use* the *Prohibited Substance* or *Prohibited Method* after the expiry date, they must submit an application for a new *TUE* well in advance of that expiry date, so that there is sufficient time for a decision to be made on the application before the expiry date.

[Comment to Article 6.11: Where applicable, the duration of validity should be guided by the WADA documents titled "TUE Physician Guidelines".]

- 6.12 A *TUE* will be withdrawn prior to expiry if the *Athlete* does not promptly comply with any requirements or conditions imposed by the *Anti-Doping Organization* granting the *TUE*. Alternatively a *TUE* may be reversed upon review by *WADA* or on appeal.

- 6.13 Where an *Adverse Analytical Finding* is issued shortly after a *TUE* for the *Prohibited*

Substance in question has expired or has been withdrawn or reversed, the *Anti-Doping Organization* conducting the initial review of the *Adverse Analytical Finding*, in accordance with Article 5.1.1.1 of the *International Standard for Results Management* shall consider whether the finding is consistent with *Use* of the *Prohibited Substance* prior to the expiry, withdrawal or reversal of the *TUE*. If so, such *Use* (and any resulting presence of the *Prohibited Substance* in the *Athlete's Sample*) is not an anti-doping rule violation.

- 6.14** In the event that, after their *TUE* is granted, the *Athlete* requires a materially different dosage, frequency, route or duration of *Administration* of the *Prohibited Substance* or *Prohibited Method* to that specified in the *TUE*, they must contact the relevant *Anti-Doping Organization*, who will then determine whether the *Athlete* needs to apply for a new *TUE*. If the presence, *Use*, *Possession* or *Administration* of the *Prohibited Substance* or *Prohibited Method* is not consistent with the terms of the *TUE* granted, the fact that the *Athlete* has the *TUE* will not prevent the finding of an anti-doping rule violation.

[Comment to Article 6.14: It is recognized that for certain medical conditions, dosages may fluctuate, particularly during the early stages of the establishment of a treatment regime or for a condition such as insulin-dependent diabetes. Such potential fluctuations should be accounted for in the TUE. However, in the event of a change that is not accounted for in the TUE, the Athlete must contact the relevant Anti-Doping Organization to determine whether a new TUE is required.]

7.0 TUE Recognition Process

- 7.1** Code Article 4.4 requires *Anti-Doping Organizations* to recognize *TUEs* granted by other *Anti-Doping Organizations* that satisfy the Article 4.2 conditions. Therefore, if an *Athlete* who becomes subject to the *TUE* requirements of an *International Federation* or *Major Event Organization* already has a *TUE*, they should not submit an application for a new *TUE* to the *International Federation* or *Major Event Organization*. Instead:

- a) The *International Federation* or *Major Event Organization* may publish notice that it will automatically recognize *TUE* decisions made pursuant to Code Article 4.4 (or certain categories of such decisions, e.g., those made by specified *Anti-Doping Organizations*, or those relating to particular *Prohibited Substances*), provided that such *TUE* decisions have been reported in accordance with Article 5.5. If the *Athlete's TUE* falls into a category of *TUEs* that are automatically recognized in this way at the time the *TUE* is granted, they do not need to take any further action. The *TUE* may not be subject to further review by the *Anti-Doping Organization* once automatically recognized.

[Comment to Article 7.1(a): Automatic recognition of TUE decisions can ease the burden on Athletes. Nevertheless, International Federations and Major Event Organizations should carefully select the Anti-Doping Organizations and/or substances for which they will automatically recognize. If an International Federation or Major Event Organization is willing to grant automatic recognition of TUE decisions, it should publish on its website and keep updated a list of Anti-Doping Organizations whose TUE decisions it will recognize automatically, and/or a list of those Prohibited Substances for which TUE decisions will be recognized automatically.]

- b) In the absence of such automatic recognition, the *Athlete* shall submit a request for recognition of the granted *TUE* to the *International Federation* or *Major Event*

Organization in question, via ADAMS or as otherwise specified by that International Federation or Major Event Organization.

[Comment to Article 7.1(b): Recognition is based solely on satisfaction of the Article 4.2 conditions. Accordingly, TUE duration alone is not a reason to deny recognition (unless it relates to satisfaction of the Article 4.2 conditions). Where applicable, TUE duration should be guided by the WADA TUE Physician Guidelines.]

- 7.2 Incomplete requests for recognition of a TUE will be returned to the Athlete for completion and re-submission. In addition, the TUEC may request from the Athlete or their physician any additional information, examinations or imaging studies, or other information that it deems necessary in order to consider the Athlete's request for recognition of the TUE; and/or it may seek the assistance of such other medical or scientific experts as it deems appropriate.
- 7.3 Any costs incurred by the Athlete in making the request for recognition of the TUE and in supplementing it as required by the TUEC are the responsibility of the Athlete.
- 7.4 The TUEC shall decide whether or not to recognize the TUE as soon as possible, and usually (i.e., unless exceptional circumstances apply) within no more than twenty-one (21) days of receipt of a complete request for recognition. Where the request is made a reasonable time prior to an Event, the TUEC must use its best endeavors to issue its decision before the start of the Event.
- 7.5 The TUEC's decision will be notified in writing to the Athlete and will be made available to WADA and to other Anti-Doping Organizations via ADAMS. A decision not to recognize a TUE must include an explanation of the reason(s) for the non-recognition.
- 7.6 If an International Federation chooses to test an Athlete who is not an International-Level Athlete, it must recognize a TUE granted by that Athlete's National Anti-Doping Organization unless the Athlete is required to apply for recognition of the TUE pursuant to Articles 5.8 and 7.0, i.e., because the Athlete is competing in an International Event.

8.0 Review of TUE Decisions by WADA

- 8.1 Code Article 4.4.6 provides that WADA, in certain cases, must review TUE decisions of International Federations, and that it may review any other TUE decisions, in each case to determine compliance with the Article 4.1 and 4.2 conditions. In relation to the Article 4.2 conditions, WADA shall establish a WADA TUEC that meets the requirements of Article 5.3 to carry out such reviews. In relation to the Article 4.1 conditions, these can be reviewed by WADA (which may, at its discretion, consult with a member(s) of a WADATUEC).
- 8.2 Each request for review must be submitted to WADA in writing and must be accompanied by payment of the application fee established by WADA, as well as copies of all of the information specified in Article 6.4 (or, in the case of review of a TUE denial, all of the information that the Athlete submitted in connection with the original TUE application). The request must be copied to the Anti-Doping Organization whose decision would be the subject of the review, and to the Athlete (if they are not requesting the review).
- 8.3 Where the request is for review of a TUE decision that WADA is not obliged to review, WADA shall advise the Athlete as soon as practicable following receipt of the request whether or not

it will review the *TUE* decision. Any decision by *WADA* not to review the *TUE* decision is final and may not be appealed. However, the *TUE* decision may still be appealable, as set out in *Code Article 4.4.7*.

- 8.4** Where the request is for review of a *TUE* decision of an International Federation that *WADA* is obliged to review, *WADA* may nevertheless refer the decision back to the International Federation (a) for clarification (for example, if the reasons are not clearly set out in the decision); and/or (b) for re-consideration by the International Federation (for example, if the *TUE* was only denied because medical tests or other information required to demonstrate satisfaction of the Article 4.2 conditions were missing).

[Comment to Article 8.4: If an International Federation refuses to recognize a TUE granted by a National Anti-Doping Organization only because medical tests or other information required to demonstrate satisfaction of the Article 4.2 conditions are missing, the matter should not be referred to WADA. Instead, the file should be completed and re-submitted to the International Federation.]

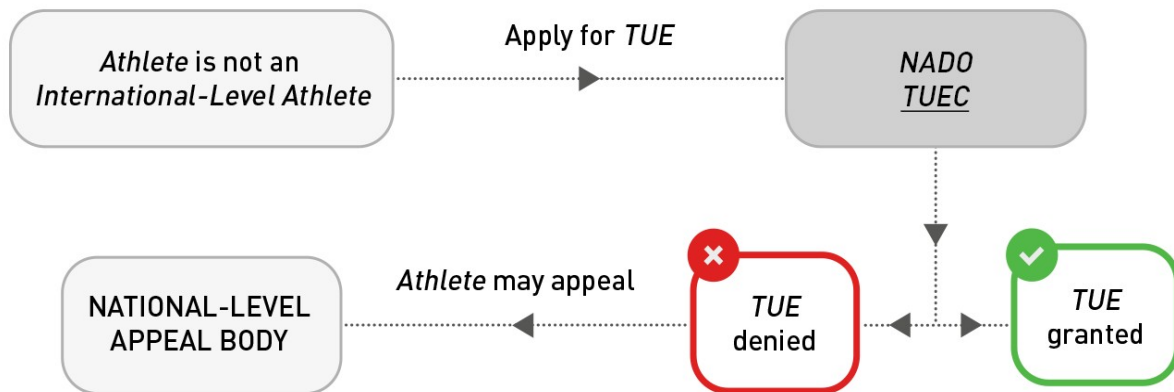
- 8.5** Where a request for review is referred to the WADA TUEC, the WADA TUEC may seek additional information from the *Anti-Doping Organization* and/or the *Athlete*, including further studies as described in Article 6.7, and/or it may obtain the assistance of other medical or scientific experts as it deems appropriate.
- 8.6** *WADA* shall reverse any grant of a *TUE* that does not comply with the Article 4.1 and 4.2 conditions (as applicable). Where the *TUE* reversed was a prospective *TUE* (rather than a retroactive *TUE*), such reversal shall take effect upon the date specified by *WADA* (which shall not be earlier than the date of *WADA*'s notification to the *Athlete*). The reversal shall not apply retroactively and the *Athlete*'s results prior to such notification shall not be *Disqualified*. Where the *TUE* reversed was a retroactive *TUE*, however, the reversal shall also be retroactive.
- 8.7** *WADA* shall reverse any denial of a *TUE* where the *TUE* application met the Article 4.1 and 4.2 conditions (as applicable), i.e., it shall grant the *TUE*.
- 8.8** Where *WADA* reviews a decision of an International Federation that has been referred to it pursuant to *Code Article 4.4.3* (i.e., a mandatory review), it may require whichever *Anti-Doping Organization* "loses" the review (i.e., the *Anti-Doping Organization* whose view it does not uphold) (a) to reimburse the application fee to the party that referred the decision to *WADA* (if applicable); and/or (b) to pay the costs incurred by *WADA* in respect of that review, to the extent they are not covered by the application fee.
- 8.9** Where *WADA* reverses a *TUE* decision that *WADA* has decided in its discretion to review, *WADA* may require the *Anti-Doping Organization* that made the decision to pay the costs incurred by *WADA* in respect of that review.
- 8.10** If applicable, *WADA* shall communicate the reasoned decision of the WADA TUEC promptly to the *Athlete* and to their *National Anti-Doping Organization* and International Federation (and, if applicable, the *Major Event Organization*).

9.0 Confidentiality of Information

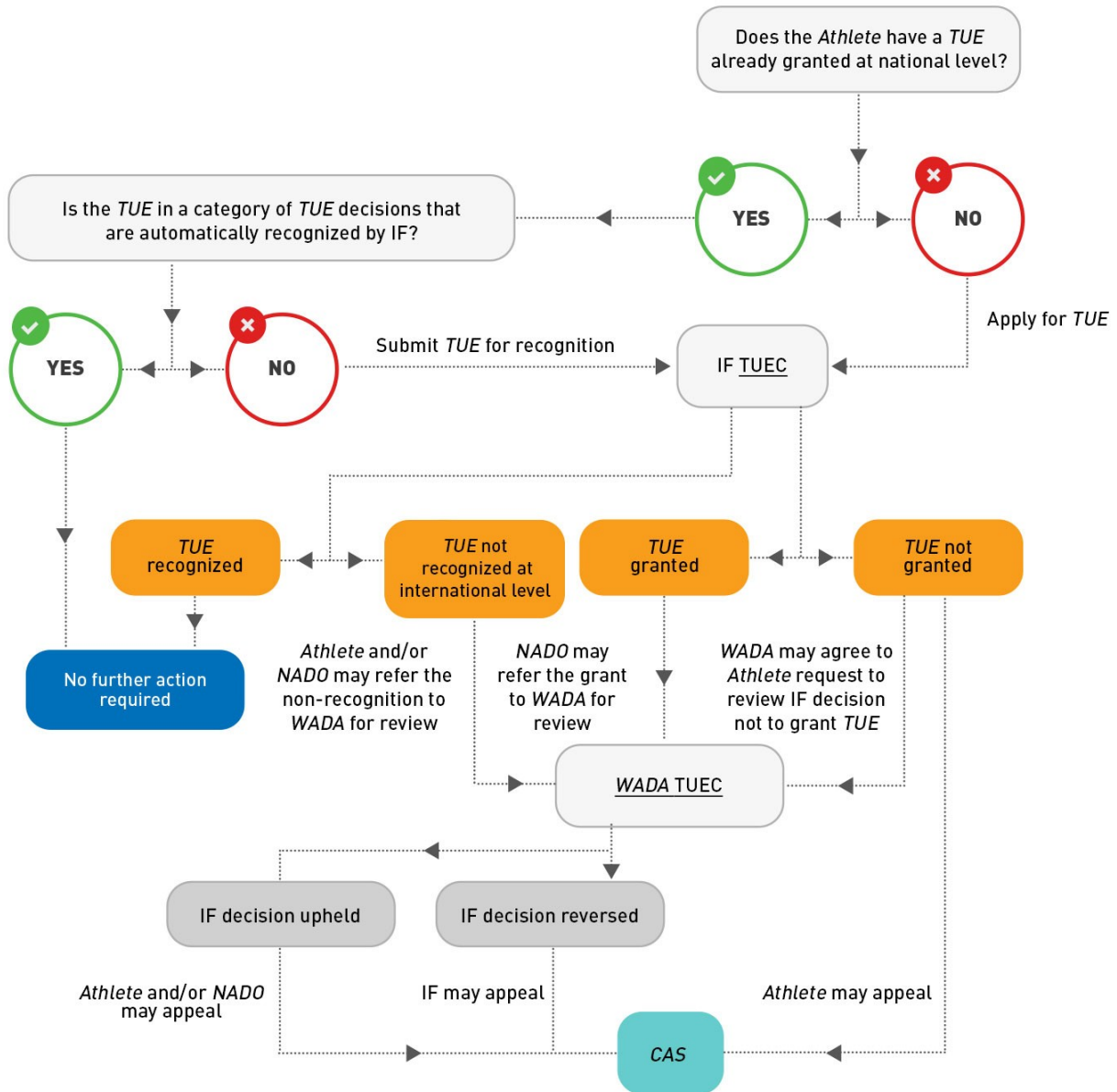
- 9.1** The Processing of Personal Information during the *TUE* process by *Anti-Doping Organizations* shall comply with the *International Standard* for the Protection of Privacy and Personal Information. *Anti-Doping Organizations* shall ensure that they have a valid legal authority or basis for such Processing, in accordance with the *International Standard* for the Protection of Privacy and Personal Information and applicable laws.
- 9.2** *Anti-Doping Organizations* shall communicate in writing the following information to *Athletes* as well as any other relevant information in accordance with Article 7.1 of the *International Standard* for the Protection of Privacy and Personal Information in connection with an *Athlete's* application for the grant or recognition of a *TUE*:
- a) All information pertaining to the application will be transmitted to members of all TUECs with authority under this *International Standard* to review the file and, as required, other independent medical or scientific experts, and to all necessary staff (including *WADA* staff) involved in the management, review or appeal of *TUE* applications;
 - b) The *Athlete* must authorize their physician(s) to release to any relevant TUEC upon request any health information that any such TUEC deems necessary in order to consider and determine the *Athlete's* application; and
 - c) The decision on the application will be made available to all *Anti-Doping Organizations* with *Testing* authority and/or *Results Management* authority over the *Athlete*.
[Comment to Article 9.2: Where *Anti-Doping Organizations* are relying upon the *Athlete's* consent to Process Personal Information in connection with the *TUE* process, the *Athlete* applying for the grant or recognition of a *TUE* shall provide written and explicit consent to the foregoing.]
- 9.3** The *TUE* application shall be dealt with in accordance with the principles of strict medical confidentiality. The members of all relevant TUECs, any consulted independent experts and the relevant staff of the *Anti-Doping Organization* shall conduct all of their activities relating to the process in strict confidence and shall sign appropriate confidentiality agreements. In particular, they shall keep the following information confidential:
- a) All medical information provided by the *Athlete* and physician(s) involved in the *Athlete's* care; and
 - b) All details of the application, including the name of the physician(s) involved in the process.
- 9.4** Should the *Athlete* wish to revoke the right of a TUEC to obtain any health information on their behalf, the *Athlete* shall notify their physician in writing of such revocation; provided that, as a result of that revocation, the *Athlete's* application for a *TUE* or for recognition of an existing *TUE* will be deemed withdrawn without approval/recognition having been granted.
- 9.5** *Anti-Doping Organizations* shall only use information submitted by an *Athlete* in connection with a *TUE* application to evaluate the application and in the context of potential anti-doping rule violation investigations and proceedings.

ANNEX 1: CODE ARTICLE 4.4 FLOWCHART

1. TUE procedure if *Athlete* is not an *International-Level Athlete* when need for TUE arises



2. TUE procedure if Athlete is an International-Level Athlete (and so subject to the International Federation's TUE requirements) when need for TUE arises



3. Athlete enters Event for which Major Event Organization (or "MEO") has its own TUE requirements

