



The World Anti-Doping Code

THE 2004 PROHIBITED LIST

INTERNATIONAL STANDARD

This List shall come into effect on January 1st 2004.

THE PROCESS

It is mandatory under the World Anti-Doping Code for the Prohibited List to be published as a level 2 International Standard (4.1).

Version 1.0 of the *International Standard on the Prohibited List* was circulated in November 2002, and provided an overview of the approach to be adopted in developing the *Prohibited List*. Version 2.0 was based on comments and proposals received from *Signatories* and governments.

Version 2.0 of the standard included only part one of the final document. Part two, the 2004 *Prohibited List*, was subsequently developed and contained herein.

Signatories and governments were consulted on the complete first draft of the 2004 *Prohibited List*. Revisions were made by the WADA List and Health, Medical and Research Committees based on input from *Signatories* and governments. The *International Standard for the Prohibited List* as an International Standard was submitted for approval to the WADA Executive Committee in September 2003. The Prohibited List was made public on October 1st, 2003.

The *International Standard for the Prohibited List* will come into effect on January 1st 2004.

Previous *Prohibited Lists* have been compiled and revised by the Medical Commission of the International Olympic Committee and have generally been adopted, with few revisions, by the majority of international and national sport organizations and agencies.

It is important to acknowledge the leadership of the International Olympic Committee and its Medical Commission (IOC-MC) who, more than thirty-five years ago, began the important and challenging task of addressing the problems posed by the use of performance-enhancing drugs in sport. The international sport community owes a debt of gratitude to the late Prince Alexandre de Mérode, former Chair of the IOC-MC, and his colleagues for their significant leadership in this critically important area.

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PART ONE: INTRODUCTION, CODE PROVISIONS AND DEFINITIONS

1.0 Introduction and Scope

The principal purpose of the *Prohibited List* is to establish under the rules of the World Anti-Doping Code the substances and methods which are prohibited in sport.

The World Anti-Doping Program encompasses all of the elements needed in order to ensure optimal harmonization and best practice in international and national anti-doping programs. The main elements are: the *Code* (Level 1), *International Standards* (Level 2), and Models of Best Practice (Level 3).

In the introduction to the *Code*, the purpose and implementation of the *International Standards* are summarized as follows:

"International Standards for different technical and operational areas within the anti-doping program will be developed in consultation with the Signatories and governments and approved by WADA. The purpose of the International Standards is harmonization among Anti-Doping Organizations responsible for specific technical and operational parts of the anti-doping programs. Adherence to the International Standards is mandatory for compliance with the Code. The International Standards may be revised from time to time by the WADA Executive Committee after reasonable consultation with the Signatories and governments. Unless provided otherwise in the Code, International Standards and all revisions shall become effective on the date specified in the International Standard or revision. "

Terms defined in the *Code*, which are included in this standard, are written in italics.

2.0 Code provisions

The following articles of the World Anti-Doping Code (*Code*) directly address the *Prohibited List*:

Code Article 2 Anti-Doping Rule Violations:

2.1.2 Excepting those substances for which a quantitative reporting threshold is specifically identified in the *Prohibited List*, the detected presence of any quantity of a *Prohibited Substance* or its *Metabolites* or *Markers* in an *Athlete's Sample* shall constitute an anti-doping rule violation.

2.1.3 As an exception to the general rule of Article 2.1, the *Prohibited List* may establish special criteria for the evaluation of *Prohibited Substances* that can also be produced endogenously.

Code Article 4 The *Prohibited List*:

Article 4.1 Publication and Revision of the *Prohibited List*. WADA shall, as often as necessary and no less often than annually, publish the *Prohibited List* as an *International Standard*. The proposed content of the *Prohibited List* and all revisions shall be provided in writing promptly to all *Signatories* and governments for comment and consultation. Each annual version of the *Prohibited List* and all revisions shall be distributed promptly by WADA to each *Signatory* and government and shall be published on WADA's website, and each *Signatory* shall take appropriate steps to distribute the *Prohibited List* to its members and constituents. The rules of each *Anti-Doping Organization* shall specify that, unless provided otherwise in the *Prohibited List* or a revision, the *Prohibited List* and revisions shall go into effect under the *Anti-Doping Organization's* rules three months after publication of the *Prohibited List* by WADA without requiring any further action by the *Anti-Doping Organization*.

Article 4.2 *Prohibited Substances* and *Prohibited Methods* Identified on the *Prohibited List*. The *Prohibited List* shall identify those *Prohibited Substances* and *Prohibited Methods* which are prohibited as doping at all times (both *In-Competition* and *Out-of-Competition*) because of their potential to enhance performance in future *Competitions* or their masking potential and those substances and methods which are prohibited *In-Competition* only. Upon the recommendation of an International Federation, the *Prohibited List* may be expanded by WADA for that particular sport. *Prohibited Substances* and *Prohibited Methods* may be included in the *Prohibited List* by general category (e.g., anabolic agents) or by specific reference to a particular substance or method.

Article 4.3 Criteria for Including Substances and Methods on the *Prohibited List*. WADA shall consider the following criteria in deciding whether to include a substance or method on the *Prohibited List*.

4.3.1 A substance or method shall be considered for inclusion on the *Prohibited List* if *WADA* determines that the substance or method meets any two of the following three criteria:

4.3.1.1 Medical or other scientific evidence, pharmacological effect, or experience that the substance or method has the potential to enhance or enhances sport performance;

4.3.1.2 Medical or other scientific evidence, pharmacological effect, or experience that the *Use* of the substance or method represents an actual or potential health risk to the *Athlete*;

4.3.1.3 *WADA's* determination that the *Use* of the substance or method violates the spirit of sport described in the Introduction to the *Code*.

4.3.2 A substance or method shall also be included on the *Prohibited List* if *WADA* determines there is medical or other scientific evidence, pharmacological effect or experience that the substance or method has the potential to mask the *Use* of other *Prohibited Substances* and *Prohibited Methods*.

4.3.3 *WADA's* determination of the *Prohibited Substances* and *Prohibited Methods* that will be included on the *Prohibited List* shall be final and shall not be subject to challenge by an *Athlete* or other *Person* based on an argument that the substance or method was not a masking agent or did not have the potential to enhance performance, represent a health risk, or violate the spirit of sport.

Code Article 4.5 Monitoring Program. *WADA*, in consultation with other *Signatories* and governments, shall establish a monitoring program regarding substances which are not on the *Prohibited List*, but which *WADA* wishes to monitor in order to detect patterns of misuse in sport. *WADA* shall publish, in advance of any *Testing*, the substances that will be monitored.

Laboratories will report the instances of reported *Use* or detected presence of these substances to *WADA* periodically on an aggregate basis by sport and whether the *Samples* were collected *In-Competition* or *Out-of-Competition*. Such reports shall not contain additional information regarding specific *Samples*. *WADA* shall make available to International Federations and *National Anti-Doping Organizations*, on at least an annual basis, aggregate statistical information by sport regarding the additional substances. *WADA* shall implement measures to ensure that strict anonymity of individual *Athletes* is maintained with respect to such reports. The reported use or detected presence of the monitored substances shall not constitute a doping violation.

Code Article 10 Sanctions on Individuals:

Article 10.3 Specified Substances. The *Prohibited List* may identify specified substances which are particularly susceptible to unintentional anti-doping rules violations because of their general availability in medicinal products or which are less likely to be successfully abused as doping agents. Where an *Athlete* can establish that the *Use* of such a specified substance was not intended to enhance sport performance, the period of *Ineligibility* found in Article 10.2 shall be replaced with the following:

First violation: At a minimum, a warning and reprimand and no period of *Ineligibility* from future *Events*, and at a maximum, one (1) year's *Ineligibility*.

Second violation: Two (2) years' *Ineligibility*.

Third violation: Lifetime *Ineligibility*.

However, the *Athlete* or other *Person* shall have the opportunity in each case, before a period of *Ineligibility* is imposed, to establish the basis for eliminating or reducing (in the case of a second or third violation) this sanction as provided in Article 10.5.

3.0 Definitions

Anti-Doping Organization: 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*, WADA, International Federations, and *National Anti-Doping Organizations*.

Athlete: For purposes of Doping Control, any *Person* who participates in sport at the international level (as defined by each International Federation) or national level (as defined by each National Anti-Doping Organization) and any additional *Person* who participates in sport at a lower level if designated by the *Person's National Anti-Doping Organization*. 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*.

Consequences of Anti-Doping Rules Violations. An *Athlete's* or other *Person's* violation of an anti-doping rule may result in one or more of the following: (a) Disqualification means the *Athlete's* results in a particular *Competition* or *Event* are invalidated, with all resulting consequences including forfeiture of any medals, points and prizes; (b) Ineligibility means the *Athlete* or other *Person* is barred for a specified period of time from participating in any *Competition* or other activity or funding as provided in Article 10.9; and (c) Provisional Suspension means the *Athlete* or other *Person* is barred temporarily from participating in any *Competition* prior to the final decision at a hearing conducted under Article 8 (Right to a Fair Hearing).

In-Competition: For purposes of differentiating between *In-competition* and *Out-of-Competition Testing*, unless provided otherwise in the rules of an International Federation or other relevant *Anti-Doping Organization*, an *In-Competition* test is a test where an *Athlete* is selected for testing in connection with a specific *Competition*.

Ineligibility: See Consequences of Anti-Doping Rules Violations above.

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.

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*, the management of test results, and the conduct of hearings, all 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.

Out-of-competition: Doping Control which is not *In-Competition*

Person: A natural person or an organization or other entity.

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 so described on the *Prohibited List*.

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

Signatories: Those entities signing the *Code* and agreeing to comply with the *Code*, including the International Olympic Committee, International Federations, International Paralympic Committee, National Olympic Committees, National Paralympic Committees, Major Event Organizations, *National Anti-Doping Organizations*, and *WADA*.

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

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

WADA: The World Anti-Doping Agency.

PART TWO: THE 2004 PROHIBITED LIST

WORLD ANTI-DOPING CODE

PROHIBITED LIST

Valid 1st January 2004

SUBSTANCES AND METHODS PROHIBITED IN-COMPETITION

PROHIBITED SUBSTANCES

S1. STIMULANTS

The following stimulants are prohibited, including both their optical (D- and L-) isomers where relevant:

Adrafinil, amfepramone, amiphenazole, amphetamine, amphetaminil, benzphetamine, bromantan, carphedon, cathine^{*}, clobenzorex, cocaine, dimethylamphetamine, ephedrine^{}, etilamphetamine, etilefrine, fencamfamin, fenetylline, fenfluramine, fenproporex, furfenorex, mefenorex, mephentermine, mesocarb, methamphetamine, methylamphetamine, methylenedioxyamphetamine, methylenedioxymethamphetamine, methylephedrine^{**}, methylphenidate, modafinil, nikethamide, norfenfluramine, parahydroxyamphetamine, pemoline, phendimetrazine, phenmetrazine, phentermine, prolintane, selegiline, strychnine**, and other substances with similar chemical structure or similar pharmacological effects^{***}.

* **Cathine** is prohibited when its concentration in urine is greater than 5 micrograms per millilitre.

** Each of **ephedrine** and **methylephedrine** is prohibited when its concentration in urine is greater than 10 micrograms per millilitre.

*** The substances included in the 2004 Monitoring Program are not considered as Prohibited Substances.

S2. NARCOTICS

The following narcotics are prohibited:

buprenorphine, dextromoramide, diamorphine (heroin), hydromorphone, methadone, morphine, oxycodone, oxymorphone, pentazocine, pethidine.

S3. CANNABINOIDS

Cannabinoids (e.g. hashish, marijuana) are prohibited.

S4. ANABOLIC AGENTS

Anabolic agents are prohibited.

1. Anabolic Androgenic Steroids (AAS)

a. Exogenous* AAS including but not limited to:

androstadienone, bolasterone, boldenone, boldione, clostebol, danazol, dehydrochloromethyltestosterone, delta1-androstene-3,17-dione, drostanolone, drostanediol, fluoxymesterone, formebolone, gestrinone, 4-hydroxytestosterone, 4-hydroxy-19-nortestosterone, mestenolone, mesterolone, methandienone, metenolone, methandriol, methyltestosterone, mibolerone, nandrolone, 19-norandrostenediol, 19-norandrostenedione, norbolethone, norethandrolone, oxabolone, oxandrolone, oxymesterone, oxymetholone, quinbolone, stanozolol, stenbolone, 1-testosterone (delta1-dihydro-testosterone), trenbolone and their analogues#.

b. Endogenous** AAS including but not limited to:

androstenediol, androstenedione, dehydroepiandrosterone (DHEA), dihydrotestosterone, testosterone and their analogues#.

Where a *Prohibited Substance* (as listed above) is capable of being produced by the body naturally, a *Sample* will be deemed to contain such *Prohibited Substance* where the concentration of the *Prohibited Substance* or its metabolites or markers and/or any other relevant ratio(s) in the *Athlete's Sample* so deviates from the range of values normally found in humans so as not to be consistent with normal endogenous production. A *Sample* shall not be deemed to contain a *Prohibited Substance* in any such case where the *Athlete* proves by evidence that the concentration of the *Prohibited Substance* or its metabolites or markers and/or the relevant ratio(s) in the *Athlete's Sample* is attributable to a pathological or

physiological condition. In all cases, and at any concentration, the laboratory will report an adverse finding if, based on any reliable analytical method, it can show that the *Prohibited Substance* is of exogenous origin.

If the laboratory result is not conclusive and no concentration as referred to in the above paragraph is found, the relevant *Anti-Doping Organization* shall conduct a further investigation if there are serious indications, such as a comparison to reference steroid profiles, for a possible *Use of a Prohibited Substance*.

If the laboratory has reported the presence of a T/E ratio greater than six (6) to one (1) in the urine, further investigation is obligatory in order to determine whether the ratio is due to a physiological or pathological condition.

In both cases, the investigation will include a review of any previous tests, subsequent tests and/or results of endocrine investigations. If previous tests are not available, the *Athlete* shall undergo an endocrine investigation or be tested unannounced at least three times within a three month period.

Failure of the *Athlete* to co-operate in the investigations will result in considering the *Athlete's Sample* to contain a *Prohibited Substance*.

2. Other Anabolic Agents

Clenbuterol, zeranol.

For purposes of this section:

* *"exogenous" refers to a substance which is not capable of being produced by the body naturally.*

** *"endogenous" refers to a substance which is capable of being produced by the body naturally.*

an "analogue" is defined as "a substance derived from the modification or alteration of the chemical structure of another substance while retaining a similar pharmacological effect."

S5. PEPTIDE HORMONES

The following substances are prohibited, including their mimetics*, analogues# and releasing factors:

- 1. Erythropoietin (EPO)**
- 2. Growth hormone (hGH) and Insulin-like Growth Factor (IGF-1)**
- 3. Chorionic Gonadotrophin (hCG)** prohibited in males only;
- 4. Pituitary and synthetic gonadotrophins (LH)** prohibited in males only;
- 5. Insulin.**
- 6. Corticotrophins**

Unless the *Athlete* can demonstrate that the concentration was due to a physiological or pathological condition, a *Sample* will be deemed to contain a *Prohibited Substance* (as listed above) where the concentration of the *Prohibited Substance* or its metabolites and/or relevant ratios or markers in the *Athlete's Sample* so exceeds the range of values normally found in humans so as not to be consistent with normal endogenous production.

The presence of analogues, mimetics, diagnostic marker(s) or releasing factors of a hormone listed above or of any other finding which indicate(s) that the substance detected is not the naturally present hormone, will be reported as an adverse analytical finding.

For purposes of this section:

** a "mimetic" is defined as a substance with pharmacological effect similar to that of another substance, regardless of the fact that it has a different chemical structure.*

an "analogue" is defined as "a substance derived from the modification or alteration of the chemical structure of another substance while retaining a similar pharmacological effect."

S6. BETA-2 AGONISTS

All beta-2 agonists including their D- and L- isomers are prohibited except that formoterol, salbutamol, salmeterol and terbutaline are permitted by inhalation only to prevent and/or treat asthma and exercise-induced asthma/broncho-constriction. A medical notification in accordance with section 8 of the International Standard for Therapeutic Use Exemptions is required.

Despite the granting of a TUE, when the Laboratory has reported a concentration of salbutamol (free plus glucuronide) greater than 1000 ng/mL, this will be considered as an adverse analytical finding unless the athlete proves that the abnormal result was the consequence of the therapeutic use of inhaled salbutamol.

S7. AGENTS WITH ANTI-OESTROGENIC ACTIVITY

Aromatase inhibitors, clomiphene, cyclofenil, tamoxifen are prohibited only in males.

S8. MASKING AGENTS

Masking agents are prohibited. They are products that have the potential to impair the excretion of *Prohibited Substances*, to conceal their presence in urine or other *Samples* used in doping control, or to change haematological parameters. Masking agents include but are not limited to:

Diuretics^{*}, epitestosterone, probenecid, plasma expanders (e.g. dextran, hydroxyethyl starch.)

*A medical approval in accordance with section 7 of the International Standard for Therapeutic Use Exemptions is not valid if an *Athlete's* urine contains a diuretic in association with threshold or sub-threshold levels of a *Prohibited Substance(s)*.

Diuretics include :

acetazolamide, amiloride, bumetanide, canrenone, chlortalidone, etacrynic acid, furosemide, indapamide, mersalyl, spironolactone, thiazides (e.g. bendroflumethiazide, chlorothiazide, hydrochlorothiazide) and triamterene, and other substances with similar chemical structure or similar pharmacological effects.

S.9 GLUCOCORTICOSTEROIDS

Glucocorticosteroids are prohibited when administered orally, rectally, or by intravenous or intramuscular administration.

All other administration routes require a medical notification in accordance with section 8 of the International Standard for Therapeutic Use Exemptions.

PROHIBITED METHODS

M1. ENHANCEMENT OF OXYGEN TRANSFER

The following are prohibited:

- a. Blood doping. Blood doping is the use of autologous, homologous or heterologous blood or red blood cell products of any origin, other than for legitimate medical treatment.
- b. The *Use* of products that enhance the uptake, transport or delivery of oxygen, e.g. erythropoietins, modified haemoglobin products including but not limited to haemoglobin-based blood substitutes, microencapsulated haemoglobin products, perfluorochemicals, and efaproxiral (RSR13).

M2. PHARMACOLOGICAL, CHEMICAL AND PHYSICAL MANIPULATION

Pharmacological, chemical and physical manipulation is the *Use* of substances and methods, including masking agents, which alter, attempt to alter or may reasonably be expected to alter the integrity and validity of specimens collected in doping controls.

These include but are not limited to catheterisation, urine substitution and/or tampering, inhibition of renal excretion and alterations of testosterone and epitestosterone concentrations.

M3. GENE DOPING

Gene or cell doping is defined as the non-therapeutic use of genes, genetic elements and/or cells that have the capacity to enhance athletic performance.

SUBSTANCES AND METHODS PROHIBITED IN- AND OUT-OF-COMPETITION

PROHIBITED SUBSTANCES

(All categories listed hereunder refer to all those substances and methods listed in the relevant section)

- S4. ANABOLIC AGENTS**
- S5. PEPTIDE HORMONES**
- S6. BETA-2 AGONISTS***
- S7. AGENTS WITH ANTI-OESTROGENIC ACTIVITY**
- S8. MASKING AGENTS**

(*Only clenbuterol, and salbutamol when its concentration in urine is greater than 1000ng/mL)

PROHIBITED METHODS

- M1. ENHANCEMENT OF OXYGEN TRANSFER**
- M2. PHARMACOLOGICAL, CHEMICAL AND PHYSICAL
MANIPULATION**
- M3. GENE DOPING**

SUBSTANCES PROHIBITED IN PARTICULAR SPORTS

P.1 ALCOHOL

Alcohol (ethanol) is prohibited *in-Competition* only, in the following sports. Detection will be conducted by breath analysis and/or blood. The doping violation threshold for each Federation is reported in parenthesis. If no threshold is indicated, the presence of any quantity of alcohol shall constitute a doping violation.

Aeronautic (FAI)	(0.05 g/L)
Archery (FITA)	(0.10 g/L)
Automobile (FIA)	
Billiards (WCBS)	
Boules (CMSB)	(0.50 g/L)

Football (FIFA)	
Gymnastics (FIG)	(0.10 g/L)
Karate (WKF)	(0.40 g/L)
Modern Pentathlon (UIPM)	(0.10 g/L)
Motorcycling (FIM)	
Roller Sports (FIRS)	(0.02 g/L)
Skiing (FIS)	
Triathlon (ITU)	(0.40 g/L)
Wrestling (FILA)	

P.2 BETA-BLOCKERS

Unless otherwise specified, beta-blockers are prohibited *in-Competition* only, in the following sports.

Aeronautic (FAI)
 Archery (FITA) (also prohibited out of competition)
 Automobile (FIA)
 Billiards (WCBS)
 Bobsleigh (FIBT)
 Boules (CMSB)
 Bridge (FMB)
 Chess (FIDE)
 Curling (WCF)
 Football (FIFA)
 Gymnastics (FIG)
 Motorcycling (FIM)
 Modern Pentathlon (IUPM)
 Nine-pin bowling (FIQ)
 Sailing (ISAF) match race helms only
 Shooting (ISSF) (also prohibited out of competition)
 Skiing (FIS) ski jumping & free style snow board
 Swimming (FINA) in diving & synchronised swimming
 Wrestling (FILA)

Beta-blockers include, but are not limited to, the following:

acebutolol, alprenolol, atenolol, betaxolol, bisoprolol, bunolol, carteolol, carvedilol, celiprolol, esmolol, labetalol, levobunolol, metipranolol, metoprolol, nadolol, oxprenolol, pindolol, propranolol, sotalol, timolol.

P.3 DIURETICS

Diuretics are prohibited in- and out- of competition in all sports as masking agents. However, in the following weight-classified sports and sports where weight loss can enhance performance, no Therapeutic Use Exemptions shall be granted for use of diuretics.

Body-Building (IFBB)
Boxing (AIBA)
Judo (IJF)
Karate (WKF)
Powerlifting (IPF)
Rowing (Light-Weight) (FISA)
Skiing (FIS) for Ski Jumping only
Taekwondo (WTF)
Weightlifting (IWF)
Wrestling (FILA)
Wushu (IWUF)

SPECIFIED SUBSTANCES

The *WADA Code* (10.3) states *"The Prohibited List may identify specified substances which are particularly susceptible to unintentional anti-doping rule violations because of their general availability in medicinal products or which are less likely to be successfully abused as doping agents."* A doping violation involving such substances may result in a reduced sanction as noted in the *Code* provided that the *"...Athlete can establish that the Use of such a specified substance was not intended to enhance sport performance..."*

"Specified Substances" are listed below:

Stimulants: ephedrine, L-methylamphetamine, methylephedrine.
Cannabinoids.
Inhaled Beta-2 Agonists (except clenbuterol).
Diuretics (this does not apply to section P3).
Masking Agents: probenecid.
Beta Blockers
Alcohol

PART THREE: THE 2004 MONITORING PROGRAM

The *WADA Code* (4.5) states “*WADA, in consultation with other Signatories and governments, shall establish a monitoring program regarding substances which are not on the Prohibited List, but which WADA wishes to monitor in order to detect patterns of misuse in sport.*”

The following substances are placed on the 2004 Monitoring List:

Stimulants: ***In-Competition Only:** caffeine, phenylephrine, phenylpropanolamine, pipradrol, pseudoephedrine, synephrine.*

Narcotics: ***In-Competition Only:** morphine/codeine ratio*