



PGA TOUR Anti-Doping Program Manual

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How to Use This Manual

This manual is your comprehensive guide to the PGA TOUR Anti-Doping Program (the "Program"). You should carefully read this manual to ensure that you understand all of the elements of the Program and how to comply. Additional copies of this manual are available upon request for your support personnel (e.g., managers, physicians, fitness advisors, nutritionists).

Section 1 is the Player Guide, which lists answers to the most frequently asked questions regarding the Program. This Guide also gives a step-by-step overview of the drug testing process.

Section 2 is the Program in its entirety. This Program is part of the *Tournament Regulations* for all *Covered Tournaments*.

Section 3 is a list of definitions for terms used in the Program.

Section 4 is the Prohibited Substances and Methods List. This List is also posted at PGA TOUR Central under "Player Membership." You should provide this list to your healthcare providers and fitness/nutrition advisors.

Section 5 is the Player Guide to *Prohibited Substances*.

Section 6 explains the process for obtaining a Therapeutic Use Exemption ("TUE") (a waiver to use a banned substance for a certified medical need).

Section 7 is a list of common medications that are permitted under the Program. A wallet card containing examples of *Prohibited Substances* and permitted medications is attached at the back of this manual.

Section 8 is a list of Player Resources, including 24 hour-a-day telephone access to advisors to ask questions about the Program, *Prohibited Substances*, and dietary supplements.

If you have any questions regarding the Program, contact Andy Levinson, PGA TOUR Program Administrator at (904) 280-2487 or andylevinson@pgatourhq.com. Or Renee Tomb at (904) 543-7425 ReneeTomb@pgatourhq.com

SECTION 1:

Player Guide to Anti-Doping

Who is covered by the Anti-Doping Program?

The Program (Section 2) was developed in cooperation with the major world golf organizations to protect the integrity that is inherent in the sport of golf and to ensure the health and safety of all players. Currently, all members of any tour sanctioned and/or operated by the PGA TOUR other than PGA TOUR Champions including, but not limited to PGA TOUR, Korn Ferry Tour, and PGA TOUR Americas (each, a "Covered Tour") are bound by the Program. Additionally, any player who participates in a co-sponsored, sanctioned, approved or coordinated tournament on a Covered Tour is bound by the Program.

What substances and methods are banned?

The PGA TOUR *List of Prohibited Substances and Methods* (the "List"), as amended by PGA TOUR from time to time, defines what is prohibited, whether in or out of tournament competition. The most current edition of the List can be found in Section 4 of this manual and is posted on PGA TOUR Central under "Player Membership."

Am I liable for a Prohibited Substance in my body even if I did not intend to take the substance?

You are strictly liable whenever you use a *Prohibited Substance* or whenever a *Prohibited Substance* is in your body. This means that if a test indicates the presence of a *Prohibited Substance* in your test sample or if the PGA TOUR becomes aware you have used a *Prohibited Substance*, including if by your own admission, you have committed a doping violation regardless of how the Prohibited Substance entered your body. It does not matter whether you unintentionally or unknowingly used a *Prohibited Substance*. It is, therefore, very important for players to understand not only what is prohibited, but also how a *Prohibited Substance* may get into your body and whether a dietary supplement or other product or treatment could contain a *Prohibited Substance*, potentially causing an accidental violation.

What should players know about nutritional and health products?

You should always make your doctors and other health care, nutrition and fitness advisors aware that you are bound by the Program. Some dietary or nutritional supplements, homeopathic products, herbal remedies, botanicals, recovery products or energy bars could contain substances that are banned under the Program. The TOUR has partnered with Drug Free Sport to provide an easily accessible resource designed to answer your questions about dietary supplements. Drug Free Sport AXIS provides players with an on-line service that provides up-to-date, confidential and accurate information on dietary supplements and dangerous or *Prohibited Substances*. (See Section 8 of this Manual to contact Drug Free Sport via telephone or through AXIS.)

If you are unsure of a product's ingredients, you should not take that product until you are sure it does not contain any *Prohibited Substance(s)*. In addition, the manufacturing and labeling of supplements are not subject to strict regulation, which may lead to a supplement containing a substance that is prohibited under the Program, even though that substance is not listed as an ingredient. **In years past, positive test results in other sports have been attributed to the use of mislabeled supplements. Because taking a poorly labeled supplement is not a defense to a violation of the Program, you are urged to exercise caution and conduct appropriate research when using these products.**

Are there supplements that have been tested/certified as free from banned substances?

The PGA TOUR has partnered with NSF International to provide product names of certified energy bars, energy drinks, vitamins, and protein supplements to PGA TOUR players. NSF International's Certified for Sport Program tests each and every lot of certified supplements to ensure they are free from banned substances. Products certified under this program are listed at www.nsf sport.com/certified-products.

Information on certified supplement discounts for players can also be found on PGA TOUR Central under "Player Membership" or by contacting the Program Administrator.

Information on non-certified supplements which may contain *Prohibited Substances* can be found on the Supplement 411 link at www.usada.org.

What about medical treatment?

You may at times experience a medical condition that results in your doctor prescribing medications. Some medicines are banned under the Program. However, by applying for and obtaining a therapeutic use exemption (a "TUE") a player may be allowed to take the necessary medicine.

If you obtain a TUE, and the *Prohibited Substance* allowed by the TUE is detected in your test sample, it will protect you from sanctions under the Program. If you need to apply for a TUE, you should refer to Section 6 of this manual to learn about the TUE application process and review the TUE information on PGA TOUR Central under "Player Membership." If you are a member of another tour (and not a member of the PGA TOUR) you should ask your governing tour about its TUE process. The PGA TOUR may recognize TUEs granted by other golf organizations provided the exemption was granted in a manner consistent with the PGA TOUR's Program. Players should confirm that the PGA TOUR will recognize a TUE before participating in a *Covered Tournament*.

What medications are permitted?

Most medications are permitted under the Program. Section 7 lists examples of common medications (both prescription and over-the-counter) that are permitted under the Program. You should share this information with your health care providers should you need to undergo any medical treatment. A wallet card listing both prohibited classes of substances and common permitted medications can be found at the back of this manual.

Who conducts the testing and who will be tested?

Drug Free Sport will conduct the actual testing on behalf of the PGA TOUR. Drug Free Sport currently provides drug testing and/or education services for the NFL, MLB, NBA, NCAA and hundreds of colleges and universities.

The PGA TOUR and Drug Free Sport will select who is tested and when the tests are conducted based on the approved *International Standards for Testing*, and based on the TOUR's overall objectives for the Program. Testing may be done through collection of blood or urine, or both as the PGA TOUR deems appropriate. You may be selected for testing at any time or place, both inside and outside of tournament competition. All testing is without prior notice. Specially trained and accredited doping control officers ("DCOs") will be in charge of all tests. The collection process is designed to ensure an expedient testing experience for the player.

What are the steps in the urine testing process?

The following is a general overview of the urine testing process. Departures from these procedures will not invalidate a test result unless it is determined that departure caused the positive test.

Notification

When you are selected for in-competition urine testing, a DCO will notify you and inform you of your rights and responsibilities, including the right to have a representative present (except during the time you actually provide the sample). The DCO will also provide information to ensure a successful sample provision (e.g., avoiding over-hydrating or under-hydrating prior to the collection). You will be required to sign a form confirming that you have been notified of your selection for drug testing. You must bring photo identification (e.g., PGA TOUR player credential, valid driver's license, passport) with you to the area on-site where testing will be conducted (also known as the "testing area").

Report to the Testing Area

Once notified, you must report to the designated testing area as soon as possible. The DCO may allow you to delay reporting to the testing area for unavoidable obligations; however, you will be monitored from the time of notification until completion of the sample collection process. A failure to report to the testing area by the required time may constitute an *Anti-Doping Violation* under the Program. If a urine sample is requested, after notification, you may not use the restroom until after you have provided a urine sample.

Hand Washing

You will be required to rinse and dry your hands prior to the sample collection process.

Selection of Collection Container

You will choose an individually sealed collection container. You may verify that the seal on the container is intact and has not been tampered with. You will maintain control of the collection container at all times until your sample is sealed as described below.

Provision of Sample

Only you and the DCO are permitted in the restroom during the sample collection. If you have a disability, you may also have your representative present; however, any such representative is not permitted to view the sample collection. The DCO's objective is to ensure that he correctly observes the sample collection process.

Volume of Urine

The DCO shall use the relevant laboratory specifications to verify, in your full view, that the volume of the urine sample satisfies requirements for analysis.

Selection of the Sample Collection Kit

You will choose one individually sealed sample collection kit. You may verify that the seal on the kit is intact and has not been tampered with. The DCO will open the kit. You will maintain full view of the collection kit at all times until your sample is sealed as described below.

Splitting the Sample

The DCO will measure the specific gravity of the sample prior to splitting the sample into an "A" and "B" vial. The DCO will split the sample, pouring the required volume of urine into the bottle labeled with an "A"; and pouring the required volume of urine into the bottle labeled with a "B".

Sealing the Samples

The DCO will seal both of the “A” and “B” bottles. You and/or your representative, if applicable, may verify that the bottles are sealed properly.

Measuring Specific Gravity

If your sample does not meet the specific gravity requirements (i.e., density), you may be asked to provide additional samples. This may include your having to wait in the testing area until you have provided a sample meeting the specification.

Completion of Information

You will provide information, including your name, on either a written form or an electronic hand-held device provided by the DCO. Be sure to confirm that all of the information you provide is correct, including the code number of your sample. You will be given the opportunity to complete the comments section of the form to note any comments or concerns you have regarding the process.

Out-of-Competition Testing

The sample collection process for out-of-competition tests is substantially similar to the process described above, with adjustments appropriate to the place and circumstances of Testing.

The Laboratory Process

Your samples are packaged for shipping to ensure that their security is tracked. They are sent to an *Approved Laboratory*, which will adhere to the *International Standard for Laboratories* when processing your samples, ensuring the chain of custody is maintained at all times.

Your “A” sample is analyzed first. Your “B” sample is securely stored and may be used to confirm a potential violation if the “A” sample comes back positive for a banned substance or method. The laboratory will confidentially report the results of your sample analysis to the PGA TOUR Anti-Doping Program Administrator (“Program Administrator”).

What happens once my urine sample is analyzed?

The laboratory that has analyzed your “A” sample will report the results to the Program Administrator. Samples analyzed by labs are identified by code numbers and not player names. If your “A” sample is negative for a *Prohibited Substance or Method* (indicating no violation), the Program Administrator will notify you within three weeks of receipt of the laboratory report.

If your “A” sample is positive for a substance or method (indicating a potential violation), the Program Administrator will conduct an initial review to determine whether you have an approved TUE for the particular substance found in your sample and that any departure from required protocols did not cause a positive test. Your sample may also be reported as an “*Atypical Finding*,” which means that further Investigation, to be coordinated by the Program Administrator, is required.

If the initial review supports the finding of a potential violation and there is no applicable TUE, you will be notified in writing of the positive test and your rights regarding the analysis of your “B” sample. If you decide to request a “B” sample analysis, you may attend that analysis or choose to send a representative on your behalf. You will have two (2) business days to notify the Program Administrator whether you will attend the scheduled “B” sample analysis.

Should the “B” sample analysis confirm the “A” sample analysis, confirming the finding of a violation under the Program, you will have an opportunity to submit a written explanation of any mitigating or extenuating circumstances to the Program Administrator. If a violation is found following review of such explanation, you will be notified.

All urine samples, however they are initially reported, may be used for any anti-doping purpose including as the basis for a violation based on a subsequent review of your biological passport or re-analysis of a stored sample.

What are the steps in the Traditional Blood Draw testing process?

The following is a general overview of the blood testing process. Departures from these procedures will not invalidate a test result unless it is determined that the integrity of the sample has been affected.

Notification

When you are selected blood testing, a DCO will notify you and inform you of your rights and responsibilities, including the right to have a representative present. The DCO will also provide information to ensure a successful sample provision (e.g., adequate hydration prior to the collection). You will be required to sign a form confirming that you have been notified of your selection for drug testing. You must bring photo identification (e.g., PGA TOUR player credential, valid driver's license, passport) with you to the area on-site where testing will be conducted (also known as the "testing area").

Report to the Testing Area

Once notified, you must report to the designated testing area as soon as possible. The DCO may allow you to delay reporting to the testing area for unavoidable obligations; however, you will be monitored from the time of notification until completion of the blood sample collection process. A failure to report to the testing area by the required time may constitute an *Anti-Doping Violation* under the Program. Once you have reported to the testing area, you will be instructed to hydrate (e.g., water or sports drink) and sit with your feet on the floor for a minimum of 15 minutes before starting the blood draw.

Selection of Collection and Transport Kits

You will choose an individually sealed collection kit containing a needle, two vials and an individually sealed transport kit. You may verify that the seals on both kits are intact and have not been tampered with. You or the DCO will open the selected kits and verify that all of the sample number barcodes and on the kits are the same. You will maintain full view of the collection kits and vials at all times until they are sealed as described below.

Provision of Sample

The blood collection specialist (BCS) will ask you to verbally indicate your preferred arm for the collection. The BCS will suggest your non-dominant arm be used, but it is your choice which arm the collection occurs from. If the BCS believes that a butterfly needle is required, you will be asked to select a butterfly needle from a selection of sealed needles. No more than three (3) total blood draw attempts will be allowed. The BCS will clean the needle puncture site and apply a tourniquet to the selected arm. Two 5 mL vials of blood will be drawn and kept in your view for packaging after the BCS has bandaged the puncture site and provided any first aid care if necessary.

Sealing the Samples

The DCO or BCS will gently invert each vial a minimum of 5 times and you, or the BCS with your permission, will adhere a sample barcode number to the side of each vial. The vials are then locked inside a transport kit. You and/or your representative, if applicable, may verify that the sample numbers all match and the transport kits are locked and sealed properly. After approximately 15 minutes at room temperature, the locked transport kit will be placed inside a cooled shipping container.

Completion of Information

You will provide information, including your name, on either a written form or an electronic hand-held device provided by the DCO. Be sure to confirm that all of the information you provide is correct, including the code number of your sample.

The Laboratory Process

Your samples are specially packaged for shipping to ensure that their security is tracked and temperature monitored. They are sent to an Approved Laboratory, which will adhere to the *International Standard for Laboratories* when processing your samples, ensuring the chain of custody is maintained at all times.

Your "A" sample is analyzed first. Your "B" sample is securely stored and may be used to confirm a potential violation if the "A" sample comes back positive for a banned substance or method. The laboratory will confidentially report the results of your sample analysis to the Program Administrator.

What are the steps in the Dried Blood Spot testing process?

The following is a general overview of the dried blood spot testing procedures. Departures from these procedures will not invalidate a test result unless it is determined that departure caused the positive test.

Selection of the Sample Collection Kit

You will choose an individually sealed collection kit containing the Tasso collection device, alcohol swab, and bandage. You or the DCO will open the selected kit and verify that all of materials contained in the collection kit are sealed and have not been tampered. You will maintain full view of the collection kit at all times until your sample is sealed as described below.

Provision of the Sample

The DCO will ask you to select your preferred arm for the collection. The DCO will suggest your non-dominant arm be used, but it is your choice which arm the collection occurs from. The DCO will utilize the alcohol swab enclosed in the collection kit to wipe the outside of your upper arm and allow it to dry.

While your upper arm is drying, the DCO will open the white device pouch by pulling the two (2) layers apart. The DCO will remove the Tasso collection device from its pouch. The DCO will then pull the tab behind the red button to remove the paper backing from the device, exposing the adhesive. The DCO will apply the device to the outside of your upper arm with the sample cartridge (the area under the red button with the red rectangle around it) pointing downwards. Once the collection device has been adhered to your arm, the DCO should then remove the plastic cover and press the red button firmly. They will stop pressing and let go of the device once a click is heard. You may feel a small prick at this point. The collection device should remain on your upper arm for three (3) minutes.

- a. The sample cartridge is considered full when the four (4) pods are filled and blood appears at the side of the sample cartridge.
- b. The DCO should have a time keeping device ready to ensure the device remain on the Player's upper arm for the entire three (3) minutes.

While waiting for the device to fill with blood, the DCO will instruct you to select a set of uniquely numbered set of sample barcode seals from the available sample collection equipment. After selection, you shall check that all the barcode numbers match and are recorded correctly by the DCO. If the numbers are not the same, it shall be recorded and you shall choose another set of Sample barcode seals. Once the three (3) minute collection period is up, the DCO should slowly peel the device off your upper arm. If needed, you can use the bandage enclosed in the collection kit for the puncture site.

Sealing the Sample

The DCO should place one (1) of the small sample barcode seals around the upper portion of the device (i.e., the portion of the device with the red button) and peel the clear film off the sample cartridge to expose the sample pod vents. The DCO should then insert the device into the silver specimen bag, seal it, and place it back into the collection kit box. Using a sample barcode seal you selected, the DCO will place the box seal on the collection kit box. The entire barcoded number must be placed on the top of the collection kit box. The remaining small sample barcode should be placed on the Dried Blood Spot Specimen Tracking Roster next to your name and the number of pods filled will be recorded. The A vial sample barcode will be adhered to the white copy of the Drug Testing Processing Form and the B vial sample barcode seal will be adhered to the Player's pink copy of the Drug Testing Processing Form.

What happens once my blood sample is analyzed?

The laboratory that has analyzed your "A" sample will report the results to the Program Administrator. Samples analyzed by labs are identified by code numbers and not player names. If your "A" sample is negative for a *Prohibited Substance* or method (indicating no violation), the Program Administrator will notify you within three weeks of receipt of the laboratory report.

If your "A" sample is positive for a substance or method (indicating a potential violation), the Program Administrator will conduct an initial review to determine whether you have an approved TUE for the particular substance found in your sample and to ensure that sample collection and analysis was conducted according to the required procedures.

Your sample may also be reported as an "*Atypical Finding*," which means that further investigation, to be coordinated by the Program Administrator, is required.

All blood samples, however they are initially reported, may be used for any anti-doping purpose including as the basis for a violation based on a subsequent review of your biological passport or re-analysis of a stored sample.

If the initial review supports the finding of a potential violation and there is no applicable TUE, you will be notified in writing of the positive test and your rights regarding the analysis of your "B" sample. If you decide to request a "B" sample analysis, you may attend that analysis or choose to send a representative on your behalf. You will have two (2) business days to notify the Program Administrator whether you will attend the scheduled "B" sample analysis.

Should the "B" sample analysis confirm the "A" sample analysis, confirming the finding of a violation under the Program you will have an opportunity to submit a written explanation of any mitigating or extenuating circumstances to the Program Administrator. If a violation is found following review of such explanation, the player will be notified.

What other conduct is prohibited by the Program?

Other conduct prohibited by the Program, includes the *Possession, Use or Attempted Use of a Prohibited Substance or Method*; evading sample collection or refusing or failing to be tested; *Tampering or Attempted Tampering* with a sample or any part of the *Doping Control* process; *Trafficking in, Administration of, or Attempted Trafficking* or Administration of any *Prohibited Substance or Method*; or complicity in or *Attempted* complicity or threatening or retaliating against a whistleblower or potential whistleblower; or admitting to any conduct that is prohibited by the Program.

How are Drugs of Abuse Violations different from Anti-Doping Rule Violations?

Violations of the Program for *Prohibited Substances* involving *Drugs of Abuse* are referred for evaluation and disciplinary action under the *Tournament Regulations for Conduct*

Unbecoming a Professional. All other violations of the Program shall be evaluated under the provisions of the Program and subject to the Sanctions for *Anti-Doping Rule Violations*.

What is involved in sanctioning?

Sanctions for *Anti-Doping Rule Violations* may include *Disqualification*, forfeiture of prize money/ points and other awards, *Ineligibility*, and fines. Sanctions for *Drugs of Abuse Violations*, as determined in the discretion of the Program Administrator, are determined under the *Tournament Regulations* for Conduct Unbecoming a Professional and may include rehabilitation or medical treatment in lieu of, or in addition to, other sanctions under the *Tournament Regulations*.

Can a sanction be appealed?

You will have seven (7) calendar days to appeal a sanction for an *Anti-Doping Rule Violation* by sending written notice of such intent to the Commissioner. Any sanctions for *Drugs of Abuse Violations* may be appealed in accordance with the appeals process for Intermediate and Major Penalties set forth in the *Tournament Regulations*.

The decision on appeal is final and binding.

SECTION 2: PGA TOUR Anti-Doping Program

A. INTRODUCTION

The PGA TOUR has developed this Program to protect the integrity that is inherent in the sport of golf, and to ensure the health and safety of all players. The use of doping substances is contrary to the spirit of fair competition that has always been a part of golf. This Program is based on the approved *International Anti-Doping Standards* tailored to the sport of golf. Players are responsible for knowing what constitutes an *Anti-Doping Rule Violation* under the Program and the substances and methods that are included on the *PGA TOUR Prohibited List*. The PGA TOUR is committed to educating players on the dangers associated with doping substances. The Program will be administered by the PGA TOUR Anti-Doping Program Administrator (the "Program Administrator"), with the assistance of PGA TOUR staff and external legal, medical, and scientific experts. Italicized words in this Program have the meanings set forth in Section 3 of this manual.

B. PROGRAM APPLICATION

By virtue of membership, all players who are members of a Covered Tour agree to comply with and be bound by the terms of the Program. Any other player who enters or participates in a co-sponsored, sanctioned, approved or coordinated tournament of a Covered Tour agrees as a condition of participation to comply with and be bound by the terms of the Program.

C. JURISDICTION

The PGA TOUR retains jurisdiction to bring *Anti-Doping Rule Violation* cases against retired players or players who are not members on account of an *Anti-Doping Rule Violation* which occurred while a player was a member or while a player was entered in, participating in, or in connection with, a *Covered Tournament*.

D. PROHIBITED CONDUCT

The following conduct is prohibited under the Program:

- (1) The presence of a *Prohibited Substance* or its *Metabolites* or *Markers* in a player's sample
 - (a) It is each player's personal duty to ensure that no *Prohibited Substance* enters his body and that no *Prohibited Method* is used. Players are responsible for any *Prohibited Substance* or its *Metabolites* or *Markers* found to be present in their samples. Accordingly, it is not necessary that intent, fault, negligence or knowing use on the player's part be demonstrated in order to establish a violation under Section D(1).
 - (b) Sufficient proof of prohibited conduct under Section D(1) is established by either of the following: (1) an *Adverse Analytical Finding* upon analysis of the player's A sample where the player waives analysis of the B sample or, (2) where the player's B sample is analyzed, the analysis of the player's B sample confirms the presence of the *Prohibited Substance* or its *Metabolites* or *Markers* found in the player's A sample or where either a player's A or B sample is split and the split samples are analyzed separately as permitted by the *International Anti-Doping Standards*.
 - (c) Excepting those substances for which a quantitative decision limit or a minimum reporting level is specifically identified in the *PGA TOUR Prohibited List*, or an *International Anti-Doping Standard* the presence of any reported

quantity of a Prohibited Substance or its *Metabolites* or *Markers* in a player's sample shall constitute an *Anti-Doping Rule Violation*.

- (d) As an exception to the general rule of Section D(1)(c), the *PGA TOUR Prohibited List* or an *International Anti-Doping Standard* may establish special criteria for the evaluation of certain *Prohibited Substances*.
- (2) *Use or Attempted Use* by a player of a *Prohibited Substance* or a *Prohibited Method*.
 - (a) It is each player's personal duty to ensure that no *Prohibited Substance* enters his body and that no *Prohibited Method* is Used. Accordingly, it is not necessary that intent, fault, negligence or knowing Use on the player's part be demonstrated in order to establish an *Anti-Doping Rule Violation* or *Drugs of Abuse Violation* for Use of a *Prohibited Substance* or a *Prohibited Method*.
 - (b) The success or failure of the *Use or Attempted Use* of a *Prohibited Substance* or *Prohibited Method* is not material. It is sufficient that the *Prohibited Substance* or *Prohibited Method* was *Used or Attempted* to be Used for an *Anti-Doping Rule Violation* to be committed.
- (3) Evading sample collection or refusing or failing to submit to sample collection without compelling justification after notification.
- (4) *Tampering*, or *Attempting to Tamper*, with any part of *Doping Control*.
- (5) *Possession* by a player of any *Prohibited Substance* or *Prohibited Method*, unless the player establishes that the *Possession* is pursuant to a therapeutic use exemption granted in accordance with Section F (Therapeutic Use Exemptions) or other acceptable justification.
- (6) *Trafficking* or *Attempted Trafficking* in any *Prohibited Substance* or *Prohibited Method*.
- (7) Administration or Attempted administration to any player of any Prohibited Substance or Prohibited Method.
- (8) Assisting, encouraging, aiding, abetting, conspiring, covering up or any other type of intentional complicity or Attempted complicity involving an Anti-Doping Rule Violation, or Attempted Anti-Doping Rule Violation, or a player's violation of a period of Ineligibility imposed by the PGA TOUR.
- (9) Whistleblower Protection
 - (a) Any act which threatens another Person for the purpose of discouraging the Person from the good-faith reporting of an *Anti-Doping Rule Violation*, *Drugs of Abuse Violation*, or other doping activity to the PGA TOUR, law enforcement, or a professional disciplinary body.
 - (b) Retaliation against a Person who has, in good-faith reported or provided evidence regarding a potential *Anti-Doping Rule Violation*, *Drugs of Abuse Violation* or other doping activity, to the PGA TOUR, law enforcement, or a professional disciplinary body.
- (10) Admissions by a player of any of the conduct listed in Sections (1) - (9) above.

E. Prohibited Substances AND PROHIBITED METHODS

The PGA TOUR shall publish the *PGA TOUR Prohibited List* which identifies substances and methods prohibited under the Program. *Prohibited Substances* and *Prohibited Methods* may be included in the *PGA TOUR Prohibited List* by general category (e.g., anabolic agents) or by specific reference to a particular substance or method. PGA TOUR has the right to amend the *PGA TOUR Prohibited List* from time to time. If the *PGA TOUR Prohibited List* is amended, the portion so amended will go into effect ninety (90) days after publication.

The PGA TOUR's determination of the *Prohibited Substances* and *Prohibited Methods* that will be included in the *PGA TOUR Prohibited List* and the classification of substances into categories on the *PGA TOUR Prohibited List* is final and shall not be subject to challenge by a player.

The PGA TOUR may also establish a *PGA TOUR Monitoring List* of substances and methods which are not currently prohibited but which laboratories will be asked to identify in analyzing samples so that the PGA TOUR can evaluate whether those substances or methods are being abused. Laboratory results of samples pertaining to substances on the *PGA TOUR Monitoring List* shall be reported anonymously. The presence of a monitored substance in a player's system is not prohibited by the Program.

F. THERAPEUTIC USE EXEMPTIONS ("TUES")

Players may obtain a TUE for the Use of a Prohibited Substance or Prohibited Method in accordance with Section 6 of the Program.

Presence of a Prohibited Substance or its Metabolites or Markers, Use or Attempted Use of a Prohibited Substance or Prohibited Method, Possession of a Prohibited Substance or Prohibited Method or administration of a Prohibited Substance or Prohibited Method consistent with the provisions of an applicable TUE shall not be considered an Anti-Doping Rule Violation.

Prior to a TUE being granted, a player who uses a substance on the PGA TOUR Prohibited List does so at his own risk of a TUE denial, potentially resulting in an Anti-Doping Rule Violation or a *Drugs of Abuse Violation*.

G. SAMPLE COLLECTION AND ANALYSIS

The PGA TOUR, and third parties authorized by the PGA TOUR, may collect a urine and/or blood sample from any player covered by the Program with or without notice at any time or place. *Target Testing may be directed by the Program Administrator. The PGA TOUR has the right to require that players provide their whereabouts to permit testing at any time. Once collected, all samples become the property of the PGA TOUR.*

For purposes of conduct prohibited by Section D (1) of the Program, samples shall be analyzed only in Approved Laboratories. The choice of the laboratory used for sample analysis shall be determined exclusively by the PGA TOUR.

Samples shall be analyzed to detect Prohibited Substances and Prohibited Methods identified on the PGA TOUR Prohibited List and on the PGA TOUR Monitoring List, to assist the PGA TOUR in profiling relevant parameters in a player's urine and/or blood for anti-doping purposes, or to obtain other analytical evidence of players' compliance with the Program. The Program Administrator may identify samples for long-term storage. A sample may be reanalyzed at any time at the direction of the Program Administrator. No sample may be used for any other purpose without the player's written consent. Samples used for research shall have any means of identification removed such that they cannot be traced back to a particular player.

Analytical data from sample analysis not traceable back to a particular player may be used as provided in the *International Anti-Doping Standards*.

Laboratories shall analyze samples and report results in conformance with *International Standard for Laboratories* or otherwise as provided in the *PGA TOUR Prohibited List*, *PGA TOUR Monitoring List* or as directed by the PGA TOUR.

H. RESULTS MANAGEMENT

- (1) Upon receipt of a laboratory report showing an *Adverse Analytical Finding* for a *Prohibited Substance* or *Prohibited Method*, the PGA TOUR will promptly notify the player of the result.
- (2) Upon receipt of a laboratory report indicating an A sample *Adverse Analytical Finding*, the Program Administrator will conduct an expedited review to determine whether an applicable TUE has been granted or whether there is any apparent departure from the *International Standard for Testing and Investigations* or *International Standard for Laboratories* that could reasonably have caused the *Adverse Analytical Finding*. If that review does not reveal an applicable TUE or departure, the Program Administrator shall promptly notify the player of the *Adverse Analytical Finding* and the date on which the laboratory will conduct the B sample analysis. Analysis of the B sample may be delayed, at the Program Administrator's discretion, if the player promptly submits a retroactive TUE application. The player may attend the B sample analysis accompanied by a representative, or may have a representative appear on his behalf at the player's expense. The player may also waive analysis of the B sample. The player must notify the Program Administrator within two (2) business days whether he will attend the "B" sample analysis. Upon receipt of the laboratory's B sample analytical report, the Program Administrator shall promptly notify the player of the result. If the B sample analysis confirms the A sample *Adverse Analytical Finding*, if requested by the player, the Program Administrator shall provide the player the laboratory documentation required by the *International Standard for Laboratories*.
- (3) Upon receipt of a laboratory report indicating an *Atypical Finding* or an *Atypical Passport Finding*, the Program Administrator shall conduct any follow-up investigation which he deems appropriate.
- (4) If the PGA TOUR becomes aware of any other conduct that may be prohibited under the Program, the Program Administrator shall conduct investigation of the matter as he deems appropriate.
- (5) At such time as the Program Administrator determines that a player may have committed an *Anti-Doping Rule Violation*, the player shall be notified of the potential violation. The player shall have seven (7) calendar days from such Notice to provide a written explanation, including any mitigating or extenuating circumstances, to the Program Administrator. The Commissioner, in consultation with the Program Administrator, shall review any information submitted by the player and shall then decide whether to go forward with an *Anti-Doping Rule Violation* against the player. If the Commissioner's decision is to go forward with an *Anti-Doping Rule Violation*, the player shall be provided a written Notice of the sanction which will be imposed. That sanction will be imposed seven (7) calendar days after notification unless the player advises the Program Administrator in writing that he desires to appeal the Commissioner's decision as provided in Section I.

- (6) At such time as the Program Administrator believes that a player may have committed a *Drugs of Abuse Violation*, the matter shall be referred for evaluation and disciplinary action under the *Tournament Regulations for Conduct Unbecoming a Professional*.

I. APPEALS

- (1) Decisions regarding *Drugs of Abuse Violations* may be appealed under the appeal provisions for Intermediate and Major Penalties set forth in the *Tournament Regulations*, which shall be the sole and exclusive remedy for any dispute relating to *Drugs of Abuse Violations*.
- (2) Decisions regarding *Anti-Doping Rule Violations*, Therapeutic Use Exemptions, or any other dispute regarding the Program other than a dispute relating to *Drugs of Abuse Violations* may be appealed only as set forth below in this Section, which shall be the sole and exclusive remedy for any dispute relating to the Program other than *Drugs of Abuse Violations*. The PGA TOUR's consistency or inconsistency with WADA's interpretation or application of a *Prohibited Substance* or *Prohibited Method* shall not be appealable or subject to challenge in whole or in part by a player.
 - (a) The player must notify the *Program Administrator* of his desire to appeal the decision within seven (7) calendar days as provided in Section F or Section H(5) or within seven (7) calendar days the player knows or should have known of any other dispute under the Program. If the player fails to appeal within the time specified, then the decision shall be final and not subject to any further challenge or appeal.
 - (b) The appeal shall be administered by the American Arbitration Association ("AAA") and shall be heard before an arbitration panel constituted as described in subsection below. All parties to the appeal must keep the fact of the appeal as well as the subject matter and the matters discussed therein as confidential as possible except as provided in Section L below. All parties to the appeal must instruct witnesses or potential witnesses with whom they discuss the appeal the fact of the appeal as well as the subject matter should be kept as confidential as possible.
 - (c) The *Program Administrator* shall forward the player's appeal to the AAA, along with the name of an arbitrator selected by the PGA TOUR from the list of Arbitrators who are both AAA arbitrators located in North America and either Anti-Doping Division or Appellate Division Court of Arbitration for Sport arbitrators (the "List"). The arbitrator selected by the PGA TOUR shall be the chairman of the arbitration panel. The AAA shall then provide the List to the player, together with the name of the arbitrator selected by the PGA TOUR. The player shall have two (2) business days to select an arbitrator from the List. If no arbitrator is selected by the player during the designated time period, the arbitration shall be heard by the single arbitrator selected by the PGA TOUR. If the player selects an arbitrator within the designated time period, then within three (3) business days from notification of the selection by the player, the two selected arbitrators shall decide on a third arbitrator. If the decision appealed involves an *Adverse Analytical Finding*, the third arbitrator shall be chosen by the two arbitrators from among the directors of WADA-accredited laboratories in North America (excluding the laboratory that reported the *Adverse Analytical Finding*). If the decision appealed involves a Therapeutic Use Exemption, then the two arbitrators shall select as the third arbitrator a physician in the relevant specialty from a master list

of physicians provided by the PGA TOUR. If the decision appealed does not involve either an *Adverse Analytical Finding* or a Therapeutic Use Exemption, then the two arbitrators may choose another AAA arbitrators from the List, as they deem appropriate. If the two arbitrators do not select a third arbitrator within the designated time period, the AAA Regional Vice President, or similar position, who is assigned by AAA to administer the appeal shall select the third arbitrator from the List within two (2) business days after the designated time period has expired in accordance with the criteria set forth above. The PGA TOUR and the player may also mutually agree to have the matter heard by a single arbitrator. The arbitrators shall be compensated at the hourly rate established by the Court of Arbitration for Sport in effect at the time the arbitrators are appointed.

- (d) The hearing shall take place within 45 days of the formation of the arbitration panel unless exceptional circumstances warrant delay. The hearing shall be expedited at the request of either the PGA TOUR or the player for good cause shown. The location of the hearing shall be determined by the chair of the arbitration panel. All hearings shall be closed to the public.
- (e) In all hearings, the rules set forth in this PGA TOUR Anti-Doping Program Manual shall be controlling.
 - (i) No discovery shall be permitted for any hearing under this section other than as specifically set forth below:
 - 1. In support of an *Adverse Analytical Finding* or *Atypical Finding*, laboratories shall be required to produce the laboratory documentation required by the International Standard for Laboratories (ISL).
 - 2. For decisions involving Therapeutic Use Exemptions, PGA TOUR shall produce a file of all documents considered by the TUE Committee.
 - (ii) Facts related to *Anti-Doping Rule Violations* may be established by any reliable means including, but not limited to, admissions, witness statements, documentary evidence, or conclusions drawn from longitudinal profiling or other analytical information which does not otherwise satisfy all of the requirements to establish a violation for Section D(1). The following presumptions shall be applicable:
 - 1. Analytical methods or decision limits approved by WADA, after appropriate consultation within the relevant scientific community or which have been the subject of peer review, are presumed to be scientifically valid. Either party may seek to rebut this presumption of scientific validity.
 - 2. *Approved Laboratories* are presumed to have conducted sample analysis and custodial procedures in accordance with the *International Standard for Laboratories*. The player may rebut this presumption by establishing that a departure from the *International Standard for Laboratories* occurred which could reasonably have caused the *Adverse Analytical Finding*. Departures from the International Standard for Laboratories, the International Standard for Testing and Investigations, or other International Anti-Doping Standards, this Program or other anti-doping rules or policies which did not cause an *Adverse Analytical Finding* or other Anti-Doping

Rule Violation shall not constitute a defense to an anti-doping rule violation unless such departure could reasonably have caused the Adverse Analytical Finding or other Anti-Doping Rule Violation. If the player meets this burden, the PGA TOUR shall then have the burden to establish that such a departure did not cause the Adverse Analytical Finding or the factual basis for the Anti-Doping Rule Violation.

3. The arbitration panel may draw an inference adverse to a player if the player refuses, after a request made a reasonable time in advance of the hearing, to appear at the hearing and to answer questions from the PGA TOUR or the arbitration panel.
4. The facts established by a decision of a court or professional disciplinary tribunal of competent jurisdiction which are not the subject of a pending appeal shall be irrefutable evidence against the player to whom the decision pertained of those facts unless the player establishes that the decision violated principles of natural justice.

(iii) The burden of proof for an *Anti-Doping Violation* shall be as follows:

1. The PGA TOUR shall have the burden of establishing a violation by a balance of probability for any challenge by a player that an *Anti-Doping Rule Violation* has occurred.
2. The player shall have the burden to demonstrate that the PGA TOUR abused its discretion if player does not contest that the *Anti-Doping Rule Violation(s)* occurred but instead challenges the sanction imposed.
3. In the event that the player challenges both whether there was an *Anti-Doping Rule Violation* and the sanction imposed:
 - a. The PGA TOUR shall have the burden of establishing a violation by a balance of probability; and
 - b. If the arbitration panel finds that the player committed the *Anti-Doping Rule Violation*, the player shall have the burden of establishing that the PGA TOUR abused its discretion when levying the sanction(s) imposed.

(iv) The burden of proof for an appeal by a player challenging a TUE decision shall be as follows: The PGA TOUR shall have the burden of establishing that the TUE decision was not wrong by a balance of probability.

- (f) The arbitration panel may increase the sanction(s) imposed if new facts are established during the appeal concerning the *Anti-Doping Rule Violation(s)* that the PGA TOUR establishes would have caused it to impose a different and/or more significant sanction if it had been aware of those facts at the time the original sanction was imposed
- (g) The arbitration panel shall render its written decision within fifteen (15) days of the close of the evidence. That decision shall be final.
- (h) Each party shall bear its own costs and attorney's fees. The arbitration panel shall direct the non-prevailing party to pay the costs and fees of the arbitrators and the administrative costs of the AAA.

J. SANCTIONS FOR ANTI-DOPING RULE VIOLATIONS

Sanctions on players for *Anti-Doping Rule Violations* may include:

- (1) *Disqualification*, including loss of results, points, and prize money from the date the *Anti-Doping Rule Violation* was found to occur forward.
- (2) *Ineligibility* to participate in PGA TOUR competitions or other activities.
 - (a) The applicable period of *Ineligibility* for a first *Anti-Doping Rule Violation* shall be up to one year *Ineligibility* except in cases involving violations of Sections D(6), D(7), D(8), or *Aggravating Circumstances*.
 - (b) The applicable period of *Ineligibility* for a second *Anti-Doping Rule Violation* shall be up to five (5) years *Ineligibility* except in cases involving violations of Sections D(6), D(7), D(8), or *Aggravating Circumstances*.
 - (c) The applicable period of *Ineligibility* for a third *Anti-Doping Rule Violation* shall be up to and including a permanent ban.
 - (d) The applicable period of *Ineligibility* for cases involving violations of Sections D(6), D(7), D(8), and/or *Aggravating Circumstances* shall be up to and including a permanent ban.
 - (e) Participation in activities that violate a sanction of *Ineligibility* may result in the imposition of a new period of *Ineligibility* up to twice the length of the original period of *Ineligibility*.
- (3) A player committing an *Anti-Doping Rule Violation* under the Program may also be subject to the imposition of a fine in an amount up to \$500,000.
- (4) In applying these sanctions to an *Anti-Doping Rule Violation* in a particular case, the Program Administrator and the Commissioner may look for guidance to *International Anti-Doping Standards*.
- (5) The PGA TOUR reserves the right to not impose any sanction, or part of any sanction, if that sanction would benefit a player's standing in any manner (e.g., rankings, points).

In rendering his decision in a particular case, the *Commissioner* may depart from the sanction guidance in the *International Anti-Doping Standards* as he deems appropriate.

"Sanctions previously imposed on other Players by the PGA TOUR shall not be discoverable or considered relevant in subsequent hearings."

K. PROVISIONAL SUSPENSION

The *Commissioner* may impose a *Provisional Suspension* on a player at any time after the PGA TOUR has received an A sample *Adverse Analytical Finding* that may result in a finding of an *Anti-Doping Rule Violation* or after the *Commissioner* in consultation with the Program Administrator has decided that an *Anti-Doping Rule Violation* has been committed and so notified the player as provided in Section H(5) above. A player may also voluntarily accept a *Provisional Suspension*. All periods of *Provisional Suspension*, whether voluntarily accepted or imposed by the *Commissioner*, shall count against any period of *Ineligibility* ultimately imposed, so long as the *Provisional Suspension* has been fully respected by the player.

If a player is not *Provisionally Suspended* after Notice provided in Section H(5), the player may choose to continue participating in any tournaments pending the resolution of the case. However, if any period of *Ineligibility* is later upheld through the Appeals process, then the prize money won by the player at any time after the

PGA TOUR has received an A sample *Adverse Analytical Finding* that may result in a finding of an *Anti-Doping Rule Violation* or after the Commissioner in consultation with the Program Administrator has decided that an *Anti-Doping Rule Violation* has been committed and so notified the player as provided in Section H(5) above, must be returned to PGA TOUR by direct payment to TOUR within ten (10) days of the conclusion of the Appeals process. If the player fails to return all or any portion of this prize money within ten (10) days of the conclusion of the Appeals process, the player agrees that PGA TOUR may deduct all amounts due plus applicable interest from future prize money otherwise payable to the player by TOUR until repaid in full.

L. CONFIDENTIALITY AND REPORTING

The PGA TOUR will not publicly disclose the identity of a player whose sample has resulted in an *Adverse Analytical Finding* or who has been alleged to have committed an *Anti-Doping Rule Violation* until after the process described in Sections H and I has been completed, unless PGA TOUR deems disclosure appropriate under the circumstances as determined in its sole discretion, including for example where disclosure is appropriate in response to public comments attributed to the player or player's representative or where a Provisional Suspension has been imposed. In each case where a period of Ineligibility has been imposed or tournament results have been *Disqualified* for either an *Anti-Doping Rule Violation* or a *Drugs of Abuse Violation*, the PGA TOUR will, at a minimum, publish the name of the player, the fact that the player committed an *Anti-Doping Rule Violation* or a *Drugs of Abuse Violation*, and the ultimate sanction.

At any time after a player has received Notice as provided in Section H(5), the PGA TOUR may advise the World Golf Foundation or any of its member organizations of the case and/or *Ineligibility* imposed against the player unless the player agrees in advance not to participate in any tournaments of those organizations pending the resolution of the case and/or after the period of *Ineligibility* has ended.

The PGA TOUR may publish statistical information about the Program, including a list of occasions on which each player has been tested.

M. MUTUAL RECOGNITION OF DECISIONS

The PGA TOUR may recognize and give effect to the anti-doping decisions of other golf organizations in all cases where those decisions would be equally appropriate under this Program. Any action taken by or decision made by the *Commissioner* under the Program may be performed by the *Commissioner's* designee.

N. NO JUDICIAL REVIEW

As a condition of membership and the opportunity to participate in PGA TOUR co-sponsored, approved or coordinated tournaments, players expressly waive the right to seek judicial review of final decisions under the Program.

O. RELEASE

As a condition of membership or participation in PGA TOUR co-sponsored, approved or coordinated tournaments, each player hereby releases the PGA TOUR, the *Commissioner*, the Program Administrator, and each director, officer, member, employee, agent or representative of any of the foregoing, jointly and severally, individually and in their official capacity, of and from any and all claims, demands, damages and causes of action whatsoever, in law or equity, arising out of or in connection with any decision, act or omission arising under the Program.

SECTION 3:

PGA TOUR Anti-Doping Program Definitions

Administration: Providing, supplying, supervising, facilitating, or otherwise participating in the *Use* or *Attempted Use* by a player of a *Prohibited Substance* or *Prohibited Method* where no TUE is applicable.

Adverse Analytical Finding: A report from an *Approved Laboratory* that, consistent with the *International Standard for Laboratories* establishes in a sample the presence of a *PGA TOUR Prohibited Substance* or its *Metabolites* or *Markers* or evidence of the *Use of a Prohibited Method* on the *PGA TOUR Prohibited List*.

Adverse Passport Finding: A report identified as an *Adverse Passport Finding* as described in the applicable *International Standards*.

Aggravating Circumstances: *Aggravating Circumstances* are present when it is clear that the player intentionally violated the PGA TOUR Anti-Doping Program. Examples of the types of evidence supporting a finding of *Aggravating Circumstances* could include: the nature of the violation is such that an accidental cause of the violation is highly unlikely; the player committed the *Anti-Doping Rule Violation* as part of a doping plan or scheme, either individually or involving a conspiracy or common enterprise to commit *Anti-Doping Rule Violations*; the player *Used* or *Possessed* multiple *Prohibited Substances* or *Prohibited Methods* or *Used* or *Possessed* a *Prohibited Substance* or *Prohibited Method* on multiple occasions; a normal individual would be likely to enjoy the performance-enhancing effects of the *Anti-Doping Rule Violation(s)* beyond the period of *Ineligibility* which might otherwise be applied, the player engaged in deceptive or obstructing conduct to avoid the detection or adjudication of an *Anti-Doping Rule Violation*.

Anti-Doping Rule Violation: A violation under the Program not related to *Drugs of Abuse*.

Approved Laboratories: Laboratories accredited by the *World Anti-Doping Agency (WADA)* or as otherwise approved by WADA or the PGA TOUR.

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 player renounces the *Attempt* prior to it being discovered by a third party not involved in the *Attempt*.

Atypical Finding: A report from an *Approved Laboratory* which requires further investigation as provided by the *International Standard for Laboratories* or related Technical Documents prior to the determination of an *Adverse Analytical Finding*.

Atypical Passport Finding: A report described as an *Atypical Passport Finding* as described in the applicable *International Standards*.

Commissioner: The Commissioner of the PGA TOUR.

Covered Tour: Any tour sanctioned and/or operated by the PGA TOUR other than PGA TOUR Champions including, but not limited to PGA TOUR, Korn Ferry Tour, and PGA TOUR Americas.

Covered Tournament: A co-sponsored, sanctioned, approved or coordinated tournament or qualifying tournament.

Disqualification: The player's results in a particular tournament(s) are invalidated, with all resulting consequences including forfeiture of any prize money and points.

Doping Control: All steps and processes from test distribution planning including all steps and processes in between, including but not limited to, *Testing*, investigation, whereabouts, TUEs, *Sample* collection and handling, laboratory analysis, results management and hearings.

Drugs of Abuse: Substances which are normally associated with social abuse rather than athletic performance enhancement as identified on the *PGA TOUR Prohibited List*.

Drugs of Abuse Violation: A violation under the Program relating to *Drugs of Abuse*.

Endogenous: refers to a substance which is produced by the body naturally.

Ineligibility: No player who has been declared ineligible may, during the period of *Ineligibility*, participate in any capacity in a *Covered Tournament*, tournament-related activity, or other activity of the Covered Tours other than authorized anti-doping education or rehabilitation programs, except as authorized in writing by PGA TOUR. A player's participation during a period of *Ineligibility* may result in the imposition of a new period of *Ineligibility* up to twice the length of the original period of *Ineligibility*.

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

International Standard for Laboratories: The *International Anti-Doping Standard* for sample analysis and reporting established by WADA.

International Standard for Testing and Investigations: The *International Anti-Doping Standard* for sample collection established by WADA.

Marker: A compound, group of compounds or biological parameters that indicates the Use of a *Prohibited Substance* or *Prohibited Method*.

Metabolite: Any substance produced by a biotransformation process.

Notice: Any notification required by the Program to be given to a player shall be hand-delivered or sent to him via registered or certified mail, return receipt requested, or via overnight delivery service, to the address of the player as shown in the records of the PGA TOUR and/or via email at the most recent email address on file with PGA TOUR or the email address provided by the player. Delivery to a member's locker at a tournament site for which the player has committed shall also constitute hand delivery under this section. *Notice* by registered or certified mail or overnight delivery service shall be effective as of the date of mailing.

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

PGA TOUR Monitoring List: The list identifying substances which are not prohibited but which laboratories may, as directed, seek to detect in player samples and report anonymous results quarterly to the PGA TOUR

Possession: The actual, physical *Possession*, or the constructive *Possession* (which shall be found only if the player has exclusive control over the *Prohibited Substance/Method* or the premises in which a *Prohibited Substance/Method* exists); provided, however, that if the player does not have exclusive control over the *Prohibited Substance/Method* or the premises in which a *Prohibited Substance/Method* exists, constructive *Possession* shall only be found if the player knew about the presence of the *Prohibited Substance/*

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 player has committed an *Anti-Doping Rule Violation*, the player has taken concrete action demonstrating that the player never intended to have *Possession* and has renounced *Possession* by explicitly declaring it to the PGA TOUR. 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 player who makes the purchase.

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

Prohibited Substance: Any substance so described on the PGA TOUR *Prohibited List*.

Provisional Suspension: The player is barred temporarily from participating in any *Covered Tournament* prior to the final decision in the matter.

Tampering: Intentional conduct which subverts the *Doping Control* process, but which would not otherwise be included in the definition of *Prohibited Methods*. *Tampering* shall include, without limitation, offering or accepting a bribe to perform or fail to perform an act, preventing the collection of a *Sample*, affecting or making impossible the analysis of a *Sample*, falsifying documents submitted to the PGA TOUR or other golf organization, or TUE committee or hearing panel, procuring false testimony from witnesses, committing any other fraudulent act upon the PGA TOUR or an affiliated tour, or a hearing body, and any other similar intentional interference or *Attempted* interference with any aspect of *Doping Control* or intimidating or *Attempting* to intimidate a potential witness.

Target Testing: Selection of players for testing where specific players are selected on a non-random basis for testing at a specified time.

Tournament Regulations: The Tournament Regulations published annually that are applicable to the *Covered Tournament*.

Trafficking: Selling, giving, transporting, sending, delivering or distributing a *Prohibited Substance* or *Prohibited Method* (or *Possession* for any such purpose) (either physically or by any electronic or other means) by a player to any third party without acceptable therapeutic justification.

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.

SECTION 4: The PGA TOUR Prohibited Substances and Methods List

SUBSTANCES AND METHODS ON THIS LIST ARE PROHIBITED AT ALL TIMES (In- and Out-of-Competition)

Prohibited Substances

S0. NON-APPROVED SUBSTANCES

Any pharmacological substance which is not addressed by any of the subsequent sections of the List and with no current approval by any governmental regulatory health authority for human therapeutic use (e.g. drugs under pre-clinical or clinical development or discontinued, designer drugs, substances approved only for veterinary use) is prohibited at all times.

This class covers many different substances including but not limited to BPC-157, 2,4-dinitrophenol (DNP), ryanodine receptor-1-calstabin complex stabilizers [e.g. S-107, S48168 (ARM210)] and troponin activators (e.g. reldesemtiv and tirasemtiv).

S1. ANABOLIC AGENTS

Anabolic agents are prohibited.

S1.1. 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
- 11 β -Methyl-19-nortestosterone
- 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 -androst-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)
- Dimethandrolone (7 α ,11 β -Dimethyl-19-nortestosterone)
- Drostanolone
- Epiandrosterone (3 β -hydroxy-5 α -androst-17-one)

- Epi-dihydrotestosterone (17 β -hydroxy-5 β -and rostan-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
- 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 -and rostan-3-one)
- Methyl-1-testosterone (17 β -hydroxy-17 α -methyl-5 α -androsta-1-en-3-one)
- Methylclostebol
- Methylidienolone (17 β -hydroxy-17 α -methylene-4,9-dien-3-one)
- Methylnoretestosterone (17 β -hydroxy-17 α -methylene-4-en-3-one)
- Methyltestosterone
- Metribolone (methyltrienolone, 17 β -hydroxy-17 α -methylene-4,9,11-trien-3-one)
- Mibolone
- 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)
- Prostanolol (17 β -[(tetrahydropyran-2-yl)oxy]-1'-H-pyrazolo[3,4:2,3]-5 α -androstane)
- Quinbolone
- Stanazolol
- 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)
- Trestolone (7 α -Methyl-19-nortestosterone, MENT)

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

SI.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.

SI.2. PEPTIDE HORMONES, GROWTH FACTORS, RELATED SUBSTANCES, AND MIMETICS

The following substances, and other substances with similar chemical structure or similar biological effect(s), are prohibited.

SI.2.1. ERYTHROPOIETINS (EPO) AND AGENTS AFFECTING ERYTHROPOIESIS

Including, but not limited to:

- SI.2.1.1** Erythropoietin receptor agonists, e.g. darbepoietins (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, pegmolesatide).

- S2.1.2 Hypoxia-inducible factor (HIF) activating agents, e.g. cobalt; daprodustat (GSK1278863); IOX2; molidustat (BAY 85-3934); roxadustat (FG-4592); vadadustat (AKB-6548); xenon.
- S2.1.3 GATA inhibitors, e.g. K-11706.
- S2.1.4 Transforming growth factor beta (TGF-β) signalling inhibitors, e.g. luspaterecept; sotatercept.
- S2.1.5 Innate repair receptor agonists, e.g. asialo EPO; carbamylated EPO (CEPO).

S2.2. PEPTIDE HORMONES AND THEIR RELEASING FACTORS

- S2.2.1 Testosterone-stimulating peptides in males including, but not limited to:
 - chorionic gonadotrophin (CG)
 - luteinizing hormone (LH)
 - gonadotrophin-releasing hormone (GnRH, gonadorelin) and its agonist analogues (e.g. buserelin, deslorelin, goserelin, histrelin, leuprorelin, nafarelin and triptorelin)
 - kisspeptin and its agonist analogues
- S2.2.2 Corticotrophins and their releasing factors, e.g. corticorelin and tetracosactide
- S2.2.3 Growth hormone (GH), its analogues and fragments including, but not limited to:
 - growth hormone analogues, e.g. lonapegsomatropin, somapacitan and somatogon
 - growth hormone fragments, e.g. AOD-9604 and hGH 176-191
- S2.2.4 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. anamorelin, capromorelin, ibutamoren (MK-677), ipamorelin, lenomorelin (ghrelin), macimorelin and tabimorelin]
 - GH-releasing peptides (GHRPs) [e.g. alexamorelin, examorelin (hexarelin), GHRP-1, GHRP-2 (pralmorelin), GHRP-3, GHRP-4, GHRP-5 and GHRP-6]

S2.3. GROWTH FACTORS AND GROWTH FACTOR MODULATORS

Including, but not limited to:

- Fibroblast growth factors (FGFs)
- Hepatocyte growth factor (HGF)
- Insulin-like growth factor I (IGF-1, mecasermin) and its analogues
- Mechano growth factors (MGFs)
- Platelet-derived growth factor (PDGF)
- Thymosin-B4 and its derivatives e.g. TB-500
- Vascular endothelial growth factor (VEGF)

and other growth factors or growth factor modulators affecting muscle, tendon or ligament protein synthesis/degradation, vascularisation, energy utilization, regenerative capacity or fibre type switching.

S3. BETA-2 AGONISTS

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

Including, but not limited to:

- Arformoterol
- Fenoterol
- Levosalbutamol
- Formoterol
- Higenamine
- Indacaterol
- 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 in divided doses not to exceed 36 micrograms over 12 hours starting from any dose
- Inhaled salmeterol: maximum 200 micrograms over 24 hours in divided doses not to exceed 100 micrograms over 8 hours starting from any dose
- 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**S4.1. AROMATASE INHIBITORS**

The following hormone and metabolic modulators are prohibited.

Including, but not limited to:

- 2-Androst-2-en-17-ol
- 2-Androst-2-en-17-one
- 2-Phenylbenzo[h]chromen-4-one (a-naphthoflavone; 7,8-benzoflavone)
- 3-Androst-3-en-17-ol
- 3-Androst-3-en-17-one
- 4-Androst-3,6,17-trione (6-oxo)
- Aminoglutethimide
- Anastrozole
- Androsta-1,4,6-triene-3,17-dione (androstatienedione)
- Androsta-3,5-diene-7,17-dione (arimistane)
- Exemestane
- Formestane
- Letrozole
- Testolactone

S4.2. ANTI-ESTROGENIC SUBSTANCES [ANTI-ESTROGENS AND SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)]

Including, but not limited to:

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

S4.3. 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)

S4.4. METABOLIC MODULATORS

S4.4.1

- Activators of the AMP-activated protein kinase (AMPK), e.g. 5-N,6-N-bis(2-fluorophenyl)-[1,2,5]oxadiazolo[3,4-b]pyrazine-5,6-diamine (8AM15), AICAR, mitochondrial open reading frame of the 12S rRNA-c (MOTS-c)
- 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)
- Rev-erba agonists, e.g. SR9009, SR9011

S4.4.2 Insulins and insulin-mimetics, e.g. S519, S597

S4.4.3 Meldonium

S4.4.4 Trimetazidine

S5. DIURETICS AND MASKING AGENTS

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

Including, but not limited to:

- Diuretics such as:
Acetazolamide; amiloride; bumetanide; canrenone; chlortalidone; etacrynic acid; furosemide; indapamide; metolazone; spironolactone; thiazides, e.g. bendroflumethiazide, chlorothiazide and hydrochlorothiazide; torasemide; triamterene; xipamide
- Vaptans, e.g. conivaptan, mozavaptan, tolvaptan
- Plasma expanders by intravenous administration such as: Albumin, dextran, hydroxyethyl starch, mannitol
- Desmopressin
- Probenecid

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 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.

S6. STIMULANTS

All stimulants, including all optical isomers, e.g. d- and /- where relevant, are prohibited.

Stimulants include:

S6.A:

- Adrafinil
- Amfepramone
- Amphetamine
- Amfetaminil
- Amiphenazole
- Benfluorex
- Benzylpiperazine
- Bromantan
- Clobenzorex
- Cocaine
- Cropropamide
- Crotetamide
- Fencamine
- Fenetyliline
- Fenfluramine
- Fenproporex
- Fladafinil (2-[Bis(4-fluorophenyl)methylsulfinyl]-N-hydroxyacetamide)
- Flmodafinil (2-[Bis(4-fluorophenyl)methylsulfinyl]acetamide)
- Fonturacetam [4-phenylpiracetam (carphedon)]
- Furfenorex
- Hydrafenil (fluorenol)
- Lisdexamfetamine
- Mefenorex
- Mephentermine
- Mesocarb
- Metamfetamine(d-)
- p-methylamfetamine
- Modafinil
- Norfenfluramine
- Phendimetrazine
- Phentermine
- Prenylamine
- Prolintane

S6.B:

Including, but not limited to:

- 2-phenylpropan-1-amine (B-methylphenylethylamine, BMPEA)
- 3-Methylhexan-2-amine (1,2-dimethylpentylamine)
- 4-Fluoromethylphenidate
- 4-Methylhexan-2-amine (1,3-dimethylamylamine, 1,3 DMAA, methylhexaneamine)
- 4-Methylpentan-2-amine (1,3-dimethylbutylamine)
- 5-Methylhexan-2-amine (1,4-dimethylamylamine, 1,4-dimethylpentylamine, 1,4-DMAA)
- Benzfetamine
- Cathine**
- Cathinone and its analogues, e.g. mephedrone, methedrone, and a -pyrrolidinovalerophenone
- Dimetamfetamine (dimethylamphetamine)
- Ephedrine***
- Epinephrine**** (adrenaline)
- Etamivan
- Ethylphenidate
- Etilamfetamine
- Etilefrine
- Famprofazone
- Fenbutrazate
- Fencamfamin
- Heptaminol
- Hydroxyamfetamine (parahydroxyamphetamine)
- Isometheptene
- Levmetamfetamine
- Meclofenoxate
- Methylenedioxyamphetamine
- Methylephedrine***
- Methylphenidate [(±)-methyl-2-(naphthalen-2-yl)-2-(piperidin-2-yl)acetate]
- Methylphenidate
- Midodrine
- Nikethamide
- Norfenefrine

- Octodrine (1,5-dimethylhexylamine)
- Octopamine
- Oxilofrine (methysynephrine)
- Pemoline
- Pentetrazol
- Phenethylamine and its derivatives
- Phenmetrazine
- Phenpromethamine
- Propylhexedrine
- Pseudoephedrine*****
- Selegiline
- Sibutramine
- Solriamfetol
- Strychnine
- Tenamfetamine (methylenedioxymphetamine)
- Tesofensine
- Tuaminoheptane

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

EXCEPTIONS

- Clonidine, guanfacine
- Imidazoline derivatives for dermatological, nasal, ophthalmic or otic use (e.g. brimonidine, clonazoline, fenoxazoline, indanazoline, naphazoline, oxymetazoline, tetrazoline, tramazoline, xylometazoline) and those stimulants included in the 2026 Monitoring Program*

* Bupropion, caffeine, nicotine, phenylephrine, phenylpropanolamine, pipradrol, and synephrine: These substances are included in the 2026 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.

S7. GLUCOCORTICOIDS

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
- Flunisolide
- Flucortolone
- 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.

S8. BETA-BLOCKERS

Beta-blockers are prohibited.

Including, but not limited to:

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

S9. DRUGS OF ABUSE

The following Prohibited Substances are considered Drugs of Abuse:

Metabolites of Drugs of Abuse and their D and L optical Isomers where relevant are also prohibited.

1. CANNABINOIDS

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

2. NARCOTICS

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

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

3. OTHER:

Cocaine, methylenedioxymethamphetamine (ecstasy); phencyclidine (PCP); dimethylamphetamine (DMA); benzylpiperazine (BZP) methylenedioxyamphetamine; p-methylamphetamine.

PROHIBITED METHODS

M1. MANIPULATION OF BLOOD AND BLOOD COMPONENTS

The following are prohibited:

- M1.1.** 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.

The withdrawal of blood or blood components (including by apheresis), unless performed for 1) analytical purposes including medical tests or Doping Control, or for 2) donation purposes in a collection center accredited by the relevant regulatory authority of the country in which it operates.

- M1.2.** 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.
- M1.3.** Any form of intravascular manipulation of the blood or blood components by physical or chemical means.
- M1.4.** The use of re-breathing systems or equipment to deliver carbon monoxide, unless performed as a diagnostic procedure under the supervision of a medical or scientific professional.

M2. CHEMICAL AND PHYSICAL MANIPULATION

The following are prohibited:

- M2.1.** 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.
- M2.2.** 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:

- M3.1.** The use of nucleic acids or nucleic acid analogues that may alter genome sequences and/or gene expression by any mechanism. This includes but is not limited to gene editing, gene silencing and gene transfer technologies.
- M3.2.** The use of normal or genetically modified cells or cell components (e.g. nuclei and organelles such as mitochondria and ribosomes).

SECTION 5: Player Guide to Prohibited Substances

Introduction:

This Guide to *Prohibited Substances* is designed to help players understand why certain substances are banned under the PGA TOUR Anti-Doping Program. This Guide is only a summary of the *Prohibited Substances and Methods List* found in Section 4. In case of any conflict between this Guide and the actual PGA TOUR Prohibited List, the PGA TOUR Prohibited List governs. The PGA TOUR Prohibited List adheres to the approved International Anti-Doping Standard for substances prohibited in sport.

If a player has a legitimate medical need for certain banned substances, he can apply for a Therapeutic Use Exemption (TUE). The TUE process is explained in detail in Section 6 of the Anti-Doping Program Manual and posted online at PGA TOUR Central under “Player Membership” and www.drugfreesport.com/axis. Players or player representatives can also contact Andy Levinson, Program Administrator, at (904) 280-2487 andylevinson@pgatourhq.com, or Renee Tomb at (904) 543-7425 ReneeTomb@pgatourhq.com with any questions about *Prohibited Substances* or other aspects of the Program.

Anabolic Agents

(Also called steroids, anabolic androgenic steroids)

What are they?

This prohibited class is made up of the male hormone testosterone, substances which can be metabolized to testosterone in the body, and substances with a similar activity or chemical structure. Natural testosterone regulates, promotes, and maintains physical and sexual development, primarily in the male, but with effects in the female as well. Anabolic agents assist in recovery from injury and tissue repair. Also, in combination with training, muscular size and strength may increase from the use of anabolic agents. As these drugs are hormones, they interfere with normal hormonal balance, thereby producing detrimental and sometimes permanent side effects.

Examples:

- Methyltestosterone (Android)
- 19-norandrostenedione (nandrolone and 19-norandrostenedione are prohibited at concentrations greater than 20 nanograms per milliliter)
- prostanazol (Anabolic Xtreme)
- stanozolol (Winstrol, Winstrol Depo (intra-muscular))
- tetrahydrogestrinone (THG or The Clear)
- testosterone (Axiron, Testim, Striant, Androderm, Androgel)
- Clenbuterol
- DHEA (Prastera, Fidelin)
- epitestosterone
- Epitestosterone
- Ractopamine

Medical Uses:

- For weight gain in wasting (as in burn injury, HIV-infection or muscular dystrophy)
- Decreased or absent gonadal function
- Delayed puberty
- Relief of bone pain from osteoporosis
- Severe anemia
- Hereditary angioedema
- Clenbuterol is used to treat asthma

How are they obtained?

Anabolic steroids are obtained by prescription or illegal methods. DHEA (noted above) is not obtained illegally or by prescription, and is available in many forms of over the counter products. Some health food or “smoothie” restaurants offer to add DHEA supplements or powder to shakes players should ensure that any shakes they order do not have supplement additives such as DHEA.

How could anabolic agents be used to enhance performance in golf?

These products are known to aid in tissue repair and injury recovery. They also reduce fatigue. Additionally, there may be a beneficial application of testosterone and anabolic steroids in golf due to the potential to increase driving distance. Driving distance is contingent upon club head speed, a component of golf swing mechanics and the body. If the body is able to generate more power within the biomechanics of the golf swing, it will increase club head speed. Further, injury recovery and reduction in tissue breakdown could allow a player to train longer, more intensely, and return to tournament competition faster.

Peptide Hormones, Growth Factors, Related Substances and Mimetics

What are they?

Hormones are chemicals that send signals to parts of the body and control certain functions. They are made of peptides, which are chains of amino acids. Human growth hormone or “HGH” is a polypeptide hormone synthesized and secreted by the anterior pituitary gland, which stimulates growth and cell production.

Examples:

- Human growth hormone (HGH) (Nutropin, Humatrope, Genotropin, Norditropin, Saizen, Jintropin)
- Growth Hormone Releasing Hormone and its analogues (e.g., CJC-1295, sermotelin and tesamorelin)
- Growth Hormone Secretagogues (e.g., ahrelin, anamorelin and ipamorelin)
- Growth Hormone Releasing Peptides (e.g., alexamorelin, GHRP-6, hexarelin and prolmomorelin (GHRP-2))
- Erythropoietin (EPO) (Epogen, Procrit, Eprex and aranesp)
- Hypoxia-inducible Factor (HIF) stabilizers
- Peginesatide (Hematide)
- Insulin-like Growth Factors (e.g., IGF-1)
- Mechano Growth Factors (MGFs)
- Gonadotrophins (FSH, LH, hCG)
- Insulin (Glulisine, Apidra, Exubera, Humalog, Humulin, Lantus, Levemir, Novolin, Novolog)
- Corticotrophins (ACTH, Acthar, Cortrosyn, Cortrophin, Tetracosactide)

Medical Uses:

Gonadotrophins (hCG) are used medically to produce male changes or male characteristics. Human growth hormone is sometimes prescribed for growth-deficient children.

How are they obtained?

By prescription or illegally.

How could hormones be used to enhance performance in golf?

Athletes have been known to take HGH to increase muscle growth and the hormone EPO to stimulate the production of oxygen-carrying red blood cells. Other hormones such as chorionic gonadotrophin (hCG) increase testosterone production. Insulin is a

normal substance within the human body and has reportedly been used by athletes to increase muscle levels of glycogen and reduce protein breakdown.

These banned hormones could help a player recover from injury more quickly, increase energy and reduce fatigue. There could also be a beneficial application for golf due to the potential to increase driving distance, which is contingent upon club head speed, a component of golf swing mechanics and the body. If the body is able to generate more power within the biomechanics of the golf swing, it will increase club head speed. Further, injury recovery and reduction in tissue breakdown could allow a player to train longer, more intensely, and return to tournament competition faster.

Hormone and Metabolic Modulators

What are they?

Hormone and metabolic modulators work to change the very sensitive balance of the sex hormones in the body and can cause serious side effects and changes in the body of both males and females.

Examples:

- Aromatase inhibitors: anastrozole (Arimidex)
- letrozole (Femara)
- aminoglutethimide
- exemestane (Aromasin)
- Selective estrogen receptor modulators (raloxifene, tamoxifen, toremifene)
- meldonium
- Anti-estrogens (e.g., clomiphene, cyclofenil and fulvestrant)
- Myostatin inhibitors
- Metabolic modulators (e.g., insulin and insulin mimetics, Meldonium, trimetazidine and GW1516)

Medical Uses:

Some agents with anti-estrogenic activity are used to treat cancer.

How are they obtained?

Anti-estrogens are obtained by prescription.

Why would a player use hormone and metabolic modulators?

Athletes have taken anti-estrogens to reduce the unwanted side effects of anabolic steroids (such as growth of breast tissue) and to make as much testosterone available for anabolic effects as possible (i.e., minimizing the ability of testosterone in the body to be used for other purposes).

Diuretics and Other Masking Agents

What are they?

Diuretics are drugs that help the body to eliminate fluids (water and salts) by increasing the rate of urine formation. Masking agents may interfere with the detection of *Prohibited Substances*.

Examples:

- diuretics
- probenecid (Benemid)
- furosemide (Lasix)
- thiazides (e.g, thiazides hydrochlorothiazide, bendroflumethiazide and chlorothiazide)
- acetazolamide (Diamox)
- torasemide
- triamterene

Medical Uses:

Diuretics have therapeutic uses for the elimination of excess fluid from the body for certain diseases such as congestive heart failure and for management of high blood pressure. Probenecid (Benemid) is used to treat gout. Diamox is used to treat high altitude sickness.

How are they obtained?

Diuretics are obtained by prescription.

Why would a player use diuretics and masking agents?

Athletes have used diuretics to speed up the rate that other Prohibited Substances are passed out of their bodies, or to mask the presence of other drugs in their bodies.

Stimulants

What are they?

Stimulants are a class of drugs that act on the central nervous system by speeding up parts of the brain and the body's reactions. This class includes stimulants used to treat Attention Deficit (Hyperactivity) Disorder (ADD/ADHD).

Stimulants are also found in a few, limited cold and hay fever remedies and in herbal and nutritional substances that can be bought without a prescription.

Examples:

- adrafinil
- amphetamine
- amphetamine-dextroamphetamine (Adderall)
- ephedrine (Bronkaid and Primatene tablets, Rentamine, Rynatuss, Tuss Tan)
- epinephrine (Primatene Mist, EpiPen)
- ephedrine (Primatene Mist, EpiPen)
- ephedrine (Primatene Mist, EpiPen)
- methylhexanamine/geranium plant parts
- methylamphetamine
- methylphenidate (Ritalin, Concerta, Attenta, Metadate, Penid, methylin, Focalin, Daytrana and Rubifen)
- modafinil (Nuvigil)
- Isometheptene (Midrin) is used to treat headaches. This is a prescription medication.
- Ma Huang/Solriamfetol

How are they obtained?

Prescription stimulants are easily obtained from a local physician for ADD/ADHD, narcolepsy, sleep apnea, and depression. Certain, specific over the counter medicines for weight loss and head colds contain stimulants.

How could stimulants be used to enhance performance in golf?

Stimulants can make a player feel more competitive, alert and allow better concentration and focus. These substances have been reported to increase concentration, focus, and assist players to "enter the zone" during key points of a competition. Players might also use stimulants to help them exercise for longer. While tremors or shakiness may be a risk associated with certain stimulants, these can be controlled by adjusting the dosage level.

Frequently Asked Questions about Stimulants:

What About ADD and ADHD Medications?

As stated above, these medications are considered performance enhancing and are banned in professional golf. If a player has been diagnosed with ADD or ADHD by a psychiatrist based on medically-recognized diagnostic criteria, a TUE may be granted. The TUE process is discussed in Section 6 of the Anti-Doping Program Manual. The most commonly prescribed medications to treat ADD and ADHD are Ritalin, Adderall, Focalin, and Concerta, all of which are prohibited stimulants.

Do Over the Counter Products Contain Stimulants?

Prohibited stimulants are sometimes present in over-the-counter substances such as cold medications, dietary supplements, diet aids and headache remedies. The U.S. Food and Drug Administration (FDA) has placed control on the sales of ephedrine. There are still substances that require caution, such as the presence of levmetamfetamine in Vicks Vapor Inhaler, ephedrine in Bronkaid and Primatene tablets, and epinephrine in Primatene Mist. Over-the-counter medications that contain Prohibited Substances continue to be available.

Why is Vicks Vapor Inhaler Prohibited?

Vicks Vapor Inhaler contains traces of a chemical structurally related to the banned stimulant levmetamfetamine.

What if I Have a Cold or the Flu? Can I Take Permitted Medicine to Get Well?

If a player has a cold, flu, or hay fever, there are many permitted medications he may take. Antihistamines, in general, are permitted, as are many decongestants commonly found in over-the-counter cold medications. You can take the many medications listed in the paragraph below, which area also listed in the wallet card. If you have any questions, please feel free to contact the Program Administrator or Medical Advisor.

What are Some Permitted Medications for Colds/Allergies?

Permitted medications include:

Antihistamines/Decongestants:

Allegra, Benadryl, cetirizine, chlorpheniramine, clemastine, Clar-inex, Claritin, diphenhydramine, fexofenadine, loratadine, naphazoline, oxymetazoline, phenylephrine, pseudoephedrine**, tetrahydrozoline, xylometazoline, and Zyrtec.

**Allegra-D, Benadryl-D, Claritin-D, Zyrtec-D, and Sudafed contain pseudoephedrine. This is prohibited when its concentration in urine is greater than 150 micrograms per milliliter. It is advisable to stop taking pseudoephedrine at least 24 hours before competition.

**The threshold level has been established on the intake of therapeutic doses of pseudoephedrine, defined as a maximum dose of 240mg per day of pseudoephedrine taken as a single dosage or divided dosages.

Combination Cold Medications:

Actifed cold & sinus**, Advil cold & sinus**, Afrin, Alka Seltzer/ Alka-Seltzer Plus (cold & cough, cold & sinus, cold & flu), Chlor-Trimeton (D**, allergy), Comtrex, Contact (-D**), Coricidin (-D**, HBP, cold, flu & sinus, cough & cold), Dimetap, Dristan, Drixoral** (cold & allergy**, allergy sinus**), Mucinex (-D**, DM, Max Strength D**, Max Strength DM, Nasal Spray), Neo Synephrine, Robitussin (severe congestion, cold & cough, CF, PE, DM), Sudafed (PE, Congestion**, 12 hour**, 12 hour pressure+pain**, 24 hour**) TheraFlu (flu, cold & cough, severe cold and congestion, flu & cold), Triaminic (cold & cough, allergy congestion, cold, allergy & sinus), Tylenol (Cold Severe Congestion**, Tylenol Sinus Severe allergy**, cold & flu, multi-symptom), Vicks (44D**, Dayquil, Nyquil); Zicam

Cough Preparations:

Codeine, Delsym, dextromethorphan, hydrocodone, Mucinex (-D**, DM), Robitussin, St. Joseph, Theraflu, Triaminic, Tylenol (Cold Multi-Symptom Nighttime), Vicks Nyquil Cold and Flu, Zicam

Expectorant: Mucinex (-D**, DM, Max Strength D**, Max Strength DM), Guaifenesin

Fever Reducers: Advil (ibuprofen), Aleve (naproxen sodium), Aspirin, Motrin (ibuprofen), Tylenol (ac- etaminophen)

Flu:

Alka Selzer, Contact, DayQuil, NyQuil, Theraflu

Sneezing, itching, runny nose:

Allegra (Fexofenadine), Benadryl (diphenhydramine), Claritin (lo- ratidine), Triaminic (chlorpheniramine), Zyrtec (cetirizine)

Sore Throat:

Cepacol, Cold Eeze, Fisherman's Friend, Halls, Ludens, NyQuil, Ricola, Smith Brothers, Vicks

**Any designation with D usually is reserved for pseudoephedrine. This is prohibited when its concentration in urine is greater than 150 micrograms per milliliter. It is advisable to stop taking pseudo- ephedrine at least 24 hours before competition.

**The threshold level has been established on the intake of therapeutic doses of pseudoephedrine, defined as a maximum dose of 240mg per day of pseudoephedrine taken as a single dosage or divided dosages.

What about Use of Injected Epinephrine (Epipen)

Systemic epinephrine is prohibited. If a player requires use of an epinephrine injector due to allergic reactions (i.e., peanut allergies) the player should apply for a TUE before an emergency situation arises.

Beta Blockers

What are they?

Beta blockers are drugs that are used for the treatment of cardiac arrhythmias, cardio-protection after myocardial infarction, hypertension and the prophylaxis of migraine headaches.

Examples:

- nadolol (Corgaard)
- carvedilol (Coreg CR)
- Metoprolol (Lopressor)
- propranolol (Inderal, Inderal LA, Innopran XL)

How are they obtained?

Beta blockers are obtained by prescription.

How could Beta Blockers be used to enhance performance in golf?

Athletes may misuse beta blockers to decrease heart rate, steady nerves, and stop muscle tremor. Beta blockers can decrease anxiety to help control various fine motor skills.

Frequently Asked Questions about Beta Blockers:

What if I Need a Beta-Blocker to Treat High Blood Pressure?

There are a number of permitted medications to treat hypertension (high blood pressure). If a player has a diagnosed medical need for a banned beta-blocker, a TUE may be granted.

What are Examples of Permitted High Blood Pressure Medications?

Permitted Medications Include: Ace Inhibitors, Calcium Channel Blockers, Angiotensin II Receptor Blockers, Alpha Blockers, Central Alpha Agonist, Combination Calcium Channel Blocker/Angiotensin II Receptor Blocker, Combination Ace Inhibitor/Calcium Channel Blocker

Drugs of Abuse

What are they?

Drugs of Abuse are recreational drugs that are often times obtained illegally, but may also be obtained through a prescription (e.g. narcotics) or legally in some states (e.g. marijuana).

Examples:

- Cannabinoids (hashish and marijuana)
- cocaine
- methylenedioxymethamphetamine (Ecstasy)
- phencyclidine (PCP)
- dimethylamphetamine (DMA)
- benzylpiperazine (BZP)
- methylenedioxyamphetamine

Cannabinoids (*Drugs of Abuse*)

Natural and synthetic Cannabinoids are prohibited as Drugs of Abuse. Cannabinoids are also called marijuana, hashish or cannabis. Natural cannabinoids are made from the dried flowers, leaves or resin of the cannabis plant. The active chemical in cannabinoids is THC (delta-9-tetrahydrocannabinol) and this causes a series of reactions in the brain that lead to feelings of relaxation and reduced inhibition.

How could cannabinoids be used to enhance performance in golf?

Athletes are unlikely to use cannabinoids to improve their performance; however, some athletes have used cannabinoids to decrease anxiety before a competition. They are more likely to be used as a recreational drug.

Frequently Asked Questions about Marijuana:

Why is Marijuana Prohibited?

Marijuana is illegal under federal law and in most other countries. Involvement with illegal substances goes against the spirit of our sport.

If I am Around a Person who is Smoking Marijuana will I have a Positive Test?

The testing threshold is set at a high level to avoid detection of second-hand marijuana smoke. A number of studies have been completed to determine if passive (second-hand) inhalation will produce a positive test. According to the United States Anti-Doping Agency (USADA), even in studies where the marijuana smoke was so thick the participants had to wear goggles to protect their eyes, the testing threshold prevented a positive test for marijuana. USADA reports that inadvertent exposure to marijuana smoke by passive inhalation is not going to cause the test result to exceed the threshold.

How Long does Marijuana Stay in the Body?

THC (the active substance in marijuana) can accumulate in fatty tissues of the user during long periods of heavy use. Thus, the clearance of marijuana is more variable than for many other drugs. The clearance depends on the individual metabolism, body fat, THC content of the marijuana, and how frequently and how heavily the marijuana was used. Thus, there is not a way to predict how long THC metabolite can be detected in a given individual player.

Is CBD Prohibited?

All natural and synthetic cannabinoids are prohibited except for cannabidiol (CBD). Cannabis, hashish and marijuana are prohibited. Products, including foods and drinks, containing cannabinoids, are also prohibited. All synthetic cannabinoids that mimic the effects of THC are prohibited.

CBD is not prohibited; however, athletes should be aware that some CBD oils and tinctures extracted from cannabis plants, may also contain THC and other cannabinoids that could result in a positive test for a prohibited cannabinoid.

Narcotics (*Drugs of Abuse*)

(Also called painkillers and analgesics)

What are they?

Narcotics are strong painkillers used for the treatment of chronic and acute painful conditions; they are made from opiates taken from the poppy plant. Narcotics work by reducing the amount of pain that is registered by the brain and some narcotics can give the user a feeling of euphoria, powerfulness and fearlessness.

Examples:

- buprenorphine (Suboxone)
- dextromoramide
- diamorphine (Heroin)
- fentanyl (Fentora, Duragesic) and derivatives
- hydromorphone (Dilaudid)
- methadone
- morphine (Avinza, Kadian, MS Contin, MSIR)
- oxycodone (Percocet, Oxycontin, Roxicet, Tylox)
- oxymorphone (Opana, OpanaER)
- pentazocine (Talwin, Talacen)
- pethidine (Demerol)
- tramadol (implementation on January 1, 2024)

How are they obtained?

Narcotics are obtained by prescription or illegally.

Why do some players use narcotics?

Players may need to use painkillers to treat an injury. However, it may be tempting for a player to continue to train or play with an injury and use a narcotic to mask the pain. This could make the original injury worse.

Frequently Asked Questions about Narcotics (*Drugs of Abuse*)

What If the Player Needs a Painkiller for an Injury?

Slight to moderate pain can be effectively treated using non-narcotic drugs. For example, most non-steroidal anti-inflammatory drugs (NSAIDs: aspirin, naproxen, ibuprofen, Advil, Aleve, Motrin and acetaminophen) are permitted. NSAIDs have anti-inflammatory and analgesic (pain-killing) actions. For management of more severe pain, there are a number of substances that are permitted, such as codeine, propoxyphene, and hydrocodone. For other narcotics, the player should ensure the medication considered is not specifically listed on the *Prohibited List*. TUEs may be available in certain circumstances.

SECTION 6: PGA TOUR Anti-Doping Program Therapeutic Use Exemptions (TUE)

A. DEFINITION OF A THERAPEUTIC USE EXEMPTION

Players, like anyone else, may have illnesses or conditions that require the use of a substance on the *PGA TOUR Prohibited List* as treatment. In such a case, a Therapeutic Use Exemption (TUE) *may*, under strict conditions, provide a player with the authorization to take the needed medicine while continuing to play.

B. OVERVIEW OF A TUE

A Therapeutic Use Exemption (TUE) is an authorization to take a Prohibited Substance or Use a Prohibited Method under well-defined and restricted conditions.

A TUE must be obtained from the PGA TOUR's TUE Committee for the Use of any Prohibited Substance or Prohibited Method on the PGA TOUR Prohibited List. In order to obtain an approval for a TUE, a player must have a well-documented medical condition supported by reliable and relevant medical data.

1. Application

Application (including all requested medical information) for a TUE shall be made to the PGA TOUR's Anti-Doping Program Administrator ("Program Administrator") before a player's use of a Prohibited Substance or Prohibited Method, and in all events, at least thirty (30) days prior to participation in a Covered Tournament. The application will be considered by a TUE Committee consisting of the PGA TOUR's medical advisor and one or more specialists designated by the PGA TOUR's medical advisor.

The TUE application may be obtained from PGA TOUR Central under "Player Membership," Player Relations Representatives, or the Program Administrator.

2. Approval Procedure

TUE applications will be reviewed by the TUE Committee after all requested medical documentation is submitted by the player. Normally, the Program Administrator will notify the player of the decision taken by the TUE Committee within twenty-one (21) days of receipt by the TUE Committee of all requested documentation.

3. Commencement of Medical Treatment

Except in emergency situations as defined in Section 6 (D) (1), players should not begin treatment with a Prohibited Substance or Prohibited Method until after a TUE has been granted. Treatment in advance of a decision would constitute an Anti-Doping Rule Violation in the event that the TUE is denied by the TUE Committee.

C. CRITERIA FOR GRANTING A TUE

The four criteria that must be fulfilled to grant a TUE are:

1. The player would experience a significant impairment to health if the Prohibited Substance or Prohibited Method were to be withheld in the course of treating an acute or chronic medical condition. (The Use of any Prohibited Substance or

Prohibited Method to increase “low-normal” levels of any Endogenous hormone is not considered an acceptable therapeutic intervention.)

2. The therapeutic use of the Prohibited Substance or Prohibited Method would produce no additional enhancement of performance other than that which might be anticipated by a return to a state of normal health following the treatment of a legitimate medical condition.
3. There is no reasonable therapeutic alternative to the Use of the otherwise Prohibited Substance or Prohibited Method.
4. The necessity for the Use of the otherwise Prohibited Substance or Prohibited Method is not a consequence, wholly or in part, of a prior non-therapeutic use of any substance on the PGA TOUR Prohibited List.

A TUE can only be granted if all four criteria are fulfilled.

D. RETROACTIVE TUE APPLICATIONS

1. Emergency Situations

TUE applications submitted less than thirty (30) days prior to participation in a Covered Tournament (retroactive TUE applications) may be submitted in emergency circumstances. A TUE application may also be submitted retroactively where emergency treatment or treatment of an acute medical condition was required.

The TUE Committee shall exercise its sole discretion to determine whether the circumstances constituted an emergency situation. In the event that the TUE Committee determines that an emergency situation did not exist, then the application shall be treated as a non-emergency retroactive TUE application as set forth below.

2. Non-Emergency Retroactive Applications

Outside of emergency circumstances, retroactive TUEs may be granted only where the player undergoes, at his expense, all testing procedures required by the TUE Committee and where, in the opinion of the TUE Committee, the medical justification for the TUE is clear.

E. DOCUMENTATION REQUIRED

The TUE application questions must be answered completely, and the information submitted should be sufficient to allow the TUE Committee to render a reasoned decision.

The following documents must be provided in support of a TUE request:

- All condition-specific requested records
- All evidence confirming the diagnosis
- Copies of the original reports or letters
- A comprehensive medical history and the results of all relevant examinations, laboratory investigations and imaging studies relevant to the application (Any additional relevant investigations, examinations or imaging studies requested by TUE Committee or the Program Administrator will be undertaken at the expense of the applicant)
- A statement by a qualified physician attesting to the necessity of the otherwise Prohibited Substance or Prohibited Method in the treatment of the player and describing why an alternative permitted medication cannot, or could not, be used to treat this condition

- In the case of non-demonstrable conditions, independent supporting medical opinion may be required in support of the application

The data provided should be up-to-date and accurate in form and substance.

F. DETERMINATION OF SUFFICIENCY

The TUE Committee will decide if the application presents sufficient justification for the granting of a TUE. The TUE Committee is authorized to request through the Program Administrator more information at any time if it is needed to render a decision.

G. METHODS OF SUBMISSION OF A TUE APPLICATION

TUE applications may be submitted online or in paper form to the Program Administrator. Applications and/or supporting documents may also be submitted by email or fax, provided that an e-mail or fax application is followed by delivery of the hard copy of the complete application.

H. TUE COMMITTEE CONSTITUTION

The TUE Committee shall be chaired by the PGA TOUR's medical advisor and may include one or more specialists from a standing list of medical experts in those medical specialties most relevant to anticipated TUE applications.

Routine Matters. The TUE Committee, through the Program Administrator, will provide a response to the player (which may include a request for more information necessary to evaluate the application) within twenty-one (21) days. In emergency circumstances, the Committee will respond as quickly as possible.

All members of the TUE Committee will sign an appropriate confidentiality agreement and all information received by the TUE Committee shall be maintained in strict confidence.

I. RENEWING A TUE

TUEs will typically only be granted for a limited period of time. In the TUE application, the player's physician should recommend a specific duration for the TUE requested. TUEs cannot be renewed after expiration without a new medical consultation and confirmation of the request by the player's physician with appropriate supporting documentation.

J. TUE APPEAL

A player may appeal a TUE decision in accordance with the Appeal Process in Section 2I.

K. RECOGNITION

The PGA TOUR may in its sole discretion recognize TUEs granted by other golf organizations provided the medical waiver was granted in a manner consistent with the PGA TOUR's Program.

SECTION 7: PGA TOUR Anti-Doping Program Examples of Permitted Medications

- **ADD/ADHD:** Strattera
- **Allergy:** Allegra (Fexofenadine), Benadryl (diphenhydramine), Claritin (loratidine), Triaminic (chlorpheniramine), Zyrtec (cetirizine)
- **Anesthetics:** All locals and locals with epinephrine permitted
- **Antacids:** Di-Gel, Gaviscon, Maalox, Mylanta, Tums
- **Anti-Anxiety:** Atarax, Ativan, Buspar, Librium, Valium, Vistaril, Xanax
- **Antibiotics:** All are permitted
- **Anti-Depressants:** All SSRIs (Prozac, Paxil, Zoloft, Lexapro, etc.), all SNRIs (Wellbutrin, Cymbalta, Effexor), all tricyclics
- **Anti-Diabetics:** All oral anti-diabetic medications
- **Anti-Diarrheals:** Diphenoxylate w/atropine, Imodium, kaolin w/pectin, Kaopectate, Lomotil, Lonox, loperamide, Pepto Bismol
- **Topical Antifungals:** Cruex, Desenex, Lamisil, Lotrimin, Micatin, Monistat, Mycostatin, Tinactin
- **Anti-Nausea/Anti-Vertigo:** Antivert, Bonine, Bucladin S, Compazine, diphenhydramine, Dramamine, Emetrol, Motion Aid, Tigan, Zofran
- **Antiviral:** Acyclovir, didanosine, Famvir, Relenza, Stavudine, Tamiflu, Valtrex
- **Asthma:** Accolate, cromolyn sodium, Intal, ipratropium, nedocromil sodium, Singulair, Spiriva, theophylline, Tilade
- **Cold/Allergy Medications:**
 - Antihistamines/Decongestants:** Allegra, Benadryl, cetirizine, chlorpheniramine, clemastine, Clarinex, Claritin, diphenhydramine, fexofenadine, loratidine, naphazoline, oxymetazoline, phenylephrine, tetrahydrozoline, xylometazoline, and Zyrtec
 - Combination Cold Medications:** Afrin, Alka Seltzer/ Alka-Seltzer Plus (cold & cough, cold & sinus, cold & flu), Chlor-Trimeton (allergy), Comtrex, Coricidin (HBP, cold, flu & sinus, cough & cold), Dimetap, Dristan, Mucinex (DM, Max Strength DM, Nasal Spray), Neo Synephrine, Robitussin (severe congestion, cold & cough, CF, PE, DM), Sudafed (PE), TheraFlu (flu, cold & cough, severe cold and congestion, flu & cold), Triaminic (cold & cough, allergy congestion, cold, allergy & sinus), Tylenol (flu, multi-symptom), Vicks (Dayquil, Nyquil); Zicam
 - Cough preparations:** Codeine, Delsym, dextromethorphan, hydrocodone, Mucinex (DM), Robitussin, St. Joseph, Theraflu, Triaminic, Tylenol (Cold Multi-Symptom Nighttime), Vicks Nyquil Cold and Flu, Zicam
- **Ear Preparations:** Auralgan, Auro Ear Drops, Cerumenex, Ciprodex Otic, Cipro HC Otic, Cortisporin Otic, Debrox, Murine Ear Drops, Otic Domeboro
- **Erectile Dysfunction:** Levitra, Viagra, Cialis

- **Eye Preparations:** Alrex, Artificial Tears, Blephamide, Cortisporin Ophthalmic, Maxitrol, Murine Plus, Mycitracin, Naphcon-A, Neo-Synephrine, Ocu-Pred, Patanol, Pred-Forte, oxymetazoline, Relief, tetrahydrozoline, Vasocon-A, Visine
- **Hair Loss or Prostate:** Propecia, Proscar, Avodart
- **Hemorrhoidals:** Preparation H. External creams or topical ointments containing corticosteroids are allowed
- **Hypertension:** Ace Inhibitors: Accupril (quinapril), Aceon (perindopril erbumine), Altace (Ramipril), Capoten (Captopril), Lotensin (Benazepril), Mavik (Trandolapril), Monopril (Fosinopril), Prinivil (Lisinopril), Univasc (Moexipril), Vasotec (Enalapril), Zestril (Lisinopril) Calcium Channel Blockers: Adalat CC (dihydropiridine), Calan (verapamil), Cardizem (benzothiazepine), Covera HS (Verapamil), Dilacor XR (benzothiazepine), Dynacirc CR (Isradipine), Tiazac (Diltiazem), Norvasc (Norvasc), Plendil (Felodipine), Nicardipine (Nicardipine), Cardene SR (nicardipine), Procardia XL (Nifedipine), Sular (Nisoldipine), Isonitin SR (Verapamil), Verelan (Verapamil), Verelan PM (Verapamil)
Angiotensin II Receptor Blockers: Atacand (Candesartan), Avapro (Irebesartan), Benicar (Olmesartan), Cozaar (Losartan), Diovan (Valsartan), Micardis (Telmisartan), Teveten (Eprosartan), Alpha Blockers: Cardura (Doxazosin), Hytrin (Terazosin) Central Alpha Agonist: Catapres (Clonidine), Tenex (Guanfacine)
Combination Calcium Channel Blocker/Angiotensin II Receptor Blocker: Exforge (Amlodipine/Valsartan)
Combination Ace Inhibitor/Calcium Channel Blocker: Lexxel (Enalapril Maleate/Felodipine), Lotrel (Amlodipine/Benazepril)
- **Laxatives:** Colace, Correctol, Dulcolax, Ex-Lax, Fibercon, Fleet Enema, Metamucil, Miralax
- **Liniments/Topicals:** Aspercreme, Ben-Gay, Biofreeze, capsaicin, Flex-All 454, Icy Hot Balm, Myoflex Cream, Sportscreme, Vicks Vaporub, Zostrix, Zovirax, topical skin corticosteroids
- **Muscle Relaxants:** Baclofen, Cyclobenzaprine, Flexeril, Norflex, Skefaxin, Soma, Zanaflex
- **Pain/Anti-Inflammatory:** Acetaminophen, Aleve, aspirin, Bufferin, Celebrex, Dolobid, Ecotrin, hydrocodone, ibuprofen, Lyrica, naproxen, Neurontin, piroxicam, propoxyphene, Tylenol (plain, ex-strength), Ultram. Non-steroidal anti-inflammatory agents (NSAIDs): All are permitted (except famprofazone) Permitted Narcotics: Hydrocodone (Vicodin, Norco, Lortab, Maxidone, Xodol, Zydol) Codeine (Tylenol with Codeine)
- **Sedatives/Sleep Aids:** Ambien, Ambien CR, Antivert, Ativan, Compiz, Dalmane diphenhydramine, Halcion, Lunesta, Nytol, Restoril, Rozerem, Sominex, Sonata, Unisom, Valium, Xanax
- **Ulcer Medications:** Aciphex, Axid, Carafate, Nexium, Pepcid, Prevacid, Prilosec, Protonix, Tagamet, Zantac

Dietary Supplement Warning

Some dietary or nutritional supplements (homeopathic remedies, herbs, botanicals, energy bars, additives to fruit shakes or smoothies), that are sold over the counter or through the Internet, contain substances that are prohibited under the PGA TOUR Anti-Doping Program. This may not be indicated on the list of ingredients. These products are not licensed and are not subject to the same strict manufacturing and labeling requirements as licensed medications.

SECTION 8: PGA TOUR Anti-Doping Program Player Resources

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Drug Free Sport

Drug Free Sport AXIS

Toll Free Phone: (816) 474-7321
Website: www.drugfreesport.com/axis (password: pgatour)

AXIS is a mobile friendly web-based service that provides players with up-to-date, confidential and accurate information on dietary supplements and dangerous or *Prohibited Substances*. AXIS is available by logging into: www.drugfreesport.com/axis, and entering the password pgatour. All correspondence with the AXIS can be done anonymously and will be kept confidential. Questions received by the AXIS will be answered within 1 business day. The PGA TOUR Program Administrator (above) may be contacted 24 hours a day.

AXIS Business hours: 8:00 a.m. - 4:30 p.m. Monday-Friday (Central Standard Time)

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