



PGA TOUR
Anti-Doping
Program Manual

Table of Contents

HOW TO USE THIS MANUAL	2
SECTION 1: PLAYER GUIDE TO ANTI-DOPING	3
Who is covered by the Anti-Doping Program	3
What substances and methods are banned	3
Am I liable for a prohibited substance in my body even if I did not intend to take the substance	3
What should players know about nutritional and health products	3
Are there supplements that have been tested/certified as free from banned substances	4
What about medical treatment	4
What medications are permitted	4
Who conducts the testing and who will be tested	4
What are the steps in the testing process	5
What happens once my sample is analyzed	6
What is involved in sanctioning	7
Can a sanction be appealed	7
What other conduct violates the Program	7
SECTION 2: PGA TOUR ANTI-DOPING PROGRAM	8
SECTION 3: PGA TOUR ANTI-DOPING PROGRAM DEFINITIONS	16
SECTION 4: THE PGA TOUR PROHIBITED SUBSTANCES AND METHODS LIST	19
SECTION 5: PLAYER GUIDE TO PROHIBITED SUBSTANCES	25
Introduction	25
Anabolic Agents	25
Hormones and Related Substances	26
Hormone Antagonists and Modulators	27
Diuretics and Other Masking Agents	28
Stimulants	28
Beta Blockers	30
Drugs of Abuse	31
SECTION 6: THERAPEUTIC USE EXEMPTIONS	34
SECTION 7: EXAMPLES OF PERMITTED MEDICATIONS	38
SECTION 8: PLAYER RESOURCES	40
SECTION 9: PLAYING OUTSIDE OF THE UNITED STATES	41
INDEX	42

Revised January 1, 2009

How to Use This Manual

This manual is your comprehensive guide to the PGA TOUR Anti-Doping 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 Anti-Doping Program. This Guide also gives a step-by-step overview of the drug testing process.

Section 2 is the PGA TOUR Anti-Doping Program in its entirety. This Program is part of the PGA TOUR Tournament Regulations.

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 www.pgatourlinks.com. 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.

Section 9 contains important information about playing outside of the United States as it pertains to the Anti-Doping Programs of other golf tours.

If you have any questions regarding the Program, contact Allison Keller, PGA TOUR Program Administrator at (904) 273-3579 or akeller@pgatourhq.com.

SECTION 1

Player Guide to Anti-Doping

Who is covered by the Anti-Doping Program?

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 PGA TOUR and Nationwide Tour members are bound by the Program. Additionally, any player who participates in a PGA TOUR or Nationwide Tour co-sponsored, sanctioned, approved or coordinated tournament 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 www.pgatourlinks.com.

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 a prohibited substance is in your body. This means that if a test indicates the presence of a prohibited substance in your test sample, 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, 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 or energy bars could contain substances that are banned under the Program. The TOUR has partnered with the National Center for Drug Free Sport to provide an easily accessible resource designed to answer your questions about dietary supplements. The Resource Exchange Center (REC) provides players with up-to-date, confidential and accurate information on dietary supplements and dangerous or prohibited substances. (*See Section 8 of this Manual to contact the REC.*)

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. Since 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.**

PLAYER GUIDE TO ANTI-DOPING

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.org/Certified/BannedSub/listings.asp.

Information on certified supplement discounts for players can also be found on www.pgatourlinks.com or by contacting the Program Administrator.

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 pgatourlinks.com. 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 medical waiver was granted in a manner consistent with the PGA TOUR's Program.

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?

The National Center for Drug Free Sport ("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. 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 drug testing personnel will perform all tests. The collection process is designed to ensure a confidential and expedient testing experience for the player.

PLAYER GUIDE TO ANTI-DOPING

What are the steps in the testing process?

The following is a general overview of the 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 for in-competition testing, a collector 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 collector 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 collector 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 is the same as a doping violation under the Program.

Hand washing

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

Selection of Collection Container

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

Provision of Sample

Only you and the collector 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 collector's objective is to ensure that he correctly observes the sample collection process.

Volume of Urine

The collector 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

The collector 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 collector will open the kit.

PLAYER GUIDE TO ANTI-DOPING

Splitting the Sample

The collector 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". The collector will leave a small amount of urine in the collection container so that he can measure the specific gravity and/or pH.

Sealing the Samples

The collector 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 and/or pH

If your sample does not meet the specific gravity or pH requirements (i.e. density, acidity/alkalinity), 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 specifications.

Completion of Information

You will provide information, including your name, on either a written form or an electronic hand-held device provided by the collector. 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 packaged for shipping to ensure that their security is tracked. They are sent to an accredited 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 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.

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.

PLAYER GUIDE TO ANTI-DOPING

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, the player will have an opportunity to submit a written explanation. If a violation is found following review of such explanation, the player will be notified of the sanction.

What is involved in sanctioning?

Sanctions may include disqualification, forfeiture of prize money/points and other awards, ineligibility, and fines. Sanctions for Drugs of Abuse (as defined in Section 3) may include rehabilitation or medical treatment in lieu of or in addition to other sanctions.

Can a sanction be appealed?

You will have seven (7) calendar days to appeal a sanction by sending written notice of such intent to the Commissioner, and an appeal hearing will be held within forty-five (45) calendar days of the Commissioner's receipt of that notice, unless extended by the Commissioner or his designee.

At a hearing, you will have a right to representation and will have an opportunity to present evidence regarding the finding of a violation under the Program, and mitigating or extenuating circumstances. The hearing officer will make a recommendation to the Commissioner, and the Commissioner may adopt or amend the hearing officer's decision. The Commissioner's decision is final and binding.

What other conduct violates the Program?

Other conduct may lead to the finding of a violation and sanctions under the Program, including the possession, use or attempted use of a prohibited substance or method; refusing or failing to be tested; tampering with a sample; trafficking in or administering any prohibited substance; or admitting to any conduct that violates the Program.

SECTION 2

PGA TOUR Anti-Doping Program

A. INTRODUCTION

The PGA TOUR has developed this Anti-Doping Program (the “**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. 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 the PGA TOUR or Nationwide Tour agree to comply with and be bound by the terms of the Program. Any other player who participates in a PGA TOUR or Nationwide Tour co-sponsored, approved or coordinated tournament 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 participating in a PGA TOUR or Nationwide Tour co-sponsored, approved or coordinated tournament.

D. PROHIBITED CONDUCT

The following constitute anti-doping rule violations 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. 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 an anti-doping violation under Section D(1).
 - (b) Sufficient proof of an anti-doping rule violation 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.

PGA TOUR ANTI-DOPING PROGRAM

- (c) Excepting those substances for which a quantitative reporting threshold is specifically identified in the *PGA TOUR Prohibited List*, the presence of any 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 may establish special criteria for the evaluation of *Prohibited Substances* that can also be produced *Endogenously*.
- (2) Use or *Attempted Use* by a player of a *Prohibited Substance* or a *Prohibited Method*. The success or failure of the use of a *Prohibited Substance* or *Prohibited Method* is not relevant. 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) Refusing, or failing without compelling justification, to submit to sample collection after notification or otherwise evading sample collection.
- (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* in any *Prohibited Substance* or *Prohibited Method*.
- (7) Administration or *Attempted* administration to any player of any *Prohibited Substance* or *Prohibited Method*, or assisting, encouraging, aiding, abetting, covering up or any other type of complicity involving an anti-doping rule violation or any *Attempted* anti-doping rule violation.
- (8) Admissions by a player of any of the conduct listed in Sections (1) - (7) above.

E. PROHIBITED SUBSTANCES AND PROHIBITED METHODS

The PGA TOUR shall publish a *PGA TOUR Prohibited List* which identifies substances and methods prohibited under the Program. PGA TOUR has the right to amend the *Prohibited List* from time to time. If the *Prohibited List* is amended, the portion so amended will go into effect ninety (90) days after publication.

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 a violation under the Program.

PGA TOUR ANTI-DOPING PROGRAM

F. THERAPEUTIC USE EXEMPTIONS (“TUEs”)

Players may obtain a TUE for the use of a *Prohibited Substance* or *Prohibited Method* where:

- (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); and
- (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; and
- (3) There is no reasonable therapeutic alternative to the use of the otherwise *Prohibited Substance* or *Prohibited Method*; and
- (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.

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.

Application (including all requested medical information) for a TUE shall be made at least thirty (30) days prior to participation in a PGA TOUR co-sponsored, approved or coordinated tournament for which the TUE is sought. The application will be considered by a TUE Committee consisting of the PGA TOUR’s medical advisor and additional specialists (as appropriate) designated by the PGA TOUR’s medical advisor from an established list of medical experts.

TUE applications submitted less than thirty (30) days prior to a tournament (retroactive TUE applications) may be submitted in emergency circumstances.

Outside of emergency circumstances, retroactive TUEs may be granted only where the player undergoes, at his expense, all testing procedures required by the PGA TOUR’s TUE Committee and where the medical justification for the TUE is clear. Non-emergency retroactive TUE applications shall be accompanied by a filing fee of \$10,000.

A player whose TUE application is denied by the TUE Committee may appeal the denial by submitting a written appeal to the Commissioner’s Office within fourteen (14) days of the date of notification of the denial. In considering the appeal, the Commissioner may consult with additional medical advisors of his choosing, and may require the player to submit additional information. Within thirty (30) days of receiving the TUE appeal, the Commissioner or his

PGA TOUR ANTI-DOPING PROGRAM

designee will advise the player of his decision either confirming the denial of the TUE or granting the TUE. The Commissioner's decision on the TUE is final and binding.

Prior to a TUE being granted, a player who uses a substance on the *Prohibited List* does so at his own risk of a TUE denial, potentially resulting in a violation under the Program.

G. SAMPLE COLLECTION AND ANALYSIS

The PGA TOUR, and third parties authorized by the PGA TOUR, may collect a urine 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. At this time, the Program will involve only the collection of urine samples. Blood sampling may or may not be added at a later date, subject to approval by the PGA TOUR Policy Board. Once collected, all samples become the property of the PGA TOUR.

For purposes of violations of 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* or to assist the PGA TOUR in profiling relevant parameters in a player's urine for anti-doping purposes. 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.

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 no violation under the Program, 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* 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

PGA TOUR ANTI-DOPING PROGRAM

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*, the Program Administrator shall provide the player the applicable laboratory documentation.

- (3) Upon receipt of a laboratory report indicating an *Atypical Finding*, the Program Administrator shall conduct any follow-up investigation which may be appropriate.
- (4) If the PGA TOUR becomes aware of any other anti-doping rule violation by a player, the Program Administrator shall conduct an appropriate investigation of the matter.
- (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 to the Program Administrator. The Program Administrator shall consider 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 Program Administrator’s decision is to go forward with an anti-doping rule violation, the player shall be *Notified* 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 Program Administrator’s decision to the Commissioner. If the player fails to appeal within the time specified, then the Program Administrator’s decision shall be final and not subject to any further challenge or appeal.

I. APPEALS TO THE COMMISSIONER

Appeal hearings shall be conducted before the Commissioner or a designee appointed by him. Hearings shall be held at a location designated by the Commissioner. A hearing shall take place within forty-five calendar (45) days of the *Notice* set forth in Section H(5) above unless that period is extended by the Commissioner or his designee for good cause. Hearing proceedings shall not be public.

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)*. No other discovery from the laboratory will be permitted.

The PGA TOUR shall have the burden of establishing by a balance of probability that an anti-doping rule violation occurred. 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) *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 an *International Anti-Doping Standard* or other anti-doping rule or policy which did not cause an *Adverse Analytical Finding* or other anti-doping rule violation shall

PGA TOUR ANTI-DOPING PROGRAM

not invalidate such results. If the player establishes that a departure from the *International Standard for Laboratories* or other anti-doping rule or policy which could reasonably have caused the *Adverse Analytical Finding* occurred, then the PGA TOUR shall have the burden to establish that such departure did not cause the *Adverse Analytical Finding* or the factual basis for the anti-doping rule violation.

- (2) The Commissioner or his designee 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 Commissioner or his designee.
- (3) If the hearing is held before a designee of the Commissioner, that designee shall provide a recommended decision to the Commissioner. The Commissioner may either accept that decision or modify it as the Commissioner deems appropriate.

J. 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.

K. SANCTIONS

Sanctions on players 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 under the Program, other than for *Drugs of Abuse*, shall be up to one year *Ineligibility* except in cases involving *Trafficking*, administration, or *Aggravating Circumstances*, where the sanction may be up to permanent *Ineligibility*.
 - (b) The applicable period of *Ineligibility* for a second anti-doping rule violation under the Program, other than for *Drugs of Abuse*, shall be up to five (5) years *Ineligibility* except in cases involving *Trafficking*, administration, or *Aggravating Circumstances*, where the sanction may be up to permanent *Ineligibility*.
 - (c) The applicable period of *Ineligibility* for a third anti-doping rule violation under the Program, other than *Drugs of Abuse*, shall be up to a permanent ban.
- (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) *Sanctions* for *Drugs of Abuse* shall include a PGA TOUR-approved plan of treatment and rehabilitation to be conducted at the player's expense, in addition to or in lieu of *Ineligibility* and fines.

PGA TOUR ANTI-DOPING PROGRAM

- (5) In applying these sanctions in a particular case, the Program Administrator and the Commissioner's designee may, except for *Drugs of Abuse*, look for guidance to *International Anti-Doping Standards*.
- (6) The PGA TOUR reserves the right to not impose any sanction if that sanction would benefit a player's standing in any manner (e.g., rankings, points).

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

L. 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* or after 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.

If a player is not *Provisionally Suspended* after *Notice* provided in Section H(5) and the player chooses to continue participating in any tournaments pending the resolution of the case, then any prize money won by the player may be held in escrow pending the outcome of the case.

M. 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. In each case where a period of *Ineligibility* has been imposed or tournament results have been *Disqualified*, the PGA TOUR will, at a minimum, publish the name of the player, the fact that the player committed an anti-doping rule violation, and the sanction imposed. As an exception, the PGA TOUR may decide not to publish information on cases involving *Drugs of Abuse*.

The PGA TOUR will only discuss the specifics of cases still pending under Sections H and I where to do so is appropriate in response to public comments attributed to the player or player's representative.

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 members of the pending case against the player unless the player agrees in advance not to participate in any tournaments of those organizations pending the resolution of the case.

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

PGA TOUR ANTI-DOPING PROGRAM

N. 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.

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

Adverse Analytical Finding: A report from a laboratory or other *Approved Laboratory* that, consistent with the *International Standard for Laboratories* and Technical Documents, identifies 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*.

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 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.

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 a laboratory or other *WADA* or PGA TOUR-approved entity 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*.

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 through to ultimate disposition of any appeal including all steps and processes in between such as sample collection and handling, laboratory analysis, therapeutic use exemptions, 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*.

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

PGA TOUR ANTI-DOPING PROGRAM DEFINITIONS

Ineligibility: No player who has been declared *Ineligible* may, during the period of *Ineligibility*, participate in any capacity in a tournament or other activity of the PGA TOUR, the World Golf Foundation or any of its members, other than authorized anti-doping education or rehabilitation programs.

International Anti-Doping Standard: A standard adopted by WADA in support of the World Anti-Doping 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*, as well as Articles 9 and 10 of the World Code as amended September 2008.

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

International Standard for Testing: *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.

No Advance Notice: A *Doping Control* which takes place with no advance warning to the player and where the player may be continuously chaperoned from the moment of notification through sample provision.

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. 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.

PGA TOUR ANTI-DOPING PROGRAM DEFINITIONS

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 tournament prior to the final decision in the matter.

Tampering: Altering for an improper purpose or in an improper way; bringing improper influence to bear; interfering improperly; obstructing, misleading or engaging in any fraudulent conduct to alter results or prevent normal procedures from occurring; or providing fraudulent information to the PGA TOUR or its agents.

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

Trafficking: Selling, giving, transporting, sending, delivering or distributing a *Prohibited Substance* or *Prohibited Method* (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

The use of any drug should be limited to medically justified indications.

Prohibited Substances

S1. ANABOLIC AGENTS

Anabolic agents are prohibited.

1. Anabolic Androgenic Steroids (AAS)

a. Exogenous¹ AAS, including:

1-androstendiol (5 α -androst-1-ene-3 β ,17 β -diol); 1-androstendione (5 α -androst-1-ene-3,17-dione); bolandiol (19-norandrostenediol); bolasterone; boldenone; boldione (androsta-1,4-diene-3,17-dione); calusterone; clostebol; danazol (17 α -ethynyl-17 β -hydroxyandrost-4-eno[2,3-d]isoxazole); 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); drostanolone; ethylestrenol (19-nor-17 α -pregn-4-en-17-ol); fluoxymesterone; formebolone; furazabol (17 β -hydroxy-17 α -methyl-5 α -androstano[2,3-c]-furazan); gestrinone; 4-hydroxytestosterone (4,17 β -dihydroxyandrost-4-en-3-one); mestanolone; mesterolone; metenolone; methandienone (17 β -hydroxy-17 α -methylandrosta-1,4-dien-3-one); methandiol; methasterone (2 α ,17 α -dimethyl-5 α -androstane-3-one-17 β -ol); methyldienolone (17 β -hydroxy-17 α -methylestra-4,9-dien-3-one); methyl-1-testosterone (17 β -hydroxy-17 α -methyl-5 α -androst-1-en-3-one); methylnortestosterone (17 β -hydroxy-17 α -methylestr-4-en-3-one); methyltrienolone (17 β -hydroxy-17 α -methylestra-4,9,11-trien-3-one); methyltestosterone; mibolerone; nandrolone²; 19-norandrostenedione² (estr-4-ene-3,17-dione); norboletone; norclostebol; norethandrolone; oxabolone; oxandrolone; oxymesterone; oxymetholone; prostanozol (17 β -hydroxy-5 α -androstano[3,2-c] pyrazole); quinbolone; stanozolol; stenbolone; 1-testosterone (17 β -hydroxy-5 α -androst-1-en-3-one); tetrahydrogestrinone (18 α -homo-pregna-4,9,11-trien-17 β -ol-3-one); trenbolone and other substances with a similar chemical structure or similar biological effect(s).

¹ "Exogenous" refers to a substance which is not ordinarily capable of being produced by the body naturally.

² Nandrolone and 19-norandrostenedione are prohibited at concentrations greater than 20 nanograms per milliliter.

PGA TOUR PROHIBITED SUBSTANCES AND METHODS

- b. Endogenous³ AAS when administered exogenously:
androstenediol (androst-5-ene-3 β ,17 β -diol); androstenedione (androst-4-ene-3,17-dione); dihydrotestosterone (17 β -hydroxy-5 α -androstan-3-one) ; prasterone (dehydroepiandrosterone, DHEA); testosterone and the following metabolites and isomers:

5 α -androstane-3 α ,17 α -diol; 5 α -androstane-3 α ,17 β -diol; 5 α -androstane-3 β ,17 α -diol; 5 α -androstane-3 β ,17 β -diol; androst-4-ene-3 α ,17 α -diol; androst-4-ene-3 α ,17 β -diol; androst-4-ene-3 β ,17 α -diol; androst-5-ene-3 α ,17 α -diol; androst-5-ene-3 α ,17 β -diol; androst-5-ene-3 β ,17 α -diol; 4-androstenediol (androst-4-ene-3 β ,17 β -diol); 5-androstenedione (androst-5-ene-3,17-dione); epi-dihydrotestosterone; epitestosterone; 3 α -hydroxy-5 α -androstan-17-one; 3 β -hydroxy-5 α -androstan-17-one; 19-norandrosterone; 19-noretiocholanolone.

Where an anabolic androgenic steroid is capable of being produced *Endogenously*, a sample will be deemed to contain such *Prohibited Substance* and an *Adverse Analytical Finding* will be reported where the concentration of such *Prohibited Substance* or its *Metabolites* or *Markers* and/or any other relevant ratio(s) in the player's sample so deviates from the range of values normally found in humans that it is unlikely to be consistent with normal *Endogenous* production. A sample shall not be deemed to contain a *Prohibited Substance* in any such case where a player proves that the concentration of the *Prohibited Substance* or its *Metabolites* or *Markers* and/or the relevant ratio(s) in the player's sample is attributable to a physiological or pathological condition.

In all cases, and at any concentration, the player's sample will be deemed to contain a *Prohibited Substance* and the laboratory will report an *Adverse Analytical Finding* if, based on any reliable analytical method (e.g. IRMS), the laboratory can show that the *Prohibited Substance* is of exogenous origin. In such case, no further investigation is necessary.

When a value does not so deviate from the range of values normally found in humans and any reliable analytical method (e.g. IRMS) has not determined the exogenous origin of the substance, but if there are indications, such as a comparison to *Endogenous* reference steroid profiles, of a possible *Use of a Prohibited Substance*, or when a laboratory has reported a T/E ratio greater than six (6) to one (1) and any reliable analytical method (e.g. IRMS) has not determined the exogenous origin of the substance, further investigation shall be conducted by Program Administrator by reviewing the results of any previous test(s) or by conducting subsequent test(s).

When such further investigation is required the result shall be reported by the laboratory as atypical and not as adverse. If a laboratory reports, using an additional reliable analytical method (e.g. IRMS), that the *Prohibited Substance* is of exogenous origin, no further investigation is necessary, and the sample will be deemed to contain such *Prohibited Substance*. When an additional reliable analytical method (e.g. IRMS) has not been applied, and the minimum of three previous test results are not available, a longitudinal profile of the player shall be established by performing three no-advance notice tests in a period of three months by the Program Administrator. The result that triggered this longitudinal study shall be reported as atypical. If the longitudinal profile of the player established by the subsequent tests is not physiologically normal, the result shall then be reported as an *Adverse Analytical Finding*.

³ "Endogenous" refers to a substance which is capable of being produced by the body naturally.

PGA TOUR PROHIBITED SUBSTANCES AND METHODS

In extremely rare individual cases, boldenone of endogenous origin can be consistently found at very low nanograms per milliliter (ng/mL) levels in urine. When such a very low concentration of boldenone is reported by a laboratory and the application of any reliable analytical method (e.g. IRMS) has not determined the exogenous origin of the substance, further investigation may be conducted by subsequent test(s).

Should a player fail to cooperate in the investigations, the player's sample shall be deemed to contain a *Prohibited Substance*.

2. **Other Anabolic Agents, including but not limited to:**

Clenbuterol, selective androgen receptor modulators (SARMs), tibolone, zeranol, zilpaterol.

S2. HORMONES AND RELATED SUBSTANCES

The following substances and their releasing factors are prohibited:

1. Erythropoiesis-Stimulating Agents (e.g. erythropoietin (EPO), darbepoietin (dEPO), hematide); Growth Hormone (hGH), Insulin-like Growth Factors (e.g. IGF-1), Mechano Growth Factors (MGFs);
2. Chorionic Gonadotrophin (CG) and Luteinizing Hormone (LH);
3. Insulins;
4. Corticotrophins; and other substances with similar chemical structure or similar biological effect.

Unless the player can demonstrate that the concentration was due to a physiological or pathological condition, a sample will be deemed to contain a *Prohibited Substance* (as listed above) where the concentration of the *Prohibited Substance* or its *Metabolites* and/or relevant ratios or *Markers* in the player's sample so exceeds the range of values normally found in humans that it is unlikely to be consistent with normal *Endogenous* production.

If a laboratory reports, using a reliable analytical method, that the *Prohibited Substance* is of exogenous origin, the sample will be deemed to contain a *Prohibited Substance* and shall be reported as an *Adverse Analytical Finding*.

The presence of other substances with a similar chemical structure or similar biological effect(s), diagnostic marker(s) or releasing factors of a hormone listed above or of any other finding which indicate(s) that the substance detected is of exogenous origin, will be deemed to reflect the use of a *Prohibited Substance* and shall be reported as an *Adverse Analytical Finding*.

S3. HORMONE ANTAGONISTS AND MODULATORS

The following classes are prohibited:

1. Aromatase inhibitors including, but not limited to: anastrozole, letrozole, aminoglutethimide, exemestane, formestane, testolactone.
2. Selective Estrogen Receptor Modulators (SERMs) including, but not limited to: raloxifene, tamoxifen, toremifene.
3. Other anti-estrogenic substances including, but not limited to: clomiphene, cyclofenil, fulvestrant.
4. Agents modifying myostatin function(s) including but not limited to: myostatin inhibitors.

S4. DIURETICS AND OTHER MASKING AGENTS

Masking agents are prohibited. They include: Diuretics⁴, probenecid, plasma expanders (e.g. intravenous administration of albumin, dextran, hydroxyethyl starch and mannitol) and other substances with similar biological effect(s).

Diuretics include:

Acetazolamide, amiloride, bumetanide, canrenone, chlorthalidone, etacrynic acid, furosemide, indapamide, metolazone, spironolactone, thiazides (e.g. bendroflumethiazide, chlorothiazide, hydrochlorothiazide), triamterene, and other substances with a similar chemical structure or similar biological effect(s) (except drospirinone and topical dorzolamine and brinzolamide, which are not prohibited).

S5. DRUGS OF ABUSE

Cannabinoids (e.g., hashish and marijuana), cocaine, methylenedioxyamphetamine (ecstasy), phencyclidine (PCP), dimethylamphetamine (DMA), benzylpiperazine (BZP), and amphetamine, methamphetamine (D-), methylenedioxyamphetamine, p-methylamphetamine, and the following narcotics: Buprenorphine (Suboxone), Dextromoramide, diamorphine (heroin), Fentanyl (Fentora, Duragesic) and derivatives, hydromorphone (Dilaudid), methadone, morphine (Avinza, Kadian, MS Contin, MSIR), oxycodone (Percocet, Roxicet, Tylox), oxymorphone (Opana, OpanaER), pentazocine (Talwin, Talacen), pethidine.

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

⁴ A Therapeutic Use Exemption is not valid if a player's urine contains a diuretic in association with threshold or sub-threshold levels of a Prohibited Substance.

PGA TOUR PROHIBITED SUBSTANCES AND METHODS

S6. STIMULANTS

All stimulants (including both their D- & L- optical isomers where relevant) are prohibited, except imidazole derivatives for topical use and those stimulants included in the 2009 PGA TOUR Monitoring List⁵.

Stimulants include:

Adrafinil, adrenaline⁶, amfepramone, amiphenazole, amphetaminil, benzphetamine, benzylpiperazine, bromantan, cathine⁷, clobenzorex, cropropamide, crotetamide, ephedrine⁸, etamivan, etilamphetamine, etilefrine, famprofazone, fenbutrazate, fencamfamin, fencamine, fenetylline, fenfluramine, fenproporex, furfenorex, heptaminol, isometheptene, levmetamphetamine, meclofenoxate, mefenorex, mephentermine, mesocarb, methamphetamine(D-), methylephedrine⁸, methylphenidate, modafinil, nikethamide, norfenefrine, norfenfluramine, octopamine, oxilofrine, parahydroxyamphetamine, pemoline, pentetrazol, phendimetrazine, phenmetrazine, phenpromethamine, phentermine, 4-phenylpiracetam (carphedon), prolintane, propylhexedrine, selegiline, sibutramine, strychnine, tuaminoheptane and other substances with a similar chemical structure or similar biological effect(s).

S7. BETA BLOCKERS

The entire class of Beta Blockers, including but not limited to the following:

Acebutolol HCL (Sectral), alprenolol, atenolol (Tenormin), bendroflumethiazide-nadolol (Corzide), betaxolol (Kerlone), bisoprolol fumarate (CEVETA, Zebeta, Ziac), bunolol, carteolol (Teoptic), carvedilol (Coreg CR), celiprolol (Cardem, Celectol, Celipres, Celipro, Selectol), esmolol (Brevibloc), labetalol (Trandate, Normodyne), levobunolol (Betagan), metipranolol (OptiPranolol), metoprolol tartate, metoprolol succinate (Lopressor, Lopressor HCT, Toprol XL), nadolol (Corgaard), oxprenolol, pindolol (Visken, Betapindol, Calvisken, Decreten, Durapindol), propranolol (Inderal, Inderal LA, Innopran XL), sotalol (Betapace, Sotalax, Sotacor, timolol maleate).

⁵ The following substances included on the 2009 PGA TOUR Monitoring List are not considered Prohibited Substances: (bupropion, caffeine, phenylephrine, phenylpropanolamine, pipradol, pseudoephedrine, synephrine).

⁶ Adrenaline associated with local anesthetic agents or by local administration (e.g. nasal, ophthalmologic) is not prohibited.

⁷ Cathine is prohibited when its concentration in urine is greater than 5 micrograms per milliliter.

⁸ Ephedrine and methylephedrine are prohibited at concentrations in urine greater than 10 micrograms per milliliter.

Prohibited Methods

M1. ENHANCEMENT OF OXYGEN TRANSFER

The following are prohibited:

1. Blood doping, including the use of autologous, homologous or heterologous blood or red blood cell products of any origin.
2. Artificially enhancing the uptake, transport or delivery of oxygen, including but not limited to: perfluorochemicals, efaproxiral (RSR13) and modified haemoglobin products (e.g. haemoglobin-based blood substitutes, microencapsulated haemoglobin products).

M2. CHEMICAL AND PHYSICAL MANIPULATION

1. *Tampering, or Attempting to Tamper*, in order to alter the integrity and validity of samples collected during *Doping Controls* is prohibited. These include but are not limited to catheterization, urine substitution and/or alteration.
2. Intravenous infusions are prohibited except in the management of surgical procedures, medical emergencies or clinical investigations.

M3. GENE DOPING

The non-therapeutic transfer of cells or genetic elements or the use of cells, genetic elements or pharmacological agents to modulating expression of endogenous genes having the capacity to enhance athletic performance, is prohibited.

Peroxisome Proliferator Activated Receptor δ (PPAR δ) agonists (e.g. GW 1516) and PPAR δ -AMP-activated protein kinase (AMPK) axis agonists (e.g. AICAR) are prohibited.

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 Standard for substances prohibited in sport but is tailored to golf in a couple of ways that are helpful to players. For example, the TOUR allows and does not ban certain allergy and asthma medications.

If a player has a legitimate medical need for a banned substance, 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 www.pgatourlinks.com and www.drugfreesport.com/rec. Players or player representatives can also contact Allison Keller, Program Administrator, at (904) 273-3579 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 (Testim, Striant, Androderm, AndroGel)
- Clenbuterol
- DHEA (Prastera, Fidelin)
- epitestosterone

PLAYER GUIDE TO PROHIBITED SUBSTANCES

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. Athletes 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 an athlete to train longer, more intensely, and return to tournament competition faster.

Hormones and Related Substances

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)
- Erythropoietin (EPO) (Epogen, Procrit, Eprex and aranesp)
- 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.

PLAYER GUIDE TO PROHIBITED SUBSTANCES

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 an athlete 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 an athlete to train longer, more intensely, and return to tournament competition faster.

Hormone Antagonists and Modulators

What are they?

Hormone antagonists and 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 (SERMs)

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 an athlete use hormone antagonists and 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)
- hydrochlorothiazide
- acetazolamide (Diamox)

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 an athlete 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 common street drugs such as cocaine, amphetamines (speed), ephedrine, and ecstasy. This also 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.

PLAYER GUIDE TO PROHIBITED SUBSTANCES

Examples:

- adrafinil
- amphetamine-dextroamphetamine (Adderall)
- ephedrine (Bronkaid and Primatene tablets, Rentamine, Rynatuss, Tuss Tan)
- epinephrine (Primatene Mist, EpiPen)
- levmetamfetamine (Vicks Inhaler)
- methylphenidate (Ritalin, Concerta, Attenta, Metadate, Penid, methylin, Focalin, Daytrana and Rubifen)
- modafinil (Provigil)
- Isometheptene (Midrin) is used to treat headaches. This is a prescription medication.
- Ma Huang

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. Cocaine and ecstasy are obtained illegally.

How could stimulants be used to enhance performance in golf?

Stimulants can make an athlete feel more competitive, alert and allow better concentration and focus. These substances have been reported to increase concentration, focus, and assist athletes to “enter the zone” during key points of a competition. Athletes 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.

PLAYER GUIDE TO PROHIBITED SUBSTANCES

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

If an athlete has a cold, flu, or hay fever, there are many permitted medications. 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, Allegra-D, Benadryl-D, cetirizine, chlorpheniramine, Clarinex, Claritin, Claritin-D, diphenhydramine, fexofenadine, loratadine, phenylephrine, pseudoephedrine, Zyrtec, Zyrtec-D. *Combination Cold Medications*: Advil cold & sinus, Alka-Seltzer Plus (cold & cough, cold & sinus, cold & flu), Chlor-Trimeton (-D, allergy), Comtrex, Coricidin (-D, HBP, cold, flu & sinus, cough & cold), Drixoral (cold & allergy, allergy sinus), Robitussin (severe congestion, cold & cough, CF, PE, DM), Sudafed (-PE, sinus, cold & allergy, maximum strength sinus), TheraFlu (flu, cold & cough, severe cold and congestion, flu & cold), Triaminic (cold & cough, allergy congestion, cold, allergy & sinus), Tylenol (allergy sinus, flu, cold, sinus, multi-symptom), *Cough preparations*: Codeine, dextromethorphan, hydrocodone, Expectorant: Guaifenesin

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 in advance of tournament play.

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)
- bendroflumethiazide-nadolol (Corzide)
- 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.

PLAYER GUIDE TO PROHIBITED SUBSTANCES

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.

Examples:

- Cannabinoids (hashish and marijuana)
- cocaine
- methylenedioxyamphetamine (Ecstasy)
- phencyclidine (PCP)
- dimethylamphetamine (DMA)
- benzylpiperazine (BZP)
- amphetamine
- methamphetamine (D-)
- methylenedioxyamphetamine
- p-methylamphetamine

Cannabinoids (Drugs of Abuse)

Cannabinoids are also called marijuana, hashish or cannabis. They 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 are they obtained?

Cannabinoids are obtained illegally.

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. Use of cannabinoids is illegal.

PLAYER GUIDE TO PROHIBITED SUBSTANCES

Frequently Asked Questions about Marijuana:

Why is Marijuana Prohibited?

Marijuana is illegal in the U.S. and most other countries. Involvement with illegal substances goes against the spirit of our sport.

What are the Risks Associated with Using Marijuana?

In small amounts, cannabinoids can distort perception of time and space and can impair an athlete's coordination, perception and thinking skills. It also increases the heart rate and reduces the oxygen-carrying capacity of the blood. Long term use of cannabinoids has been found to be even more dangerous than smoking tobacco, and can lead to addiction for some users. Marijuana smoke contains 50% more carcinogens (cancer causing chemicals) than tobacco smoke and regular users are more likely to suffer from chest illnesses and breathing problems. Its adverse affect on memory, attention and learning lasts for weeks after the drug is last taken. Long term use can also cause severe chronic debilitating mental illness. Users should be aware that detectable traces of cannabinoids can remain in the blood stream for many weeks after use.

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 athlete.

PLAYER GUIDE TO PROHIBITED SUBSTANCES

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)

How are they obtained?

Narcotics are obtained by prescription or illegally.

Why do some athletes use narcotics?

Athletes may need to use painkillers to treat an injury. However, it may be tempting for an athlete 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:

What If the Athlete 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, Tramadol and hydrocodone. For other narcotics, the athlete 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") at least thirty (30) days prior to participation in a PGA TOUR co-sponsored, approved or coordinated tournament for which the TUE is sought. 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 pgatourlinks.com, 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.

THERAPEUTIC USE EXEMPTIONS

C. CRITERIA FOR GRANTING A TUE

The four criteria that must be fulfilled to grant a TUE are stated in Section F of the Program:

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

A TUE application may 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. Non-emergency retroactive TUE applications shall be accompanied by a filing fee of \$10,000.

THERAPEUTIC USE EXEMPTIONS

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.

THERAPEUTIC USE EXEMPTIONS

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 whose TUE application is denied by the TUE Committee may appeal the denial by submitting a written appeal to the Commissioner's Office within fourteen (14) days of the date of notification of the denial. In considering the appeal, the Commissioner may consult with additional medical advisors of his choosing, and may require the player to submit additional information. Within thirty (30) days of receiving the TUE appeal, the Commissioner or his designee will advise the player of his decision either confirming the denial of the TUE or granting the TUE. The Commissioner's decision on the TUE is final and binding.

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.

EXAMPLES OF PERMITTED MEDICATIONS

SECTION 7

PGA TOUR Anti-Doping Program Examples of Permitted Medications

- ADD/ADHD: Strattera
- Allergy/Anti-Inflammatories: *Corticosteroids*, including Decadron, Depo-Medrol, Entocort, Solu-Medrol, Prednisone and Prednisolone are permitted but will be monitored.
- 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
- Antiviral: Acyclovir, didanosine, Famvir, Relenza, Stavudine, Tamiflu, Valtrex
- Asthma: Accolate, cromolyn sodium, Intal, ipratropium, nedocromil sodium, Singulair, Spiriva, theophylline, Tilade, and *Beta-2 Agonists* (use will be monitored) including Advair, Advair HFA, albuterol, albuterol HFA, bambuterol, bitolterol, Brethaire, Combivent, fenoterol, Foradil, formoterol, Maxair, metaproterenol, orciprenaline, pibuterol, Proventil, Proventil HFA, reproterol, salbutamol, salmeterol, Serevent, terbutaline, Ventolin, Ventolin HFA, Xopenex, Xopenex HFA
- Cold/Allergy Medications: *Antihistamines/Decongestants*: Allegra, Allegra-D, Benadryl, Benadryl-D, cetirizine, chlorpheniramine, clastamine, Clarinex, Claritin, Claritin-D, diphenhydramine, fexofenadine, loratadine, naphazoline, oxymetazoline, phenylephrine, pseudoephedrine, tetrahydrozoline, xylometazoline, Zyrtec, Zyrtec-D. CAUTION: Vicks Vapor Inhaler is prohibited. *Combination Cold Medications*: Actifed cold & sinus, Advil cold & sinus, Alka-Seltzer Plus (cold & cough, cold & sinus, cold & flu), Chlor-Trimeton (-D, allergy), Comtrex, Coricidin (-D, HBP, cold, flu & sinus, cough & cold), Drixoral (cold & allergy, allergy sinus), Robitussin (severe congestion, cold & cough, CF, PE, DM), Sudafed (-PE, sinus, cold & allergy, maximum strength sinus), TheraFlu (flu, cold & cough, severe cold and congestion, flu & cold), Triaminic (cold & cough, allergy congestion, cold, allergy & sinus), Tylenol (allergy sinus, flu, cold, sinus, multi-symptom), Vicks (44D, Dayquil, Nyquil); *Cough preparations*: Codeine, dextromethorphan, hydrocodone; *Expectorant*: Guaifenesin.
- 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: Alex, 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

EXAMPLES OF PERMITTED MEDICATIONS

- Hemorrhoidals: Anusol, Preparation H. External creams or 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), Univas (Moexipril), Vasotec (Enalapril), Zestril (Lisinopril) *Calcium Channel Blockers*: Adalat CC (dihydropyridine), 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), Isoptin 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, Skelaxin, Soma, Zanaflex
- Pain/Anti-Inflammatory: Acetaminophen, Aleve, aspirin, Bufferin, Celebrex, Dolobid, Ecotrin, hydrocodone, ibuprofen, Lyrica, naproxen, Neurontin, piroxicam, propoxyphene, tramadol, Tylenol (plain, ex-strength), Ultram. *Non-steroidal anti-inflammatory agents (NSAIDs)*: All are permitted (except famprofazone) *Permitted Narcotics*: Hydrocodone (Vicodin, Norco, Lortab, Maxidone, Xodol, Zydone) Codeine (Tylenol with Codeine)
- Sedatives/Sleep Aids: Ambien, Ambein CR, Antivert, Ativan, Compoz, Dalmane diphenhydramine, Halcion, Lunesta, Nytol, Restoril, Rozerem, Somnex, Sonata, Unisom, Valium, Xanax
- Ulcer Medications: Aciphex, Acid, 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

Allison W. Keller, Executive Director and Program Administrator

Anti-Doping Program
100 PGA TOUR Blvd
Ponte Vedra Beach, FL 32082

Email: akeller@pgatourhq.com
Direct Phone: (904) 273-3579
Direct Fax: (904) 280-6920
Mobile: (904) 610-8531

Available 24 hours a day, seven days a week to answer questions regarding the Program.

Thomas G. Hospel, MD, MBA

PGA TOUR Medical Advisor/ TUE Committee Chairman
94 North High Street, Suite 200
Dublin, OH 43017

Email: tomhospel@pgatourhq.com
Office Phone: (614) 764-0057
Office Fax: (614) 761-9496
Mobile: (614) 537-3000

National Center for Drug Free Sport

Resource Exchange Center (REC)

Email: pgatour@drugfreesport.com
Toll Free Phone: (877) 285-1430
Website: www.drugfreesport.com/rec (password: pgatour)

The REC is an on-line and telephone service that provides athletes with up-to-date, confidential and accurate information on dietary supplements and dangerous or prohibited substances. The REC is available by calling 1-877-285-1430 or by logging into: www.drugfreesport.com/rec, and entering the password pgatour. Telephone correspondence with the REC can be done anonymously, and will be kept confidential. Questions received by the REC will be answered within 24 hours of submission during regular business hours. The PGA TOUR Program Administrator (above) may be contacted 24 hours a day.

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

SECTION 9

Playing Outside the United States

Important Notice

The PGA TOUR's List of Prohibited Substances is based on the World Anti-Doping Agency (WADA) List, with a few differences. The PGA TOUR does not ban the following:

1) Asthma

Beta-2 Agonists, including: Advair, Advair HFA, albuterol, albuterol bambuterol, Combivent, formoterol, Maxair, Proventil, Serevent, salbuterol, Ventolin and Xopenex.

2) Allergy/Anti-Inflammatories

Corticosteroids, including: Decadron, Depo-Medrol, Entocort, Solu-Medrol, Prednisone and Prednisolone.

Beta-2 agonists and Corticosteroids are permitted under the PGA TOUR's Program. The PGA TOUR treats these two substances differently than WADA because, with the assistance of our medical experts, we concluded that there is no significant performance-enhancing or masking effect at the normal dosage levels. Including these substances would significantly increase the administrative burden on players to apply for medical waivers since these substances are widely used for legitimate purposes. The PGA TOUR will monitor the usage levels of these medications to ensure they are not being abused.

IT IS IMPORTANT TO NOTE THAT THE EUROPEAN TOUR WILL BAN THESE SUBSTANCES BECAUSE THEY ARE BANNED IN SPORT IN SOME COUNTRIES WHERE THE EUROPEAN TOUR COMPETES.

Therefore, if you use a Beta-2 agonist or Corticosteroid for a medical condition, you should contact the PGA TOUR Program Administrator to assist you in obtaining a TUE from the European Tour or other applicable foreign tour.

Index

A

abuse 16, 31
Accolate 38
Ace Inhibitors 31, 39
Acetaminophen 33, 39
Aciphex 39
Acyclovir 38
Adverse Analytical Finding (AAF) ... 8, 11-14, 16, 20-21
Advil 30, 33, 38
Aggravating Circumstances 13, 16
albuterol 38, 41
Aleve 33, 39
Alka-Seltzer Plus 30, 38
Allegra 30, 38
allergy 25, 30, 38, 41
Alpha Blockers 31, 39
altitude sickness 28
Ambien 39
anabolic agent(s) 19, 21, 25-26
analysis 5-8, 11, 12, 16-17
analyze(d) 6, 8, 11
anemia 26
angioedema 26
Angiotensin II Receptor Blockers 31, 39
anti-diabetic(s) 38
anti-inflammatory(ies) 33, 38-39, 41
Antivert 38-39
Anusol 39
anxiety 30-31, 38
appeal 7, 10, 12, 16, 37
appeal(s) 7, 10, 12, 16, 37
application 4, 10-11, 18, 21, 26-27, 34-37
Artificial Tears 38
Aspercreme 39
aspirin 33, 39
asthma 25-26, 38, 41
Ativan 38, 39
Attempted Use 7, 9-10
Atypical Finding 12, 16
Avodart 38
Axid 39

B

Baclofen 39
banned 2-4, 6, 25, 27, 29, 31, 41
Benadryl-D 30, 38
Ben-Gay 39
beta blocker(s) 23, 30-31
Biofreeze 39
blood 11, 24, 27, 32

C

Calcium Channel Blockers 31, 39
cancer 27, 32
capsaicin 39
Carafate 39
cardiac arrhythmia(s) 30
cardio-protection 30
catheterization 24
Celebrex 39
Central Alpha Agonist 31, 39
Cerumenex 38
cetirizine 30, 38
chain of custody 6
chlorpheniramine 30, 38
Chlor-Trimeton 30, 38
Cialis 38
Clarinox 30, 38
Claritin 30, 38
Cocaine 22, 28-29, 31
Codeine 30, 38-39
Colace 39
cold(s) 28-30, 38
collect(ion) 4-6, 9, 11, 16-17, 24
collector 5, 6
Combivent 38, 41
Commissioner 7, 10-15, 37
Compazine 38
competition 3-5, 8, 13, 26-27, 29, 31
Compoz 39
Comtrex 30, 38
congestive heart failure 28
Coricidin 30, 38

Index

Cortisporin Otic38
cough30, 38
cromolyn sodium38
Cyclobenzaprine39
Cymbalta38

D

Dalmane39
Decadron38, 41
deny(ial).....10, 11, 37
Depo-Medrol38, 41
depression29
Desenex.....38
detect(ed)(ion)4, 11, 16, 17, 21, 28, 32
dextromethorphan30, 38
diet2, 3, 29, 39, 40
diphenhydramine.....30, 38, 39
disability5
disclose14
diuretic(s).....22, 28
doctor(s).....3, 4
doping.....3, 5, 8-18, 24, 29, 34
Doping Control5, 9, 16, 17, 24
Dramamine38
Drixoral30, 38
drug2, 4, 5, 19, 32
Drugs of Abuse.....7, 13, 14, 16, 22, 31, 33
Dulcolax.....39

E

Effexor38
emergency10, 34-36
Endogenous9-10, 16, 20-21, 35
Ephedrine23, 28-29
Epinephrine29-30, 38
estrogen27
Ex-Lax39
exogenous20-21

F

Famprofazone23, 39
Famvir38
fee(s).....10, 35
Fentanyl22, 33
fexofenadine30, 38
Fibercon39
fine motor skill(s).....30
Flexeril39
formoterol38, 41

G

gout28
gravity.....6
growth-deficient(cy)26
Guaifenesin30, 38

H

Halcion39
hay fever.....28, 30
head cold(s)29
headache(s).....29-30
health3, 4, 8, 10, 26, 35
hearing7, 12-13, 16
heart rate.....30, 32
high blood pressure.....28, 31
hormone(s).....10, 21, 25-27, 35
Human Growth Hormone (HGH).....26-27
hydrocodone.....30, 33, 38-39
hypertension.....30-31, 39

I

ibuprofen33, 39
Icy Hot Balm39
identify(ication)5, 9, 11
illegal26-27, 29, 31-32
Imodium.....38
ingredient(s)3, 39
Insulin21, 26-27
International Anti-Doping Standard.....8, 12, 14, 17
International Standard for Laboratories..6, 11-12, 16-17
International Standard for Testing.....11, 17
loratadine30, 38
ipratropium.....38

Index

K		
kit	5	
L		
laboratory	5-6, 9, 11-12, 16-17, 20-21, 36	
Lamisil	38	
Levitra	38	
Lexapro	38	
liability	3	
List	2-4, 9-11, 16-19, 23, 25, 33-35, 41	
local anesthetic	23	
Lomotil	38	
loperamide	38	
Lotrimin	38	
Lunesta	39	
Lyrica	39	
M		
Maalox	38	
Marijuana	22,31-32	
Marker(s)	8-10, 16-17, 20-21	
mask(ing)	22, 28, 33, 41	
masking agents	22, 28	
Maxair	38, 41	
medical condition	4, 10, 34-35, 41	
medicine(s)	4, 34	
Metabolite(s)	8-10, 16-17, 20- 22	
Metamucil	39	
method(s)	2, 3, 6, 7, 9-11, 16-21, 34-36	
migraine(s)	30	
Miralax	39	
monitor(ed)(ing)	5, 9, 38, 41	
Monitoring List	9, 11, 17, 23	
muscle tremor	30	
Mycostatin	38	
Mylanta	38	
myocardial infarction	30	
N		
Naphcon-A	38	
narcolepsy	29	
National Center for Drug Free Sport (DFS)	3-4, 40	
Nationwide Tour	3, 8	
negative	6	
Neo-Synephrine	38	
nerves	30	
Neurontin	39	
Nexium	39	
Non-steroidal anti-inflammatory agents	39	
Norflex	39	
notice	4, 5, 7, 9-12, 14, 17-18, 20, 37	
NSAIDS	39	
Nytol	39	
O		
Ocu-Pred	38	
osteoporosis	26	
P		
pain	26, 33	
Patanol	38	
Paxil	38	
Pepcid	39	
Pepto Bismol	38	
permitted medication(s)	2, 4, 30-31, 36	
PGA TOUR	2-6, 8-19, 23, 25, 34-41	
pH	6	
phenylephrine	23, 30, 38	
player: representative(s)	5-7, 11, 14, 15	
player(s)	3-18, 21, 22, 25, 29, 30, 31, 34-37, 41	
positive	3, 6, 7, 32	
Possess(ion)	7, 9, 10, 18	
Pred-Forte	38	
Prednisolone	38, 41	
Prednisone	38, 41	

Index

Preparation H	39	Soma	39
Prevacid	39	Sominex	39
Prilosec	39	Sonata	39
prize money	7, 13-14, 16	Spiriva	38
Probenecid (Benemid)	22, 28	SSRIs	38
Program Administrator	2, 4, 6-8, 11-12, 14-15, 25, 30, 34, 36, 40-41	steroid(s)	19-20, 25
Propecia	38	stimulant(s)	23, 28-29
prophylaxis	30	Strattera	38
Propoxyphene	33, 39	substance(s)	2- 4, 6-11, 16-23, 25, 27, 32, 34-36, 41
Proscar	38	Sudafed	30, 38
Protonix	39	supplement(s)	3, 4, 26, 29, 39
Proventil	38	suspend(ed)(sion)	14, 18
Prozac	38		
pseudoephedrine	23, 30, 38		
R		T	
recreational drug(s)	31	Tagamet	39
Restoril	39	Tamiflu	38
review	4, 6-7, 11, 13	tamper(ing)	5, 7, 9, 18, 24
Robitussin	30, 38	Target Testing	11, 18
Rozerem	39	temperature	6
S		test(ing)	3-5, 7, 16, 20, 21, 32
safety	3, 8	Testing	5
sample	3-9, 11, 12, 14, 16, 17, 21	TheraFlu	30, 38
sanction(s)	4, 7, 12, 13-14	Tigan	38
Disqualification	13, 16	Tinactin	38
Ineligibility	13, 14, 16, 17	topical	22-23, 39
Serevent	38, 41	topical skin corticosteroids	39
Singulair	38	tournament	3-4, 8, 10, 14, 16-18, 26-27, 30, 34
Skefaxin	39	Trafficking	7, 9, 13, 18
sleep	29, 39	tramadol	33, 39
sleep apnea	29	Triaminic	30, 38
SNRIs	38	TUE	2, 4, 6-7, 9-11, 16, 25, 29, 30-31, 34-37, 40-41
Solu-Medrol	38, 41	Tums	38
		Tylenol	30, 38-39

Index

U

Ultram.....	39
urine	5, 6, 11, 21-24, 28
Use	2-3, 6, 9-11, 16-18, 20, 22, 25-34, 36, 41

V

Valium	38, 39
Valtrex	38
Ventolin	38
Viagra	38
violate(ion).....	3, 5-14, 16, 18, 34
Visine.....	38

W

WADA	16-18, 41
weight loss.....	29
Wellbutrin	38
World Golf Foundation.....	14, 17

X

Xanax.....	38-39
Xopenex.....	38

Z

Zanaflex	39
Zantac.....	39
Zoloft.....	38
Zyrtec.....	30, 38

PGA TOUR
Anti-Doping
Wallet Card

*(please tear, fold and
keep in your wallet)*