NEW YORK STATE | Department of State
Athletic Commission

New York State Athletic Commission
123 William St. Second Floor
New York, NY 10038
(212) 417-5700

The New York State Athletic Commission (NYSAC) Prohibited Drug List

The use of illicit substances and Performance Enhancing Drugs (PED) presents a grave and growing threat to the integrity of athletic competition within the combat sports industry. Doping in combat sport is a serious offense. Doping by combat sport athletes threatens not only their health and the fairness to competitors, but also the health and safety of the opponent and the integrity of the sport itself. Intentional doping is cheating. The use of illicit substances and PEDs in professional combat sports is strictly prohibited by the New York State Athletic Commission. To deter and combat illicit substance and PED use in professional combat sports, the Commission shall seek administrative license revocation, medical suspension, purse forfeiture, and additional fines in any instance in which a professional combatant engages in doping and/or illicit drug use. All combatants appearing in New York are required to undergo mandatory drug testing for both illicit and unlawful substances.

"Prohibited In-Competition" means the period commencing just before midnight (11:59 p.m.) on the day before the scheduled weigh-in for the competition in which the athlete is scheduled to compete until the conclusion of the athlete's bout.
"Prohibited At All Times" means that the substance or method is prohibited both In- and Out-of-Competition".
In addition to substances which are prohibited by New York Health and Penal Laws the following **"Prohibited List"** represents substances and methods prohibited by the New York State Athletic Commission.

1. NON-APPROVED SUBSTANCES (PROHIBITED AT ALL TIMES)

Any pharmacological substance which is not addressed in this "Prohibited List" and with no current approval by any governmental regulatory health authority for human therapeutic use (e.g., drugs under pre-clinical or clinical development or discontinued, designer drugs, substances approved only for veterinary use) is prohibited at all times.
Non-approved substances cover many different substances including but not limited to BPC-157.

2. ANABOLIC AGENTS (PROHIBITED AT ALL TIMES)

ANABOLIC ANDROGENIC STEROIDS (AAS) are synthetic derivatives of the male hormone testosterone. They can exert strong effects on the human body that may be beneficial for athletic performance. The available scientific literature describes that short-term administration of these drugs by athletes can increase strength and bodyweight. Strength gains of about 5-20% of the initial strength and increments of 2-5 kg bodyweight, that may be attributed to an increase of the lean body mass, have been observed.

AAS when administered exogenously, and all other substances with similar chemical structure or similar biological effects, are prohibited at all times, including but not limited to:

SUBSTANCE NAME/TYPE	DECISION LIMITS	EXCEPTIONS/NOTES
19-Norandrostenediol	Abnormal at levels greater than 2.5 ng/mL	None
19-Norandrostenedione	Abnormal at levels greater than 2.5 ng/mL	None
1-Androstenediol	Abnormal at any detectable level	None
1-Androstenedione	Abnormal at any detectable level	None
1-Androsterone	Abnormal at any detectable level	None
1-Epiandrosterone	Abnormal at any detectable level	None
1-Testosterone	Abnormal at any detectable level	None

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SUBSTANCE NAME/TYPE	DECISION LIMITS	EXCEPTIONS/NOTES
4-Hydroxytestosterone	Abnormal at any detectable level	None
5-Androstenedione	Abnormal at any detectable level	None
7α-Hydroxy-DHEA	Abnormal at any detectable level	None
7β-Hydroxy-DHEA	Abnormal at any detectable level	None
7-Keto-DHEA	Abnormal at any detectable level	None
Androstanolone	Abnormal when T/E Ratio > 4	None
Androstenediol	Abnormal when T/E Ratio > 4	None
Androstenedione	Abnormal when T/E Ratio > 4	None
Bolasterone	Abnormal at any detectable level	None
Boldenone	Abnormal at levels greater than 5 ng/mL	None
Boldione	Abnormal at any detectable level	None
Calusterone	Abnormal at any detectable level	None
Clostebol	Abnormal at any detectable level	None
Danazol	Abnormal at any detectable level	None
Dehydrochlormethyltestosterone	Abnormal at levels greater than 0.1 ng/ml	None
Desoxymethyltestosterone	Abnormal at any detectable level	None
Drostanolone	Abnormal at any detectable level	None
Epiandrosterone	Abnormal when T/E Ratio > 4	None
Epi-dihydrotestosterone	Abnormal when T/E Ratio > 4	None
Epitestosterone	Abnormal when T/E Ratio > 4	None
Ethylestrenol	Abnormal at any detectable level	None
Fluoxymesterone	Abnormal at any detectable level	None
Formebolone	Abnormal at any detectable level	None
Furazabol	Abnormal at any detectable level	None
Gestrinone	Abnormal at any detectable level	None
Mestanolone	Abnormal at any detectable level	None
Mesterolone	Abnormal at any detectable level	None
Metandienone	Abnormal at any detectable level	None
Metenolone	Abnormal at any detectable level	None
Methandriol	Abnormal at any detectable level	None
Methasterone	Abnormal at any detectable level	None
Methyl-1-testosterone	Abnormal at any detectable level	None
Methylclostebol	Abnormal at any detectable level	None
Methyldienolone	Abnormal at any detectable level	None
Methylnortestosterone	Abnormal at any detectable level	None
Methyltestosterone	Abnormal at any detectable level	None
Metribolone	Abnormal at any detectable level	None
Mibolerone	Abnormal at any detectable level	None
Nandrolone	Abnormal at levels greater than 2.5 ng/mL	None
Norboletone	Abnormal at any detectable level	None

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SUBSTANCE NAME/TYPE	DECISION LIMITS	EXCEPTIONS/NOTES
Norethandrolone	Abnormal at any detectable level	None
Oxabolone	Abnormal at any detectable level	None
Oxandrolone	Abnormal at any detectable level	None
Oxymesterone	Abnormal at any detectable level	None
Oxymetholone	Abnormal at any detectable level	None
Prasterone	Abnormal when T/E Ratio > 4	None
Prostanozol	Abnormal at any detectable level	None
Quinbolone	Abnormal at any detectable level	None
Stanozolol	Abnormal at any detectable level	None
Stenbolone	Abnormal at any detectable level	None
Testosterone	Abnormal when T/E Ratio > 4	None
Tetrahydrogestrinone	Abnormal at any detectable level	None
Trenbolone (Epitrenbolone)	Abnormal at levels greater than 0.2 ng/ml	None

OTHER ANABOLIC AGENTS Including but not limited to:

SUBSTANCE NAME/TYPE	DECISION LIMITS	EXCEPTIONS/NOTES
Clenbuterol	Abnormal at any detectable level	None
Osilodrostat	Abnormal at any detectable level	None
Selective androgen receptor modulators (SARMS)		
Andarine	Abnormal at any detectable level	None
Enobosarm (Ostarine)	Abnormal at levels greater than 0.1 ng/ml	None
LGD-4033 (Ligandrol)	1/1000 of relative concentration of pooled urine excretion urine standard	None
RAD 140	Abnormal at any detectable level	None
S-1 SARM	Abnormal at any detectable level	None
S-23 SARM	Abnormal at any detectable level	None
S-9 SARM	Abnormal at any detectable level	None
Tibolone	Abnormal at any detectable level	None
Zeranol	Abnormal at levels greater than 1 ng/ml	None
Zilpaterol	Abnormal at levels greater than 1 ng/ml	None

Clenbuterol (also referred to as “clen”: is a sympathomimetic amine used by sufferers of breathingdisorders as a decongestant and bronchodilator. Athletes often claim food (meat) contamination).

Androgen doping may be either direct or indirect. Direct androgen doping involves administration of synthetic androgens whereas indirect androgen doping includes a variety of non-androgenic drugs which increase endogenous T. Direct androgen doping originally involved all pharmaceutically marketed synthetic androgens but has extended to non-marketed designer and nutraceutical androgens as well as exogenous administration of natural androgens (T, DHT) and pro-androgens (androstenedione, DHEA). Indirect androgen doping involves use of hCG, LH, anti-estrogens (estrogen receptor blockers, aromatase inhibitors), opiate antagonists and neurotransmitters involved in neuroendocrine regulation of endogenous LH and T secretion.

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Distinguishing between the exogenous and endogenous steroids: Administration of natural androgens(T or DHT) or pro-androgens (androstenedione, DHEA), raises the problem of distinguishing between the exogenous and endogenous steroids. Exogenous T administration can be detected by the urine T/E ratio, the ratio in urine of T to its 17α-epimer epitestosterone (E). Both T and E are co-secreted by Leydig cells and excreted in urine consistently so that the urine T/E is usually stable for any individual over time, beingtypically around 1. Administration of exogenous T, which is not converted to E, increases the urine T/E ratioand, when it exceeds a specified threshold, is evidence for administration of exogenous T. The urine T/E ratio thresholds were originally population-based, set initially at 6 and then subsequently lowered to 4. These considerations have led to establishment of the steroid module of the Athletes Biological Passport (ABP), a compendium of serial observation of any individual's tests which creates adaptive individual- specific T/E ratio threshold. This substitution of an individual's own person-specific, in place of the population-based, thresholds allow for more sensitive and accurate detection of individual deviations in urine T/E ratio as evidence of T doping.

3. PEPTIDE HORMONES, GROWTH FACTORS, RELATED SUBSTANCES AND MIMETICS (PROHIBITED AT ALL TIMES)

Most peptide hormones are classified as either amino acid–based hormones (amine, peptide, or protein) or steroid hormones. Growth factors are naturally occurring substances capable of stimulating cellular growth, proliferation, healing, and cellular differentiation. Usually they are protein or a steroid hormone. Growth factors are important for regulating a variety of cellular processes.
The following substances, and other substances with similar chemical structure or similar biological effect(s), are prohibited.

ERYTHROPOIETINS (EPO) AND AGENTS AFFECTING ERYTHROPOIESIS. Including but not limited to:

SUBSTANCE NAME/TYPE	DECISION LIMITS	EXCEPTIONS/NOTES
Erythropoietin receptor agonists	Abnormal at any detectable level	None
Darbepoietins (dEPO)	Abnormal at any detectable level	None
Erythropoietins (EPO)	Abnormal at any detectable level	None
EPO Based Constructs	Abnormal at any detectable level	None
EPO-Fc	Abnormal at any detectable level	None
Methoxy polyethylene glycol-epoetin beta (CERA)	Abnormal at any detectable level	None
EPO-Mimetic Agents and their constructs	Abnormal at any detectable level	None
CNTO-530	Abnormal at any detectable level	None
Peginesatide	Abnormal at any detectable level	None
Hypoxia-Inducible Factor (HIF) Activating Agents	Abnormal at any detectable level	None
Cobalt	Abnormal at any detectable level	None
Daprodustat	Abnormal at any detectable level	None
IOX2	Abnormal at any detectable level	None
Molidustat	Abnormal at any detectable level	None

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SUBSTANCE NAME/TYPE	DECISION LIMITS	EXCEPTIONS/NOTES
Vadadustat	Abnormal at any detectable level	None
Xenon	Abnormal at any detectable level	None
Gata Inhibitors	Abnormal at any detectable level	None
K-11706	Abnormal at any detectable level	None
Transforming Growth Factor Beta (TGF-β) Signalling Inhibitors	Abnormal at any detectable level	None
Luspatercept	Abnormal at any detectable level	None
Sotatercept	Abnormal at any detectable level	None
Innate Repair Receptor Agonists	Abnormal at any detectable level	None
Asialo EPO	Abnormal at any detectable level	None
Caramaylated EPO (CEPO)	Abnormal at any detectable level	None

PEPTIDE HORMONES AND THEIR RELEASING FACTORS. Including but not limited to:

SUBSTANCE NAME/TYPE	DECISION LIMITS	EXCEPTIONS/NOTES
Corionic Gonadotrophin (CG) and Luteinizing Hormone (LH) and their releasing factors in males	Abnormal at any detectable level in males	None
Buserelin	Abnormal at any detectable level in males	None
Deslorelin	Abnormal at any detectable level in males	None
Gonadorelin	Abnormal at any detectable level in males	None
Goserelin	Abnormal at any detectable level in males	None
Leuprorelin	Abnormal at any detectable level in males	None
Nafarelin	Abnormal at any detectable level in males	None
Triptorelin	Abnormal at any detectable level in males	None
Corticotrophins and their releasing factors	Abnormal at any detectable level	None
Corticorelin	Abnormal at any detectable level	None
SUBSTANCE NAME/TYPE	**DECISION LIMITS**	**EXCEPTIONS/NOTES**
AOD-9604	Abnormal at any detectable level	None
hGH 176-191	Abnormal at any detectable level	None
Lonapegsomatropin	Abnormal at any detectable level	None
Somapacitan	Abnormal at any detectable level	None
Somatrogon	Abnormal at any detectable level	None
Growth Hormone Releasing Factors	Abnormal at any detectable level	None

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SUBSTANCE NAME/TYPE	DECISION LIMITS	EXCEPTIONS/NOTES
CJC-1295	Abnormal at any detectable level	None
CJC-1293	Abnormal at any detectable level	None
Sermorelin	Abnormal at any detectable level	None
Tesamorelin	Abnormal at any detectable level	None
Growth Hormone Secretagogues (GHS) and its mimetics	Abnormal at any detectable level	None
Lenomorelin (ghrelin)	Abnormal at any detectable level	None
Anamorelin	Abnormal at any detectable level	None
Ipamorelin	Abnormal at any detectable level	None
Macimorelin	Abnormal at any detectable level	None
Tabimorelin	Abnormal at any detectable level	None
GH-Releasing Peptides (GHRPs)	Abnormal at any detectable level	None
Alexamorelin	Abnormal at any detectable level	None
GHRP-1	Abnormal at any detectable level	None
GHRP-2 (pralmorelin)	Abnormal at any detectable level	None
GHRP-3	Abnormal at any detectable level	None
GHRP-4	Abnormal at any detectable level	None
GHRP-5	Abnormal at any detectable level	None
GHRP-6	Abnormal at any detectable level	None
Hexarelin (examorelin)	Abnormal at any detectable level	None

GROWTH FACTORS AND GROWTH FACTOR MODULATORS. Including but not limited to:

SUBSTANCE NAME/TYPE	DECISION LIMITS	EXCEPTIONS/NOTES
Fibroblast Growth Factors (FGFs)	Abnormal at any detectable level	None
Hepatocyte Growth Factors (HGF)	Abnormal at any detectable level	None
Insulin-like Growth Factor-1 (IGF-1) and its analogues	Abnormal at any detectable level	None
Mechano Growth Factors (MGFs)	Abnormal at any detectable level	None
Platelet-Derived Growth Factors (PDGF)	Abnormal at any detectable level	None
Thymosin-β4 and its derivatives e.g., TB-500	Abnormal at any detectable level	None
Vascular-Endothelial Growth Factor (VEGF)	Abnormal at any detectable level	None

GONADOTROPIN RELEASING FACTOR

hCG	Abnormal at levels greater 5.0 IU/L	None

And all other growth factors or growth factor modulators affecting muscle, tendon or ligament protein synthesis/degradation, vascularization, energy utilization, regenerative capacity or fiber type switching.

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4. BETA-2 AGONISTS (PROHIBITED AT ALL TIMES)

β_2 adrenergic receptor agonists, also known as adrenergic β_2 receptor agonists, are a class of drugs that act on the β_2 adrenergic receptor. Like other β adrenergic agonists, they cause smooth muscle relaxation and are used as mainstay treatments for respiratory diseases such as bronchial asthma and chronic obstructive pulmonary disease (COPD).

All selective and non-selective beta-2 agonists including all optical isomers are prohibited. Including but not limited to:

SUBSTANCE NAME/TYPE	DECISION LIMITS	EXCEPTIONS/NOTES
Arformoterol	Abnormal at any detectable level	None
Fenoterol	Abnormal at any detectable level	None
Formoterol	Abnormal at levels greater than 40 ng/mL	Inhaled formoterol: max. dose of 54 micrograms over 24 hours
Higenamine	Abnormal at any detectable level	None
Indacaterol	Abnormal at any detectable level	None
Levosalbutamol	Abnormal at any detectable level	None
Olodaterol	Abnormal at any detectable level	None
Procaterol	Abnormal at any detectable level	None
Reproterol	Abnormal at any detectable level	None
Salbutamol	Abnormal at levels greater than 1,000 ng/mL	inhaled salbutamol: max. 1600 micrograms over 24 hours in divided doses not to exceed 600 micrograms over 8 hours starting from any dose
Salmeterol	Abnormal at levels greater than 10 ng/mL	Inhaled salmeterol: max. 200 micrograms over 24 hours
Terbutaline	Abnormal at any detectable level	None
Tretoquinol (trimetoquinol)	Abnormal at any detectable level	None
Tulobuterol	Abnormal at any detectable level	None
Vilanterol	Abnormal at any detectable level	Inhaled vilanterol: max. 25 micrograms over 24 hours

NOTE: The presence in urine of salbutamol in excess of 1000 ng/mL or formoterol in excess of 40 ng/mL is not consistent with therapeutic use of the substance and will be considered a doping violation unless the athlete proves, through a control pharmacokinetic study, that the abnormal result was the consequence of a therapeutic dose (by inhalation) up to the maximum dose indicated above.

5. HORMONE AND METABOLIC MODULATORS (PROHIBITED AT ALL TIMES).

Metabolic modulators are a newer class of drugs that benefit these patients by modulating cardiac metabolism without altering hemodynamics. Selective estrogen receptor modulators, called SERMs for short, block the effects of estrogen in the breast tissue.

The following hormone and metabolic modulators are prohibited.
AROMATASE INHIBITORS. Including but not limited to:

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SUBSTANCE NAME/TYPE	DECISION LIMITS	EXCEPTIONS/NOTES
2-Androstenol	Abnormal at any detectable level	None
2-Androstenone	Abnormal at any detectable level	None
3-Androstenol	Abnormal at any detectable level	None
3-Androstenone	Abnormal at any detectable level	None
4-Androstene-3,6,17 trione	Abnormal at any detectable level	None
Aminoglutethimide	Abnormal at any detectable level	None
Anastrozole	Abnormal at any detectable level	None
Androsta-1,4,6-triene-3,17-dione	Abnormal at any detectable level	None
Androsta-3,5-diene-7,17-dione	Abnormal at any detectable level	None
Exemestane	Abnormal at any detectable level	None
Formestane	Abnormal at levels greater than 50 ng/mL	None
Letrozole	Abnormal at any detectable level	None
Testolactone	Abnormal at any detectable level	None

ANTI-ESTROGENIC SUBSTANCES (ANTI-ESTROGENS AND SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)). Including but not limited to:

SUBSTANCE NAME/TYPE	DECISION LIMITS	EXCEPTIONS/NOTES
Bazedoxifene	Abnormal at any detectable level	None
Ospemifene	Abnormal at any detectable level	None
Raloxifene	Abnormal at any detectable level	None
Tamoxifen	Abnormal at any detectable level	None
Toremifene	Abnormal at any detectable level	None
Clomifene	Abnormal at levels greater than 0.1 ng/ml	None
Cyclofenil	Abnormal at any detectable level	None
Fulvestrant	Abnormal at any detectable level	None

AGENTS PREVENTING ACTIVIN RECEPTOR IIB ACTIVATION. Including but not limited to:

SUBSTANCE NAME/TYPE	DECISION LIMITS	EXCEPTIONS/NOTES
Activin A-neutralizing antibodies	Abnormal at any detectable level	None
Activin receptor IIB competitors	Abnormal at any detectable level	None
Decoy activin receptors (e.g., ACE-031)	Abnormal at any detectable level	None
Anti-activin receptor IIB antibodies	Abnormal at any detectable level	None
Bimagrumab	Abnormal at any detectable level	None
Myostantin inhibitors	Abnormal at any detectable level	such as agents reducing or ablating myostantin expression
	DECISION LIMITS	**EXCEPTIONS/NOTES**

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SUBSTANCE NAME/TYPE		
Follistatin	Abnormal at any detectable level	None
Myostatin propeptide	Abnormal at any detectable level	None
Myostatin-neutralizing antibodies	Abnormal at any detectable level	None
Domagrozumab	Abnormal at any detectable level	None
landogrozumab	Abnormal at any detectable level	None
Stamulumab	Abnormal at any detectable level	None

METABOLIC MODULATORS. Including but not limited to:

SUBSTANCE NAME/TYPE	DECISION LIMITS	EXCEPTIONS/NOTES
Activators of the AMP-activated protein kinase (AMPK)	Abnormal at any detectable level	None
AICAR	Abnormal at any detectable level	None
SR9009	Abnormal at any detectable level	None
Peroxisome proliferator-activated receptor delta (PPAR) agonists	Abnormal at any detectable level	e.g., 2-(2-methyl-4-((4-methyl-2-(triflouromethyl)phenyl)thiazol-5-yl)methylthio)phenoxy)acetic acid
Insulins and insulin-mimetics	Abnormal at any detectable level	None
Meldonium	Abnormal at any detectable level	None
SR9011	Abnormal at any detectable level	None
GW1516	Abnormal at any detectable level	None
GW0742	Abnormal at any detectable level	None
Trimetazidine	Abnormal at any detectable level	None

6. DIURETICS AND MASKING AGENTS (PROHIBITED AT ALL TIMES).

Diuretics are drugs that increase the rate of urine flow and sodium excretion to adjust the volume and composition of body fluids. There are several major categories of this drug class, and the compounds vary greatly in structure, physicochemical properties, effects on urinary composition and renal hemodynamics, and site and mechanism of action. Diuretics are often abused by athletes to excrete water for rapid weight loss and to maskthe presence of other banned substances. Because of their abuse by athletes, the use of diureticsis banned both in competition and out of competition.

The following diuretics and masking agents and other substances with a similar chemical structure or similar biological effect(s) are prohibited. Including but not limited to:

SUBSTANCE NAME/TYPE	DECISION LIMITS	EXCEPTIONS/NOTES
Acetazolamide	Abnormal at any detectable level	None
Altizide	Abnormal at any detectable level	None
Amiloride	Abnormal at any detectable level	None
Bendroflumethiazide	Abnormal at any detectable level	None
Benzthiazide	Abnormal at any detectable level	None
Benzylhydrochlorothiazide	Abnormal at any detectable level	None

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SUBSTANCE NAME/TYPE	DECISION LIMITS	EXCEPTIONS/NOTES
Canrenone	Abnormal at any detectable level	None
Chlorazanil	Abnormal at any detectable level	None
Chlorothiazide	Abnormal at any detectable level	None
Chlortalidone	Abnormal at any detectable level	None
Clopamide	Abnormal at any detectable level	None
Cyclopenthiazide	Abnormal at any detectable level	None
Cyclothiazide	Abnormal at any detectable level	None
Desmopressin	Abnormal at any detectable level	None
Dichlorphenamide	Abnormal at any detectable level	None
Dorzolamide	Abnormal at any detectable level	topical ophthalmic administration is ok
Epitizide	Abnormal at any detectable level	None
Eplerenone	Abnormal at any detectable level	None
Etacrynic Acid	Abnormal at any detectable level	None
Furosemide	Abnormal at any detectable level	None
Hydrochlorothiazide	Abnormal at levels greater than 20 ng/ml	None
Hydroflumethiazide	Abnormal at any detectable level	None
Indapamide	Abnormal at any detectable level	None
Methyclothiazide	Abnormal at any detectable level	None
Metolazone	Abnormal at any detectable level	None
Plasma Expanders	Abnormal at any detectable level	None
Albumin	Abnormal at any detectable level	Intravenous administration
Dextran	Abnormal at any detectable level	Intravenous administration
Hydroxyethyl starch	Abnormal at any detectable level	Intravenous administration
Mannitol	Abnormal at any detectable level	Intravenous administration
Polythiazide	Abnormal at any detectable level	None
Probenecid	Abnormal at any detectable level	None
Proguanil	Abnormal at any detectable level	None
Quinethazone	Abnormal at any detectable level	None
Spironolactone	Abnormal at any detectable level	None
Thiazides	Abnormal at any detectable level	None
Tolvaptan	Abnormal at any detectable level	None
Torsemide	Abnormal at any detectable level	None
Triamterene	Abnormal at any detectable level	None
Trichlormethiazide	Abnormal at any detectable level	None
Xipamide	Abnormal at any detectable level	None
Vaptans	Abnormal at any detectable level	None

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

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NOTE: the detection in an athlete's sample of any quantity of the following substances subject to threshold limits: formoteral, salbutamol, cathine, ephedrine, methylephedrine, pseudoephedrine, in conjunction with a diuretic or masking agent, will be considered a violation of this prohibited drug list unless the athlete has an approved Therapeutic Use Exemption (TUE) for that substance in addition to the one granted for the diuretic or masking agent.

7. PROHIBITED METHODS (AT ALL TIMES)

MANIPULATION OF BLOOD AND BLOOD COMPONENTS

The following are prohibited:

a. The administration or reintroduction of any quantity of autologous, allogenic (homologous) or heterologous blood, or red blood cell products of any origin into the circulatory system.
b. Artificially enhancing the uptake, transport, or delivery of oxygen. Including but not limited to: Perfluorochemicals; efaproxiral (RSR13) and modified hemoglobin products, e.g., hemoglobin-based blood substitutes and microencapsulated hemoglobin products, excluding supplemental oxygen by inhalation.
c. Any form of intravascular manipulation of the blood or blood components by physical or chemical means.

CHEMICAL AND PHYSICAL MANIPULATION

The following are prohibited:

a. Tampering, or attempting to tamper, to alter the integrity and validity of samples collected. Including but not limited to: Sample substitution and/or adulteration, e.g., addition of proteases to the sample.
b. Intravenous infusions and/or injections except for those approved in advance by the Commission.

GENE AND CELL DOPING

The following, with the potential to enhance sport performance, are prohibited:

a. The use of nucleic acids or nucleic acid analogues that may alter genome sequences and/or alter gene expression by any mechanism. This includes but is not limited to gene editing, gene silencing, and gene transfer technologies.
b. The use of normal or genetically modified cells.

8. STIMULANTS (PROHIBITED IN-COMPETITION)

All stimulants, including optical isomers e.g., d- and l- where relevant, and other substances with similar chemical structure or similar biological effect(s), are prohibited. Including but not limited to:

Adrafinil	Abnormal at levels greater than 50 ng/mL	None
Amfepramone	Abnormal at levels greater than 50 ng/mL	None
Amfetamine	Abnormal at levels greater than 50 ng/mL	None
Amfetaminil	Abnormal at levels greater than 50 ng/mL	None
Amiphenazole	Abnormal at levels greater than 50 ng/mL	None

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SUBSTANCE NAME/TYPE	DECISION LIMITS	EXCEPTIONS/NOTES
Benzylpiperazine	Abnormal at levels greater than 50 ng/mL	None
Bromantan	Abnormal at levels greater than 50 ng/mL	None
Clobenzorex	Abnormal at levels greater than 50 ng/mL	None
Cocaine	Abnormal at levels greater than 50 ng/mL	None
Cropropamide	Abnormal at levels greater than 50 ng/mL	None
Crotetamide	Abnormal at levels greater than 50 ng/mL	None
Fencamine	Abnormal at levels greater than 50 ng/mL	None
Fenetylline	Abnormal at levels greater than 50 ng/mL	None
Fenfluramine	Abnormal at levels greater than 50 ng/mL	None
Fenproporex	Abnormal at levels greater than 50 ng/mL	None
Fonturacetam (4-phenylpiracetam (carphedon))	Abnormal at levels greater than 50 ng/mL	None
Furfenorex	Abnormal at levels greater than 50 ng/mL	None
Lisdexamfetamine	Abnormal at levels greater than 50 ng/mL	None
Mefenorex	Abnormal at levels greater than 50 ng/mL	None
Mephentermine	Abnormal at levels greater than 50 ng/mL	None
Mesocarb	Abnormal at levels greater than 50 ng/mL	None
Metamfetamine(d-)	Abnormal at levels greater than 50 ng/mL	None
p-methylamfetamine	Abnormal at levels greater than 50 ng/mL	None
Modafinil	Abnormal at levels greater than 50 ng/mL	None
Norfenfluramine	Abnormal at levels greater than 50 ng/mL	None
Phendimetrazine	Abnormal at levels greater than 50 ng/mL	None
Phentermine	Abnormal at levels greater than 50 ng/mL	None
Prenylamine	Abnormal at levels greater than 50 ng/mL	None
Prolintane	Abnormal at levels greater than 50 ng/mL	None
3-Methylhexan-2-amine (1,2-dimethylpentylamine)	Abnormal at levels greater than 50 ng/mL	None

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SUBSTANCE NAME/TYPE	DECISION LIMITS	EXCEPTIONS/NOTES
4-flouromethylphenidate	Abnormal at levels greater than 50 ng/mL	None
4-Methylpentan-2-amine (1,3-dimethylbutylamine)	Abnormal at levels greater than 50 ng/mL	None
5-Methylhexan-2-amine (1,4-dimethylpentylamine)	Abnormal at levels greater than 50 ng/mL	None
Benzfetamine	Abnormal at levels greater than 50 ng/mL	None
Cathine (d-norpseudoephedrine) and it's l-isomer	Abnormal at levels greater than 5 mcg/mL	None
Cathinone and its analogues, e.g., mephedrone, methedrone, and α - pyrrolidinovalerophenone	Abnormal at levels greater than 50 ng/mL	None
Dimetamfetamine (dimethylamphetamine)	Abnormal at levels greater than 50 ng/mL	None
Ephedrine	Abnormal at levels greater than 10 mcg/mL	None
Epinephrine (adrenaline)	not prohibited in local administration	e.g., nasal, ophthalmologic, or co-administration with local anesthetic agents.
Etamivan	Abnormal at levels greater than 50 ng/mL	None
Ethylphenidate	Abnormal at levels greater than 50 ng/mL	None
Etilamfetamine	Abnormal at levels greater than 50 ng/mL	None
Etilefrine	Abnormal at levels greater than 50 ng/mL	None
Famprofazone	Abnormal at levels greater than 50 ng/mL	None
Fenbutrazate	Abnormal at levels greater than 50 ng/mL	None
Fencamfamin	Abnormal at levels greater than 50 ng/mL	None
Heptaminol	Abnormal at levels greater than 50 ng/mL	None
Hydrafinil (fluorenol)	Abnormal at levels greater than 50 ng/mL	None
Hydroxyamfetamine (parahydroxyamphetamine)	Abnormal at levels greater than 50 ng/mL	None
Isometheptene	Abnormal at levels greater than 50 ng/mL	None
Levmetamfetamine	Abnormal at levels greater than 50 ng/mL	None
Meclofenoxate	Abnormal at levels greater than 50 ng/mL	None
Methylenedioxymethamphetamine	Abnormal at levels greater than 50 ng/mL	None
Methylephedrine	Abnormal at levels greater than 10 mcg/mL	None

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SUBSTANCE NAME/TYPE	DECISION LIMITS	EXCEPTIONS/NOTES
Methylphenidate	Abnormal at levels greater than 50 ng/mL	None
Nikethamide	Abnormal at levels greater than 50 ng/mL	None
Norfenefrine	Abnormal at levels greater than 50 ng/mL	None
Octodrine (1,5-dimethylhexyl-amine)	Abnormal at levels greater than 50 ng/mL	None
Octopamine	Abnormal at levels greater than 1,000 ng/mL	None
Oxilofrine (methylsynephrine)	Abnormal at levels greater than 50 ng/mL	None
Pemoline	Abnormal at levels greater than 50 ng/mL	None
Pentetrazol	Abnormal at levels greater than 50 ng/mL	None
Phenethylamine and its derivatives	Abnormal at levels greater than 50 ng/mL	None
Phenmetrazine	Abnormal at levels greater than 50 ng/mL	None
Phenpromethamine	Abnormal at levels greater than 50 ng/mL	None
Propylhexedrine	Abnormal at levels greater than 50 ng/mL	None
Pseudoephedrine	Abnormal at levels greater than 150 mcg/mL	None
Selegiline	Abnormal at levels greater than 50 ng/mL	None
Sibutramine	Abnormal at levels greater than 50 ng/mL	None
Strychnine	Abnormal at levels greater than 50 ng/mL	None
Tenamfetamine (methylenedioxyamphetamine)	Abnormal at levels greater than 50 ng/mL	None
Tuaminoheptane	Abnormal at levels greater than 50 ng/mL	None

EXCEPTIONS:

- Clonidine
- Imidazoline derivatives for dermatological, nasal or ophthalmic use (e.g., brimonidine, clonazoline, fenoxazoline, indanazoline, naphazoline, oxymetazoline, xylometazoline, Bupropion, caffeine, nicotine, phenylephrine, phenylpropanolamine, pipradrol, synephrine)

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9. NARCOTICS (PROHIBITED IN-COMPETITION)

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

SUBSTANCE NAME/TYPE	DECISION LIMITS	EXCEPTIONS/NOTES
Buprenorphine	Abnormal at levels greater than 2.5 ng/mL	None
Dextromoramide	Abnormal at levels greater than 25 ng/mL	None
SUBSTANCE NAME/TYPE	**DECISION LIMITS**	**EXCEPTIONS/NOTES**
Fentanyl and its derivatives	Abnormal at levels greater than 1 ng/mL	None
Hydromorphone	Abnormal at levels greater than 25 ng/mL	None
Methadone	Abnormal at levels greater than 25 ng/mL	None
Morphine	Abnormal at levels greater than 1,000 ng/mL	None
Nicomorphine		None
Oxycodone	Abnormal at levels greater than 25 ng/mL	None
Oxymorphone	Abnormal at levels greater than 25 ng/mL	None
Pentazocine	Abnormal at levels greater than 25 ng/mL	None
Pethidine	Abnormal at levels greater than 25 ng/mL	None

10. CANNABANOIDS (PROHIBITED IN-COMPETITION)

All natural and synthetic cannabinoids are prohibited.

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

NOTE: abnormal at levels greater than 150 ng/mL
EXECPTIONS: Cannabidiol

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11. GLUCOCORTICOIDS (PROHIBITED IN-COMPETITION)

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

SUBSTANCE NAME/TYPE	DECISION LIMITS	EXCEPTIONS/NOTES
Betamethasone	Abnormal at levels greater than 30 ng/mL	None
Beclometasone	Abnormal at levels greater than 30 ng/mL	None
Budesonide	Abnormal at levels greater than 30 ng/mL	None
Ciclesonide	Abnormal at levels greater than 30 ng/mL	None
Cortisone	Abnormal at levels greater than 30 ng/mL	None
Deflazacort	Abnormal at levels greater than 30 ng/mL	None
Fluocortolone	Abnormal at levels greater than 30 ng/mL	None
Flunisolide	Abnormal at levels greater than 30 ng/mL	None
Fluticasone	Abnormal at levels greater than 30 ng/mL	None
Hydrocortisone	Abnormal at levels greater than 30 ng/mL	None
Methylprednisolone	Abnormal at levels greater than 30 ng/mL	None
Mometasone	Abnormal at levels greater than 30 ng/mL	None
Prednisolone	Abnormal at levels greater than 30 ng/mL	None
Prednisone	Abnormal at levels greater than 30 ng/mL	None
Triamcinolone acetonide	Abnormal at levels greater than 30 ng/mL	None

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

The New York State Athletic Commission does not recognize a therapeutic use exemption (TUE) for testosterone replacement therapy.

Combatants are not to use any drugs, medications, and supplements between the time of the weigh-in physical and the conclusion of the combative sport event unless the combatant has provided notice to the New York State Athletic Commission (NYSAC) and received written approval.

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The use of intravenous fluids for hydration prior to the event is not permitted unless the combatant has provided notice to the New York State Athletic Commission (NYSAC) and received written approval.

The Commission's policy is one of 'strict liability'. The combatant is responsible for anything that he/she puts in their body. If the combatant takes supplements and later tests positive, it is the combatant's responsibility. The combatant should be aware that the supplement industry is poorly regulated, and studies have shown that some supplements are contaminated with steroids. If a prohibited substance is detected in the combatant's sample – even if it was unintentional – it will resultin a violation of NYSAC rules.

NYSAC rules purport to provide the athlete a "right to a fair hearing" in case of a positive test/adverse analytical finding. The burden is on the athlete, to come forward with evidence that rebutsthe presumption of doping.