

**NCAA Medical Exceptions** – including case examples for use of stimulants, finasteride (Propecia), and testosterone. This stricter application will be applied effective August 2009.

The NCAA list of banned drug classes is composed of substances that are generally reported to be performance enhancing. The NCAA bans performance enhancing drugs to protect student-athlete health and safety and ensure a level playing field, and it also recognizes that some of these substances may be legitimately used as medications to treat student-athletes with learning disabilities and other medical conditions.

Accordingly, the NCAA allows exceptions to be made for those student-athletes with a documented medical history demonstrating the need for regular use of such a drug. The benefit of a medical exception procedure is that in most cases the student-athlete's eligibility remains intact during the process.

Exceptions may be granted for substances included in the following classes of banned drugs: stimulants, beta blockers, diuretics, anti-estrogens, anabolic agents (steroids)\*, and peptide hormones\* (**Bylaw 31.2.3**). (**\*anabolic agents and peptide hormones must be approved by the NCAA before the athlete is allowed to participate** while taking these medications. The institution, through its director of athletics, may request an exception for use of an anabolic agent or peptide hormone by submitting to The National Center for Drug Free Sport (Drug Free Sport) any medical documentation it wishes to have considered.)

**In all cases, a student-athlete, in conjunction with his or her physician, must document that other non-banned alternatives have been considered prior to requesting the medical exception for the use of a medication containing a banned substance.** It is the responsibility of the institution to educate student-athletes about this policy, and to follow-up with any student-athlete who identifies the use of a banned medication to determine if standard nonbanned medications have been pursued and documented. In order for a student-athlete to be granted a medical exception for the use of a medication that contains a banned substance, the student-athlete must:

- have declared the use of the substance to his or her athletics administrator responsible for keeping medical records,
- present documentation of the diagnosis of the condition, and
- provide documentation from the prescribing physician explaining the course of treatment and the current prescription.

Requests for medical exceptions will be reviewed by physicians who are members of the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports. Medical exceptions will be granted if the student-athlete has presented adequate documentation noted above. Unless requesting a review for the medical use of an anabolic agent or peptide hormone, a student-athlete's medical records or physicians' letters should not be sent to the NCAA unless requested by the NCAA. Also, the use of the substance need not be reported at the time of NCAA drug testing.

Following are three treatment issues to help illustrate the medical exception procedure:

**ADHD** – Attention Deficit/Hyperactivity Disorder is one of the most common neurobehavioral disorders of childhood and can persist through adolescence and into adulthood. ADHD is generally diagnosed in childhood, but sometimes not until college or later. The most common medications used to treat ADHD are methylphenidate (Ritalin) and amphetamine (Adderall), which are banned under the NCAA class of stimulants. In order for a medical exception to be granted for the use of these stimulant medications, the student-athlete must show that he or she has undergone standard assessment to identify ADHD. Frequently a student-athlete may find

that the demands of college present difficult learning challenges. They may realize that some of their teammates are benefitting from the use of these medications, and figure they should ask their team physician or family doctor to prescribe the same for them. **If they do not undergo a standard assessment to diagnose ADHD, they have not met the requirements for an NCAA medical exception.** Most colleges provide these types of assessment through their student support services or counseling and testing centers. The student-athlete should either provide documentation of an earlier assessment, or undergo an assessment prior to using stimulant medication for ADHD. If the diagnosis is ADHD, the student-athlete may then pursue treatment with the team physician or family physician for a prescription for stimulant medication, and provide all documentation to the appropriate athletics administrator to keep in the file in the event the student-athlete is selected for drug testing and tests positive. At that point, the athletics administrator will be instructed to provide the documentation for review by the medical panel, and if all is in order, the student-athlete's medical exception is granted.

**Male-pattern baldness** -- Androgenic alopecia is a common form of hair loss in both men and women. In men, this condition is also known as male-pattern baldness. Hair is lost in a well-defined pattern, beginning above both temples. Over time, the hairline recedes to form a characteristic "M" shape. Hair also thins at the crown of the head, often progressing to partial or complete baldness. Non-banned medications are available to treat this condition. Finasteride (trade name Propecia), which is prescribed in some cases to treat male-pattern baldness, is a banned substance under the class of masking agents, as it interferes with the ability to identify steroid use. Before using finasteride, a student-athlete must exhaust other standard medications and document this effort. All documentation should be submitted to the sports medicine staff to review and maintain in the student-athlete's record. In the event a student-athlete tests positive for the use of finasteride, the institution will then submit the full record for a medical exception review.

**Hypogonadism** – or testosterone deficiency, results either from a disorder of the testes (primary hypogonadism) or of the hypothalamus or pituitary glands (secondary hypogonadism). Causes of primary hypogonadism include Klinefelter's syndrome, undescended testicles, and hemochromatosis. Secondary hypogonadism can be due to aging, increasing body mass index, and/or type 2 diabetes mellitus. Treatment for hypogonadism may include testosterone medication. Testosterone falls under the banned drug class "anabolic agents". A student-athlete must request approval to use medication with testosterone **prior to participation** while using this substance. A full medical documentation of the diagnosis, course of treatment and prescription history must be provided by the institution prior to allowing the student-athlete to compete on this medication. If a student-athlete tests positive for testosterone and has not obtained prior approval to use this substance, the case must go to appeal.

In all cases, if a student-athlete does not meet the criteria for a medical exception, the student-athlete may request an appeal hearing of his or her positive drug test. In this case, the student-athlete's eligibility will be suspended pending the outcome of the appeal. Questions about this policy may be directed to Mary Wilfert, Associate Director, Health and Safety, [mwilfert@naaa.org](mailto:mwilfert@naaa.org) or 317-917-6319.