All UFC athletes are subject to the UFC Prohibited List, which incorporates the World Anti-Doping Agency (WADA) Prohibited List.

Under the rules, IV infusions and/or injections are prohibited at all times, including those used for rehydration, as described below. Below is important information about the IV rule, why IVs are prohibited, and how athletes can best protect their health and safety.

As always, athletes are strictly responsible for the use of prohibited methods and for any prohibited substances found in their bodies.

WHAT’S THE IV RULE?

All IV infusions and/or injections of more than 100 mL (~6.8 tablespoons) per 12-hour period are prohibited at all times, both in and out-of-competition, except for those legitimately received in our out-of-competition in the course of hospital treatments, surgical procedures, clinical diagnostic investigations, and/or those received that are determined to be medically-justified and within the standard of care by a licensed physician and administered by a licensed medical professional, without an approved Therapeutic Use Exemption (TUE).

If a prohibited substance of any amount is administered intravenously by infusion or injection, a TUE is required for this prohibited substance regardless of the volume of the infusion or injection or the circumstances of administration.

- Importantly, any time an IV infusion and/or injection is given, regardless of volume or medical situation, it is imperative that thorough medical documentation be recorded that clearly establishes the clinical diagnosis, including physical examination/vital signs and treatment plan (for example, IV contents, volume, time of infusion, etc.). USADA may ask for this information to confirm the nature of an IV infusion and/or injection.

WHY THE IV RULE?

- The IV rule is designed to protect clean sport and athlete health and safety. In terms of doping control, it is a fact that IVs can be used to change blood test results (such
as hematocrit where EPO or blood doping is being used), mask urine test results (by dilution), or administer prohibited substances so they will clear faster from the body.

**WHAT ARE THE HEALTH RISKS OF IVs?**

- The potential risks and complications of IV therapy include infection, cellulitis, inflammation of the wall of a vein with associated thrombosis, bleeding, hematoma/arterial puncture, unintended leakage of solution into the surrounding tissue, air embolism, and needle stick to the provider.

- Inappropriate levels of electrolytes given by IV can also have serious cardiac, muscular, and nervous system effects, which could result in death.

**ARE IVs BETTER THAN ORAL REHYDRATION FOR PERFORMANCE?**

- There is no convincing research to support the use of IV fluid administration prior to competition for performance enhancement, rehydration, dehydration prevention, or muscle cramp prevention.

- Current studies do not support the use of IV fluids for rehydration when an athlete can tolerate oral fluids.

- American College of Sports Medicine consensus guidelines state, “IV fluids do not provide an advantage over drinking oral fluids and electrolytes.”

- IV infusions before sample collection could actually prolong the doping control sample process because there is greater potential for multiple dilute samples.

**HOW CAN I REHYDRATE AS QUICKLY AS POSSIBLE?**

- If rapid recovery from dehydration is desired, one should ingest 1.5 L (50 fluid oz.) of fluid for each kilogram (2.2lbs) of body weight lost.

- Normal rehydration can be achieved in the vast majority of individuals by eating and drinking normal beverages, such as sports drinks and water.

- Various sports and athletic organizations, such as the American College of Sports Medicine (ACSM), the National Athletic Trainers’ Association (NATA), and others, have informative resources to educate on best practices for fluid replacement in athletes.

**WHEN IS A TUE NOT REQUIRED FOR AN IV INFUSION?**
• If the athlete has an acute medical condition where an IV line was essential for hospital treatment, surgical procedure, or clinical diagnostic investigation. Examples would be a severely dehydrated athlete with signs of circulatory compromise, an IV line during a surgical procedure, or an IV line in the antibiotic treatment of an acute infection.
• Clinical investigations to diagnose medical conditions, such as medical imaging, may also require IV administration of non-prohibited medicine, which is permitted.
• When received in our out-of-competition and it is determined to be medically-justified and within the standard of care by a licensed physician and administered by a licensed medical professional.

WHAT KINDS OF IVS ARE PROHIBITED?

• IV infusions received during home visits (if the IV was not ordered by your physician and/or the person delivering it is not a licensed medical professional), boutique IV and rehydration services, IVs received in “vitamin IV” shops, or “hang-over” cures.