

Glucocorticoid TUE Policy

Introduction

For the last decade (2011-2021), glucocorticoids have been prohibited in-competition when administered by a systemic route (that is, when administered by an oral, intravenous, intramuscular, or rectal route). From 01 January 2022, all injectable routes of administration (including local injections) will be prohibited in-competition. Examples of local injectable routes of administration that this new regulation applies to includes epidural, intra-articular, intrabursal, intradermal, intralesional, intratendinous, intrathecal, periarticular, peritendinous, and subcutaneous. The administration of glucocorticoids by topical routes such as inhaled, intranasal, and dermal remain permitted.

The World Anti-Doping Agency (WADA) will also instruct its accredited laboratories to vary their reporting limits according to the type of glucocorticoid. This approach is being introduced to better indicate when a glucocorticoid has been administered by a prohibited rather than permitted route. However, this new approach will affect the period that an adverse analytical finding (AAF) can be reached following administration depending on the type, route, and the dose of glucocorticoid administered. This has prompted WADA to devise washout periods in the lead up to competition that account for these factors and advise athletes when a Therapeutic Use Exemption (TUE) may be necessary. Further information about WADA's decision to make changes to the way glucocorticoids are regulated in sport can be found in a review article published in the British Journal of Sports Medicine¹.

This policy document sets out guidance for how athletes and doctors should comply with the 2022 glucocorticoid regulations. The document outlines i. the new timeframes for when an athlete should request a TUE for the use of a glucocorticoid (depending on the route it is to be administered by); and ii. the medical evidence required to support TUE requests specific to glucocorticoids administered by a local injection.

The policy is effective from 01 January 2022 and only applies to athletes required to submit TUE applications to UK Anti-Doping. A review of the policy will be conducted in August 2022 to determine its effectiveness.

NB. This policy does not provide guidance on the medical evidence required to support TUE applications for the use of glucocorticoids administered by a systemic route. Athletes submitting a TUE application for the use of a systemic glucocorticoid should refer to the [Medicine Hub](#) on the UK Anti-Doping website for more information on the medical evidence required to support such applications.

¹ Ventura, R., Daley-Yates, P., Mazzoni, I., Collomp, K., Saugy, M., Buttgerit, F., Rabin, O., and Stuart, M. (2021). A novel approach to improve detection of glucocorticoid doping in sport with new guidance for physicians prescribing for athletes. *Br. J. Sports Med.*, **55**, 631-642. doi: 10.1136/bjsports-2020-103512.

A. Timeframes for when a TUE is required

Systemic glucocorticoids (oral, intravenous, intramuscular, and rectal)

Athletes in the [National TUE Pool](#) are recommended to obtain a TUE in advance of treatment (unless treatment is urgent) for the use of a systemic glucocorticoid when the last dose is to be administered within seven (7) days of competition via intravenous, oral or rectal routes, or within eight (8) weeks of competition when administered by intramuscular injection.

NB. These timeframes are regardless of the type of glucocorticoid to be administered.

Local glucocorticoid injections

Athletes who require the use of a glucocorticoid by local injection are only required to apply for a retroactive TUE if they are subject to doping control in-competition and they subsequently return an AAF for the presence of that glucocorticoid.

NB. A TUE is not required in advance of receiving a local injection even if the athlete is in the [National TUE Pool](#).

Washout periods for local glucocorticoid injections

WADA have defined minimum washout periods for local glucocorticoid injections accounting for the maximum licensed dose of each glucocorticoid - these are outlined below.

Route of administration	Type of glucocorticoid	Washout period*
Local injection	All glucocorticoids;	3 days
	Except: triamcinolone acetonide; prednisolone; prednisone	10 days

*The washout period refers to the time the injection was administered to the start of the in-competition period (i.e. beginning at 11.59pm on the day before a competition in which the athlete is scheduled to participate in).

Athletes receiving a local injection within a washout period should ensure that a medical file (refer to section B) is compiled prior to proceeding with the injection in case there is a need to apply for a retroactive TUE.

NB. Athletes will also need to apply for a retroactive TUE in the unlikely event that they return an AAF following receiving a local injection outside of the above washout periods.

B. Medical file required to support retroactive TUE applications for local injections

1. TUE application form

A bespoke TUE application form for local glucocorticoid injections must be completed; application forms can be downloaded from the [UKAD website](#). In section 3 of the form, option four should be ticked when indicating the reason for the retroactive application.

2. Investigations used to confirm the diagnosis

Results of appropriate imaging and any other relevant investigations used to confirm the diagnosis must be submitted with the application.

3. Clinical review letter

A clinical review letter from the doctor overseeing the treatment must be submitted with the application. The review letter must contain the following information:

- A thorough clinical history that includes when the injury first presented, a description of the symptoms experienced (at that time), and the severity of these symptoms.
- A description of the clinical examination findings that led to the decision to proceed with the glucocorticoid injection.
- A summary of the permitted medications and/or alternative non-pharmacological treatment modalities that have been trialled before considering the use of a glucocorticoid injection. Include names, doses, dates, duration, and the effect of each treatment trialled. If alternatives have not been trialled, clinical justification must be provided from the prescribing doctor that confirms that in their opinion there are no other reasonable permitted alternatives that exist to treat the medical condition.
- An outline of the consequences to the athlete if the treatment was withheld.

Please note that retroactive applications will not be considered unless the above components are enclosed within the application.

Contact Us

Questions surrounding this policy should be directed to Beccy Payne, Medical Programmes Officer (email: tue@ukad.org.uk; phone: 0203 161 5014).

Athletes and support personnel are also guided to the [Medicine Hub](#) on UKAD's website for frequently asked questions about this policy.