

Glucocorticoid TUE Policy: FAQs

Introduction

UK Anti-Doping (UKAD) has published a new Therapeutic Use Exemption (TUE) policy that sets out guidance for how athletes and doctors should comply with the changes to the way glucocorticoids are regulated in sport. This frequently asked questions document has been developed in support of the publication of the [Policy](#).

Frequently Asked Questions

Q: Why is there a need for a policy?

A: 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, the World Anti-Doping Agency (WADA) will also prohibit local injections in-competition. Our Glucocorticoid TUE Policy outlines the medical evidence required to support TUE requests for such injections.

WADA will also instruct its accredited laboratories to vary their reporting limits according to the type of glucocorticoid. This new approach will affect the period that an adverse analytical finding (AAF) can be reached 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. UKAD has adopted some of these timeframes into its policy to guide athletes on when they should request a TUE for the use of a glucocorticoid depending on the route it is to be administered by.

Q: What is the connection between a ‘washout period’ and the ‘in-competition period’?

A: A washout period refers to the time from the last administered dose to the time of the start of the in-competition period (which begins at 23:59 on the day before a competition, unless a different period has been approved by WADA for a given sport). The washout period guides athletes on the time that it will take for a glucocorticoid to be eliminated from the body to the extent that it will no longer be reported as an AAF.

Q: I am an athlete who is considered to be within the UKAD National TUE Pool for my sport. My doctor is recommending I receive a local glucocorticoid injection within the washout period. Why do I need to apply to UKAD for a retroactive TUE rather than a TUE in advance of treatment?

A: The 2021 WADA International Standard for TUEs permits athletes to apply retroactively for a TUE if the athlete used out-of-competition, for therapeutic reasons, a substance (such as a glucocorticoid) that is only prohibited in-competition. It would also be unrealistic for an athlete to submit a TUE application and receive a decision about whether they can proceed with a local injection in such a short timeframe prior to competition. For these reasons and given the common use of local glucocorticoid injections in sports medicine, athletes will only have to apply to UKAD for a retroactive TUE if they are subject to doping control in-competition and they subsequently return an AAF.

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

Q: How will I know if I have returned an AAF and need to apply for a retroactive TUE following receiving a local injection?

A: An athlete will typically receive a letter by email or courier to confirm that they have returned an AAF. They will be asked to provide an explanation for the presence of the glucocorticoid in their sample. At this point, the athlete can apply for a retroactive TUE.

Q: I received a local glucocorticoid injection outside of the washout period. Can I still return an AAF, and will I need to apply for a retroactive TUE?

A: WADA have determined the washout periods based on data from scientific studies. Whilst it is still possible to return an AAF for a glucocorticoid administered close to but outside of a defined washout period, the occurrence of such an AAF is unlikely. For this reason, athletes who receive a local injection up to four days outside of a washout period are still encouraged to compile a medical file (outlined in section B of the Policy) prior to proceeding with the injection.

Q: I am a doctor considering administering a local glucocorticoid injection to an athlete within the washout period. What steps should I take before administering treatment to ensure that a retroactive TUE application meets the criteria should it be required?

A: The doctor overseeing the treatment should read section B of the Policy. They should also download UKAD's [bespoke TUE application](#) form for local glucocorticoid injections and read the pre-application checklist which outlines the medical evidence required to support a retroactive TUE request. A retroactive TUE application will not be considered unless all the components listed in the checklist are enclosed within an application. The doctor should [contact](#) UKAD if they have any additional questions.

Q: I am a doctor considering administering a local glucocorticoid injection to an athlete within the washout period. Should I consider a glucocorticoid that has a shorter washout period?

A: The decision on the type of glucocorticoid to administer is for the athlete and doctor to determine and should be made in the best interests of the athlete from a medical perspective.

Q: The washout periods published by WADA for systemic routes of administration (oral, and intramuscular) are slightly different to the periods published by UKAD. Why is this the case?

A: We have decided to simplify our advice to athletes on when to apply for a TUE by mainly focussing on the route of administration and not on the type of glucocorticoid (that is, we are not providing specific wash-out periods for each glucocorticoid when administered systemically). Furthermore, WADA have yet to publish washout periods for rectal or intravenous routes which we have provided guidance on.

Q: How did UKAD develop their TUE policy for glucocorticoids?

A: The Policy was developed in consultation with UKAD's TUE Committee and a scientist with expertise in pharmacokinetics.

Q: When will the policy be effective from?

A: 01 January 2022.