



Asthma Therapeutic Use Exemptions

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The Australian Sports Drug Medical Advisory Committee (ASDMAC) is now able to process Therapeutic Use Exemptions (TUE) for inhaled Beta-2 agonists, following the release of the World Anti-Doping Agency's specific criteria for positive bronchial provocation tests.

TUEs for Beta-2 agonists can be granted in-advance or retroactive depending on athlete status.

Registered Testing Pool Athletes – in-advance TUE

All athletes in an International Federation Registered Testing Pool (RTP) and/or the Australian Sports Anti-Doping Authority's RTP must have an in-advance TUE.

This requires athletes to submit their TUE application form, the requested medical information and evidence of reversible airway obstruction or positive bronchial provocation tests (BPT) before using the substance.

RTP athletes must also declare their use of Beta-2 agonists and any inhaled glucocorticosteroids on the doping control form when they are tested.

Other athletes – retroactive TUE

All other athletes can use the retroactive system.

This means that the athlete:

- i) must have a medical file (including history, examination, spirometry if available) indicating a diagnosis of asthma (or other medical condition requiring its use, for example anaphylaxis). See attached suggested medical file information
- ii) must declare their use of Beta-2 agonists and inhaled glucocorticosteroids (if used) on the doping control form when tested will be asked by ASADA to apply for a retroactive TUE (using the medical file) if Beta-2 agonists are detected in their urine

Athletes in the ASADA Domestic Testing Pool (DTP) should request an in-advance TUE or at minimum have current evidence of reversible obstruction/BPT in their medical file

Athletes who are not in an RTP or DTP are not required to have BPT tests in their medical file in advance, but BPT tests may be requested if they apply for a retroactive TUE, and their medical file is not complete.

Abbreviated TUE

All abbreviated TUEs approved before 31 December 2008 will remain valid until 31 December 2009, or the expiry date on their abbreviated TUE, whichever comes first.



Suggested medical file requirements for a Beta-2 agonist TUE

1. History

- the athlete's age of onset
- symptoms
- trigger factors, for example exercise or allergies
- associated allergic or atopic conditions
- history of any hospitalisation, including accident and emergency presentations (if any)
- all current medication, and any previous asthma medications trialled
- previous requirements for oral glucocorticosteroids
- relevant family history

2. Examination

- Clinical examination with particular reference to respiratory system

3. Previous Investigations

- Relevant tests including skin prick, Radio Allergo Sorbent Testing (RAST) etc
- Any spirometry
- Any previous bronchial provocation tests regardless of age

4. Current evidence of asthma

One positive result is required for all in-advance TUEs and some retroactive TUEs, but if a test is negative, athletes can submit the application with the medical file and negative test for consideration

The evidence must include either:

- Reversible airway obstruction:
 - evidence of airway obstruction with a 12 per cent increase in FEV1 after the administration of an inhaled B2agonist, or
- Bronchial Provocation tests
 - Methacholine – 20 per cent fall in FEV1
 - Mannitol – 15 per cent fall in FEV1
 - Hypertonic Saline – 15 per cent fall in FEV1
 - EVH – 10 per cent fall in FEV1
 - Exercise Challenge tests – 10 per cent fall in FEV1

Helpful hints

- Ensure the athlete ceases inhaled steroids and long acting Beta-2 agonists before the test (a minimum of 24 hours is suggested) but the longer the athlete is off the medication, the more likely that they will return a positive bronchodilator test or BPT.
- If an athlete is unsure whether they are in an RTP or the DTP should contact their National Sporting Organisation.
- Organise BPTs at a time that is most convenient to the athlete's training and competition schedule.