

# Therapeutic Use Exemption Guidelines

## Hay Fever

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UK Anti-Doping receives Therapeutic Use Exemption (TUE) requests for the one-off use of intramuscular corticosteroid injections to treat hay fever. Applications must be submitted in advance of treatment and be supported by medical evidence to justify therapeutic use.

### Required supporting evidence

- 1. Description of symptoms to confirm diagnosis**  
Provide details of when the hay fever started; the symptoms experienced; the severity of these symptoms; the effect on performance; and symptoms suffered in previous years.
- 2. Medical history documented**  
Provide details of any known allergens or allergic history. Submit results of immunological investigations such as skin prick tests or specific IgE to confirm these details.
- 3. Confirmation that reasonable therapeutic alternatives have been trialled**  
Provide details of the permitted oral, nasal and/or ophthalmic medications that have been trialled for at least 2 weeks including names, doses, dates, duration and the effect of the treatment.
- 4. Specialist referral**  
A specialist opinion (i.e. ENT, immunologist or respiratory) is required to support the proposed treatment request. The specialist will need to give a reasoned opinion in view of the British Society for Allergy and Clinical Immunology (BSACI) guidelines and NHS Clinical Knowledge Summaries (CKS) on hay fever.

BSACI and CKS guidelines do not recommend the use of intramuscular corticosteroid injections to relieve hay fever symptoms. These guidelines consider the risk-benefit profile of intramuscular corticosteroid injections to be poor in comparison with other treatments available<sup>1, 2</sup>.

Please note that in severe uncontrolled cases where symptom control is critical (e.g. imminent competition), an emergency TUE application for a single short course of oral prednisolone will be considered without specialist opinion. Supporting evidence points 1, 2 and 3 above must be covered in such applications. Thereafter, applications will require specialist opinion to support any further proposed courses of oral prednisolone. Please contact [tue@ukad.org.uk](mailto:tue@ukad.org.uk) for further information.

### References

1. Clinical Knowledge Summaries for Allergic Rhinitis. URL: <https://cks.nice.org.uk/allergic-rhinitis#!management> (accessed 03.06.19).
2. Scadding, G.K, Kariyawasam, H.H, Scadding, G, Mirakian, R, Buckley, R. J, Dixon, T, Durham, S. R, Farooque, S, Jones, N, Leech, S, Nasser, S. M, Powell, R, Roberts, G, Rotiroti, G, Simpson, A, Smith, H, Clark, A.T. BSACI guidelines for the diagnosis and management of allergic and non-allergic rhinitis (Revised Edition 2017; First Edition 2007). *Clinical and Experimental Allergy*, **47**, 856-889.