SPÓRT ÉIREANN FRITHDHÓPÁIL | SPORT IRELAND ANTI-DOPING

HAY FEVER POLICY (Glucocorticoid Injections)

Therapeutic Use Exemption (TUE) Committee Policy on Glucocorticoid (GC) Injections for Hay Fever

Methylprednisolone (Depo-Medrone) and Triamcinolone (Kenalog†) administered by intramuscular (IM) injection as treatment for hay fever are prohibited in-competition in sport and therefore their use requires the athlete and their physician to strictly adhere to the TUE Policy. The TUE Policy is available at www.sportireland.ie/anti-doping/athlete-zone/athlete-zone/therapeutic-use-exemptions

Requests for IM glucocorticoid injection TUEs used to treat hay fever are extremely uncommon and are rarely approved. Any request should include comprehensive evidence of ongoing specialist consultation and clear evidence of the failure of non-IM glucocorticoid approaches.

- **Athletes included in their International Federation Registered Testing Pool and/or athletes competing at International Competition** who require this injection during the WADA GC Washout Period or the in-competition period should contact their sport's International Federation for advice on their specific TUE policy/practice **prior** to administration of the treatment. Their sport's Anti-Doping Officer can provide assistance in identifying International Competitions and establishing the requirements for a TUE Application (See WADA GC Washout Period table below).

- **Athletes included in the Sport Ireland Registered Testing Pool** (that are not competing at an International Competition; see above) should apply to Sport Ireland for a Pre-test Therapeutic Use Exemption in advance of receiving an IM glucocorticoid, if the injection administration will take place during the WADA GC Minimum Washout Period or the in-competition period. Their TUE application should be prepared using the information in the Medical File section below to aid them (See WADA GC Minimum Washout Period table below). The GC Injection should not be administered until Sport Ireland's TUE Committee decision has been communicated to the athlete.

- **Athletes eligible for a Post-test TUE application** (see www.sportireland.ie/anti-doping/athlete-zone/athlete-zone/therapeutic-use-exemptions) should ensure that prior to the administration of any IM glucocorticoid injection by a physician, they are capable of preparing a medical file to the standard outlined below, if the injection administration will take place during the WADA GC Minimum Washout Period or the in-competition period. Athletes may be required to submit this medical file to support a TUE application later. The TUE application should also be prepared using the information in the Medical File section below (See WADA GC Minimum Washout Period table below).

† Note: While Kenalog (Triamcinolone acetonide) injection has been discontinued from the Irish market some unlicensed product may be available.

WADA Washout Periods

Glucocorticoids are prohibited in-competition only when administered by injectable, oral or rectal routes. WADA have introduced Washout periods for GC use by **all routes of injection, orally and rectally** of which all physicians treating athletes subject to doping control should be aware (see Table 1). Out-of-competition use of GC could result in an in-competition Adverse Analytical Finding (AAF); therefore, it is important to consider the WADA washout periods when determining an athlete's treatment. In terms of hay fever treatment, **IM injection of triamcinolone acetonide now has a 60-day washout period while IM injection of methylprednisolone has a 5-day washout period.**

Table 1: WADA washout periods for Glucocorticoid by all injectable routes, oral and rectal administration. (Ref: www.wada-ama.org/en/prohibited-list#faq-anchor)

Route	Glucocorticoid	Washout period*
Oral**	All glucocorticoids;	3 days
	Except: triamcinolone; triamcinolone acetonide	10 days
Intramuscular	Betamethasone; dexamethasone; methylprednisolone	5 days
	Prednisolone; prednisone	10 days
	Triamcinolone acetonide	60 days
Local injections (including periarticular, intra-articular, peritendinous and intratendinous)	All glucocorticoids;	3 days
	Except: prednisolone; prednisone; triamcinolone acetonide; triamcinolone hexacetonide	10 days
Rectal	All glucocorticoids;	3 days
	Except: triamcinolone diacetate; triamcinolone acetonide	10 days

* Washout period refers to the time from the last administered dose to the time of the start of the In-Competition period (i.e., beginning at 11:59 p.m. on the day before a Competition in which the Athlete is scheduled to participate, unless a different period was approved by WADA for a given sport). This is to allow elimination of the glucocorticoid to below the reporting level.
** Oral routes also include e.g., oromucosal, buccal, gingival and sublingual.

Medical File

IM glucocorticoid TUE applications MUST be accompanied by a medical file reflecting current best medical practice to include:
1. A complete medical history i.e., when the hay fever began; the associated symptoms, their severity and effect on sporting performance; and symptoms suffered in previous hay fever episodes.
2. Clinical evidence of attempting to use alternative permitted oral, nasal and/or ophthalmic medications and justification as to why alternative permitted medications are not sufficient.
3. Copies of all relevant examinations, laboratory results/reports and clinical notes (for example, if a clinic visit is referenced in a letter or summary, a copy of the clinical notes taken during the visit must be submitted); provide details of any known allergens or allergic history including results of any previous immunological testing.
4. Exact name, speciality, address (including telephone, e-mail, fax) of examining physician.

Prescribers are reminded that resources are available to assist in determining whether a medication is prohibited or permitted in sport. See www.sportireland.ie/anti-doping/athlete-zone/athlete-zone/how-to-check-your-medications

Permitted Medications

Athletes and their physicians are reminded that there are several permitted medications, both over the counter and prescribed, that can be used for the treatment of hay fever (status as checked on the MedCheck Database on 21st February 2024) such as:

Over-the-counter medications (examples)
- Oral Antihistamines: e.g., Loratidine (brands – Clarityn, Lorat etc.), Cetirizine (brands – Cetriz, Cetrine Allergy), Chlorphenamine (brand – Piriton; note – can cause drowsiness), Fexofenadine hydrochloride (brand – Telfast Allergy)
- Decongestant Nasal Drops/Sprays: e.g., Otrivine Adult nasal drops, Otrivine Congestion Relief 0.1% w/v Nasal Spray
- Glucocorticoid Nasal Sprays: e.g., Beconase Hayfever, Flixonase Allergy Relief
- Eye Drops: e.g., Otrivine-Antistin eye drops, Opticrom Allergy eye drops

Prescribed medications (examples)
- Oral Antihistamines: e.g., Neoclarityn, Telfast
- Oral Allergen Extracts: e.g., Grazax, Oralair
- Glucocorticoid Nasal Sprays: e.g., Avamys nasal spray, Rhinolast nasal spray, Nasonex nasal spray
- Glucocorticoid & Antihistamine Nasal Sprays: e.g., Dymista nasal spray, Ryaltris nasal spray

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