



ATHLETES & PRESCRIBING PHYSICIANS PLEASE READ

USADA can grant a Therapeutic Use Exemption (TUE) in compliance with the World Anti-Doping Agency International Standard for TUEs. The TUE application process is thorough and designed to balance the need to provide athletes access to critical medication while protecting the rights of clean athletes to compete on a level playing field.

Included in this document is a checklist of items necessary for a complete TUE Application. (Please be aware that the TUE Committee may ask for additional information while evaluating TUE Applications). It is important that the TUE Application include all the documentation outlined in the checklist below. Please reference the included guidelines for details related to types of diagnoses, specific laboratory tests, and more.

U.S. ANTI-DOPING AGENCY

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TUE APPLICATION CHECKLIST – ASTHMA

- Complete and legible TUE Application form
- Spirometry and/or Bronchial Provocation Test Results Table (*at least one test must be selected and the result reported in the table*)
- Copies of all relevant examinations and clinical notes from the original diagnosis through present
 - Including the age of onset, severity of symptoms, identified triggering factors, hospital emergency department attendance for acute exacerbation of symptoms, history of treatment with oral corticosteroids, past physical exams and spirometry test results, specific information on coughing, wheezing, chest tightness during or post exercise etc.
 - A physical exam report should be provided, including a discussion on diagnostic exclusion of asthma mimics such as hyperventilation syndrome, vocal cord adduction, exercise induced laryngomalacia, non-reversible airflow obstructive disease and heart failure, and to identify co-morbidities that may complicate management (sinusitis, GERD)
- Copies of all laboratory results/reports related to the diagnosis (please see the guidelines for specific results to include)
- A statement from the physician explaining why the Prohibited Substance is needed
 - Please comment on attempts to manage the asthma by non-prohibited medications - explain why permitted alternative treatments were not effective or not appropriate/indicated for treatment
 - If Beta-2 agonists are being considered/utilized as a part of treatment, please ensure that the status of the medication is understood by checking [Global DRO](#). If a prohibited Beta-2 agonist is being prescribed, the physician must provide justification explaining why a non-prohibited alternative is not appropriate. In the case of Beta-2 agonists, this should include comment on salbutamol/albuterol, formoterol, and salmeterol as these substances can be used via inhalation as long as they do not exceed their respective allowable thresholds. For more information on Beta-2 agonists, please click visit USADA's website or [click here](#).

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Spirometry and/or Bronchial Provocation Test Results Table

Has the patient been on asthma medication in the days leading up to the test(s)?

YES NO (if no, how long has the patient been off medications? _____)

Check One	Test Type	WADA Criteria	Test Results with Regard to Fall in FEV ₁
	Spirometry: FEV ₁ Pre- and Post-Bronchodilator	At least 12% increase and 200ml in FEV ₁	Please note % change in FEV ₁ :
	Methacholine Aerosol Challenge	≥ 20% fall of FEV ₁ ; PC20 <4mg/mL (tidal breathing technique – steroid naïve)	Please note PD20 (µg) and/or PC20 (mg/mL) and % fall in FEV ₁ :
	Mannitol Inhalation	≥ 15% fall of FEV ₁ after challenge	FEV ₁ decrease of _____% in _____ minutes.
	Eucapnic Voluntary Hyperpnea (EVH)	≥ 10% fall of FEV ₁ over 2 consecutive time points	FEV ₁ decrease of _____% in _____ minutes.
	Hypertonic Saline Aerosol Challenge	≥ 15% fall of FEV ₁ after challenge	FEV ₁ decrease of _____% in _____ minutes.
	Exercise Challenge (field or laboratory)	≥ 10% fall of FEV ₁ over 2 consecutive time points	FEV ₁ decrease of _____% in _____ minutes. Method of Challenge: _____
	Histamine Challenge	≥ 20% fall of FEV ₁ at histamine concentration of 8mg/mL or less during graded test of 2 min.	

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