

Important notice for players on the changes in prohibition of glucocorticoids under the Tennis Anti-Doping Programme

Summary of change

From 1 January 2022, the prohibited status of glucocorticoids will be extended to include all injectable routes (in addition to the existing prohibited routes), while remaining prohibited In-Competition only. This is an important change in status, because glucocorticoids are commonly used in tennis. Players and player support personnel need to be aware of this change to avoid being charged with an inadvertent Anti-Doping Rule Violation.

Therapeutic Use Exemption

Accordingly, a Therapeutic Use Exemption (TUE) will be required from 1 January 2022, where a glucocorticoid is administered by any prohibited route and where it may be present in a player's system In-Competition, including where use was Out-of-Competition.

Note that, where a glucocorticoid is administered during an In-Competition period, the player concerned will require a retroactive TUE.

Key messages

- The prohibited status of glucocorticoids will be extended on 1 January 2022 to include all injectable routes of administration.
- Where a glucocorticoid is prescribed/used:
 - Ensure that the physician is aware of the change in its prohibited status.
 - Ask the physician to confirm that the route of administration is either permitted, or, where it is prohibited, whether a TUE is required.

The full details of this change are provided in the Appendix to this message. Players and player support personnel are strongly recommended to read this information.

APPENDIX

Introduction

From 1 January 2022, the status of the class of prohibited substances known as ‘glucocorticoids’ will change. This document contains important information that aims to reduce the risk of players being charged with an inadvertent Anti-Doping Rule Violation due to this change.

What are glucocorticoids?

Glucocorticoids are a class of substances that are used to treat a range of medical conditions. Glucocorticoids are prohibited under the WADA Code and, therefore, also under the Tennis Anti-Doping Programme. A list of glucocorticoids can be found at section S9 of the WADA Prohibited List.

What is changing?

From 1 January 2022, the routes of administration by which the use of glucocorticoids will be prohibited will be extended to include all injectable routes, as well as oral and rectal routes. Examples of the injectable routes of administration that will become prohibited from 1 January include periarticular, intra-articular, peritendinous, intratendinous, epidural, intrathecal, intrabursal, intralesional, intradermal, and subcutaneous.

Implications

In practical terms, this means that, from 1 January 2022, a TUE will be required if a glucocorticoid is used (or may be present in a player’s system – see below) In-Competition and administered by any of the existing prohibited routes of administration (including any injectable route).

If a player uses a glucocorticoid In-Competition, or a glucocorticoid is present in a sample collected In-Competition, and (in either case) the player does not have a valid TUE, then that will be treated as a potential Anti-Doping Rule Violation. (See ‘obtaining a TUE for use of a glucocorticoid’ below).

Out-of-Competition use of glucocorticoids

Glucocorticoids are only prohibited In-Competition. That is, their use during Out-of-Competition periods is permitted. However, substances – including glucocorticoids – may be detected for some time after use has stopped. In order to avoid an inadvertent Anti-Doping Rule Violation, WADA has published ‘washout periods’, which provide guidance as to how long a glucocorticoid may be detectable after use has stopped. These are shown in the table below and are based on the use of the substances listed according to the maximum manufacturer’s licensed doses from

(https://www.wada-ama.org/sites/default/files/resources/files/2022list_explanatory_note_final_en.pdf)

Route	Glucocorticoid	Washout period*
Oral**	All glucocorticoids;	3 days
	Except: triamcinolone acetate	30 days
Intramuscular	Betamethasone; dexamethasone; methylprednisolone	5 days
	Prednisolone; prednisone	10 days
	Triamcinolone acetate	60 days
Local injections (including periarticular, intra-articular, peritendinous and intratendinous)	All glucocorticoids;	3 days
	Except: triamcinolone acetate; prednisolone; prednisone	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.

The table shows that glucocorticoids can remain in the body up to 60 days after last use, depending on the substance and the route of administration. These washout periods should be used to determine whether a TUE application should be submitted. Physicians administering local injections of glucocorticoids should be aware that periarticular or intra-articular injection may sometimes inadvertently result in intramuscular administration. If intramuscular administration is suspected, the washout periods for the intramuscular route should be observed, or a TUE application sought.

Applying for a TUE for use of a glucocorticoid

Players are advised to obtain a TUE prior to using a prohibited substance. However, this may not always be possible, for example because glucocorticoids are often used to treat players during competitions. In such cases, players will need to apply for a retroactive TUE. In summary:

- Where a player is aware in advance that they will be using a glucocorticoid by a prohibited route of administration during an In-Competition period, they should apply for a TUE that covers the In-Competition period(s) in question at the earliest opportunity.
- If a player is prescribed a glucocorticoid by a prohibited route of administration during an In-Competition period, then a retroactive TUE application will be required.
- If a player uses a glucocorticoid Out-of-Competition, and its presence is detected during an In-Competition sample, then the player may either apply for a prospective TUE or a retroactive TUE.

In addition to meeting the criteria for granting a prospective TUE, a retroactive TUE application must meet at least one additional criterion. Those criteria are set out at Article 4.1 of the WADA International Standard for TUEs. The decision as to the appropriate retroactive criterion under which an application should be submitted should be made by the applying physician.

All TUE applications – including for glucocorticoids – must include all of the required information for the medical condition in question. WADA publishes guidelines for physicians on its website, which set out the documentation that is required in support of any application.

All TUE applications must be submitted via the TADP Portal, which can be found at (<https://tennis.idtm.se>). All TUE applications are reviewed anonymously by an independent TUE

Committee. There is no guarantee that any TUE application will be granted. The presence of any prohibited substance in a player's system, with or without a valid TUE, is that player's responsibility.

Key messages

- The prohibited status of glucocorticoids will be extended on 1 January 2022 to include all injectable routes of administration.
- Where a glucocorticoid is prescribed/used:
 - Ensure that the physician is aware of the change in its prohibited status.
 - Ask the physician to confirm that the route of administration is either permitted, or, where it is prohibited, whether a TUE is required.
 - Where necessary (i.e. where a glucocorticoid is used, or may be detected, In-Competition, and is administered by a prohibited route, apply for a TUE via the TADP Portal.

Further information can be found in the explanatory notes for the 2022 WADA Prohibited List.