

Athletics Australia – Asthma Medication

As per the ASADA website; <https://www.asada.gov.au/therapeutic-use-exemption/status-asthma-medication-sport>

“All beta-2 agonists (for example Terbutaline, Procaterol, Vilanterol), are prohibited at all times in sport and require permission for use.

This permission is in the form of a Therapeutic Use Exemption (TUE) which can be applied for via a medical committee. In Australia this committee is called the Australian Sports Drug Medical Advisory Committee (ASDMAC)”.

“However, the following beta-2 agonists, when INHALED, can be used up to the limits listed below WITHOUT a TUE. If use is required above these levels then they also require a TUE.

- **Salbutamol:** *Inhaled Salbutamol is permitted up to a maximum dose of 1600 mcg (16 puffs) per 24 hours, not to exceed 800mcg (8 puffs) in a 12-hour period*
- **Salmeterol:** *Inhaled Salmeterol is permitted up to a maximum dose of 200 micrograms (approximately 8 puffs when using Seretide MDI inhaler 250/25) over 24 hours*
- **Formoterol:** *Inhaled Formoterol is permitted up to a maximum dose of 54 micrograms (approximately 9 puffs when using Rapihaler 200/6) over 24 hours”*

Because there is an upper threshold of permitted use, athletes should closely monitor the number of salbutamol inhalations they have in any 24-hour period. Increased use of salbutamol, usually due to an acute worsening of symptoms often in association with a chest infection or during the allergy season may put the athlete at risk of a positive anti-doping test.

Any athlete taking more than the amounts above should be reviewed by a doctor and request a TUE.

Any athlete using a **nebuliser** to administer salbutamol (usually during an exacerbation in hospital emergency department) will exceed the permitted limits and will need a TUE.

All **inhaled corticosteroids** are permitted in sport at all times and do not require a TUE for use in sport. This includes budesonide, beclamethasone, fluticasone, ciclesonide.

It is important to note that **prednisolone (oral corticosteroid)**, often used in the treatment of exacerbations of asthma not controlled by inhaled medications, is **not permitted in sport in competition and if required during competition will require a TUE.**

“In Competition” is usually defined as 12 hours prior to the commencement of your event and for the 3 hours following cessation of your event or the end of your post event doping test. However, some competitions have an earlier start to the “in competition” period, therefore if there is any doubt, check with your competition doctor.

Other asthma medications including oral montelukast (Singulair), inhaled sodium cromoglycate (Intal Forte) and nedocromil sodium (Tilade) are also permitted in sport at all times and do not require a TUE for use in sport.

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What this means for athletes.

*Terbutaline, found in Bricanyl, remains on the prohibited list, **in and out of competition**, and still requires a TUE for use in sport.*

*If you need to use terbutaline (Bricanyl), you can ask your doctor to **switch to ventolin** and a TUE is then not required. Should you wish to continue to use bricanyl, you will need a bronchial provocation test to verify that you have asthma. This should be arranged through your local AA Preferred Sports Physician (see list on AA Website under Medical).*

If your bronchial provocation test is positive for exercise-induced asthma or exercise induced bronchoconstriction, you will then need to complete a TUE application and send this to ASDMAC or the IAAF (if you are competing in IAAF sanctioned events). You cannot start using bricanyl until your TUE application is approved.

TUE application forms can be downloaded from the ASDMAC website.

<http://www.asdmac.gov.au/TUE.html>

Athletes wishing to compete in IAAF sanctioned events must fill in the IAAF TUE application form and contact the AA Chief Medical Officer, Dr. Paul Blackman before submitting this to the IAAF Medical Commission, awaiting approval before using the prohibited medication.

The IAAF TUE application form is found on the AA website in the anti-doping section.

AA recommends a respiratory physician and GP are involved in asthma management of elite athletes. Please contact AA if you require further information.

Dr. Paul Blackman
Athletics Australia Chief Medical Officer