

# Hay Fever TUE Guidelines

## Introduction

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Therapeutic Use Exemption (TUE) requests for the one-off use of an intramuscular glucocorticoid injection to treat hay fever (allergic rhinitis) are rare and not recommended over other treatment options in the latest guidelines on the management of allergic rhinitis. With this in mind, TUE applications must be submitted in advance of treatment and be supported by the medical evidence outlined below for a request to be considered.

## Required supporting evidence

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### 1. TUE application form

A TUE application form must be completed; application forms can be downloaded from the [UKAD website](#).

### 2. Clinical review letter

A clinical review letter from the doctor overseeing the treatment must be submitted with the application. The review letter must contain the following information:

- A thorough clinical history that includes when the symptoms first presented, a description of the symptoms experienced, and the severity of these symptoms.
- A description of the symptoms experienced in previous years.
- The details of any known allergens.
- A summary of the permitted medications and/or alternative non-pharmacological treatment modalities that have been trialled before considering the use of a glucocorticoid injection. Include names, doses, dates, duration, and the effect of each treatment trialled.

### 3. Investigations

Results of any appropriate immunological investigations such as skin prick or allergen-specific immunoglobulin E (IgE) tests to confirm the diagnosis should be submitted. If no such investigations have been undertaken, then this should be noted in the clinical review letter.

### 4. Specialist referral

A specialist opinion (i.e. allergy, ENT, or immunology specialist) must be submitted 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 allergic rhinitis.

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

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.

### References

1. Clinical Knowledge Summaries for Allergic Rhinitis. URL: <https://cks.nice.org.uk/topics/allergic-rhinitis/#!management> (accessed 03.05.22).
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., and 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.

### Contact Us

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For further information, please contact the UKAD Science and Medicine team at [tue@ukad.org.uk](mailto:tue@ukad.org.uk).

Athletes and support personnel should also refer to our Glucocorticoid TUE Policy and Infographic in the [Medicine Hub](#) on the UKAD Website for more information on when a TUE is required for a systemic glucocorticoid.