

APPENDIX 3



Therapeutic Use Exemption Procedures

This document outlines the procedures governing the application, approval, mutual recognition and administrative management of Therapeutic Use Exemptions (TUEs) within the jurisdiction of the IGF and in accordance with:

Article 4.4 of the IGF Anti-Doping Policy 2012,
World Anti-Doping Code (WADC), effective 1 January 2009 and
International Standard for Therapeutic Use Exemptions, effective 1 January 2011.

1. SCOPE

The purpose of the IGF TUE policy is to ensure that the process of granting TUEs is the same for all players participating in tournaments under IGF jurisdiction and to harmonise these processes across member associations.

The WADC permits players and their physicians to apply for TUEs, i.e. permission to use, for therapeutic purposes, substances or methods contained in the 2012 Prohibited List whose use is otherwise prohibited.

The IGF TUE policy defines the criteria for granting a TUE, the confidentiality of information, TUE application and approval process and the mutual recognition of TUE approvals.

The IGF TUE policy applies to all players participating in IGF tournaments as well as those in the IGF Registered Testing Pool (which comprises the IGF international registered testing pool of players eligible to compete in the Olympic Games as defined by the IGF Anti-Doping Committee), those players entering tournaments where the IGF Anti-Doping Policy applies and during the two month preparation phase prior to those tournaments, and the national elite testing pool as defined by each national association in accordance with this policy. Players playing golf at a level below this are not expected to obtain a TUE for the therapeutic use of a prohibited substance or prohibited method in advance of use, however if selected for testing the player should declare its use and submit an application at national level within 7 days. To facilitate participation, all member associations agree to adopt this policy.

2. GRANTING BODY

The IGF TUE Committee has overall responsibility for approving applications for Therapeutic Use Exemptions (TUE). The IGF TUEC includes physicians with experience in the care and treatment of athletes and a sound knowledge of clinical, sports and exercise medicine. TUEC members are free of conflicts of interest. The IGF TUEC may seek whatever medical or scientific expertise they deem appropriate in reviewing the circumstances of any application for a TUE. The IGF TUEC will aim to render its decision within 21 days of receipt of all of the requested information.

3. JURISDICTION

In compliance with Article 8.1 of the ISTUE, the IGF TUEC decides on TUE applications for:

- IGF tournaments including the Olympic Games and the World Amateur Team Championship,
- any other tournament adopting directly the IGF Anti-Doping Policy, with the agreement of IGF.
- IGF international registered testing pool players.

Accordingly, TUE applications for players participating in IGF tournaments or the IGF international registered testing pool must be sent to the IGF Anti-Doping Office for the attention of the IGF TUEC, unless there is an agreement of mutual recognition of other granting organisations as set out below.

LEVEL OF TOURNAMENT /PLAY	TUE APPLICATION TO BE SENT TO	APPLICATION TO BE SUBMITTED BY
National amateur players participating in elite domestic competitions only. Players below this level should submit a TUE application retrospectively if tested.	National Anti-Doping Organisation (NADO) or other authorised body e.g. National Golf body or National Olympic Committee	Player
International elite amateur players selected to play in international competitions below the jurisdiction of the International Golf Federation (or other body adopting the IGF Anti-Doping Policy with the agreement of the IGF). Players in the national registered testing pool.	National Anti-Doping Organisation (NADO) or other authorised body e.g. National Golf body or National Olympic Committee, or organising committee of international competition	Player and/or representative team physician
International elite amateur players participating in international competitions under the jurisdiction of the IGF or who are part of the IGF registered testing pool.	International Golf Federation. Nationally approved TUEs may be accepted, please check with IGF.	Player and/or representative team physician

International professional players participating in IGF sanctioned competitions e.g. Olympic Games or who have agreed to be part of the IGF pre-Olympic Games registered testing pool	International Golf Federation. The IGF Anti-Doping Committee may accept TUEs granted by the other professional tours that apply procedures consistent with this policy.	Player and/or representative team/tour physician
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4. CRITERIA FOR GRANTING TUEs

TUE applications submitted to IGF shall be evaluated according to the criteria for granting TUEs as defined in Article 4 of the International Standard for TUEs and Article 4 of the IGF Anti-Doping Policy.

5. CONFIDENTIALITY OF INFORMATION

The collection, storage, processing, disclosure and retention of personal information in the TUE process by IGF shall comply with the International Standard for the Protection of Privacy and Personal Information.

A player applying for a TUE shall provide written consent for the transmission of all information pertaining to the application to all therapeutic use exemption committees (TUECs) with authority under the WADC to review the file and, as required, other independent medical or scientific experts, and to all necessary staff involved in the management, review or appeal of TUEs and WADA. The applicant shall also provide written consent for the decision of the IGF TUE Committee to be distributed to other relevant anti-doping organisations and IGF member bodies and IGF member federations, as required, under the provisions of the WADC.

In all instances where the TUE Committee and external, independent experts is required, all details of the application are circulated to the relevant parties, this shall be without identifying the player concerned.

The members of the IGF TUE Committee, all independent experts, staff and advisers of the IGF shall conduct all of their activities in strict confidence. In particular, they shall keep the following information confidential:

- a. All medical information and data provided by the player and physician(s) involved in the player's health care.
- b. All details of the application including the name of the physician(s) involved in the process.

Should the player wish to revoke the right of the IGF TUEC or any TUEC to obtain any health information on his behalf, the players must notify his medical practitioner in writing of the fact. As a consequence of such a decision, the player will not receive approval for a TUE or renewal of an existing TUE.

IGF shall retain personal information obtained in the TUE process for a period of ten years.

6 TUE APPLICATION PROCESS

A TUE shall only be considered following the receipt of a completed application form that must include all relevant documents (see annex A, TUE application form).

The players should submit an application for a TUE no less than thirty (30) days before he needs the approval (e.g. for an IGF tournament).

The application form should be completed in fully legible writing or typed in English. The medical file, including all documents and reports shall also be provided in English.

The application must identify the player's national affiliation, and the specific tournament, if applicable, for which the application is being made.

The application must list any previous and/or current TUE requests, the body to whom that request was made, and the decision of any other body on review or appeal.

The application must include a comprehensive medical history and the results of all examinations, laboratory investigations and imaging studies relevant to the application. The medical information provided to support the diagnosis and treatment, as well as the duration of validity, should follow the latest guidance in WADA's "Medical Information to Support the Decisions of TUECs".

Any additional relevant investigations, examinations or imaging studies requested by the IGF TUEC before approval shall be undertaken at the expense of the applicant or if agreed, his national golf federation.

In the case of asthma, applications for beta-2-agonists other than salbutamol, salmeterol and formoterol by inhalation, must comply with the specific requirement(s) set out in annex B.

The application must include a statement by an appropriately qualified physician attesting to the necessity of the otherwise prohibited substance or prohibited method in the treatment of the player and describing why an alternative, permitted medication cannot, or could not, be used in the treatment of this condition.

The substance in question must be given its generic name. Brand names will not be accepted and will lead to the application being returned. The dose, frequency, route and duration of administration of the otherwise prohibited substance or prohibited method in question must be specified. If any of these changes, a new application should be submitted.

In normal circumstances, the decisions of the IGF TUEC should be completed within thirty (30) days of receipt of all relevant documentation and shall be conveyed in writing by the IGF Anti-Doping Office to the contact details indicated by the player on the TUE application. In the case of TUE applications not made within the required time limit, but made within a reasonable time limit prior to a tournament, the IGF TUEC shall make

every effort to complete the TUE process before the start of the tournament. Where a TUE has been granted to a player in IGF's international registered testing pool, the IGF pre-competition testing pool or a player participating in an IGF tournament, the players and WADA shall promptly be provided with an approval that includes all information pertaining to the duration of the TUE and any conditions associations with the TUE.

A player may request a review by the WADA TUEC, which shall, as specified in Article 4.4 of the WADC, be able to reverse a decision by the IGF TUEC to deny a TUE. The player must provide the WADA TUEC with all of the information on the TUE that was originally submitted to the IGF TUEC, accompanied by an application fee. Until the review process has been completed, the original decision of the IGF TUEC shall remain in effect.

If a decision regarding the granting of a TUE is reversed by WADA upon review, the reversal shall not apply retroactively and shall not disqualify the player's results during the period that the TUE had been granted and shall take effect no later than fourteen (14) days after the player has been notified of the decision.

The WADC TUEC is required to explain in detail all medical aspects which led to the reversal of a decision by the IGF TUEC in language comprehensible to lay people (e.g. the player).

WADA, at the request of a player or on its own initiation, may review the granting or denial of any TUE by IGF. Decisions by WADA reversing the granting or denial of a TUE may be appealed exclusively to CAS by the player or the IGF.

7 MUTUAL RECOGNITION OF TUE APPROVALS

The IGF TUEC recognises TUE approvals granted by professional tours for players within the IGF international registered testing pool.

NADOs do not have authority and therefore shall not grant TUEs for players known to be in the IGF's registered testing pool or players participating in IGF tournaments.

A TUE granted by a NADO will not automatically be valid at international level.

However, in the case of players moving into one of the categories above at short notice, the IGF TUEC recognises TUEs granted by NADOs, provided that:

- The respective NADO follows the IGF criteria for granting a TUE, in particular with regard to asthma treatment;
- The original application form, including all medical information submitted to the granting body, is provided to the IGF TUEC, and
- The IGF TUEC establishes the conformity of the application with the IGF TUE Policy.

8. TUE APPROVALS

IGF is required to provide WADA with all TUEs approved for players who are part of the IGF international registered testing pool, the IGF pre-competition testing pool or who participate in IGF tournaments, as well as all supporting documentation.

ANNEX A –

TUE APPLICATION FORM (download from IGF website)

ANNEX B -

APPLICATION FOR ASTHMA TREATMENT CONTAINING PROHIBITED SUBSTANCES

The diagnosis of asthma demands the synthesis of medical history with respiratory symptoms, physical examination and appropriate laboratory and/or field tests. The IGF TUEC emphasise that the mainstay treatment for asthma is inhaled glucocorticosteroids (GCS) with the use of beta-2-agonists of emergency, breakthrough symptoms or pre-exercise only. Exclusive use of beta-2-agonists is only rarely indicated. The overuse of short- and long- acting beta-2-agonists leads to tolerance and has detrimental health effects.

From 1 January 2011, salbutamol, salmeterol and formoterol, when taken by inhalation and in therapeutic doses, have been removed from the WADA Prohibited List. For all beta-2-agonists other than salbutamol, salmeterol and formoterol, the following applies:

For all players in the IGF registered testing pool and for players participating in an IGF competition, the use of prohibited beta-2-agonists require a TUE approved by IGF TUEC.

Any player who has applied for a TUE and who was denied such TUE may not use the substance without the prior granting of a TUE, (no retroactive TUE shall be permitted).

The TUE application for the use of the substances listed above needs to clearly establish whether the diagnosis is:

- Exercise-induced asthma (EIA; some patients require only pre-exercise treatment);
- Mild or more severe chronic, persistent asthma with an exercised-induced component (daily anti-inflammatory therapy plus pre-exercise treatment required);
- Bronchial hyper-reactivity during exercise following an upper respiratory tract infection (therapy of shorter duration up to three months).

If applicable, players must declare (through their physician), the concomitant use of inhaled glucocorticosteroids on the TUE application form so that it can be determined whether medical best practice is being applied.

In accordance with the medical information on asthma provided by WADA, players using prohibited beta-2-agonists must have a medical file justifying the use and meeting the requirements outlined below to reflect current best medical practice:

1. A complete medical history: recurrent symptoms of bronchial obstruction such as chest tightness, wheezing and coughing provoked by hyperventilation, exercise or other stimuli, are a diagnostic prerequisite for asthma or EIA in athletes.
2. A comprehensive report of the clinical examination with a specific focus on the respiratory system to exclude mimics, assess the severity of airflow obstruction at rest, identify factors that might place the player at risk of a poor outcome and identify co-morbidities that may complicate management.

3. A spirometry report containing the reading of the forced expiratory volume in one second (FEV1) at rest (peak expiratory flow measurements are not accepted) to demonstrate airway obstruction (reduced FEFV1/FVC ratio).

4. If airway obstruction is present at rest, spirometry needs to be repeated after inhalation of a short-acting beta-2-agonist to demonstrate the reversibility of bronchoconstriction (however, absence of response to bronchodilators or a response not meeting the requirements of the standard diagnostic test does not exclude diagnosis of asthma).

5. In the absence of reversible airway obstruction at rest, a bronchial provocation test is required to establish the presence of the airway hyper-responsiveness. Bronchial provocation may be performed by the use of physiological (exercise or eucapnic voluntary hyperventilation tests) or pharmacological (methacholine, mannitol, hypertonic saline, histamine) challenge tests of hyperventilation. A test-specific decrease in FEV1 following the administration of a provocative agent is considered to be diagnostic and comparable to the stimulus of exercise. A positive response to any of the above provocation tests is required to confirm bronchial hyper- responsiveness. If not, a review of the medical file will be required.

6. Spirometry and other diagnostic test results should be submitted together with the report by the examining respiratory physician. The relevant test results should not be older than four years at the time of application.

7. Exact name, speciality, address (including telephone, email, fax) of the examining physician.

TUEs for asthma shall be granted for four years in the case of chronic asthma and EIA. For a TUE to be renewed after that period, the results of follow-ups by a respiratory physician or a physician experienced in treating asthma in the players during the time granted shall be submitted to the IGF TUEC.

TUE APPLICATION & REVIEW FLOWCHART

This flowchart is for guidance only

