## Using the NFL TUE Portal to Submit a TUE Application to the NFL Policy on Performance-Enhancing Substances

All Therapeutic Use Exemption (TUE) applications for active NFL players, Free Agent players and Draft Eligible/College Players must be submitted through the NFL TUE Portal for Review. As a reminder, **if an athlete tests positive for a prohibited substance prior to being granted a TUE, the positive test will constitute a violation of the Policy with all the ramifications of a violation**.

Review the TUE General Requirements, specific requirements by diagnosis and this document prior to starting the application on the NFL TUE Portal. You must complete the application in one sitting. If you have any questions on TUE requirements, contact John Lombardo, MD, Independent Administrator, NFL Policy on Performance-Enhancing Substances at <u>ilombardo@drjalombardo.com</u> prior to starting an application.

- 1. Go to https://nfltue.com
- 2. Click on Sign In



4. Complete the New TUE Application form and when complete click Create Application

| Last name     |  | Date of birth                |   |   |
|---------------|--|------------------------------|---|---|
| Email         |  |                              |   |   |
| Address 2     |  |                              |   |   |
| Select state  | \$   | Zip code                     |   |   |
|               |  |                              |   |   |
|               | wal  |                              |   |   |
| ]             | ewal   |                              |   |   |
|               |  |                              |   |   |
| Dosage        |  |                              |   |   |
| Frequency     |  |                              |   |   |
|               |  |                              |   |   |
|               |  |                              |   |   |
| Last name     |  |                              |   |   |
| Specialty     |  |                              |   |   |
| Phone         |  | Fax                          |   |   |
| Address       |  | Address 2                    |   |   |
| Select state  | \$   | Zip code                     |   |   |
|               |  |                              |   |   |
| Your relation |  |                              |   |   |
| Your email    |  |                              |   |   |
|               | Email Address 2 Select state Dosage Frequency Last name Specialty Phone Address Select state | Email Address 2 Select state | Email   Address 2   Select state   Cosage   Prequency     Last name   Specialty   Phone   Fax   Address   Address   Select state   Select state     Your relation | Email   Address 2   Select state   Dosage   Frequency     Iast name   Specially   Phone   Fax   Address 2   Select state   •   Zip code |

5. Review Terms of Services and click **Understood** to proceed.



R

- 6. On the next form, first you will need to add the official medical diagnosis.
  - a. Click on **Search** and then type the official medical diagnosis in the blue bar. Select the correct diagnosis.

| Diagnosis     | Search |
|---------------|--------|
| None selected | K      |

b. Type the official medical diagnosis in the blue bar and select the correct diagnosis.

| iagnosis   | Search        |
|--|---------------|
| atten<br>F90.0 Attention-deficit hyperactivity disorder, predominantly inattentive type  | Add Diagnosis |
| F90.1 Attention-deficit hyperactivity disorder, predominantly indeentre type<br>F90.1 Attention-deficit hyperactivity disorder, combined type<br>F90.2 Attention-deficit hyperactivity disorder, combined type<br>F90.8 Attention-deficit hyperactivity disorder, other type<br>F90.9 Attention-deficit hyperactivity disorder, unspecified type |               |

c. Once the diagnosis is listed, click Add Diagnosis.

| Diagnosis   | Search        |
|---|---------------|
| F90.2 Attention-deficit hyperactivity disorder, combined type |               |
| Search Diagnoses  | Add Diagnosis |
| None selected   |               |

d. This will add the diagnosis to the application.

| Diagnosis         |   | Search        |
|-------------------|---|---------------|
| Search Diagnoses  |   | Add Diagnosis |
| ICD10 Code: F90.2 | Attention-deficit hyperactivity disorder, combined type |               |

- 7. Next, you will need to add the medication the athlete is requesting a TUE to take.
  - a. Click on **Add Medication**, enter the required information (medication name, dosage and frequency).

| Medications   |        |           | Add Medication |
|---------------|--------|-----------|----------------|
| Name          | Dosage | Frequency | R              |
| None selected |        |           |                |

## b. Click Submit.

| Medications   |        |                 | Add Medication |
|---------------|--------|-----------------|----------------|
| Name          | Dosage | Frequency       |                |
| Adderall XR   | 10 mg  | once a day (AM) | Submit         |
| None selected |        |                 | <u> </u>       |

## c. This will add the medication to the application.

| Medications |        |                 | Add Medication |
|-------------|--------|-----------------|----------------|
| Name        | Dosage | Frequency       |                |
| Adderall XR | 10 mg  | once a day (AM) | 8              |

d. If you enter the medication incorrectly, delete the medication by clicking on the red x.

| Medications |        |                 | Add Medication |
|-------------|--------|-----------------|----------------|
| Name        | Dosage | Frequency       |                |
| Adderall XR | 10 mg  | once a day (AM) | ×              |
|             |        |                 |                |

- e. If there are multiple medications, repeat this step to add all medications to the application. Remember medications that need to be entered are medications that contain substances banned under the NFL Drug Policies.
- 8. Next, go to the required documents section. The required documents based on the diagnosis selected will be circled in red. Each document must be uploaded as a PDF (.pdf). For each document entered, you will need the date of evaluation. The date of evaluation is the date the player was seen by the physician or the date the prescription was written.
  - a. Select the Date of Evaluation by clicking on **Date of Evaluation** and use the calendar to select the date.

| Evaluation and Testing (i.e. NeuroPsych)<br>performed to make the diagnosis: | Evalua | ation D | ate   |       |      | C   | Choos | e file | Browse | Upload File |
|--|--------|---------|-------|-------|------|-----|-------|--------|--------|-------------|
|  | <      |         | Febru | ary ~ | 2022 |     |       |        |        |             |
| nitial Medical Note when medication was                                      | Sun    | Mon     | Tue   | Wed   | Thu  | Fri | Sat   | file   | Browse | Upload File |
| prescribed:  | 30     | 31      | 1.    | 2     | 3    | 4   | 5     |        |        |             |
| Nost Recent Medical Note:  | 6      | 7       | 8     | ¢.    |      |     |       | file   | Browse | Upload File |
| Copy of Most Recent Prescription:  | 13     |         |       |       |      |     |       | file   | Browse | Upload File |
|  | 20     |         |       |       |      |     |       |        |        |             |
| Additional Documents   | 27     |         |       |       |      |     |       | file   | Browse | Upload File |

b. Select the file by clicking **Browse**. Choose the correct file from your computer.

| Required Supporting Documents   |                 |                                      |        |             |
|---|-----------------|--------------------------------------|--------|-------------|
| Evaluation and Testing (i.e. NeuroPsych) performed to make the diagnosis: | 02/01/2022      | Choose file<br>Please select a file. | Browse | Upload File |
| Initial Medical Note when medication was prescribed:                      | Evaluation Date | Choose file                          | Browse | Upload File |
| Most Recent Medical Note:   | Evaluation Date | Choose file                          | Browse | Upload File |
| Copy of Most Recent Prescription:   | Evaluation Date | Choose file                          | Browse | Upload File |
| Additional Documents  | Evaluation Date | Choose file                          | Browse | Upload File |

c. Once the correct Date of Evaluation and File have been added, click **Upload File**.

| Required Supporting Documents   |                 |   |        |             |
|---|-----------------|---|--------|-------------|
| Evaluation and Testing (i.e. NeuroPsych) performed to make the diagnosis: | 02/01/2022      | Medical Evaluation.pdf<br>Please select a file. | Browse | Upload File |
| Initial Medical Note when medication was<br>prescribed:                   | Evaluation Date | Choose file                                     | Browse | Upload File |
| Most Recent Medical Note:   | Evaluation Date | Choose file                                     | Browse | Upload File |
| Copy of Most Recent Prescription:   | Evaluation Date | Choose file                                     | Browse | Upload File |
| Additional Documents  | Evaluation Date | Choose file                                     | Browse | Upload File |

- d. Complete this for all required documents along with any additional documents, laboratory results or diagnostic testing.
- 9. Once you have completed the second form, review the information and when complete click **Submit Application**.

| Application Information   |   |                 |                    |
|---|---|-----------------|--------------------|
| Condition Category: Attention Deficit Hyperactivity Disorder (ADHD)                               |   |                 |                    |
| Diagnosis   |   |                 | Search             |
| ICD10 Code: F90.2 Attentio  | on-deficit hyperactivity disorder, combined | type            |                    |
| Medications   |   |                 | Add Medication     |
| Name  | Dosage                                      | Frequency       |                    |
| Adderall XR   | 20 mg                                       | once a day (AM) | 8                  |
| Physician Information   |   |                 |                    |
| Required Supporting Documents   |   |                 |                    |
| Evaluation and Testing (i.e. NeuroPsych)<br>performed to make the diagnosis: Medical<br>Evaluatio | Evaluation Date: 02/01/2022                 |                 |                    |
| Initial Medical Note when medication was<br>prescribed: Medical Note.pdf                          | Evaluation Date: 02/01/2022                 |                 |                    |
| Most Recent Medical Note: Medical Note.pdf  | Evaluation Date: 02/01/2022                 |                 |                    |
| Copy of Most Recent Prescription: Medical<br>Note.pdf   | Evaluation Date: 02/01/2022                 |                 |                    |
| Additional Documents  | Evaluation Date                             | Choose file     | Browse Upload File |
|   |   |                 | Submit Application |

10. Once you have submitted the application, you will see the following screen.



As a reminder, prior to taking medication banned under the NFL Drug Policies, the TUE Application must be reviewed and **if an athlete tests positive for a prohibited substance prior to being granted a TUE, the positive test will constitute a violation of the Policy with all the ramifications of a violation**. Dr. Lombardo will communicate directly with the athlete and physician regarding the TUE application. If you have any questions, please contact Dr. Lombardo via email at <u>ilombardo@drjalombardo.com</u>.