
Overview**Useful For**

Verifying systemic absorption of orally administered itraconazole

Patients with life-threatening fungal infections

Patients considered at risk for poor absorption or rapid clearance of itraconazole

Method Name

Liquid Chromatography-Tandem Mass Spectrometry (LC-MS/MS)

NY State Available

Yes

Specimen**Specimen Type**

Serum Red

Specimen Required

Collection Container/Tube: Red top (serum gel/SST are **not** acceptable)

Submission Container/Tube: Plastic vial

Specimen Volume: 1 mL

Collection Instructions: Centrifuge and aliquot serum into plastic vial.

Forms

If not ordering electronically, complete, print, and send a [Therapeutics Test Request](#) (T831) with the specimen.

Reject Due To

Gross hemolysis OK

Gross lipemia OK

Gross icterus OK

Specimen Minimum Volume

0.18 mL

Specimen Stability Information

| Specimen Type | Temperature | Time | Special Container |
|---------------|--------------------------|---------|-------------------|
| Serum Red | Refrigerated (preferred) | 29 days | |
| | Ambient | 29 days | |
| | Frozen | 29 days | |

Clinical & Interpretive**Clinical Information**

Itraconazole is a synthetic triazole antifungal drug approved for treatment and prophylaxis of a variety of fungal infections. Its activity results from inhibition of fungal synthesis of ergosterol, an integral component of fungal cell membranes.

Concerns about adequate absorption and drug interactions are some of the major indications for therapeutic drug monitoring. Mean oral bioavailability approximates 55% but is highly variable; absorption can be enhanced by food or acidic drinks. Hepatic enzyme inducers can cause low serum itraconazole levels, and coadministration of these drugs has been associated with itraconazole therapeutic failure.

Itraconazole therapeutic efficacy is greatest when serum concentrations exceed 0.5 mcg/mL for localized infections or 1.0 mcg/mL for systemic infections. An active metabolite, hydroxyitraconazole, is present in serum at roughly twice the level of the parent drug. These concentrations refer to analysis by high-performance liquid chromatography; quantitation by bioassay generates considerably higher apparent drug measurements due to reactivity with the active metabolite.

Reference Values

ITRACONAZOLE (TROUGH):

>0.5 mcg/mL (localized infection)

>1 mcg/mL (systemic infection)

HYDROXYITRACONAZOLE:

No therapeutic range established; activity and serum concentration are similar to parent drug.

Interpretation

A lower cutoff concentration has not been defined that applies in all cases. The serum concentration must be interpreted in association with other variables, such as the nature of the infection, the specific microorganism, and minimal inhibitory concentration results, if available. Localized infections are more likely to respond when serum itraconazole is more than 0.5 mcg/mL (by high-performance liquid chromatography); systemic infections generally require drug concentrations more than 1.0 mcg/mL. Consider target of more than 1.5 mcg/mL for itraconazole plus hydroxyitraconazole. Therapeutic drug monitoring should be done at steady state, which usually occurs in about 7 days. Timing of the serum collection is not as critical due to the drug's long half-life, but trough collections are recommended.

Cautions

Enteropathy, H₂-histamine receptor blockers, hepatic enzyme inducers, and other variables can result in low to non-detectable serum levels with concomitant high risk of therapeutic failure.

Patients with AIDS and organ transplant recipients receiving immunosuppressive therapy tend to have lower serum itraconazole levels on standard doses and are thus at high risk of therapeutic failure.

Clinical Reference

1. Andes D, Pascual A, Marchetti O: Antifungal therapeutic drug monitoring: established and emerging indications. *Antimicrob Agents Chemother.* 2009 Jan;53(1):24-34. doi: 10.1128/AAC.00705-08
2. Hope WW, Billaud EM, Lestner J, Denning DW: Therapeutic drug monitoring for triazoles. *Curr Opin Infect Dis.* 2008 Dec;21(6):580-586. doi: 10.1097/QCO.0b013e3283184611
3. Rifai N, Horvath AR, Wittwer CT, eds: *Tietz Textbook of Clinical Chemistry and Molecular Diagnostics.* 6th ed. Elsevier; 2018

Performance**Method Description**

Itraconazole and hydroxyitraconazole are extracted by mixing serum samples with acetonitrile to precipitate proteins. The supernatant is removed and analyzed by an in-house developed liquid chromatography-tandem mass spectrometry method.(Unpublished Mayo method)

PDF Report

No

Specimen Retention Time

2 weeks

Performing Laboratory Location

Rochester

Fees & Codes**Test Classification**

This test was developed, and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the US Food and Drug Administration.

CPT Code Information

80189

LOINC® Information

| Test ID | Test Order Name | Order LOINC Value |
|---------|-----------------|-------------------|
| ITCON | Itraconazole, S | 10989-2 |

| Result ID | Reporting Name | LOINC® |
|-----------|---------------------|---------|
| 81247 | Itraconazole, S | 10989-2 |
| 5122 | Hydroxyitraconazole | 18337-6 |