

Overview

Useful For

Assessing achievement of optimal therapeutic concentrations

Assessing potential mexiletine toxicity

Method Name

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

NY State Available

Yes

Specimen

Specimen Type

Serum Red

Specimen Required

Patient Preparation: Specimens should only be collected after patient has been receiving mexiletine for at least 3 days. Trough concentrations should be collected just before administration of the next dose.

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

Submission Container/Tube: Plastic vial

Specimen Volume: 1.5 mL

Collection Instructions:

1. Draw blood immediately before next scheduled dose.
2. Centrifuge and aliquot serum into a plastic vial within 2 hours of collection.

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

0.5 mL

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Serum Red	Refrigerated (preferred)	28 days	
	Ambient	28 days	
	Frozen	28 days	

Clinical & Interpretive**Clinical Information**

Mexiletine is a class I B antiarrhythmic with electrophysiologic properties similar to lidocaine and is useful in suppression of ventricular arrhythmias.

The drug exhibits a high degree of oral bioavailability, is approximately 60% protein bound, and undergoes renal clearance. Mexiletine has a volume of distribution of approximately 6 L/kg at a half-life of approximately 11 hours. Myocardial infarction and uremia reduce the rate of clearance and increase the half-life of mexiletine, requiring dosage adjustment guided by drug monitoring.

Mexiletine toxicity can occur at concentrations above 2.0 mcg/mL (trough value) and is characterized by symptoms of nausea, hypotension, sinus bradycardia, paresthesia, seizures, intermittent left bundle branch block, and temporary asystole.

Reference Values

Trough Value

0.5-2.0 mcg/mL: Therapeutic concentration

>2.0 mcg/mL: Toxic concentration

Interpretation

Optimal response to mexiletine occurs when the serum concentration is within the range of 0.5 to 2.0 mcg/mL (trough

value).

Cautions

Specimens that are obtained from gel tubes or anticoagulate collections can cause assay interference.

Clinical Reference

1. Rifai N, Horwath AR, Wittwer CT: In: Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 6th ed. Elsevier; 2018
2. Josephson ME, Buxton AE, Marchlinski FE: The tachyarrhythmias: tachycardias. In: Wilson JD, Braunwald E, Isselbacher KJ, et al, eds. Harrison's Principles of Internal Medicine. 12th ed. McGraw-Hill Book Company; 1991:915
3. Valdes R Jr, Jortani SA, Gheorghide M: Standards of laboratory practice: cardiac drug monitoring. National Academy of Clinical Biochemistry. Clin Chem. 1998 May;44(5):1096-1099
4. Joseph SP, Holt DW: Electrophysiological properties of mexiletine assessed with respect to plasma concentrations. Eur J Cardiol. 1980 Feb;11(2):115-121

Performance**Method Description**

Protein is precipitated from serum and following centrifugation the supernatant is diluted and analyzed by LC-MS/MS.(Unpublished Mayo Method)

PDF Report

No

Specimen Retention Time

14 days

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

80299

LOINC® Information

Test ID	Test Order Name	Order LOINC Value
MEX	Mexiletine, S	40779-1

Result ID	Reporting Name	LOINC®
9245	Mexiletine, S	40779-1