

## 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

**Supplies:** Sarstedt Aliquot Tube, 5 mL (T914)

**Collection Container/Tube:**

**Preferred:** Red top (serum gel/SST are **not** acceptable)

**Acceptable:** None

**Submission Container/Tube:** Plastic vial

**Specimen Volume:** 1 mL

**Collection Instructions:** Within 2 hours of collection, centrifuge and aliquot serum into a plastic vial.

### Forms

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

### Specimen Minimum Volume

0.18 mL

### Reject Due To

Gross hemolysis	OK
Gross lipemia	OK
Gross icterus	OK

**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:

Hydroxyitraconazole is an active metabolite; no defined therapeutic range has been established.

**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;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;21(6):580-586. doi:10.1097/QCO.0b013e3283184611
3. Milone MC, Shaw LM. Therapeutic drugs and their management. In: Rifai N, Chiu RWK, Young I, Burnham CAD, Wittwer CT, eds. *Tietz Textbook of Laboratory Medicine*. 7th ed. Elsevier; 2023:420-453

**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

**Day(s) Performed**

Monday through Friday; Saturday

**Report Available**

1 to 3 days

**Specimen Retention Time**

2 weeks

**Performing Laboratory Location**

Mayo Clinic Laboratories - Rochester Superior Drive

**Fees & Codes****Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

**Test Classification**

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This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. It 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	Test Result Name	Result LOINC® Value
81247	Itraconazole, S	10989-2
5122	Hydroxyitraconazole	18337-6