

## Overview

### Useful For

Monitoring therapy with procainamide

Assessing compliance

Evaluating procainamide toxicity

### Method Name

Homogeneous Enzyme Immunoassay

### NY State Available

Yes

## Specimen

### Specimen Type

Serum

### Specimen Required

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

**Collection Container/Tube:**

**Preferred:** Serum gel

**Acceptable:** Red top

**Submission Container/Tube:** Plastic vial

**Specimen Volume:** 0.5 mL

**Collection Instructions:**

1. Serum gel tubes should be centrifuged within 2 hours of collection.
2. Red-top tubes should be centrifuged and the serum aliquoted 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.

### Specimen Minimum Volume

0.25 mL

### Reject Due To

|       |        |
|-------|--------|
| Gross | Reject |
|-------|--------|

|           |  |
|-----------|--|
| hemolysis |  |
|-----------|--|

## Specimen Stability Information

| Specimen Type | Temperature        | Time     | Special Container |
|---------------|--------------------|----------|-------------------|
| Serum         | Ambient            | 24 hours |                   |
|               | Refrigerated       | 7 days   |                   |
|               | Frozen (preferred) | 14 days  |                   |

## Clinical & Interpretive

### Clinical Information

Procainamide (PA) is indicated in the treatment of life-threatening ventricular arrhythmias.

PA is metabolized to an active metabolite, *N*-acetylprocainamide (NAPA), with metabolism controlled by genetically determined enzymes. In patients with normal kidney function, fast metabolizers will have a PA:NAPA ratio less than 1 at 3 hours after the dose is administered. Slow acetylators (PA:NAPA ratio >2 after 3 hours) are more likely to present with systemic lupus erythematosus-like symptoms and may test positive for antinuclear antibodies.

Patients who have prolonged exposure to procainamide levels above 12.0 mcg/mL or a NAPA concentration of 40.0 mcg/mL or higher are very likely to exhibit symptoms of toxicity, which are characterized by hypotension, ventricular fibrillation, widened QRS complex (intraventricular conduction delay), junctional tachycardia, oliguria, confusion, nausea, and vomiting.

Kidney disease, liver disease, cardiac failure, and states of low cardiac output reduce the metabolism and clearance of PA and NAPA.

Coadministration of histamine H2 receptor antagonists, such as cimetidine and ranitidine reduce renal clearance of PA and NAPA resulting in higher plasma concentrations of each.

### Reference Values

Procainamide

Therapeutic: 4.0-10.0 mcg/mL

Critical value: >12.0 mcg/mL

*N*-acetylprocainamide

Therapeutic: 12.0-18.0 mcg/mL

Critical value: > or =40.0 mcg/mL

### Interpretation

Administration of a dose of 50 mg/kg will usually yield the optimal trough concentration in the range of 4.0 to 10.0 mcg/mL for procainamide and 12.0 to 18.0 mcg/mL for *N*-acetylprocainamide.

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**Cautions**

No significant cautionary statements

**Clinical Reference**

1. Milone MC, Shaw LM. Chapter 42: Therapeutic drugs and their management. In: Rifai N, Chiu RWK, Young I, Burnham C-AD, Wittwer CT, eds. Tietz Textbook of Laboratory Medicine. 7th ed. Elsevier; 2023:420-453.e9
2. Brunton LL, Knollmann BC, eds. Goodman and Gilman's: The Pharmacological Basis of Therapeutics, 14th ed. McGraw-Hill Education, 2023

**Performance****Method Description**

These assays are based on a homogeneous enzyme immunoassay technique. The assay is a competition assay between the drug in the sample and drug labeled with the enzyme glucose-6-phosphate dehydrogenase (G6PD) for antibody binding sites. Enzyme activity decreases upon binding to the antibody, so the drug concentration in the sample can be measured in terms of enzyme activity. Active enzyme converts oxidized nicotinamide adenine dinucleotide (NAD) to NADH, resulting in an absorbance change that is measured spectrophotometrically. Endogenous serum G6PD does not interfere because the coenzyme functions only with the bacterial (*Leuconostoc mesenteroides*) enzyme employed in the assay. (Package inserts: Procainamide and N-acetylprocainamide. Roche Diagnostics; 08/2015)

**PDF Report**

No

**Day(s) Performed**

Monday through Saturday

**Report Available**

Same day/1 to 2 days

**Specimen Retention Time**

2 weeks

**Performing Laboratory Location**

Rochester

**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**

This test has been modified from the manufacturer's instructions. Its performance characteristics were 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**

80192

**LOINC® Information**

| Test ID | Test Order Name          | Order LOINC® Value |
|---------|--------------------------|--------------------|
| PA      | Procainamide and NAPA, S | 3983-4             |

| Result ID | Test Result Name        | Result LOINC® Value |
|-----------|-------------------------|---------------------|
| 8683      | Procainamide, S         | 3982-6              |
| 2461      | N-acetylprocainamide, S | 3834-9              |
| 2462      | Procainamide + NAPA     | 3983-4              |