

Laboratory Medicine Care Division

Mycology

Posaconazole

Anti-fungal drug level monitoring

General information

Turnaround time: 1-2 days

Sample type/container:



Typical volume: Adult 4.9ml, Neonate 0.5ml

- Minimum blood volume is 2 ml; serum volume of 1 ml is required for testing.
- Serum tube (Sarstedt S-Monovette white cap). Blood collected in EDTA tubes will be rejected.

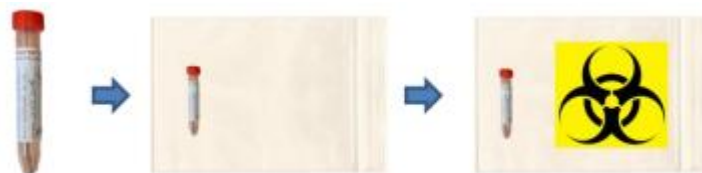
Gel separation tubes should **NOT** be used as the gel may reduce the drug level detected. More accurate results will be obtained by using blood tubes with no additives.

Specimens should be transported to the laboratory as soon as possible. If a delay is anticipated, samples should be refrigerated. Assays are validated for transportation of samples at room temperature for up to and including 5 days.

For all drugs, the time of previous dose and the time of sampling should be recorded accurately to allow correct interpretation.

Transportation

- Samples should be placed into a plastic Ziploc bag, sealed, and then placed into another sealed plastic Ziploc bag (preferably with a biohazard label on the outside), as shown below.

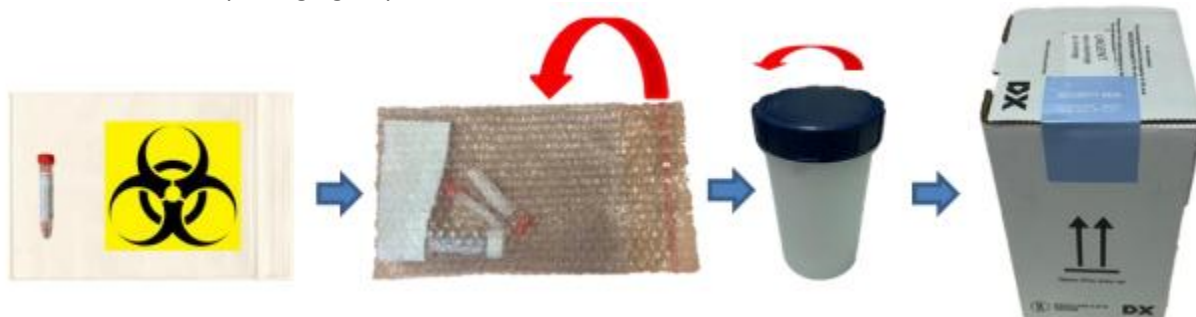


- Category B transport boxes or an appropriate transport bag (i.e., one which adheres to regulations governing the transportation of diagnostic specimens) must be used for transport by road or between Manchester University Foundation Trust sites (but are not necessary within Wythenshawe hospital grounds).

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- Please see below for packaging requirements.



For more information - <https://mrcm.org.uk/sample-collection/>

Laboratory Information

Biological interval/clinical decision values

Target level:

Prophylaxis: 0.7-1.5 mg/L

Therapy: 1.0-3.75 mg/L

- Consider reduction if > 3.0 mg/L
- Commence monitoring only after steady state has been reached (1-2 weeks, little variation through the day)

Clinical Information

Therapeutic drug monitoring is essential for **monitoring patient safety and treatment efficacy.**

Pre-dose:	Oral and IV: not needed
Post dose:	Oral: random*
Commence:	Only after steady state has been reached (1-2 weeks)
Frequency:	Dependent on patient - seek advice - usually monthly for the first three months and then every three months. Check levels a few weeks after any dose change, IV to oral switch or <u>if there is a risk for a drug-drug interaction</u> . Repeat levels if concern about poor compliance/poor absorption.
Lab assay runs:	Each weekday

* These samples are most useful for clinical management

(Last updated May 2026)