NHS Grampian

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Date: 14th July 2026
Our Ref: NHSG/Guid/PosaconazoleTDM/MGPG1114
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Dear Colleagues

This guidance is currently under review by the author.

Posaconazole – Therapeutic Drug Monitoring (TDM) Guidance, Version 1

This document has been risk assessed by the author and deemed appropriate to be used during this review period. A copy of the risk assessment can be provided on request.

If you have any queries regarding this, please do not hesitate to contact the Medicines Guidelines and Policy Group (MGPG) email at gram.mgpg@nhs.scot

Yours sincerely

Lesley Coyle
Chair of MGPG, NHSG

Posaconazole - Therapeutic Drug Monitoring (TDM) Guidance

On the microbiology request card for serum levels, please supply details of the level required, the time and date of the sample and the time since the last dose was administered. For further details and information on the sample required please visit the Laboratories departmental page for Individual tests and select the appropriate drug from the A-Z list.

Results can be obtained electronically via TrakCare and SCI-store or from Medical Microbiology (Ext 52451). Help in interpretation of the results and dose adjustments for individual patients can be obtained from your ward Clinical Pharmacist, Specialist Antibiotic Pharmacists (Ext 51048), Medicines Information Service (Ext 52316), or out of hours the On-call Pharmacist via switchboard or from the duty medical microbiologist.

In patients with impaired renal function or levels outwith the therapeutic range, please contact your clinical pharmacist or medical microbiologist for advice on dosage and the need for further assays.

Drug	Optimum sampling time(s)	Target Range/Points to note
Posaconazole	Pre-dose (trough) level only required, taken 5 days after starting therapy. Levels may not be required for all patients receiving posaconazole. TDM recommended for those receiving treatment for suspected or confirmed *Aspergillus* spp. infections.	Treatment: 1 - 3.75mg/L Prophylaxis: 0.7 - 3.75mg/L If indicated, e.g. in treatment of invasive aspergillosis repeat monitoring should be undertaken the following week to confirm patient remains in the therapeutic range. Repeat level thereafter if clinically indicated, e.g. when interacting drugs stopped or started, concerns about non-compliance, gastro-intestinal absorption or toxicity. Monitor electrolytes (including potassium, magnesium, and calcium) before and during therapy. Monitor liver function before and during therapy. *(NB: Levels not assayed in ARI – liaise with Medical Microbiology).*

References

1. Individual Drug monograph - https://bnf.nice.org.uk/drug/posaconazole.html
2. Summary of Product Characteristics – (Noxafil 300mg concentrate for solution for infusion, Merck Sharp and Dohme Limited – accessed 3/6/20) www.medicines.org.uk
3. North Bristol NHS Trust Antimicrobial Reference Laboratory – Guideline Ranges 2020 - https://www.nbt.nhs.uk/sites/default/files/Antibiotic%20Guideline%20Ranges%202020.pdf
4. North Bristol NHS Trust Antimicrobial Reference Laboratory – Analytes https://www.nbt.nhs.uk/severn-pathology/requesting/test-information/posaconazole
5. Ullmann A.J. et al. 2018. Diagnosis and management of Aspergillus diseases: executive summary of the 2017 ESCMID-ECMM-ERS guideline. Clin Microbiol Infect. S1:e1-e38 - https://www.clinicalmicrobiologyandinfection.com/article/S1198-743X(18)30051-X/fulltext