

**ONLINE DAT Methadone II****Order information**

REF	CONTENT	Analyzer(s) on which <b>cobas c</b> pack(s) can be used
04490851 190	ONLINE DAT Methadone II (200 tests)	System-ID 07 6948 7 Roche/Hitachi <b>cobas c</b> 501/502
03304671 190	Preciset DAT Plus I calibrator CAL 5	Code 435
07978766 190	Serum DAT Control Low (ACQ Partner Channel*)	
07978740 190	Serum DAT Control High (ACQ Partner Channel*)	

\*Roche does not hold the product registration for Partner Channels. The legal manufacturer indicated on the kit is solely responsible for all of the design, legal, and regulatory aspects of the product.

**English****System information**

For **cobas c** 501 analyzer:

**MDQ3S:** ACN 582: for qualitative assay, 300 ng/mL

For **cobas c** 502 analyzer:

**MDQ3S:** ACN 8582: for qualitative assay, 300 ng/mL

**Intended use**

The ONLINE DAT II assay for Methadone is an in vitro diagnostic test for the qualitative detection of methadone in human serum and plasma on Roche/Hitachi **cobas c** systems at a cutoff concentration of 300 ng/mL.

The assay provides only a preliminary analytical test result. A more specific alternate chemical method must be used in order to obtain a confirmed analytical result. Gas chromatography/mass spectrometry (GC/MS) or liquid chromatography coupled with tandem mass spectrometry (LC-MS/MS) is the preferred confirmatory method.<sup>1</sup> Clinical consideration and professional judgment should be applied to any drug of abuse test result, particularly when preliminary positive results are used.

**Summary**

Methadone is a synthetic diphenylpropylamine used for detoxification and temporary maintenance of narcotic addiction, as well as treatment of acute and chronic pain. Methadone has many of the pharmacologic properties of morphine, and its analgesic potency is similar. Unlike morphine, repeated administration causes marked sedative effects due to drug accumulation in the body. Methadone withdrawal syndrome is qualitatively similar to morphine, yet it differs in that it develops more slowly, is less intense, and is more prolonged.<sup>2</sup> For these reasons, methadone is used in the management of narcotic dependence, hopefully eliminating the need for illicit opiate drugs. Overdoses of methadone are characterized by stupor, respiratory depression, cold and clammy skin, hypotension, coma, and circulatory collapse.<sup>3</sup>

Methadone is given intramuscularly for analgesic purposes and orally for methadone maintenance therapy. Following ingestion, the drug is well absorbed from the gastrointestinal tract and is widely distributed to the liver, lung, kidney, spleen, blood, and urine. The fact that methadone is highly bound to tissue protein may explain its cumulative effects.<sup>4</sup> Methadone is metabolized largely by mono- and di-N-demethylation. Spontaneous cyclization of the resulting unstable compounds forms the major metabolites, 2-ethylidene-1,5-dimethyl-3,3-diphenylpyrrolidine (EDDP) and 2-ethyl-5-methyl-3,3-diphenylpyrrolidine (EMDP). Both are hydrolyzed to some extent, with subsequent glucuronidation.<sup>5,6</sup> In maintenance patients, excretion of unchanged methadone can account for 5-50 % of the dose. Urinary pH affects the percentage of unchanged drug excreted, as does urinary volume, dose, and individual metabolism.<sup>7,8</sup>

**Test principle**

The assay is based on the kinetic interaction of microparticles in a solution (KIMS)<sup>9,10</sup> as measured by changes in light transmission. In the absence of sample drug, soluble drug conjugates bind to antibody-bound microparticles, causing the formation of particle aggregates. As the aggregation reaction proceeds in the absence of sample drug, the absorbance increases.

When a serum sample contains the drug in question, this drug competes with the drug derivative conjugate for microparticle-bound antibody. Antibody bound to sample drug is no longer available to promote particle aggregation, and subsequent particle lattice formation is inhibited. The presence of sample drug diminishes the increasing absorbance in proportion to the concentration of drug in the sample. Sample drug content is determined relative to the value obtained for a known cutoff concentration of drug.<sup>11</sup>

**Reagents - working solutions**

**R1** Conjugated methadone derivative; buffer; bovine serum albumin; 0.09 % sodium azide

**R2** Microparticles attached to methadone antibody (mouse monoclonal); buffer; bovine serum albumin; 0.09 % sodium azide

R1 is in position B and R2 is in position C.

**Precautions and warnings**

For in vitro diagnostic use.

Exercise the normal precautions required for handling all laboratory reagents.

Reagents from different kit lots must not be interchanged. Reagents within kit lots have been matched to ensure optimum test performance. Disposal of all waste material should be in accordance with local guidelines. Safety data sheet available for professional user on request.

**Reagent handling**

Ready for use. Mix reagents by gentle inversion numerous times before placing on-board the analyzer.

**Storage and stability**

Shelf life at 2-8 °C: See expiration date on **cobas c** pack label

On-board in use and refrigerated on the analyzer: 8 weeks

**Do not freeze.****Specimen collection and preparation**

For specimen collection and preparation only use suitable tubes or collection containers.

Only the specimens listed below were tested and found acceptable.

Serum: Serum tubes with and without separating gel.

Plasma: K<sub>2</sub>- or K<sub>3</sub>-EDTA, lithium heparin.

Stability: 5 days capped at 15-25 °C

14 days capped at 2-8 °C

6 months capped at -20 °C

The sample types listed were tested with a selection of sample collection tubes that were commercially available at the time of testing, i.e. not all available tubes of all manufacturers were tested. Sample collection systems from various manufacturers may contain differing materials which could affect the test results in some cases. When processing samples in primary tubes (sample collection systems), follow the instructions of the tube manufacturer.

Centrifuge samples containing precipitates before performing the assay.

Specimens can be repeatedly frozen and thawed up to 3 times.

Invert thawed specimens several times prior to testing.

**CAUTION:** Specimen dilutions should only be used to interpret results of Calc.? and Samp.? alarms, or when estimating concentration in preparation for GC/MS. Dilution results are not intended for patient values. Dilution procedures, when used, should be validated.

**Materials provided**

See "Reagents – working solutions" section for reagents.

**Materials required (but not provided)**

See "Order information" section

General laboratory equipment

**Assay**

For optimum performance of the assay follow the directions given in this document for the analyzer concerned. Refer to the appropriate operator's manual for analyzer-specific assay instructions.

The performance of applications not validated by Roche is not warranted and must be defined by the user.

**Application for serum and plasma**

Deselect Automatic Rerun for these applications in the Utility menu, Application screen, Range tab.

**cobas c 501/502 test definition**

	Qualitative
Assay type	2-Point End
Reaction time / Assay points	10 / 17-44
Wavelength (sub/main)	- /546 nm
Reaction direction	Increase
Unit	mAbs
Reagent pipetting	
R1	90 µL
R2	40 µL
Sample volumes	Sample

**300 ng/mL cutoff**

Normal	3.5 µL
Decreased	3.5 µL
Increased	3.5 µL

**Calibration**

Calibrators	<i>Qualitative application</i> <i>300 ng/mL cutoff assay</i> S1: Preciset DAT Plus I calibrator - CAL 5, 2000 ng/mL with automatic pre-dilution The drug concentration of the calibrator has been verified by GC/MS.
Calibration K Factor	Enter the K Factor as -1000 into the Calibration menu, Status screen, Calibration Result window.
Calibration mode	<i>Qualitative application</i> Linear
Calibration frequency	Blank calibration - after reagent lot change - as required following quality control procedures

Calibration interval may be extended based on acceptable verification of calibration by the laboratory.

Traceability: This method has been standardized against a primary reference method (GC/MS).

**Quality control**

For quality control, use control materials as listed in the "Order information" section.

In addition, other suitable control material can be used.

Drug concentrations of the high and low controls have been verified by LC-MS/MS.

The control intervals and limits should be adapted to each laboratory's individual requirements. Values obtained should fall within the defined limits. Each laboratory should establish corrective measures to be taken if values fall outside the defined limits.

Follow the applicable government regulations and local guidelines for quality control.

**Results**

The cutoff calibrator is used as a reference in distinguishing between preliminary positive and negative samples. Samples producing a positive or "0" absorbance value are considered preliminary positive. Preliminary positive samples are flagged with >Test. Samples producing a negative absorbance value are considered negative. Negative samples are preceded by a minus sign.

As with any sensitive test for drugs of abuse on automated clinical chemistry analyzers, the possibility exists for analyte carry-over from a sample with an extremely high concentration to a normal (negative) sample which immediately follows it.

Confirm all preliminary positive results by another method.

**Limitations - interference**

Criterion: No cross-over at initial values of samples of 150 ng/mL and 450 ng/mL (control levels).

See the "Specific performance data" section of this document for information on substances tested with this assay. There is the possibility that other substances and/or factors may interfere with the test and cause erroneous results (e.g., technical or procedural errors).

A preliminary positive result with this assay indicates the presence of methadone and/or its metabolites in serum. It does not measure the level of intoxication.

Icterus:<sup>12</sup> No significant interference up to an I index of 60 for conjugated and unconjugated bilirubin (approximate conjugated and unconjugated bilirubin concentration: 1026 µmol/L or 60 mg/dL).

Hemolysis:<sup>12</sup> No significant interference up to an H index of 1000 (approximate hemoglobin concentration: 622 µmol/L or 1000 mg/dL).

Lipemia (native lipaemic samples):<sup>12</sup> No significant interference up to an L index of 100. There is poor correlation between the L index (corresponds to turbidity) and triglycerides concentration.

Rheumatoid factors: No significant interference from rheumatoid factors up to 1200 IU/mL.

Immunoglobulin: No significant interference from immunoglobulin up to a concentration of 16 g/L (simulated by human immunoglobulin A), up to a concentration of 70 g/L (simulated by human immunoglobulin G) and up to a concentration of 10 g/L (simulated by human immunoglobulin M).

Total protein: No significant interference from total protein up to a concentration of 70 g/L (simulated by human serum albumin).

As with any assay employing mouse antibodies, the possibility exists for interference by human anti-mouse antibodies (HAMA) in the sample, which could cause falsely lowered results.

In very rare cases, gammopathy, in particular type IgM (Waldenström's macroglobulinemia), may cause unreliable results.<sup>13</sup>

For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

**ACTION REQUIRED**

**Special Wash Programming:** The use of special wash steps is mandatory when certain test combinations are run together on Roche/Hitachi **cobas c** systems. The latest version of the carry-over evasion list can be found with the NaOHD-SMS-SmpCln1+2-SCCS Method Sheets. For further instructions refer to the operator's manual. **cobas c 502** analyzer: All special wash programming necessary for avoiding carry-over is available via the **cobas** link, manual input is not required.

**Where required, special wash/carry-over evasion programming must be implemented prior to reporting results with this test.**

**Expected values***Qualitative assay*

Results of this assay distinguish preliminary positive ( $\geq 300$  ng/mL) from negative samples only. The amount of drug detected in a preliminary positive sample cannot be estimated.

**Specific performance data**

Representative performance data on the analyzers are given below. Results obtained in individual laboratories may differ.

**Precision**

A methadone solution was added to 9 samples obtained from a human serum sample pool to achieve concentrations at approximately -100 %, -75 %, -50 %, -25 %,  $\pm 0$  %, +25 %, +50 %, +75 %, and +100 % of the cutoff value. These samples were tested for precision. Following a CLSI (EP5-A3)

precision protocol, samples were tested in 2 replicates per run, 2 runs per day for 21 days, total n = 84. The following results were obtained on a Roche/Hitachi **cobas c 501** analyzer.

Drug	Concentration of Sample	Number of Determinations	Results # Neg / # Pos
Methadone	zero drug	84	84 Neg / 0 Pos
Methadone	-75 %	84	84 Neg / 0 Pos
Methadone	-50 %	84	84 Neg / 0 Pos
Methadone	-25 %	84	84 Neg / 0 Pos
Methadone	Cutoff	84	26 Neg / 58 Pos
Methadone	+25 %	84	0 Neg / 84 Pos
Methadone	+50 %	84	0 Neg / 84 Pos
Methadone	+75 %	83	0 Neg / 83 Pos
Methadone	+100 %	84	0 Neg / 84 Pos

**Accuracy**

73 serum samples, partly obtained from a clinical laboratory where they screened negative in a drug test panel, were evaluated with the Methadone II assay. 100 % of these normal serum samples were negative relative to the 300 ng/mL cutoff. 25 samples obtained from a clinical laboratory, where they screened preliminary positive with a commercially available immunoassay and were subsequently confirmed positive by LC/MS/MS, were evaluated with the Methadone II assay. 100 % of these samples were positive relative to the 300 ng/mL cutoff.

In addition, 9 samples were found in a concentration of 50-100 % of the cutoff concentration. 5 of them were diluted samples. And 46 samples were found in a concentration of 100-150 % of the cutoff concentration. The following results were obtained with the Methadone II assay on the Roche/Hitachi **cobas c 501** analyzer relative to the LC/MS/MS values.

		n = 153			
		LC-MS/MS			
		neg	neg near cutoff	pos near cutoff	pos
<b>cobas c 501 analyzer</b>	neg	73	9	5	0
	pos	0	0	41	25

**Analytical specificity**

The specificity of this assay for structurally similar compounds was determined by generating inhibition curves for each of the compounds listed and determining the approximate quantity of each compound that is equivalent in assay reactivity to a 300 ng/mL assay cutoff. Caution should be taken when interpreting results of patient samples containing structurally related compounds having greater than 0.5 % cross-reactivity. The following results were obtained on a Roche/Hitachi **cobas c 501** analyzer.

Compound	ng/mL Equivalent to 300 ng/mL Methadone	Approximate % Cross-reactivity
Chlorpromazine	70752	0.42
Metabolite Lu AA34443	6341	4.73
Methadone	308	97.3
Vortioxetine	8344	3.60

**Drug interference**

Interfering substances were added to serum containing methadone at -50 % and +50 % of the cutoff level at the concentration listed below. Samples were tested and the following results were obtained on a Roche/Hitachi **cobas c 501** analyzer.

Compound	Comp. Conc. mg/mL	Neg Level	Pos Level
Acetaminophen	200	neg	pos
Acetylcysteine	1660	neg	pos
Acetylsalicylic acid	1000	neg	pos
Amitriptyline	1.00	neg	pos
Ampicillin-Na	1000	neg	pos
Ascorbic acid	300	neg	pos
Caffeine	59.8	neg	pos
Cefoxitin	2500	neg	pos
Cyclosporine	5.00	neg	pos
d-Amphetamine	1.36	neg	pos
Diazepam	5.13	neg	pos
Doxycycline	50.0	neg	pos
d-Pseudoephedrine	9.98	neg	pos
Erythromycin	59.9	neg	pos
Fenoprofen	195	neg	pos
Furosemide	59.9	neg	pos
Gentisic acid	18.0	neg	pos
Heparin	5000 U/L	neg	pos
Hydrochlorothiazide	6.02	neg	pos
l-Amphetamine	1.00	neg	pos
Ibuprofen	500	neg	pos
Imipramine	0.70	neg	pos
Ketamine	10.0	neg	pos
Levodopa	20.0	neg	pos
Lidocaine	12.0	neg	pos
Methyldopa + 1.5 H <sub>2</sub> O	20.0	neg	pos
Metronidazole	200	neg	pos
Morphine	0.50	neg	pos
Naproxen	499	neg	pos
Phenylbutazone	400	neg	pos
Procaine	39.9	neg	pos
Promethazine	1.20	neg	pos
Quinidine	12.0	neg	pos
Quinine	48.0	neg	pos
Rifampicin	60.0	neg	pos
Tetracycline	15.1	neg	pos
Trifluoperazine	1.00	neg	pos

**References**

- 1 Karch SB, ed. Drug Abuse Handbook. Boca Raton, FL: CRC Press LLC 1998.
- 2 Council Reports: Treatment of morphine-type dependence by withdrawal methods. JAMA 1972;219(12):1611-1615.
- 3 Smialek JE, Monforte JR, Aronow R, et al. Methadone deaths in children: A continuing problem JAMA 1977;238(23):2516-2517.
- 4 Garriott JC, Sterner WQ, Mason MF. Toxicologic findings in six fatalities involving methadone. Clin Toxicol 1973;6:163-173.
- 5 Sullivan HR, Due SL, McMahon RE. The identification of three new metabolites of methadone in man and in the rat. J Am Chem Soc 1972;94(11):4050-4051.

- 6 Baselt RC, Bickelt MH. Biliary excretion of methadone by the rat: identification of a para-hydroxylated major metabolite. *Biochem Pharm* 1973;22:3117-3120.
- 7 Baselt RC, Casarett LJ. Urinary excretion of methadone in man. *Clin Pharmacol Ther* 1972 Jan-Feb;13(1):64-70.
- 8 Bellward GD, Warren PM, Howald W, et al. Methadone maintenance: Effect of urinary pH on renal clearance in chronic high and low doses. *Clin Pharmacol Ther* 1977;22(1):92-99.
- 9 Armbruster DA, Schwarzhoff RH, Pierce BL, et al. Method comparison of EMIT II and ONLINE with RIA for drug screening. *J Forensic Sci* 1993;38:1326-1341.
- 10 Armbruster DA, Schwarzhoff RH, Hubster EC, et al. Enzyme immunoassay, kinetic microparticle immunoassay, radioimmunoassay, and fluorescence polarization immunoassay compared for drugs-of-abuse screening. *Clin Chem* 1993;39:2137-2146.
- 11 Bates M, Brandle J, Casaretto E, et al. An Abuscreen immunoassay for opiates in urine on the COBAS MIRA automated analyzer. *Amer Acad Forensic Sci. Abstract* 1991;37(6):1000.
- 12 Glick MR, Ryder KW, Jackson SA. Graphical Comparisons of Interferences in Clinical Chemistry Instrumentation. *Clin Chem* 1986;32:470-475.
- 13 Bakker AJ, Mücke M. Gammopathy interference in clinical chemistry assays: mechanisms, detection and prevention. *Clin Chem Lab Med* 2007;45(9):1240-1243.

A point (period/stop) is always used in this Method Sheet as the decimal separator to mark the border between the integral and the fractional parts of a decimal numeral. Separators for thousands are not used.

### Symbols

Roche Diagnostics uses the following symbols and signs in addition to those listed in the ISO 15223-1 standard (for USA: see <https://usdiagnostics.roche.com> for definition of symbols used):

CONTENT	Contents of kit
→	Volume after reconstitution or mixing
GTIN	Global Trade Item Number

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