Acutis LC-MS/MS urine screening

The problem

Traditional screening misses substances due to poor cross-reactivity and high cutoff value. The missed substances and false positives result in poor clinical outcomes and increased cost to payors.

The solution

We offer highly advanced screening with low cutoff values and higher sensitivity through LC-MS/MS technology. Substances don't fly under the radar and false negatives are limited.

Screening cutoff values comparison

Drug or drug class	POC cup cutoff (ng/mL)	Traditional EIA urine screening cutoff (ng/mL)	Acutis LC-MS/MS urine screening cutoff (ng/mL)
Amphetamine	1000	1000	100
Benzodiazepines	300	200	50
Cocaine	300	150	50
Heroin metabolite (6AM)	400	10	10
Methadone	300	300	50
Buprenorphine	300	5	10
Opiates	300	300	50
Oxycodone	100	100	50
Phencyclidine (PCP)	25	25	25
Hydrocodone	-	100	50
TCA	-	300	50
Barbiturates *	300	200	-
Marijuana *	50	50	-

* Currently screened using EIA screening method.
LC-MS/MS screening in process of validation

See reverse for information on false negatives and false positives through EIA screening.

Medicare LCD L34645 states

"[D]rugs such as buprenorphine, amphetamines, benzodiazepines, and cocaine/heroin yield **false negative IA results** due to low cross-reactivity or non-reactivity..."

In the case of Benzodiazepines, **Medicare** more specifically underscores the ineffectiveness of EIA screening with respect to current clinical practice as follows:

> "Presumptive UDT reagents for benzodiazepine are typically formulated for oxazepam, a metabolite of diazepam (Valium®) and chlordiazepoxide (Librium®), the main benzodiazepines prescribed twenty years ago. However, **many of the more than 10 benzodiazepines that are currently available do not cross-react with IA benzodiazepine reagents.** In particular, clonazepam and lorazepam give **false negative results** with presumptive IA tests and may necessitate more specific identification to account for the negative result."

To learn more

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