

Levocarnitine Injection

UR Guidelines 033

Policy and Procedure

Department	Medical Management
Purpose	To establish medical necessity guidelines for use of Levocarnitine Injection
Applicability	VIVA MEDICARE & VIVA COMMERCIAL
Approved	
Approved	Anne-Laura Cook, MD, FACP
Approver Title	Vice President, Clinical Services
Original Effective Date	9/16/25
Revision Date	
Revision Number	
Regulatory Requirement	

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Policy:

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Levocarnitine Injection

Coverage for this injectable medication must be for an FDA-approved indication. The standard of medical practice regarding the utilization of this treatment must meet all other applicable Medicare statutory and regulatory requirements.

The patient's medical record must clearly document the specific clinical circumstances supporting the medical necessity for services.

INDICATIONS AND USAGE

- For the acute and chronic treatment of patients with an inborn error of metabolism which results in secondary carnitine deficiency.
- For the prevention and treatment of carnitine deficiency in patients with end stage renal disease who are undergoing dialysis.

References

The above policy is based on the following references:

U.S. Food and Drug Administration, Center for Drug Evaluation and Research. Carnitor labeling-package insert, April 17, 2018. Retrieved August 26, 2025, from https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/020182s015lbl.pdf