

## **Court-Ordered Prescription Drugs Coverage Policy - California CARE Act**

### **PRODUCTS AFFECTED**

Medications that treat Behavioral Health Conditions (Mental Health and Substance Use Disorder)

### **COVERAGE POLICY**

*Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.*

*This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.*

#### **Documentation Requirements:**

*Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.*

#### **DIAGNOSIS:**

Schizophrenia spectrum or other psychotic disorders

#### **REQUIRED INFORMATION:**

Documentation that member is on an individualized CARE plan and that the request is for the member's court-ordered behavioral health treatment.

AND

Submission of any applicable prior authorization requirements if needed- see Marketplace formulary for drug specific coverage

[<https://www.molinamarketplace.com/marketplace/ca/en-us/Providers/Drug-List>]

#### **CONTINUATION OF THERAPY:**

NA

#### **DURATION OF APPROVAL:**

NA

**PRESCRIBER REQUIREMENTS:**

NA

**AGE RESTRICTIONS:**

NA

**QUANTITY:**

NA

**PLACE OF ADMINISTRATION:**

NA

**APPENDIX****APPENDIX:**

None

**REFERENCES**

1. California SB-1338 Community Assistance, Recovery, and Empowerment (CARE) Court Program; Date Published: 09/14/2022 09:00 PM Approved by Governor September 14, 2022. Filed with Secretary of State September 14, 2022. ][https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=202120220SB1338#:~:text=This%20bill%2C%20contingent%20upon%20the%20State%20Department%20of,psychotic%20disorders%2C%20and%20who%20meet%20other%20specified%20criteria.](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB1338#:~:text=This%20bill%2C%20contingent%20upon%20the%20State%20Department%20of,psychotic%20disorders%2C%20and%20who%20meet%20other%20specified%20criteria.)