Pharmacy Medical Necessity Guidelines:
RI Opioid Prescribing Limits

Effective: August 11, 2026

Prior Authorization Required	√	Type of Review – Care Management	
Not Covered		Type of Review – Clinical Review	√
Pharmacy (RX) or Medical (MED) Benefit	RX	Department to Review	RXUM
These pharmacy medical necessity guidelines apply to the following: ☒ Tufts Health RITogether – A Rhode Island Medicaid Plan		**Fax Numbers:** RXUM: 617.673.0939	

Note: This guideline does not apply to Medicare Members (includes dual eligible Members).

OVERVIEW

Rules and Regulations for Pain Management, Opioid Use, and the Registration of Distributors of Controlled Substances in Rhode Island [R21-28-CSD]. These regulations apply to patients considered "initiates," individuals who have not had an opioid in the last 30 days. Section 3.3 of the regulation limits the initial prescription to 20 doses and no more than 30 morphine milligram equivalents (MME) per day and prohibits the prescribing of long-acting or extended-release opioids; like methadone, for acute pain.

COVERAGE GUIDELINES

Tufts Health Plan may authorize coverage over the quantity limit or morphine milligram equivalents (MME) when the following criteria are met:

1. Documentation the member has a filled an opioid prescription in the last 30 days.

OR

2. Documentation the member meets one of the following:
    a. diagnosis of cancer-associated pain
    b. diagnosis of sickle cell anemia
    c. is on palliative/nursing home care
    d. is currently on chronic pain management

LIMITATIONS

1. Tufts Health Plan will not authorize coverage for more than 30 MMEs per day if there is no documentation the member has filled an opioid in the past 30 days.
2. Authorizations will be limited to one year duration.

CODES

None

REFERENCES

1. Rhode Island *Rules and Regulations for Pain Management, Opioid Use, and the Registration of Distributors of Controlled Substances in Rhode Island [R21-28-CSD]*.

APPROVAL HISTORY

October 11, 2022: Reviewed by the Pharmacy and Therapeutics Committee

Subsequent endorsement date(s) and changes made:
1. August 8, 2023: Effective November 1, 2023, updated length of approval to one year duration.
2. August 13, 2024: No criteria changes. Administrative update to fax number.
3. August 12, 2025: No changes
4. August 11, 2026: No changes.

BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Pharmacy Medical Necessity Guidelines have been developed for determining coverage for plan benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. The plan makes coverage decisions on a case-by-case basis considering the individual member's health care needs. Pharmacy Medical Necessity Guidelines are developed for selected therapeutic classes or drugs found to be safe, but proven to be effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based

on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. The plan revises and updates Pharmacy Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Pharmacy Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of members. The use of this policy is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable, and adherence to plan policies and procedures and claims editing logic.

Provider Services