

Applicable Drugs: Tasmar (tolcapone)

Preferred: tolcapone (generic)

Non-preferred: Tasmar

Date of Origin: 2/7/2016

Date Last Reviewed / Revised: 10/20/2025

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through VII are met)

- I. Documented diagnosis of Parkinson's disease AND meet both of the following criteria A and B:
 - A. Patient is currently taking levodopa/carbidopa.
 - B. Patient is experiencing symptom fluctuations.
- II. Documented treatment failure or contraindication to entacapone.
- III. Tolcapone will be used in combination with levodopa/carbidopa.
- IV. Minimum age requirement: 18 years
- V. Treatment is prescribed by or in consultation with a neurologist.
- VI. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.
- VII. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have a documented failure, intolerance, or contraindication to a preferred product(s).

EXCLUSION CRITERIA

- Patients with liver disease or two SGPT/ALT or SGOT/AST values greater than the upper limit of normal.
- Patients who were withdrawn from tolcapone because of evidence of tolcapone-induced hepatocellular injury.
- Patients with a history of nontraumatic rhabdomyolysis or hyperpyrexia and confusion possibly related to medication.
- Concomitant use of tolcapone with a non-selective MAO inhibitor (eg, phenelzine, tranylcypromine).

OTHER CRITERIA

- Tolcapone should be discontinued in patients who do not show substantial clinical benefit as indicated by improved motor function and activities of daily living (ADL) within 3 weeks of initiation of treatment.

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Limited to a maximum of 180 tablets per 30 days

APPROVAL LENGTH

- Authorization:** 1 month.
- Re-Authorization:** 1 year. An updated letter of medical necessity or progress notes showing that current medical necessity criteria are met, the medication is effective with sustained clinical benefit as indicated by improved motor function and ADL, and patient's liver function is normal.

APPENDIX

N/A

REFERENCES

- Liang TW, Tarsy D. Medical management of motor fluctuations and dyskinesia in Parkinson disease. In: Hurtig H, ed. *UpToDate*. UpToDate; 2025. Accessed October 20, 2025.
<https://www.uptodate.com/contents/medical-management-of-motor-fluctuations-and-dyskinesia-in-parkinson-disease?source=autocomplete&index=0~2>
- Tasmar. Prescribing Information. Bausch Health US; 2020. Accessed October 27, 2025.
<https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=a0e47a9d-78e7-4523-983a-aa259f221736&type=display>

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.