MEDICATION POLICY:

Tasmar®

Generic Name: Tolcapone

Therapeutic Class or Brand Name: Tasmar

Applicable Drugs (if Therapeutic Class): N/A

GPI Code: 7315207000

Preferred: Tolcapone (generic)

Non-preferred: Tasmar

Date of Origin: 2/7/2016

Date Last Reviewed / Revised: 8/14/2020

PRIOR AUTHORIZATION CRITERIA

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

I. Documented diagnosis of Parkinson's disease AND criterion A is met:
   a. Documentation that patient is experiencing symptom fluctuations.

II. Documentation that the patient is taking AND will continue to take levodopa/carbidopa in addition to tolcapone.

III. Documented trial and failure of entacapone.

IV. Minimum age requirement: 18 years old.

V. Prescriber must be a neurologist.

VI. Non-preferred products (i.e. Tasmar) require a documented clinical reason containing details as to why generic tolcapone is not appropriate or is contraindicated.

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- Patients who were withdrawn from tolcapone because of evidence of tolcapone-induced hepatocellular injury.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 (i.e. phenelzine, tranylcypromine, etc.).

OTHER CRITERIA

- Tolcapone should be discontinued in patients who do not show substantial clinical benefit within 3 weeks of initiation of treatment.

Quantity / Days Supply Restrictions

- Up 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, and patient's liver function is normal.

Appendix

N/A

References

1. http://www.valeant.com/Portals/25/Pdf/PI/Tasmar_2015.pdf.
2. Medi-Span.