

**TASMAR*
(tolcapone)**

* Prior authorization for the brand formulation applies only to formulary exceptions due to being a non-covered medication.

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Parkinson's disease

AND ALL of the following:

1. Used in combination with carbidopa/levodopa
2. Inadequate control of Parkinson's symptoms on maximum tolerated doses of oral carbidopa/levodopa therapy
3. Inadequate response, intolerance, or contraindication to other adjunctive therapy
4. Prescriber agrees to monitor for liver failure/hepatic dysfunction
5. Prescriber agrees to discontinue Tasmar (tolcapone) if ALT or AST levels exceed 2 times the upper limit of normal

Prior - Approval Limits

Quantity

Drug	Quantity
Tolcapone	270 tablets per 90 days

Drug with approved MFE only	Quantity
Tasmar	270 tablets per 90 days

Duration 6 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

TASMAR*
(tolcapone)

* Prior authorization for the brand formulation applies only to formulary exceptions due to being a non-covered medication.

Diagnosis

Patient must have the following:

Parkinson's disease

AND ALL of the following:

1. Improvement in Parkinson's symptoms
2. Used in combination with carbidopa/levodopa
3. Prescriber agrees to monitor for liver failure/hepatic dysfunction
4. Prescriber agrees to discontinue Tasmar (tolcapone) if ALT or AST levels exceed 2 times the upper limit of normal

Prior - Approval *Renewal* Limits

Quantity

Drug	Quantity
Tolcapone	270 tablets per 90 days

Drug with approved MFE only	Quantity
Tasmar	270 tablets per 90 days

Duration 12 months