

tolcapone (TASMAR)

Diagnosis Considered for Coverage:
<ul style="list-style-type: none">• Parkinson's disease
Coverage Criteria:
For diagnosis listed above: <ul style="list-style-type: none">• Inadequate response, intolerable side effect, or contraindication to entacapone (Comtan), and• Dose does not exceed FDA label maximum.
Coverage Duration: one year
Effective Date: 09/27/2023