

# Shared care guidelines

## Drug

TOLCAPONE

## Specialty

NEUROLOGY

## Indication

As an adjunct to levodopa treatment in patients with Parkinson's disease experiencing end-of-dose motor fluctuations and who have failed to respond, or are intolerant of other catechol-O-methyltransferase (COMT) inhibitors (e.g. entacapone or opicapone).

## Overview

Tolcapone inhibits the peripheral breakdown of levodopa, prolonging the effective duration of treatment. Rarely, potentially life-threatening hepatotoxicity has been reported, particularly (though not exclusively) in females and during the first 6 months of treatment.

## Hospital specialist's responsibilities

**Initial investigations:** Baseline LFTs

**Initial regimen:** 100mg three times daily

**Clinical monitoring:** For response to treatment and adverse effects  
**Frequency:** Fortnightly to transfer (typically 2 months). Then 2 to 6 monthly.

**Safety monitoring:** LFTs  
**Frequency:** Fortnightly to transfer and before any dose increase

**Prescribing details:** Initiation and until transfer (typically first 2 months)

**Documentation:** Clinic letter to GP

## GP's responsibilities

**Maintenance:** 100–200 mg three times daily (as advised)

**Clinical monitoring:** For adverse effects and usual management  
**Frequency:** As required

**Safety monitoring:** LFTs  
**Frequency:** Fortnightly for first year, every 4 weeks for the next 6 months, every 8 weeks thereafter. Restart monitoring schedule if dose increased

**Treatment duration:** Long-term according to efficacy and tolerability

**Documentation:** Practice records, correspondence with specialist as required, copies of blood results to specialist

## Adverse events

Adverse Event	Action required
Elevated ALT or AST above the upper-limit of normal	Discontinue tolcapone & discuss with specialist
Persistent nausea, lethargy, anorexia, jaundice, dark urine, pruritus, right upper quadrant tenderness	Discontinue tolcapone. Check LFTs & discuss with specialist
Marked rigidity (out of keeping with patient's Parkinson's Disease), altered conscious level, elevated temperature, labile blood pressure, tachycardia	Consider Neuroleptic Malignant Syndrome. Discontinue tolcapone. Check CPK & discuss with specialist

## Other information

Tolcapone should be discontinued if there is no significant clinical benefit seen within 3 weeks of initiation. Patients may experience an increase in levodopa related side-effects and reduction of levodopa dosage may be helpful in these circumstances

## Contact details

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