

Medical Policy

Encelto

Last review date: 4/1/2026

Applicable Products

Encelto (revakinagene taroretcel-lwey)

Initial Approval Criteria

Coverage may be approved if all of the following are met:

- Patient has a diagnosis of macular telangiectasia (MacTel) type 2 in at least one eye as demonstrated by:
 - Evidence of fluorescein leakage in the macula; **AND**
 - One or more of the following features:
 - Hyperpigmentation
 - Retinal opacification
 - Crystalline deposits
 - Right-angle vessels
 - Inner/outer cavities; **AND**
- Patient is 18 years of age or older; **AND**
- Patient does not have neovascular or proliferative MacTel; **AND**
- Encelto is prescribed by an ophthalmologist; **AND**
- If applicable: Trial and failure, intolerance, or a contraindication to the preferred products as listed in the medical drug list

Renewal Criteria

One treatment per eye per lifetime

Length of Authorization

1 Year

This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical or other circumstances may warrant individual consideration, based on review of applicable medical records, as well as other regulatory, contractual and/or legal requirements.

Medical policies do not constitute medical advice, nor are they intended to govern the practice of medicine. They are intended to reflect reimbursement and coverage guidelines. Coverage for services may vary for individual members, based on the terms of the benefit contract.