New Hampshire Medicaid Fee-for-Service Program
Encelto (revakinagene taroretcel-lwey) Criteria

Approval Date: May 12, 2026

Medications

Brand Names	Generic Names	Indication
Encelto	**revakinagene taroretcel-lwey**	Treatment of adults with idiopathic macular telangiectasia type 2 (MacTel)

Criteria for Approval

1. Patient is 18 years of age or older; **AND**
2. Patient has a diagnosis of macular telangiectasia type 2 (MacTel) in at least one eye, as evidenced by typical fluorescein leakage and ≥ 1 of the following additional features of disease:
    a. Hyperpigmentation outside a 500 micron radius from the center of the fovea
    b. Retinal opacification
    c. Crystalline deposits
    d. Right-angle vessels
    e. Inner/outer lamellar cavities; **AND**
3. Patient does not have neovascular MacTel; **AND**
4. Patient does not have evidence of advanced disease that would preclude treatment of MacTel (e.g., significant retinal scarring and atrophy with retinal tissue that cannot be preserved); **AND**
5. Patient has an inner segment-outer segment junction line (IS/OS) photoreceptor break and area of ellipsoid zone (EZ) loss, as measured by spectral-domain optical coherence tomography (SD-OCT); **AND**
6. Patient does not have evidence of any of the following:
    a. Intraretinal neovascularization or subretinal revascularization (SRNV) as evidenced by hemorrhage, hard exudate, subretinal fluid, or intraretinal fluid in either eye
    b. Central serous chorioretinopathy in either eye
    c. Pathologic myopia in either eye
    d. Significant media or corneal opacities in either eye
    e. History of vitrectomy, penetrating keratoplasty, trabeculectomy, or trabeculoplasty
    f. Any of the following lens opacities: cortical opacity > standard 3, posterior subcapsular opacity > standard 2 or nuclear opacity > standard 3
    g. Lens removal in previous 3 months or yttrium-aluminum-garnet (YAG) laser treatment within 4 weeks

Proprietary & Confidential
All brand names are property of their respective owners.
© 2025–2026 Prime Therapeutics Management LLC, a Prime Therapeutics LLC company

h. History of ocular herpes virus in either eye
i. Evidence of intraretinal hyperreflectivity by optical coherence tomography (OCT); **AND**

7. Patient does not have ocular or periocular infections; **AND**
8. Patient does **not** have known hypersensitivity to Endothelial Serum Free Media (Endo-SFM); **AND**
9. Patient will be monitored for signs and symptoms of vision loss (e.g., best corrected visual acuity [BCVA]) and infectious endophthalmitis at baseline and periodically during treatment; **AND**
10. Patient will be monitored for signs and symptoms of retinal tears and/or retinal detachment (e.g., acute onset of flashing lights, floaters, loss of visual acuity); **AND**
11. Patient does not have evidence of other ocular disease that would preclude treatment of MacTel; **AND**
12. Patient will temporarily discontinue antithrombotic medications (e.g., oral anticoagulants, aspirin, nonsteroidal anti-inflammatory drugs) prior to the insertion surgery; **AND**
13. Patient has not received intravitreal steroid therapy or intravitreal anti-vascular endothelial growth factor (VEGF) therapy for non-neovascular MacTel within the last 3 months.

Initial approval period: 1 year

Criteria for Denial

Failure to meet approval criteria.

References

Available upon request.

Revision History

Reviewed by	Reason for Review	Date Approved
DUR Board	New	09/23/2025
Commissioner Designee	Approval	11/17/2025
DUR Board	Revised	04/21/2026
Commissioner Designee	Approval	05/12/2026

© 2025–2026 Prime Therapeutics State Government Solutions LLC, a Prime Therapeutics LLC company