

| <u>Field Name</u> | <u>Field Description</u> |
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| <u>Prior Authorization Group Description</u> | <u>Encelto</u> |
| <u>Drugs</u> | <u>Encelto (revakinagene taroretcel-lwey)</u> |
| <u>Covered Uses</u> | <u>Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), the Drug Package Insert (PPI), or disease state specific standard of care guidelines.</u> |
| <u>Exclusion Criteria</u> | <u>N/A</u> |
| <u>Required Medical Information</u> | <u>See “other criteria”</u> |
| <u>Age Restrictions</u> | <u>According to package insert</u> |
| <u>Prescriber Restrictions</u> | <u>Prescriber must an ophthalmologist or specialist in the treatment of macular telangiectasia (MacTel) type 2</u> |
| <u>Coverage Duration</u> | <u>If all criteria are met, the request will be approved for a single implant per eye per lifetime.</u> |
| <u>Other Criteria</u> | <p><u>**Drug is being requested through the member’s medical benefit**</u></p> <p><u>Initial Authorization</u></p> <ul style="list-style-type: none"> • <u>Confirmed diagnosis of idiopathic MacTel type 2</u> • <u>Inner segment (IS)/outer segment (OS) photoreceptor (PR) break (loss) in ellipsoid zone (EZ) between 0.16 and 2.00 mm² measured by spectral domain-optical coherence tomography (SD-OCT)</u> • <u>Best corrected visual acuity (BCVA) score of 54 letters or better (20/80 or better Snellen equivalent) measured by the Early Treatment Diabetic Retinopathy Study (ETDRS) chart</u> • <u>Prescriber attests that member has no evidence of neovascular MacTel type 2</u> • <u>Member has not previously received an Encelto implant for treated eye</u> |
| <u>Revision/Review Date: 7/2025</u> | <p><u>***Reauthorizations are not permitted, as members are limited to a single implant per eye per lifetime.***</u></p> <p><u>Medical Director/clinical reviewer may override criteria when, in his/her professional judgement, the requested item is medically necessary.</u></p> |