Provider Network News

Prior Authorization Criteria for Encelto Effective Oct. 1, 2025

Background

On Oct. 1, 2025, Encelto will become a benefit of Medicaid and CHIP. HHSC requires prior authorization for Encelto (procedure code J3403) for Medicaid and CHIP, effective for dates of service on or after Nov. 1, 2025.

Key Details

Encelto (revakinagene taroretcel-lwey) is an allogenic encapsulated cell-based gene therapy indicated for the treatment of adults with idiopathic macular telangiectasia type 2 (MacTel).

Prior Authorization Requirements

Prior authorization approval for an intravenous infusion of Encelto (J3403), an intravitreal implantation under aseptic conditions will be considered when the following criteria are met:

- Patient is 18 years or older
- Patient has a confirmed diagnosis of retinal telangiectasis in at least one eye (diagnosis code – H35.071, H35.072, H35.073, or H35.079)
- Patient has MacTel type 2 in at least one eye;
- Patient does not have neovascular or proliferative MacTel
- Patient has no ocular or periocular infections;
- Patient has no known hypersensitivity to Endothelial Serum Free Media (Endo-SFM)
- Patient has temporarily discontinued any antithrombotic medication prior to Encelto insertion surgery
- Patient has not received a previous Encelto insertion
- Prior authorization is limited to one Encelto treatment per eye per lifetime

Required Monitoring Parameters

PCHP requires providers to monitor the patient for signs and symptoms of vision loss, infectious endophthalmitis, and retinal tear/detachment.

Continuation Therapy

Re-authorization of Encelto is not permitted for a previously treated eye. If the request is for treatment of an eye that has not previously received an ocular implant, the patient must meet the approval criteria listed in the Prior Authorization Requirements section.

Action

PCHP will implement the criteria on or after Nov. 1, 2025.

Resources

Refer to the *Outpatient Drug Services Handbook* of the Texas Medicaid Provider Procedure Manual for more details on the clinical policy and prior authorization requirements.

Policy or Operational Documents: **TMPPM Outpatient Drug Services Handbook**