Mass General Brigham
Health Plan

Elahere (mirvetuximab soravtansine-gynx)
Effective 06/01/2023

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit (NLX)		
Specialty Limitations	.		
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview
Elahere is indicated for the treatment of adult patients with folate receptor-alpha positive, platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer, who have received one to three prior systemic treatment regimens.

Coverage Guidelines

Authorization may be granted for members new to the plan who are currently receiving treatment with Elahere, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for treatment when all the following criteria are met:

1. Diagnosis of epithelial ovarian, fallopian tube, or primary peritoneal cancer
2. Member has folate receptor-alpha positive disease
3. Member has platinum-resistant disease
4. Member has received at least one prior systemic therapy.

Note: Medication regimens being used in accordance with National Comprehensive Cancer Network (NCCN) guidelines can be reviewed for medical necessity.

Continuation of Therapy
Reauthorization may be granted for members who meet the following:

1. Diagnosis of epithelial ovarian, fallopian tube, or primary peritoneal cancer
2. There has been no evidence of unacceptable toxicity or disease progression on current regimen

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months

References

1. Elahere [package insert]. Waltham, MA: ImmunoGen, Inc.; November 2022.

Review History

03/15/2023 – Reviewed and Created for Feb P&T; Effective 6/1/23