

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

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

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

