

**Elahere (mirvetuximab soravtansine-gynx)**  
**Effective 07/31/2023**

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth UPPL <input type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	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
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>			

### Overview

Elahere (mirvetuximab soravtansine-gynx) is a new antibody-drug conjugate (ADC) that is indicated for the treatment of adult patients with folate receptor-alpha (FR $\alpha$ ) 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 reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

### OR

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

1. Diagnosis of platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer
2. Prescriber is an oncologist
3. Appropriate dosing (*weight required*)
4. Member is folate receptor-alpha (FR $\alpha$ ) positive or FOLR1 positive
5. Inadequate response or adverse reaction to **ONE** systemic therapy, or contraindication to use of **ALL** systemic therapy for requested indication (*see Appendix for available treatment options*)

### Continuation of Therapy

Reauthorization by prescriber will infer a positive response to therapy.

### Limitations

1. Initial approvals will be granted for 6 months.

2. Reauthorizations will be granted for 12 months.
3. **Requests for Brand Name when generic is preferred:** In addition to any prior authorization requirements that may be listed above, if an A-rated generic equivalent is available, such prior authorization requests require medical records documenting an allergic response, adverse reaction, or inadequate response to the generic equivalent drug (history of allergic reaction to the inactive ingredients used in the manufacturing process of a certain drug is acceptable).
4. **Requests for generic when Brand Name is preferred:** There are some drugs for which the Plan has determined it will be cost effective to prefer the use of the Brand Name formulation. In this case, the generic equivalent formulation is considered non-preferred and requires prior authorization. These requests require medical records documenting an allergic response, adverse reaction, or inadequate response to the Brand Name formulation. For the most up to date list of drugs where the Brand Name formulation is preferred, see the MassHealth Brand Name Preferred Over Generic Drug List (BOGL) at [www.mass.gov/druglist](http://www.mass.gov/druglist).

## Appendix

### Systemic Therapy Regimen Options for Epithelial Ovarian/Fallopian Tube/Primary Peritoneal Cancer

#### *Primary Systemic Therapy Options*

- Paclitaxel/carboplatin+/- bevacizumab
- Carboplatin/liposomal doxorubicin
- Docetaxel/carboplatin +/- bevacizumab
- Carboplatin/ifosfamide
- Cisplatin/ifosfamide
- Paclitaxel/ifosfamide
- 5-FU/leucovorin/oxaliplatin +/- bevacizumab
- Capecitabine/oxaliplatin +/- bevacizumab

#### *Recurrence therapy for Platinum-Resistant Disease*

- Cyclophosphamide (oral)/bevacizumab
- Docetaxel
- Etoposide, oral
- Gemcitabine
- Liposomal doxorubicin
- Liposomal doxorubicin/bevacizumab
- Paclitaxel (weekly)
- Paclitaxel (weekly)/bevacizumab
- Topotecan
- Topotecan/bevacizumab
- Capecitabine
- Carboplatin\*
- Carboplatin/docetaxel\*
- Carboplatin/paclitaxel (weekly)\*
- Carboplatin/gemcitabine ± bevacizumab\*
- Carboplatin/liposomal doxorubicin ± bevacizumab\*
- Carboplatin/paclitaxel ± bevacizumab\*
- Cyclophosphamide
- Doxorubicin
- Gemcitabine/cisplatin\*



- Ifosfamide
- Irinotecan
- Ixabepilone/bevacizumab
- Melphalan
- Oxaliplatin
- Paclitaxel
- Paclitaxel, albumin bound
- Pemetrexed
- Sorafenib/topotecan
- Vinorelbine

#### *Targeted Therapy (single agents)*

- Bevacizumab (contraindicated for patients at risk of GI perforation)
- Niraparib Olaparib
- Pazopanib
- Rucaparib

#### *Immunotherapy*

- Dostarlimab-gxly (for dMMR/MSI-H recurrent or advanced tumors) Pembrolizumab (for patients with MSI-H or dMMR solid tumors, or TMB-H tumors  $\geq 10$  mutations/megabase)

#### *Hormone Therapy*

- Fulvestrant (for low-grade serous carcinoma)

#### *Targeted Therapy*

- Dabrafenib + trametinib (for *BRAF* V600E-positive tumors)
- Entrectinib or larotrectinib (for *NTRK* gene fusion positive tumors)
- Mirvetuximab soravtansine-gynx/bevacizumab (for *FR $\alpha$* -expressing tumors)
- Selpercatinib (for *RET* gene fusion-positive tumors)

#### *For low-grade serous carcinoma*

- Trametinib
- Binimetinib

*Refer to latest NCCN guidelines if treatment regimen noted is not listed above.*

#### **References**

1. Elahere® (mirvetuximab soravtansine-gynx) [prescribing information]. Waltham (MA). ImmunoGen, Inc; 2023 Apr.
2. FDA D.I.S.C.O. Burst Edition: FDA approval of Elahere (mirvetuximab soravtansine-gynx) for Fr $\alpha$  positive, platinum-resistant epithelial ovarian, fallopian tube or peritoneal cancer [press release on the Internet]. U.S. Food & Drug Administration. 2022 Nov 14 [cited 2023 Apr 13]. Available from: <https://www.fda.gov/drugs/resources-information-approved-drugs/fda-disco-burst-edition-fda-approval-elahere-mirvetuximab-soravtansine-gynx-fra-positive-platinum#:~:text=On%20November%2014%2C%202022%2C%20the,three%20prior%20systemic%20treatment%20regimens.>



3. Chen L, Berek JS. Epithelial carcinoma of the ovary, fallopian tube, and peritoneum: clinical features and diagnosis. In: Basow DS (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2023 [cited 2023 Apr 19]. Available from: <http://www.uptodate.com/uptodate/index.do>.
4. Birrer MJ, Fujiwara K. Medical treatment for relapsed epithelial ovarian, fallopian tube or peritoneal cancer: Platinum-resistant disease. In: Basow DS (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2023 [cited 2023 Apr 19]. Available from: <http://www.uptodate.com/uptodate/index.do>.
5. ImmunoGen, Inc.[website on the Internet]. 2022 [cited 2023 Apr 23]. Available from: <https://elaherehcp.com/about-elahere#moa>
6. National Comprehensive Cancer Network. Ovarian Cancer Including Fallopian Tube Cancer and Primary Peritoneal Cancer Version 1.2023. December 22, 2022 (cited 2023 Apr 13) [https://www.nccn.org/professionals/physician\\_gls/pdf/ovarian.pdf](https://www.nccn.org/professionals/physician_gls/pdf/ovarian.pdf).

### **Review History**

07/12/23 - Created for P&T. Matched MH UPPL criteria to be in compliance with Masshealth unified formulary requirements for new drug, Elahere. Effective 7/31/23.

