Mass General Brigham
Health Plan

Oncology Agents
Elahere (mirvetuximab soravtansine-gynx)
Effective 07/01/2025

Plan	☒ MassHealth ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

Overview
Elahere (mirvetuximab soravtansine-gynx) is an antibody-drug conjugate (ADC) that is indicated for the treatment of adult patients with folate receptor-alpha (FRα) 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 or consult notes from an oncologist are provided
3. Appropriate dosing *(weight required)*
4. Member is folate receptor-alpha (FRα or FOLR1) positive
5. Inadequate response or adverse reaction to **ONE** systemic therapy, or contraindication to use of **ALL** systemic therapy for requested indication *(refer to current NCCN Guidelines for available treatment options)*

Continuation of Therapy
Reauthorization by prescriber will infer a positive response to therapy.

Limitations

1. Initial approvals may be granted for 6 months.
2. Reauthorizations may be granted for 12 months.

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 Frα 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%20treatmen t%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.utdol.com/utd/index.do.
4. Birrer MJ, Fujiwara K. Medical treatment for relapsed epithelian 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.utdol.com/utd/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.

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.

06/11/25 – Reviewed and updated for P&T. Updated formatting and references. Removed all chemotherapy alternatives and replaced with referring to NCCN Guidelines for most up-to-date alternatives. Clarified consult notes can be accepted for prescriber specialty. Effective 7/1/25.