Reference number(s)
5670-A

SPECIALTY GUIDELINE MANAGEMENT

ELAHERE (mirvetuximab soravtansine-gynx)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication
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.

All other indications are considered experimental/investigational and not medically necessary.

II. DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review:
Documentation of testing or laboratory results confirming folate receptor-alpha status, where applicable.

III. CRITERIA FOR INITIAL APPROVAL

Epithelial Ovarian, Fallopian Tube, or Primary Peritoneal Cancer
Authorization of 12 months may be granted for treatment of epithelial ovarian, fallopian tube, or primary peritoneal cancer when all of the following criteria are met:
1. Member has folate receptor-alpha positive disease
2. Member has platinum-resistant disease
3. Member has received at least one prior systemic therapy

IV. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section III when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

V. REFERENCES

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