| Reference number(s) |
| --- |
| 5670-A |

# Specialty Guideline Management Elahere

## Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

| Brand Name | Generic Name |
| --- | --- |
| Elahere | mirvetuximab soravtansine-gynx |

## 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 Indications[1]

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.

### Compendial Uses[2]

Recurrent folate receptor-alpha positive, platinum-sensitive epithelial overian, fallopian tube, or primary peritoneal cancer

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

| Reference number(s) |
| --- |
| 5670-A |

# 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.

# Coverage Criteria

## Epithelial Ovarian, Fallopian Tube, or Primary Peritoneal Cancer[1,2]

Authorization of 12 months may be granted for treatment of folate receptor-alpha positive epithelial ovarian, fallopian tube, or primary peritoneal cancer when either of the following criteria are met:

- Member has platinum-resistant disease and all of the following criteria are met:
  - Member has received at least one prior systemic therapy
  - Requested medication will be used as a single agent or in combination with bevacizumab
- Member has recurrent platinum-sensitive disease and all of the following are met:
  - Member has received two prior lines of platinum based therapy
  - Requested medication will be used as a single agent
  - Tumor is at least 75% positive for folate receptor-alpha expression

# Continuation of Therapy

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

# References


1. Elahere [package insert]. North Chicago, IL: AbbVie, Inc.; July 2025.
2. The NCCN Drugs & Biologics Compendium® © 2025 National Comprehensive Cancer Network, Inc. https://www.nccn.org. Accessed September 3, 2025.