Generic Name: mirvetuximab soravtansine-gynx

Therapeutic Class or Brand Name: Elahere

Applicable Drugs: Elahere (mirvetuximab soravtansine-gynx)

Preferred: N/A

Non-preferred: N/A

Date of Origin: 7/6/2026

Date Last Reviewed / Revised: 7/6/2026

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I to V are met.)

I. Documentation of the following FDA-approved diagnosis AND must meet all criteria listed under the applicable diagnosis:

FDA-Approved Indication(s)

A. Epithelial ovarian, fallopian tube, or primary peritoneal cancer

i. Documentation of locally advanced, recurrent or metastatic disease.

ii. Documentation of folate receptor-alpha (FRa) positive cancer of greater than or equal to 75% positive tumor cells as documented by an FDA-approved test.

iii. Documentation of disease progression with at least one prior systemic treatment regimen.

iv. Documentation of platinum-resistant disease.

v. Documentation that Elahere will be used as a single agent.

Other Uses With Supportive Evidence

B. Ovarian, fallopian tube, or primary peritoneal cancer

II. Minimum age requirement: 18 years old and older.

III. Treatment must be prescribed or in consultation with an oncologist or hematologist.

IV. Request is for a medication with the appropriate FDA labeling, or its use is supported by current National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium with a Category of Evidence and Consensus of 1 or 2A.

V. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have documented treatment failure or contraindication to the preferred product(s).

EXCLUSION CRITERIA

- N/A

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

Elahere is available in a 100 mg/20 mL IV solution.

- Dose: 6 mg/kg every 3 weeks (using adjusted ideal body weight).
- Quantity limit: one dose per 3 week cycle.

APPROVAL LENGTH

- **Authorization:** 6 months.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and does not show evidence of progressive disease.

APPENDIX

The total dose of ELAHERE is calculated based on each patient's AIBW using the following formula:

- AIBW = Ideal Body Weight (IBW [kg]) + 0.4*(Actual weight [kg] – IBW)
- Female IBW (kg) = 0.9*height(cm) – 92

REFERENCES

1. Elahere. Prescribing Information. ImmunoGen, Inc.; 2024. Accessed July 6, 2026. https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/761310Origs005lbl.pdf
2. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Ovarian Cancer. Version *4.2026*. Updated *April 10, 2026*. Accessed *July 6, 2026*.