



Federal Employee Program.

Blue Cross Blue Shield Association  
750 9th St NW, Suite 900  
Washington, D.C. 20001  
1-800-624-5060  
Fax 1-877-378-4727

# 5.21.197

---

<b>Section:</b>	Prescription Drugs	<b>Effective Date:</b>	April 1, 2025
<b>Subsection:</b>	Antineoplastic Agents	<b>Original Policy Date:</b>	December 9, 2022
<b>Subject:</b>	Elahere	<b>Page:</b>	1 of 5

---

**Last Review Date:** March 7, 2025

---

## Elahere

### Description

#### Elahere (mirvetuximab soravtansine-gynx)

---

#### Background

Elahere (mirvetuximab soravtansine-gynx) is an antibody-drug conjugate (ADC). The antibody is a chimeric IgG1 directed against folate receptor alpha (FR $\alpha$ ). The small molecule, DM4, is a microtubule inhibitor attached to the antibody via a cleavable linker. Upon binding to FR $\alpha$ , Elahere is internalized followed by intracellular release of DM4 via proteolytic cleavage. DM4 disrupts the microtubule network within the cell, resulting in cell cycle arrest and apoptotic cell death (1).

#### Regulatory Status

FDA-approved indication: Elahere is a folate receptor alpha (FR $\alpha$ )-directed antibody and microtubule inhibitor conjugate indicated for the treatment of adult patients with FR $\alpha$  positive, platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer, who have received one to three prior systemic treatment regimens. Select patients for therapy based on an FDA-approved test (1).

Elahere has a boxed warning regarding the risk of ocular toxicity. Elahere can cause severe ocular toxicities, including visual impairment, keratopathy, dry eye, photophobia, eye pain, and uveitis. An ophthalmic exam including visual acuity and slit lamp exam should be conducted prior to initiation of Elahere, every other cycle for the first 8 cycles, and as clinically indicated. Prophylactic artificial tears and ophthalmic topical steroids should be administered (1).

---

<b>Section:</b>	Prescription Drugs	<b>Effective Date:</b>	April 1, 2025
<b>Subsection:</b>	Antineoplastic Agents	<b>Original Policy Date:</b>	December 9, 2022
<b>Subject:</b>	Elahere	<b>Page:</b>	2 of 5

---

Elahere also contains warnings regarding the following: pneumonitis and peripheral neuropathy. Patients should be monitored for signs and symptoms of pneumonitis and neuropathy (1).

Elahere can cause embryo-fetal harm when administered to a pregnant woman. Female patients of reproductive potential should be advised to use effective contraception during treatment with Elahere and for 7 months after the last dose (1).

The safety and effectiveness of Elahere in pediatric patients less than 18 years of age have not been established (1).

---

## Related policies

### Policy

*This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.*

Elahere may be considered **medically necessary** if the conditions indicated below are met.

Elahere may be considered **investigational** for all other indications.

## Prior-Approval Requirements

**Age** 18 years of age or older

### Diagnosis

Patient must have the following:

1. Epithelial ovarian, fallopian tube, or primary peritoneal cancer
  - a. Folate receptor-alpha (FR $\alpha$ ) positive, as determined by an FDA-approved test
  - b. Cancer is platinum-resistant
  - c. Patient has received one to three prior systemic treatment regimens

**AND ALL** of the following:

1. Prescriber agrees to monitor for severe ocular toxicities

---

<b>Section:</b>	Prescription Drugs	<b>Effective Date:</b>	April 1, 2025
<b>Subsection:</b>	Antineoplastic Agents	<b>Original Policy Date:</b>	December 9, 2022
<b>Subject:</b>	Elahere	<b>Page:</b>	3 of 5

---

2. Patient will have an ophthalmic exam including visual acuity and slit lamp exam done prior to initiation of Elahere, every other cycle for the first 8 cycles, and as clinically indicated
3. Prescriber agrees to administer premedications as necessary, such as corticosteroid, antihistamine, antipyretic, antiemetic, ophthalmic topical steroids, and lubricating eye drops
4. Prescriber agrees to monitor for signs and symptoms of pneumonitis and neuropathy
5. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Elahere and for 7 months after the last dose

---

## Prior – Approval *Renewal* Requirements

**Age** 18 years of age or older

### Diagnosis

Patient must have the following:

1. Epithelial ovarian, fallopian tube, or primary peritoneal cancer
  - a. **NO** disease progression or unacceptable toxicity

**AND ALL** of the following:

1. Prescriber agrees to monitor for severe ocular toxicities
2. Patient will have an ophthalmic exam including visual acuity and slit lamp exam done as clinically indicated
3. Prescriber agrees to administer premedications as necessary, such as corticosteroid, antihistamine, antipyretic, antiemetic, ophthalmic topical steroids, and lubricating eye drops
4. Prescriber agrees to monitor for signs and symptoms of pneumonitis and neuropathy
5. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Elahere and for 7 months after the last dose

---

<b>Section:</b>	Prescription Drugs	<b>Effective Date:</b>	April 1, 2025
<b>Subsection:</b>	Antineoplastic Agents	<b>Original Policy Date:</b>	December 9, 2022
<b>Subject:</b>	Elahere	<b>Page:</b>	4 of 5

---

## Pre - PA Allowance

None

## Prior - Approval Limits

**Duration** 12 months

---

## Prior – Approval *Renewal* Limits

Same as above

## Rationale

### Summary

Elahere (mirvetuximab soravtansine-gynx) is a folate receptor alpha (FR $\alpha$ )-directed antibody and microtubule inhibitor conjugate indicated for the treatment of adult patients with FR $\alpha$  positive, platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer. Elahere contains a boxed warning regarding severe ocular toxicities. The safety and effectiveness of Elahere in pediatric patients less than 18 years of age have not been established (1).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Elahere while maintaining optimal therapeutic outcomes.

### References

1. Elahere [package insert]. Waltham, MA: ImmunoGen, Inc.; October 2024.
2. NCCN Drugs & Biologics Compendium<sup>®</sup> Mirvetuximab soravtansine-gynx 2025. National Comprehensive Cancer Network, Inc. Accessed on January 27, 2025.

## Policy History

Date	Action
December 2022	Addition to PA
March 2023	Annual review and reference update
December 2023	Annual review and reference update
March 2024	Annual review and reference update
December 2024	Annual review and reference update
March 2025	Annual review and reference update

## Keywords

# 5.21.197

---

<b>Section:</b>	Prescription Drugs	<b>Effective Date:</b>	April 1, 2025
<b>Subsection:</b>	Antineoplastic Agents	<b>Original Policy Date:</b>	December 9, 2022
<b>Subject:</b>	Elahere	<b>Page:</b>	5 of 5

---

---

**This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 7, 2025 and is effective on April 1, 2025.**