GCHP Medi-Cal Clinical Guidelines
Mirvetuximab Soravtansine (Elahere™)

PA Criteria	Criteria Details
Covered Uses (FDA approved indication)	The treatment of adult patients with FRα 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.
Exclusion Criteria	Grade 4 ocular toxicities Grade 3 or 4 Pneumonitis Moderate to severe hepatic impairment (total bilirubin > 1.5 ULN)
Required Medical Information	<u>Initial therapy - Must meet ALL of the following:</u> • FDA – approved indication and dosing regimen. • Positive FRα expression. • Not responded to or is no longer responding to treatment with platinum-based chemotherapy. • Conduct an ophthalmic exam (visual acuity and slit lamp exam) prior to initiation of mirvetuximab soravtansine, every other cycle for the first eight cycles, and as clinically indicated. • Confirmation of administration of prophylactic artificial tears and ophthalmic topical steroids. • Confirmation of at least one prior systemic treatment regimen.
Age Restriction	18 years of age and older. < 21 years of age – check for CCS eligibility.
Prescriber Restrictions	Hematologist, Oncologist
Coverage Duration	Initial: Six months Renewal: 12 months
Other Criteria / Information	Adapted from DHCS Pharmacy Manual Chemo Drug m July 2024

HCPCS	Description	Dosing, Units
J9063	Mirvetuximab soravatansine-gynx 1mg injection (Elahere)	6mg/kg adjusted ideal body weight every three weeks.

STATUS	DATE REVISED	REVIEW DATE	APPROVED / REVIEWED BY	EFFECTIVE DATE
Created	1/15/2025	N/A	Yoonhee Kim, Clinical Programs Pharmacist Lily Yip, Director of Pharmacy Services	N/A
Approved	N/A	2/13/2025	Pharmacy & Therapeutics (P&T) Committee	6/1/2025