

Mirvetuximab soravtansine-gynx (Elahere™)

Place of Service

Infusion Center Administration
Office Administration
Outpatient Facility Administration

HCPCS

- Effective through 6/30/2023: **C9146** per 1 mg
- Effective 7/1/2023 and after: **J9063** per 1 mg

Condition(s) listed in policy (*see criteria for details*)

- [Epithelial ovarian, Fallopian tube, or Primary peritoneal cancer](#)

AHFS therapeutic class: Antineoplastic Agent

Mechanism of action: Antibody-drug conjugate (ADC); Antibody is a chimeric IgG1 directed against folate receptor alpha (FR α).

(1) Special Instructions and pertinent Information

Covered under the Medical Benefit, please submit clinical information for prior authorization review via fax.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for Elahere™ (mirvetuximab soravtansine-gynx) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Epithelial ovarian, Fallopian tube, or Primary peritoneal cancer

1. Provider attestation of FR α -positive disease, **AND**
2. Disease is platinum-resistant, **AND**
3. Being used as a single agent

Covered Doses

Up to 6 mg/kg (adjusted ideal body weight) IV infusion given every 3 weeks

Coverage Period

Indefinitely

ICD-10:

C48.1, C48.2, C48.8, C56.1, C56.2, C56.3, C56.9, C57.00-C57.02, C57.10-C57.12, C57.20-C57.22, C57.3, C57.4, C57.7-C57.9, Z85.43

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for Elahere™ (mirvetuximab soravtansine-gynx) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT COVERED for the following condition(s)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied:

- 100 mg/20 mL (5 mg/mL) in a single-dose vial

(6) References

- AHFS®. Available by subscription at <http://www.lexi.com>
- DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
- Elahere (mirvetuximab soravtansine-gynx) [Prescribing information.] Waltham, MA: ImmunoGen, Inc.; 11/2022.

(7) Policy Update

Date of last revision: 3Q2023

Date of next review: 1Q2024

Changes from previous policy version:

- Added new HCPCS code, J9063 per 1 mg, effective 7/1/2023

*BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee*