



THE FIRST AND ONLY FR α -TARGETED ADC FOR PLATINUM-RESISTANT OVARIAN CANCER¹

ELAHERE is indicated for the treatment of adult patients with folate receptor-alpha (FR α) 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.

This indication is approved under accelerated approval based on tumor response rate and durability of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial.

ADC=antibody-drug conjugate.

SELECT IMPORTANT SAFETY INFORMATION

BOXED WARNING: OCULAR TOXICITY

- ELAHERE can cause severe ocular toxicities, including visual impairment, keratopathy, dry eye, photophobia, eye pain, and uveitis.
- Conduct an ophthalmic exam including visual acuity and slit lamp exam prior to initiation of ELAHERE, every other cycle for the first 8 cycles, and as clinically indicated.
- Administer prophylactic artificial tears and ophthalmic topical steroids.
- Withhold ELAHERE for ocular toxicities until improvement and resume at the same or reduced dose.
- Discontinue ELAHERE for Grade 4 ocular toxicities.

Please see Important Safety Information throughout and full [Prescribing Information](#), including BOXED WARNING.

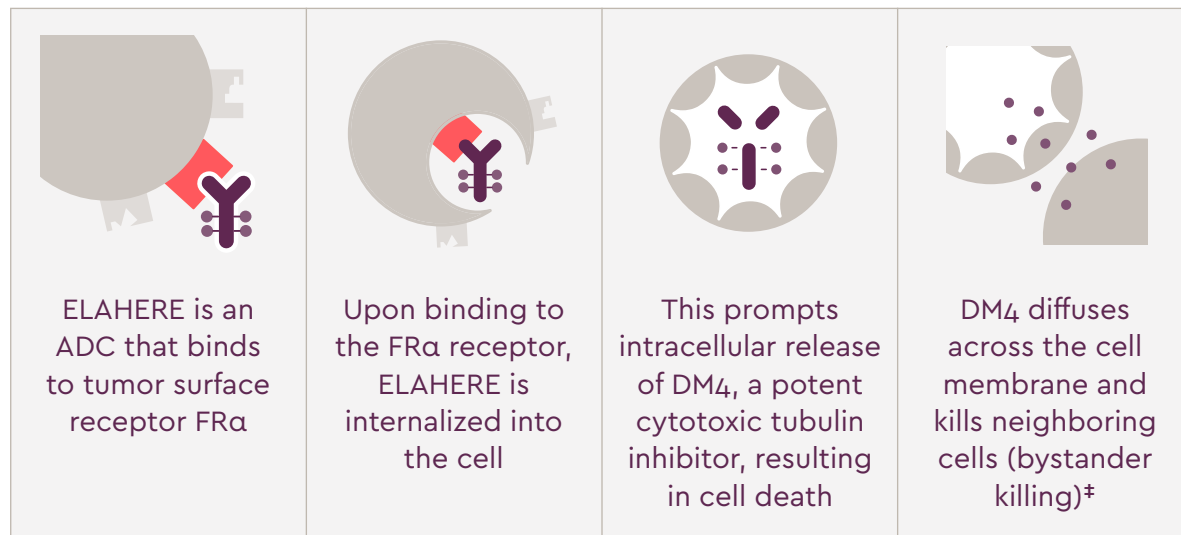
FR α : AN ACTIONABLE THERAPEUTIC TARGET IN PLATINUM-RESISTANT OVARIAN CANCER¹



~35% of patients with OC have high levels of FR α expression^{2*}

- Expression is limited on normal tissue, making FR α an attractive therapeutic target³
- Patients with platinum-resistant ovarian cancer who test positive for FR α by the VENTANA FOLR1 IHC Assay[†] are candidates for treatment with ELAHERE^{1,4}

ELAHERE mechanism of action: the first and only FR α -targeted treatment for platinum-resistant ovarian cancer^{1,2,5,6}



*Defined as $\geq 75\%$ of tumor cells staining with 2+ intensity.

[†]VENTANA FOLR1 (FOLR1-2.1) RxDx Assay.

[‡]Via cell cycle arrest and apoptotic cell death.

FOLR1=folate receptor 1; IHC=immunohistochemistry; OC=ovarian cancer.

IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS and PRECAUTIONS

Ocular Disorders

ELAHERE can cause severe ocular adverse reactions, including visual impairment, keratopathy (corneal disorders), dry eye, photophobia, eye pain, and uveitis.

Ocular adverse reactions occurred in 61% of patients with ovarian cancer treated with ELAHERE. Nine percent (9%) of patients experienced Grade 3 ocular adverse reactions, including visual impairment, keratopathy/keratitis (corneal disorders), dry eye, photophobia, and eye pain; and one patient (0.2%) experienced Grade 4 keratopathy.

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SORAYA: THE FIRST AND ONLY POSITIVE FR α BIOMARKER-DRIVEN STUDY^{1,2}



SORAYA was a pivotal single-arm trial evaluating the efficacy and safety of ELAHERE^{1,2}

Patients with
FR α -positive,
platinum-resistant
epithelial ovarian,
fallopian tube, or
primary peritoneal
cancer (N=106)



ELAHERE
6 mg/kg AIBW*
every 3 weeks,
continued until
disease progression
or unacceptable
toxicity



Major efficacy outcome measures†

- ORR (investigator-assessed)
- DOR (investigator-assessed)

- Patients had received 1 to 3 lines of prior systemic therapy
- Platinum resistance was defined as disease recurrence within 6 months of treatment with platinum-based chemotherapy
- Patients were excluded if they had corneal disorders, ocular conditions requiring ongoing treatment, Grade >1 peripheral neuropathy, or noninfectious interstitial lung disease

*Starting dose.

†Per RECIST v1.1.

AIBW=adjusted ideal body weight; DOR=duration of response; ORR=objective response rate; RECIST=Response Evaluation Criteria in Solid Tumors.

IMPORTANT SAFETY INFORMATION (CONT'D)

The most common ($\geq 5\%$) ocular adverse reactions were visual impairment (49%), keratopathy (36%), dry eye (26%), cataract (15%), photophobia (13%), and eye pain (12%).

The median time to onset for first ocular adverse reaction was 1.2 months (range: 0.03 to 12.9). Of the patients who experienced ocular events, 49% had complete resolution and 39% had partial improvement (defined as a decrease in severity by one or more grades from the worst grade) at last follow up. Ocular adverse reactions led to permanent discontinuation of ELAHERE in 0.6% of patients.

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PATIENT SELECTION AND CHARACTERISTICS



SORAYA studied a population with high unmet need^{1,2}

- Patients with platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer who had 1 to 3 prior lines of therapy were selected for treatment with ELAHERE using the VENTANA FOLR1 IHC assay for FRα positivity*

Baseline patient characteristics		
Age, median years (range)	62 years (35–85)	
Race (%)	White	96
	Other	4
ECOG PS (%)	0	57
	1	43
Prior treatment (%) ^a	1 line of systemic therapy	10
	2 lines of systemic therapy	39
	3 lines of systemic therapy	50
	Bevacizumab	100
	PARP inhibitor	47

^aOne patient had received 4 prior lines of therapy.²

*Positive FRα expression of the tumor was defined as ≥75% of tumor cells staining with 2+ intensity by the VENTANA FOLR1 (FOLR1–2.1) RxDx Assay.⁴

ECOG PS=Eastern Cooperative Oncology Group performance status; PARP=poly(ADP-ribose) polymerase.

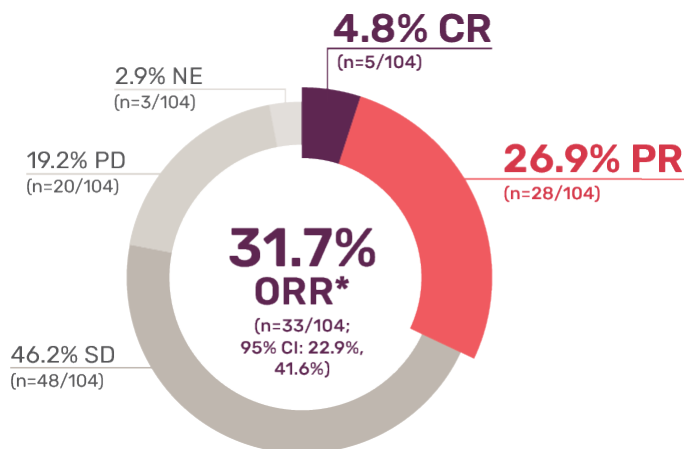
IMPORTANT SAFETY INFORMATION (CONT'D)

Premedication and use of lubricating and ophthalmic topical steroid eye drops during treatment with ELAHERE are recommended. Advise patients to avoid use of contact lenses during treatment with ELAHERE unless directed by a healthcare provider.

Refer patients to an eye care professional for an ophthalmic exam including visual acuity and slit lamp exam prior to treatment initiation, every other cycle for the first 8 cycles, and as clinically indicated. Promptly refer patients to an eye care professional for any new or worsening ocular signs and symptoms.

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ELAHERE: THE FIRST TREATMENT TO DEMONSTRATE EFFICACY IN FR α -POSITIVE, PLATINUM-RESISTANT OVARIAN CANCER^{1,2}



mDOR*
6.9 months
(95% CI: 5.6, 9.7)

Consistent response rates and duration were demonstrated in the independent radiology review¹

IMPORTANT SAFETY INFORMATION (CONT'D)

Monitor for ocular toxicity and withhold, reduce, or permanently discontinue ELAHERE based on severity and persistence of ocular adverse reactions.

Pneumonitis

Severe, life-threatening, or fatal interstitial lung disease (ILD), including pneumonitis, can occur in patients treated with ELAHERE. Pneumonitis occurred in 10% of patients treated with ELAHERE, including 0.8% with Grade 3 events, and 1 patient (0.2%) with a Grade 4 event. One patient (0.2%) died due to respiratory failure in the setting of pneumonitis and lung metastases.

*Investigator-assessed per RECIST v1.1.

CI=confidence interval; CR=complete response; mDOR=median duration of response; NE=not evaluable; PD=progressive disease; PR=partial response; SD=stable disease.

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ELAHERE SAFETY PROFILE^{1,2}



Adverse events reported in ≥10% of patients receiving ELAHERE in SORAYA

Adverse event N=106	All Grades (%)	Grade 3 (%)	Grade 4 (%)	Adverse event N=106	All Grades (%)	Grade 3 (%)	Grade 4 (%)	Adverse event N=106	All Grades (%)	Grade 3 (%)	Grade 4 (%)
EYE DISORDERS				GASTROINTESTINAL DISORDERS				METABOLISM AND NUTRITION DISORDERS			
Vision impairment ^a	50	6.6	0	Nausea	40	0	0	Decreased appetite	18	0.9	0
Keratopathy ^b	37	8.5	0.9	Abdominal pain ^f	36	6.6	0	MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS			
Dry eye ^c	27	1.9	0	Diarrhea	31	2.8	0	Arthralgia	17	0	0
Cataract	18	2.8	0	Constipation	30	0.9	0	Myalgia	10	0	0
Photophobia	17	0	0	Vomiting	19	0	0	RESPIRATORY, THORACIC, AND MEDIASTINAL DISORDERS			
Eye pain ^d	10	0	0	Abdominal distension	11	0	0	Dyspnea ^h	12	0	0
GENERAL DISORDERS				NERVOUS SYSTEM DISORDERS							
Fatigue ^e	49	2.8	0	Peripheral neuropathy ^g	33	1.9	0				

One patient reported mild (Grade 1) alopecia after treatment with ELAHERE^{2*}

^aVisual impairment includes blurred vision, vitreous floaters, visual acuity reduced, diplopia, presbyopia, accommodation disorder, visual impairment, and refraction disorder.

^bKeratopathy includes corneal disorder, corneal epithelial microcysts, corneal epithelial defect, keratitis, keratopathy, corneal deposits, and punctate keratitis.

^cDry eye includes dry eye and lacrimation increased.

^dEye pain includes eye pain and ocular discomfort.

^eFatigue includes fatigue and asthenia.

^fAbdominal pain includes abdominal pain, abdominal pain upper, abdominal pain lower, abdominal discomfort.

^gPeripheral neuropathy includes neuropathy peripheral, peripheral sensory neuropathy, peripheral motor neuropathy, paresthesia, hypoesthesia, polyneuropathy, and neurotoxicity.

^hDyspnea includes dyspnea and exertional dyspnea.

*One additional patient entered the study with Grade 1 alopecia. Alopecia was not a result of ELAHERE and grade did not change during treatment.²

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ELAHERE SAFETY PROFILE¹ (CONT'D)



Clinically relevant AEs occurring in <10% of patients who received ELAHERE in SORAYA included infusion-related reactions/hypersensitivity (9%), pneumonitis (8%), thrombocytopenia (5%), and uveitis (1%)



Serious AEs occurred in 31% of patients

- The most common ($\geq 2\%$) serious AEs were intestinal obstruction (8%), ascites (4%), infection (3%), and pleural effusion (3%)
- Fatal AEs occurred in 2% of patients, including small intestinal obstruction (1%) and pneumonitis (1%)



Permanent discontinuation due to AEs occurred in 11% of patients

- The most common ($\geq 2\%$) AEs leading to permanent discontinuation were intestinal obstruction (2%) and thrombocytopenia (2%)
- One patient (0.9%) permanently discontinued ELAHERE due to visual impairment (unilateral decrease to BCVA $\leq 20/200$ that resolved to baseline after discontinuation)



Dosage delays of ELAHERE due to an AE occurred in 39% of patients

- AEs which required dosage delays in $\geq 3\%$ of patients included visual impairment (15%), keratopathy (11%), neutropenia (6%), dry eye (5%), cataracts (3%), and increased gamma-glutamyltransferase (3%)



Dose reductions of ELAHERE due to an AE occurred in 20% of patients

- AEs which required dose reductions in $\geq 3\%$ of patients included visual impairment (9%) and keratopathy (7%)



The median duration of treatment was 4.2 months (range: 0.7 to 13.3)



Grades 3-4 laboratory abnormalities that worsened from baseline in $\geq 2\%$ of patients receiving ELAHERE* included decreased lymphocytes (7%), decreased potassium (4%), decreased hemoglobin (3%), decreased neutrophils (3%), decreased magnesium (2%), decreased platelets (2%), increased ALT (2%), increased AST (2%), decreased albumin (1%), decreased leukocytes (1%), and increased alkaline phosphatase (1%)

*The denominator used to calculate the rate varied from 98 to 101 based on the number of patients with a baseline value and at least one post-treatment value.

AE=adverse event; ALT=alanine aminotransferase; AST=aspartate aminotransferase; BCVA=best corrected visual acuity.

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OCULAR EVENTS FROM A POOLED SAFETY ANALYSIS OF ELAHERE (N=464)¹



Ocular AEs reported in ≥5% of patients	
Adverse event	All Grades (%)
Vision impairment	49
Keratopathy	36
Dry eye	26
Cataract	15
Photophobia	13
Eye pain	12

- Ocular AEs occurred in 61% of patients treated with ELAHERE
 - 9% of patients experienced Grade 3 ocular AEs, including visual impairment, keratopathy/keratitis (corneal disorders), dry eye, photophobia, and eye pain; 1 patient (0.2%) experienced Grade 4 keratopathy
- The median time to onset for first ocular AE was between cycles 2 and 3 (1.2 months [range: 0.03 to 12.9])
 - Ocular AEs led to permanent discontinuation of ELAHERE in 0.6% of patients

No patients had permanent ocular sequelae in the pooled safety analysis⁷

IMPORTANT SAFETY INFORMATION (CONT'D)

Monitor patients for pulmonary signs and symptoms of pneumonitis. Infectious, neoplastic, and other causes for symptoms should be excluded through appropriate investigations.

Withhold ELAHERE for patients who develop persistent or recurrent Grade 2 pneumonitis until symptoms resolve to ≤Grade 1 and consider dose reduction. Permanently discontinue ELAHERE in all patients with Grade 3 or 4 pneumonitis. Patients who are asymptomatic may continue dosing of ELAHERE with close monitoring.

Please see Important Safety Information throughout and full [Prescribing Information](#), including **BOXED WARNING**.

EYE CARE

Proactive management of ocular events

Work with an eye care provider (ophthalmologist or optometrist) to manage ocular events that may occur.



Patients should receive a baseline ophthalmic exam from an eye care provider, including visual acuity and slit lamp exam, prior to treatment initiation, and follow-up exams during every other cycle for the first 8 cycles and as clinically indicated¹



Tell your patients to avoid use of contact lenses¹



The use of ophthalmic topical steroids is recommended¹

- The initial prescription and renewals of any corticosteroid medication should be made only after examination with a slit lamp
- Instruct patients to administer 1 drop of ophthalmic topical steroid in each eye 6 times daily starting the day prior to each infusion of ELAHERE until day 4
- Then patients should administer 1 drop in each eye 4 times daily on days 5–8 of each cycle of ELAHERE



The use of preservative-free* lubricating eye drops at least 4 times daily and as needed is recommended during treatment with ELAHERE^{1,2,8,9}

- Instruct patients to use lubricating eye drops
- Advise them to wait at least 10 minutes after ophthalmic topical steroid administration before instilling lubricating eye drops

*Preservative-free is not a requirement for all patients. Lubricating eye drops without preservatives are recommended for patients with sensitive eyes.



IMPORTANT SAFETY INFORMATION (CONT'D)

Peripheral Neuropathy (PN)

PN occurred in 36% of patients with ovarian cancer treated with ELAHERE across clinical trials; 2% of patients experienced Grade 3 PN. PN adverse reactions included peripheral neuropathy (19%), peripheral sensory neuropathy (9%), paraesthesia (6%), neurotoxicity (3%), hypoaesthesia (2%), peripheral motor neuropathy (1%), neuralgia (0.4%), polyneuropathy (0.2%) and oral hypoesthesia (0.2%).

Monitor patients for signs and symptoms of neuropathy. For patients experiencing new or worsening PN, withhold dosage, dose reduce, or permanently discontinue ELAHERE based on the severity of PN.

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PROPHYLACTIC MEDICATIONS PRIOR TO INFUSION



Help reduce the incidence and severity of infusion-related reactions and emesis by following the ELAHERE premedication guidelines¹

Premedication prior to each ELAHERE infusion			
Premedication	Route of administration	Examples (or equivalent)	Administration time prior to ELAHERE infusion
Corticosteroid	IV	dexamethasone 10 mg	At least 30 minutes prior
Antihistamine	oral or IV	diphenhydramine 25 mg to 50 mg	
Antipyretic	oral or IV	acetaminophen 325 mg to 650 mg	
Antiemetic	oral or IV	5-HT ₃ serotonin receptor antagonist or appropriate alternatives	Before each dose and thereafter as needed
Consider additional premedications including corticosteroids the day prior to ELAHERE administration for patients who experience infusion-related reactions.			

IMPORTANT SAFETY INFORMATION (CONT'D)

Embryo-Fetal Toxicity

Based on its mechanism of action, ELAHERE can cause embryo-fetal harm when administered to a pregnant woman because it contains a genotoxic compound (DM4) and affects actively dividing cells.

Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with ELAHERE and for 7 months after the last dose.

Please see Important Safety Information throughout and full [Prescribing Information](#), including **BOXED WARNING**.

IV=intravenous.

DOSING

Calculating starting dose¹



The recommended dose of ELAHERE is **6 mg/kg AIBW administered once every 3 weeks (21-day cycle)** as an IV infusion until disease progression or unacceptable toxicity

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

$$\text{AIBW} = \text{IBW} + 0.4 \times \left(\text{actual weight}_{(\text{kg})} - \text{IBW} \right)$$

Female IBW = (0.9 x height in cm) - 92

AIBW is equivalent to adjusted body weight (AdjBW).

- In the SORAYA clinical study, the mean AIBW was 59.2 kg²
- Based on an AIBW of 59.2 kg, the dose would be 355 mg per cycle (4 vials)
- **Dose modifications may help manage treatment-related toxicities**

IBW=ideal body weight.



IMPORTANT SAFETY INFORMATION (CONT'D)

ADVERSE REACTIONS

Serious adverse reactions occurred in 31% of patients. The most common ($\geq 2\%$) serious adverse reactions were intestinal obstruction (8%), ascites (4%), infection (3%), and pleural effusion (3%). Fatal adverse reactions occurred in 2% of patients, including small intestinal obstruction (1%) and pneumonitis (1%).

Permanent discontinuation of ELAHERE due to adverse reactions occurred in 11% of patients. The most common ($\geq 2\%$) adverse reactions leading to permanent discontinuation were intestinal obstruction (2%) and thrombocytopenia (2%).

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ADMINISTRATION¹



Administer ELAHERE as an intravenous infusion only. Prior to administration, ELAHERE must be diluted with 5% Dextrose Injection, USP to a final concentration of 1 mg/mL to 2 mg/mL



Administer the first dose at the rate of 1 mg/min

- If well tolerated after 30 minutes, the infusion rate can be increased to 3 mg/min
- If well tolerated after 30 minutes, the infusion rate can be increased to 5 mg/min

If no infusion-related reactions occur with the previous dose, subsequent infusions should be started at the maximally tolerated rate and may be increased up to a maximum infusion rate of 5 mg/min, as tolerated



ELAHERE is a hazardous drug. Follow applicable special handling and disposal procedures



DO NOT mix ELAHERE with other drugs or intravenous fluids



DO NOT mix ELAHERE with normal saline (0.9% Sodium Chloride Injection)

IMPORTANT SAFETY INFORMATION (CONT'D)

One patient (0.9%) permanently discontinued ELAHERE due to visual impairment (unilateral decrease to BCVA $\leq 20/200$ that resolved to baseline after discontinuation).

Dosage delays of ELAHERE due to an adverse reaction occurred in 39% of patients. Adverse reactions which required dosage delays in $\geq 3\%$ of patients included visual impairment (15%), keratopathy (11%), neutropenia (6%), dry eye (5%), cataracts (3%) and increased gamma-glutamyltransferase (3%).

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DOSE MODIFICATIONS¹

Dose modifications may help manage treatment-related toxicities. Adjust the schedule of administration to maintain a 3-week interval between doses.

Recommended dose reduction schedule for AEs	
	ELAHERE dose level
Starting dose	6 mg/kg AIBW
First dose reduction	5 mg/kg AIBW
Second dose reduction	4 mg/kg AIBW ^a

The eye care provider who is conducting the regular eye exams should monitor for ocular AEs, and should notify you and your care team if any AEs are occurring that might require dose modification

^aPermanently discontinue in patients who cannot tolerate 4 mg/kg AIBW.



IMPORTANT SAFETY INFORMATION (CONT'D)

Dose reductions of ELAHERE due to an adverse reaction occurred in 20% of patients. Adverse reactions which required dose reductions in ≥3% of patients included visual impairment (9%) and keratopathy (7%).

The most common (≥20%) adverse reactions, including laboratory abnormalities, were vision impairment, fatigue, increased aspartate aminotransferase, nausea, increased alanine aminotransferase, keratopathy, abdominal pain, decreased lymphocytes, peripheral neuropathy, diarrhea, decreased albumin, constipation, increased alkaline phosphatase, dry eye, decreased magnesium, decreased leukocytes, decreased neutrophils, and decreased hemoglobin.

Please see Important Safety Information throughout and full [Prescribing Information](#), including **BOXED WARNING**.

DOSE MODIFICATIONS¹ (CONT'D)



Recommended dose modifications for ocular AEs		
Adverse event	Severity of adverse event ^a	Dosage modification
Keratitis/ keratopathy	Nonconfluent superficial keratitis	Monitor
	Confluent superficial keratitis, a cornea epithelial defect, or 3-line or more loss in best corrected visual acuity	Withhold dose until improved or resolved, then maintain at same dose level or consider dose reduction
	Corneal ulcer or stromal opacity or best corrected distance visual acuity 20/200 or worse	Withhold dose until improved or resolved, then reduce by one dose level
	Corneal perforation	Permanently discontinue
Uveitis	Grade 1: Rare cell in anterior chamber	Monitor
	Grade 2: 1–2+ cell or flare in anterior chamber	Withhold dose until Grade 1 or less, then maintain dose at same dose level
	Grade 3: 3+ cell or flare in anterior chamber	Withhold dose until Grade 1 or less, then reduce dose by one dose level
	Grade 4: Hypopyon	Permanently discontinue

^aUnless otherwise specified, National Cancer Institute Common Terminology Criteria for Adverse Events (NCI CTCAE) version 5.0.

IMPORTANT SAFETY INFORMATION (CONT'D)

DRUG INTERACTIONS

Strong CYP3A4 Inhibitors

DM4 is a CYP3A4 substrate. Concomitant use of ELAHERE with strong CYP3A4 inhibitors may increase unconjugated DM4 exposure, which may increase the risk of ELAHERE adverse reactions. Closely monitor patients for adverse reactions with ELAHERE when used concomitantly with strong CYP3A4 inhibitors.

USE IN SPECIAL POPULATIONS

Lactation

Advise women not to breastfeed during treatment with ELAHERE and for at least 1 month after the last dose.

Please see Important Safety Information throughout and full **Prescribing Information**, including **BOXED WARNING**.

DOSE MODIFICATIONS¹ (CONT'D)



Recommended dose modifications for other AEs		
Adverse event	Severity of adverse event ^a	Dosage modification
Pneumonitis	Grade 1	Monitor
	Grade 2	Withhold dose until Grade 1 or less, then resume at same dose level or one lower dose level at the discretion of the healthcare provider
	Grade 3 or 4	Permanently discontinue
Peripheral neuropathy	Grade 2	Withhold dose until Grade 1 or less, then reduce by one dose level
	Grade 3 or 4	Permanently discontinue
Infusion-related reactions/hypersensitivity	Grade 1	Maintain infusion rate
	Grade 2	<ul style="list-style-type: none"> Interrupt infusion and administer supportive treatment After recovery from symptoms, resume the infusion at 50% of the previous rate, and if no further symptoms appear, increase rate as appropriate until infusion is completed Administer additional premedication for future cycles
	Grade 3 or 4	<ul style="list-style-type: none"> Immediately stop infusion and administer supportive treatment Advise patient to seek emergency treatment and immediately notify their healthcare provider if the infusion-related symptoms recur Permanently discontinue
Other adverse events	Grade 3	Withhold dose until Grade 1 or less, then resume at one lower dose level
	Grade 4	Permanently discontinue

^aUnless otherwise specified, National Cancer Institute Common Terminology Criteria for Adverse Events (NCI CTCAE) version 5.0.

IMPORTANT SAFETY INFORMATION (CONT'D)

Pediatric Use

Safety and effectiveness of ELAHERE have not been established in pediatric patients.

Hepatic Impairment

Avoid use of ELAHERE in patients with moderate or severe hepatic impairment (total bilirubin >1.5 ULN).

Please see Important Safety Information throughout and full [Prescribing Information](#), including **BOXED WARNING**.

ELAHERE SUPPORT SERVICES



ELAHERE Support Services: Here to help you navigate access for your patients

ELAHERE Support Services is committed to helping appropriate patients **start on ELAHERE** by offering **access** and **reimbursement** support as well as **affordability** assistance.



Access & reimbursement support

- Benefits investigation
- Prior authorization (PA) assistance
- Appeals assistance



Co-pay assistance program*

To support commercially eligible patients with out-of-pocket costs.
Patients could pay as little as \$0 for their medication



Patient Assistance Program (PAP)

To help uninsured or underinsured patients who meet eligibility requirements access medication at no charge[†]



Questions? Connect with an ELAHERE Support Services Program specialist

Phone: 1-833-ELAHERE (1-833-352-4373) Monday to Friday, 8 AM to 8 PM ET

Email: ELAHERESupport@cardinalhealth.com

^{*}Terms and conditions apply. Patients are eligible for co-pay assistance if enrolled in private commercial health insurance and are not covered by state or federal healthcare programs, and who meet the eligibility criteria. Patients will be enrolled for 12 months. There are no income requirements to participate in the program.

[†]Criteria include: patients who are uninsured or have insurance that excludes coverage for ELAHERE (including patients on Medicare and Medicaid), residents of the United States or Puerto Rico, and patients who meet the financial eligibility requirements. Terms and conditions apply.

Please see Important Safety Information throughout and full [Prescribing Information](#), including **BOXED WARNING**.

PROCESS OVERVIEW



FRα

Test for FRα using VENTANA FOLR1 IHC Assay



Order ELAHERE as indicated



Ophthalmologist or optometrist conducts a baseline eye exam



Prescribe topical ophthalmic steroid drops and reinforce lubricating eye drop schedule



Administer premedications and infuse ELAHERE at 6 mg/kg AIBW every 3 weeks



Monitor for AEs and modify dose as needed



Ophthalmologist or optometrist conducts follow-up exams every other cycle for first 8 cycles and as clinically indicated

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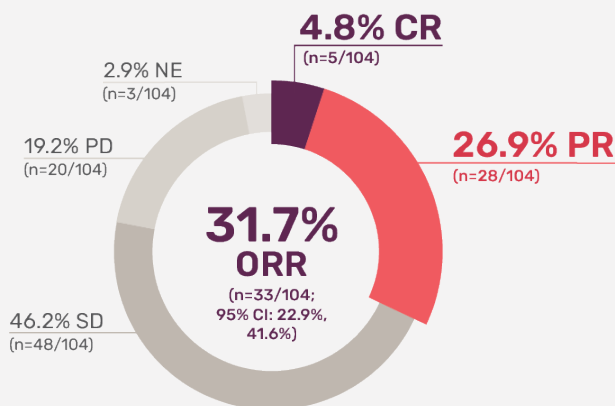
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GIVE PATIENTS WITH FR α -POSITIVE OVARIAN CANCER AN OPTION AT FIRST SIGNS OF PLATINUM RESISTANCE¹

~1 in 3 patients achieved a complete or partial response with ELAHERE^{1,2}



The most common ($\geq 20\%$) adverse events, including laboratory abnormalities, were vision impairment, fatigue, increased AST, nausea, increased ALT, keratopathy, abdominal pain, decreased lymphocytes, peripheral neuropathy, diarrhea, decreased albumin, constipation, increased alkaline phosphatase, dry eye, decreased magnesium, decreased leukocytes, decreased neutrophils, and decreased hemoglobin.¹

31% of patients reported serious adverse events.¹

11% of patients discontinued due to an adverse event.¹

No patients had permanent ocular sequelae in a pooled safety analysis of 464 ELAHERE patients.⁷

One patient reported mild (Grade 1) alopecia after treatment with ELAHERE in the SORAYA clinical study.^{2*†}

*One additional patient entered the study with Grade 1 alopecia. Alopecia was not a result of ELAHERE and grade did not change during treatment.²

†NCT04296890.¹

SELECT IMPORTANT SAFETY INFORMATION

BOXED WARNING: OCULAR TOXICITY

- ELAHERE can cause severe ocular toxicities, including visual impairment, keratopathy, dry eye, photophobia, eye pain, and uveitis.
- Conduct an ophthalmic exam including visual acuity and slit lamp exam prior to initiation of ELAHERE, every other cycle for the first 8 cycles, and as clinically indicated.
- Administer prophylactic artificial tears and ophthalmic topical steroids.
- Withhold ELAHERE for ocular toxicities until improvement and resume at the same or reduced dose.
- Discontinue ELAHERE for Grade 4 ocular toxicities.

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