Elahere

Abu Dhabi · access guide

How to access Elahere for FRα-positive platinum-resistant ovarian cancer from Abu Dhabi: 2026 in-emirate pathway via Cleveland Clinic Abu Dhabi, SSMC, Tawam, Burjeel Medical City, and Yas Clinic Hospital

By Reserve Meds clinical & regulatory team. Last reviewed 2026-05-20.

Elahere (mirvetuximab soravtansine-gynx) is the first antibody-drug conjugate approved for platinum-resistant ovarian cancer and the first folate receptor alpha (FRα)-directed therapy approved for any indication. AbbVie acquired ImmunoGen for USD 10.1 billion in February 2024 primarily to bring this drug into its oncology portfolio. The FDA converted the November 2022 accelerated approval to full traditional approval in March 2024 based on the MIRASOL Phase 3 randomised trial, which demonstrated a statistically significant overall survival benefit (median 16.46 months vs 12.75 months on investigator-choice chemotherapy). For an Abu Dhabi-resident adult woman with platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer whose tumor pathology shows FRα-positive expression at the labelled threshold, Elahere is the first targeted therapy with overall survival benefit.

This page explains the in-emirate pathway in 2026: the FRα biomarker gate, eligibility, the Abu Dhabi adult gynae-oncology and medical oncology infrastructure that covers Elahere end to end (Cleveland Clinic Abu Dhabi, Sheikh Shakhbout Medical City, Tawam Hospital, Burjeel Medical City, Yas Clinic Hospital), the every-3-week IV schedule with boxed-warning ocular toxicity protocol, Thiqa-for-Emirati and Daman-for-resident financial pathways, cost in AED, and the psychosocial dimensions. Abu Dhabi carries the deepest UAE in-emirate footprint for FOLR1 IHC pathology, ADC administration, and ophthalmology partnership; cross-border or cross-emirate referral is rarely needed for Abu Dhabi-resident patients.

Why Elahere, and why the FRα biomarker comes first

Elahere is a humanised IgG1 kappa monoclonal antibody (mirvetuximab) targeting folate receptor alpha, conjugated via a cleavable disulfide linker to the maytansinoid microtubule inhibitor payload DM4, with a drug-antibody ratio of approximately 3.4. The mechanism is FRα-mediated tumor cell internalisation, intracellular DM4 release, microtubule disruption, mitotic arrest, and apoptosis.

Folate receptor alpha is highly expressed on approximately 35 to 40 percent of epithelial ovarian cancers at the high-expression threshold (PS2+ staining in at least 75 percent of viable tumor cells by FDA-approved companion diagnostic) that defines Elahere eligibility. Without a confirmed FRα-positive tumor by the Roche VENTANA FOLR1 (FOLR1-2.1) RxDx Assay or an equivalent validated IHC method, Elahere is not indicated.

For an Abu Dhabi patient the operational order is: (1) the treating gynae-oncologist or medical oncologist at Cleveland Clinic Abu Dhabi, SSMC, Tawam, Burjeel Medical City, or Yas Clinic Hospital confirms platinum-resistant disease (progression within 6 months of last platinum, per GCIG) and 1 to 3 prior systemic lines; (2) the in-emirate pathology service runs FOLR1 IHC on the most recent representative tumor block (Cleveland Clinic Abu Dhabi or SSMC pathology FOLR1 capability VERIFY at intake; 5 to 7 day in-house turnaround where available); (3) ONLY IF FRα-positive at the PS2+ greater-than-or-equal-to 75 percent threshold does the Elahere eligibility conversation move forward; (4) if FRα-negative or FRα-low, the pathway pivots to standard platinum-resistant chemotherapy, bevacizumab combinations, PARP inhibitor maintenance for eligible patients, or clinical trial enrolment.

What Elahere is, in plain language

Elahere is an intravenous infusion every 3 weeks at 6 mg/kg adjusted ideal body weight. First infusion runs over 1 hour through a 0.2 micron in-line filter; subsequent infusions over 30 minutes if tolerated. Premedications: corticosteroid (dexamethasone 10 mg IV), antihistamine (diphenhydramine 25 to 50 mg IV), antipyretic (paracetamol 650 to 1000 mg orally), anti-emetic per protocol. Ophthalmic supportive regimen: prednisolone acetate 1 percent drops 6 times daily for the day before, day of, and 4 days after infusion; lubricating preservative-free artificial tears at least 4 times daily continuously; cycloplegic drops if pre-existing dry eye. Treatment continues until disease progression or unacceptable toxicity.

Eligibility at an Abu Dhabi gynae-oncologist or medical oncologist clinic

1. Confirmed platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer (progression within 6 months of last platinum, per GCIG). 2. One to three prior systemic regimens. 3. FRα-positive tumor: at least 75 percent PS2+ on FOLR1 IHC. Load-bearing gate. 4. ECOG 0 or 1 (ECOG 2 case by case). 5. Adequate marrow, liver, renal function per labelled cutoffs. 6. No active ocular disease. 7. No grade 3 or higher peripheral neuropathy at baseline. 8. Pregnancy excluded; effective contraception during treatment and for 7 months after last dose.

An Abu Dhabi patient should arrive with original pathology report, current imaging, CA-125 trend, complete prior treatment history with response durations, current labs, baseline ophthalmology, and a representative tumor block released for FOLR1 IHC.

The Abu Dhabi administration picture, plainly

The Abu Dhabi adult gynae-oncology and medical oncology network covering Elahere end to end in 2026 includes:

- Cleveland Clinic Abu Dhabi, with gynae-oncology in partnership with the medical oncology institute; pathology FOLR1 IHC capability in development, VERIFY at intake; ADC administration established for HER2 ADCs and the operational capability extends to Elahere with the integrated ophthalmology partnership. Likely first in-emirate centre for Elahere. - Sheikh Shakhbout Medical City (SSMC, MD Anderson Cancer Center affiliation), with adult medical oncology and gynae-oncology; pathology FOLR1 IHC VERIFY at intake; ADC administration established. - Tawam Hospital, Al Ain, the federal oncology centre of excellence with deep adult medical oncology and gynae-oncology infrastructure. - Burjeel Medical City, Abu Dhabi, with adult medical oncology and gynae-oncology. - Yas Clinic Hospital Abu Dhabi, with adult medical oncology.

For ophthalmology partnership on the every-2-cycle monitoring rhythm, Cleveland Clinic Abu Dhabi has the eye institute integrated in-system; SSMC, Tawam, Burjeel, and Yas Clinic work with partner ophthalmology services for the ADC-class ocular monitoring protocol.

Emirates Drug Establishment is the federal regulator. Department of Health Abu Dhabi (DoH) coordinates emirate-level pharmaceutical affairs. AbbVie Middle East holds regional commercial responsibility. Elahere is within the 24-month post-FDA-full-approval window; EDE registration status VERIFY at intake. Named-patient pathway via the EDE single-patient import authorisation is the operational supply route where domestic registration is still in progress.

The 2026 pathway, step by step

Week 0 to 2: Reserve Meds assembles the document pack with the treating gynae-oncologist or medical oncologist at the chosen Abu Dhabi centre and arranges release of the most recent representative tumor block.

Week 2 to 3: FOLR1 IHC at the in-emirate pathology service (Cleveland Clinic Abu Dhabi or SSMC where capability is established; KFSHRC Riyadh cross-border with 10 to 14 day total turnaround where not). THIS IS THE GATE.

Week 3 to 4: Baseline ophthalmology examination at Cleveland Clinic Abu Dhabi eye institute or partner ophthalmology service. Financial pre-authorisation conversation in parallel. Thiqa coverage for Emirati nationals: AbbVie ADC therapies reviewed case by case; pre-authorisation conversation needs to start before pathology FOLR1 IHC, not after. Daman and other DoH-regulated commercial covers for Abu Dhabi-resident expatriates: pre-authorisation against the FDA labelled indication and the FRα-positive pathology report is the standard path; coverage ceilings on oncology annual benefits can apply. AbbVie patient-access programmes explored where coverage is partial.

Week 4 to 5: First infusion at the chosen Abu Dhabi centre. Day 0 of the Elahere clock. Premedications, 1-hour first infusion, observation period. Ophthalmic drop protocol begins.

Cycles 2 onwards: every-3-week infusion (30 minutes from cycle 2 if first dose tolerated). Ophthalmology every 2 cycles for the first 8 cycles. CA-125 every cycle. Imaging response assessment every 6 to 9 weeks. Treatment continues until progression, intolerable toxicity, or patient decision.

Boxed warning ocular toxicity protocol

Elahere carries an FDA boxed warning for ocular toxicity. Approximately 50 percent of patients develop some grade of visual symptom (blurred vision, dry eye, photophobia, keratopathy, cataract, keratitis); approximately 9 percent develop grade 3 to 4 ocular AEs. Onset typically within the first 2 to 4 cycles. The operational discipline is non-negotiable: baseline ophthalmology before first dose; ophthalmology every 2 cycles for the first 8 cycles; any patient-reported visual change triggers urgent ophthalmology review; ophthalmic drop schedule is part of treatment; dose modification per CTCAE grade. For Abu Dhabi-treated patients the Cleveland Clinic Abu Dhabi eye institute or partner ophthalmology service runs the every-2-cycle examination rhythm in-system with the treating oncologist.

Cost expectation in AED

US wholesale acquisition cost approximately USD 28,000 per 100 mg vial. A 70 kg patient at 6 mg/kg AIBW uses approximately 4 vials per cycle, approximately USD 112,000 per cycle. With median 8 to 10 cycles in MIRASOL, treatment course cost is approximately USD 950,000 to USD 1.2 million. AED-equivalent at 2026 indicative cross rates is approximately AED 3.5 to 4.4 million per treatment course. In-emirate pathway avoids cross-border accommodation overhead.

Thiqa coverage for Emirati nationals: AbbVie ADC therapies reviewed case by case; pre-authorisation conversation needs to start before pathology FOLR1 IHC, not after. Daman and other DoH-regulated commercial covers for Abu Dhabi-resident expatriates: pre-authorisation against the FDA labelled indication and the FRα-positive pathology report is the standard path; coverage ceilings on oncology annual benefits can apply. AbbVie patient-access programmes for the GCC are an active operational pathway when insurance coverage is partial or when the case sits in the named-patient supply window before domestic registration.

Monitoring and mental-health screening

Per-cycle laboratory monitoring: CBC with differential, comprehensive metabolic panel including AST, ALT, total bilirubin, creatinine, CA-125. Per-cycle symptom monitoring: vision, peripheral neuropathy, fatigue, nausea, diarrhea, abdominal pain. Pneumonitis risk low but present.

Platinum-resistant ovarian cancer carries a median overall survival under 18 months on standard chemotherapy. Elahere extends survival to a median 16.5 months in MIRASOL but is not curative. The MDT integrates baseline and periodic mental-health screening from day one: PHQ-9 depression screen at baseline and every 2 to 3 cycles; caregiver-burden screening at baseline and 3-month intervals; routine social work involvement; low threshold for psychiatric referral.

Religious, ethical, and family-logistics framing

Elahere is a recombinant monoclonal antibody manufactured in mammalian cell culture (CHO cells) conjugated to a small-molecule cytotoxic payload. No porcine, bovine, or human-derived component is used in the final product. The infusion is permissible across MENA Islamic jurisprudence on the same footing as other recombinant biologic and ADC therapies.

The decision to proceed with treatment, to limit treatment scope, or to transition to comfort care is a family decision in consultation with the treating gynae-oncologist. The every-3-week infusion schedule, the every-2-cycle ophthalmology rhythm, and the daily ophthalmic drop regimen create a sustained operational load on the patient and the primary caregiver; the in-emirate pathway keeps the operational load manageable because the family does not absorb travel and accommodation overhead.

When Elahere is NOT the right option

- FRα-negative or FRα-low tumor: Elahere not indicated; pathway pivots to standard platinum-resistant chemotherapy, bevacizumab combinations, PARP inhibitor maintenance for eligible patients, or clinical trial enrolment. - More than 3 prior lines: outside the labelled indication. - Active grade 3 or higher peripheral neuropathy: defer. - Active corneal disease or recent ocular surgery: defer. - Pregnancy or refusal of effective contraception: contraindicated. - ECOG 3 or 4: not labelled. - Platinum-sensitive disease: not yet the labelled indication; clinician-discretion named-patient use only.

Reserve Meds does not push a default. If FOLR1 IHC returns FRα-negative or FRα-low, or if the conversation with the treating physician points elsewhere, the operational pathway shifts accordingly and we coordinate that pathway instead.

What Reserve Meds does on this case

We are a US-based concierge coordinator. We are not the prescriber and not the dispensing pharmacy. On an Abu Dhabi Elahere case we build the document pack, arrange the in-emirate FOLR1 IHC pathology referral (Cleveland Clinic Abu Dhabi or SSMC where capability exists, cross-border to KFSHRC Riyadh where not), coordinate baseline ophthalmology at the Cleveland Clinic Abu Dhabi eye institute or partner ophthalmology service and the every-2-cycle monitoring rhythm, run the Thiqa or Daman or commercial pre-authorisation conversation in parallel with the clinical workup, engage AbbVie patient-access programmes where insurance coverage is partial, support the EDE named-patient supply application where domestic registration is still in progress, and stay with the case through response assessment and progression. Clinical decisions remain with your treating gynae-oncologist and the multidisciplinary tumour board.

Reserve Meds's role

US-based concierge coordinator for cross-border specialty medicine. We are not the prescriber, not the dispensing pharmacy, and not the manufacturer. All clinical decisions remain with your treating physician.

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