Elahere

Dubai · access guide

How to access Elahere for FRα-positive platinum-resistant ovarian cancer from Dubai: 2026 in-emirate and cross-emirate pathway via Dubai gynae-oncology and Abu Dhabi pathology and ADC infrastructure

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 a Dubai-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 pathway in 2026 for a Dubai-resident adult: the FRα biomarker gate, eligibility, the operational fact that the deepest UAE FOLR1 pathology and ADC administration infrastructure currently sits in Abu Dhabi (Cleveland Clinic Abu Dhabi, SSMC, Burjeel Medical City) with Dubai-emirate gynae-oncology coordinating into that infrastructure, the every-3-week IV schedule with boxed-warning ocular toxicity protocol, cost in AED, and the psychosocial dimensions. For Dubai patients where in-emirate ADC administration capability aligns with the case, the Dubai centres listed below run the workflow in-emirate; otherwise the cross-emirate referral to Abu Dhabi is the operational option.

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 a Dubai patient the operational order is: (1) the treating gynae-oncologist or medical oncologist at a Dubai-emirate centre confirms platinum-resistant disease (progression within 6 months of last platinum, per GCIG) and 1 to 3 prior systemic lines; (2) the tumor block is referred for FOLR1 IHC (Dubai-emirate pathology capability VERIFY at intake; cross-emirate referral to Cleveland Clinic Abu Dhabi or SSMC pathology services is the established fallback, with 5 to 10 day turnaround); (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 a Dubai 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.

A Dubai 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 Dubai administration picture, plainly

The Dubai adult gynae-oncology and medical oncology network in 2026 includes:

- American Hospital Dubai, with adult medical oncology and gynae-oncology referral pathway. - Mediclinic City Hospital, with adult medical oncology. - King's College Hospital London Dubai, with adult medical oncology and gynae-oncology. - Saudi German Hospital Dubai, with adult medical oncology. - Mediclinic Parkview, with adult medical oncology. - Dr Sulaiman Al Habib network, with adult medical oncology. - NMC Specialty Hospital, with adult medical oncology. - Aster network, with adult medical oncology.

For Dubai-emirate pathology FOLR1 IHC capability, VERIFY at intake; cross-emirate referral to Cleveland Clinic Abu Dhabi or SSMC pathology services is the established fallback. For ADC administration where the in-emirate centre does not yet run the Elahere workflow with the full ophthalmology partnership, cross-emirate referral to Cleveland Clinic Abu Dhabi (gynae-oncology + ADC-experienced medical oncology + pathology + ophthalmology integrated), SSMC (MD Anderson affiliation), or Burjeel Medical City is the operational option. The Abu Dhabi to Dubai distance is approximately 90 minutes by road; cross-emirate accommodation logistics for the every-3-week infusion rhythm are part of the case management.

Emirates Drug Establishment is the federal regulator. Dubai Health Authority (DHA) 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 in Dubai and arranges release of the most recent representative tumor block.

Week 2 to 3: FOLR1 IHC. In-emirate or cross-emirate to Cleveland Clinic Abu Dhabi or SSMC. Turnaround 5 to 10 working days including transport. THIS IS THE GATE.

Week 3 to 4: Baseline ophthalmology examination at a Dubai or Abu Dhabi ophthalmology service willing to partner on the every-2-cycle ocular monitoring schedule. Financial pre-authorisation conversation in parallel. DHA-regulated employer-sponsored cover or commercial cover for Dubai-resident expatriates; AbbVie patient-access programmes explored where coverage is partial.

Week 4 to 5: First infusion at the chosen centre (in-emirate Dubai centre where ADC administration capability is aligned, or cross-emirate at Cleveland Clinic Abu Dhabi, SSMC, or Burjeel Medical City). Day 0 of the Elahere clock. Premedications, 1-hour first infusion, observation. 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 Dubai-treated patients the ophthalmology partnership is identified during workup so the every-2-cycle rhythm is reliable; for cross-emirate-treated patients the ophthalmology visits typically align with the Abu Dhabi infusion visits to minimise travel.

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. Cross-emirate accommodation logistics for the every-3-week infusion rhythm add modest cost where the patient travels to Abu Dhabi for infusion; this is documented and budgeted in the case plan.

For Dubai-resident expatriates: DHA-regulated employer-sponsored commercial cover or self-pay; pre-authorisation against the FDA labelled indication and FRα-positive pathology is the standard path; coverage ceilings on oncology annual benefits can apply. AbbVie patient-access programmes for the GCC are an active operational pathway where coverage is partial or where the case sits in the named-patient supply window.

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. For Dubai patients on cross-emirate treatment, the every-3-week travel rhythm to Abu Dhabi requires deliberate family planning; for many families this is operationally lighter than out-of-emirate cross-border travel because the language, financial, and clinical-records continuity is preserved.

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 a Dubai Elahere case we build the document pack, arrange the FOLR1 IHC pathology referral (in-emirate where capability exists or cross-emirate to Cleveland Clinic Abu Dhabi or SSMC where it does not), coordinate baseline ophthalmology and the every-2-cycle monitoring rhythm at the chosen centre, run the financial pre-authorisation conversation including DHA-regulated employer-sponsored cover and AbbVie patient-access programmes where insurance coverage is partial, support the EDE named-patient supply application where domestic registration is still in progress, and organise the cross-emirate accommodation and transport logistics where the case is treated in Abu Dhabi. 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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