Regimen Monograph

A - Regimen Name

MIRV Regimen

Mirevtuximab soravtansine

Disease Site

Gynecologic
Ovary

Intent

Palliative

Regimen Category

Evidence-informed :

Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

Rationale and Uses

Treatment of folate receptor-alpha (FRα) positive, platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer, in patients who have received one to three prior systemic treatment regimens

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B - Drug Regimen

mirvetuximab soravtansine^	6 mg /kg	IV	Day 1

(This drug is not publicly funded. Universal compassionate access program is available.)

^Calculate dose based on adjusted ideal body weight (AIBW). (See "Other Notes" section)

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C - Cycle Frequency

REPEAT EVERY 21 DAYS

Until disease progression or unacceptable toxicity

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate

- Also refer to CCO Antiemetic Recommendations.

Screen for hepatitis B virus in all cancer patients starting systemic treatment. Refer to the hepatitis B virus screening and management guideline.

Premedications (prophylaxis for infusion reaction):

Give the following at least 30 minutes prior to mirvetuximab soravtansine:

- Corticosteroid (e.g. dexamethasone 10 mg IV)
- Antipyretic (e.g. acetaminophen 325-650 mg IV/PO)
- Antihistamine (e.g. diphenhydramine 25-50 mg IV/PO)

For patients who experience a **Grade ≥ 2** infusion related reaction, consider additional pre-medication with dexamethasone 8 mg twice daily (or equivalent) the day before mirvetuximab soravtansine administration.

Other Supportive Care:

- Advise patients to avoid contact lens use during treatment.
- Instruct patients to use lubricating eye drops throughout treatment.

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J - Administrative Information

Approximate Patient Visit	3 hours
Pharmacy Workload (average time per visit)	38.350 minutes
Nursing Workload (average time per visit)	48.083 minutes

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K - References

Moore KN, Angelergues A, Konecny GE, et al. Mirvetuximab soravtansine in FRα-positive, platinum-resistant ovarian cancer. N Engl J Med 2023 Dec 7;389(23):2162-74. doi: 10.1056/NEJMoa2309169.

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L - Other Notes

Calculation of Adjusted Ideal Body Weight (AIBW):

AIBW = Ideal body weight [kg] + 0.4*(Actual weight [kg] – IBW)
IBW [kg] in females = 0.9*height [cm] - 92

(IBW = Ideal body weight)

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M - Disclaimer

Regimen Abstracts

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Regimen Monographs

Refer to the New Drug Funding Program or Ontario Public Drug Programs websites for the most up-to-date public funding information.

The information set out in the drug monographs, regimen monographs, appendices and symptom management information (for health professionals) contained in the Drug Formulary (the "Formulary") is intended for healthcare providers and is to be used for informational purposes only. The information is not intended to cover all possible uses, directions, precautions, drug interactions or adverse effects of a particular drug, nor should it be construed to indicate that use of a particular drug is safe, appropriate or effective for a given condition. The information in the Formulary is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. All uses of the Formulary are subject to clinical judgment and actual prescribing patterns may not follow the information provided in the Formulary.

The format and content of the drug monographs, regimen monographs, appendices and symptom management information contained in the Formulary will change as they are reviewed and revised on a periodic basis. The date of last revision will be visible on each page of the monograph and regimen. Since standards of usage are constantly evolving, it is advised that the Formulary not be used as the sole source of information. It is strongly recommended that original references or product monograph be consulted prior to using a chemotherapy regimen for the first time.

Some Formulary documents, such as the medication information sheets, regimen information sheets and symptom management information (for patients), are intended for patients. Patients should always consult with their healthcare provider if they have questions regarding any information set out in the Formulary documents.

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