Indication	For the treatment of folate receptor-alpha (FRα) positive*, platinum-resistant high grade serous epithelial ovarian, fallopian tube, or primary peritoneal cancer who have received one to three prior systemic treatment regimens. NB platinum resistant is defined as recurrence/progression less than SIX months after the date on which the last platinum containing chemotherapy was given. * this is defined as > or = to 75% of tumour cells showing moderate (2+) and/or strong (3+) membrane staining using an approved assay.
Treatment Intent	Palliative
Frequency and number of cycles	Repeat every 21 days. Continue until disease progression, unacceptable toxicity, or patient choice, whichever of these events occurs first.
Monitoring Parameters	• **Virology screening:** All new patients referred for systemic anti-cancer treatment should be screened for hepatitis B and C and the result reviewed prior to the start of treatment. Patients not previously tested who are starting a new line of treatment, should also be screened for hepatitis B and C. Further virology screening will be performed following individual risk assessment and clinician discretion. • **Dose information:** Total dose of mirvetuximab soravtansine is calculated based on each patient's Adjusted ideal body weight (AIBW) using the following formula: o Female IBW (Ideal Body Weight [kg]) = 0.9 x height [cm] – 92 o AIBW = IBW [kg] + 0.4 x (Actual weight [kg] – IBW) • **Ophthalmological examination:** o Prior to the first infusion patients should be referred to an optometrist for a full eye examination (including visual acuity and slit lamp exam). If a patient develops any new or worsening ocular symptoms refer to ophthalmology for review (including visual acuity and slit lamp exam) prior to the next dose. In patients with >/= Grade 2 ocular adverse reactions, additional ophthalmic exams should be conducted at a minimum of every other cycle and as clinically indicated until resolution or return to baseline. • **Haematological monitoring and parameters:** • **FBCs, LFT**s and **U&Es** baseline and at each cycle. • If neuts >/=1.5 and PLTS >/=100 continue with treatment. • Patients should be asked about any new or worsening ocular symptoms. • **Hepatic impairment:** • No dose adjustment in mild hepatic impairment (total bilirubin </=ULN and AST > ULN or total bilirubin >1 to 1.5 times ULN and any AST). Mirvetuximab soravtansine should be avoided in moderate to severe impairment (total bilirubin >1.5 ULN with any AST). • **Renal impairment:** • No dose adjustment is recommended in mild to moderate impairment (CrCl 30 to <90 mL/min). No available data in severe or end stage renal impairment (CrCl <30 mL/min). • **Infusion-related reactions:** o For patients who experience an IRR >/= Grade 2, additional pre-medication with dexamethasone 8mg PO BD (or equivalent) the day before mirvetuximab soravtansine administration should be considered. o For **Grade 2** IRRs o 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 pre-medication with dexamethasone 8mg PO BD the day before infusion (or local equivalent) for future cycles.
- For **Grade 3 or 4** IRRs
- Immediately stop and administer supportive medication. Permanently discontinue, see table 1 for full guidance on management of IRRs.

- **Management of adverse reactions and dose adjustments:**
  - **Ocular disorders:** Mirvetuximab soravtansine can cause severe ocular adverse reactions, including visual impairment (predominantly blurred vision), keratopathy (corneal disorders), dry eye, photophobia, and eye pain. Patients should be advised to report any new or worsening symptoms and monitored for ocular toxicity throughout treatment, dose modification, interruption or discontinuation of treatment may be required, see table 1 for guidance.
  - **Keratopathy specific guidance:** in the event of signs of >/= Grade 2 corneal adverse reactions (keratopathy) found on slit lamp examination, secondary prophylaxis with ophthalmic topical steroids is recommended for subsequent cycles, unless the patient's eye care professional determines that the risks outweigh the benefits of such therapy. See table 1 for dose modification guidance.
  - Patients should be instructed to use steroid eye drops on the day of infusion and through the next 7 days of each subsequent cycle (see Table 1).
  - Patients should be advised to wait at least 15 minutes after ophthalmic topical steroid administration before instilling lubricating eye drops.
  - During treatment with ophthalmic topical steroids the measurement of intraocular pressure and an examination with slit lamp should be carried out regularly.
  - Patients should avoid use of contact lenses during treatment.
  - **Interstitial lung disease/pneumonitis:** Severe, life-threatening, or fatal interstitial lung disease (ILD), including pneumonitis, can occur in patients treated with mirvetuximab soravtansine. Monitor patients for pulmonary symptoms indicative of ILD/pneumonitis (e.g. hypoxia, cough, dyspneoa). See table 1 below for dose modification and guidance in patients who have new or worsening respiratory symptoms and are suspected to have developed ILD/pneumonitis.
  - **Peripheral neuropathy:** Patients should be monitored for signs and symptoms of neuropathy, such as paraesthesia, tingling or a burning sensation, neuropathic pain, muscle weakness, or dysesthesia. For patients experiencing new or worsening peripheral neuropathy, mirvetuximab soravtansine dose should be withheld, reduced, or permanently discontinued based on the severity of peripheral neuropathy, see table 1 for guidance.
- **Dose Modification:** 1st dose reduction 5mg/kg AIBW, 2nd dose reduction 4mg/kg AIBW. If a patient cannot tolerate 4mg/kg AIBW then discontinue. The schedule of administration should be maintained at a 3-week interval between the doses.
- **Common drug interactions (for comprehensive list refer to BNF/SPC):** no formal drug studies have been performed.
- Mirvetuximab soravtansine contains DM4, DM4 is a CYP3A4 substrate, concomitant use with strong CYY3A4 inhibitors (e.g. ceritinib, clarithromycin, cobicistat, idelalisib, itraconazole, ketoconazole) should be avoided. If concomitant use of a CYP3A4 inhibitor cannot be avoided monitor for adverse reactions.
- Strong CYP3A4 inducers may decrease exposure.
- **Missed dose:** If a planned dose is missed, the dose should be administered as soon as possible and the dosing schedule should be adjusted accordingly, maintaining the treatment interval.
- **Pregnancy and contraception:** Patients of childbearing potential should use effective contraception during treatment with mirvetuximab soravtansine and for 7 months after the last dose.
- **Driving and machinery:** Patients should be advised to use caution when driving or operating machines due to the potential for ocular reactions and risk of peripheral neuropathy, dizziness or fatigue.

	• Mirvetuximab soravtansine contains polysorbate, which may cause allergic reactions.
References	https://cdn.clinicaltrials.gov/large-docs/55/NCT04209855/Prot_000.pdf CDF V1.402 accessed online 15.06.2026 SPC accessed online 16.06.2026

NB For funding information, refer to CDF and NICE Drugs Funding List

Table 1 Dose modifications for adverse reactions

Adverse reaction	Severity of adverse reaction*	Dose modification
Keratitis/keratopathy	Non-confluent superficial keratitis/keratopathy	Monitor
	Confluent superficial keratitis/keratopathy, a cornea epithelial defect, or 3-line or more loss in best corrected visual acuity	Withhold dose until improved to nonconfluent superficial keratitis/keratopathy or better or resolved, then maintain at same dose level. Consider dose reduction for patients with recurrent confluent keratitis/keratopathy despite best supportive care or in patients with ocular toxicity lasting longer than 14 days.
	Corneal ulcer or stromal opacity or best corrected distance visual acuity 6/60 or worse	Withhold dose until improved to nonconfluent superficial keratitis/keratopathy or better or resolved, then reduce by one dose level.
	Corneal perforation	Permanently discontinue
Pneumonitis	Grade 1	Monitor
	Grade 2	Withhold dose until Grade 1 or less, then maintain at same dose level or consider dose reduction if recurrent, lasts longer than 28 days, or at physician discretion.
	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	• 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 pre-medication with dexamethasone 8 mg oral BID the day before infusion (or local equivalent) for future cycles.
	Grade 3 or 4	• Immediately stop infusion and administer supportive treatment. • Advise patient to seek emergency treatment and immediately notify their healthcare professional if the infusion- related symptoms recur after discharge from the infusion area. • Permanently discontinue
Haematological	Grade 3 or 4	Withhold dose until Grade 1 or less, then resume at one lower dose level.
Other adverse reactions	Grade 3	Withhold dose until Grade 1 or less, then resume at one lower dose level.
	Grade 4	Permanently discontinue

*: Unless otherwise specified, National Cancer Institute Common Terminology Criteria for Adverse Events (NCI CTCAE) version 5.0.

Repeat every 21 days.

Day	Drug	Dose	Route	Infusion Duration	Administration
1	Dexamethasone	10mg	IV	bolus	Give 30 minutes prior to mirvetuximab infusion
	Chlorphenamine	10mg	IV	stat	
	Paracetamol	1gm	PO	stat	
	Ondansetron	<75yrs 16mg >/= 75yrs 8mg	IV	15 min	Sodium chloride 0.9% 50ml Give before mirvetuximab infusion after other pre meds.
	MIRVETUXIMAB SORAVTANSINE	**6mg/kg adjusted ideal body weight (AIBW)**	IV	**1 mg/min** for 30 minutes If well tolerated increase to **3 mg/min** for 30 minutes if well tolerated the infusion can be increased to **5mg/min** if tolerated **subsequent infusions** may continue at **5mg/min**	Dilute in glucose 5% to a final concentration of 1 mg/mL to 2 mg/ml. Administer via a 0.2 micron PES in line filter Flush the line after administration with 5% glucose.

TTO	Drug	Dose	Route	Directions
Day 1	Dexamethasone	6mg	PO	OD starting on day 2 for 3 days.
	Hypromellose	0.3%	Eye drops	1 drop both eyes QDS for the duration of treatment.
	Loperamide	2mg-4mg	PO	Take 4mg (2 capsules) initially, then 2mg (1 capsule) after each loose stool when required. Maximum 16mg (8 capsules) a day. Dispense 30 capsules only if required.
	Metoclopramide	10mg	PO	10mg three times a day for 3 days and then 10mg up to 3 times a day when required. Do not take for more than 5 days continuously. Dispense on **cycle 1** then only if required.
	Prednisolone	0.5%	Eye drops	1 drop both eyes QDS **Prescribe only if necessary for >/= grade 2 keratopathy.**