MEDICINE INFORMATION

NALIRIFOX

Information for patients and caregivers. Read this with your treatment calendar and the instructions from your oncology team.

At a glance

Treatment	Liposomal irinotecan + oxaliplatin + fluorouracil (5-FU) + leucovorin
Used in selected settings	Metastatic pancreatic adenocarcinoma
How it is given	The treatment calendar below identifies the infusions, tablets or capsules used in this regimen.
Before you start	Save your 24-hour oncology number and have a thermometer and written medicine calendar available.

What this treatment is and how it works

NALIRIFOX combines liposomal irinotecan, oxaliplatin, fluorouracil and folinic acid. It is an option for appropriate patients starting treatment for metastatic pancreatic adenocarcinoma, subject to local access and clinical suitability. Using medicines with different actions helps attack cancer cells in more than one way. Healthy cells can also be affected, causing side effects.

When it may be used

NALIRIFOX is a first-treatment option for selected adults with pancreatic adenocarcinoma that has spread to other parts of the body. The aim is to slow or shrink the cancer, help control symptoms and potentially help you live longer. Whether it is suitable depends on your health, liver function and ability to cope with the combination.

A listed use is not a claim that every brand is licensed for that use in every country. Your oncologist will explain why this treatment is appropriate for you.

Before treatment

Before starting, tell the team about previous cancer treatment, allergies, infection symptoms, heart, lung, kidney or liver disease, hearing or nerve problems, diabetes and all medicines you take. Discuss pregnancy, contraception and fertility. Ask for a written treatment calendar, supportive-medicine instructions and a 24-hour oncology contact number. Baseline blood tests usually include a full blood count and kidney and liver function; additional tests depend on the medicine and your health. Before chemotherapy that reaches the whole body, the team should check for current or past hepatitis B infection. If a test is positive, extra monitoring or antiviral treatment may be needed to prevent the virus becoming active again. The team will coordinate testing and treatment; do not delay urgent cancer treatment yourself.

How treatment is given and the schedule

Example schedule - use your own prescription

When	What happens
Infusion day	Liposomal irinotecan, oxaliplatin and folinic acid, followed by the fluorouracil infusion according to the protocol.
Pump phase	Fluorouracil commonly runs over about 46 hours.
Cycle interval	Treatment is given every 2 weeks when recovery and tests allow.

Anti-sickness medicines, a diarrhoea plan and pump training are essential. Growth-factor and nutrition support are individualised.

- Folinic acid (leucovorin) is included with fluorouracil.

The dose is calculated for your treatment and health. Rest periods, delays or dose changes may be needed. Do not change doses or treatment dates yourself, except to follow specific instructions to stop a medicine and seek help for warning symptoms. The team will give you a revised plan when needed.

During an infusion, tell the nurse immediately about pain, burning, swelling or leaking around the cannula or line. Do not massage the area or apply heat or ice unless the team instructs you.

Tests and monitoring during treatment

Before treatment, the team assesses dihydropyrimidine dehydrogenase (DPD), an enzyme that helps the body break down fluorouracil. Blood counts, kidney and liver function, blood salts, hydration, bowel and nerve symptoms are checked. Inherited differences in the UGT1A1 gene can affect how the body clears the active form of irinotecan. Your team may consider testing and use the results, together with your health, when planning treatment. Dose decisions must follow the NALIRIFOX protocol; the instructions for other irinotecan regimens are different.

At each review, describe symptoms since the previous dose, including problems that have already settled. Blood tests can detect effects before you feel them. Your team may delay, reduce, omit or stop a medicine if results or symptoms make this necessary. The decision depends on the exact protocol; a normal result does not make new symptoms safe to ignore.

Side effects: what to expect

Side-effect rates depend on the exact protocol, doses and other treatments. Frequencies from individual-drug labels cannot simply be added together or treated as regimen rates. The groups below describe the expected clinical pattern without assigning unsupported percentages.

You are unlikely to have all of these effects. This is not an exhaustive list. Tell the team about any new or troublesome symptom, including one not mentioned here.

Common or more frequent side effects

Practical care and when to ask for help

Possible effect	What you can do	When to contact the team
Low blood counts	White cells fight infection, red cells carry oxygen and platelets help clotting. Treatment can lower one or more of these. Wash hands, avoid close contact with people who are unwell and keep blood-test appointments.	Call immediately for fever, shaking chills or feeling suddenly unwell. Report unusual bruising, bleeding, marked tiredness or increasing breathlessness. Do not wait for a blood-test result before seeking help.
Loose or frequent stools	Keep a record of stools. Take frequent small drinks and use the diarrhoea medicine prescribed for your regimen. Oral rehydration solution may help if the team recommends it.	Contact the team promptly for diarrhoea that continues or increases. Fever, blood, severe pain, dizziness or difficulty drinking needs urgent assessment. Drug-specific stop instructions below take priority.
Feeling or being sick	Take preventive anti-sickness medicines at the prescribed times. Try small meals and frequent small drinks; avoid strong food smells if they worsen nausea.	Contact the team the same day if medicines are not controlling symptoms. Seek urgent advice if you cannot keep fluids down, feel faint or pass much less urine.
Tiredness and reduced stamina	Balance rest with short periods of gentle activity. Prioritise tasks and accept help with shopping, meals or transport. Tell the team about poor sleep or pain.	Report fatigue that prevents basic activities or is worsening. Sudden breathlessness, chest pain, fainting or confusion needs urgent assessment.
Reduced appetite or changes in eating	Try smaller, frequent meals with protein and energy-rich foods you tolerate. Ask for a dietitian if your weight or intake is falling.	Report ongoing weight loss or difficulty eating. Inability to drink or signs of dehydration needs same-day urgent advice.
Sore mouth or throat	Use a soft toothbrush and the mouth-care plan from your team. Choose soft, moist foods and avoid alcohol-containing mouthwash or foods that sting.	Contact the team if pain affects eating or drinking, or if white patches or ulcers develop. Inability to swallow fluids, fever or severe pain needs urgent assessment.
Tingling, numbness or altered sensation	Protect hands and feet from burns and injury. Wear supportive footwear, check skin regularly and take care with balance.	Report symptoms before the next dose, especially if buttons, writing, walking or sleep are affected. New weakness, marked unsteadiness or difficulty breathing needs urgent assessment.

Other reported side effects (frequency varies)

These effects may be common in some treatment settings, less common in others, or have no reliable frequency estimate. Their position here does not mean they are necessarily less frequent or less serious.

Hair thinning, constipation, taste changes, skin symptoms and blood-salt changes may occur.

Report these at review, or sooner if worsening. Use the urgent guidance for symptoms that affect breathing, drinking, urination, walking, consciousness or bleeding.

Important serious side effects, including rare effects

Serious does not always mean rare. Where reliable incidence is unavailable, no numerical frequency is assigned. The action to take matters even when the likelihood is uncertain.

Diarrhoea during or soon after the infusion

Irinotecan can cause early diarrhoea with stomach cramps, sweating, watery eyes or a runny nose. Tell the nurse immediately if this happens during treatment, or contact the team promptly if it starts after you leave. The team can give medicine for this reaction. Diarrhoea that starts later needs the separate treatment plan they have given you.

Severe delayed diarrhoea

Irinotecan-related diarrhoea can cause dehydration and infection. Start the written treatment plan promptly and contact the oncology team. Fever, blood, severe cramps, dizziness, reduced urine or inability to drink requires urgent assessment.

Unusually severe fluoropyrimidine toxicity

Reduced DPD activity can cause severe diarrhoea, mouth injury, low blood counts and neurological effects, sometimes early in the first course. Testing reduces but does not remove risk. Seek urgent oncology assessment for unexpectedly severe or rapidly worsening symptoms.

Chest pain or a heart-rhythm problem

New chest tightness, chest pain, severe breathlessness, fainting or a sustained racing heartbeat needs emergency assessment. Do not try to manage this with home remedies or wait for the next visit.

Severe infusion or allergic reaction

Itching, flushing, wheeze, dizziness, throat tightness or facial swelling can start during an infusion or later. Tell the nurse immediately. Severe breathing difficulty, collapse or sudden face/throat swelling is an emergency.

Severe bowel inflammation or damage

Severe abdominal pain, a swollen abdomen, bloody diarrhoea, persistent vomiting or fever with bowel symptoms needs urgent assessment. Do not treat these symptoms simply by taking extra antidiarrhoeal medicine or laxatives.

Suspected overdose or unexpectedly rapid infusion

If a fluorouracil pump seems to have emptied too quickly, seek urgent medical assessment immediately, even if you feel well. Tell the oncology team what happened and when; bring the medicine packaging or pump details. Do not change pump settings yourself. A hospital may consider a time-sensitive antidote, so do not wait for symptoms or the next appointment. Local access to the antidote must be arranged by the treating service.

When to seek urgent help

Follow your hospital's temperature instructions. If you have not been given a threshold, contact the oncology team immediately for a temperature of 37.5°C (99.5°F) or above, below 36°C (96.8°F), shaking chills or feeling suddenly unwell. Do not wait for a fever if you are deteriorating. Check your temperature before taking a fever-reducing medicine when possible, but do not delay seeking help.

Emergency assessment now

Seek emergency medical help immediately for severe breathing difficulty, chest pain, collapse, a seizure, new confusion, sudden one-sided weakness, uncontrolled bleeding or swelling of the face or throat. Tell emergency staff that you are receiving cancer treatment and when the last dose was given. Do not drive yourself if seriously unwell.

Practical advice for this treatment

Oxaliplatin can make cold drinks, cold air or cold objects trigger tingling or a tight feeling in the throat. Avoid cold exposure for the period your team advises. Report throat or breathing symptoms immediately, even if they follow something cold. An allergic reaction can feel similar, so do not assume the symptoms are harmless.

Confirm that the irinotecan preparation is liposomal. Conventional irinotecan cannot be substituted at the same dose. Report diarrhoea and difficulty drinking early.

Medicines, interactions and vaccinations

Give the oncology pharmacist a complete list of prescription medicines, over-the-counter products, vitamins, herbal and Ayurvedic remedies and supplements. Ask before starting anything new. Do not stop prescribed medicines, including anticoagulants or infection-prevention medicines, without a coordinated plan. Live vaccines are generally unsuitable while immunity is suppressed; discuss vaccine type and timing with the team. Non-live vaccines may be offered, although protection can be reduced. Follow any specific stop-and-call instructions for the cancer medicine on this page or in your written treatment plan.

- **Liposomal irinotecan:** Strong enzyme inhibitors and inducers, including selected antifungals, antibiotics, antivirals, anticonvulsants and St John's wort, need careful review.
- **Oxaliplatin:** Ask before adding medicines that affect heart rhythm or kidney function. Tell the team about previous platinum allergy and existing nerve damage.
- **Fluorouracil (5-FU):** Brivudine, an antiviral used in some countries, can cause a life-threatening interaction; at least 4 weeks must separate the end of brivudine treatment from fluorouracil.

Warfarin, phenytoin and some other medicines need extra monitoring. Folinic acid is deliberately combined with 5-FU in some regimens and can also increase its side effects.

Pregnancy, fertility and breastfeeding

Chemotherapy can harm a developing baby and may affect fertility temporarily or permanently. Discuss sperm, egg or embryo storage before treatment when feasible. If you could become pregnant, or your partner could become pregnant, use effective contraception during treatment and for the drug-specific period afterwards. Ask for a written end date based on every medicine in your plan: the required period differs by product and can extend for months. Periods stopping does not guarantee infertility. Tell the team immediately about a suspected pregnancy. Do not breastfeed during treatment; restart only after the team confirms the interval for the exact medicine and formulation.

Everyday life

Gentle activity, regular meals and rest can help you cope. Prepare food hygienically and drink according to your individual fluid plan. Avoid smoking; ask whether alcohol is safe with your exact treatment and other medicines. Plan work, travel and driving around symptoms and monitoring visits. Do not drive if dizzy, sleepy, weak, visually affected or impaired by neuropathy. You can usually be close to family and friends: chemotherapy does not make you radioactive. Follow the unit's instructions for handling urine, vomit, laundry and sexual precautions for the period it specifies.

When to contact the oncology team

Contact the oncology team the same day for persistent vomiting or diarrhoea, difficulty drinking, reduced urine, mouth pain affecting eating, new cough, jaundice, a painful or spreading rash, unusual bruising, worsening constipation or new nerve symptoms. Use the more urgent instructions for the particular symptom when given above. If the team cannot be reached and you are unwell, seek urgent medical care.

Write down your hospital's daytime and out-of-hours numbers before treatment. CTI's general contact details do not replace the emergency number provided by your treating hospital.

After treatment

Keep the planned blood tests and follow-up appointments after the last dose. Blood counts and immunity may take time to recover, and some effects can start or persist later. Contact the team about symptoms rather than waiting for a routine visit. Keep a treatment summary, including drug names, dates and any serious reactions, for future doctors. Response may be assessed with examination, scans or blood or marrow tests, depending on the cancer.

Words you may hear

DPD / DPYD	DPD is an enzyme that helps break down fluorouracil. DPYD is the gene that carries its instructions. Reduced activity can increase serious toxicity.

UGT1A1	An enzyme involved in clearing the active form of irinotecan. Inherited differences can affect toxicity.

Frequently asked questions

Is NALIRIFOX another spelling of FOLFIRINOX?

No. It uses liposomal irinotecan and a different dosing protocol.

Can I compare the doses milligram-for-milligram?

No. The formulation changes how the medicine behaves, so numerical doses are not directly comparable.

Will I get every side effect listed?

No. Many people have only some of them. Your dose, other medicines, health and previous treatment all affect risk. Reporting symptoms early often makes them easier to manage.

Does having few side effects mean treatment is not working?

No. Side effects do not reliably show how well cancer treatment is working. The team assesses response using the appropriate tests.

Can a dose be reduced or delayed?

Yes. Blood counts, organ function or side effects may require a delay, reduction, omission or change. The team balances safety with the treatment aim; do not change doses yourself. Follow the specific instructions to stop a medicine and seek help if a warning symptom occurs.

Can I take vitamins, herbal or Ayurvedic products?

Check every product with the oncology pharmacist first. “Natural” does not mean interaction-free, and some products can affect the liver, bleeding or drug levels.

What should I have ready at home?

A thermometer, the 24-hour oncology number, a treatment calendar, your medicine list and prescribed symptom medicines. Arrange help with transport or meals if needed.

When should I call instead of waiting for the next appointment?

Use the urgent-help instructions on this page. Fever, sudden illness, uncontrolled symptoms or difficulty drinking should not wait until the next treatment visit.

Individual medicine guides

- Liposomal irinotecan
- Oxaliplatin
- Fluorouracil (5-FU)

Sources and further reading

Summary of Product Characteristics

Product-specific details vary by formulation and treatment protocol.

Professional reference resources. These describe the specific product, warnings, interactions, monitoring and adverse effects. For US substitutes, the document is prescribing information rather than an SmPC. Check the product actually dispensed in India.

- Onivyde pegylated liposomal - Servier. Accessed 16 October 2026. Original-brand information identified.
- Oxaliplatin concentrate - SUN Pharmaceutical. Accessed 16 October 2026. Current company-supplied/regulatory product information; not asserted to be the originator brand.
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Other authoritative references

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- NCI - infection and neutropenia. Accessed 16 October 2026.
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- ASCO hepatitis B screening and management opinion. Accessed 16 October 2026. Independent cross-check: Provisional Clinical Opinion: universal three-test screening before or at systemic anticancer therapy; chronic/past infection management.
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