

Liposomal Irinotecan, Leucovorin, Fluorouracil (5-FU), and Oxaliplatin (NALIRIFOX)

Care Team Contact Information: _____

Pharmacy Contact Information: _____

Diagnosis: _____

- This treatment is often used for pancreatic cancer. It may also be used for other reasons.

Goal of Treatment: _____

- Treatment may continue for a certain time period, until it no longer works, or until side effects are no longer controlled.

Treatment Regimen

- This treatment is often called by its acronym: NALIRIFOX
 - **NAL-IRI:** Nanoliposomal irinotecan
 - Leucovorin (Folinic Acid)
 - **F:** Fluorouracil
 - **OX:** Oxaliplatin

Treatment Name	How the Treatment Works	How the Treatment is Given
Liposomal Irinotecan (LY-poh-SOH-mul I-rih-noh-TEE-kan): Onivyde (AH-nih-vide)	Slows down or stops the growth of cancer cells by interfering with the process that cancer cells use to make new cells.	Infusion into a vein (intravenous (IV) infusion).
Leucovorin (LOO-koh-VOR-in)	Helps fluorouracil (5-FU) bind more tightly to its target inside cancer cells. This allows it to stay and fight longer.	Infusion into a vein (intravenous (IV) infusion).
Fluorouracil ((floor-oh-YOOR-uh-sil) It is also called "5-FU".	Stops cancer cells from making the instructions they need to grow and multiply, causing the cells to die.	Continuous infusion into a vein (intravenous (IV) infusion) through a pump over about 2 days (46 hours).
Oxaliplatin (ok-SA-lih-pla-tin): Eloxatin (eh-LOK-sah-tin)	Slows down or stops the growth of cancer cells by damaging the genetic material that cancer cells need to multiply.	Infusion into a vein (intravenous (IV) infusion).

Treatment Administration and Schedule: Treatment is typically repeated every 2 weeks. This length of time is called a “cycle”.

- Note: The continuous infusion of fluorouracil (5-FU) is given over about 2 days (46 hours), ending on Day 3.

Treatment Name	Cycle 1								Next Cycle
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	...	Day 14	Day 1
Liposomal Irinotecan	✓								✓
Oxaliplatin	✓								✓
Leucovorin	✓								✓
Fluorouracil (5-FU) Continuous Infusion	→	→	→						→

Appointments: Appointments may include regular check-ups with your care team, treatment appointments, lab visits, and imaging tests. It's important to keep your appointments whenever you can. If you miss any appointments, call your care provider as soon as possible to reschedule your appointment.

Supportive Care to Prevent and Treat Side Effects

Description	Supportive Care Given at the Clinic or Hospital	Supportive Care Taken at Home
To help prevent nausea and vomiting	_____ _____ _____	_____ _____ _____
To help treat diarrhea	_____ _____ _____	_____ _____ _____
Other	_____ _____ _____	_____ _____ _____

Common Side Effects

Side Effect	Important Information
<p>Diarrhea (Boxed Warning)</p>	<p>Description: Diarrhea is when you have loose, watery bowel movements more often than usual. With liposomal irinotecan, diarrhea may be either “early” or “late”. Early diarrhea starts less than 24 hours after your dose of liposomal irinotecan. Late diarrhea starts more than 24 hours after your dose of liposomal irinotecan. Early and late diarrhea are treated differently because they happen for different reasons.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • If you have early diarrhea, your care team may give you a medicine called atropine. • Have loperamide (Imodium) ready at home. • If you have late diarrhea, your care team will tell you how often to take loperamide. • Keep track of how many times you go to the bathroom each day. • Drink 8 to 10 glasses of water or other fluids every day, unless your care team tells you otherwise. • Eat small meals of mild, low-fiber foods like bananas, applesauce, potatoes, chicken, rice, and toast. • Avoid eating foods with high fiber (like raw vegetables, fruits, and whole grains), foods that cause gas (like broccoli and beans), dairy foods (like yogurt and milk), and spicy, fried, and greasy foods. <p>Talk to your care team if you have:</p> <ul style="list-style-type: none"> • Diarrhea for the first time during treatment • Black or bloody stools • Symptoms of dehydration such as lightheadedness, dizziness, or faintness • Inability to take fluids by mouth due to nausea or vomiting • Inability to get diarrhea under control within 24 hours
<p>Low White Blood Cell (WBC) Count (Neutropenia) and Increased Risk of Infection (Boxed Warning)</p>	<p>Description: WBCs help protect your body from infections. A low WBC count increases your risk of getting infections.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • Wash your hands often and bathe regularly. • Avoid crowded places and close contact with people who are sick. • Follow food safety and wound-care advice from your care team. • Your care team may prescribe medicine to help your WBCs recover. <p>Talk to your care team if you have:</p> <ul style="list-style-type: none"> • Fever of 100.4°F (38°C) or higher • Chills • New or worsening cough or sore throat • Painful urination or signs of a urinary infection • Feeling much more tired than usual • Red, swollen, warm, or painful areas on the skin (possible skin infection)

<p>Low Platelet Count (Thrombocytopenia)</p>	<p>Description: Platelets help your blood clot and wounds heal. A low platelet count increases your risk of bruising and bleeding.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • Blow your nose gently and avoid picking it. • Brush your teeth gently with a soft toothbrush and keep good oral hygiene. • Use an electric razor for shaving and a nail file instead of nail clippers. • Avoid over-the-counter medicines that can increase bleeding risk (for example, NSAIDs like ibuprofen). • Talk with your care team or dentist before medical or dental procedures — you may need to pause treatment. <p>Talk to your care team if you have:</p> <ul style="list-style-type: none"> • A nosebleed lasting more than 5 minutes despite pressure • A cut that continues to bleed • Heavy gum bleeding when brushing or flossing • Sudden or severe headache • Blood in your urine or stool • Blood in your spit after coughing
<p>Low Red Blood Cell (RBC) Count and Hemoglobin (Hgb) (Anemia)</p>	<p>Description: RBCs and Hgb carry oxygen to your body’s tissues and remove carbon dioxide. Low RBC or Hgb (anemia) can make you feel weak, very tired, or look pale.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • Aim for 7 to 8 hours of sleep each night. • Do not drive, operate heavy machinery, or do other dangerous activities if you are very tired. • Balance activity and rest — stay as active as you can but rest when needed. • Eat a balanced diet and follow any nutrition or supplement advice from your care team. <p>Talk to your care team if you have:</p> <ul style="list-style-type: none"> • Shortness of breath • Dizziness or fainting • Fast or irregular heartbeats • Sudden or severe headache
<p>Fatigue</p>	<p>Description: Fatigue is a constant and sometimes strong feeling of tiredness.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • Routine exercise can help reduce fatigue. Talk with your care team to find the right type and amount of activity for you. • Ask family and friends for help with daily tasks and for emotional support. • Try healthy ways to feel better, such as meditation, journaling, yoga, or guided imagery, to reduce anxiety and improve well-being. • Aim for 7 to 8 hours of sleep each night. Limit daytime naps to help you sleep better at night. • Do not drive, operate heavy machinery, or do other potentially dangerous activities if you are very tired. <p>Talk to your care team if you have:</p> <ul style="list-style-type: none"> • Tiredness that affects your daily life or prevents you from doing normal activities • Tiredness that does not get better with rest • Dizziness or weakness along with severe tiredness

<p>Mouth Sores or Irritation (Mucositis or Stomatitis)</p>	<p>Description: This treatment can irritate the lining of the mouth. In some cases, this can cause redness, sores, pain, and swelling.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • Rinse your mouth after meals and at bedtime, and more often if sores develop. • Brush your teeth with a soft toothbrush or cotton swab after meals. • Use a mild, non-alcohol mouth rinse at least four times daily (after meals and at bedtime). A simple mixture is 1/8 teaspoon salt and 1/4 teaspoon baking soda in 8 ounces of warm water. • Avoid acidic, hot, spicy, or rough foods and drinks that may irritate your mouth. • Avoid tobacco, alcohol, and alcohol-based mouthwashes. • Your care team may prescribe medicine for these symptoms. <p>Talk to your care team if you have:</p> <ul style="list-style-type: none"> • Painful mouth sores or throat pain • Trouble eating or significant weight loss
<p>Nausea and Vomiting</p>	<p>Description: Nausea is an uncomfortable feeling in your stomach or the need to throw up. You may or may not vomit.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • Eat smaller, more frequent meals. • Avoid fatty, fried, spicy, or highly sweet foods. • Eat bland foods at room temperature and drink clear liquids. • If you vomit, start with small sips of water, broth, or other clear liquids. If these stay down, try soft foods (like gelatin, plain cornstarch pudding, yogurt, strained soup, or strained cooked cereal) and slowly return to solid foods. • Your care team may prescribe medicine for these symptoms. <p>Talk to your care team if you have:</p> <ul style="list-style-type: none"> • Vomiting for more than 24 hours • Nonstop vomiting • Signs of dehydration (very thirsty, dry mouth, dizziness, or dark urine) • Blood or coffee-ground-like appearance in your vomit • Severe stomach pain that does not go away after vomiting

<p>Low Appetite</p>	<p>Description: Loss of appetite can lead to weight loss and low energy. Small changes in when and what you eat can help maintain strength and nutrition.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • Be as active as you can. Do light physical activity before a meal (check with your care team before starting an exercise program). • Note times of day when your appetite is best and eat your largest meal then. • Eat 5–6 small meals or snacks each day. • Choose high-protein foods (beans, chicken, fish, meat, yogurt, tofu, eggs). Eat protein first during meals. • Choose higher-calorie foods (avoid “low-fat,” “fat-free,” or “diet” options when trying to gain/maintain weight). • If you feel full quickly, avoid drinking 30 minutes before a meal and drink liquids between meals; choose calorie-containing drinks rather than diet drinks. • Have a bedtime snack that’s easy to digest (for example, peanut butter and crackers). If you have reflux, wait at least 1 hour before lying down. • Try nutritious beverages (high-protein shakes or smoothies) if solid food is unappealing. • Ask your care team about liquid nutrition supplements and ways to add protein or calories (protein powder, yogurt, ice cream). <p>Talk to your care team if you have:</p> <ul style="list-style-type: none"> • Unintentional weight loss • Little or no appetite for several days • Excessive tiredness or low energy
<p>Liver Problems</p>	<p>Description: Treatment can cause liver injury. Your care team may check your liver with blood tests before and during treatment.</p> <p>Talk to your care team if you have:</p> <ul style="list-style-type: none"> • Yellowing of your skin or the whites of your eyes (jaundice) • Severe nausea or vomiting • Pain on the right side of your stomach area (abdomen) • Dark, tea-colored urine • Bleeding or bruising more easily than normal

<p>Hand-Foot Syndrome (HFS)</p>	<p>Description: HFS causes dryness, thickening, swelling, or blisters of the skin on the palms of your hands and soles of your feet.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • Keep hands and feet moisturized with a non-scented moisturizing cream. • Applying urea 10% or 20% cream twice daily to the affected area may be helpful. • Avoid exposure to hot water on the hands and feet in showers or baths, or when doing dishes, as this may dry out the skin. • Avoid tight-fitting shoes or socks. • Avoid excessive rubbing of hands and feet unless applying lotion. • Wear gloves when working with your hands. <p>Talk to your care team if you have:</p> <ul style="list-style-type: none"> • Painful blisters or calluses on your hands or feet
<p>Numbness, Tingling, or Burning in Your Hands or Feet (Peripheral Neuropathy)</p>	<p>Description: Nerve pain and tingling are uncomfortable sensations from nerve damage or irritation. Pain may be sharp, burning, or deep. Tingling can feel like pins-and-needles or mild electric shocks, often in the hands, feet, arms, or legs.</p> <p>Recommendations</p> <ul style="list-style-type: none"> • Keep a daily log of pain and sensations, noting triggers and what helps or makes it worse. • Check your feet every day for cuts, sores, blisters, or color changes, especially if numbness reduces feeling. • Wear comfortable, well-fitting shoes and avoid walking barefoot if sensation is reduced. • Protect hands and feet from extreme heat or cold. • Your care team may recommend or prescribe medicines, topical treatments, physical therapy, or supplements to help with symptoms. <p>Talk to your care team if you have:</p> <ul style="list-style-type: none"> • New or worsening “pins and needles,” burning, or numbness in your hands or feet • Trouble moving your arms or legs, or weakness • Problems with balance or frequent falls

<p>Sensitivity to Cold Temperatures</p>	<p>Description: Oxaliplatin can cause increased sensitivity to cold for several days after treatment (often 3–7 days). Cold exposure may cause discomfort, pain, numbness, or tingling in the hands, feet, mouth, or throat.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • Avoid cold temperatures and cold objects for several days after treatment. • Do not eat or drink very cold foods or drinks; use a straw for cold liquids if needed. • Wear insulated gloves when handling cold items or reaching into the freezer. • Dress warmly in cold weather and cover your mouth with a scarf to warm inhaled air. • Protect hands and feet from cold exposure (warm socks, mittens, cushioned footwear). <p>Talk to your care team if you have:</p> <ul style="list-style-type: none"> • Severe or persistent pain triggered by cold • Numbness or tingling that worsens or spreads • Trouble performing daily activities because of cold sensitivity • Unusual skin changes (discoloration, sores) after cold exposure • Cold sensitivity lasting longer than 7 days after treatment
<p>Changes in Electrolytes</p>	<p>Description: Treatment may cause decreased levels of magnesium, potassium, calcium, sodium, and phosphate in your blood. Your care team will do blood tests to check you for these changes and will treat you if needed.</p> <p>Talk to your care team if you have:</p> <ul style="list-style-type: none"> • Muscle weakness, cramps, spasms, or tremors • Numbness and tingling in the fingers, toes, and around the mouth • Extreme fatigue • Irregular heartbeat • Abnormal eye movements • Nausea, vomiting, or decreased appetite • Headache • Confusion • Dizziness • Seizures

Select Rare Side Effects

Side Effect	Talk to Your Care Team if You Have Any of These Signs or Symptoms	
Allergic Reactions, Including Anaphylaxis (Boxed Warning)	Get emergency medical help right away if you develop any of the following signs or symptoms: <ul style="list-style-type: none"> • Swelling of your lips, mouth, tongue, or throat • Trouble breathing or swallowing • Raised red areas on your skin (hives) • A very fast heartbeat • You feel dizzy or faint 	
Lung Problems	<ul style="list-style-type: none"> • Cough • Shortness of breath • Chest pain 	
Heart Problems	<ul style="list-style-type: none"> • Swelling of your stomach area (abdomen), legs, hands, feet, or ankles • Shortness of breath • Nausea or vomiting • Weight gain • Pain or discomfort in your arms, back, neck, or jaw • Protruding neck veins • Palpitations (rapid or irregular heartbeat) • Dizziness or lightheadedness • Chest discomfort or pain • Fatigue • Confusion • Fainting or near-fainting spells • Breaking out in a cold sweat 	
Brain or Eye Problems	<ul style="list-style-type: none"> • Headaches • Dizziness or lightheadedness • Confusion or difficulty concentrating • Memory loss • Weakness or numbness in parts of the body • Changes in mood or behavior • Seizure • Coordination or balance issues • Blurred or double vision • Sudden vision loss, eye pain or discomfort • Redness or swelling in the eyes • Sensitivity to light • Visual disturbances, such as flashes of light or floaters • Increased tear production 	
Infusion-Related Reactions	<ul style="list-style-type: none"> • Chills or shaking • Itching, rash, or flushing • Trouble breathing, wheezing, or tongue swelling • Dizziness or feeling faint • Feeling of impending doom • Fever of 100.4°F (38°C) or higher • New or severe pain in your back or neck 	

**Before starting treatment, ask your care team when to call 9-1-1 or seek emergency help.
If you experience any new, worsening, or uncontrolled side effects, contact your care team immediately.**

Intimacy, Pregnancy, and Breastfeeding

- Treatment may **change how you feel about intimacy and your body**. However, physical closeness—such as holding hands and hugging—remains safe. It is common to have questions about intimacy. If needed, talk to your care team for guidance.
- Treatment may **harm an unborn baby**.
 - If you are able to become pregnant, take a pregnancy test before starting treatment.
 - Use an effective method of birth control during treatment, for 3 months after your last dose of fluorouracil (5-FU), for 7 months after your last day of liposomal irinotecan, and for 9 months after your last dose of oxaliplatin.
 - If you think you might be pregnant or if you become pregnant, tell your care team right away.
 - If your partner(s) can become pregnant, use an effective method of birth control—such as condoms—during treatment, for 3 months after your last dose of fluorouracil (5-FU), for 4 months after your last dose of liposomal irinotecan, and for 6 months after your last dose of oxaliplatin.
- **Do NOT breastfeed** during treatment, for 1 day after your last dose of fluorouracil (5-FU), for 1 month after your last dose of liposomal irinotecan, and for 3 months after your last dose of oxaliplatin.

Handling Body Fluids and Waste

Some drugs you receive may stay in your urine, stool, sweat, or vomit for many days after treatment. Because many cancer drugs are toxic, your body waste may also be dangerous to touch. To help protect yourself, your loved ones, and the environment, **follow these instructions** for at least **48 hours** after each dose of **fluorouracil (5-FU)**, for **6 days** after each dose of **oxaliplatin**, and for **9 days** after each dose of **liposomal irinotecan**.

- People who are pregnant should avoid touching anything that may be soiled with body fluids from the patient.
- You can use your usual toilet. Always close the lid and flush to discard all waste. If you have a low-flow toilet, flush twice.
- If the toilet or seat is soiled with urine, stool, or vomit, clean the surface after each use before others use it.
- Wash your hands with soap and water for at least 20 seconds after using the toilet.
- If you need a bedpan, inform your caregiver so they can wear gloves and assist with cleanup. Wash the bedpan with soap and water daily.
- If you cannot control your bladder or bowels, use a disposable pad with a plastic back, a diaper, or a sheet to absorb waste.
- Wash any skin exposed to body waste with soap and water.
- Wash soiled linens or clothing separately from other laundry. If you don't have a washer, place them in a plastic bag until they can be washed.
- Wash your hands with soap and water after touching soiled linens or clothing.

Additional Information

- **Tell your care team about all the medicines you take.**
This includes prescriptions, over-the-counter drugs, vitamins, and herbal products. Before starting any new medicine, supplement, or vaccine, ask your care team first.
- Talk with your care team about whom to contact if your **fluorouracil (5-FU) pump doesn't work properly**. Do not ignore any pump alarms.
- **People with deficiencies in the enzyme dihydropyrimidine dehydrogenase (DPD) may experience serious side effects.**
People with certain changes in a gene called "DPYD" may have a deficiency of the DPD enzyme. Some of these people may not produce enough DPD enzyme, and some of these people may not produce the DPD enzyme at all.
 - People who do not produce any DPD enzyme are at increased risk of sudden side effects that come on early during treatment with fluorouracil (5-FU) and can be serious and sometimes lead to death.
 - Call your care team right away if you develop any of the following symptoms and they are severe, including:
 - Sores of the mouth, tongue, throat, and esophagus
 - Diarrhea
 - Low white blood cell counts
 - Nervous system problems
 - People with some DPD enzyme may have an increased risk of serious side effects with fluorouracil (5-FU) treatment that can sometimes lead to death.
 - Your care teams should talk with you about DPYD testing to look for DPD deficiency.
- **People with deficiencies in the enzyme UDP-glucuronosyltransferase 1A1 may experience serious side effects.**
People with certain changes in a gene called "UGT1A1" may have a deficiency of the UDP-glucuronosyltransferase 1A1 enzyme.
 - People with certain changes in the UGT1A1 gene are at increased risk of sudden side effects that come on early during treatment with liposomal irinotecan and can be serious and sometimes lead to death.
 - Call your care team right away if you develop any of the following symptoms and they are severe, including:
 - Diarrhea
 - Low white blood cell counts
 - Your care team should talk with you about UGT1A1 testing.
- **This Patient Education Sheet may not describe all possible side effects.**
Call your care team for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.

Notes

Updated Date: March 26, 2026

Scan the QR code below to access this education sheet.



Important notice: The Association of Cancer Care Centers (ACCC), Hematology/Oncology Pharmacy Association (HOPA), Network for Collaborative Oncology Development & Advancement, Inc. (NCODA), and Oncology Nursing Society (ONS) have collaborated in gathering information for and developing this patient education guide. This guide represents a brief summary of the medication derived from information provided by the drug manufacturer and other resources.

This guide does not cover all existing information related to the possible uses, directions, doses, precautions, warnings, interactions, adverse effects, or risks associated with this medication and should not substitute for the advice of a qualified healthcare professional. Provision of this guide is for informational purposes only and does not constitute or imply endorsement, recommendation, or favoring of this medication by ACCC, HOPA, NCODA, or ONS, who assume no liability for and cannot ensure the accuracy of the information presented. All decisions related to taking this medication should be made with the guidance and under the direction of a qualified healthcare professional.

Permission: Patient Education Sheets are provided as a free educational resource for patients with cancer and their caregivers in need of concise, easy to understand information about cancer therapy. Healthcare providers are permitted to copy and distribute the sheets to patients as well as direct patients to the Patient Education Sheets website. However, commercial reproduction or reuse, as well as rebranding or reposting of any type, are strictly prohibited without permission of the copyright holders. Permission requests, including direct linking from Electronic Health Records, and licensing inquiries should be emailed to patienteducation sheets@ncoda.org.

Copyright © 2026 by Network for Collaborative Oncology Development & Advancement, Inc. All rights reserved.

PES-584