FLOX Regimen
Fluorouracil-Leucovorin-Oxaliplatin

Disease Site  Gastrointestinal - Colorectal
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.

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## B - Drug Regimen

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
<th>Route</th>
<th>Duration</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>oxaliplatin(^1)</td>
<td>85 mg /m²</td>
<td>IV over 120 minutes</td>
<td>Days 1, 15 and 29</td>
<td></td>
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<tr>
<td>leucovorin(^1)</td>
<td>500 mg /m²</td>
<td>IV over 120 minutes (after oxaliplatin infusion on days 1, 15, and 29)</td>
<td>Days 1, 8, 15, 22, 29 and 36</td>
<td></td>
</tr>
<tr>
<td>fluorouracil</td>
<td>500 mg /m²</td>
<td>IV as bolus, 1 hour after leucovorin infusion has begun</td>
<td>Days 1, 8, 15, 22, 29, 36</td>
<td></td>
</tr>
</tbody>
</table>

\(^1\) Oxaliplatin and leucovorin were not given concurrently in the trial.

## C - Cycle Frequency

**REPEAT EVERY 56 DAYS**
Until disease progression or unacceptable toxicity occurs.

## D - Premedication and Supportive Measures

**Antiemetic Regimen:**
- Moderate (D1, 15, 29)
- Low (D8, 22, 36)

**Febrile Neutropenia Risk:** Moderate

**Other Supportive Care:**
Also refer to [CCO Antiemetic Recommendations](#).

## J - Administrative Information

Any use of the information is subject, at all times, to CCO’s Terms and Conditions.

CCO Formulary - August 2019
Approximate Patient Visit Days 1, 15, 29: 4.5 hours; Days 8, 22, 36: 2.5 hours
Pharmacy Workload (average time per visit) 22.062 minutes
Nursing Workload (average time per visit) 47.917 minutes

K - References


August 2019 removed archived PEBC guideline link

M - Disclaimer

Regimen Abstracts

A 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). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an “as-is” basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information’s quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.

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.

Regimen Monographs

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

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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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