



GE HealthCare

Where precision meets flexibility

Flyrcado—the first new cardiac PET radiotracer in over 25 years—delivers the precision and flexibility to reveal what SPECT can miss.¹⁻⁴

Explore how Flyrcado can bring diagnostic certainty to more of your patients compared to SPECT.¹⁻⁴



More access, where it matters most

What could access to diagnostic certainty mean for your patients?

With Flyrcado, your site of care:

- ✓ Gets on-demand doses up to five days a week⁴⁻⁶
- ✓ Brings cardiac PET imaging closer to home⁴⁻⁶
- ✓ Avoids high fixed costs of generators and cyclotrons^{4,5,7}
- ✓ Frees staff from on-site tracer production^{4,7}

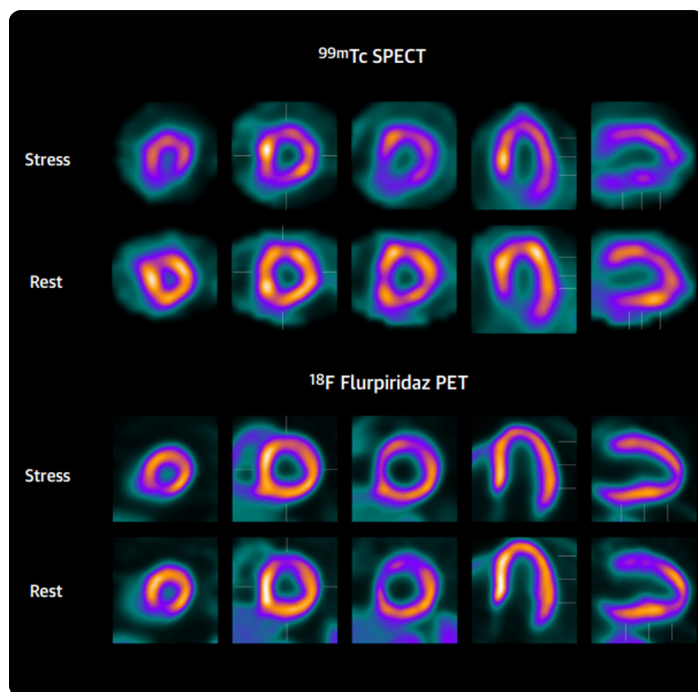


The first new cardiac PET MPI radiotracer in over 25 years



Please see the back page for Flyrcado Important Safety Information and the full Prescribing Information.

When every detail matters, Flyrcado brings clarity

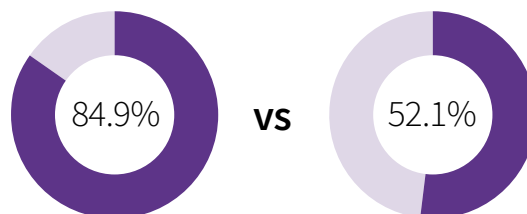


SPECT has limits—especially for patients that are challenging to image, such as women with dense breast tissue or implants, or patients with a BMI >35.^{4,8,9}

With higher spatial resolution, improved uptake, and clearer contrast, cardiac PET MPI delivers superior diagnostic accuracy when compared to SPECT.⁷

Flyrcado delivers:

- Superior sensitivity and non-inferior specificity over SPECT, demonstrated in AURORA phase III clinical trial¹⁰
- Sharper image quality vs. SPECT that could reveal subtle defects⁷



Sensitivity was also significantly higher compared to SPECT in women-only subgroups and patients with BMI over 30¹⁰

Flyrcado offers operational flexibility

With the longest half-life of any cardiac PET MPI tracer—**109 minutes**—Flyrcado gives your imaging team time to adapt without losing image quality.^{1,4,7}

What 109 minutes makes possible:



Exercise stress testing in cardiac PET imaging^{1,4}



All-day scheduling with an 8-hour shelf life^{1,4}



Re-imaging within the same appointment, without additional dose or radiation exposure^{*4}

PET delivers clarity:



96% definitive diagnoses

VS



82% with SPECT—cutting uncertainty and repeat testing¹¹



Flyrcado increases diagnostic certainty for more patients^{1,10}

Cardiac PET provides clarity in patients with BMI >35, diabetes, or dense breast tissue.^{8,12}

40%

of US women
ages 40–74
have dense breast
tissue or breast
implants¹³

46%

of US adults
ages 40–59
have a BMI over 35¹⁴

29%

of US adults
age 65+
live with diabetes¹⁵

PET = Positron emission tomography; SPECT = Single photon emission computed tomography; BMI = Body mass index; MPI = Myocardial perfusion imaging; CAD = Coronary artery disease



See how you can be Flyrcado Forward by scanning the QR code

Expand patient access to cardiac PET with GE HealthCare's contract manufacturing (CMO) network

*Allows for repeat static imaging within 30–40 minutes from injection in the event of technical difficulties, without additional dosing or radiation exposure.

Visit gehealthcare.com/flyrcado-pi for full Prescribing Information.

Discover the benefits of cardiac PET with Flyrcado



Long half-life

A 109-minute half-life enables flexible protocols, including exercise or pharm stress and reimaging,* if needed^{1,4}



Convenient unit dose delivery

Order as needed with no patient volume minimums—no generator required^{7,16}



Exceptional image quality

High extraction fraction and short positron range yield excellent resolution⁷



Greater diagnostic certainty vs. SPECT

Reliable CAD detection in overall population and difficult-to-image patients^{1,10}



GE HealthCare expertise

Comprehensive services and training to support your needs

"A game changer."

Jamshid Maddahi, MD, FACC, MASNC, UCLA School of Medicine

Important Safety Information

Indications and Usage

FLYRCADO is a radioactive diagnostic drug indicated for positron emission tomography (PET) myocardial perfusion imaging (MPI) under rest or stress (pharmacologic or exercise) in adult patients with known or suspected coronary artery disease (CAD) to evaluate for myocardial ischemia and infarction.

Contraindications

None

Warnings and Precautions

Stress testing risks: Patients evaluated with exercise or pharmacologic stress may experience serious adverse reactions such as myocardial infarction, arrhythmia, hypotension, bronchoconstriction, stroke, and seizure. Perform stress testing in the setting where cardiac resuscitation equipment and trained staff are readily available. When pharmacologic stress is selected as an alternative to exercise, perform the procedure in accordance with the pharmacologic stress agent's prescribing information.

Radiation risks: FLYRCADO contributes to a patient's overall long-term cumulative radiation exposure. Long-term cumulative radiation exposure is associated with an increased risk of cancer. Ensure safe handling to minimize radiation exposure to patients and health care providers. Advise patients to hydrate before and after administration and to void.

Adverse Reactions: The most common adverse reactions occurring during FLYRCADO PET MPI under rest and stress (pharmacologic or exercise) (incidence ≥2%) are dyspnea, headache, angina pectoris, chest pain, fatigue, ST segment changes, flushing, nausea, abdominal pain, dizziness, and arrhythmia.

Adverse Event Reporting: To report SUSPECTED ADVERSE REACTIONS, contact GE HealthCare at 800-654-0118 (option 2 then option 1) or by email at GPV.drugsafety@gehealthcare.com, or contact FDA at 800-FDA-1088 or www.fda.gov/medwatch.

References: 1. Flyrcado (flurpiridaz F 18 injection). Full Prescribing Information. GE HealthCare. 2. Packard RRS. The clinical promise of 18F-flurpiridaz PET imaging heralds a new frontier in the diagnosis and management of coronary artery disease. *Nature Cardiovasc Research*. 2025;4(1):1-4. doi:10.1038/s44161-024-00587-w 3. 18F flurpiridaz PET MPI: Imaging characteristics and clinical trials. Maddahi, Jamshid. *J of Nucl Card*. Volume 45, 102175. 4. Patel KK, Singh A, Bateman TM. *Curr Cardiol Rep*. 2022;24(8):987-994. 5. Driessen RS, Raijmakers PG, Stuijzand WJ, Knaapen P. *Int J Cardiovasc Imaging*. 2017;33(7):1021-1031. 6. Bourque JM. Cardiac PET perfusion imaging: AURORA lights the way to a new era. *J Am Coll Cardiol*. 2023;82(16):1611-1613 7. Maddahi J, Packard RRS. *Semin Nucl Med*. 2014;44(5):333-343. 8. Schindler TH, Bateman TM, Berman DS, et al. *J Nucl Med*. 2020;61(8):1221-1265. 9. Li DL, Kronenberg MW. Myocardial perfusion and viability imaging in coronary artery disease: clinical value in diagnosis, prognosis, and therapeutic guidance. *Am J Med*. 2021;134(8):968-975. 10. Maddahi J, Agostini D, Bateman TM, et al. *J Am Coll Cardiol*. 2023;82(16):1598-1610. 11. Bateman TM. Advantages and disadvantages of PET and SPECT in a busy clinical practice. *J Nucl Cardiol*. 2012;19(suppl 1):3-11. doi:10.1007/s12350-011-9490-9 12. Bateman TM, Dilsizian V, Beanlands RS, et al. *J Nucl Med*. 2016;57(10):1654-1656. 13. Sprague BL, Gangnon RE, Burt V, et al. Prevalence of mammographically dense breasts in the United States. *J Natl Cancer Inst*. 2014;106(10):dju255. 14. U.S. Centers for Disease Control and Prevention. NCHS Data Brief. 2024; 508. Accessed December 17, 2024. <https://www.cdc.gov/nchs/data/databriefs/db508.pdf> 15. U.S. Centers for Disease Control and Prevention. National diabetes statistics report. CDC. Published May 15, 2024. Accessed March 13, 2025. <https://www.cdc.gov/diabetes/php/data-research/index.html> 16. Iskandrian AE, Dilsizian V, Garcia EV, et al. Myocardial perfusion imaging: lessons learned and work to be done-update. *J Nucl Cardiol*. 2018;25(1):39-52.



Scan the QR code to view the full Prescribing Information

