



medRAD® MRXperion
MR Injection System

Gadovist® 1.0
Gadobutrol

Primovist®
Gadoxetic Acid

Your Trusted Partner in Radiology

Integrated MR solutions



OUR VALUE ADDS UP



MR Portfolio Solutions

**Achieve more with the
right solutions and support**

Bayer's MR portfolio and team of clinical and technical experts help to streamline workflows, boost efficiency, and elevate performance.

Our products are connected...



The People Powering Radiology at Bayer Canada

**We have you covered from
coast to coast**

Our team of **over 25 experts** – specializing in customer solutions, clinical excellence, medical leadership, and technical service – brings **325+ years of collective experience in radiology.**

so are our people.



Primovist® for Confident MR Imaging

The only hepatobiliary specific
contrast agent for MR liver imaging*

What makes Primovist® unique?^{2,3}

- + Liver hepatocyte-specific properties
- + Dual elimination pathway (50% hepatobiliary, 50% renal)
- + Dynamic and delayed hepatobiliary phase imaging
- + Detection of very small lesions ≤ 1.0 cm
- + A quarter of the gadolinium dose compared to conventional extracellular contrast agents

Extracellular
GBCA



Gadoxetic
Acid



Concentration² 0.25 mmol Gd/mL.

Dose² 0.025 mmol Gd/kg
= 0.1 mL/kg body weight.

75% less
gadolinium per
dose than most
other multipurpose
GBCAs*

*For illustrative purposes only – may not be representative of clinical results.

Common usage⁴

- + Focal Nodular Hyperplasia
- + Hepatic Adenoma
- + Liver Metastases – particularly from colorectal or pancreatic cancer
- + Hepatocellular Carcinoma

[Click here to learn more
about Primovist®](#)

* Comparative clinical significance has not been established.

Indication and clinical use:

PRIMOVIST (gadoxetate disodium injection) is a gadolinium-based contrast agent (GBCA) indicated for intravenous use in T1-weighted magnetic resonance imaging (MRI) of the liver to detect and characterize lesions in adults with known or suspected focal liver disease.

Safety and effectiveness in pediatric patients have not been established.

Most serious warnings and precautions:

- **Nephrogenic systemic fibrosis (NSF):** GBCAs increase the risk for NSF in patients with chronic severe renal insufficiency (glomerular filtration rate < 30 mL/min/1.73 m²) or acute renal failure / acute kidney injury. In these patients, avoid use of GBCAs unless the diagnostic information is essential and not available with noncontrast-enhanced MRI. NSF may result in fatal or debilitating systemic fibrosis affecting the skin, muscle, and internal organs. Screen all patients for renal dysfunction by obtaining a history and/or laboratory tests. When administering a GBCA, do not exceed the recommended dose and allow a sufficient period of time for elimination of the agent from the body prior to any re-administration.
- **Not for intrathecal use:** PRIMOVIST is not approved for intrathecal use. Intrathecal administration of GBCAs can cause serious, life-threatening, and fatal reactions, primarily with neurological reactions (e.g., coma, encephalopathy, seizures).

Gadovist® 1.0 – Canada's Most Used MR Agent*

Versatility that adapts to your patients, your workflow, your day

Gadovist® 1.0 is available in four convenient formats to match your suite's needs: 15 mL, 30 mL and 65 mL Pharmacy Bulk Packages, as well as 7.5 mL single-dose vials.¹

One Bottle. Multiple Patients.

- + The 65 mL PBP multi-dose bottle eliminates the need to reach for several single-dose vials throughout the day¹
- + With a 24-hour stand time after initial puncture, the same bottle can be used across multiple patient scans and staff shifts¹
- + Streamlines dosing and may help reduce contrast waste



[Click here to learn more
about the 65 mL PBP](#)

* Comparative clinical significance has not been established.

Indication and clinical use:

GADOVIST 1.0 (gadobutrol) is indicated in adults and children of all ages including term newborns for:

- Contrast enhancement during cranial and spinal MRI investigations and for contrast-enhanced magnetic resonance angiography (CE-MRA).
- Contrast enhanced MRI of the breast to assess the presence and extent of malignant breast disease, and MRI of the kidney.
- GADOVIST 1.0 is particularly suited for cases where the exclusion or demonstration of additional pathology may influence the choice of therapy or patient management, for detection of very small lesions and for visualization of tumors that do not readily take up contrast media.
- GADOVIST 1.0 is also suited for perfusion studies for the diagnosis of stroke, detection of focal cerebral ischemia and tumor perfusion.

Most serious warnings and precautions:

- **Nephrogenic systemic fibrosis (NSF):** GBCAs increase the risk for NSF in patients with chronic severe renal insufficiency (glomerular filtration rate < 30 mL/min/1.73 m²) or acute renal failure / acute kidney injury. In these patients, avoid use of GBCAs unless the diagnostic information is essential and not available with noncontrast-enhanced MRI. NSF may result in fatal or debilitating systemic fibrosis affecting the skin, muscle, and internal organs. Screen all patients for renal dysfunction by obtaining a history and/or laboratory tests. When administering a GBCA, do not exceed the recommended dose and allow a sufficient period of time for elimination of the agent from the body prior to any re-administration.
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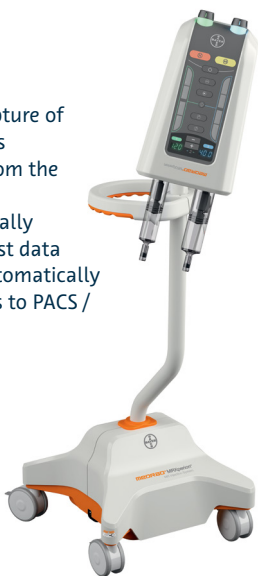
The MEDRAD® MRXperion Injection System

System Overview

- + Fast setup with Snap & Go syringes
- + Intuitive touchscreen & real-time injection pressure graph
- + Automation for reduced prep time
- + VirtualCARE remote support

// Workflow Solutions

- + Automated and accurate capture of contrast and injection details
- + Easily access patient data from the modality worklist
- + Barcode reader to automatically capture injection and contrast data
- + Reduce manual errors by automatically transferring injection records to PACS / Speech / RIS





Maximize Performance. Minimize Risk.

A total fluid delivery system backed by Bayer

The MEDRAD® MRXperion Injection System supports both single- and multi-patient workflows, quickly adapting to your daily schedule to optimize workflow and reduce costs.*



Multi-Patient Disposables

- + Confidently perform multiple studies with one multi-patient disposable kit – for up to 24 hours
- + Quality-tested and designed for safe, high-throughput performance
- + Reduce prep time between patients

[Click here to learn more about the multi-patient disposable kit](#)



Single-Patient Disposables

- + Cost-effective option for reduced-workload days or off-peak hours
- + Ideal when a different contrast agent is required for select cases
- + Provides flexibility without overcommitting resources

* Compared to working with a multi-patient system alone.



Brought to you by Bayer Radiology,
your partner in patient care.

Gadovist® 1.0

Other relevant warnings and precautions:

- GADOVIST 1.0 is intended for intravenous administration only and may cause tissue irritation and pain if administered extravascularly.
- Gadolinium may accumulate in the brain after multiple administrations of GBCAs. Use the lowest effective dose and perform a benefit risk assessment before administering repeated doses.
- As with other contrast media, GADOVIST 1.0 can be associated with anaphylactoid/hypersensitivity or other idiosyncratic reactions, characterized by cardiovascular, respiratory or cutaneous manifestations, and ranging to severe reactions including shock.
- While there is no evidence suggesting that gadobutrol directly precipitates convulsion, the possibility that it may decrease the convulsive threshold in susceptible patients cannot be ruled out. Precautionary measures should be taken with patients predisposed to seizure, eg, close monitoring and availability of injectable anticonvulsants.
- Use only during pregnancy if the benefits outweigh the risks. Use of macrocyclic agents, such as GADOVIST 1.0, may be preferable in potentially vulnerable patients, including pregnant women.

For more information:

Consult the [product monograph](#) for important information about adverse reactions, drug interactions, and dosing instructions. The Product Monograph is also available by calling Bayer Medical Information at 1-800-265-7382.

Primovist®

Other relevant warnings and precautions:

- Avoid intramuscular administration due to local intolerance reactions including focal necrosis
- Severe renal or hepatic failure may impair PRIMOVIST imaging performance
- Gadolinium may accumulate in the brain after multiple administrations of GBCAs. Use the lowest effective dose and perform a benefit risk assessment before administering repeated doses.
- Exercise caution when administering to patients with severe cardiovascular problems
- Hypersensitivity reactions including anaphylactoid reactions with cardiovascular, respiratory, and cutaneous manifestations, ranging from mild to severe reactions including shock have occurred very rarely following administration. Prior to administration assess all patients for a history of reaction to contrast media; bronchial asthma; allergic disorders. Administer only where trained personnel and therapies are promptly available for the treatment of hypersensitivity reactions.
- Use only during pregnancy if the clinical condition of the woman requires its use.

Adverse reactions:

Most adverse drug reactions reported with PRIMOVIST were of mild to moderate severity, and did not require a discontinuation of the procedure. The most frequently reported adverse reactions in clinical trials were headache (0.6%; mild), nausea (0.7%; usually occurring just after injection and resolving quickly), and feeling hot (0.7%; usually occurring during injection).

For more information:

Consult the [product monograph](#) for important information about adverse reactions, interactions, and dosing. The Product Monograph is also available by calling Bayer Medical Information at 1-800-265-7382.

References: 1. Gadovist® 1.0 (gadobutrol) Product Monograph. Bayer Inc., April 16, 2025. 2. Primovist® (gadoxetate disodium injection) Product Monograph. Bayer Inc., April 16, 2025. 3. Jhaveri et al. HPB (Oxford). 2017 Nov;19(11):992-1000. 4. Jhaveri et al. AJR Am J Roentgenol. 2015;204(3):498-509.

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