



Next-Generation Therapy for Feline HCM

Are we on the verge of a breakthrough in feline cardiomyopathy?

Why this matters

Hypertrophic cardiomyopathy (HCM) is the most common cardiac disease of cats, and management has historically been supportive rather than disease-modifying. Our understanding of the underlying pathophysiology has advanced considerably over the last decade, and for the first time there are genuine disease-targeted therapies in development – rather than treatments that simply manage the downstream consequences of the disease.

The pathophysiological rationale: a hypercontractile starting point

A useful unifying concept in HCM is that many affected hearts pass through an early hypercontractile phase. If this hypercontractility can be reduced, disease progression may be slowed – this is the rationale behind two of the newer drug classes below.

1. Small-molecule myosin inhibitors (e.g. mavacamten)

- Highly specific for cardiac myosin; provides reversible inhibition of the actin-myosin cross-bridge.
- Reduces contractility and left ventricular outflow tract obstruction (LVOTO) in humans. Strong human HCM data but no feline clinical trial data, only pharmacokinetic study in 6 cats.
- **UK/Europe status:** not available. There is not even sufficient supply for the human market at present. When (if) a feline formulation eventually reaches market, it is expected to be very expensive.
- **Practical takeaway:** this remains a long way from general practice use – human patients will take priority for supply for the foreseeable future.

2. Rapamycin (also called sirolimus) – an mTOR inhibitor

- Chronic haemodynamic stress activates the mTORC1 pathway, which drives pathological hypertrophy and reduces protective autophagy.
- Rapamycin is an old, well-characterised drug – originally an antibiotic, later repurposed as an immunomodulator for organ transplant patients.
- **RAPACAT pilot trial:** a once-weekly delayed-release formulation showed no progression of LV hypertrophy at 6 months. This was a pilot study only, in a relatively small number of cats (43 pre-clinical cats).
- **Sirolimus (delayed-release; marketed in the US as Felycin-CA1):** conditionally approved by the FDA in the USA. In the UK it is not licensed for cats but can



theoretically be obtained via a VMD Special Import Certificate. Remember, licensing of drugs works differently in the USA than in the UK/Europe.

- **Key caveat:** we do not yet know how effective it is. The pivotal, larger prospective trial (HALT-HCM, aiming for 300 cats and over 12 month period) is ongoing and its results are awaited before efficacy can be confirmed.

3. SGLT-2 inhibitors

- Established for management of diabetes mellitus in humans and cats; generating considerable excitement in human heart failure medicine. Velagliflozin has been shown to improve quality of life for human patients with heart failure.
- There are currently no published feline data supporting use in heart failure specifically; one study is currently in the recruitment phase.
- **UK licensing:** velagliflozin (Senvelgo) is licensed in UK cats for diabetes mellitus – not for heart failure. Use in cardiomyopathy/heart failure would be off-licence.
- Some cardiologists are nonetheless using SGLT-2 inhibitors off-licence in cats becoming refractory to conventional heart failure treatment and report good effects.

Common questions from practice

Is it reasonable to start rapamycin now, ahead of the HALT-HCM trial reporting?

- Not at present. Monitoring requirements are significant and the drug is not cheap. Many cats with subclinical HCM will not progress and do not need it – wait for stronger prospective evidence before adopting routinely.

Should we be reaching for an SGLT-2 inhibitor (e.g. Senvelgo) in feline heart failure?

- This would be off-licence use with no feline heart-failure evidence base yet. Some specialists use it in refractory cases, but it is not yet a general-practice recommendation.



When might myosin inhibitors (e.g. mavacamten) become available for cats?

- Realistically a long way off – human patients will take priority for limited drug supply, and no feline formulation or trial programme is currently established in the UK/EU.

Key messages for general practice

- We understand HCM pathophysiology considerably better in 2026 than we did in 2016.
- Cats can have significant subclinical disease with no overt signs, and sometimes no murmur – have a low threshold for screening at-risk breeds/individuals.
- We still lack robust prospective data to tell us precisely which cats to target with emerging therapies, and when.
- Disease-modifying treatment is genuinely on the horizon – rapamycin and myosin inhibitors are the two agents to watch – but neither is yet supported by definitive feline evidence or available at all in the UK.
- Of the drugs discussed, SGLT-2 inhibitors are the only class already available and licensed in UK cats (for diabetes) – but current heart failure use remains off-licence and evidence-free at this stage.

This summary reflects the evidence and licensing position in the UK as of mid-2026 and is intended for internal CPD purposes. Licensing and import arrangements should always be checked directly with the VMD, as these can change. Cats being considered for any of the emerging therapies discussed above should ideally be managed in conjunction with a Diplomate veterinary cardiologist.