Sirofel

VETERINARY DETAIL AID

FOR VETERINARY USE ONLY

# Sirolimus for cats with subclinical HCM.

A once-weekly sirolimusdelayed-releasetablet, developedfor veterinarian-directedmanagement of ventricular hypertrophy in cats with subclinical hypertrophic cardiomyopathy.


**STRENGTHS**
0.4 · 1.2 · 2.4 mg

**DOSING**
Once weekly

**SPECIES**
Cats only

For veterinary use only. Use only under the direction of a licensed veterinarian. Not for human use. Not for use in cats with diabetes mellitus, pre-existing liver disease, or other contraindications listed inside. Availability, prescription requirements, and permitted use vary by country. This material is a professional reference and is not a prescribing protocol.

INDICATION & BACKGROUND

# Subclinical HCM is the target population.

Sirofel™ is positioned for veterinarian-directeduseinotherwise healthycats with echocardiographically confirmed subclinical hypertrophic cardiomyopathy — the silent stage, before clinical signs appear.

DIAGNOSTIC DEFINITION

Subclinical HCM is defined as echocardiographic evidence of left-ventricular hypertrophy — LV wall thickness ≥ 6 mm at end diastole (2D or M-mode) — in the absence of congestive heart failure, arterial thromboembolism, severe LVOT obstruction, systemic hypertension, or arrhythmias requiring specific anti-arrhythmic therapy.

MECHANISM

**mTOR**

Sirolimus(rapamycin) isan mTORinhibitor — the rationale for targeting the maladaptive hypertrophic remodelling of the feline myocardium.

THRESHOLD

**≥ 6 mm**

Left-ventricular wall thickness at end diastole on echocardiography — the screening criterion for subclinical disease.

CADENCE

**1 × / week**

A delayed-release (enteric film-coated) tablet, swallowed whole, administered once weekly under veterinary direction.

## Why screening matters.

HCM frequently develops without outward signs at home, and a heart murmur may or may not be present. Echocardiography, blood-pressure assessment, and baseline bloodwork allow the diagnosis to be confirmed and competing causes of hypertrophy to be excluded before any therapy is considered.

### Excluded before diagnosis

- Systemic hypertension as a cause of hypertrophy
- Hyperthyroidism & other systemic disease
- Congestive heart failure (current or historic)
- Severe LV outflow-tract obstruction

PRODUCT RANGE

# Three strengths. One weekly principle.

Threetabletstrengthsand standardised packformatssupportdosing flexibility across the typical feline weight range. Tablets are delayed-release (enteric film-coated) and administered whole.


## 0.4 mg

Delayed-release tablets. Administered whole — do not split or crush.


## 1.2 mg

Delayed-release tablets. Administered whole — do not split or crush.


## 2.4 mg

Delayed-release tablets. Administered whole — do not split or crush.

| | |
|---|---|
| ACTIVE INGREDIENT | Sirolimus (also known as rapamycin) |
| FORMULATION | Delayed-release tablet · enteric film-coated · administered whole |
| STRENGTHS | 0.4 mg · 1.2 mg · 2.4 mg |
| SPECIES | Cats only |
| INDICATION | Veterinarian-directed management of ventricular hypertrophy in cats with subclinical HCM |
| ADMINISTRATION | Once-weekly oral dosing principle, with or without food. Swallow whole — do not chew, split, or crush. |
| PACK FORMATS | 4-tablet starter · 12-tablet standard · clinic / distributor bulk on inquiry |
| DIAGNOSIS CRITERION | Subclinical HCM — LV wall thickness ≥ 6 mm at end diastole (2D or M-mode) |

*Dosing is a clinical decision for the prescribing veterinarian. This material is not a prescribing protocol — consult the country-specific product information sheet for full dosing detail before use.*

CLINICAL WORKFLOW

# A suggested workflow for discussion.

Ageneralflowafeline-cardiologyworkupmayfollowwhena catisconsidered for sirolimus therapy. Adapt to patient presentation and local practice.

01

### History & physical exam

Baseline evaluation, breed considerations, presenting signs.

02

### Echocardiography

Confirm subclinicalHCM (LV wall ≥ 6 mm end diastole); characterise function & LA size; exclude severe LVOT obstruction.

03

### Blood pressure

Rule out systemic hypertension as a contributor to hypertrophy.

04

### Thyroid & systemic disease

Assess hyperthyroidism and other systemic conditions where relevant.

05

### Baseline bloodwork

Biochemistry(hepatic,renal), haematology, glucose — exclude pre-existing liver dysfunction & diabetes mellitus.

06

### Interaction review

Reviewconcomitantmedication and CYP3A4 / P-gp interaction risk.

07

### Owner counselling

Weekly dosing, expectations, monitoring schedule, adverse signs, safe handling.

08

### Follow-up monitoring

Repeatbloodwork 1–2months after initiation, then every 6–12 months; recheck imaging as appropriate.

MONITORING SCHEDULE

Baseline workup → recheck bloodwork at **1–2 months** → then every **6–12 months**, watching ALT / AST. Imaging is repeated as clinically indicated.

PATIENT ELIGIBILITY & CONTRAINDICATIONS

# Who Sirofel™ is — and is not — for.

Foruse only inotherwise healthy catswith subclinical HCM.Severalpre-existing conditions are contraindications or require an alternative approach; eligibility is confirmed at baseline workup.

FOR USE IN

## Otherwise healthy cats with subclinical HCM

- Subclinical HCM confirmed by echocardiography (LV wall ≥ 6 mm end diastole)
- No compensatory hypertrophy from another cause
- Normal blood pressure
- Normal hepatic & glucose parameters at baseline
- No current/historic CHF, ATE, severe LVOT obstruction, or arrhythmia requiring specific therapy

DO NOT USE IN

## Cats with these pre-existing conditions

- **Diabetes mellitus** — sirolimus may affect glucose regulation
- **Pre-existing liver disease** — hepatic metabolism; associated with ALT/AST elevation
- **Systemic hypertension** or other causes of compensatory hypertrophy
- **Current/historic CHF** or **arterial thromboembolism**
- **Severe LVOT obstruction**; arrhythmias requiring specific therapy
- Known hypersensitivity to sirolimus

## Observed adverse-reaction profile.

Reactions reportedinfelinesirolimusstudies include cardiac findings (related to underlying HCM progression) and non-cardiac findings.

### Cardiac (HCM progression)

- Arrhythmia
- Congestive heart failure
- Syncope
- Pericardial effusion

### Non-cardiac

- Lethargy · vomiting · diarrhoea
- Inappetence
- Elevation of liver enzymes (ALT, AST)

*Cardiac findings reflect the natural progression of HCM and were also observed in placebo groups in feline sirolimus studies; interpret in clinical context.*

IMPORTANT SAFETY INFORMATION

# For veterinary use only. Not for human use.

Sirofel™ contains sirolimus,a potentactive pharmaceutical ingredient with extensive hepatic metabolism. Use must be supervised by a licensed veterinarian. Confirm eligibility, establish baseline parameters, and counsel the owner before initiation.

- Tablets must be swallowed whole — do not split, crush, or chew
- Repeat bloodwork at 1–2 months, then every 6–12 months
- Keep out of reach of children & animals; pregnant/breastfeeding people should avoid contact
- Rule out liver dysfunction & diabetes mellitus at baseline
- Review CYP3A4 / P-gp interaction risk & concomitant medication
- On accidental human ingestion, contact a physician or poison control

## REQUEST INFORMATION

HLX Veterinary Therapeutics
Clinic & distributor enquiries
sirofel.example / contact

## ORDERING PATHWAY

Supplied through licensed clinics and veterinary distributors where legally permitted. Pricing on inquiry — varies by country, pathway, and pack size.