

Supplementary Table 1: Summary of Pharmacologic Agents for Hypertrophic Cardiomyopathy

Pharmacologic Agents	Clinical Presentation					Comments
	Symptomatic Obstructive HCM	Symptomatic Non-obstructive HCM (EF >50%)	Advanced HF (EF <50%)	AF	Ventricular Arrhythmias	
BB	Yes First line	Yes First line	Yes	Yes First line for rate control Sotalol	Yes Sotalol	Use with caution: BB with vasodilating effect (carvedilol, nebivolol) in oHCM Adverse effect: bradycardia Other: can be combined with IV phenylephrine in acute hypotension
CCB <ul style="list-style-type: none"> ● Non-dihydropyridine ● Verapamil ● Diltiazem 	Yes	Yes		Yes First line for rate control		Use with caution: dihydropyridine CCB (amlodipine, nifedipine) worsen outflow gradient in oHCM

						<p>Adverse effects: bradycardia, QTc prolongation</p> <p>Relative contraindication: ↑ resting gradient (80–100 mmHg), hypotension, severe dyspnea at rest</p>
<p>CMI</p> <ul style="list-style-type: none"> • Mavacamten 	Yes					<p>Contraindicated in persistent LV systolic dysfunction (EF≤50%)</p> <p>Adverse effect: syncope, HF, teratogenic</p>
Disopyramide	<p>Yes</p> <p>Persistent symptoms despite optimal dose of BB/CCB</p>			<p>Yes</p> <p>Rhythm control, particularly in early-onset AF</p>		<p>Use with caution: avoid QT-prolonging drugs, monitor ECG every 4 months; should be combined with AV nodal blocking agent to prevent onset of AF</p> <p>Adverse effects: anticholinergic, HF, QTc prolongation</p>

						Relative contraindication: HCM with systolic dysfunction (EF <50%)
Loop/thiazide diuretics	Yes Low-dose diuretics	Yes Low-dose diuretics	Yes			Relative contraindication: high-dose diuretics in symptomatic obstructive HCM
Antiarrhythmic Class III				Rhythm control		
<ul style="list-style-type: none"> • Sotalol 				Yes	Yes	Use with caution: renal dysfunction Adverse effect: QTc prolongation
<ul style="list-style-type: none"> • Amiodarone 				Yes	Yes	Adverse effects: hepatic, pulmonary, thyroid, retinopathy
<ul style="list-style-type: none"> • Dofetilide 				Yes	Yes	Use with caution: renal dysfunction Adverse effect: QTc prolongation

AC				Yes		AC in clinical AF/subclinical AF >24 h independent of CHA ₂ DS ₂ -VASc score
<ul style="list-style-type: none"> • First line: DOAC • Second line: warfarin 						
MRA		Yes	Yes			Can be used with other GDMT for HFrEF
SGLT2i		Yes	Yes			Use with caution: diuretic effect may worsen gradient in oHCM Adverse effects: urinary tract infection, euglycemic diabetic ketoacidosis, hypotension, risk of bone fractures and lower limb amputation (canagliflozin)
ACEi/ARB		Yes	Yes			Use with caution: ACEis/ARBs can worsen outflow gradient in oHCM and non-oHCM

AC = anticoagulation; ACEi = angiotensin-converting enzyme inhibitor; ARB = angiotensin receptor blocker; AV=atrioventricular; BB = β-blocker; CCB = calcium channel blocker; CMI = cardiac myosin inhibitor; EF = ejection fraction; GDMT = guideline-directed medical therapy; HF = heart failure; HFrEF = heart failure with reduced ejection fraction; MRA = mineralocorticoid receptor antagonist; non-oHCM = non-obstructive hypertrophic cardiomyopathy; oHCM = obstructive hypertrophic cardiomyopathy; SGLT2i = sodium–glucose cotransporter type 2 inhibitor.