



# Advances in Antidiabetic Pharmacotherapy: Focus on SGLT2-Inhibitors

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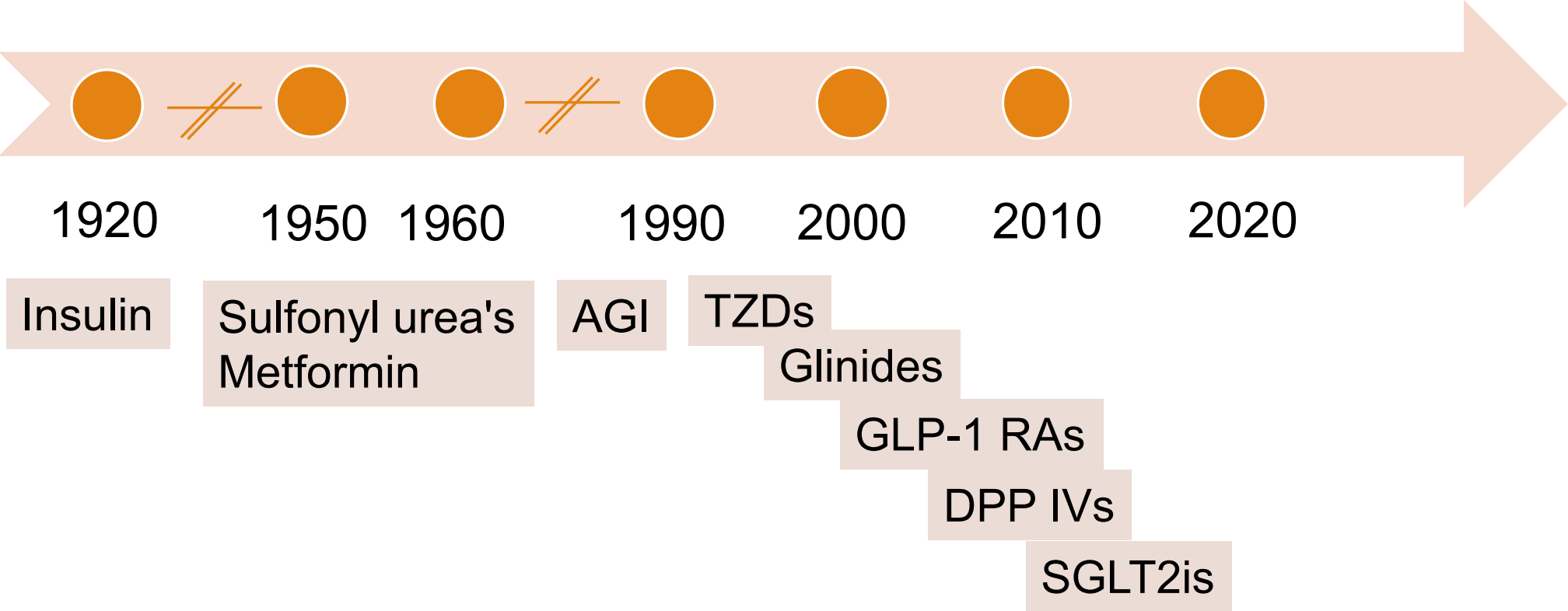
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University of the Incarnate Word

# Learning Objectives

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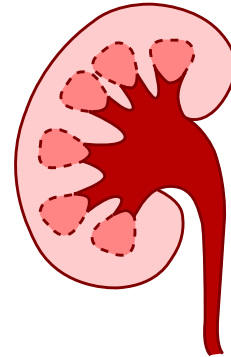
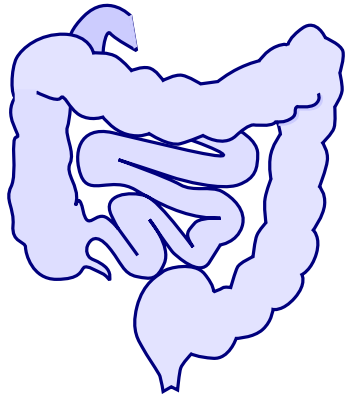
- ❑ Describe the structural aspects of SGLT inhibitors.
- ❑ Explain the mechanism of action of SGLT2 and dual SGLT1/2 inhibitors.
- ❑ Describe the adverse effects and warnings associated with SGLT inhibitors.

# Timeline Antidiabetic Drugs



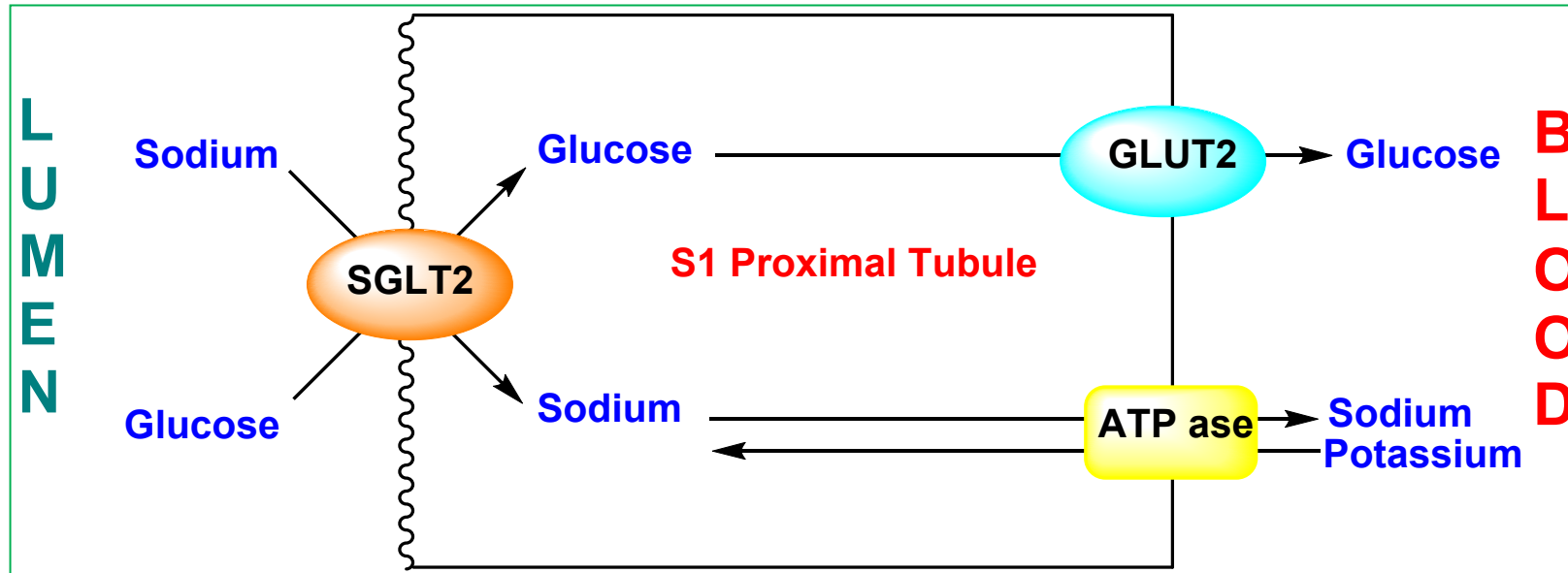
# What are Sodium-glucose cotransporters (SGLTs)?

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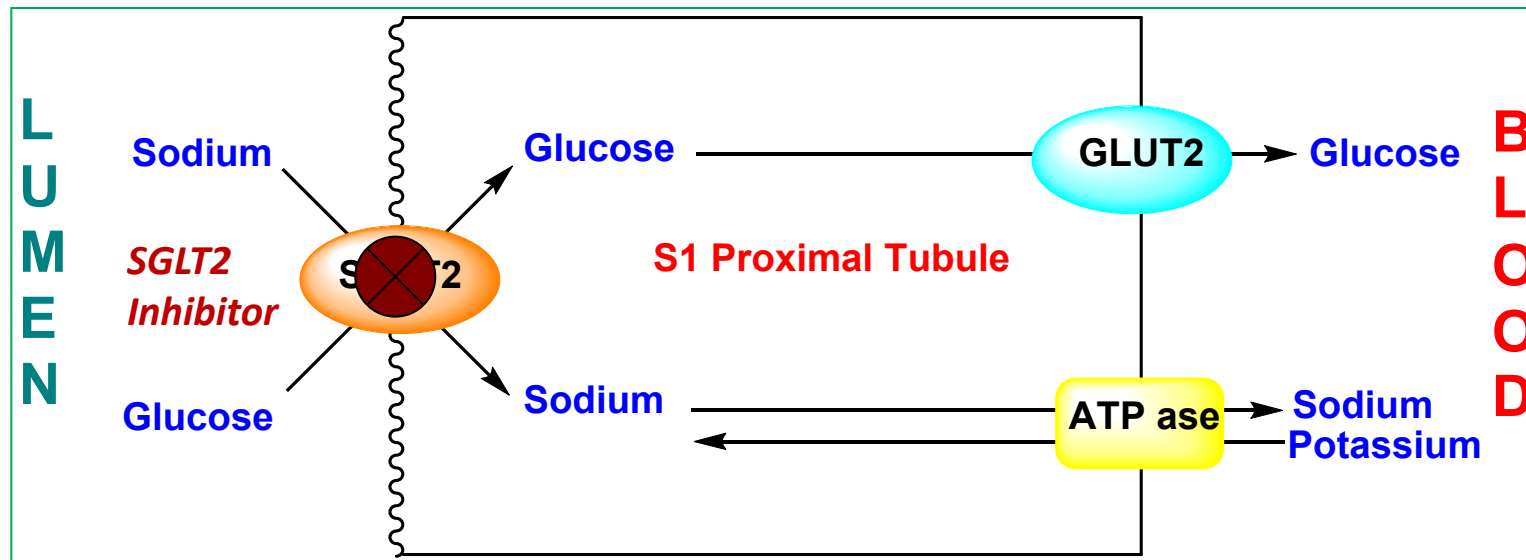
| <b>SGLT1</b>  | <b>SGLT2</b>  |
|---|---|
| <ul style="list-style-type: none"><li>• Mostly small intestine</li><li>• Some in the late proximal straight tubule (S3 segment) of kidney</li></ul> | <ul style="list-style-type: none"><li>• Almost in Kidneys</li><li>• Early proximal convoluted tubule (S1 segment)</li></ul> |
| ~10% of renal glucose reabsorption  | ~90% of renal glucose reabsorption  |

# What is the function of SGLT2?



# How do SGLT2-Inhibitors work? MOA

- Mechanism of Action
  - Reduces reabsorption of glucose from the tubular lumen



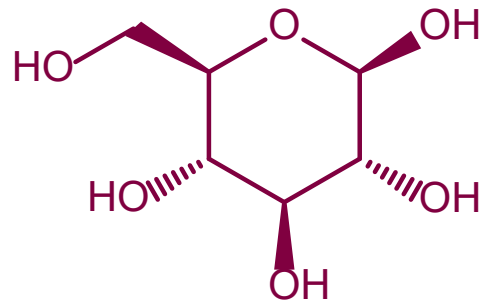
# Sodium–glucose cotransporter 2 (SGLT2) inhibitors

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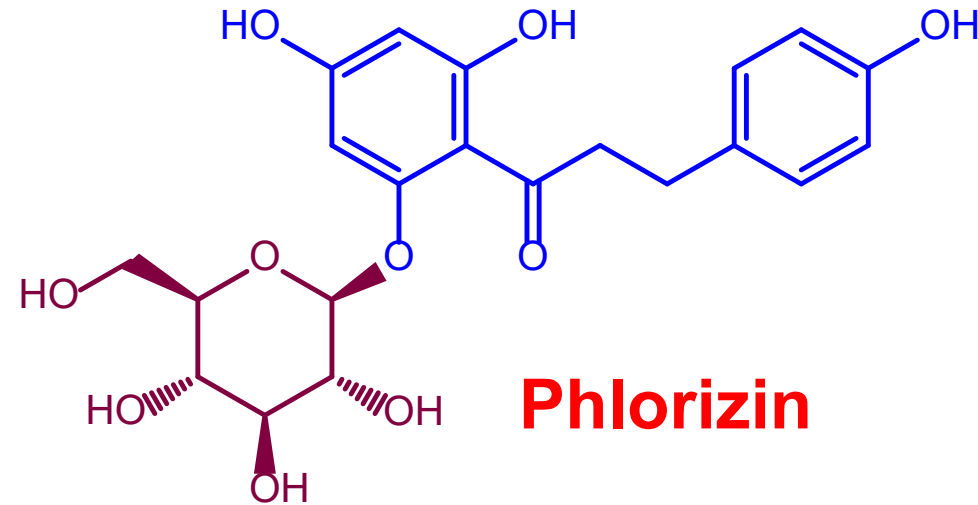
- ❑ Referred as gliflozins
- ❑ FDA-approved drugs: Few including canagliflozin, dapagliflozin, and empagliflozin
  - ❑ Please refer to the specific drug labels at the Drugs@FDA: FDA-Approved Drugs <https://www.accessdata.fda.gov/scripts/cder/daf/index.cfm>
- ❑ Outside the US: Many other drugs

# Discovery of SGLT Inhibitors

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**Beta-D-glucose**

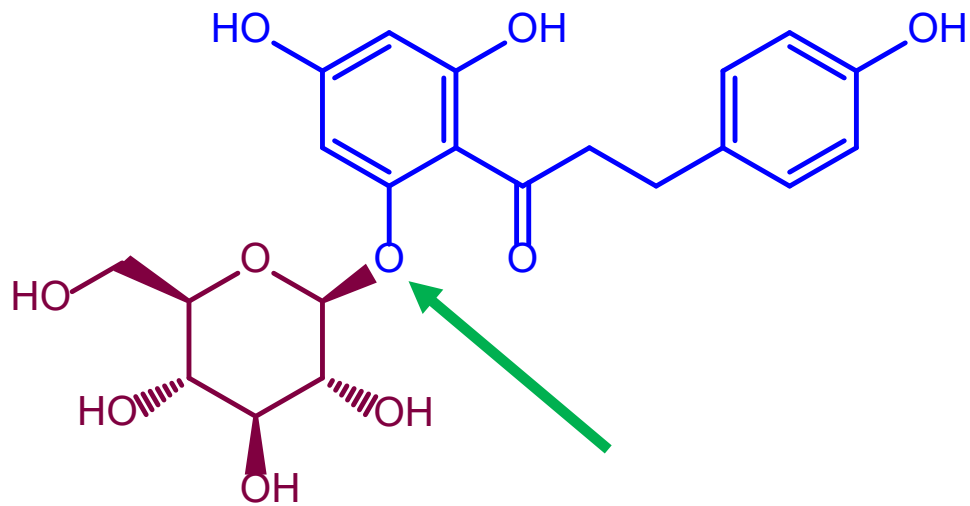


**Phlorizin**

- Chemical structure
  - consists of a glucose sugar
  - substituted group attached to the  $\beta$ -position of the anomeric carbon



# Discovery of SGLT Inhibitors



**Phlorizin**

- ❑ O-glucose derivative/**O-glycoside**
- ❑ Isolated in **1835** from apple tree bark
- ❑ **Dual SGLT inhibitor**

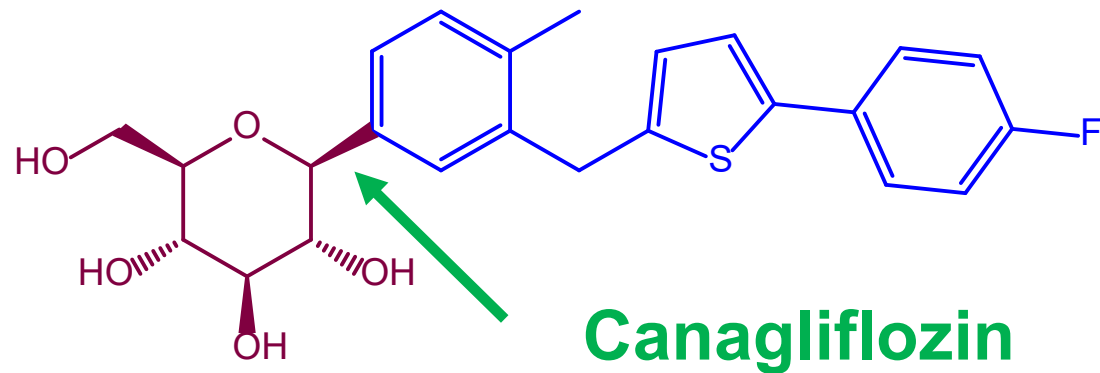
Inhibits both SGLT1 (IC<sub>50</sub> 330nm) and SGLT2 (IC<sub>50</sub> 36nm)

- ❑ Produce renal glycosuria and block intestinal glucose absorption
- ❑ Poor bioavailability

Unstable due to hydrolysis of the O glycosidic bond

# Discovery of SGLT Inhibitors

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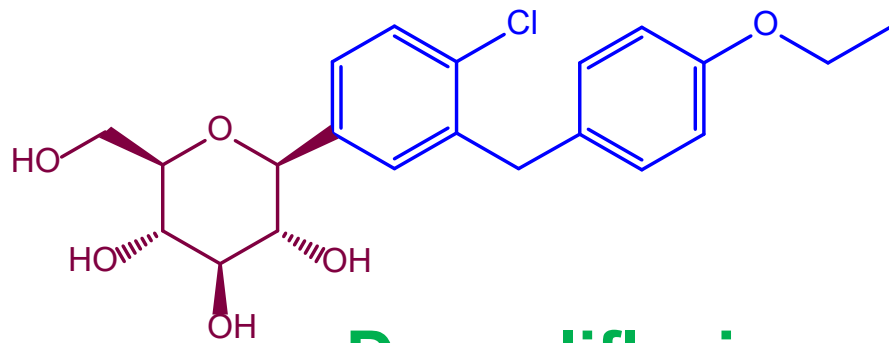
- ❑ U.S. Approval: 2013 for T2DM
- ❑ The first clinical C-glycosyl compound. Followed by several....

<https://pubchem.ncbi.nlm.nih.gov/compound/Canagliflozin>

[https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2024/204042s041s042lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/204042s041s042lbl.pdf)

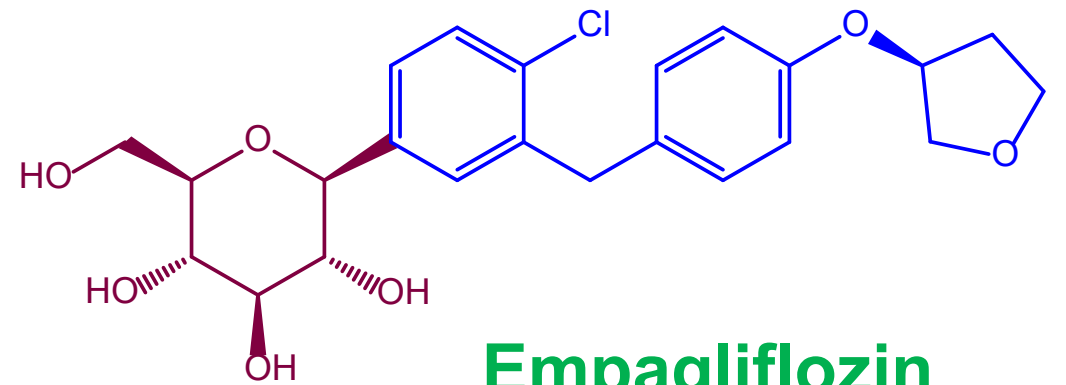
# SGLT2 Inhibitors

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**Dapagliflozin**

- ❑ U.S. Approval: 2014 for T2DM
- ❑ US approval June 2024 for T2DM **pediatric patients** aged 10 years and older



**Empagliflozin**

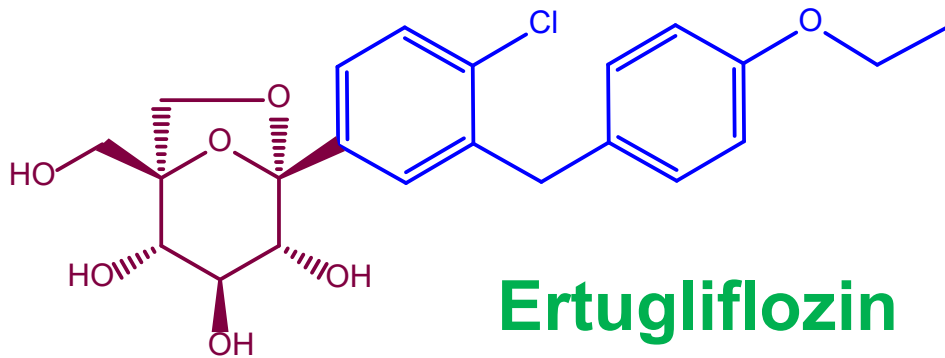
- ❑ U.S. Approval: 2014 for T2DM

# Pharmacokinetics

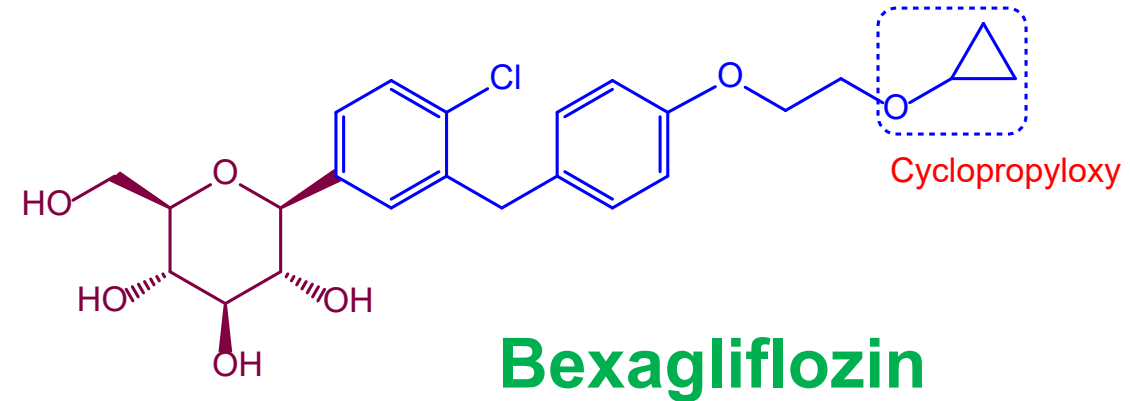
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|                              | Canagliflozin     | Dapagliflozin     | Empagliflozin     |
|------------------------------|-------------------|-------------------|-------------------|
| Bioavailability              | ~65%              | ~78%              | 86%               |
| Protein binding              | 99%               | 91%               | 86%               |
| Metabolism                   | O-glucuronidation | O-glucuronidation | O-glucuronidation |
| t <sub>1/2</sub> elimination | ~10-13 hours      | ~10-13 hours      | ~12.4 hours       |

# SGLT2 Inhibitors



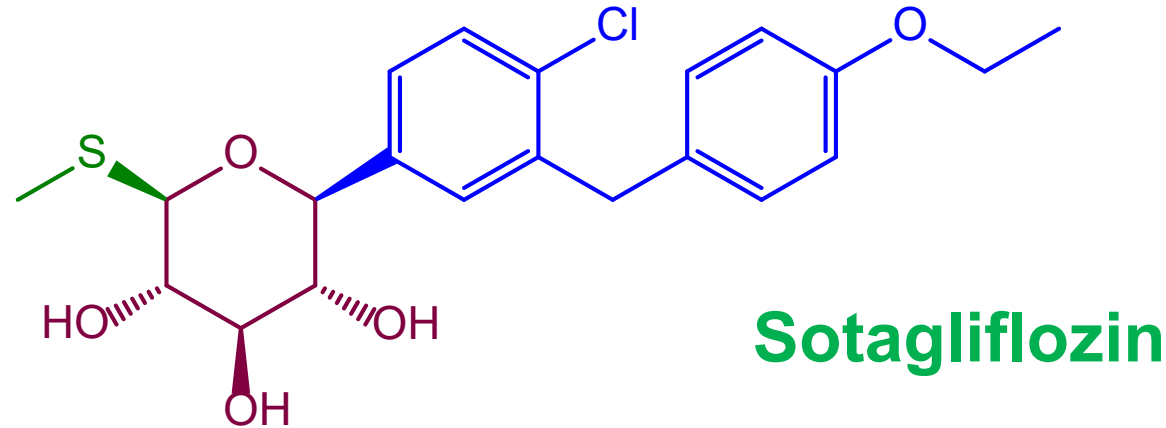
- ❑ U.S. Approval: 2017 for T2DM
- ❑ Protein binding: 93%
- ❑ Metabolism: O-glucuronide
- ❑  $t_{1/2}$  elimination: 16.6 hours



- ❑ U.S. Approval: 2023 for T2DM
- ❑ Protein binding: 93%
- ❑ Metabolism: O-glucuronide
- ❑  $t_{1/2}$  elimination: 12 hours

# Dual SGLT inhibitor

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- ❑ U.S. Approval: 2023 for HF
- ❑ Dual SGLT inhibitor (*intestinal SGLT-1 and renal SGLT inhibitor*)
- ❑ Protein binding: 93%
- ❑ Metabolism: O-glucuronide metabolite
- ❑  $t_{1/2}$  elimination: 21 to 35 hours

# Benefits of SGLT2-Inhibitors

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- ❑ Oral medication
- ❑ Low risk of hypoglycemia
- ❑ Lowers blood pressure
- ❑ Weight loss
- ❑ Cardiovascular benefits

# Current Status of SGLT2-Inhibitors

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- ❑ Cardiovascular
  - ❑ Phase 3: Balcinrenone/dapagliflozin: heart failure with CKD
  - ❑ Phase 2: Sotagliflozin: hypertrophic cardiomyopathy
- ❑ Type 1 Diabetes: Phase 3 -Sotagliflozin: FDA declined in 2019, resubmitted 2024
- ❑ Renal - Indication CKD
  - ❑ Phase 2: aldosterone synthase inhibitor + empagliflozin ; Albuminuria reductions by up to 39.5%- Additive efficacy?



# Side Effects and Precautions of SGLT2-Inhibitors

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- ❑ Genital and Urinary Tract Infections
- ❑ Hypotension
- ❑ Polyuria
- ❑ Dehydration
- ❑ Renal Impairment: Monitor renal function
- ❑ Risk of DKA (FDA warning in May 2015)

# Conclusions

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- ❑ Novel Mechanism of Action
- ❑ SGLT inhibitors have shown good results in the treatment of type 2 diabetes and beyond
- ❑ Beneficial effects for other diseases such as heart failure
- ❑ Greater potential for this class of drugs in the future

# References

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# Questions?