

**Table S1.** Various parameters used in the metformin PBPK model and reported *in vitro* Km values for transporters of metformin

Parameters used in the metformin PBPK model			
Parameter (unit)	Value	Reference	
<i>Physicochemical</i>			
pKa	12.3	1	
logP	-1.25	1	
<i>Absorption-related</i>			
FaFg*			
250 mg	0.84	2, 3	
1,500 mg	0.57	3	
<i>Distribution-related</i>			
$f_{u,met}$	1	4	
$K_{p,adipose}$	0.27	4	
$K_{p,muscle}$	2.09	4	
$K_{p,skin}$	1.46	4	
$k_{in,RBC}$ (/h)	0.006	5	
$k_{out,RBC}$ (/h)	0.02	5	
<i>Liver-related</i>			
membrane potential (mV)	- 40	6	
$CL_{int,all}$ (L/h)	10.7**	3	
$R_{dif}$	0.186	7	
$\beta_{liver}$	0.5 (fixed)**	-	
$R_{OCT1, inf/eff}$	1.32	8	
<i>Kidney-related</i>			
$P_d$ (m/h)	$1.8 \cdot 10^{-5}$	9	
$R_{OCT2, inf/eff}$	1.32	8	

*in vitro* Km ( $\mu$ M) values for metformin

Transporter	geometric mean	range	Reference
OCT1	1,470	1,470	10
OCT2	1,178	810-1,465	10, 11, 12
MATEs	740	283-1,980	13, 14, 15

$k_a$ , absorption rate constant;  $k_{trans}$ , transit rate constant;  $FaFg$ , intestinal availability;  $f_{u,met}$ , unbound metformin fraction in plasma;  $K_{p,adipose}$ , adipose/plasma concentration ratio;  $K_{p,muscle}$ , muscle/plasma concentration ratio;  $K_{p,skin}$ , skin/plasma concentration ratio;  $k_{in,RBC}$ , plasma-to-erythrocyte partitioning rate constant;  $k_{out,RBC}$ , erythrocyte-to-plasma partitioning rate constant;  $CL_{int,all}$ , overall hepatic intrinsic clearance;  $R_{dif}$ , passive-to-active clearance ratio;  $R_{OCT1,inf/eff}$ , OCT1 influx-to-efflux clearance ratio;  $CL_{met}$ , hepatic metabolic clearance;  $P_d$ , permeability value;  $R_{OCT2,inf/eff}$ , OCT2 influx-to-efflux clearance ratio

\*:  $FaFg$  was back calculated from bioavailability. Total clearance and hepatic availability was calculated using non-renal clearance in 250 mg i.v. dose study as hepatic clearance assuming non-renal clearance is independent from dose.

\*\* :  $CL_{int,all}$  was calculated from the reported clinical data,<sup>3</sup> and used as fixed. The  $\beta_{liver}$  value was initially set at three different values (0.2, 0.5, and 0.8) in order to obtain the fitted values of  $R_{MATE/dif}$ ,  $k_a$ , and  $k_{trans}$ . However, the optimized values and goodness of the fitting were similar regardless of the  $\beta_{liver}$  value. Thus, the  $\beta_{liver}$  value was set to be 0.5 in subsequent simulations.

#### Reference in Table S1

1. Value from SciFinder®
2. Somogyi, A., Stockley, C., Keal, J., Rolan, P., Bochner, F. Reduction of metformin renal tubular secretion by cimetidine in man. *Br. J. Clin. Pharmacol.* **23**, 545-551 (1987).
3. Tucker, G.T., Casey, C., Phillips, P.J., Connor, H., Ward, J.D., Woods, H.F. Metformin kinetics in healthy subjects and in patients with diabetes mellitus. *Br. J. Clin. Pharmacol.* **12**, 235-246 (1981).
4. Rodgers, T., Leahy, D., Rowland, M. Physiologically based pharmacokinetic modeling 1: predicting the tissue distribution of moderate-to-strong bases. *J. Pharm. Sci.* **94**, 1259–1276 (2005).
5. Xie, F., Ke, A.B., Bowers, G.D., Zamek-Gliszczyński, M.J. Metformin's intrinsic blood-to-plasma partition ratio (B/P): Reconciling the perceived high *in vivo* B/P > 10

with the *in vitro* equilibrium value of unity. *J. Pharmacol. Exp. Ther.* **354**, 225-229 (2015).

6. Saito S., Murakami Y., Miyauchi S., Kamo N. Measurement of plasma membrane potential in isolated rat hepatocytes using the lipophilic cation, tetraphenylphosphonium: correction of probe intracellular binding and mitochondrial accumulation. *Biochim. Biophys. Acta.* **1111**, 221-230 (1992).
7. Sogame Y., Kitamura A., Yabuki M., Komuro S. A Comparison of Uptake of Metformin and Phenformin Mediated by hOCT1 in Human Hepatocytes. *Biopharm. Drug Dispos.* **30**, 476–484 (2009)
8. Chien, H.C. *et al.*, Rapid method to determine intracellular drug concentrations in cellular uptake assays: Application to metformin in organic cation transporter 1-transfected human embryonic kidney 293 cells. *Drug. Metab. Dispos.* **44**, 356-364 (2016).
9. Balimane, P.V., Chong, S. Evaluation of permeability and P-glycoprotein interactions: industry outlook. In *Biopharmaceutics Applications in Drug Development*. (eds. Krishna, R., and Yu, L.) 101-138 (Springer, New York, 2008).
10. Kimura, N., Okuda, M., Inui, K. Metformin transport by renal basolateral organic cation transporter hOCT2. *Pharm Res.* **22**, 255-259 (2005).

11. Chen, L. *et al.*, Role of organic cation transporter 3 (SLC22A3) and its missense variants in the pharmacologic action of metformin. *Pharmacogenet Genomics*. **20**, 687–699 (2010).
12. Shen, H. *et al.*, Cynomolgus Monkey as a Clinically Relevant Model to Study Transport Involving Renal Organic Cation Transporters: In Vitro and In Vivo Evaluation. *Drug Metab Dispos*. **44**, 238-249 (2016).
13. Masuda, S. *et al.*, Identification and functional characterization of a new human kidney-specific H<sup>+</sup>/organic cation antiporter, kidney-specific multidrug and toxin extrusion 2. *J Am Soc Nephrol*. **17**, 2127-2135 (2006).
14. Tanihara Y., Masuda S., Sato T., Katsura T., Ogawa O., Inui K. Substrate specificity of MATE1 and MATE2-K, human multidrug and toxin extrusions/H(+)–organic cation antiporters. *Biochem Pharmacol*. **74**, 359-371 (2007).
15. Yin, J., Duan, H., Wang, J. Impact of substrate-dependent inhibition on renal organic cation transporters hOCT2 and hMATE1/2-K-mediated drug transport and intracellular accumulation. *Pharmacol. Exp. Ther*. **359**, 401-410 (2016).