



ORIGINAL RESEARCH

Synthesis and evaluation of new sartan derivatives

Bertsetseg Dalajjargal¹ · Le Mi¹ · Zhuo Wu¹ · Yao Yin¹ · Hongyu Liang¹ · Yan Qiu² · Yi-Jia Yan¹ · Hui Jin² · Zhi-Long Chen¹

Received: 15 January 2022 / Accepted: 11 March 2022 / Published online: 6 May 2022

© The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature 2022

Abstract

As prodrugs series of new sartan-derived molecules were designed, synthesized, and evaluated. Most of the synthesized compounds could decrease blood pressure efficiently in spontaneously hypertensive rats. It could be ratiocinated that the original drugs could be released from the prodrugs exactly at the connecting position catalyzed by the hydrolyzation enzymes. The maximal response of mean blood pressure (MBP) lowered 70.2 ± 5.0 mmHg (compound **I**₁) and 61.2 ± 1.0 mmHg (compound **II**₁) at 10 mg/kg after oral administration, and the antihypertensive effect lasted beyond 24 h, which performed better than Losartan and were similar with Telmisartan. Pharmacokinetics test results of **I**₁ were consistent with its antihypertension effects in vivo. The safety was confirmed by the influence on the rats' heart rates and other symptoms which could not be observed during the whole process. Therefore, compounds **I**₁ and **II**₁ could be considered potential antihypertension drug candidates.

Keywords Hypertension · Antihypertension · Prodrug · AT₁ receptor blockers

Introduction

Hypertension is the main risk factor in cerebrovascular disease, coronary heart disease, and renal vascular disease [1, 2]. The renin-angiotensin system plays a vital role in regulating blood pressure (BP) and fluid balance [3]. AT₁ receptor blockers (ARBs or sartans) act as antihypertensive drugs by blocking Angiotensin II to stimulate AT₁ receptors. Several ARBs have been developed, such as Losartan, Candesartan, and Telmisartan, one of the most widely used ARBS in clinics with high potency, long-lasting, and low toxicity [4–6]. However, long-term use of sartans could

cause symptoms such as nausea and headache, so it is still necessary to develop effective, bioavailable, and safe antihypertension drugs [7–9].

Hypertension is mostly caused by a combination of heterogeneous factors such as genetic background and renal or endocrine disorders, and clusters often with other chronic kidney disease or cardiovascular disease, such as heart failure, thrombosis, myocardial infarction, ischemic stroke, etc. [10]. Thus one-drug therapy is usually insufficient for most patients. The use of two drug combination therapy was recommended in the 2018 ESC/ESH guideline; namely, an angiotensin receptor blocker (ARB) is usually matched with a calcium channel blocker (CCB) or diuretic as the initial treatment to control BP [11] because of the existence of complementary effects between different antihypertension drugs [12]. In addition, hypertension patients with atherogenic dyslipidemia are recommended to administrate antihypertension drugs together with Aspirin or Statins to reduce the incidence of cardiovascular events. However, for the patients receiving two or more pills, their adherence to treatment in practice is about 25–65%, complying with the prescribed treatment regimen [13].

Single-pill combination (SPC) therapy with two or more drugs in a single tablet has been used to simplify the treatment by reducing the number of pills to be taken. It has shown better BP control than those given two or more drugs

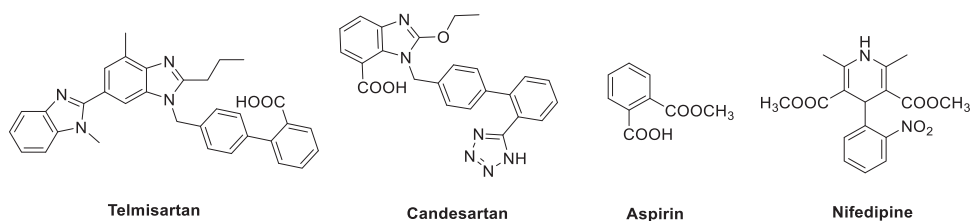
Supplementary information The online version contains supplementary material available at <https://doi.org/10.1007/s00044-022-02877-z>.

- ✉ Hui Jin
jinhui7002@163.com
- ✉ Zhi-Long Chen
zlchen1967@qq.com

¹ Department of Pharmaceutical Science and Technology, College of Chemistry and Biology, Donghua University, Shanghai 201620, China

² Pudong New Area People's Hospital, Shanghai 201200, China

Fig. 1 Structure of drugs



separately and can maintain all or most of the expected effects of the different agents contained [14]. For example, as an SPC of sacubitril and valsartan, Entresto has a good BP reduction effect and can significantly reduce hospitalization or mortality in patients with heart failure [15]. Conjugation of two drug molecules with suitable linkers into one new molecule is another strategy for treating patients with one or several cardiovascular-related diseases [16]. As a prodrug, this new molecule usually has dual activities with a higher bioavailability and lower toxicity than the simple combination of two drugs [17]. Here series of new sirtan-derived molecules conjugated with cardiovascular drugs, namely, Telmisartan and Candesartan with antithrombotic agent Aspirin and CCB Nifedipine, Telmisartan with Candesartan, and Telmisartan with itself, were synthesized, and their antihypertension activities were evaluated as prodrugs (Fig. 1).

Results and discussion

Chemistry

The preparation of compounds (**I**₁, **I**₂, **I**₃, **II**₁) is depicted in Scheme 1. The hydrogen of -COOH of Telmisartan was replaced by the chloride methyl group to obtain compound **2**, while the hydroxyethyl group gave compound **5**. Compound **2** was reacted with carboxylic acid compounds (**1**, **3**, **4**) to give compounds **I**₁-**I**₃. Compound **II**₁ was generated after **5** with compound **1** under the existence of DCC and DMAP.

The preparation of compounds **III**₁ and **III**₂ is described in Scheme 2. The commercially available compound **6** was reacted with chloromethyl sulfurochloridate under Bu₄N⁺·HSO₄ as catalyst and NaHCO₃ as a base to obtain compound **7**. Compound **7** was reacted with K₂CO₃ and NaI followed with carboxylic acid (**1**, **3**) in DMF to generate compounds **III**₁ and **III**₂.

Biological evaluation

In vivo antihypertension effects

The antihypertensive efficiency of compounds **I**₁, **I**₂, **I**₃, **II**₁ and **III**₁, **III**₂ (5 and 10 mg/kg) was investigated in SHR

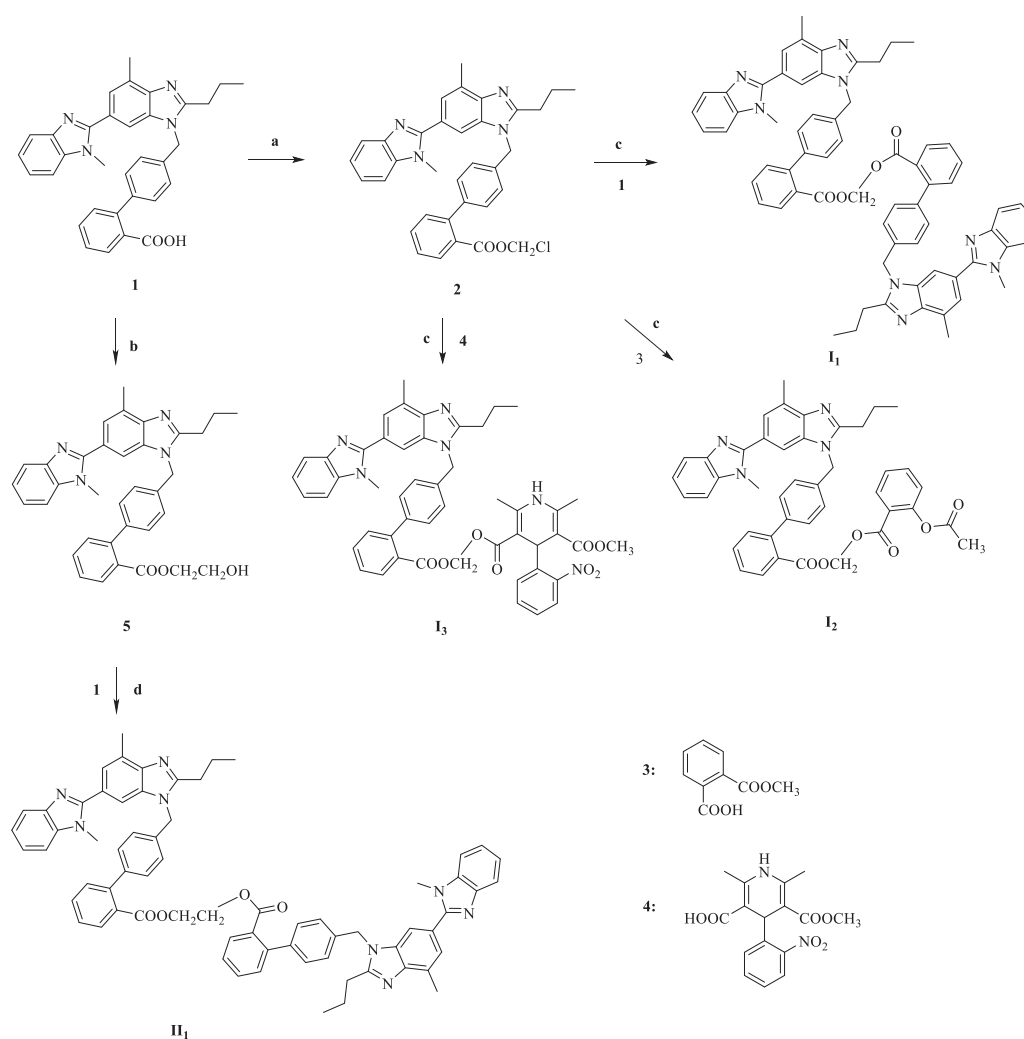
(spontaneously hypertensive rats) after oral administration with Losartan and Telmisartan (10 mg/kg) as positive control drugs (Fig. 2). All compounds could decrease BP significantly at 5 and 10 mg/kg dosages. Among them, the change of MBP in compound **II**₁ was 61.2 ± 0.1 mmHg at 3 h, and **I**₁ was 70.2 ± 5.0 mmHg at 3 h, which was higher than Losartan and almost equal to Telmisartan (72.2 ± 2.3) at 10 mg/kg. The antihypertensive effects of **I**₁ and **II**₁ were sustained for at least 24 h. It could be ratiocinated that the original drugs could be released from the prodrugs exactly at the connecting position through hydrolyzation by the mammalian metabolism enzymes to take their antihypertension effects [18]. No influence on the rats' heart rate and no symptoms such as nausea and diarrhea were observed, which confirmed the safety of new compounds.

Pharmacokinetics test

Liquid chromatography-mass spectrometry (LC-MS) method was used to monitor the concentration of compound **I**₁ in plasma which showed the highest antihypertensive activity after oral administration (10 mg/kg). The mean plasma concentration-time curve of **I**₁ is shown in Fig. 3. The bioavailability of compound **I**₁ after oral administration was 48.01% ($F = AUC_{0-t}(\text{test})/AUC_{0-t}(\text{reference}) \times 100\%$), which was almost the same with Telmisartan (48.8%), and the AUC₀₋₇₈ of compound **I**₁ (688.50 ± 20.88 h) was also similar with Telmisartan (649.00 ± 8.07 h, $p < 0.05$). These results were consistent with its antihypertension effects in vivo.

Conclusions

As prodrugs series of novel sirtan derivatives was prepared. Most of them could decrease BP efficiently in SHRs. It could be ratiocinated that the original drugs could be released from the prodrugs exactly at the connecting position catalyzed by the hydrolyzation enzymes. The safety was confirmed by the influence on the rats' heart rates and other symptoms which could not be observed during the whole process. Pharmacokinetics test results of compound **I**₁ were consistent with its antihypertension effects in vivo. Compounds **I**₁ and **II**₁ could reduce BP more effectively than Losartan, thus **I**₁ and **II**₁ could be considered potential



Scheme 1 Reagents and reaction conditions: (a) Chloromethyl sulfurochloridate, $\text{Bu}_4\text{N}^+\text{HSO}_4^-$, NaHCO_3 , H_2O , DCM, rt, 1 h, 72%; (b) $\text{HOCH}_2\text{CH}_2\text{OH}$, DCC, DMAP, DCM, rt, 2.5 h, 81%; (c) K_2CO_3 , NaI, DMF, rt, 2 h; 77%; (d) DCC, DMAP, DCM, rt, 2.5 h, 89%

antihypertension drug candidates and deserve further investigation. Other effects, such as the antithrombotic effects of Aspirin and the synergistic effects of two drugs released from their prodrugs, will be further studied.

Experimental section

Chemistry

Most of the reagents were bought from commercial suppliers and used without purification. The progress of reactions was monitored through thin layer chromatography. In total, 300–400 meshes silica gel was selected for the purification in column chromatography. An electrothermal melting point apparatus was applied to measure melting points (m.p.). ^{13}C NMR (100 MHz) and ^1H NMR (400 MHz) spectra were recorded on a spectrometer with

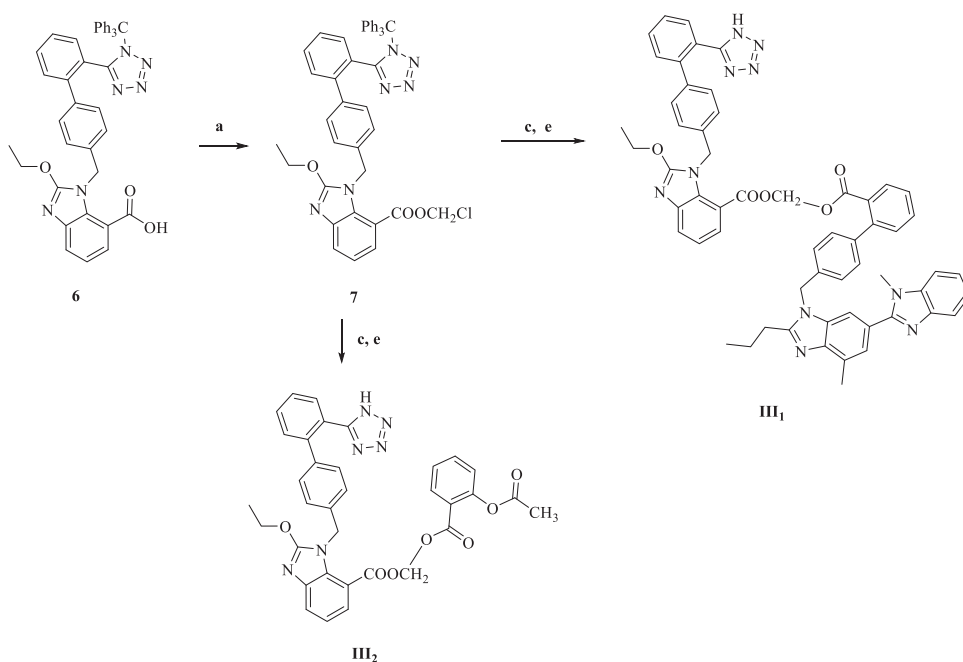
CDCl_3 or $\text{DMSO}-d_6$ as solvent and Me_4Si as internal standard. ESI-MS spectra were tested on a Micro-mass-triple-quadrupole-mass spectrometer.

General procedure for the synthesis of chloromethyl 4'-((1,7'-dimethyl-2'-propyl-1H,3'H-[2,5'-bibenzo[d]imidazol]-3'-yl)methyl)-[1,1'-biphenyl]-2-carboxylate (2)

4'-((1,7'-Dimethyl-2'-propyl-1H,3'H-[2,5'-bibenzo[d]imidazol]-3'-yl)methyl)-[1,1'-biphenyl]-2-carboxylic acid (2 g, 3.89 mmol) was reacted with chloromethyl sulfurochloridate (0.03 ml, 4 mmol) under the existence of $\text{Bu}_4\text{N}^+\text{HSO}_4^-$ (6.6 g, 19.45 mmol) and NaHCO_3 (1.6 g, 19.45 mmol) in the mixed solution of DCM (50 ml) and H_2O (50 ml) at rt. After stirred for 1 h, the reaction was quenched with water (100 ml) and extracted with EtOAc (100 ml \times 3). The mixed organic layer was dried over MgSO_4 and concentrated in vacuo to obtain an off-white

Scheme 2 Reagents and

reaction conditions: (a) Chloromethyl sulfurochloridate, $\text{Bu}_4\text{N}^+\cdot\text{HSO}_4^-$, NaHCO_3 , H_2O , DCM, rt, 1 h, 72%; (b) $\text{HOCH}_2\text{CH}_2\text{OH}$, DCC, DMAP, DCM, rt, 2.5 h, 81%; (c) K_2CO_3 , NaI, DMF, rt, 2 h; 77%; (d) DCC, DMAP, DCM, rt, 2.5 h, 89%; (e) HCl, MeOH, rt, 2 h, 80%



solid, purified by column chromatography [eluent: petroleum ether/ethyl acetate (4:1, v/v)] to give the pure product **2** as a white solid in 72% yield. ^1H NMR (400 MHz, $\text{DMSO}-d_6$) δ : 7.87 (ddd, $J = 17.9, 7.4, 2.6$ Hz, 2H, PhH), 7.65–7.51 (m, 2H, PhH), 7.48–7.37 (m, 3H, PhH), 7.37–7.30 (m, 3H, PhH), 7.26–7.21 (m, 2H, PhH), 7.12 (d, $J = 8.1$ Hz, 2H, PhH), 6.34 (s, 2H, $-\text{O}-\text{CH}_2-\text{Cl}$), 5.49 (s, 2H, $-\text{CH}_2-\text{Ph}$), 3.85 (s, 3H, $-\text{NCH}_3$), 3.01–2.92 (m, 2H, $-\text{CH}_2\text{CH}_2\text{CH}_3$), 2.78 (s, 3H, $-\text{CH}_3$), 1.90 (h, $J = 7.4$ Hz, 2H, $-\text{CH}_2\text{CH}_2\text{CH}_3$), 1.07 (t, $J = 7.3$ Hz, 3H, $-\text{CH}_2\text{CH}_2\text{CH}_3$). MS (ESI) m/z calcd for: $\text{C}_{34}\text{H}_{31}\text{ClN}_4\text{O}_2$ $[\text{M} + \text{H}]^+$: 564.1; found: 564.0.

2-Hydroxyethyl 4'-((1,7'-dimethyl-2'-propyl-1H,3'H-[2,5'-bibenzo[d]imidazole-3'-yl)methyl)-[1,1'-biphenyl]-2-carboxylate (5)

The mixture of 4'-((1,7'-dimethyl-2'-propyl-1H,3'H-[2,5'-bibenzo[d]imidazole-3'-yl)methyl)-[1,1'-biphenyl]-2-carboxylic acid (500 mg, 0.97 mmol), $\text{HOCH}_2\text{CH}_2\text{OH}$ (30 mg, 0.48 mmol), DCC (400 mg, 1.94 mmol), DMAP (12.5 mg, 0.1 mmol) and dimethylformamide (50 ml) was stirred for 2.5 h, then extracted with EtOAc (50 ml \times 3). The organic phase was dried over MgSO_4 , and concentrated under a reduced pressure. The obtained residue was purified by column chromatography [eluent: petroleum ether/EtOAc (2:1, v/v)] to provide the pure **5** as a white solid. Yield: 81%; m.p.: 213–216 $^\circ\text{C}$. ^1H NMR (400 MHz, $\text{DMSO}-d_6$) δ : 7.86 (d, $J = 1.5$ Hz, 1H, PhH), 7.82–7.74 (m, 1H, PhH), 7.72–7.57 (m, 3H, PhH), 7.53 (dp, $J = 7.3, 2.3$ Hz, 4H, PhH), 7.43 (d, $J = 1.5$ Hz, 1H, PhH), 7.35–7.17 (m, 4H, PhH), 5.34 (d, $J = 1.2$ Hz, 2H, $-\text{CH}_2-\text{Ph}$), 4.40 (t, $J = 3.0$ Hz, 2H, $-\text{CH}_2\text{CH}_2-\text{OH}$), 3.86

(s, 3H, $-\text{NCH}_3$), 3.80 (s, 3H, $-\text{CH}_3$), 2.60 (t, $J = 7.9$ Hz, 2H, $-\text{CH}_2\text{CH}_2-\text{OH}$), 2.49 (h, $J = 9.5$ Hz, 2H, $-\text{CH}_2\text{CH}_2\text{CH}_3$), 1.58 (h, $J = 7.9$ Hz, 2H, $-\text{CH}_2\text{CH}_2\text{CH}_3$), 0.88 (t, $J = 8.0$ Hz, 3H, $-\text{CH}_2\text{CH}_2\text{CH}_3$). MS (ESI) m/z calcd for: $\text{C}_{35}\text{H}_{34}\text{N}_4\text{O}_3$ $[\text{M} + \text{H}]^+$: 559.1; found: 559.1.

Chloromethyl 2-ethoxy-1-((2'-(1-trityl-1H-tetrazol-5-yl)-[1,1'-biphenyl]-4-yl)methyl)-1H-benzo[d]imidazole-4-carboxylate (7)

2-Ethoxy-1-((2'-(1-trityl-1H-tetrazol-5-yl)-[1,1'-biphenyl]-4-yl)methyl)-1H-benzo[d]imidazole-7-carboxylic acid (2 g, 2.93 mmol) was reacted with chloromethyl sulfurochloridate (0.03 ml, 4 mmol) under the existence of $\text{Bu}_4\text{N}^+\cdot\text{HSO}_4^-$ (6.6 g, 19.45 mmol) and NaHCO_3 (1.6 g, 19.45 mmol) in the mixed solution of DCM (50 ml) and H_2O (50 ml) at rt. After stirred for 1 h, the reaction was quenched with water (100 ml) and extracted with EtOAc (100 ml \times 3). The combined organic layer was dried over MgSO_4 and concentrated in vacuo to obtain an off-white solid which was purified by column chromatography [eluent: petroleum ether/ethyl acetate (4:1, v/v)] to give the pure product **7**. Yield: 72.1%. ^1H NMR (400 MHz, $\text{DMSO}-d_6$) δ : 7.81 (dd, $J = 7.4, 1.6$ Hz, 1H, PhH), 7.73 (dd, $J = 7.5, 1.7$ Hz, 1H, PhH), 7.52 (m, $J = 7.2, 4.7, 2.2$ Hz, 4H, PhH), 7.49 (dd, $J = 7.5, 2.0$ Hz, 1H, PhH), 7.42–7.28 (m, 15H, PhH), 7.18 (m, $J = 11.2, 7.4, 2.0$ Hz, 2H, PhH), 7.08–6.96 (m, 2H, PhH), 5.34 (d, $J = 1.5$ Hz, 2H, $-\text{CH}_2-\text{Ph}$), 4.67 (s, 2H, $-\text{O}-\text{CH}_2-\text{Cl}$), 4.38 (q, $J = 8.0$ Hz, 2H, $-\text{OCH}_2\text{CH}_3$), 2.39 (t, 3H, $-\text{OCH}_2\text{CH}_3$). MS (ESI) m/z calcd for: $\text{C}_{44}\text{H}_{35}\text{ClN}_6\text{O}_3$ $[\text{M} + \text{H}]^+$: 731.1; found: 731.1.

Fig. 2 Effects of compound **I**₁–**I**₃, **II**₁, **II**₂ on MBP of SHR_s (*n* = 6, **p* < 0.05, ***p* < 0.01 vs. negative control); and compound **I**₁ and **II**₁ on MBP (**p* < 0.05, ***p* < 0.01 vs. Losartan)

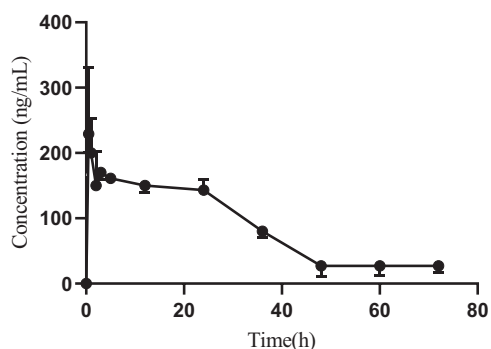
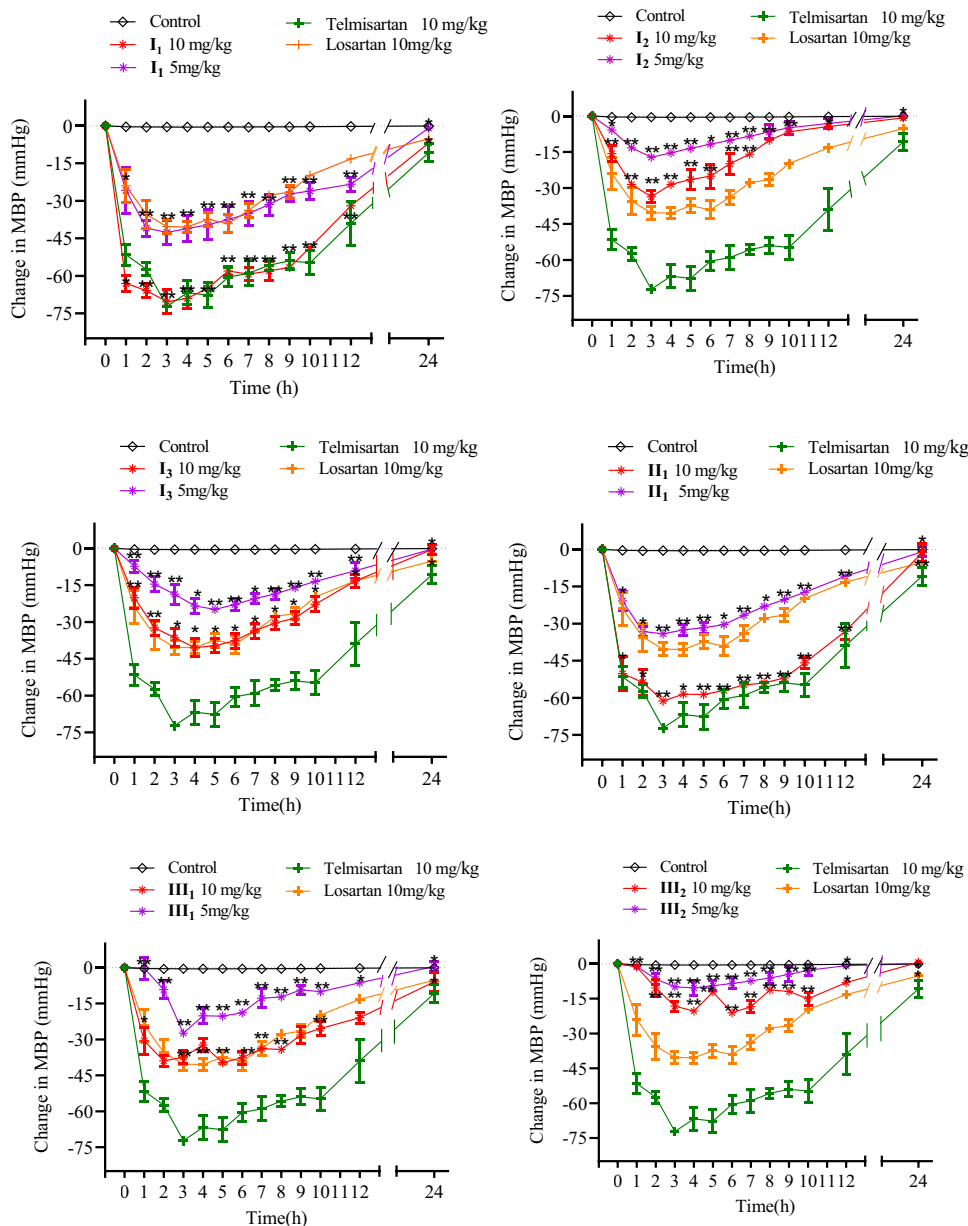


Fig. 3 Plasma concentrations of compound **I**₁ in rats after signal oral administration at 10 mg/kg (*n* = 6, mean ± SD)

General procedure for the synthesis of **I**₁–**I**₃

A mixture of K₂CO₃ (270 mg, 1.95 mmol), NaI (292.3 mg, 1.95 mmol), compound **2** (220 mg, 0.39 mmol) and DMF (50 ml) was stirred for 0.5 h at rt, then **4** (129.6 mg, 0.39 mmol), or **1** (200 mg, 0.39 mmol) or **3** (70 mg, 0.39 mmol) was added slowly to the reaction mixture. After stirring for another 1.5 h at rt, 100 ml water was added to the mixture and extracted with EtOAc (100 ml × 2). The organic phase was dried with MgSO₄ and concentrated in vacuo to obtain an off-white solid, purified by column chromatography [eluent: petroleum ether/EtOAc (4:1, v/v)] to provide a pure white solid product (**I**₁–**I**₃).

Methylene-bis(4'-((1,7'-dimethyl-2'-propyl-1H,3'H-[2,5'-bibenzo[d]imidazol]-3'-yl)methyl)-[1,1'-biphenyl]-2-carboxylate) (I₁)

Compound **I₁** was prepared following the above general procedure. Yield: 77.3%. ¹H NMR (400 MHz, CDCl₃) δ: 7.87 (m, *J* = 17.9, 7.4, 2.6 Hz, 4H, PhH), 7.64–7.50 (m, 4H, PhH), 7.48–7.38 (m, 6H, PhH), 7.36–7.30 (m, 6H, PhH), 7.26–7.22 (m, 4H, PhH), 7.12 (d, *J* = 8.1 Hz, 4H, PhH), 5.71 (s, 2H, –O–CH₂–O–), 5.51 (s, 4H, –CH₂–Ph), 3.85 (s, 6H, –NCH₃), 3.03–2.91 (m, 4H, –CH₂CH₂CH₃), 2.78 (s, 6H, –CH₃), 1.90 (h, *J* = 7.4 Hz, 4H, –CH₂CH₂CH₃), 1.07 (t, *J* = 7.3 Hz, 6H, –CH₂CH₂CH₃). ¹³C NMR (101 MHz, DMSO-*d*₆) δ: 165.72, 156.07, 153.97, 142.62, 142.44, 141.51, 139.28, 136.60, 136.12, 134.70, 132.21, 130.86, 129.68, 128.86, 128.65, 128.22, 127.49, 126.30, 123.28, 121.98, 121.73, 118.63, 110.28, 109.10, 79.98, 45.97, 39.96, 39.76, 31.50, 28.68, 20.59, 16.41, 13.74. MS (ESI) *m/z* calcd for: C₆₇H₆₁N₈O₄ [M + H]⁺: 1041.5; found: 1041.4.

((2-Acetoxybenzoyl)oxy)methyl 4'-((1,7'-dimethyl-2'-propyl-1H,3'H-[2,5'-bibenzo [d] imidazol]-3'-yl)methyl)-[1,1'-biphenyl]-2-carboxylate (I₂)

Compound **I₂** was prepared with the above general procedure. Yield: 71.9%. ¹H NMR (400 MHz, DMSO-*d*₆) δ: 7.90 (dd, *J* = 7.9, 1.7 Hz, 1H, PhH), 7.80 (dd, *J* = 7.8, 1.3 Hz, 1H, PhH), 7.71 (ddd, *J* = 15.6, 7.5, 1.6 Hz, 2H, PhH), 7.64 (tdd, *J* = 7.6, 5.1, 1.5 Hz, 2H, PhH), 7.59–7.54 (m, 1H, PhH), 7.54–7.45 (m, 2H, PhH), 7.38 (ddd, *J* = 8.8, 7.7, 1.3 Hz, 2H, PhH), 7.31–7.17 (m, 5H, PhH), 7.10 (d, *J* = 8.1 Hz, 2H, PhH), 5.93 (d, *J* = 17.2 Hz, 2H, –O–CH₂–O–), 5.51 (d, *J* = 16.6 Hz, 2H, –CH₂–Ph), 3.82 (s, 3H, –NCH₃), 2.88 (dd, *J* = 9.0, 6.2 Hz, 2H, –CH₂CH₂CH₃), 2.65 (s, 3H, –COOCH₃), 2.18 (s, 3H, –CH₃), 1.79 (p, *J* = 7.4 Hz, 2H, –CH₂CH₂CH₃), 0.99 (t, *J* = 7.3 Hz, 3H, –CH₂CH₂CH₃). ¹³C NMR (101 MHz, DMSO-*d*₆) δ: 169.09, 167.68, 167.25, 159.08, 152.90, 152.43, 150.94, 141.86, 141.47, 137.42, 136.46, 135.57, 134.63, 134.34, 133.90, 132.79, 131.83, 130.58, 130.51, 129.38, 128.69, 128.06, 127.22, 126.98, 126.87, 126.78, 124.22, 122.70, 122.64, 122.30, 119.60, 111.15, 109.52, 82.70, 46.76, 31.40, 29.01, 20.92, 20.15, 18.56, 13.53. MS (ESI) *m/z* calcd for: C₄₃H₃₉N₄O₆ [M + H]⁺: 707.3; found: 707.4.

3-(((4'-((2'-Ethyl-1,7'-dimethyl-1H, 3'H-[2,5'-bibenzo[d] imidazol]-3'-yl)methyl)-[1,1'-biphenyl]-2-carboxyl)oxy)methyl) 5-methyl 2,6-dimethyl-4-(3-nitrophenyl)-1,4-dihydropyridine -3,5-dicarboxylate (I₃)

Compound **I₃** was prepared with the above general procedure. Yield: 77.3%. ¹H NMR (400 MHz, DMSO-*d*₆) δ: 9.26 (s, 1H, PhH), 7.90 (dp, *J* = 4.4, 2.3 Hz, 2H, PhH), 7.75 (d, *J* = 1.5 Hz, 1H, PhH), 7.65–7.62 (m, 1H, PhH), 7.61–7.53 (m,

3H, PhH), 7.52–7.47 (m, 2H, PhH), 7.44–7.38 (m, 2H, PhH), 7.35 (d, *J* = 7.7 Hz, 1H, PhH), 7.28–7.17 (m, 4H, PhH), 7.12 (d, *J* = 8.1 Hz, 2H, PhH), 5.75–5.63 (m, 2H, –O–CH₂–O–), 5.61 (d, *J* = 5.4 Hz, 2H, –CH₂–Ph), 3.82 (s, 3H, –NCH₃), 3.52 (s, 3H, –COOCH₃), 2.91 (t, *J* = 7.6 Hz, 2H, –CH₂CH₂CH₃), 2.64 (s, 3H, Ph–CH₃), 2.28 (d, *J* = 8.8 Hz, 6H, Ph–CH₃), 1.81 (q, *J* = 7.5 Hz, 2H, –CH₂CH₂CH₃), 0.99 (t, *J* = 7.4 Hz, 3H, –CH₂CH₂CH₃). ¹³C NMR (101 MHz, DMSO-*d*₆) δ: 166.84, 165.89, 164.82, 156.15, 153.96, 149.52, 148.93, 147.57, 146.06, 141.47, 139.38, 136.56, 136.08, 134.71, 133.90, 129.52, 128.97, 128.62, 128.24, 127.43, 126.28, 123.22, 122.02, 121.77, 121.50, 121.15, 118.55, 110.32, 109.17, 101.65, 99.33, 78.99, 50.85, 46.03, 31.68, 28.72, 20.66, 18.48, 18.15, 16.42, 13.78. MS (ESI) *m/z* calcd for: C₅₀H₄₇N₆O₈ [M + H]⁺: 859.2; found: 859.3.

General procedure for the synthesis of II₁

A mixture of compounds **5** (877.0 mg, 1.57 mmol) and **1** (808 mg, 1.57 mmol), DCC (323.9 mg, 1.57 mmol), DMAP (191.8 mg, 1.57 mmol), and dimethylformamide (50 ml) was stirred for 2.5 h. The mixture was extracted with EtOAc (50 ml × 2), and the organic phase was collected and drained with MgSO₄. After filtration, the solvent was removed under reduced pressure, and the residue was purified by column chromatography [eluent: petroleum ether/EtOAc (2:1, v/v)] to provide the pure **II₁** as a white solid.

Ethane-1,2-diylbis (4'-((1,7'-dimethyl-2'-propyl-1H, 3'H-[2,5'-bibenzo [d] imidazol]-3'-yl)methyl)-[1,1'-biphenyl]-2-carboxylate) (II₁)

Compound **II₁** was prepared as the above general procedure. Yield: 89.1%. ¹H NMR (400 MHz, DMSO-*d*₆) δ: 7.70 (s, 2H, PhH), 7.66–7.56 (m, 4H, PhH), 7.52 (ddd, *J* = 7.5, 5.9, 1.6 Hz, 4H, PhH), 7.47 (s, 2H, PhH), 7.37 (t, *J* = 7.6 Hz, 2H, PhH), 7.31 (d, *J* = 7.7 Hz, 2H, PhH), 7.27–7.13 (m, 8H, PhH), 7.03 (d, *J* = 7.9 Hz, 4H, –O–CH₂–CH₂–O–), 5.52 (s, 4H, –CH₂–Ph), 3.97 (s, 4H, –CH₂CH₂CH₃), 3.79 (s, 6H, –NCH₃), 2.84 (t, 4H), 2.62 (s, 6H, Ph–CH₃), 1.77 (h, *J* = 7.4 Hz, 4H, –CH₂CH₂CH₃), 0.94 (t, *J* = 7.3 Hz, 6H, –CH₂CH₂CH₃). ¹³C NMR (101 MHz, DMSO-*d*₆) δ: 167.16, 156.07, 153.99, 142.65, 142.49, 141.00, 139.67, 136.61, 135.98, 134.71, 131.58, 130.54, 130.14, 129.30, 128.53, 128.21, 127.39, 126.16, 123.33, 121.96, 118.64, 110.27, 109.09, 62.13, 45.94, 31.64, 28.68, 20.60, 16.41, 13.74. MS (ESI) *m/z* calcd for: C₆₈H₆₃N₈O₄ [M + H]⁺: 1054.5; found: 1055.4.

General procedure for the synthesis of compounds III₁ and III₂

A mixture of compound **7** (285.1 mg, 0.39 mmol), DMF (50 ml), K₂CO₃ (270 mg, 1.95 mmol), and NaI (292.3 mg,

1.95 mmol) was stirred for 0.5 h at rt, then **1** (200 mg, 0.39 mmol) or **3** (70 mg, 0.39 mmol) was added. The mixture was stirred for another 1.5 h at rt followed by the addition of 100 ml water and extracted with EtOAc (100 ml \times 2). The combined organic layer was dried over MgSO_4 and concentrated. In order to give a white solid, the solid residue was purified by column chromatography [eluent: petroleum ether/EtOAc (4:1, v/v)]. Then solid was dissolved in 50 ml MeOH with a 3 M hydrochloric acid solution (3 ml). The mixture was stirred for 1 h. The solvent was removed, and the residue was purified by column chromatography [elution: petroleum ether/EtOAc (1:1, v/v)] to provide the pure product **III**₁ or **III**₂ as a white solid.

((4'-((1,7'-Dimethyl-2'-propyl-1H,3'H-[2,5'-bibenzo[d]imidazol-3'-yl)methyl)-[1, 1'-biphenyl]-2-carbonyl)oxy)methyl-1-((2'-(1H-tetrazol-5-yl)-[1,1'-biphenyl]-4-yl)methyl)-2-ethoxy-1H-benzo [d] imidazole-7-carboxylate (III₁))

Compound **III**₁ was prepared as the above procedure. Yield: 81.9%. ¹H NMR (400 MHz, DMSO-*d*₆) δ : 7.90 (dd, $J = 7.5$, 1.7 Hz, 1H, PhH), 7.86 (dd, $J = 7.5$, 1.7 Hz, 1H, (2H) PhH), 7.81–7.75 (m, 1H(3H), PhH), 7.67 (dt, $J = 7.5$, 1.7 Hz, 1H, PhH), 7.66–7.59 (m, 4H), 7.59–7.55 (m, 3H, PhH), 7.55–7.51 (m, 2H, PhH), 7.51–7.47 (m, 2H, PhH), 7.44 (t, $J = 7.5$ Hz, 1H, PhH), 7.35–7.27 (m, 2H, PhH), 7.21 (s, 2H, PhH), 7.12–7.06 (m, 2H, PhH), 7.05–6.99 (m, 2H, $-\text{O}-\text{CH}_2-\text{O}-$), 5.34 (d, $J = 1.2$ Hz, 4H, $-\text{CH}_2-\text{Ph}$), 4.38 (q, $J = 8.0$ Hz, 2H, $-\text{CH}_2\text{CH}_3$), 3.69 (s, 3H, $-\text{NCH}_3$), 2.60 (t, $J = 7.9$ Hz, 2H, $-\text{CH}_2\text{CH}_2\text{CH}_3$), 2.49 (s, 3H, Ph- CH_3), 1.59 (p, $J = 7.9$ Hz, 2H, $-\text{CH}_2\text{CH}_2\text{CH}_3$), 1.51 (t, $J = 8.0$ Hz, 3H, $-\text{CH}_2\text{CH}_3$), 0.88 (t, $J = 8.0$ Hz, 3H, $-\text{CH}_2\text{CH}_2\text{CH}_3$). ¹³C NMR (101 MHz, DMSO-*d*₆) δ : 167.68, 167.34, 159.08, 158.36, 154.61, 152.90, 152.43, 141.86, 141.47, 140.38, 138.26, 137.42, 136.46, 136.06, 135.79, 135.57, 134.63, 134.18, 133.90, 132.79, 130.58, 130.55, 130.50, 129.38, 129.33, 129.21, 128.69, 128.06, 127.71, 127.50, 127.22, 126.87, 126.78, 126.42, 123.33, 122.70, 122.43, 122.30, 121.39, 119.60, 116.00, 111.15, 109.52, 82.70, 66.69, 46.76, 46.24, 31.40, 29.01, 20.15, 18.56, 14.30, 13.53. MS (ESI) m/z calcd for: $\text{C}_{58}\text{H}_{51}\text{N}_{10}\text{O}_5$ [M + H]⁺: 967.4; found: 967.3.

((2-Acetoxybenzoyl) oxy) methyl 1-((2'-(1H-tetrazol-5-yl)-[1,1'-biphenyl] -4-yl) methyl)-2-ethoxy-1H-benzo[d]imidazole-7-carboxylate (III₂))

Compound **III**₂ was prepared as the mentioned general procedure above. Yield: 86.4%. ¹H NMR (400 MHz, DMSO-*d*₆) δ : 7.97 (dd, $J = 7.5$, 2.0 Hz, 1H, PhH), 7.72 (m, $J = 7.5$, 1.5 Hz, 2H, PhH), 7.61 (m, 2H, PhH), 7.52 (td, $J = 7.6$, 2.0 Hz, 2H, PhH), 7.38 (t, $J = 7.5$ Hz, 2H, PhH), 7.24 (m, 2H, PhH), 6.86 (d, 4H, PhH), 6.15 (s, 2H, $-\text{CH}_2-\text{Ph}$), 5.52 (s, 2H, $-\text{O}-\text{CH}_2-\text{O}$), 4.6 (q, $J = 8.0$ Hz, 2H,

$-\text{CH}_2\text{CH}_3$), 2.24 (s, 3H, $-\text{COOCH}_3$), 1.39 (t, $J = 8.0$ Hz, 3H, $-\text{CH}_2\text{CH}_3$). ¹³C NMR (101 MHz, DMSO-*d*₆) δ : 169.09, 167.34, 167.25, 158.36, 154.61, 150.94, 140.38, 138.26, 136.06, 135.79, 134.34, 134.18, 131.83, 130.55, 130.50, 129.33, 129.21, 127.71, 127.50, 126.98, 126.42, 124.22, 122.64, 122.43, 121.39, 116.00, 82.70, 66.69, 46.24, 20.92, 14.30. MS (ESI) m/z calcd for: $\text{C}_{34}\text{H}_{29}\text{N}_6\text{O}_7$ [M + H]⁺: 633.2; found: 633.1.

Biological activity detection

In vivo antihypertension assays

The antihypertension activities of new compounds were tested on SBP and DBP of SHR (250 \pm 20 g, Beijing Vital River Lab Animal Co., Ltd., China). Eighteen Male SHR were divided randomly into test compound groups, positive control group, and negative control group. Every compound was suspended in 0.5% sodium carboxymethylcellulose solution and orally administered (5 and 10 mg/kg, respectively). Positive groups, Losartan and Telmisartan (10 mg/kg), were given the same volume as compound groups. The negative control groups were supplied with the same volume of sodium carboxymethylcellulose solution. BP and heart rates were detected 24 h by MPA-2000 biological signal analysis system (Alcott Biotech, China). Six detections were operated in each part of BP measurement. The means of the six values were taken as the SBP level and DBP level separately. The MBP (mean arterial pressure) was calculated with the formula: $\text{MBP} = (\text{SBP} - \text{DBP})/3 + \text{DBP}$. All compounds' data were presented as mean \pm SD [19].

Pharmacokinetics detection

LC-MS method was used to monitor the concentration of compound **I**₁ in plasma. LC-MS-ESI mass spectrometer (Agilent) was used with a C18 column (2.1 mm \times 150 mm, 3 mm) with mobile phases: (A) Sodium dihydrogen phosphate and (B) acetonitrile. The flow rate was 1 ml/min, and the injection volume was 20 μ l. The gradient elution program of mobile phase A:B (v/v) were 25:75, 30:70, 50:50. LC-MS spectral data of every sample were collected. The pharmacokinetic parameters were calculated with the Microsoft-excel program (DAS 2.0). Six Male Wistar rats (200–250 g, Shanghai Slac Lab Animal Company) were administrated with **I**₁ (10 mg/kg).

Blood samples were collected from each rat with a retro-orbital puncture at pre-setting time intervals [0.5, 1, 2, 4, 6, 8, 12, 24, 48, 78 h] into microfuge tubes containing heparin. The plasma samples were separated by centrifugation of the blood samples (4000 \times g) at 4 $^\circ\text{C}$ for 10 min. Plasma

samples (200 μ l) were collected, internal standard (100 μ l) and acetonitrile (200 μ l) were added. The mixture was vortexed for 1 min to remove proteins. The supernatant was filtered by filter (0.22 μ m), and the obtained filtrate (20 μ l) was tested in LC-MS. Linearity 3 was detected by extracting plasma standards at nominal concentrations (2.0, 5.0, 10.0, 50.0, 100.0, 500.0 ng/ml). The calibration line was generated by least-squares linear regression of PHR (the peak height ratio) of analyte/internal standard vs. nominal concentration with weighted concentration [20, 21].

Statistics

The data were analyzed with a one-way analysis of variance, and the results were expressed as means \pm standard error. When all statistical significance was provided ($p < 0.05$), a nova one-way and t -test were used to compare with the control, and the probability value < 0.05 was considered significant. Pharmacokinetic parameters were acquired by software DAS.2.0. The animal research was accorded with the “Principles of Laboratory Animal Care” and permitted by IACUC.

Acknowledgements This work was funded by Shanghai Science and Technology Committee (Nos. 19410711000; 20430730900; 20490740400 and 21430730100) and the Science and Technology Commission of Pudong-New-Area (Nos. PKJ-2019-Y31 and PKJ-2020-Y42).

Compliance with ethical standards

Conflict of interest The authors declare no competing interests.

Publisher's note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

References

- Nowacki D, Martynowicz H, Skoczyńska A, Wojakowska A, Turczyn B, Bobak L. et al. Lecithin derived from ω -3 PUFA fortified eggs decreases blood pressure in spontaneously hypertensive rats. *Sci Rep*. 2017;7:12373. <https://doi.org/10.1038/s41598-017-12019-w>.
- Naik P, Gandhi H, Pawar V, Giridhar R, Yadav RM. Management of hypertension-journey from single drug therapy to multitargeted ligand therapy: a clinical overview. *Curr Clin Pharm*. 2015;10:321–46. <https://doi.org/10.2174/15748847113086660075>.
- Yu Z, Yin Y, Zhao W, Chen F, Liu J. Antihypertensive effect of angiotensin-converting enzyme inhibitory peptide RVPSL on spontaneously hypertensive rats by regulating gene expression of the renin-angiotensin system. *J Agric Food Chem*. 2014;62:912–7. <https://doi.org/10.1021/jf405189y>.
- Ntountaniotis D, Andreadelis I, Kellici TF, Karageorgos V, Leonis G, Christodoulou E, et al. Host-guest interactions between candesartan and its prodrug candesartan cilexetil in complex with 2-Hydroxypropyl- β -cyclodextrin: on the biological potency for angiotensin II antagonism. *Mol Pharm*. 2019;16:1255–71. <https://doi.org/10.1021/acs.molpharmaceut.8b01212>.
- Arendse LB, Danser AHJ, Poglitsch M, Touyz RM, Burnett JC, Llorens-Cortes C, et al. Novel therapeutic approaches targeting the renin-angiotensin system and associated peptides in hypertension and heart failure. *Pharm Rev*. 2019;71:539–70. <https://doi.org/10.1124/pr.118.017129>.
- Abraham HMA, White CM, White WB. The comparative efficacy and safety of the angiotensin receptor blockers in the management of hypertension and other cardiovascular diseases. *Drug Saf*. 2015;38:33–54. <https://doi.org/10.1007/s40264-014-0239-7>.
- Vyas VK, Ghatge M. Substituted benzimidazole derivatives as angiotensin II-AT1 receptor antagonist: a review. *Mini Rev Med Chem*. 2010;10:1366–84. <https://doi.org/10.2174/138955710793564151>.
- Rossi S. Australian medicines handbook. SA, Australia: Australian Medicines Handbook Pty Ltd; 2006.
- Monge M, Lorthioir A, Bobrie G, Azizi M. New drug therapies interfering with the renin-angiotensin-aldosterone system for resistant hypertension. *J Renin Angiotensin Aldosterone Syst*. 2013;14:285–9. <https://doi.org/10.1177/1470320313513408>.
- Poulter NR, Prabhakaran D, Caulfield M. Hypertension. *Lancet*. 2015;386:801–12. [https://doi.org/10.1016/S0140-6736\(14\)61468-9](https://doi.org/10.1016/S0140-6736(14)61468-9).
- Williams B, Mancia G, Spiering W, Rosei EA, Azizi M, Burnier M, et al. 2018 ESC/ESH guidelines for the management of arterial hypertension. *Eur Heart J*. 2018;39:3021–104. <https://doi.org/10.1093/eurheartj/ehy339>.
- Paulis L, Steckelings UM, Unger T. Key advances in anti-hypertensive treatment. *Nat Rev Cardiol*. 2012;9:276–85. <https://doi.org/10.1038/nrcardio.2012.33>.
- Gupta P, Patel P, Štrauch B, Lai FY, Akbarov A, Gulsin GS, et al. Biochemical screening for nonadherence is associated with blood pressure reduction and improvement in adherence. *Hypertension*. 2017;70:1042–8. <https://doi.org/10.1161/HYPERTENSIONAHA.117.09631>.
- Iellamo F, Werdan K, Narkiewicz K, Rosano G, Volterrani M. Practical applications for single pill combinations in the cardiovascular continuum. *Card Fail Rev*. 2017;3:40–45. <https://doi.org/10.15420/cfr.2017:5:1>.
- Sokos GG, Raina A. Understanding the early mortality benefit observed in the PARADIGM-HF trial: considerations for the management of heart failure with sacubitril/valsartan. *Vasc Health Risk Manag*. 2020;16:41–51. <https://doi.org/10.2147/VHRM.S197291>.
- Ha D, Lee Y, Chun Y, Shin J. Comparison of signal detection between statin and statin/ezetimibe fixed-dose combination using the korea adverse events reporting system database, 2005–2016. *Int J Clin Pharm Ther*. 2019;57:489–99. <https://doi.org/10.5414/CP203374>.
- Jornada DH, Fernandes GFS, Chiba DE, Melo TRF, Santos JL, Chung MC. The prodrug approach: a successful tool for improving drug solubility. *Molecules*. 2015;21:42. <https://doi.org/10.3390/molecules21010042>.
- Zawilska JB, Wojcieszak J, Olejniczak AB. Prodrugs: a challenge for the drug development. *Pharm Rep*. 2013;65:1–14. [https://doi.org/10.1016/s1734-1140\(13\)70959-9](https://doi.org/10.1016/s1734-1140(13)70959-9).
- Zhu W, Bao X, Ren H, Da Y, Wu D, Li F, et al. N-Phenyl indole derivatives as AT1 antagonists with anti-hypertension activities: design, synthesis and biological evaluation. *Eur J Med Chem*. 2016;115:161–78. <https://doi.org/10.1016/j.ejmech.2016.03.021>.
- Sandall JM, Millership JS, Collier PS, McElnay JC. Development and validation of an HPLC method for the determination of spironolactone and its metabolites in paediatric plasma samples. *J Chromatogr B Anal Technol Biomed Life Sci*. 2006;839:36–44. <https://doi.org/10.1016/j.jchromb.2006.02.017>.
- Bao X, Zhub W, Shanb T, Wub Z, Zhangb R, Liao P, et al. Design, synthesis and evaluation of novel angiotensin II receptor I antagonists with antihypertensive activities. *RSC Adv*. 2017;7:26401–10. <https://doi.org/10.1039/C7RA03915H>.