This continuing education activity focuses on sodium–glucose co–transporter 2 (SGLT2) inhibitors—canagliflozin, dapagliflozin, empagliflozin, and ertugliflozin—used to manage type 2 diabetes mellitus (T2DM). These FDA–approved drugs improve glycemic control by inhibiting glucose reabsorption in the kidneys, thus increasing urinary glucose excretion. The activity details their mechanism of action, highlighting their cardio– and nephroprotective effects via various pathways, including reduced preload and afterload, altered cardiac fuel metabolism, and decreased intraglomerular pressure. Key indications include improving glycemic control in T2DM, reducing cardiovascular events, and improving outcomes in heart failure (HFrEF, HFpEF, HFmrEF) and chronic kidney disease (CKD). Off–label uses include obesity management and nonalcoholic fatty liver disease treatment. The activity also comprehensively covers pharmacokinetics, administration (including dosages and fixed–dose combinations), and use in specific populations (hepatic and renal impairment, pregnancy, breastfeeding, geriatrics). A thorough discussion of adverse effects is provided, including genital mycotic infections, UTIs, lower limb amputation risk, diabetic ketoacidosis (DKA), euglycemic DKA, acute kidney injury (AKI), hypoglycemia, Fournier gangrene, hypersensitivity, bone fractures, bladder cancer, hyperkalemia, and dyslipidemia. Drug–drug interactions and interference with laboratory tests are also detailed. Finally, the activity emphasizes the importance of interprofessional team collaboration—including PCPs, endocrinologists, cardiologists, nephrologists, nurses, and pharmacists—for effective monitoring (volume status, renal function, blood glucose, HbA1c, electrolytes, lipid panel), patient education, and management of potential adverse events to optimize patient outcomes.