DRUG CARDS | DAILY

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GENERIC enalapril (e NAL a pril)

BRAND Epaned, Vasotec

CLASSIFICATION ACE inhibitor | Antihypertensive

FORM & STRENGTH

TAB: 2.5 mg, 5 mg, 10mg, 20 mg | **SOLN:** 1 mg/1 mL

INDICATIONS & DOSING | ADULTS

** DOSE ACCORDINGLY IN PTS WITH POOR LIVER FUNCTION **

1). HYPERTENSION

- Tx range is b/t 5-40 mg/day PO divided qd-bid MDD: 40mg
- DEC efficacy in African Americans so consider combination therpaies.

GENERAL
- Initiate at 5mg po qd

IF HYPONATREMIC OR ON DIURETIC
- Initiate at 2.5mg po qd

2). HEART FAILURE (HF) WITH REDUCED EJECTION FRACTION

- Tx range is b/t 2.5-20 mg PO bid. MDD: 40mg

GENERAL
- Initiate at 2.5mg po bid

IF HYPONATREMIC
- Initiate at 2.5mg po qd

3). LEFT VENTRUCULAR DYSFUNCTION (ASYMPTOMATIC)

- Tx dose at 10mg po bid
- Initiate at 2.5mg po bid. MDD: 20mg/day

* OFF LABEL | ACUTE MYOCARDIAL INFARCTION (MI)

- Tx dose at 10mg by bid
- Initiate at 2.5mg po qd w/in 48 hours post-mi
- Quickly titrate dose up to tx dose.

* OFF LABEL | NEPHROPATHY

- Tx range is b/t 5-20 mg/day po divided qd-bid

INDICATIONS & DOSING | PEDIATRICS

** DOSE ACCORDINGLY IN PTS WITH POOR LIVER FUNCTION **

1). HYPERTENSION

AGES 1 MONTH AND OLDER
- Tx dose is wt based dose b/t 0.1-01.5 mg/kg/day po divided q12-24h
- Initiate at 0.08 mg/kg/day up to 5 mg/day po divided q12-24h
- DEC efficacy in African Americans so consider combination therpaies
- MDD: 0.58 mg/kg or 40mg/day

* OFF LABEL | HF WITH REDUCED EJECTION FRACTION

- Tx range is b/t 5-20 mg/day po divided qd-bid

MOA & PHARMACOKINETICS

MECHANISM OF ACTION:
Inhibition of the angiotensin-converting ennzyme that hydrolizes angiotensin I to angiotensin II thus decreasing vasopressor activity and aldosterone secretion.

ABSORPTION:
Peak concentration of the metabolite occurs w/in 1hr w/ 60% absorption. 3-4hs as the pre-metabolite.

DISTRIBUTION:
No data available but similar meds b/t 25-99.4% protein bound.

METABOLISM:
Hepatically metabolized to enalaprilat via CYP450 enzymes.

ELIMINATION:
60% excreted in the urine w/ 20% as the unchanged drug. 33% fecally. Half-life ~11 hours.

BLACK BOX WARNING

FETAL TOXICITY:
Fetal or neonatal morbidity or mortality can occur frum drugs that act on the renikn angiotensin systme when used duyring pregnancy. Discontinue the medication immediately if pregnancy detected or suspected

SPECIAL POPULATIONS & CONSIDERATIONS

In hepatically impaired patients being treated for hypertension if CrCl <31 or if diialysis pts dose at 2.5mg qd instead of 5mg. If HF w/ REF if Cr >1.6 initiate at 2.5mg and double dose but divided bid. Caution in pts w/ or at risk of hypotension. Avoid use in pregnancy and if it must be used monitior closely. Weigh risk/benefit when breastfeding.

SIDE EFFECTS | COMMON

Dizziness, hypotension, headache, fatigue, cough, hyperkalemia, elevations in BUN or Cr, photosensitivity, and hyperuricemia.

SIDE EFFECTS | SERIOUS

Angioedema of head/neck/intestine, SJS, toxic epidermal necrolysis, severe hypotension, hyperkalemia, renal impairment/failure, hepatotoxicity, neutropenia, and agranulocytosis

DRUG INTERACTIONS | CONSIDERATIONS

OATP2B1 substrate
angioedema
other antihypertensives
DECs in renal fxn
hyperkalemia
hyponatremia

DRUG INTERACTIONS | DRUGS OF NOTE

CONTRAINDICATED:
aliskiren
isocarboxazid
sacubitril

AVOID:
amikacin
ARBs
potassium

MONITOR:
antivirals
armodafinil
steroids

CAUTION:
pregabalin
rifampin
sirolimus

MONITORING PARAMETERS

BP and BUN/Cr at baseline and periodically w/ BUN/Cr more frequently if HF. Also electrolytes and WBC in pts w/ fascular disease.

PATIENT COUNSELING

Take w/ or w/o food one to two times daily w/ dose and frequency of use based on medical condition.

Most commonly used in patients treating blood pressure and HF with REF and should be taken regularly to benefit from it.

May take severbal weeks before seeing the full benefits for hypertension.

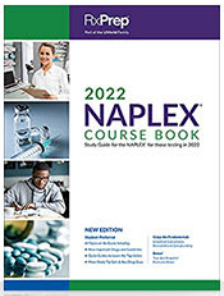
May take severbal weeks to months before seeing the full benefits for HF with REF.

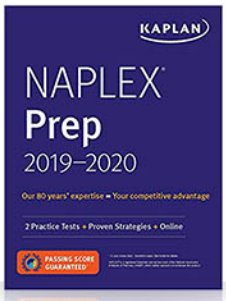
REFERENCES

1). https://online.epocrates.com/drugs/1380/enalapril
2). https://www.drugs.com/monograph/enalapril.html
3). https://www.webmd.com/drugs/2/drug-6301-3281/enalapril-maleate-oral/enalapril-oral/details
4). http://www.druglib.com/druginfo/enalapril/description_pharmacology/

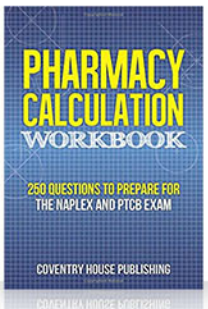
PREPARE FOR SUCCESS!

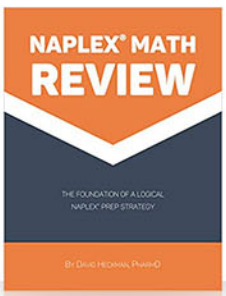
Comprehensive (NAPLEX)

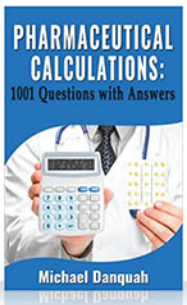


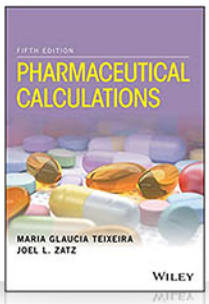


Calculations (NAPLEX)

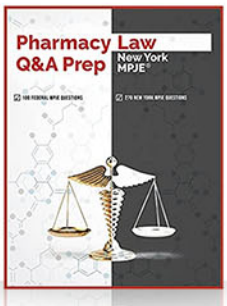


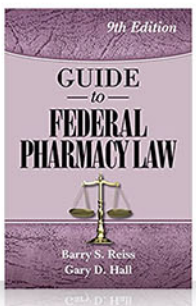




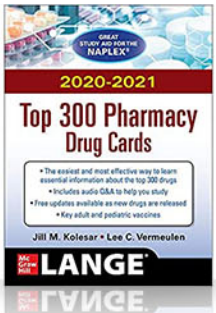


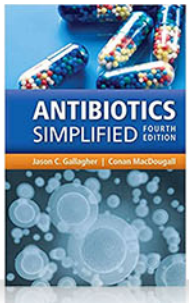
Pharmacy Law (MPJE)

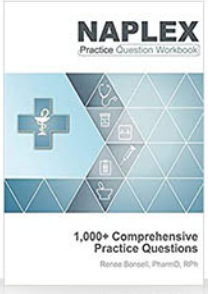


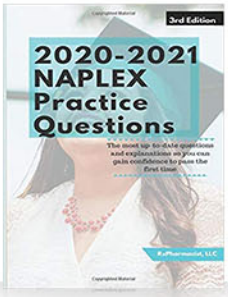


Supplemental









DISCLAIMERS

DRUG CARDS DAILY

Monday at 7 am EST
(6 am CST, 4 am PST)

*HEY **NEW GRAD!***

So you landed that perfect job offer or got the perfect match for your PGY1 and now the ***ONLY*** thing standing in your way is passing the NAPLEX and MPJE.

Here are some NAPLEX & MPJE prep recommendations to help you do everything you can to ***pass the first time!***

*HEY **STUDENT!***

When I was P1 one of the best pieces of advice I got from those before me was to use a NAPLEX Prep book while learning each topic.

This helps focus your learning and the repetition helps to retain info and indirectly prepare you for the NAPLEX

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