

Absorption: Enalapril is rapidly absorbed with peak serum concentrations of enalapril occurring within one hour. The 10 mg tablet contains iron oxide red 30 and the 20 mg tablet contains iron oxide brown 70. **DOSAGE FORMS, COMPOSITION AND PACKAGING** ENALAPRIL 2.5 mg Tablets are white, oval shaped bi-convex tablets, debossed with "2.5" scoreline "G" on one side and scoreline on the other side. Available in blisters of 10's (cartons of 30) and in HDPE bottles of 100 and 500 tablets. ENALAPRIL 5 mg Tablets are white, arc triangle shaped bi-convex tablets, debossed with "5" over "G" on one side and scoreline on the other side. **Composition** Each tablet of ENALAPRIL is made with 2.5, 5, 10 or 20 mg enalapril maleate that appears as 2, 4, 8 or 16 mg enalapril sodium, respectively in the tablets, and the following non-medicinal ingredients: corn starch, lactose monohydrate, magnesium stearate, pregelatinized starch, sodium bicarbonate. ENALAPRIL 10 mg Tablets are rusty red, arc triangle shaped bi-convex tablets, debossed with "10" over "G" on one side and scoreline on the other side. Available in blisters of 10's (cartons of 30) and in HDPE bottles of 100 and 500 tablets. ENALAPRIL 20 mg Tablets are peach coloured, arc triangle shaped bi-convex tablets, debossed with "20" over "G" on one side and scoreline on the other side. **Metabolism:** Following absorption, enalapril is rapidly and extensively hydrolyzed to enalaprilat, a potent angiotensin converting enzyme inhibitor (which itself is poorly absorbed). **Special Populations and Conditions** Pediatrics: In pediatric patients the antihypertensive effect of enalapril has been studied in hypertensive children aged 6 –16 years (see **DOSAGE AND ADMINISTRATION** and **ACTION AND CLINICAL PHARMACOLOGY, Pharmacokinetics**). With renal function