

Table S2. Clinical Indications, Symptoms, and Additional Prescriptions Among 9 Study Subjects Prescribed H₂ Blockers, Kaiser Permanente Northern California, 1996–2016

Case or Control	Additional Prescriptions*	Diagnosis	Gastrointestinal Symptoms	Non-gastrointestinal Symptoms	Primary Reason for Visit
Control	Norgestimate-ethinyl estradiol	Iron deficiency	Abdominal pain, nausea	Fatigue	Well-child visit
Control	Ondansetron, mupirocin, azithromycin	Vomiting, indigestion	Abdominal pain, vomiting	Congestion, cough	Abdominal pain, vomiting 1–6/day
Control	Montelukast, polyethylene glycol 3350	GERD	Abdominal pain, constipation, hard stools	Chest pain	Nausea, chest pain
Control	Fluticasone	Hoarseness	None	Patient clears throat constantly	Reflux
Control	Sertraline, aripiprazole, albuterol, quetiapine, dextroamphetamine and levoamphetamine, levonorgestrel-ethinyl estradiol	Vomiting, GERD differential diagnosis	Vomiting	Headache, low iron	Vomiting and headache
Case	Diphenhydramine, lidocaine, nystatin oral suspension, norinyl, hydrocodone-acetaminophen, polyethylene glycol 3350	Gastroenteritis, herpangina	Diarrhea, vomiting	Fever, oral sores	Gastroenteritis
Case	Azithromycin	Postinfectious gastritis/enteropathy	Diarrhea, abdominal pain, nausea, constipation at times	Leg pain	Gastritis/enteropathy
Case	Trimethoprim-sulfamethoxazole, prednisone, cephalexin, amoxicillin	Folliculitis	None	Rash around right ear, leg	Rash on right side of face, folliculitis
Case	None	Pancreatitis, anemia	Abdominal pain	None	Abdominal pain, acute pancreatitis

GERD, gastroesophageal reflux disease

* Additional prescriptions within ± 6 months of H₂ blocker prescription.