GI medication list

Gastrointestinal drugs by class, with doses, routes and indications, plus a patient record

A reference for the drugs most often prescribed or given in gastroenterology and digestive health. Each class carries generic and brand names, typical dosing and the indication, so a new hire or covering clinician doses from the same sheet as the lead gastroenterologist.
Adapt it to your own formulary and local guidance, flag any off-label use, and review it quarterly for new drugs, withdrawn agents and updated dosing.

1. ACID SUPPRESSION

Proton pump inhibitors

GENERIC	BRAND	TYPICAL DOSE	INDICATION
Omeprazole	Prilosec	20–40 mg daily	GERD, peptic ulcer, Zollinger-Ellison syndrome
Pantoprazole	Protonix	40 mg daily or twice daily	GERD, erosive esophagitis
Esomeprazole	Nexium	20–40 mg daily	GERD, Barrett's esophagus

H2 receptor antagonists

GENERIC	BRAND	TYPICAL DOSE	WHEN TO USE
Famotidine	Pepcid	20–40 mg twice daily	Mild GERD, symptom relief, PPI alternative
Nizatidine	Axid	150–300 mg daily	Peptic ulcer maintenance, less commonly used

PPIs are more potent and suppress acid for longer, so they are first line for erosive GERD and peptic ulcer disease. H2 blockers remain useful where a patient cannot tolerate a PPI or needs less aggressive suppression. Famotidine became the primary H2 blocker after ranitidine was withdrawn by the FDA in 2020. Reassess the need for long-term PPI therapy periodically, and monitor for bone loss and vitamin B12 deficiency.

2. ANTIEMETICS

CLASS	EXAMPLE	DOSE	ROUTE
5-HT3 antagonist	**Ondansetron (Zofran)**	4–8 mg	IV, oral, orally disintegrating
Dopamine antagonist	**Metoclopramide**	10 mg three times daily	IV, IM, oral
Anticholinergic	**Hyoscine (scopolamine)**	0.3–0.6 mg injection, or a 1.5 mg patch every 72 hours	Injection, transdermal patch

Selection follows the mechanism behind the nausea: chemoreceptor trigger zone, vestibular, or GI motility. Ondansetron is the usual choice for post-procedure nausea and chemotherapy-induced emesis. Metoclopramide is both antiemetic and prokinetic, but carries a boxed warning for tardive dyskinesia with long-term use.

3. ANTISPASMODICS

GENERIC	TYPICAL DOSE	USE
Dicyclomine	10–20 mg three to four times daily	IBS cramping and spasm
Hyoscyamine	0.125–0.25 mg as needed	Acute abdominal cramping
Propantheline	15 mg three times daily before meals	Reducing GI motility, less commonly used

These block acetylcholine receptors, so they carry anticholinergic effects: dry mouth, blurred vision and urinary retention. Take a baseline assessment and monitor symptoms.

4. LAXATIVES AND BOWEL REGULATORS

CATEGORY	EXAMPLE	ONSET	NOTES
Osmotic	**Lactulose, polyethylene glycol**	24–48 hours	Preferred for acute constipation and bowel prep
Stimulant	**Senna, bisacodyl**	6–12 hours	Risk of dependence. Reserve for short-term use
Stool softener	**Docusate**	24–72 hours	Gentle, and slow to act
Bulk-forming	**Psyllium, methylcellulose**	12–72 hours	Needs adequate hydration. Contraindicated in bowel obstruction

Onset usually decides the choice. Pick a stimulant when the patient needs relief by morning, and start a bulk agent days ahead.

5. IMMUNOSUPPRESSANTS IN IBD

DRUG	DOSE	NOTES
Azathioprine (Imuran)	1–2.5 mg/kg daily	Crohn's and ulcerative colitis maintenance. Requires TPMT testing before you start
6-mercaptopurine	0.5–1.5 mg/kg daily	Useful where azathioprine is not tolerated
Infliximab (Remicade)	IV infusion every 8 weeks	TNF-alpha inhibitor for moderate to severe IBD
Vedolizumab (Entyvio)	IV infusion at weeks 0, 2 and 6, then every 8 weeks	Anti-integrin biologic for selective GI immune suppression

All of these need baseline TB screening, hepatitis serology and regular CBC monitoring, with counseling on infection risk and malignancy screening. Infliximab and vedolizumab are high-cost specialty drugs, so most plans require prior authorization. Start that paperwork when the treatment is agreed, not when the infusion slot is booked.

6. PANCREATIC ENZYME REPLACEMENT

BRAND	GENERIC	TYPICAL DOSE
Creon	Pancrelipase	500–2,500 lipase units/kg per meal, up to 10,000 units/kg per day. A typical adult start is 25,000–40,000 units per meal
Zenpep	Pancrelipase	500–2,500 lipase units/kg per meal, up to 10,000 units/kg per day. A typical adult start is 25,000–40,000 units per meal

For exocrine pancreatic insufficiency from chronic pancreatitis, cystic fibrosis or pancreatic surgery. Take with food, and use enteric-coated formulations to protect enzyme activity in the stomach. Acid suppression may improve absorption in selected patients. Labeled dosing is weight-based, so treat the fixed adult range as a starting point and individualize to symptoms and stool fat.

7. GLP-1 RECEPTOR AGONISTS: WHAT GASTROENTEROLOGY SEES

- **Common effects.** Nausea, vomiting, diarrhea, constipation and abdominal pain, usually mild and transient.
- **Serious risk.** Gastroparesis and delayed gastric emptying have been reported in post-marketing surveillance. Distinguish them from other causes of GERD-like symptoms.
- **Monitoring.** Screen for GI symptoms at follow-up, and refer for upper endoscopy where gastroparesis is suspected.
- **Caution.** Prior GI surgery, severe reflux, or known gastroparesis. Ask for the titration history at referral.

8. PATIENT MEDICATION RECORD

Patient name: _____ Date of birth: _____ mm / dd / yyyy

MRN: _____ Date of review: _____ mm / dd / yyyy

DRUG (GENERIC / BRAND)	CLASS	DOSE AND FREQUENCY	ROUTE	INDICATION	START DATE

Monitoring due

TEST OR REVIEW	LAST DONE	RESULT	NEXT DUE
CBC			
Liver function			
TPMT (before azathioprine or 6-MP)			
TB screening			
Hepatitis serology			
Vitamin B12 (long-term PPI)			
PPI continuation reviewed			

Clinician signature _____ Printed name and role _____ Date _____

This reference summarizes commonly used dosing and indications for gastroenterology practice. It does not replace FDA prescribing information, current society guidance, or your own clinical judgment.