FP Essentials
Call for Authors – May 2026

Drug Prescribing Update

We are seeking an author or author group to write a manuscript for this edition of *FP Essentials* on the topic of drug prescribing. This edition will cover four topics:

1. Off-Label Use of Prescription Medications
2. Commonly Missed Drug-Drug Interactions
3. Impact of Commonly Used Supplements
4. Deprescribing

The main text of the manuscript should be approximately 10,000 words in length, divided into four sections of approximately 2,500 words each, plus an abstract of approximately 200 words for each section. In addition, there should be key practice recommendations, a maximum of 15 tables/figures total, and up to 200 references to provide support for all recommendations and factual statements in the manuscript. References must be numbered sequentially by section, with each new section starting over at "1."

This edition should focus on what is new in each topic and should answer the key questions listed for each section. Each section should begin with an illustrative case, similar to the examples provided, with modifications to emphasize key points; each case should have a conclusion that demonstrates resolution of the clinical situation. The references provided here include information that should be considered in preparation of this edition of *FP Essentials*. However, these should be used only as a starting point in identifying the most current guidelines and references to include in the edition.

Needs Assessment
Family physicians help their patients manage many chronic illnesses and assist in appropriate management of a patient's prescribed medications, over-the-counter medications, and supplements. Guidelines from different professional organizations recommend that physicians complete medication reconciliation for their patients and pursue strategies to minimize the impact of drug-drug interactions or duplicate medications. This edition of *FP Essentials* will help physicians provide better medication management for their patients.

Section 1: Off-Label Use of Prescription Drugs

Example Case

DB is a 63-year-old patient with recently diagnosed heart failure with reduced ejection fraction (HFrEF) who sees you for a hospital follow-up. He was started on dapagliflozin as part of guideline-directed medical therapy for HFrEF, but his daughter did an internet search and told him that this medication was not previously FDA-approved for HFrEF. He asks for your advice about taking it.

Key Questions to Consider

- What is the process for the Food and Drug Administration (FDA) to approve pharmaceutical agents for use in the United States? What are the FDA approval types and pathways? Describe recent updates to this process, if applicable. How is this process similar/different from the process in other countries?
- How does this approval relate to insurance coverage of these agents, both Medicare/Medicaid and private insurers?
- What are some limitations of the FDA approval process, such as newer indications for older drugs or the use of approved drugs for different populations?
- Why do patients or prescribers choose to use medications for off-label indications? What reasons do physicians cite for prescribing them?
- How frequently are medications prescribed for off-label indications? Which are the most common examples?
- Do off-label medications ever gain FDA approval for new indications?
- Are there trusted resources for physicians to use to determine the safety and efficacy of off-label use of medications? Which trusted patient education resources exist for the same purpose?
- If physicians prescribe medications for off-label use, how should their counseling of their patients differ from prescribing medications for approved uses?
- How can physicians partner with pharmacists to help select appropriate medications for off-label uses?
- What are the legal implications for physicians who prescribe medications for off-label indications? What are the best practices for documenting off-label uses of medications? Can pharmaceutical companies promote the off-label uses of their medications?

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Section 2: Commonly Missed Drug-Drug Interactions

Example Case

NE is a 55-year-old with well-controlled hypertension who is currently taking irbesartan and hydrochlorothiazide. She presents for acute shoulder pain, and you determine that this is most likely due to acute rotator cuff strain. After a discussion with her, you place an order for a short course of naproxen in the electronic health record, which indicates that there is a potential drug-drug interaction. You wonder if you can ignore this warning or if you should choose another treatment.

Key Questions to Consider

- What is the definition of a drug-drug interaction?
- How are these interactions broadly classified (eg, increased elimination, synergistic, decreased efficacy)?
- How common are clinically significant drug-drug interactions (consider the use of a table here for those most commonly encountered in primary care)?
- What are the most common significant drug-drug interactions seen by family physicians?
- What mechanisms exist to aid physicians in identifying drug-drug interactions and assessing their clinical relevance, including point-of-care resources, built-in warnings from an electronic health record, and pharmacists? What is the role of AI in helping with this process?
- How effective are warning mechanisms at preventing clinically significant drug-drug interactions? Are there practices that decrease their effectiveness or improve compliance with their recommendations?
- Which patients are more likely to experience a drug-drug interaction? How does underrepresentation of certain groups in clinical trials contribute to disparities in identifying significant drug-drug interactions?
- How can physicians identify which symptoms may be due to a drug-drug interaction and which may be due to other causes?
- What is the recommended general strategy if a drug-drug interaction is suspected?
- What is the role of medication reconciliation in preventing drug-drug interactions?
- When should drug-drug interactions be reported, and to whom?

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Section 3: Impact of Commonly Used Supplements

Example Case

SS is a 39-year-old patient who presents with left lateral knee pain for the past few weeks. She is an active runner but has not changed her mileage or suffered an injury. She does not want to take an anti-inflammatory drug but heard that she can use an online supplement to reduce her pain and inflammation. She wants your opinion on using this supplement.

Key Questions to Consider

- How is a supplement defined and designated by the Food and Drug Administration (FDA)? Does this differ from a vitamin, mineral, herb, or protein?
- How are supplements evaluated by and regulated by the FDA? How does this compare to other countries?
- How can physicians and patients determine if a particular product contains the substances and amounts of active ingredients listed on the label, and what potential contaminants or inert ingredients are present?
- How commonly do patients use supplements? What reasons do patients list for using supplements?
- What are some reliable sources of information for patients and physicians evaluating the safety and efficacy of supplements?
- Have any supplements been shown to improved patient-centered outcomes for different disease processes? Which formulations are supported by high quality evidence? Are these formulations available in the United States?
- How should physicians ask patients about the use of supplements?
- What are the most commonly used supplements in the United States?
- What conditions are most commonly treated with supplements?
- How should physicians counsel their patients about the risks and benefits of supplements?
- What supplements can interfere with common laboratory testing or absorption/metabolism of prescription medications?
- What patient populations are at higher risk from using supplements?
- What strategies are recommended to determine if a patient's symptoms are due to a supplement or an interaction between the supplement and a prescribed medication?

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Section 4: Deprescribing

Example Case

LA is an 80-year-old man with multiple chronic medical conditions, including chronic obstructive pulmonary disease, hypertension, osteoarthritis, dyslipidemia, and glaucoma. Today he tells you that he is frustrated about taking "too many pills" and wants to know if any of his prescriptions can be reduced or stopped.

Key Questions to Consider

- How is polypharmacy defined? How common is it? Which patients are at increased risk for polypharmacy? What adverse outcomes may occur as the result of polypharmacy?
- What is the prescribing cascade and how does it relate to polypharmacy?
- How is deprescribing defined?
- What are the benefits and challenges of deprescribing? Consider a table of the most common medications in primary care that should be considered for deprescribing.
- What are the indications for deprescribing? When is deprescribing recommended? Which patient populations should be prioritized for deprescribing? Who should deprescribe medications?
- What is a brown bag medication visit? How does it relate to deprescribing? How can deprescribing be done in the setting of a home visit?
- How does deprescribing relate to medication reconciliation?
- What is the preferred method for deprescribing controlled substances, such as benzodiazepines and opioids?
- What tools are available to help physicians and patients with deprescribing? How are medications identified that can be stopped?
- What is the role of a pharmacist in deprescribing?
- What are the evidence-based strategies for deprescribing proton pump inhibitors, diabetic medications, antipsychotics, statins, and medications for dementia?

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