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IN THIS ISSUE

In Brief: New Warning for GLP-1 Receptor Agonists ..... p 199

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IN BRIEF

New Warning for GLP-1 Receptor Agonists

The FDA is requiring that a warning about a risk of nonarteritic anterior ischemic optic neuropathy (NAION) be added to the package inserts of the GLP-1 receptor agonists dulaglutide *(Trulicity)*, exenatide, liraglutide *(Saxenda, Victoza)*, semaglutide *(Ozempic, Rybelsus, Wegovy)*, and orforglipron *(Foundayo)* and the dual glucose-dependent insulinotropic polypeptide (GIP)/GLP-1 receptor agonist tirzepatide *(Mounjaro, Zepbound)*.[1]

NAION — NAION is caused by reduced blood flow to the optic nerve. It is a common cause of acute optic nerve injury in adults >50 years old (incidence is 2.3-10.2 cases per 100,000 person-years).[2] Patients typically present with sudden, painless vision loss in one eye, accompanied by reduced visual acuity and visual field defects. Vision loss can be permanent.[3] Patients with a history of NAION are at increased risk of recurrence.

MECHANISM — The mechanism by which GLP-1 receptor agonists increase the risk of NAION is unclear. It may involve rapid correction of hyperglycemia, but patients receiving GLP-1 receptor agonists usually have NAION risk factors, such as diabetes, obesity, cardiovascular disease, hypertension, hyperlipidemia, and obstructive sleep apnea (GLP-1 receptor agonists are FDA-approved for treatment of type 2 diabetes and obstructive sleep apnea, and for weight management and cardiovascular risk reduction).[3]

BASIS FOR NEW WARNING — NAION has been reported with all currently available GLP-1 receptor agonists.[4] The new warning was based on the results of a FDA-conducted meta-analysis of 126 randomized controlled trials in a total of 134,253 patients that found a higher incidence of NAION in GLP-1 receptor agonist users than in nonusers (6.4 cases per 100,000 person-years vs 3.8 cases per 100,000 person-years with placebo or a non-GLP-1 receptor agonist glucose-lowering drug). A retrospective study of data from the FDA Sentinel System that included new users of GLP-1 receptor agonists, sodium-glucose cotransporter 2 (SGLT2) inhibitors, and dipeptidyl peptidase-4 (DPP-4) inhibitors found that the risk of developing NAION with a GLP-1 receptor agonist was not statistically significantly higher compared with a SGLT2 inhibitor, but it was higher compared with a DPP-4 inhibitor (32 events with a GLP-1 receptor agonist vs 31 events with a SGLT2 inhibitor vs 26 events with a DPP-4 inhibitor).[1]

RECOMMENDATIONS — The new FDA warning advises clinicians to instruct patients taking GLP-1 receptor agonists to immediately report sudden onset of acute, painless, decreased vision, visual field deficits, or other visual disturbances. Patients with suspected NAION should be promptly referred to an ophthalmologist; the benefits of continuing a GLP-1 receptor agonist should be weighed against the risk of NAION.[1] The American Academy of Ophthalmology and the North American Neuro-Ophthalmology Society support the FDA's recommendations.[5] ■

1. FDA Drug Safety Communication. FDA requires safety labeling changes for glucagon-like peptide-1 receptor agonists (GLP-1 RAs) due to potential increased risk of rare but serious eye condition. November 9, 2026. Available at: https://bit.ly/3UFqz32. Accessed November 18, 2026.
2. SW DeParis et al. Glucagon-like peptide-1 receptor agonists and the risk of non-arteritic anterior ischemic optic neuropathy: a consensus statement by the North American Neuro-Ophthalmology Society and the American Academy of Ophthalmology. Ophthalmology 2026; 133:1029.
3. OH Ababneh et al. Nonarteritic anterior ischemic optic neuropathy: review and update. Neurol Clin 2026; 44:169.
4. JT Hathaway et al. Risk of nonarteritic anterior ischemic optic neuropathy in patients prescribed semaglutide. JAMA Ophthalmol 2024; 142:732.
5. American Academy of Ophthalmology. Here's what you need to know about the FDA's new GLP-1 warning. Press release. November 11, 2026. Available at: https://bit.ly/4zIhFWu. Accessed November 18, 2026.

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