The Medical Letter®

on Drugs and Therapeutics

Volume 68 **Published online November 16, 2026**

Advance Release Article

IN THIS ISSUE

In Brief: New Warning with GLP-1 Receptor Agonists

Important Copyright Message

FORWARDING OR COPYING IS A VIOLATION OF U.S. AND INTERNATIONAL COPYRIGHT LAWS

The Medical Letter, Inc. publications are protected by U.S. and international copyright laws. Forwarding, copying, or any distribution of this material without permission to a nonsubscriber is prohibited.

Sharing a password with a nonsubscriber or otherwise making the contents of this site available to third parties is prohibited.

By accessing and reading the attached content I agree to comply with U.S. and international copyright laws and these terms and conditions of The Medical Letter, Inc.

For further information click: Subscriptions, Site Licenses, Reprints
or call customer service at: 800-211-2769

The Medical Letter publications are protected by US and international copyright laws.
Forwarding, copying or any other distribution of this material is strictly prohibited.
For further information call: 800-211-2769

The Medical Letter®
on Drugs and Therapeutics

Volume 68 Published online November 16, 2026

Advance Release Article

IN THIS ISSUE

In Brief: New Warning for GLP-1 Receptor Agonists

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, weight management, obstructive sleep apnea, 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 that included 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 receiving 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 16, 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/4zlhFWu. Accessed November 16, 2026.

The Medical Letter® Vol. 68 Published online November 16, 2026

PRESIDENT, EDITOR IN CHIEF: **Jean-Marie Pflomm, Pharm.D.**; *EDITOR IN CHIEF EMERITUS:* **Mark Abramowicz, M.D.**; *VICE PRESIDENT, ADMINISTRATION*: **Gianna Zuccotti, M.D., M.P.H., F.A.C.P., Harvard Medical School**; *ASSOCIATE EDITORS:* **Susan M. Daron, Pharm.D., Amy Faucard, MLS, Corinne Z. Morrison, Pharm.D., Michael P. Viscusi, Pharm.D.**

CONSULTING EDITORS: **Joanna Esterow, PA-C, Mordechai Sacks, DMSc, PA-C, Brinda M. Shah, Pharm.D., F. Peter Swanson, M.D.**

CONTRIBUTING EDITORS: **Carl W. Bazil, M.D., Ph.D.**, Columbia University College of Physicians and Surgeons; **Ericka L. Crouse, Pharm.D., B.C.P.P., B.C.G.P., F.A.S.H.P., F.A.S.C.P.,** Virginia Commonwealth University; **Vanessa K. Dalton, M.D., M.P.H.**, University of Michigan Medical School; **Eric J. Epstein, M.D.**, Dartmouth Hitchcock Medical Center; **David N. Juurlink, BPhm, M.D., Ph.D.**, Sunnybrook Health Sciences Centre; **Richard B. Kim, M.D.**, University of Western Ontario; **Sandip K. Mukherjee, M.D., F.A.C.C.**, Yale School of Medicine; **Dan M. Roden, M.D.**, Vanderbilt University School of Medicine; **Esperance A.K. Schaefer, M.D., M.P.H.**, Harvard Medical School; **Arthur M. F. Yee, M.D., Ph.D., F.A.C.R.**, Weill Medical College of Cornell University

MANAGING EDITOR AND DIRECTOR OF CONTENT OPERATIONS: **Susie Wong**; *EDITORIAL ASSISTANT:* **Karrie Ferrara**

FULFILLMENT AND SYSTEMS MANAGER: **Cristine Romatowski**; *EXECUTIVE DIRECTOR OF SALES:* **Elaine Reaney-Tomaselli**

INTERIM PUBLISHER: **Jean-Marie Pflomm, Pharm.D.**

Founded in 1959 by Arthur Kallet and Harold Aaron, M.D.

Copyright and Disclaimer: The Medical Letter, Inc. is an independent nonprofit organization that provides healthcare professionals with unbiased drug prescribing recommendations. The editorial process used for its publications relies on a review of published and unpublished literature, with an emphasis on controlled clinical trials, and on the opinions of its consultants. The Medical Letter, Inc. does not sell advertising or receive any commercial support. No part of the material may be reproduced or transmitted by any process in whole or in part without prior permission in writing. The Medical Letter, Inc. does not warrant that all the material in this publication is accurate and complete in every respect. The Medical Letter, Inc. and its editors shall not be held responsible for any damage resulting from any error, inaccuracy, or omission.

Subscription Services

Address:
The Medical Letter, Inc.
2 Madison Ave, Ste 211
Larchmont, NY 10538
www.medicalletter.org

Customer Service:
Call: 800-211-2769 or 914-235-0500
Fax: 914-632-1733
E-mail: custserv@medicalletter.org

Permissions:
To reproduce any portion of this issue, please e-mail your request to:
permissions@medicalletter.org

Subscriptions (US):
1 year – $179; $65 per year
for students, interns, residents,
and fellows in the US and Canada.
Reprints – $45 per issue or article

Site License Inquiries:
E-mail: SubQuote@medicalletter.org
Call: 800-211-2769
Special rates available for bulk subscriptions

Get Connected:

Copyright 2026. ISSN 0025-732X