

# The Last 20 Years of GLP-1 Medications

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*I'd like to tell you about a time when I was happy to be wrong.*

In 2008, the FDA asked pharmaceutical companies that were producing drugs to treat diabetes to do mandatory cardiac safety studies. That had not been done before; prior to that, the drugs had only been tested to see if they would work for diabetes and were safe in general. I, along with many other endocrinologists, was not happy about these mandatory studies. For one, I didn't think they were necessary. Two, and more importantly, I was concerned they would result in an increased cost for my patients.

Many of us anticipated an anticlimactic result. They'd do the tests and come back with a report that the drugs had no negative cardiovascular effects. Others, including the cardiologist who had advocated for the trials, expected the studies to uncover some cardiovascular risks. I don't think anyone expected the actual outcome!

Not only were the drugs shown to have no dangerous cardiovascular effects, but some of the drugs were shown to actually have positive cardiovascular outcomes. In other words, in some populations, the drugs used to treat diabetes also lower the risk of heart problems. This happy discovery led to an increased popularity for some groups, such as glucagon-like peptide-1 receptor agonists—commonly referred to as GLP-1 medications.

People often think GLP-1 medications are new. But they have been around for 20 years. After those trials, they became much more popular. From the provider's perspective, it really changed the way we choose medications. If I'm going to recommend a medication to help regulate blood sugar levels, and there's one available that also benefits the heart, it's a no-brainer!

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From the patient's perspective, these GLP-1 medications have been tremendously helpful for so many people who struggle with weight management. My patients tell me the medications quiet the food noise in their head. "I don't think about eating all the time anymore," they tell me. "I finally feel normal," they say. It's beautiful that we have a tool like this.

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*"So often people come to our office distressed, lost, and in fear. To be able to listen to them and connect them back to the joy they still have inside them; to give them hope they can do this—that is priceless to me."*

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However, we are just starting the next chapter in this story. After those cardiac safety trials in 2008 and the rise in popularity of GLP-1 medications, there was such a shortage that the FDA temporarily allowed compounding pharmacies to compound and sell GLP-1 drugs. That suddenly made these medications much more affordable. Instead of a cash price of say, \$1,000 a month, patients could get them from a compounding pharmacy for \$200-300 a month. But recently, the FDA announced there is no longer a shortage of these medications, and starting in mid-April 2025, compounding pharmacies may no longer sell them. So we will have to wait and see what that brings in the next year or two. I know that it will make these drugs unaffordable for many people, especially those who are using them for weight management. I hope more insurance companies will begin to cover GLP-1 medications for weight loss. After all, we know that you can reverse diabetes with weight loss.

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