

 CLEAN PEPTIDES

Cagrilintide Dosage Guide

Investigational long-acting amylin analogue — weekly subcutaneous protocols, the CagriSema combination, reconstitution and safety.

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What Is Cagrilintide?

Investigational Drug Warning: Cagrilintide (AM833) is NOT FDA-approved. Dosing here is drawn from published clinical trials, not an approved label.

Cagrilintide (AM833) is a long-acting amylin analogue developed by Novo Nordisk. Amylin is a natural hormone released with insulin after meals that signals fullness; cagrilintide copies that signal in a form lasting about a week, so one weekly injection keeps appetite reduced. It is studied alone and combined with semaglutide as a single weekly injection called CagriSema. In the Phase 3 REDEFINE 1 trial, CagriSema reduced body weight by ~20% over 68 weeks.

Key Characteristics

- **Long-acting amylin analogue** — copies the after-meal fullness hormone; lasts ~a week.
- **Appetite and fullness** — acts on hunger-control brain regions.
- **Slower stomach emptying** — prolongs fullness.
- **CagriSema combination** — paired with semaglutide 2.4 mg as one weekly injection.
- **Once-weekly injection** — half-life ~7–8 days.
- **Investigational** — CagriSema under FDA review.

How Dosage Is Determined

Comes directly from controlled trials. Phase 2 monotherapy (Lau et al., Lancet 2021, n=706): dose-dependent weight loss.

Group (weekly)	Mean Weight Loss
Placebo	–3.0%
Cagrilintide 0.3–2.4 mg	–6.0% to –9.7%
Cagrilintide 4.5 mg	–10.8%
Liraglutide 3.0 mg	–9.0%

Phase 3 CagriSema (REDEFINE 1 & 2, NEJM 2025): cagrilintide 2.4 mg + semaglutide 2.4 mg weekly for 68 weeks.

Trial	Population	CagriSema	Placebo
REDEFINE 1	No diabetes	-20.4%	-3.0%
REDEFINE 2	Type 2 diabetes	-13.7%	-3.4%

The large weight-loss numbers are for CagriSema, not cagrilintide alone.

Dosing Protocols

Cagrilintide Alone (Monotherapy)

Period	Weekly Dose	Purpose
Step 1	0.3 mg	Initial tolerance; stomach acclimation
Step 2	0.6 mg	First increase
Step 3	1.2 mg	Approaching therapeutic range
Maintenance	2.4 mg	Established target (up to 4.5 mg studied)

CagriSema Combination

Both components co-escalate on the same schedule over ~16 weeks.

Period	Each Component (weekly)	Duration
Step 1	0.25 mg	Weeks 1–4
Step 2	0.5 mg	Weeks 5–8
Step 3	1.0–1.7 mg	Weeks 9–16
Maintenance	2.4 mg	Week 17+

Do not skip titration — starting at the full 2.4 mg dose is the most common mistake and causes severe nausea, vomiting and diarrhea.

Cagrilintide vs GLP-1 Drugs

Feature	Cagrilintide / CagriSema	Semaglutide	Tirzepatide
Mechanism	Amylin (+ GLP-1 in CagriSema)	GLP-1 only	GLP-1 + GIP
FDA Status	Investigational (under review)	Approved	Approved
Target Dose	2.4 mg weekly	2.4 mg weekly	15 mg weekly
Peak Weight Loss (trial)	20.4% CagriSema, 10.8% alone	~15–17% at 68 wk	~22.5% at 72 wk
Half-life	~7–8 days	~7 days	~5 days

Reconstitution & Dosing (with the supplied 3 ml)

Every Clean Peptides vial ships with **3 ml of bacteriostatic water** (0.9% benzyl alcohol). All figures below assume you reconstitute with the **full 3 ml**. On a standard U-100 insulin syringe, **100 units = 1 ml**.

Quick formula: concentration = vial strength ÷ 3 ml, and **units to draw = dose (mg) × 300 ÷ vial strength (mg).**

How to reconstitute

1. **Wash your hands** and lay out the vial, the 3 ml bacteriostatic water, an insulin syringe and alcohol swabs on a clean surface.
2. **Flip off the caps** and swab both rubber stoppers with alcohol; let them air-dry 10–15 seconds.
3. **Draw the full 3 ml** of bacteriostatic water (in three 1 ml passes with an insulin syringe, or in one pass with a 3 ml syringe).
4. **Add the water slowly**, angling the needle so it runs down the inside glass wall — never squirt it directly onto the powder cake.
5. **Dissolve gently** — let the vial sit 1–2 minutes, then swirl or roll it between your palms until the solution is clear. Never shake.
6. **Label and refrigerate** at 2–8 °C. Resulting concentration: 5 mg → 1.67 mg/mL.

Storage: unreconstituted powder refrigerated (2–8 °C); reconstituted solution refrigerated and used within 28–30 days; do not freeze; protect from light and heat.

Draw volumes with 3 ml — Cagrilintide

Vial (Clean Peptides)	Concentration	0.6 mg	1.2 mg	2.4 mg
5 mg	1.67 mg/mL	36 u	72 u	144 u*

* This volume exceeds the 100-unit (1 mL) capacity of a standard insulin syringe — split it into two injections, or draw it with a 3 mL syringe.

Dosage by Goal

- **Maximum weight loss — CagriSema (2.4 mg + 2.4 mg/week):** ~20.4% at 68 weeks (no diabetes), 13.7% (type 2 diabetes). Co-escalate both components over ~16 weeks; 68-week duration.
- **Amylin-only — cagrilintide alone (up to 2.4–4.5 mg/week):** up to ~10.8% over 26 weeks at 4.5 mg. Step up from 0.3 mg.

CagriSema produced roughly double the weight loss of cagrilintide alone but adds a second medicine (semaglutide).

Injection Guide

1. Wash hands & prepare.
2. Swab the vial stopper; air-dry.
3. Draw your dose; tap out bubbles.
4. Choose the site — lower abdomen (2–3 in from navel), upper thigh, or back of upper arm; rotate weekly.
5. Clean the site; air-dry.
6. Inject into a pinched fold at 45–90°.
7. Dispose in a sharps container.

Timing: once weekly, same day, any time. Half-life ~7–8 days. Missed dose ≤1–2 days late: inject ASAP; more than a few days late: skip and resume next scheduled day.

Treatment Duration

Phase	Weeks	Description
Titration	Weeks 1–16	Gradual increase to 2.4 mg; GI tolerability focus
Active Weight Loss	Weeks 16–68	Full dose; most weight loss occurs here
Maintenance	Week 68+	Stabilization; long-term data still being collected

Discontinuation typically leads to significant weight regain — plan for long-term use if maintenance is the goal.

CagriSema & Combinations

The **only evidence-based combination** is cagrilintide + semaglutide 2.4 mg (CagriSema), tested in large Phase 3 trials. Amylin + GLP-1 signals act through different pathways, adding their effects. There is no clinical evidence for pairing cagrilintide with other compounds — stick to what was studied.

Safety, Side Effects & Contraindications

Investigational; long-term and rare adverse events still being characterized.

Gastrointestinal (most common): nausea (peaks during titration), vomiting (more likely if titration is rushed), diarrhea, constipation, decreased appetite. Largely mild-to-moderate and transient.

Heart & blood pressure: cagrilintide 4.5 mg did not cause clinically relevant QT prolongation; CagriSema lowered blood pressure in REDEFINE 1 (monitor if on antihypertensives).

Expected contraindications: history of pancreatitis; gallbladder disease; pregnancy/breastfeeding; type 1 diabetes. The CagriSema combination adds semaglutide's GLP-1 class warning (medullary thyroid cancer / MEN2 history).

Baseline labs: fasting glucose & HbA1c; CMP with liver function; lipid panel; lipase and amylase; resting heart rate and blood pressure.

Common Mistakes

- Starting at full target dose without titrating.
- Assuming monotherapy gives CagriSema-level results (~10% vs ~20%).
- Treating cagrilintide like a GLP-1 drug (it is an amylin analogue).
- Forgetting CagriSema contains two medicines.
- Expecting approved-drug safety data.
- Reconstitution/dose-math errors at small doses.

Key Takeaways

- Long-acting amylin analogue — a different mechanism from GLP-1 drugs.
- CagriSema (cagrilintide 2.4 mg + semaglutide 2.4 mg) produced ~20.4% weight loss at 68 weeks.
- Cagrilintide alone: up to 10.8% over 26 weeks, beating liraglutide 3.0 mg.
- Once-weekly SubQ, ~7–8 day half-life; titration mandatory.
- NOT FDA-approved — CagriSema under FDA review (decision anticipated 2026 per public reporting).

References

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3. Lau DCW, et al. "Once-weekly cagrilintide for weight management: a Phase 2 trial." *Lancet*. 2021;398(10317):2172.
4. Enebo LB, et al. "Cagrilintide with semaglutide 2.4 mg: a Phase 1b trial." *Lancet*. 2021;397(10286):1736-1748.
5. Gabe MBN, et al. "Cagrilintide and QTc: a thorough QT study." *Diabetes Obes Metab*. 2024;26(12):5805-5811.