CAGRILINTIDE

LONG-ACTING AMYLIN-ANALOGUE RESEARCH

Benefits, research claims, evidence boundaries, and safety context—in one page.

AMYLIN ANALOGUE

INVESTIGATIONAL

WHAT THE EVIDENCE IS STUDYING

Cagrilintide is an investigational long-acting amylin analogue being studied for obesity, both alone and in combination with semaglutide.

RESEARCH PROFILE

- **Primary target**
  Amylin receptors
- **Research area**
  Appetite + weight
- **Clinical status**
  Not FDA-approved

EVIDENCE REALITY CHECK

Phase 2 monotherapy research showed dose-related weight reduction. Later CagriSema trials study a fixed combination with semaglutide; those results cannot be attributed to cagrilintide alone or to untested mixtures.

BEST WAY TO DESCRIBE IT

A promising satiety-pathway candidate with incomplete long-term evidence.

SCAN FOR THE LIVE GUIDE

Opens the current printable PDF at rippedtidebiolabs.com.

Permanent Education Center resource link.

1 WEIGHT-LOSS SIGNAL

A 26-week phase 2 trial in adults with overweight or obesity found greater average weight loss with cagrilintide than placebo, with a dose-response pattern.

2 SATIETY BIOLOGY

Amylin signaling helps regulate satiation, gastric emptying, and food intake. A plausible mechanism is not the same as proof of a specific outcome for every person.

3 COMBINATION RESEARCH

CagriSema combines cagrilintide with semaglutide. Combination-trial outcomes reflect both active ingredients and do not validate custom dosing or other blends.

4 OPEN QUESTIONS

Durability, rare adverse effects, cardiovascular outcomes, optimal sequencing, and benefit-risk relative to approved options require further study.

IMPORTANT SAFETY + REGULATORY NOTE

Cagrilintide is not FDA-approved. Nausea, constipation, diarrhea, vomiting, and injection-site issues have been reported in trials. Long-term safety, pregnancy risk, interaction profiles, and quality of non-trial products are not established. Educational only—not medical advice.

Sources: Lau et al., Lancet. 2021;398:2160-2172. DOI 10.1016/S0140-6736(21)01751-7; le Roux et al., N Engl J Med. 2025, CagriSema phase 3.