

What is in the injection, and in the vial

Semaglutide, the approved GLP-1 in Wegovy, paired with cagrilintide, an investigational copy of the fullness hormone amylin. Two satiety signals in one weekly injection. Research vendors sell the pair freeze-dried together in a 5 + 5 mg vial.

SEMAGLUTIDE	Approved since 2017; the largest evidence base in this series
CAGRILINTIDE	Investigational; Phase 3 only in the combination; not approved anywhere
CAGRISEMA	Filed with FDA December 2025; decision expected late 2026
THE VIAL	An unapproved drug; neither cagrilintide nor the blend may be compounded

THE TRIAL IS NOT THE VIAL

Every number here comes from the sponsor's product, given by its protocol, to people it monitored. The vial shares the names and nothing else.

This pamphlet is for adults using or being offered a cagrilintide and semaglutide blend, and for anyone waiting on the approved product. It is a summary of the trials, not medical advice.

Before using the blend, ask

- ☐ Approved product, compounded semaglutide, or research blend? Only the first has a label.
- ☐ Has FDA approved CagriSema yet? If not, who made this?
- ☐ Am I already on a GLP-1 drug? Who is watching the total dose?
- ☐ How many units is each step at my water volume, and does my syringe hold the top dose?
- ☐ Pancreatitis, gallbladder, thyroid cancer history, or pregnancy?
- ☐ Tirzepatide beat this in a trial and is approved today. Why this?

SOURCES

1. Lau DCW, et al. Once-weekly cagrilintide for weight management: a phase 2 dose-finding trial. *Lancet*. 2021;398(10317):2160-2172.
2. Novo Nordisk. REDEFINE 1: CagriSema in adults with overweight or obesity, 68-week results (22.7% on treatment; semaglutide 16.1%, cagrilintide 11.8%, placebo 2.3%). 2025; publication pending.
3. Novo Nordisk. REDEFINE 2: CagriSema in adults with obesity and type 2 diabetes, 68-week results (about 15.7%). 2025.
4. Novo Nordisk. REDEFINE 4 versus tirzepatide, topline, February 23, 2026 (23.0% vs 25.5%; non-inferiority not met).
5. PharmExec. Novo Nordisk submits NDA to FDA for CagriSema. December 2025; and company guidance on a fourth-quarter 2026 decision.
6. Wegovy (semaglutide) prescribing information. Novo Nordisk, current revision.
7. U.S. Food and Drug Administration. Semaglutide shortage resolved, February 2025; warning letters to telehealth companies over compounded GLP-1 marketing, 2026.
8. U.S. Food and Drug Administration. Proposed 503B bulks list excluding semaglutide, tirzepatide, and liraglutide. *Federal Register*, May 1, 2026.
9. Representative cagrilintide / semaglutide blend listings (2.5 + 2.5, 5 + 5, 10 + 10 mg) and dosing instructions, research-chemical vendors, September 2026.

This guide is an educational summary of published sources and is not medical advice. Semaglutide is an approved drug; cagrilintide and the CagriSema combination are investigational and not approved anywhere as of the edition date, and neither the combination nor cagrilintide may lawfully be compounded. Blend vials sold as research chemicals are unapproved drugs. Trial results describe the sponsor's products; the vials have not been studied. Status statements are current as of the edition date.

Newport Peptide Society

NEWPORTPEPTIDESOCIETY.COM/GUIDES/CAGRILINTIDE-SEMAGLUTIDE

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Cagrilintide / Semaglutide

A guide to CagriSema: an approved drug paired with an investigational one, a decision due from the FDA this year, and a blend vial that is neither

CagriSema is Novo Nordisk's follow-up to Wegovy: the same weekly semaglutide, paired in one injection with cagrilintide, a long-acting copy of the hormone amylin that the pancreas releases with insulin to slow the stomach and signal fullness. In its main trial the pair produced about a fifth of body weight lost over sixteen months, more than either drug alone. It has been filed with the FDA, with a decision expected before the end of 2026, and it lost a head-to-head trial against tirzepatide in February. Research vendors already sell the two peptides freeze-dried together in one vial. This guide covers what each half is, what the trials showed, how the blend is dosed as sold against how the trial dosed it, and why the vial is not the drug.

What the trials showed

-22.7% ²

Body weight at 68 weeks on treatment in adults with obesity; about 20% counting everyone randomized. Semaglutide alone 16%, cagrilintide alone 12%, placebo 2%

23.0% vs 25.5% ⁴

Against tirzepatide head to head, February 2026: CagriSema lost and failed non-inferiority

THE PROGRAM

TRIAL	RESULT
REDEFINE 1, ~3,400 adults, 68 wk	Combination beat each part
REDEFINE 2, type 2 diabetes	About 16%, the usual diabetes discount
REDEFINE 4 vs tirzepatide	Second place
Cagrilintide alone, Phase 2	About 11% at 26 weeks

Side effects: the GLP-1 family's nausea, vomiting, diarrhea, constipation, worst at each step up.

WHAT THIS SUPPORTS

A genuine advance over Wegovy and a step behind Zepbound, for the approved product. No figure at all for a vial that has never been in a trial.

How it is dosed, and where the FDA stands

TRIAL ESCALATION FOR A 5 + 5 MG VIAL + 2 ML (5 MG/ML BLEND). WEEKLY. NOT A LABEL; THERE IS NONE.

WEEKS	EACH	UNITS	PER 4 WK
1-4	0.25 mg	10	2 mg
5-8	0.5 mg	20	4 mg
9-12	1.0 mg	40	8 mg
13-16	1.7 mg	68	13.6 mg
17 on	2.4 mg	96	19.2 mg (2 vials)

Each peptide gets half the blend figure. From 1.7 mg the draw needs a 1 mL syringe. A mixed vial will not keep for a slow escalation.

SEMAGLUTIDE	Approved; ordinary compounded copies unlawful since the shortage ended in 2025; FDA warning letters through June 2026
CAGRILINTIDE	Investigational; not eligible for compounding
CAGRISEMA	Under review; decision expected fourth quarter 2026

APPROVAL WOULD NOT REACH THE VIAL

The approved product would be the sponsor's pen. A vendor blend is not a version of it and would become an unlawful copy of an available drug. The vial's position gets worse on approval day.

Blend arithmetic, and safety

UNITS = (BLEND MG ÷ MG/ML) × 100; EACH PEPTIDE GETS HALF

10 mg of blend in 2 mL is 5 mg/mL. One milligram of each is 2 mg of blend: 40 units. The full 2.4 mg of each is 96 units. Applying a Wegovy dose as a blend dose halves the semaglutide.

5 + 5 MG VIAL, ILLUSTRATION ONLY

	WATER	0.25 MG EACH	1 MG EACH	2.4 MG EACH
1 mL		5 units	20 units	48 units
2 mL		10 units	40 units	96 units
3 mL		15 units	60 units	144 units

- Common: nausea, vomiting, diarrhea, constipation, worst at each step; injection-site reactions.
- Semaglutide's label: boxed thyroid warning; pancreatitis, gallbladder disease, dehydration, low blood sugar with insulin, slowed stomach under anesthesia; not in pregnancy.
- Cagrilintide: no signal beyond the family's, but a two-year record only.
- The vial: unverified strength and ratio, no sterility, no way to step one drug back. Dosing error is FDA's documented harm with GLP-1 vials.
- Weight returns after stopping semaglutide; protein and resistance training protect lean mass.

WHAT DOES HAVE EVIDENCE TODAY

Wegovy and Zepbound, approved and trialed; oral semaglutide for those who will not inject; CagriSema from a pharmacy once approved. The vial is the option none of those trials describe.