

Cagrilintide Dosage Protocol Comprehensive Guide

(5 mg / 10 mg Vials)

I. Overview

Cagrilintide is a long-acting acylated amylin analogue designed for once-weekly subcutaneous administration. It promotes satiety, delays gastric emptying, and reduces food intake by activating central amylin receptors. In Phase 2 and Phase 3 clinical trials, Cagrilintide produced dose-dependent weight loss, with gastrointestinal effects being the primary side effects.

In educational protocols, Cagrilintide is typically administered subcutaneously at weekly doses of **0.6–4.5 mg**, starting with a low dose and titrating upward gradually.

This guide covers dosage protocols for **5 mg** and **10 mg** vials of Cagrilintide.

II. Dosage and Reconstitution Guidelines

2.1 5 mg Vial

Reconstitution: Add **3.0 mL** of bacteriostatic water → Concentration ≈ **1.67 mg/mL**

U-100 Insulin Syringe Conversion: 1 unit = 0.01 mL ≈ **0.0167 mg (16.7 mcg)**

Shelf Life After Reconstitution: 30 days when refrigerated (2–8°C)

Standard/Titration Protocol (Concentration 1.67 mg/mL):

Phase	Weeks	Weekly Dose	Injection Volume (mL)	Units
Initial	Weeks 1–2	0.6 mg	0.36 mL	36 units
Escalation	Weeks 3–4	1.2 mg	0.72 mL	72 units
Escalation	Weeks 5–6	2.4 mg	1.44 mL	144 units
Maintenance	Weeks 7–16	4.5 mg	2.70 mL	270 units

Injection Frequency: Once weekly (fixed day) subcutaneous injection

Cycle Length: 8–16 weeks

Note: Doses exceeding 1.0 mL (100 units) require a **3 mL syringe** with an appropriate subcutaneous needle (e.g., 25–27G, 1/2–5/8 inch), rather than a standard U-100 insulin syringe.

2.2 10 mg Vial

Reconstitution: Add **3.0 mL** of bacteriostatic water → Concentration ≈ **3.33 mg/mL**

U-100 Insulin Syringe Conversion: 1 unit = 0.01 mL ≈ **0.0333 mg (33.3 mcg)**

Shelf Life After Reconstitution: 30 days when refrigerated (2–8°C)

Standard/Titration Protocol (Concentration 3.33 mg/mL):

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Phase	Weeks	Weekly Dose	Injection Volume (mL)	Units
Initial	Weeks 1–2	0.6 mg	0.18 mL	18 units
Escalation	Weeks 3–4	1.2 mg	0.36 mL	36 units
Escalation	Weeks 5–6	2.4 mg	0.72 mL	72 units
Maintenance	Weeks 7–16	4.5 mg	1.35 mL	135 units

Injection Frequency: Once weekly (fixed day) subcutaneous injection

Cycle Length: 8–16 weeks

Note: The maintenance dose of 4.5 mg requires 135 units (1.35 mL), exceeding the capacity of a standard U-100 insulin syringe; a **3 mL syringe** is required.

III. Reconstitution Steps (General)

1. Draw **3.0 mL** of bacteriostatic water into a sterile syringe.
2. Inject slowly along the vial wall to avoid foaming or vigorous agitation.
3. Gently swirl/roll until the powder is completely dissolved (do not shake vigorously).
4. Label with the reconstitution date and concentration. Store refrigerated (2–8°C / 35.6–46.4°F), protected from light.
5. Use within **30 days** of reconstitution; discard if turbidity or particulate matter is observed.

IV. Required Supplies

Plan based on an 8 to 16-week weekly protocol with gradual dose adjustments.

4.1 5 mg Vial

Peptide Vials (Cagrilintide, 5 mg per vial):

8 weeks ≈ 4 vials (total 17.4 mg needed)

12 weeks ≈ 8 vials (total 35.4 mg needed)

16 weeks ≈ 11 vials (total 53.4 mg needed)

Syringes:

Weeks 1–4 (doses ≤ 72 units): U-100 insulin syringe works well.

Week 5+ (doses > 100 units): 3 mL syringe with 25–27G subcutaneous needle.

Per week: 1 syringe

8 weeks: 8 syringes

12 weeks: 12 syringes

16 weeks: 16 syringes

Sterile Water (10 mL vials): Use 3.0 mL per vial for reconstitution.

8 weeks (4 vials): 12 mL → 2 x 10 mL vials

12 weeks (8 vials): 24 mL → 3 x 10 mL vials

16 weeks (11 vials): 33 mL → 4 x 10 mL vials

Alcohol Wipes: One for the vial stopper + one for the injection site per week.

Per week: 2 wipes

8 weeks: 16 wipes

12 weeks: 24 wipes

16 weeks: 32 wipes → Recommend 1 x 100 count box

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4.2 10 mg Vial

Peptide Vials (Cagrilintide, 10 mg per vial):

8 weeks $\approx$ 2 vials (total 17.4 mg needed)

12 weeks $\approx$ 4 vials (total 35.4 mg needed)

16 weeks $\approx$ 6 vials (total 53.4 mg needed)

Syringes:

Weeks 1–6 (doses $\leq$ 72 units): U-100 insulin syringe works well.

Week 7+ (doses > 100 units): 3 mL syringe with 25–27G subcutaneous needle.

Per week: 1 syringe

8 weeks: 8 syringes

12 weeks: 12 syringes

16 weeks: 16 syringes

Sterile Water (10 mL vials): Use 3.0 mL per vial for reconstitution.

8 weeks (2 vials): 6 mL $\rightarrow$ 1 x 10 mL vial

12 weeks (4 vials): 12 mL $\rightarrow$ 2 x 10 mL vials

16 weeks (6 vials): 18 mL $\rightarrow$ 2 x 10 mL vials

Alcohol Wipes: One for the vial stopper + one for the injection site per week.

Per week: 2 wipes

8 weeks: 16 wipes

12 weeks: 24 wipes

16 weeks: 32 wipes $\rightarrow$ Recommend 1 x 100 count box

V. Protocol Summary

A concise weekly summary.

Goal: Support satiety, reduce food intake, and promote weight management over time.

Schedule: Subcutaneous injection once weekly for 12 to 16 weeks (or longer as appropriate).

Dose Range: 0.6–4.5 mg per week, with dose adjustments every two weeks.

Reconstitution: Add 3.0 mL per vial (resulting in $\sim$ 1.67 mg/mL or $\sim$ 3.33 mg/mL) for practical volume measurement.

Storage: Store lyophilized powder frozen; refrigerate after reconstitution; avoid repeated freeze-thaw cycles.

VI. Dosage Protocol

Suggested weekly titration method based on clinical trial designs.

Starting Dose: 0.6 mg weekly for the first two weeks to assess tolerance.

Escalation: Double the dose every two weeks (0.6 $\rightarrow$ 1.2 $\rightarrow$ 2.4 $\rightarrow$ 4.5 mg), as tolerated.

Target: 4.5 mg weekly by weeks 7–8; maintain this dose.

Frequency: Once weekly (subcutaneous), on the same day each week.

Timing: Any fixed time; rotate injection sites.

VII. Storage Instructions

Proper storage maintains peptide integrity and potency.

Lyophilized: Store in a dry, dark place at -20°C (-4°F); minimize moisture exposure.

Reconstituted: Store refrigerated at $2-8^{\circ}\text{C}$ ($35.6-46.4^{\circ}\text{F}$); use within 30 days; avoid freeze-thaw cycles.

Allow the vial to reach room temperature before opening to reduce condensation absorption.

VIII. Important Notes

Practical considerations for consistency and tolerance.

Use a new sterile syringe for each injection; dispose of in a sharps container.

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Rotate injection sites weekly (abdomen, thigh, upper arm) to reduce local irritation.

Gradual dose increases minimize gastrointestinal side effects like nausea .

Keep a record of weekly dose, injection site, and any adverse reactions for consistency.

For maintenance doses requiring >1.0 mL, ensure you have appropriately sized syringes (3 mL).

IX. Potential Benefits and Side Effects

Potential Benefits:

Weight Management: Phase 2 and 3 trials show dose-dependent weight loss.

Appetite Control: Promotes satiety via central amylin receptor activation.

Side Effects:

Primarily gastrointestinal effects.

Possible mild injection site reactions with subcutaneous administration.

X. Injection Technique

General guidance for subcutaneous administration based on clinical best practices.

Clean the vial stopper and skin with alcohol; allow them to air dry completely.

Pinch a skin fold; insert the needle at a 45–90° angle into the subcutaneous tissue.

Do not aspirate; inject slowly and steadily.

Hold for 5–10 seconds after injection before withdrawing the needle to ensure full delivery.

Systematically rotate sites (abdomen, thigh, upper arm) weekly to avoid lipohypertrophy.

Important Disclaimer: This document is for educational and research purposes only and does not constitute medical advice, diagnosis, or treatment. Cagrilintide is an investigational compound and is not approved by regulatory agencies for routine human therapy. Please consult a qualified healthcare professional before use.