Eloralintide

Also called: LY3841136; LY-3841136; AMY-1176

What it is

An investigational once-weekly amylin receptor agonist from Eli Lilly, more selective for the AMY1 receptor than the calcitonin receptor, in phase 3 for obesity.

Approval status

In Clinical Trials. Not approved anywhere as of October 2, 2026. Eli Lilly is testing it alone in five phase 3 ENLIGHTEN trials, registered from December 2025, and with tirzepatide as EloraTZP, whose phase 2b reported on September 30, 2026; two EloraTZP phase 3 trials (AMPLIFY-1, AMPLIFY-2) are registered and not yet recruiting as of October 27, 2026.

Dosing, as printed in the page's Recommended Dosing box

Used in human trials

No manufacturer dose exists for this use: these are amounts given in published trials, not recommendations.

Protocol and source	Dose	Frequency	Duration	Route
Phase 2 obesity, fixed doses (2025) **[Human study]** PMID 41207310	1, 3, 6 or 9 mg from the first dose	Weekly	48 weeks	Subcutaneous
Phase 2 obesity, 3 to 9 mg escalation **[Human study]** PMID 41207310; NCT06230523	3 mg for 4 weeks, 6 mg for 4 weeks, then 9 mg	Weekly	48 weeks	Subcutaneous
Phase 2 obesity, 6 to 9 mg escalation **[Human study]** PMID 41207310; NCT06230523	6 mg for 20 weeks, then 9 mg	Weekly	48 weeks	Subcutaneous
Phase 1 single ascending dose (healthy volunteers) **[Human study]** PMID 41109426	0.04 to 12 mg, once	Single dose	4 weeks of follow-up	Subcutaneous

Educational information, not medical advice. Each dose above is tagged with its source: an approved label, a published human study, animal data, or amounts reported by users. None is a recommendation for you. An unapproved compound has no established safe or effective human dose, and products sold for "research use only" are not made or tested for people. Talk to a doctor before acting on anything on this site, including before you start, stop or change any medicine or dose.

Key human evidence

The 3 human studies carded on the page (3 study cards in all):

• **Phase 2: 48 Weeks in Obesity Without Diabetes** (Human, 2025). Billings et al. (Lancet 2025). 263 adults at 46 US centres, with obesity or overweight and at least one weight-related condition and no type 2 diabetes (mean BMI 39.1), took placebo or eloralintide weekly for 48 weeks: fixed 1, 3, 6 or 9 mg, or escalation to 9 mg from 6 mg or from 3 mg. Under the efficacy estimand weight fell 9% (1 mg), 12% (3 mg), 18% (6 mg), 20% (9 mg), 20% (6 to 9 mg) and 16% (3 to 9 mg), against 0.4% on placebo. Nausea ranged from 11% to 64% across the groups (14% on placebo), and fatigue reached 43% on 9 mg and 46% on 6 to 9 mg (12% on placebo). **PMID 41207310**

• **Phase 1: 12 Weeks of Multiple Doses Without Escalation** (Human, 2026). Bhattachar et al. (Diabetes Obes Metab 2026). 100 people with obesity or overweight (mean age 44, mean BMI 32.6) at three US centres received weekly eloralintide or placebo in five ascending-dose cohorts, started at the full dose. At week 12, mean weight loss ranged from 2.6% to 11.3% across the dose groups. Decreased appetite (19%), headache (12%) and fatigue (11%) were the most common adverse events; diarrhoea (10%), nausea (8%) and vomiting (4%) were infrequent. There were no deaths and one serious adverse event, judged unrelated. **PMID 41559929**

• **Discovery and First Single Doses in People** (Human, 2025). Briere et al. (Mol Metab 2025). In cell assays eloralintide preferred the human AMY1 receptor (12-fold over the calcitonin receptor); in rats it caused less taste avoidance than cagrilintide and cut weight mostly through fat loss (animal data). In the first trial in people, 48 healthy participants (mean BMI 27.5) received single doses from 0.04 to 12 mg or placebo: 16 adverse events in 9 participants, 15 of them mild, and weight four weeks after one dose of 12 mg was 4.4% lower, against a 0.6% gain on placebo. **PMID 41109426**

Interactions

A PubMed search for interaction studies of this compound with any drug (October 6, 2026, 0 records) found none in people. That is not evidence that it is safe to combine with anything.

Side effects and cautions

Reported side effects	Contraindications and cautions
• Nausea: 64% when 6 mg was the starting dose, 25% when the dose climbed from 3 mg to 9 mg, and 14% on placebo (phase 2) • Fatigue: 43% on 9 mg and 46% on 6 to 9 mg, against 12% on placebo (phase 2) • Vomiting: 7 of 28 people on a fixed 6 mg start, 1 of 52 on the 3 to 9 mg climb, none on placebo (registry) • Diarrhoea in up to 36% of a group (fixed 6 mg) and constipation in up to 24% (9 mg), against 9% and 6% on placebo (registry) • Decreased appetite (19%) and headache (12%) in the 12-week phase 1 study (2 more on the page)	• Diabetes of any type except past gestational diabetes (studied separately in ENLIGHTEN-2 and the EloraTZP trial) • Heart attack, stroke, unstable angina or heart-failure hospitalisation in the previous 6 months • Any history of acute or chronic pancreatitis • Bradyarrhythmia or sinus bradycardia • Not agreeing to the trial's contraception requirements

Five questions to ask

1. Eloralintide is listed here as “In Clinical Trials”. What does the evidence on this sheet mean for someone in my situation, and is there an approved treatment I should consider instead?
2. Here are the medicines and supplements I take. Do any of them interact with Eloralintide? This sheet records none published, which does not mean none exist.
3. Which side effects should make me stop and call you, for example nausea: 64% when 6 mg was the starting dose?
4. Do any of the cautions on this sheet apply to me, such as: Diabetes of any type except past gestational diabetes?
5. What should we check before I start and while I am on it (blood tests, blood pressure, weight), and how often?

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