



The Next 18 Months of Weight Loss Medicine

What Is Coming After Ozempic — The Complete Pipeline

By Dr. Cyrus, MD · February 2026

Evidence-based | Provider-reviewed | No BS

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The Revolution Is Just Getting Started

Ozempic was the opening act. Wegovy made it mainstream. Zepbound raised the bar. But what most people do not realize is that the medications available today represent generation one and generation two of a revolution that is still accelerating.

8 drugs

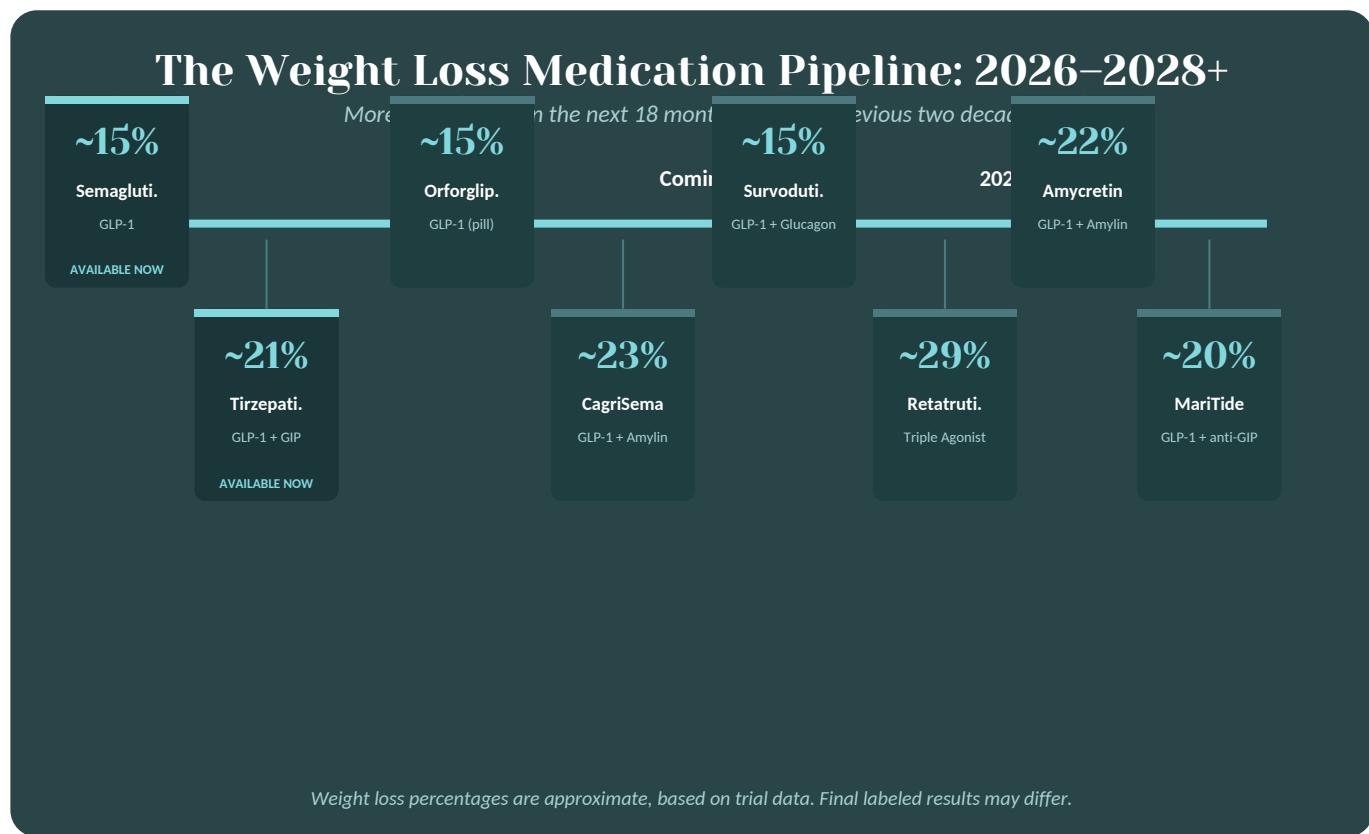
in the active weight loss medication pipeline

More new options in 18 months than the previous two decades

In the next 18 months, at least four new weight loss medications are expected to reach the market or enter late-stage regulatory review — each with a different mechanism, a different delivery method, or a different level of efficacy. Some are pills. Some target three hormone receptors instead of one or two. Some may redefine what is possible without surgery.

This guide walks through every major medication in the pipeline, what makes each one different, and what it means for your decision right now. Because the honest truth is: waiting for the perfect medication is the most expensive decision you can make.

The Complete Pipeline at a Glance



The pipeline spans four categories: **single agonists** (GLP-1 only), **dual agonists** (two receptors), **triple agonists** (three receptors), and **novel combinations** targeting amylin and other pathways. Each generation builds on the last — not replacing proven medications, but expanding the options available to patients.

What Is Available Today

Before looking forward, it helps to anchor on what already exists and works. These are not placeholders — they are proven, life-changing medications that have helped hundreds of thousands of people.

~15%

avg weight loss

Injection or pill
Novo Nordisk
Available Now

GLP-1

Semaglutide

Single GLP-1 receptor agonist. Reduces appetite by mimicking the satiety hormone your gut releases after eating. FDA-approved, widely available, covered by a growing number of insurance plans. Now available as a daily oral pill as of January 2026.

Best for:

Patients starting treatment. Those with insurance coverage. Patients who prefer an oral option.

~21%

avg weight loss

Weekly injection
Eli Lilly
Available Now

GLP-1 + GIP

Tirzepatide

Dual GLP-1 and GIP receptor agonist. By activating two hormone receptors instead of one, it produces significantly greater weight loss. FDA-approved for obesity and type 2 diabetes.

Best for:

Patients who want greater efficacy. Those who have plateaued on semaglutide alone.

Coming 2026: The Oral Revolution

~15%

avg weight loss

Daily pill
Eli Lilly
Expected 2026

GLP-1 (oral)

Orforglipron

A small-molecule nonpeptide GLP-1 agonist. Unlike oral Wegovy, orforglipron can be taken at any time of day without food or water restrictions — a significant quality-of-life difference. FDA decision expected first half of 2026.

Best for:

Patients who want GLP-1 treatment but do not want to inject. Those who need simpler dosing.

Coming 2026–2027: Next-Generation Injectables

~23%

avg weight loss

Weekly injection

Novo Nordisk

Expected 2027

GLP-1 + Amylin

CagriSema

A fixed-dose combination of semaglutide and cagrilintide (an amylin analog). Amylin is a hormone that slows digestion, regulates blood sugar, and enhances satiety through a different pathway than GLP-1. In REDEFINE-1, CagriSema produced 22.7% average weight loss at 68 weeks. Appears to help preserve bone and lean mass.

Best for:

Patients who have plateaued on semaglutide. Those concerned about muscle and bone preservation.

~15%

avg weight loss

Injection

Boehringer / Zealand

Expected 2027

GLP-1 + Glucagon

Survodutide

A dual agonist targeting GLP-1 and glucagon receptors. The glucagon receptor promotes fat burning and energy expenditure and has shown particular promise for liver fat reduction. Currently in Phase 3 trials specifically for MASH.

Best for:

Patients with both obesity and fatty liver disease. Those interested in glucagon receptor benefits.

The next-generation injectables add second hormonal mechanisms on top of proven GLP-1 pathways. CagriSema adds amylin for enhanced satiety and lean mass preservation. Survodutide adds glucagon for direct liver fat burning.

Coming 2027–2028+: The Next Frontier

~29%

avg weight loss

Injection

Eli Lilly

Expected 2027–2028

GLP-1 + GIP + Glucagon

Retatrutide

The first triple agonist — activating GLP-1, GIP, and glucagon receptors simultaneously. TRIUMPH-4 reported 28.7% average weight loss at 68 weeks — the highest ever recorded. Cleared fatty liver in 85%+ of treated patients.

Best for:

Patients seeking maximum efficacy. Those with fatty liver disease. Those who want the most comprehensive metabolic approach.

~22%

avg weight loss

Injection or pill

Novo Nordisk

Expected 2028+

GLP-1 + Amylin

Amycretin

Achieved 22% weight loss in just 36 weeks — the fastest trajectory in development. The oral formulation showed 13% loss in only 16 weeks, suggesting a viable pill with efficacy approaching injectables.

Best for:

Patients who want the newest mechanism. Those interested in a potential oral option with injectable-level results.

~20%

avg weight loss

Monthly injection

Amgen

Expected 2028+

GLP-1 + anti-GIP

MariTide

Combines GLP-1 receptor agonism with GIP antagonism — the opposite approach from tirzepatide. Monthly dosing is a meaningful convenience improvement over weekly injections. Filing expected late 2026 to early 2027.

Best for:

Patients who want fewer injections. Those looking for an alternative to GLP-1/GIP dual agonism.

The Full Pipeline Comparison

Medication	Developer	Mechanism	Weight Loss	Delivery	Expected
Semaglutide	Novo Nordisk	GLP-1	~15%	Injection or pill	Now
Tirzepatide	Eli Lilly	GLP-1 + GIP	~21%	Injection	Now
Orforglipron	Eli Lilly	GLP-1 (oral)	~15%	Daily pill	2026
CagliSema	Novo Nordisk	GLP-1 + Amylin	~23%	Injection	2027
Survodutide	BI / Zealand	GLP-1 + Glucagon	~15%	Injection	2027
Retatrutide	Eli Lilly	Triple Agonist	~29%	Injection	2027-28
Amycretin	Novo Nordisk	GLP-1 + Amylin	~22%	Inject. or pill	2028+
MariTide	Amgen	GLP-1 + anti-GIP	~20%	Monthly inject.	2028+

Weight loss percentages are approximate, based on trial data at various doses and durations. Final labeled results may differ. Retatrutide row highlighted.

What This Means for Your Decision

Haven't started yet? Start now. Semaglutide and tirzepatide are proven and available today. Every month on treatment is a month of progress.

On semaglutide and it's working? Stay the course. Evaluate new options with your provider when they arrive.

Plateaued on semaglutide? Talk to your provider about tirzepatide. The dual mechanism breaks through plateaus for many patients.

Want an oral option? Oral Wegovy is available now. Orforglipron is expected in 2026 with more flexible dosing.

The worst decision is no decision. The best medication is not the one with the highest trial number — it is the one you can access, afford, and tolerate right now.

Sources & References

This guide draws on published clinical trial data, regulatory filings, and expert analysis. Below are the primary sources.

STEP Trials

Wilding JPH, et al. Semaglutide clinical trial program. New England Journal of Medicine. 2021.

SURMOUNT Trials

Jastreboff AM, et al. Tirzepatide clinical trial program. New England Journal of Medicine. 2022.

REDEFINE-1

CagriSema Phase 3 trial results. Novo Nordisk. New England Journal of Medicine. 2025.

TRIUMPH-4

Retatrutide Phase 3 obesity trial. Eli Lilly. 2025.

Orforglipron Phase 2

Oral GLP-1 RA efficacy data. New England Journal of Medicine. 2023.

Amcretin Phase 1b/2a

GLP-1/amylin dual agonist early results. The Lancet. 2025.

Survotudite Phase 2

GLP-1/glucagon dual agonist for obesity. Lancet Diabetes & Endocrinology. 2024.

Pipeline Analysis

Prime Therapeutics Pipeline Update (2025); Delveinsight Obesity Market Analysis (2025).

All regulatory timelines are based on publicly available clinical trial data and company communications as of February 2026. Timelines can shift based on trial outcomes and FDA review priorities. Retatrutide is an investigational medication not yet approved by the FDA.



Ready to Explore Your Options?

Talk to a licensed provider about which weight loss treatment makes sense for you right now — based on your health, your goals, and the latest evidence.

Start Your Free Consultation

revitalizeme.com/catalog?category=weight-loss

No commitment. No pressure. Just answers.

This content is for educational purposes only and is not intended as medical advice. All timelines are estimates based on publicly available data. Always consult with a qualified healthcare provider before starting any treatment. Individual results may vary.

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