



Medicines & Healthcare products
Regulatory Agency

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[MHRA Website](https://www.mhra.gov.uk)

Our Ref: **FOI2026/01010**

5 October 2026

Dear [REDACTED]

Thank you for your Freedom of Information (FOI) request received on 8 September 2026.
You wrote:

Under the Freedom of Information Act 2000, I hereby request the disclosure of information held by the Medicines and Healthcare products Regulatory Agency (MHRA) regarding the illegal importation, border detention, chemical testing, and reported adverse health events associated with the investigational peptide "Retatrutide" (also known as LY3437943).

Please provide responsive records covering the period from 1 January 2024 to the date of processing, specifically addressing the following three areas:

1. **BORDER DETENTIONS & ENFORCEMENT SEIZURES (Criminal Enforcement Unit):**
 - a. *The total number of seizures, detentions, or postal intercepts executed by or referred to the MHRA Criminal Enforcement Unit (CEU) involving products labelled, marketed, or suspected to be "Retatrutide" or novel triple-agonist (GLP-1/GIP/glucagon) peptides.*
 - b. *For each recorded seizure/intercept (in an anonymised table or line listing):*
 - *Date of seizure/detention.*
 - *Total quantity seized (e.g., number of vials, ampoules, or weight of bulk powder).*
 - *Declared country of export/origin (where known).*
 - *Transit channel (e.g., air cargo, international mail hub, or courier consignment).*
 - *Deceptive customs descriptions utilised (e.g., "cosmetics," "research chemicals," "glassware").*
2. **LABORATORY TESTING & DEFECT PROFILING:**
 - a. *Summaries or final analytical certificates of any laboratory analysis, potency testing, or purity screening conducted on seized or test-purchased vials labelled as "Retatrutide."*
 - b. *Specifically, records indicating whether tested samples contained:*
 - *The declared active pharmaceutical ingredient (retatrutide) vs. alternate substances (e.g., semaglutide, tirzepatide, or inactive filler).*
 - *Dosage variances (sub-potent or super-potent concentrations).*
 - *Microbiological contamination, endotoxins, heavy metals, or unlisted preservatives/bacteriostatic agents.*
3. **YELLOW CARD & ADVERSE REACTION REPORTS:**
 - a. *A de-identified line listing of all suspected Adverse Drug Reaction (ADR) reports*

received via the Yellow Card scheme where the suspect drug was recorded as "Retatrutide," "LY3437943," or an unspecified/unlicensed weight-loss peptide.

b. For each report, please provide:

- Date of report.
- Patient age group and sex (where recorded).
- Reported adverse reaction terms (MedDRA preferred terms, e.g., tachycardia, pancreatitis, severe vomiting, injection site abscess).
- Reported outcome (e.g., resolved, hospitalisation, life-threatening).
- Product source or formulation noted (e.g., "purchased online," "reconstituted powder," "aesthetic clinic").

HANDLING EXEMPTIONS & SECTION 12 COST LIMIT:

- Section 40 (Personal Data): This request specifically excludes direct personally identifiable information (PII) of patients, clinicians, and agency staff below Senior Civil Service level. All patient-identifying details and names of targets in active investigations may be redacted without consultation.
- Sections 30 & 31 (Law Enforcement & Investigations): If specific ongoing investigations cannot be disclosed, please segregate and release all aggregate statistics, finalized test certificates, closed enforcement summaries, and Yellow Card pharmacovigilance data, which carry a strong public interest in protecting public health from counterfeit injectables.
- Section 12 (Cost Limit): If you estimate that retrieving any specific sub-part of this request will exceed the statutory £450 / 18-hour limit, please contact me immediately and prioritize sections 1(a), 2(a), and 3(a) before refusing the request in its entirety.

Pursuant to Section 10(1) of the Act, I look forward to receiving your response within 20 working days.

MHRA Response

We confirm that we hold information within the scope of your request.

Information has been provided where it can be disclosed without prejudice to the Agency's law enforcement and regulatory functions. Where information has been withheld, MHRA relies on the exemptions provided by sections 30(1) and 31(1)(a), (b) and (g) of the FOI Act 2000.

1. Border Detentions and Enforcement Seizures

MHRA can confirm that between 1 January 2024 and the date of this response: In conjunction with Border Force, MHRA has been involved in 32 seizure events at the border involving products labelled, marketed or suspected to be retatrutide, representing approximately 10,433 doses seized.

As a result of MHRA-led investigations and enforcement activity conducted inland, MHRA has undertaken eight seizure events, resulting in the seizure of approximately 39,669 doses.

The figures above represent aggregated enforcement activity.

MHRA is unable to disclose the remaining information requested, including:

- dates of individual seizures or detentions;
- quantities associated with individual seizure events;
- countries of export or origin;
- transit routes or channels used;
- customs declarations or descriptions applied to consignments; and
- any other seizure-specific operational details.

This information was obtained and is held for the purposes of investigations undertaken by MHRA into suspected criminal offences and regulatory breaches. Such information forms part of investigations, intelligence and evidence used in support of law enforcement activity.

The information is, therefore, exempt from disclosure under Section 30(1) of the FOI Act.

In addition, the information is exempt under Section 31(1)(a), (b) and (g) of the FOI Act, with Section 31(1)(g) engaged because of MHRA's role in determining whether a person has failed to comply with the law, is responsible for improper conduct, or whether circumstances exist which would justify regulatory action.

Disclosure would reveal patterns in enforcement activity, including the characteristics of consignments identified by investigators, importation methods, supply routes, concealment techniques and the nature of products encountered during investigations. Such information could reasonably be expected to assist individuals engaged in the unlawful importation and supply of medicines to adapt their methods to reduce the likelihood of future detection.

While MHRA has disclosed aggregate seizure figures where this does not reveal operational intelligence. Further breakdown of the data would provide insight into enforcement activity, importation patterns, targeting methodologies and investigative focus.

The MHRA considers that disclosure would be likely to prejudice the prevention and detection of crime, the apprehension or prosecution of offenders, and the effective exercise of its statutory enforcement functions.

Although some investigations may have concluded, the information retains its character as investigative material. Disclosure would continue to reveal enforcement techniques, intelligence and methodologies that remain relevant to current and future enforcement activity.

2. Laboratory Testing and Defect Profiling

MHRA can confirm that it conducts testing of seized products where there is an investigative requirement to do so, including where a criminal prosecution may result and in other circumstances where intelligence, risk assessment and enforcement considerations indicate that testing is appropriate.

MHRA does not disclose case-specific laboratory reports, analytical certificates, technical findings or evidential material generated as part of enforcement investigations.

Laboratory reports, analytical certificates and associated technical findings form part of evidential material gathered during MHRA investigations and may be relied upon in criminal or regulatory proceedings. Disclosure would reveal the nature and extent of evidence obtained during investigations and would prejudice the effectiveness of current and future enforcement activity.

Accordingly, this information is exempt under sections 30(1) and 31(1)(a), (b) and (g) of the FOI Act for the reasons outlined above.

However, MHRA is able to provide the following high-level information:

- Testing undertaken on some products labelled as retatrutide has identified the presence of retatrutide.
- Where retatrutide has been identified, the quantity present has not always corresponded with the strength declared on the product packaging.

- Laboratory analysis has identified examples of products containing both lower and higher amounts of retatrutide than stated on the label.

MHRA holds information relating to additional analytical testing in some cases. However, details of such findings, including individual test results, analytical methodologies, sample provenance, impurity profiles, contamination testing, and links between laboratory findings and particular seizure events, form part of investigative case material and are withheld under sections 30(1) and 31(1)(a), (b) and (g) FOIA.

Public Interest Test

Sections 30 and 31 are qualified exemptions and the MHRA has considered the balance of the public interest.

The following factors were considered in favour of release of the information requested:

- Promoting transparency and accountability in relation to MHRA enforcement activities.
- Improving public understanding of the risks associated with products marketed as retatrutide
- Increasing public awareness of the scale and nature of enforcement activity concerning unauthorised medicines.

The following factors were considered in favour of maintaining the exemptions and withholding the information requested:

- Protecting information held for the purposes of criminal and regulatory investigations.
- Preventing the disclosure of operational intelligence, investigative methodologies and evidential material.
- Preserving the effectiveness of law enforcement activity aimed at detecting and disrupting the unlawful importation and supply of medicines.
- Protecting MHRA's ability to carry out its statutory functions and pursue regulatory and criminal enforcement action, where appropriate.
- Safeguarding public health by ensuring that individuals engaged in unlawful activity cannot use information disclosed under the FOI Act to evade regulatory controls or adapt their methods to avoid detection. Because MHRA publishes the answers to FOI requests, the answers are freely available to all, including those who may derive an illicit benefit from the response.

MHRA recognises the significant public interest in transparency regarding enforcement activity and the safety of medicines. However, it considers that there is a stronger public interest in protecting the integrity of current and future investigations, safeguarding law enforcement capabilities, and preserving the effectiveness of measures designed to protect public health.

On balance, the public interest favours maintaining the exemptions.

Accordingly, the detailed information requested is withheld under sections 30(1) and 31(1)(a), (b) and (g) of the FOI Act 2000.

Please note that retatrutide is not currently authorised as a medicinal product in the United Kingdom. Outside of a properly authorised clinical trial, retatrutide cannot lawfully be marketed or supplied to the public as a medicinal product for weight management.

MHRA continues to advise that medicines obtained from unregulated or unauthorised sources may be falsified or otherwise unsafe. Such products may contain incorrect quantities of active ingredients, different ingredients from those declared, contaminants, impurities, or no active ingredient at all. Medicines should only be obtained through legitimate and

appropriately regulated supply chains, such as regulated pharmacies. Caution should be exercised when purchasing products marketed online, through social media platforms, or from suppliers operating outside regulated healthcare systems.

The purchase and use of unauthorised or falsified medicines from unregulated sources may expose individuals to significant health risks, including serious adverse reactions and other potentially harmful outcomes.

3. Yellow Card and Adverse Reaction Reports.

We can confirm that up to and including the 23 September 2026, the MHRA has received 192 UK spontaneous suspected adverse reaction (ADR) reports where the suspect or interacting drug was reported as retatrutide.

Table 1 in Annex 1 provides a line listing of the reports with the date of report, reported adverse reaction terms, and reported outcome for reports where retatrutide has been reported as a suspect or interacting drug. Additionally, tables 2 and 3 display aggregated patient age and sex information.

Please note that providing an outcome of reaction and drug source is not mandatory when submitting a Yellow Card report and, therefore, this information may not be available for all reactions. The options available to reporters for drug source are currently: "Prescription", "Bought in pharmacy", "Bought in shop", "Internet" or "Other"; else it can be left blank.

Please note that eight reports reported a drug source, these were: Internet (two reports), Other (five reports) and Bought in pharmacy (one report) and the remaining 184 reports did not provide a drug source.

When considering the provided spontaneous ADR data, it is important to be aware of the following points:

- The number of reports received via the Yellow Card scheme does not directly equate to the number of people who suffer adverse reactions and therefore cannot be used to determine the incidence of a reaction. ADR reporting rates may be influenced by multiple factors including the seriousness of ADRs and their ease of recognition.
- A reported reaction does not necessarily mean it has been caused by the medicine, only that the reporter had a suspicion it may have. The fact that symptoms occur after use of a medicine, and are reported via the Yellow Card scheme, does not in itself mean that there is proven causality. Underlying or concurrent illnesses may be responsible and such events can also be coincidental.
- The MHRA continuously monitors the safety of medicines and vaccines through a variety of pharmacovigilance processes, including the Yellow Card scheme. As part of our signal detection processes, all adverse reaction reports received by the Yellow Card scheme are assessed, and cumulative information is reviewed at regular intervals. If appropriate, regulatory action would be taken if any serious risks were confirmed.

If you have any queries about this letter, please contact us quoting the reference number above.

Yours sincerely,

MHRA Central Freedom of Information Team
Medicines & Healthcare products Regulatory Agency

Your right to complain under the Freedom of Information Act

If you are not happy with this response you may request an internal review by e-mailing foi.request@mhra.gov.uk or by writing to: MHRA Central Freedom of Information Team, 10 South, Colonnade, Canary Wharf, London, E14 4PU

Any request for an internal review must be received by us within 40 working days of the date of this letter. Please note we are not obliged to provide a review if it is requested after more than 40 working days.

If you are not content with the outcome of the internal review, you may apply directly to the Information Commissioner's Office for a decision. Generally, the Commissioner cannot make a decision unless you have exhausted our own complaints procedure. The Information Commissioner can be contacted at: The Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF.

Website: [ICO FOI and EIR complaints](#) or telephone 0303 123 1113.

Re-use of our information

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<https://www.nationalarchives.gov.uk/doc/open-government-licence/version/3/>