thetrutides

RETATRUTIDE

Triple agonist — the most potent metabolic compound in development

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Retatrutide has produced the largest weight reductions recorded in a published obesity trial programme. It is also an investigational drug that has not completed phase III and is not approved anywhere in the world.

In Plain English

Most metabolic drugs press one or two hormonal buttons. Retatrutide presses three. Two of them (GLP-1 and GIP) reduce appetite and improve how the body handles glucose. The third (glucagon) increases the rate at which the body burns energy — a genuinely different mechanism, and the reason the trial results are larger than anything before it.

What people use it for. Weight loss, and it is the most effective option available for that purpose by a considerable margin.

What to know before you buy. Titrate slowly. The side effects are almost entirely gastrointestinal — nausea, vomiting, diarrhoea — and they scale with dose and with how fast you increase it. The trials used gradual escalation for exactly this reason, and compressing that schedule is the most common mistake. The other thing worth understanding: if you are already lean, the maths shifts against you. Most of the fat loss benefit has already been captured while the muscle loss cost keeps running. Protein and resistance training help; eating enough helps more.

What It's Used For

GOAL	WHAT THAT RESTS ON
Weight loss	Phase II trial published in the New England Journal of Medicine reported ~24% mean reduction at 48 weeks on the top dose
Appetite control	GLP-1 and GIP receptor activation
Energy expenditure	The glucagon receptor component adds a mechanism dual agonists do not have
Blood sugar handling	Incretin activity; consistent across the class

The left column lists goals people commonly pursue with this compound; the right column states what that rests on. These are described uses and research findings, not proven outcomes or treatment claims. Individual results vary and no outcome is promised.

Pricing & Sizes

PRICING

10mg vial	$80
20mg vial	$120

Bulk pricing: 2-3 vials −5% | 4-6 vials −10% | 7-9 vials −15% | 10+ vials −20%

Ships sealed and lyophilized — stable for years at room temperature, reconstitute before use, or ask and it will be reconstituted free at the volume shown below. **Free shipping on every order, no minimum.** Third-party COA available for every batch — HPLC purity and mass spec verification.

Reconstitution — bacteriostatic water: 10mg vial at 2mL = 5mg/mL, so 10 units on a 100-unit syringe draws 0.5mg; **20mg vial** at 3mL = 6.67mg/mL, so 10 units on a 100-unit syringe draws 0.667mg. Concentrations are arithmetic from vial content and diluent volume, not a dosing recommendation.

At a Glance

CLASS	Triple agonist at GLP-1, GIP and glucagon receptors
DEVELOPER	Eli Lilly
TRIAL EVIDENCE	Phase II results published in the New England Journal of Medicine reported mean weight reduction around 24% at 48 weeks at the highest dose
STATUS	**Investigational.** Phase III programme ongoing; not approved in any market
DISTINGUISHING FEATURE	The glucagon receptor component adds an energy expenditure mechanism that dual agonists lack
REGULATORY (US)	Not FDA-approved. Not on the July 2026 PCAC agenda. As an investigational drug it is a separate regulatory matter from the 503A bulks list process
FORMAT	10mg vial

~24%	3	Phase III	Not approved
MEAN WEIGHT LOSS, PHASE II	RECEPTOR TARGETS	ONGOING	ANY MARKET

REGULATORY STATUS — INVESTIGATIONAL DRUG

Retatrutide is an **investigational** compound in active clinical development by Eli Lilly. It has not completed phase III, is not approved in any jurisdiction, and was not on the July 2026 PCAC agenda — that process concerns bulk substances for pharmacy compounding, which is a different question entirely. Research-grade retatrutide is not the clinical trial material and carries none of its manufacturing controls or oversight.

What the Trials Show

The phase II programme published in the New England Journal of Medicine reported dose-dependent weight reduction reaching roughly 24% mean loss at 48 weeks on the highest dose — the largest figure reported in a published obesity pharmacotherapy trial to date, and notably without a clear plateau by the end of the study period.

Adverse events were predominantly gastrointestinal — nausea, vomiting, diarrhoea — and dose-related, following the pattern seen across the incretin class. Titration schedules in the trials were gradual for exactly this reason.

Lean Mass Consideration

This is the most important practical point for anyone already lean. Rapid weight loss at this magnitude carries a lean mass cost, and that cost rises as body fat falls. At low body fat in a caloric deficit, most of the available fat-loss benefit has already been realised while the lean mass penalty continues — which shifts the cost-benefit unfavourably.

Adequate protein intake and resistance training are the standard mitigations, but the more fundamental point is that maintenance calories become the more important variable than dose once you are already lean.

THE BOTTOM LINE

The most effective metabolic compound yet reported, on genuinely strong phase II evidence. It is also unapproved, still in phase III, and available only as research-grade material that is not the trial product. The efficacy data is excellent; the manufacturing and oversight context is not.

Also in the Range

Compare with **Tirzepatide**, which has completed phase III and FDA approval behind the molecule but two receptor targets rather than three.

 Sources: Jastreboff et al., New England Journal of Medicine, phase II retatrutide trial;FDA PCAC meeting materials, 23-24 July 2026 (not on agenda).