



# Prescription Drug Freight Fraud Report

## April 2026

Over the last six months, freight fraud involving GLP-1 drugs was persistent and adaptive. Semaglutide and tirzepatide shippers evolved tactics to obscure origins, contents, and manufacturing sources. We observed familiar risks, unregistered facilities, residential “manufacturers,” and expanding code fraud.

### OUR RESEARCH PROCESS

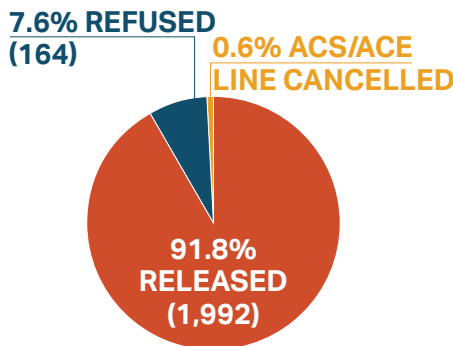
We analyzed imports of semaglutide, tirzepatide, and antibiotics from September 2025 through February 2026 using FDA import records, ITACS, and registered establishment data, focusing on product codes, declared manufacturers, and shipment outcomes.

### WHAT WE FOUND

We reviewed 700 semaglutide and 1,469 tirzepatide shipments. Of these, 11.43% of semaglutide and 6.94% of tirzepatide shipments were tied to illegitimate facilities. Refusal rates varied, with 16.82% of illegitimate semaglutide shipments and 29.82% of illegitimate tirzepatide shipments stopped.

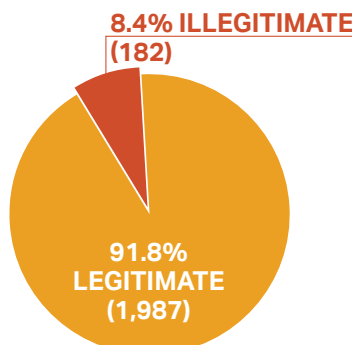
#### RELEASE OR REFUSAL OF ALL SEMAGLUTIDE OR TIRZEPATIDE SHIPMENTS

September 2025–February 2026



#### PERCENTAGE OF LEGITIMATE AND ILLEGITIMATE MANUFACTURERS FOR SEMAGLUTIDE AND TIRZEPATIDE SHIPMENTS

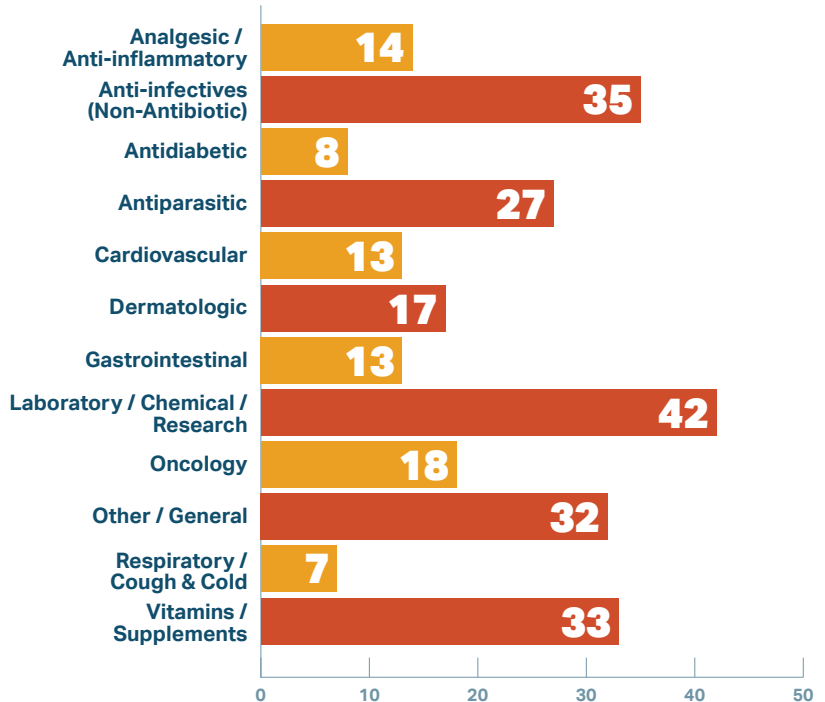
September 2025–February 2026



Product-code mismatches in the antibiotics category remained a consistent issue, with 19% of the 1,416 shipments declared as one thing but described in ITACS as another.

#### QUANTITIES OF DRUGS MISLABELED AS ANTIBIOTICS

September 2025–February 2026



### CODE FRAUD IS EXPANDING

Mislabeled high-risk drugs as antibiotics remains common, but we saw similar tactics applied to other categories. In one case, a shipment classified as a cosmetic ingredient masked a pharmacologically active substance. This raises a long-time concern of ours: traffickers are using any low-risk category available, not just antibiotics, to reduce scrutiny.

## A LARGER SMUGGLING PATTERN COMES INTO FOCUS

Recent enforcement activity puts these findings in context. In March 2026, U.S. Customs officers in Cincinnati uncovered a scheme involving more than 5,000 peptide shipments hidden inside larger cartons. Many contained semaglutide, tirzepatide, and related compounds, and were deliberately mis-manifested before being broken into smaller, pre-labeled packages for individual U.S. recipients.

This mirrors patterns in our data. While we see what is declared at the shipment level, the Cincinnati case shows how much activity may be concealed before a package reaches customs, reinforcing mislabeling and direct-to-consumer distribution as central tactics.

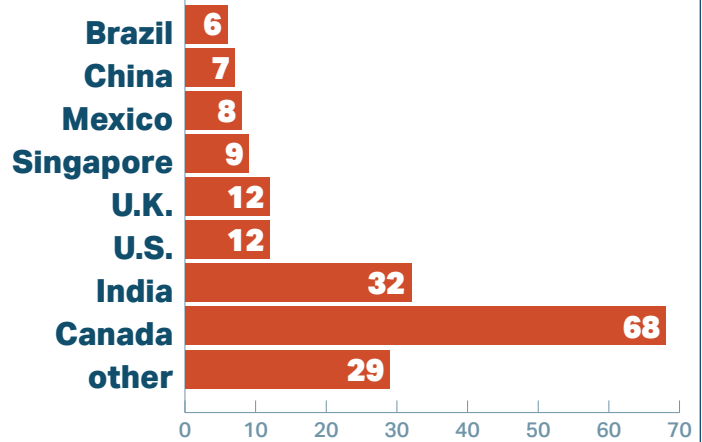
## MISREPRESENTED ORIGINS AND NOTABLE SHIPMENTS

Many shippers continue to obscure their packages' true origins or list online pharmacies or residential addresses as manufacturers. Pharmacy.cloud (or PDC) and similar operations appear in GLP-1 shipments, while houses, apartments, and non-industrial locations also appear on manifests. None of these are credible manufacturing sites, and all lack verified controls.

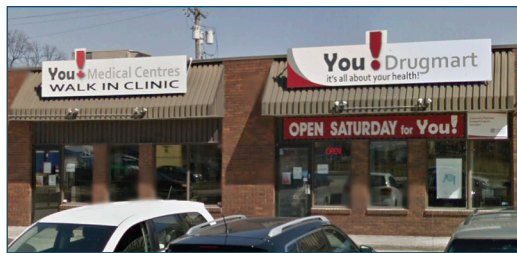
Notable examples include a refused semaglutide shipment from Marks Marine Pharmacy, mixed outcomes for You Drug Mart shipments, and a one-kilogram tirzepatide shipment from Seenergie Inc. released despite coming from an unregistered facility. Even a Marriott hotel was cited as the manufacturer of a shipment of tirzepatide.

### DECLARED MANUFACTURER COUNTRY FOR ILLEGITIMATE SHIPMENTS

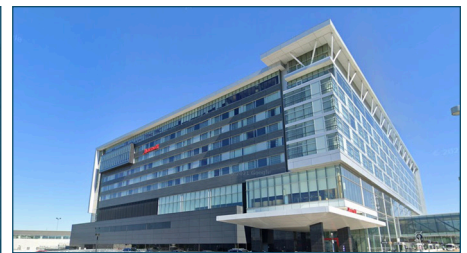
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"MANUFACTURER" OF SEMAGLUTIDE THAT WAS REFUSED ENTRY  
(Photo: Google Maps)



"MANUFACTURER" OF 72 PIECES OF SEMAGLUTIDE (Photo: Google Maps)



"MANUFACTURER" OF TIRZEPATIDE (Photo: Google Maps)

## BOTTOM LINE

Core vulnerabilities remain unchanged and tactics are evolving. Illegitimate facilities, misleading product codes, online pharmacy intermediaries, residential addresses, and now large-scale concealed redistribution schemes all point to the same issue: **a supply chain under pressure, where too many questionable shipments still make it through.**

To see more information about the problem of prescription drug freight fraud, see our homepage for this project at [www.safemedicines.org/pharma-borders](http://www.safemedicines.org/pharma-borders).