

**Office of the Inspector General
U.S. Office of Personnel Management**

FEHB Program Trends

Increases in Glucagon-like Peptide-1 Receptor Agonists Spending from 2019 to 2024

Data Brief
2025-CAAG-019
December 8, 2025





FEHB Program Trends

Increases in Glucagon-like Peptide-1 Receptor Agonists (GLP-1) Spending from 2019 to 2024

What are GLP-1s?

GLP-1s are medications that lower blood sugar levels and promote weight loss. First approved by the FDA in 2005 for type 2 diabetes, they were then mandated to be covered in January 2023 by the FEHB Program for obesity.

Trends Identified in the FEHB

- Spending Surged by 500%**

For the two carriers, representing 69% of FEHB Program members, covered by this study, FEHB pharmacy spending on GLP-1 medications rose by more than 500% from 2019 to 2024, with the most significant increases occurring in 2023 and 2024. In 2019, GLP-1s represented just 4% of total pharmacy expenditures; by 2024, their share had climbed to 18%.

- More People Received Benefits**

From 2019-2022 the FEHB Program paid new claims for these drugs for approximately 200,000 members compared to almost 385,000 new members in 2023-2024.

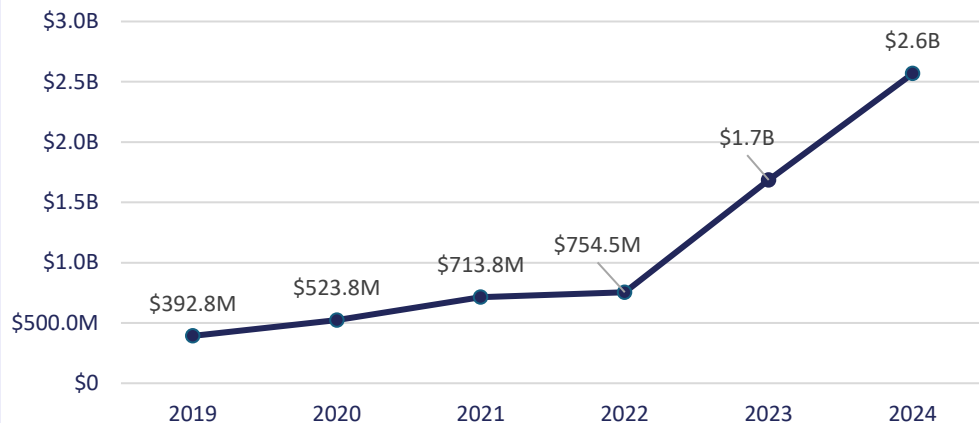
- Two Drugs Were Most Used**

Semaglutide (Ozempic, Wegovy) made up 64% of all GLP-1 claims – over 700,000 claims in Q4 2024 alone. Tirzepatide (Mounjaro, Zepbound) accounted for 19%.

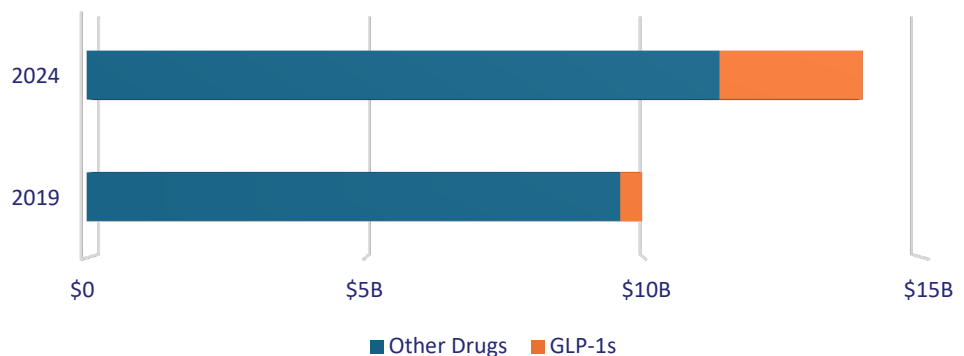
The Bottom Line

GLP-1 medicines are a rapidly growing part of FEHB Program pharmacy spending, outpacing overall drug-spending growth as members may continue to utilize these treatments.

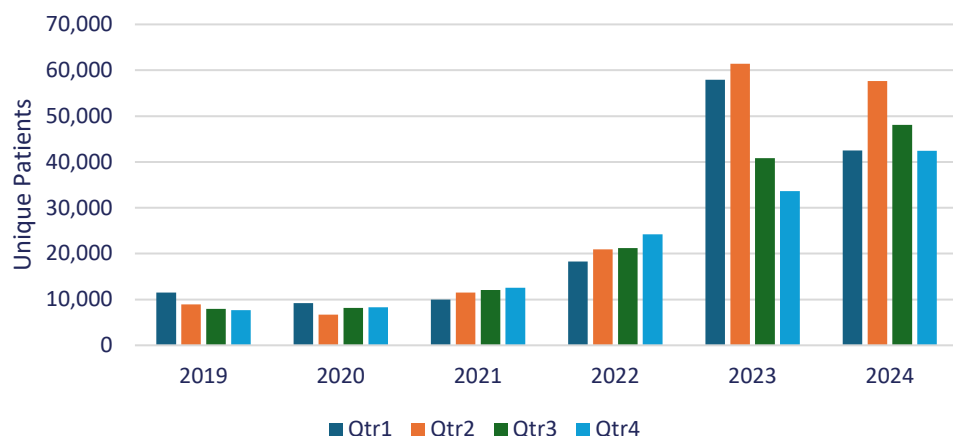
From 2019 to 2024 GLP-1 Spending Increased Over 500%



Proportion of Pharmacy Dollars Spent on GLP-1s Increased from 4% to 18%



New Patients Prescribed GLP-1s Increased 30k+ Every Qtr in 2023 and 2024



OFFICE OF THE INSPECTOR GENERAL
U.S. OFFICE OF PERSONNEL MANAGEMENT



December 8, 2025

Report No. 2025-CAAG-019

MEMORANDUM FOR THE HONORABLE SCOTT KUPOR
Director

FROM: NORBERT E. VINT
Deputy Inspector General
Performing the Duties of the Inspector General

A handwritten signature in black ink, reading "Norbert E. Vint", is placed to the right of the "FROM:" line.

SUBJECT: FEHB Program Trends: Increases in Glucagon-like Peptide-1
Receptor Agonists Spending from 2019 to 2024

Attached is our final data brief detailing Glucagon-like peptide 1 spending trends in the Federal Employees Health Benefits Program from January 1, 2019 to December 31, 2024. The brief discusses the rapid rise in spending on these drugs, which specific drugs are driving the costs, and the U.S. Office of Personnel Management (OPM) Healthcare and Insurance's carrier letter guidance regarding coverage of these drugs.

This data brief is being issued by the Office of the Inspector General (OIG) to OPM officials for their consideration and potential use. Further release outside of OPM requires the advance approval of the OIG.

The Inspector General Act of 1978, as amended, 5 U.S.C. § 404(e), requires that we submit all final reports making recommendations for corrective action to congressional committees of jurisdiction. Reports can also be provided to individual Members of Congress upon request. Additionally, if the OIG undertook the evaluation based upon a request or complaint from an outside entity, the OIG must provide the report to that entity. Finally, the Inspector General Act of 1978, as amended, 5 U.S.C. § 420, requires us to make redacted versions of our final reports available to the public on our webpage.

Please contact me on [REDACTED] if you have any questions regarding this final report, or your staff may wish to contact Michael R. Esser, Assistant Inspector General for Audits, [REDACTED] Michael C. Weaver, Acting Group Chief, Claim Audits and Analytics Group, [REDACTED].

Attachment

cc: James D. Sullivan
Chief of Staff

Melissa D. Ford
Chief Financial Officer

Christopher D. Connor
Supervisory Attorney Advisor, Office of General Counsel

Shane Stevens
Associate Director, Healthcare and Insurance

Holly Schumann
Principal Deputy Associate Director, Healthcare and Insurance

Robert Bowes
Principal Deputy Associate Director, Healthcare and Insurance

Edward M. DeHarde
Deputy Associate Director, Federal Employee Insurance Operations

Curtis A. Levey
Associate Director, Merit System Accountability and Compliance

Delon G. F. Pinto
Program Manager, Audit Resolution and Compliance, Healthcare and Insurance

Contents

Background	1
Impact Report Results	2
GLP-1 Usage and Spending Dramatically Increased from 2019 to 2024	2
Report Fraud, Waste, and Mismanagement	7

Abbreviations

FEHB	Federal Employees Health Benefits
FDA	U.S. Food and Drug Administration
GLP-1	Glucagon-like Peptide-1 Receptor Agonists
OIG	Office of the Inspector General
OPM	U.S. Office of Personnel Management

Background

The U.S. Office of Personnel Management (OPM), Office of the Inspector General (OIG), performed data analysis of spending trends within the Federal Employees Health Benefits (FEHB) Program related to glucagon-like peptide-1 receptor agonist (GLP-1) medications for the period spanning 2019 through 2024. This data analysis was carried out pursuant to the authority granted under the Inspector General Act of 1978, as amended (5 United States Code §§ 401–424).

Our data team regularly receives files from pharmacy benefit managers representing several FEHB Program health care carriers and stores them in an internal data warehouse. For this evaluation, we judgmentally selected claims data from two carriers¹ based on the availability and reliability of the data.

GLP-1s are medications designed to lower blood sugar levels and promote weight loss. Initially approved by the U.S. Food and Drug Administration (FDA) for patients with type 2 diabetes in April 2005, GLP-1 drugs later received FDA approval for obesity treatment in 2014. In January 2023, OPM's Healthcare and Insurance office issued a Carrier Letter mandating the coverage of at least one GLP-1 by all FEHB Program carriers.

This impact report highlights a recent trend in the FEHB Program, noting substantial increases in both GLP-1 prescribing and spending.

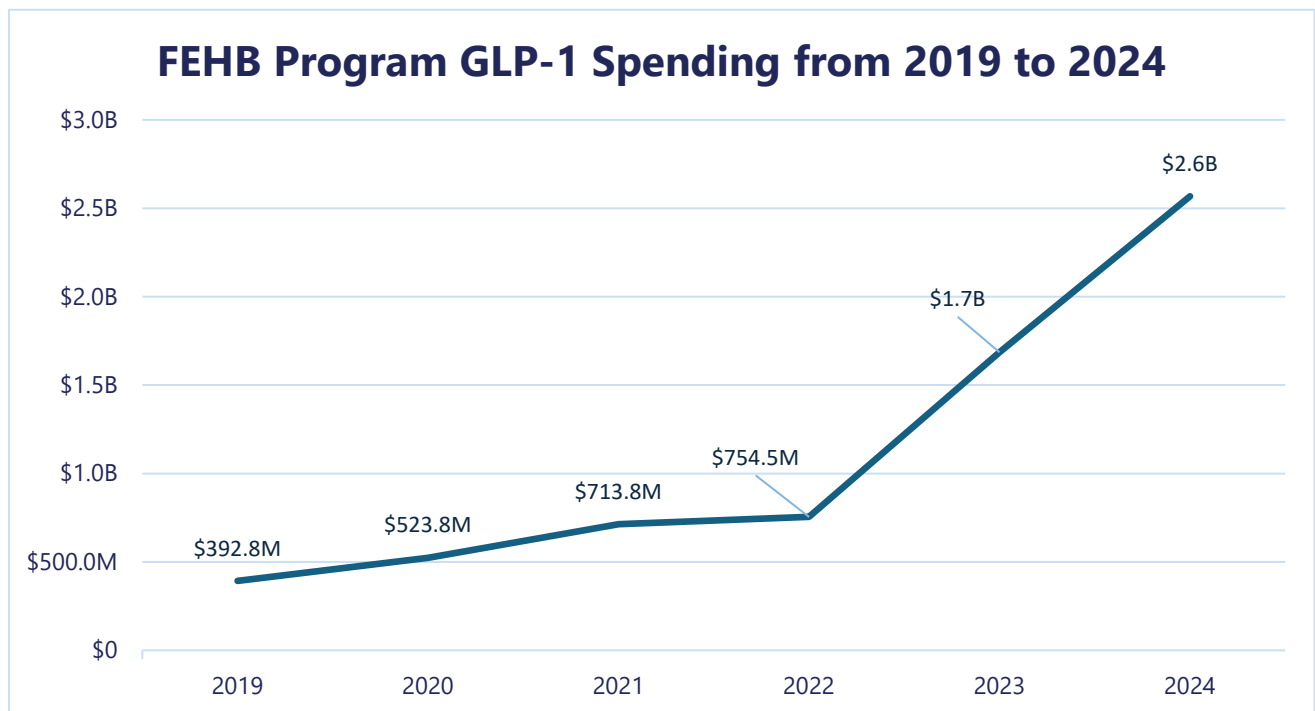
¹ The two carriers selected represent 69% of the overall FEHB member population and 80% of overall FEHB premium dollars during the scope of this data evaluation.

Impact Report Results

GLP-1 Usage and Spending Dramatically Increased from 2019 to 2024

Overall GLP-1 spending in the FEHB Program increased by over 500% from 2019 to 2024.

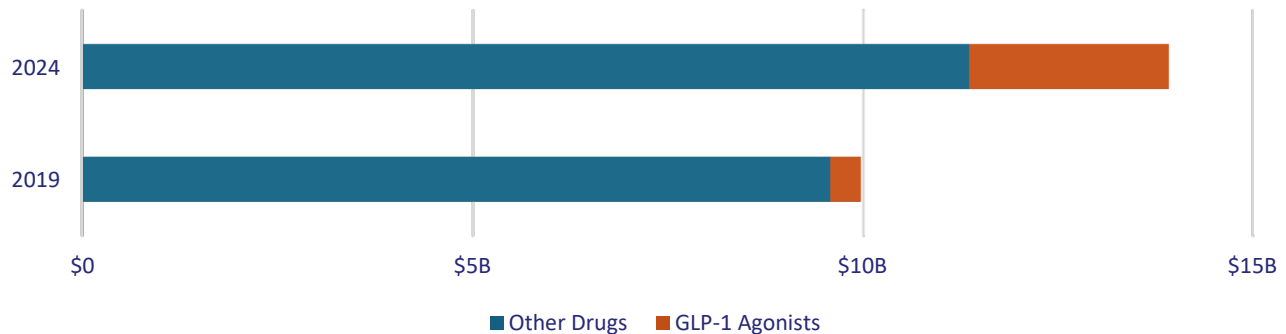
Total GLP-1 spending in this subset of the FEHB Program, from 2019 to 2024, was over \$6.6 billion, with \$4.3 billion, or 64 percent, of that occurring in 2023 and 2024 alone. Annual spending increased from less than \$400 million in 2019 to \$2.6 billion in 2024, amounting to a 554 percent increase. (See graph below.)



While total pharmacy spending increased from 2019 to 2024, the increase in spending on GLP-1s was greatly disproportionate to the increase in overall spending. In 2019, GLP-1s accounted for only 4 percent of total pharmacy spending, while in 2024 they accounted for 18 percent. (See graph on next page.)

GLP-1 spending outpaced overall pharmacy spending from 2019 to 2024.

Proportion of Pharmacy Benefit Dollars Spent on GLP-1s 2019 vs 2024

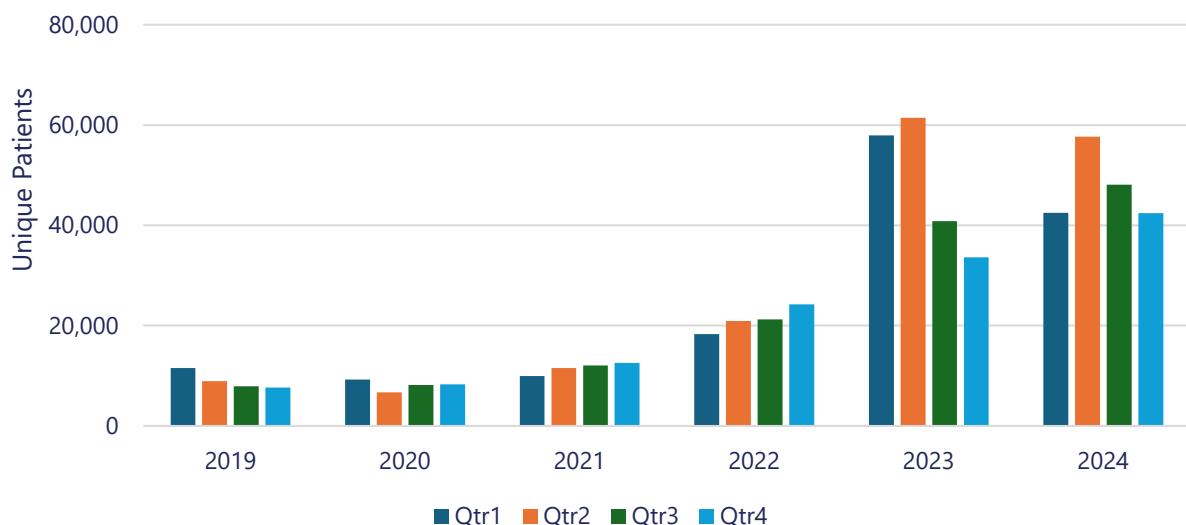


Unique patients using GLP-1s increased greatly in 2023 and 2024 compared to 2019 through 2022.

From 2019 to 2024, 583,805 unique patients received GLP-1 drug prescriptions covered by an FEHB health insurance plan. For the years 2019 to 2022, average new patients per quarter were 12,455, while in 2023 and 2024 new patients averaged just over 48,000 per quarter, with three quarters well over 50,000.

The proportion of unique patients using GLP-1s in 2019 represented 0.6 percent of the FEHB membership for the carriers under review. In contrast, the new patients in 2023 and 2024 alone accounted for 6 percent of the membership of the two carriers.

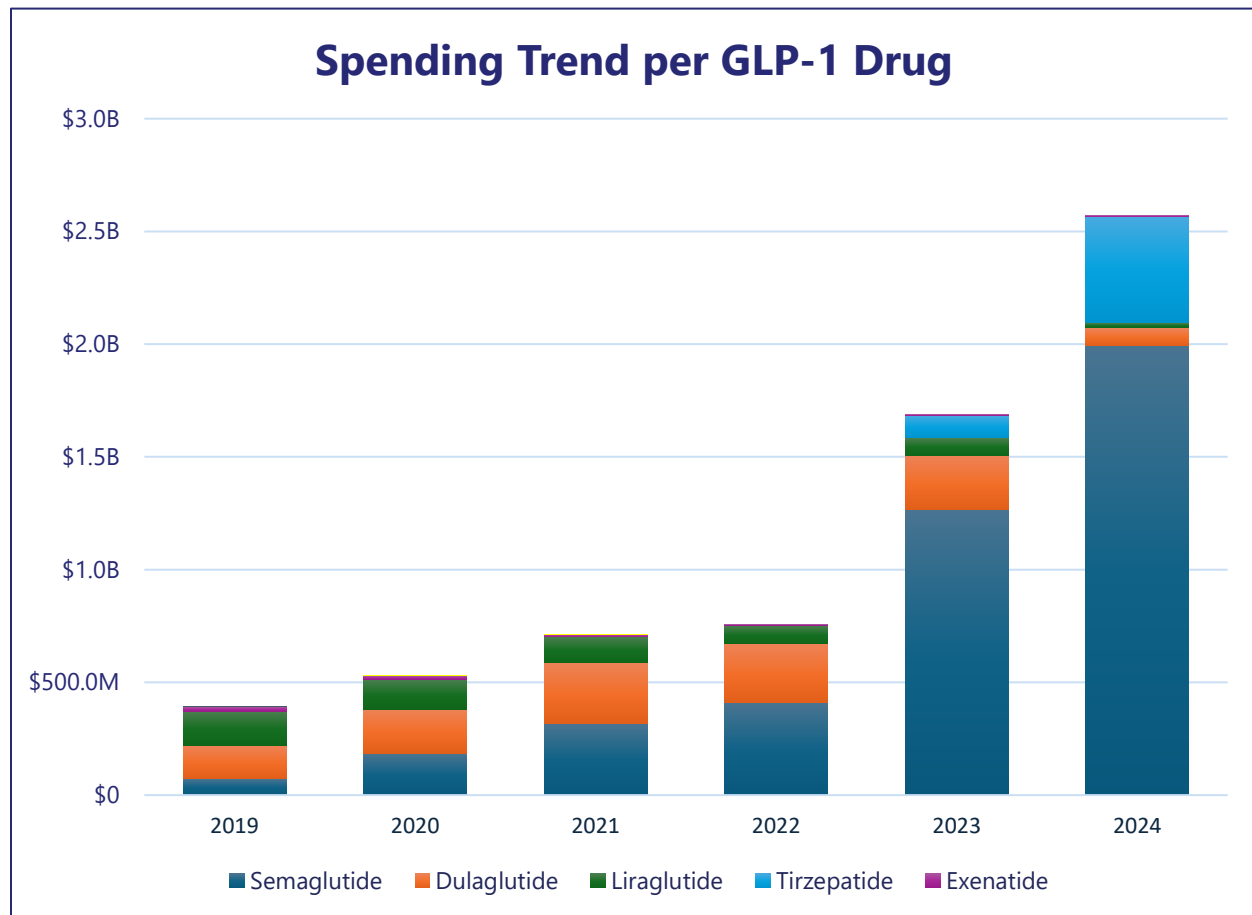
Number of Unique Patients Prescribed GLP-1s Each Quarter from 2019 to 2024



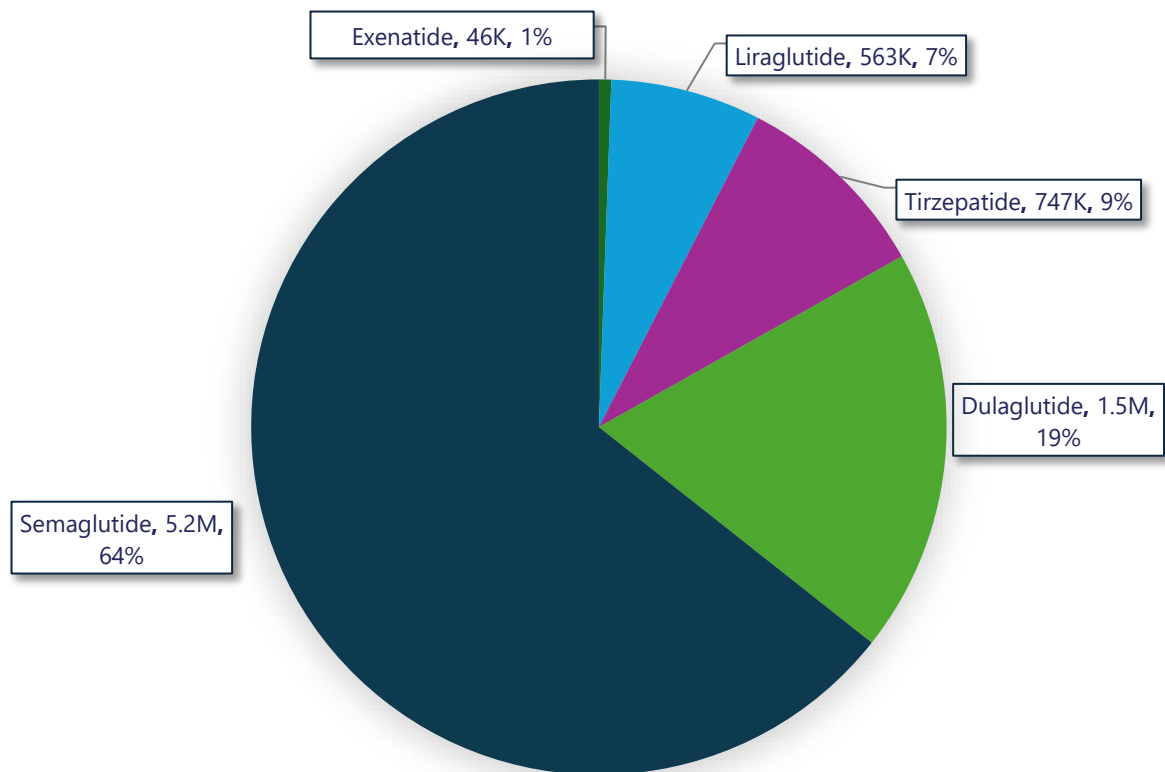
The dramatic increase in spending was primarily driven by the usage of two drugs: Semaglutide (Ozempic, Wegovy) and Tirzepatide (Mounjaro, Zepbound). (See chart below.)

The spending increase was driven by two drugs: Semaglutide and Tirzepatide.

Semaglutide accounted for 64 percent of all claims between 2019 and 2024, surpassing 700,000 claims in the fourth quarter of 2024 alone. Conversely, Tirzepatide, which was only approved by the FDA on May 13, 2022, accounted for 9 percent of all claims during the same period. Notably, in the fourth quarter of 2024, Tirzepatide represented 19 percent of all GLP-1 claims. (See chart on next page.)



Percent of GLP-1 Claims per Drug



Beginning in 2014, OPM’s Office of Healthcare and Insurance has issued Carrier Letters, described in the table below, to make its position clear that FEHB Program carriers must provide adequate coverage of anti-obesity drugs, including GLP-1s (beginning in January 2023).

Carrier Letter Date	Applicable Language from Carrier Letter
March 2014	“excluding weight loss drugs from FEHB coverage on the basis that obesity is a ‘lifestyle’ condition and not a medical one or that obesity treatment is ‘cosmetic’ – is not permissible. In addition, there is no prohibition for carriers to extend coverage to this class of prescription drugs, provided that appropriate safeguards are implemented concurrently to ensure safe and effective use.”

Carrier Letter Date Applicable Language from Carrier Letter

February 2022	<p>“Carriers may offer coverage as long as there are appropriate safeguards implemented concurrently to ensure safe and effective use.”</p> <p>“FEHB Carriers are not allowed to exclude anti-obesity medications from coverage based on a benefit exclusion or a carve out. FEHB Carriers must have adequate coverage of FDA approved anti-obesity medications on the formulary...”</p>
January 2023	<p>“Carriers must cover at least one anti-obesity drug from the GLP-1 class for weight loss and cover at least 2 additional oral anti-obesity drug options. As new anti-obesity drugs are approved by the FDA, OPM expects Carriers to evaluate and update their coverage of anti-obesity drugs.”</p>
January 2025	<p>“While FEHB Carriers must have adequate coverage of FDA approved anti-obesity medications on their formulary to meet patient needs, Carriers are reminded that evidence-based guidelines for all anti-obesity medications, including but not limited to GLP-1s, reinforce that nutrition, physical activity, and IBT regimens should accompany any drug treatment of obesity.”</p>

Summary

Overall, FEHB spending on GLP-1s has increased significantly in recent years, especially in 2023 and 2024. In 2024, GLP-1s accounted for 18 percent of total FEHB pharmacy spending. This is a substantial deviation from normal spending patterns and warrants ongoing research and reporting by OPM’s Office of Healthcare and Insurance to determine the effects of this shift both on affordability and medical outcomes in the FEHB Program.



Report Fraud, Waste, and Mismanagement

Fraud, waste, and mismanagement within the government are issues of concern for all stakeholders, including the Office of the Inspector General staff, agency employees, and the general public. We actively seek reports regarding any instances of inefficiency, wasteful practices, fraud, and mismanagement related to OPM programs and operations. Allegations can be reported to us via multiple channels:

By Internet: <https://oig.opm.gov/>

By Phone: (877) 499-7295

By Mail: Office of the Inspector General
U.S. Office of Personnel Management
1900 E Street, NW
Room 6400
Washington, DC 20415-1100