

Nevada PEBP FY2023 Report

7/1/2022 – 6/30/2023

Report Includes:

- CDHP Comparison Data from FY22 vs. FY23
- EPO Comparison Data from FY22 vs. FY23
- PPO Comparison Data from FY22 vs. FY23
- EPO, CDHP, PPO Breakout Data from FY22 vs. FY23
- Summary Comparison Data from FY23
- Key Metric Breakout Data from FY23

The data contained herein is pulled from a specific point-in-time and is subject to change at any time without notice due to a variety of factors, including but not limited to changes related to Member behavior, population demographics, system updates, and product availability. The data does not represent a guarantee and should not be used for audit purposes.

PREPARED BY CLIENT ANALYTICS

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9/19/2023



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Prescription Drug Utilization

FY22 vs FY23

Membership Summary	Total		
	Q1 - Q4 FY 2023	Q1 - Q4 FY 2022	Change
Member Count (Membership)	27,535	33,195	-17.1%
Utilizing Member Count (Patients)	20,954	26,411	-20.7%
Percent Utilizing (Utilization)	76.1%	79.6%	-3.5

Claim Summary	Q1 - Q4 FY 2023	Q1 - Q4 FY 2022	Change
Net Claims (Total Adjusted Rx's)	375,851	437,389	-14.1%
Claims per Elig Member per Month (Claims PMPM)	1.14	1.10	3.6%
Total Claims for Generic (Generic ARx)	325,222	374,126	-13.1%
Total Claims for Brand (Brand ARx)	50,629	63,263	-20.0%
Total Claims for Multisource Brand Claims (MSB ARx)	1,489	2,514	-40.8%
Total Non-Specialty Claims	371,917	433,115	-14.1%
Total Specialty Claims	3,934	4,274	-8.0%
Generic % of Total Claims (GFR)	86.5%	85.5%	1.0
Generic Effective Rate (GCR)	99.5%	99.3%	0.2
Mail Order Claims	105,990	107,819	-1.7%
Mail Penetration Rate*	32.0%	28.6%	3.5

Claims Cost Summary	Q1 - Q4 FY 2023	Q1 - Q4 FY 2022	Change
Total Prescription Cost (Total Gross Cost)	\$43,434,385	\$47,245,985	-8.1%
Total Generic Gross Cost	\$5,078,063	\$6,251,801	-18.8%
Total Brand Gross Cost	\$38,356,322	\$40,994,184	-6.4%
Total MSB Gross Cost	\$817,072	\$1,091,814	-25.2%
Total Ingredient Cost	\$41,937,535	\$46,387,030	-9.6%
Total Dispensing Fee	\$1,451,872	\$834,084	74.1%
Total Other (e.g. tax)	\$44,979	\$24,872	80.8%
Avg Total Cost per Claim (Gross Cost/ARx)	\$115.56	\$108.02	7.0%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$15.61	\$16.71	-6.6%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$757.60	\$648.00	16.9%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$548.74	\$434.29	26.4%

*Mail Order % of Total Claims replaced with Mail Penetration rate- calculates % of mail days out of all days of therapy to normalize between channels. Utilization represents data including compounds & powders, direct claims, SSG and zero net-cost claims. Excludes external claims & high AWP claims.

STATE OF NEVADA PEBP - CDHP (CONT)

Prescription Drug Utilization

FY22 vs FY23

Member Cost Summary	Total		
	Q1 - Q4 FY 2023	Q1 - Q4 FY 2022	Change
Total Member Cost Share	\$9,856,720	\$11,587,059	-14.9%
Generic Cost Share	\$2,075,897	\$2,991,246	-30.6%
Brand Cost Share	\$7,780,823	\$8,595,813	-9.5%
MSB Cost Share	\$227,774	\$264,240	-13.8%
Total Copay	\$8,042,510	\$9,130,124	-11.9%
Total Deductible	\$1,814,211	\$2,456,935	-26.2%
Avg Copay per Claim (Member Cost Share/ARx)	\$26.23	\$26.49	-1.0%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$6.38	\$8.00	-20.2%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$153.68	\$135.87	13.1%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$152.97	\$105.11	45.5%
Copay % of Total Prescription Cost (Member Cost Share %)	22.7%	24.5%	-1.8

Plan Cost Summary	Q1 - Q4 FY 2023	Q1 - Q4 FY 2022	Change
Total Plan Cost (Plan Cost)	\$33,577,665	\$35,658,926	-5.8%
Generic Plan Cost	\$3,002,166	\$3,260,555	-7.9%
Brand Plan Cost	\$30,575,499	\$32,398,371	-5.6%
MSB Plan Cost	\$589,299	\$827,574	-28.8%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$14,902,458	\$14,743,056	1.1%
Total Specialty Drug Cost (Specialty Plan Cost)	\$18,675,207	\$20,915,869	-10.7%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$89.34	\$81.53	9.6%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$9.23	\$8.72	5.9%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$603.91	\$512.12	17.9%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$395.77	\$329.19	20.2%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$40.07	\$34.04	17.7%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$4,747.13	\$4,893.75	-3.0%
Plan Cost PMPM	\$101.62	\$89.52	13.5%
Non-Specialty Plan Cost PMPM	\$45.10	\$37.01	21.9%
Specialty Plan Cost PMPM	\$56.52	\$52.51	7.6%
Specialty % of Plan Cost	55.6%	58.7%	-3.04
Net Plan Cost PMPM (factoring Rebates)	\$70.51	\$67.85	3.9%
Non-Specialty Plan Cost PMPM	\$27.90	\$23.20	20.3%
Specialty Plan Cost PMPM	\$42.61	\$44.65	-4.6%

*Mail Order % of Total Claims replaced with Mail Penetration rate- calculates % of mail days out of all days of therapy to normalize between channels. Utilization represents data including compounds & powders, direct claims, SSG and zero net-cost claims. Excludes external claims & high AWP claims.



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Prescription Drug Utilization

FY22 vs FY23

Membership Summary	Total		
	Q1 - Q4 FY 2023	Q1 - Q4 FY 2022	Change
Member Count (Membership)	6,437	7,514	-14.3%
Utilizing Member Count (Patients)	5,543	6,603	-16.1%
Percent Utilizing (Utilization)	86.1%	87.9%	-1.8

Claim Summary	Q1 - Q4 FY 2023	Q1 - Q4 FY 2022	Change
Net Claims (Total Adjusted Rx's)	134,802	153,250	-12.0%
Claims per Elig Member per Month (Claims PMPM)	1.75	1.70	2.7%
Total Claims for Generic (Generic ARx)	115,393	130,971	-11.9%
Total Claims for Brand (Brand ARx)	19,409	22,279	-12.9%
Total Claims for Multisource Brand Claims (MSB ARx)	666	972	-31.5%
Total Non-Specialty Claims	133,120	151,707	-12.3%
Total Specialty Claims	1,682	1,543	9.0%
Generic % of Total Claims (GFR)	85.6%	85.5%	0.1
Generic Effective Rate (GCR)	99.4%	99.3%	0.2
Mail Order Claims	38,666	33,978	13.8%
Mail Penetration Rate*	31.6%	24.7%	6.9

Claims Cost Summary	Q1 - Q4 FY 2023	Q1 - Q4 FY 2022	Change
Total Prescription Cost (Total Gross Cost)	\$20,087,261	\$19,675,461	2.1%
Total Generic Gross Cost	\$1,994,720	\$2,769,479	-28.0%
Total Brand Gross Cost	\$18,092,541	\$16,905,982	7.0%
Total MSB Gross Cost	\$402,866	\$317,462	26.9%
Total Ingredient Cost	\$19,551,811	\$19,488,599	0.3%
Total Dispensing Fee	\$516,496	\$177,955	190.2%
Total Other (e.g. tax)	\$18,954	\$8,907	112.8%
Avg Total Cost per Claim (Gross Cost/ARx)	\$149.01	\$128.39	16.1%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$17.29	\$21.15	-18.3%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$932.17	\$758.83	22.8%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$604.90	\$326.61	85.2%

*Mail Order % of Total Claims replaced with Mail Penetration rate- calculates % of mail days out of all days of therapy to normalize between channels. Utilization represents data including compounds & powders, direct claims, SSG and zero net-cost claims. Excludes external claims & high AWP claims.

STATE OF NEVADA PEBP – EPO (CONT)

Prescription Drug Utilization

FY22 vs FY23

Member Cost Summary	Total		
	Q1 - Q4 FY 2023	Q1 - Q4 FY 2022	Change
Total Member Cost Share	\$3,267,229	\$3,384,939	-3.5%
Generic Cost Share	\$767,336	\$969,659	-20.9%
Brand Cost Share	\$2,499,893	\$2,415,280	3.5%
MSB Cost Share	\$56,010	\$37,221	50.5%
Total Copay	\$3,264,742	\$3,374,770	-3.3%
Total Deductible	\$2,487	\$10,169	-75.5%
Avg Copay per Claim (Member Cost Share/ARx)	\$24.24	\$22.09	9.7%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$6.65	\$7.40	-10.2%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$128.80	\$108.41	18.8%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$84.10	\$38.29	119.6%
Copay % of Total Prescription Cost (Member Cost Share %)	16.3%	17.2%	-0.9

Plan Cost Summary	Q1 - Q4 FY 2023	Q1 - Q4 FY 2022	Change
Total Plan Cost (Plan Cost)	\$16,820,032	\$16,290,522	3.3%
Generic Plan Cost	\$1,227,385	\$1,799,820	-31.8%
Brand Plan Cost	\$15,592,647	\$14,490,702	7.6%
MSB Plan Cost	\$346,856	\$280,240	23.8%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$8,291,934	\$8,709,373	-4.8%
Total Specialty Drug Cost (Specialty Plan Cost)	\$8,528,097	\$7,581,149	12.5%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$124.78	\$106.30	17.4%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$10.64	\$13.74	-22.6%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$803.37	\$650.42	23.5%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$520.80	\$288.31	80.6%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$62.29	\$57.41	8.5%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$5,070.21	\$4,913.25	3.2%
Plan Cost PMPM	\$217.75	\$180.67	20.5%
Non-Specialty Plan Cost PMPM	\$107.35	\$96.59	11.1%
Specialty Plan Cost PMPM	\$110.40	\$84.08	31.3%
Specialty % of Plan Cost	50.7%	46.5%	4.2
Net Plan Cost PMPM (factoring Rebates)	\$153.72	\$134.53	14.3%
Non-Specialty Plan Cost PMPM	\$69.71	\$64.75	7.7%
Specialty Plan Cost PMPM	\$84.02	\$69.78	20.4%

*Mail Order % of Total Claims replaced with Mail Penetration rate- calculates % of mail days out of all days of therapy to normalize between channels. Utilization represents data including compounds & powders, direct claims, SSG and zero net-cost claims. Excludes external claims & high AWP claims.

Prescription Drug Utilization

FY22 vs FY23

Membership Summary	Total		
	Q1 - Q4 FY 2023	Q1 - Q4 FY 2022	Change
Member Count (Membership)	14,339	8,533	68.0%
Utilizing Member Count (Patients)	11,981	7,382	62.3%
Percent Utilizing (Utilization)	83.6%	86.5%	-3.0

Claim Summary	Q1 - Q4 FY 2023	Q1 - Q4 FY 2022	Change
Net Claims (Total Adjusted Rx's)	203,944	117,974	72.9%
Claims per Elig Member per Month (Claims PMPM)	1.19	1.15	2.9%
Total Claims for Generic (Generic ARx)	173,375	99,355	74.5%
Total Claims for Brand (Brand ARx)	30,569	18,619	64.2%
Total Claims for Multisource Brand Claims (MSB ARx)	1,084	785	38.1%
Total Non-Specialty Claims	201,782	116,934	72.6%
Total Specialty Claims	2,162	1,040	107.9%
Generic % of Total Claims (GFR)	85.0%	84.2%	0.8
Generic Effective Rate (GCR)	99.4%	99.2%	0.2
Mail Order Claims	63,866	32,171	98.5%
Mail Penetration Rate*	35.9%	31.7%	4.1

Claims Cost Summary	Q1 - Q4 FY 2023	Q1 - Q4 FY 2022	Change
Total Prescription Cost (Total Gross Cost)	\$25,113,901	\$12,767,250	96.7%
Total Generic Gross Cost	\$3,197,740	\$2,359,389	35.5%
Total Brand Gross Cost	\$21,916,161	\$10,407,860	110.6%
Total MSB Gross Cost	\$579,414	\$288,557	100.8%
Total Ingredient Cost	\$24,285,157	\$12,552,322	93.5%
Total Dispensing Fee	\$795,375	\$205,132	287.7%
Total Other (e.g. tax)	\$33,369	\$9,795	240.7%
Avg Total Cost per Claim (Gross Cost/ARx)	\$123.14	\$108.22	13.8%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$18.44	\$23.75	-22.3%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$716.94	\$558.99	28.3%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$534.51	\$367.59	45.4%

*Mail Order % of Total Claims replaced with Mail Penetration rate- calculates % of mail days out of all days of therapy to normalize between channels. Utilization represents data including compounds & powders, direct claims, SSG and zero net-cost claims. Excludes external claims & high AWP claims.

STATE OF NEVADA PEBP – PPO (CONT)

Prescription Drug Utilization

FY22 vs FY23

Member Cost Summary	Total		
	Q1 - Q4 FY 2023	Q1 - Q4 FY 2022	Change
Total Member Cost Share	\$4,122,321	\$2,357,089	74.9%
Generic Cost Share	\$1,085,325	\$719,438	50.9%
Brand Cost Share	\$3,036,996	\$1,637,651	85.4%
MSB Cost Share	\$43,046	\$25,112	71.4%
Total Copay	\$4,122,321	\$2,332,020	76.8%
Total Deductible	\$0	\$0	NA
Avg Copay per Claim (Member Cost Share/ARx)	\$20.21	\$19.98	1.2%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$6.26	\$7.24	-13.5%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$99.35	\$87.96	13.0%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$39.71	\$31.99	24.1%
Copay % of Total Prescription Cost (Member Cost Share %)	16.4%	18.5%	-2.0

Plan Cost Summary	Q1 - Q4 FY 2023	Q1 - Q4 FY 2022	Change
Total Plan Cost (Plan Cost)	\$20,991,580	\$10,410,161	101.6%
Generic Plan Cost	\$2,112,415	\$1,639,951	28.8%
Brand Plan Cost	\$18,879,165	\$8,770,210	115.3%
MSB Plan Cost	\$536,368	\$263,445	103.6%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$11,779,306	\$6,262,475	88.1%
Total Specialty Drug Cost (Specialty Plan Cost)	\$9,212,274	\$4,147,686	122.1%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$102.93	\$88.24	16.6%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$12.18	\$16.51	-26.2%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$617.59	\$471.04	31.1%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$494.80	\$335.60	47.4%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$58.38	\$53.56	9.0%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$4,261.00	\$3,988.16	6.8%
Plan Cost PMPM	\$122.00	\$101.67	20.0%
Non-Specialty Plan Cost PMPM	\$68.46	\$61.16	11.9%
Specialty Plan Cost PMPM	\$53.54	\$40.51	32.2%
Specialty % of Plan Cost	43.9%	39.8%	4.0
Net Plan Cost PMPM (factoring Rebates)	\$84.22	\$77.03	9.3%
Non-Specialty Plan Cost PMPM	\$46.20	\$42.92	7.7%
Specialty Plan Cost PMPM	\$38.02	\$34.12	11.4%

*Mail Order % of Total Claims replaced with Mail Penetration rate- calculates % of mail days out of all days of therapy to normalize between channels. Utilization represents data including compounds & powders, direct claims, SSG and zero net-cost claims. Excludes external claims & high AWP claims.

Prescription Drug Utilization

LOB Breakouts for FY2023

Membership Summary	Total	EPO	CDHP	PPO
Member Count (Membership)	48,303	6,437	27,535	14,339
Utilizing Member Count (Patients)	38,313	5,543	20,954	11,981
Percent Utilizing (Utilization)	79.3%	86.1%	76.1%	84%

Claim Summary	Total	EPO	CDHP	PPO
Net Claims (Total Rx's)	714,597	134,802	375,851	203,944
Claims per Elig Member per Month (Claims PMPM)	1.23	1.75	1.14	1.19
Total Claims for Generic (Generic Rx)	613,990	115,393	325,222	173,375
Total Claims for Brand (Brand Rx)	100,607	19,409	50,629	30,569
Total Claims for Multisource Brand Claims (MSB Rx)	3,239	666	1,489	1,084
Total Non-Specialty Claims	706,819	133,120	371,917	201,782
Total Specialty Claims	7,778	1,682	3,934	2,162
Generic % of Total Claims (GFR)	85.9%	85.6%	86.5%	85.0%
Generic Effective Rate (GCR)	99.5%	99.4%	99.5%	99.4%
Mail Order Claims	208,522	38,666	105,990	63,866
Mail Penetration Rate*	33.0%	31.6%	32.0%	35.9%

Claims Cost Summary	Total	EPO	CDHP	PPO
Total Prescription Cost (Total Gross Cost)	\$88,635,547	\$20,087,261	\$43,434,385	\$25,113,901
Total Generic Gross Cost	\$10,270,523	\$1,994,720	\$5,078,063	\$3,197,740
Total Brand Gross Cost	\$78,365,024	\$18,092,541	\$38,356,322	\$21,916,161
Total MSB Gross Cost	\$1,799,352	\$402,866	\$817,072	\$579,414
Total Ingredient Cost	\$85,774,503	\$19,551,811	\$41,937,535	\$24,285,157
Total Dispensing Fee	\$1,968,367	\$516,496	\$1,451,872	\$795,375
Total Other (e.g. tax)	\$97,301	\$18,954	\$44,979	\$33,369
Avg Total Cost per Claim (Gross Cost/Rx)	\$124.04	\$149.01	\$115.56	\$123.14
Avg Total Cost for Generic (Generic Gross Cost/Generic Rx)	\$16.73	\$17.29	\$15.61	\$18.44
Avg Total Cost for Brand (Brand Gross Cost/Brand Rx)	\$778.92	\$932.17	\$757.60	\$716.94
Avg Total Cost for MSB (MSB Gross Cost/MSB Rx)	\$555.53	\$604.90	\$548.74	\$534.51

*Mail Order % of Total Claims replaced with Mail Penetration rate- calculates % of mail days out of all days of therapy to normalize between channels. Utilization represents data including compounds & powders, direct claims, SSG and zero net-cost claims. Excludes external claims & high AWP claims.



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FY23

STATE OF NEVADA PEBP TOTAL SUMMARY

Prescription Drug Utilization

LOB Breakouts for FY2023

Member Cost Summary	Total	EPO	CDHP	PPO
Total Member Cost Share	\$17,246,270	\$3,267,229	\$9,856,720	\$4,122,321
Generic Cost Share	\$3,928,558	\$767,336	\$2,075,897	\$1,085,325
Brand Cost Share	\$13,317,713	\$2,499,893	\$7,780,823	\$3,036,996
MSB Cost Share	\$326,829	\$56,010	\$227,774	\$43,046
Total Copay	\$15,429,573	\$3,264,742	\$8,042,510	\$4,122,321
Total Deductible	\$1,816,698	\$2,487	\$1,814,211	\$0
Avg Copay per Claim (Member Cost Share/Rx)	\$24.13	\$24.24	\$26.23	\$20.21
Avg Copay for Generic (Generic Member Cost Share/Generic Rx)	\$6.40	\$6.65	\$6.38	\$6.26
Avg Copay for Brand (Brand Member Cost Share/Brand Rx)	\$132.37	\$128.80	\$153.68	\$99.35
Avg Copay for MSB (MSB Member Cost Share/MSB Rx)	\$100.90	\$84.10	\$152.97	\$39.71
Copay % of Total Prescription Cost (Member Cost Share %)	19.5%	16.3%	22.7%	16.4%

Plan Cost Summary	Total	EPO	CDHP	PPO
Total Plan Cost (Plan Cost)	\$71,389,277	\$16,820,032	\$33,577,665	\$20,991,580
Generic Plan Cost	\$6,341,965	\$1,227,385	\$3,002,166	\$2,112,415
Brand Plan Cost	\$65,047,311	\$15,592,647	\$30,575,499	\$18,879,165
MSB Plan Cost	\$1,472,522	\$346,856	\$589,299	\$536,368
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$34,973,699	\$8,291,934	\$14,902,458	\$11,779,306
Total Specialty Drug Cost (Specialty Plan Cost)	\$36,415,578	\$8,528,097	\$18,675,207	\$9,212,274
Avg Plan Cost per Claim (Plan Cost/Rx)	\$99.90	\$124.78	\$89.34	\$102.93
Avg Plan Cost for Generic (Generic Plan Cost/Generic Rx)	\$10.33	\$10.64	\$9.23	\$12.18
Avg Plan Cost for Brand (Brand Plan Cost/Brand Rx)	\$646.55	\$803.37	\$603.91	\$617.59
Avg Plan Cost for MSB (MSB Plan Cost/MSB Rx)	\$454.62	\$520.80	\$395.77	\$494.80
Avg Non-Specialty Plan Cost per Claim (Plan Cost/Rx)	\$49.48	\$62.29	\$40.07	\$58.38
Avg Specialty Plan Cost per Claim (Plan Cost/Rx)	\$4,681.87	\$5,070.21	\$4,747.13	\$4,261.00
Plan Cost PMPM	\$123.16	\$217.75	\$101.62	\$122.00
Non-Specialty Plan Cost PMPM	\$60.34	\$107.35	\$45.10	\$68.46
Specialty Plan Cost PMPM	\$62.82	\$110.40	\$56.52	\$53.54
Specialty % of Plan Cost	51.0%	50.7%	55.6%	43.9%
Net Plan Cost PMPM (factoring Rebates)	\$85.68	\$153.72	\$70.51	\$84.22
Non-Specialty Net Plan Cost PMPM	\$38.91	\$69.71	\$27.90	\$46.20
Specialty Net Plan Cost PMPM	\$46.77	\$84.02	\$42.61	\$38.02

*Mail Order % of Total Claims replaced with Mail Penetration rate- calculates % of mail days out of all days of therapy to normalize between channels. Utilization represents data including compounds & powders, direct claims, SSG and zero net-cost claims. Excludes external claims & high AWP claims.



FY23

STATE OF NEVADA PEBP TOTAL SUMMARY

Prescription Drug Utilization

FY22 vs FY23

Membership Summary	Total		
	Q1 - Q4 FY 2023	Q1 - Q4 FY 2022	Change
Member Count (Membership)	48,303	49,231	-1.9%
Utilizing Member Count (Patients)	38,313	40,228	-4.8%
Percent Utilizing (Utilization)	79.3%	81.7%	-2.4

Claim Summary	Q1 - Q4 FY 2023	Q1 - Q4 FY 2022	Change
Net Claims (Total Adjusted Rx's)	714,597	708,613	0.8%
Claims per Elig Member per Month (Claims PMPM)	1.23	1.20	2.8%
Total Claims for Generic (Generic ARx)	613,990	604,452	1.6%
Total Claims for Brand (Brand ARx)	100,607	104,161	-3.4%
Total Claims for Multisource Brand Claims (MSB ARx)	3,239	4,271	-24.2%
Total Non-Specialty Claims	706,819	701,756	0.7%
Total Specialty Claims	7,778	6,857	13.4%
Generic % of Total Claims (GFR)	85.9%	85.3%	0.6
Generic Effective Rate (GCR)	99.5%	99.3%	0.2
Mail Order Claims	208,522	173,968	19.9%
Mail Penetration Rate*	33.0%	28.2%	4.8

Claims Cost Summary	Q1 - Q4 FY 2023	Q1 - Q4 FY 2022	Change
Total Prescription Cost (Total Gross Cost)	\$88,635,547	\$79,688,696	11.2%
Total Generic Gross Cost	\$10,270,523	\$11,380,669	-9.8%
Total Brand Gross Cost	\$78,365,024	\$68,308,027	14.7%
Total MSB Gross Cost	\$1,799,352	\$1,697,833	6.0%
Total Ingredient Cost	\$85,774,503	\$78,427,952	9.4%
Total Dispensing Fee	\$2,763,743	\$1,217,171	127.1%
Total Other (e.g. tax)	\$97,301	\$43,573	123.3%
Avg Total Cost per Claim (Gross Cost/ARx)	\$124.04	\$112.46	10.3%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$16.73	\$18.83	-11.2%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$778.92	\$655.79	18.8%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$555.53	\$397.53	39.7%

*Mail Order % of Total Claims replaced with Mail Penetration rate- calculates % of mail days out of all days of therapy to normalize between channels. Utilization represents data including compounds & powders, direct claims, SSG and zero net-cost claims. Excludes external claims & high AWP claims.

STATE OF NEVADA PEBP TOTAL SUMMARY (CONT)

Prescription Drug Utilization

FY22 vs FY23

Member Cost Summary	Total		
	Q1 - Q4 FY 2023	Q1 - Q4 FY 2022	Change
Total Member Cost Share	\$17,246,270	\$17,329,087	-0.5%
Generic Cost Share	\$3,928,558	\$4,680,343	-16.1%
Brand Cost Share	\$13,317,713	\$12,648,744	5.3%
MSB Cost Share	\$326,829	\$326,573	0.1%
Total Copay	\$15,429,573	\$14,836,913	4.0%
Total Deductible	\$1,816,698	\$2,492,174	-27.1%
Avg Copay per Claim (Member Cost Share/ARx)	\$24.13	\$24.45	-1.3%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$6.40	\$7.74	-17.4%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$132.37	\$121.43	9.0%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$100.90	\$76.46	32.0%
Copay % of Total Prescription Cost (Member Cost Share %)	19.5%	21.7%	-2.3

Plan Cost Summary	Total		
	Q1 - Q4 FY 2023	Q1 - Q4 FY 2022	Change
Total Plan Cost (Plan Cost)	\$71,389,277	\$62,359,609	14.5%
Generic Plan Cost	\$6,341,965	\$6,700,326	-5.3%
Brand Plan Cost	\$65,047,311	\$55,659,283	16.9%
MSB Plan Cost	\$1,472,522	\$1,371,260	7.4%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$34,973,699	\$29,714,904	17.7%
Total Specialty Drug Cost (Specialty Plan Cost)	\$36,415,578	\$32,644,704	11.6%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$99.90	\$88.00	13.5%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$10.33	\$11.08	-6.8%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$646.55	\$534.36	21.0%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$454.62	\$321.06	41.6%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$49.48	\$42.34	16.9%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$4,681.87	\$4,760.79	-1.7%
Plan Cost PMPM	\$123.16	\$105.56	16.7%
Non-Specialty Plan Cost PMPM	\$60.34	\$50.30	20.0%
Specialty Plan Cost PMPM	\$62.82	\$55.26	13.7%
Specialty % of Plan Cost	51.0%	52.3%	(1.3)
Net Plan Cost PMPM (factoring Rebates)	\$85.68	\$79.63	7.6%
Non-Specialty Plan Cost PMPM	\$38.91	\$32.96	18.0%
Specialty Plan Cost PMPM	\$46.77	\$46.67	0.2%

*Mail Order % of Total Claims replaced with Mail Penetration rate- calculates % of mail days out of all days of therapy to normalize between channels. Utilization represents data including compounds & powders, direct claims, SSG and zero net-cost claims. Excludes external claims & high AWP claims.

STATE OF NEVADA PEBP KEY METRICS

Prescription Drug Utilization

State of Nevada PEBP

FY2023

Description	Grand Total	EPO	CDHP	PPO
Avg Members per Month	48,332	6,437	27,535	14,339
Pct Members Utilizing Benefit	79.3%	86.1%	76.1%	83.6%
Total Plan Cost	\$ 71,389,277	\$ 16,820,032	\$ 33,577,665	\$ 20,991,580
Total Days	18,679,948	3,619,797	9,795,772	5,264,379
Total Adjusted Rxs	714,597	134,802	375,851	203,944
Plan Cost PMPM	\$ 123.16	\$ 217.75	\$ 101.62	\$ 122.00
Plan Cost Net PMPM	\$ 85.68	\$ 153.72	\$ 70.51	\$ 84.22
Plan Cost/Day	\$ 3.82	\$ 4.65	\$ 3.43	\$ 3.99
Plan Cost per Adjusted Rx	\$ 99.90	\$ 124.78	\$ 89.34	\$ 102.93
Nbr Rxs PMPM	1.23	1.75	1.14	1.19
Generic Fill Rate	85.9%	85.6%	86.5%	85.0%
Home Delivery Utilization	33.0%	31.6%	32.0%	35.9%
Member Cost %	19.5%	16.3%	22.7%	16.4%
Specialty Percent of Plan Cost	51.0%	50.7%	55.6%	43.9%
Specialty Plan Cost PMPM	\$ 62.82	\$ 110.40	\$ 56.52	\$ 53.54
Formulary Compliance Rate	99.5%	99.3%	99.6%	99.4%

STATE OF NEVADA PEBP KEY METRICS (CONT)

Prescription Drug Utilization

State of Nevada PEBP					
FY2023 - Grand Total					
Description	Grand Total	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	48,303	41,843	5,900	12	557
Pct Members Utilizing Benefit	79.3%	78.3%	91.4%	75.0%	98.6%
Total Plan Cost	\$ 71,389,277	\$ 53,824,278	\$ 15,357,029	\$ 256,461	\$ 1,951,508
Total Days	18,679,948	13,626,941	4,368,152	9,047	675,808
Total Adjusted Rxs	714,597	530,034	159,876	330	24,357
Plan Cost PMPM	\$ 123.16	\$ 107.19	\$ 216.91	\$ 1,780.98	\$ 291.97
Plan Cost Net PMPM	\$ 85.68	\$ 75.40	\$ 147.32	\$ 1,420.76	\$ 174.93
Plan Cost/Day	\$ 3.82	\$ 3.95	\$ 3.52	\$ 28.35	\$ 2.89
Plan Cost per Adjusted Rx	\$ 99.90	\$ 101.55	\$ 96.06	\$ 777.15	\$ 80.12
Nbr Rxs PMPM	1.23	1.06	2.26	2.29	3.64
Generic Fill Rate	85.9%	85.5%	87.0%	83.9%	87.6%
Home Delivery Utilization	33.0%	30.7%	39.4%	85.5%	37.8%
Member Cost %	19.5%	19.4%	19.4%	29.9%	20.9%
Specialty Percent of Plan Cost	51.0%	50.9%	51.8%	95.0%	42.7%
Specialty Plan Cost PMPM	\$ 62.82	\$ 54.55	\$ 112.28	\$ 1,692.55	\$ 124.60
Formulary Compliance Rate	99.5%	99.5%	99.6%	100.0%	99.6%

STATE OF NEVADA PEBP KEY METRICS (CONT)

Prescription Drug Utilization

State of Nevada PEBP					
FY2023 - EPO					
Description	EPO	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	6,437	5,611	737	2	87
Pct Members Utilizing Benefit	86.1%	85.2%	99.7%	50.0%	97.7%
Total Plan Cost	\$ 16,820,032	\$ 12,949,321	\$ 3,567,713	\$ 11,156	\$ 291,842
Total Days	3,619,797	2,783,870	743,771	2,841	89,315
Total Adjusted Rxs	134,802	104,568	26,906	99	3,229
Plan Cost PMPM	\$ 217.75	\$ 192.32	\$ 403.40	\$ 557.79	\$ 279.54
Plan Cost Net PMPM	\$ 153.72	\$ 135.63	\$ 285.68	\$ 280.09	\$ 201.26
Plan Cost/Day	\$ 4.65	\$ 4.65	\$ 4.80	\$ 3.93	\$ 3.27
Plan Cost per Adjusted Rx	\$ 124.78	\$ 123.84	\$ 132.60	\$ 112.68	\$ 90.38
Nbr Rxs PMPM	1.75	1.55	3.04	4.13	3.64
Generic Fill Rate	85.6%	85.3%	86.3%	75.8%	89.8%
Home Delivery Utilization	31.6%	30.9%	33.8%	82.4%	33.4%
Member Cost %	16.3%	15.7%	17.8%	7.7%	22.8%
Specialty Percent of Plan Cost	50.7%	50.0%	53.3%	0.0%	53.2%
Specialty Plan Cost PMPM	\$ 110.40	\$ 96.12	\$ 214.96	\$ -	\$ 148.71
Formulary Compliance Rate	99.3%	99.3%	99.5%	100.0%	98.9%

STATE OF NEVADA PEBP KEY METRICS (CONT)

Prescription Drug Utilization

State of Nevada PEBP					
FY2023 - CDHP					
Description	CDHP	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	27,535	23,031	4,066	8	430
Pct Members Utilizing Benefit	76.1%	74.3%	88.6%	75.0%	98.4%
Total Plan Cost	\$ 33,577,665	\$ 23,128,420	\$ 8,857,088	\$ 117,413	\$ 1,474,743
Total Days	9,795,772	6,459,780	2,789,054	3,516	543,422
Total Adjusted Rxs	375,851	254,049	102,113	133	19,556
Plan Cost PMPM	\$ 101.62	\$ 83.69	\$ 181.53	\$ 1,223.05	\$ 285.80
Plan Cost Net PMPM	\$ 70.51	\$ 59.02	\$ 124.34	\$ 972.88	\$ 160.07
Plan Cost/Day	\$ 3.43	\$ 3.58	\$ 3.18	\$ 33.39	\$ 2.71
Plan Cost per Adjusted Rx	\$ 89.34	\$ 91.04	\$ 86.74	\$ 882.80	\$ 75.41
Nbr Rxs PMPM	1.14	0.92	2.09	1.39	3.79
Generic Fill Rate	86.5%	86.0%	87.7%	88.7%	86.9%
Home Delivery Utilization	32.0%	28.5%	39.1%	81.3%	37.9%
Member Cost %	22.7%	23.2%	21.3%	30.9%	21.5%
Specialty Percent of Plan Cost	55.6%	56.2%	55.8%	99.1%	41.6%
Specialty Plan Cost PMPM	\$ 56.52	\$ 47.04	\$ 101.34	\$ 1,212.03	\$ 118.88
Formulary Compliance Rate	99.6%	99.6%	99.6%	100.0%	99.7%

STATE OF NEVADA PEBP KEY METRICS (CONT)

Prescription Drug Utilization

State of Nevada PEBP					
FY2023 - PPO					
Description	PPO	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	14,339	13,201	1,097	2	39
Pct Members Utilizing Benefit	83.6%	83.0%	97.0%	100.0%	105.1%
Total Plan Cost	\$ 20,991,580	\$ 17,746,537	\$ 2,932,228	\$ 127,892	\$ 184,923
Total Days	5,264,379	4,383,291	835,327	2,690	43,071
Total Adjusted Rxs	203,944	171,417	30,857	98	1,572
Plan Cost PMPM	\$ 122.00	\$ 112.03	\$ 222.75	\$ 5,328.84	\$ 395.14
Plan Cost Net PMPM	\$ 84.22	\$ 78.37	\$ 139.54	\$ 4,399.63	\$ 284.57
Plan Cost/Day	\$ 3.99	\$ 4.05	\$ 3.51	\$ 47.54	\$ 4.29
Plan Cost per Adjusted Rx	\$ 102.93	\$ 103.53	\$ 95.03	\$ 1,305.02	\$ 117.64
Nbr Rxs PMPM	1.19	1.08	2.34	4.08	3.36
Generic Fill Rate	85.0%	85.0%	84.9%	85.7%	91.1%
Home Delivery Utilization	35.9%	33.9%	45.4%	94.4%	45.8%
Member Cost %	16.4%	16.5%	15.4%	30.4%	12.6%
Specialty Percent of Plan Cost	43.9%	44.6%	37.6%	99.6%	34.7%
Specialty Plan Cost PMPM	\$ 53.54	\$ 49.98	\$ 83.86	\$ 5,307.17	\$ 137.08
Formulary Compliance Rate	99.4%	99.4%	99.5%	100.0%	99.6%