

Nevada PEBP Q3 FY24 Report

7/1/2023 – 3/31/2024

Report Includes:

- CDHP Comparison Data from Q3 FY23 to Q3 FY24
- EPO Comparison Data from Q3 FY23 to Q3 FY24
- PPO Comparison Data from Q3 FY23 to Q3 FY24
- CDHP, EPO, PPO Breakout Data from Q3 FY23 to Q3 FY24
- Summary Comparison Data from Q3 FY24
- Key Metric Breakout Data from Q3 FY24

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

Cynthia Eaton (Cynthia.eaton@express-scripts.com)

6/04/24

Express Scripts

By **EVERNORTH**
Confidential Information

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN

+ Q3 FY24 vs Q3 FY23

Membership Summary	Q3 FY 2024	Q3 FY 2023	Change
Member Count (Membership)	48,814	48,328	1.0%
Utilizing Member Count (Patients)	34,916	36,034	-3.1%
Percent Utilizing (Utilization)	71.5%	74.6%	-3.1

Claim Summary	Q3 FY 2024	Q3 FY 2023	Change
Net Claims (Total Adjusted Rx's)	554,802	538,845	3.0%
Claims per Elig Member per Month (Claims PMPM)	1.26	1.24	1.9%
Total Claims for Generic (Generic ARx)	479,133	458,650	4.5%
Total Claims for Brand (Brand ARx)	75,669	80,195	-5.6%
Total Claims for Multisource Brand Claims (MSB ARx)	2,546	2,423	5.1%
Total Non-Specialty Claims	548,203	533,116	2.8%
Total Specialty Claims	6,599	5,729	15.2%
Generic % of Total Claims (GFR)	86.4%	85.1%	1.3
Generic Effective Rate (GCR)	99.5%	99.5%	0.0
Mail Order Claims	156,938	154,658	1.5%
Mail Penetration Rate*	32.1%	32.8%	-0.7

Claims Cost Summary	Q3 FY 2024	Q3 FY 2023	Change
Total Prescription Cost (Total Gross Cost)	\$78,086,072	\$65,494,155	19.2%
Total Generic Gross Cost	\$8,210,943	\$7,811,056	5.1%
Total Brand Gross Cost	\$69,875,129	\$57,683,100	21.1%
Total MSB Gross Cost	\$1,222,304	\$1,309,102	-6.6%
Total Ingredient Cost	\$75,676,059	\$63,279,365	19.6%
Total Dispensing Fee	\$2,351,149	\$2,138,045	10.0%
Total Other (e.g. tax)	\$58,864	\$76,746	-23.3%
Avg Total Cost per Claim (Gross Cost/ARx)	\$140.75	\$121.55	15.8%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$17.14	\$17.03	0.6%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$923.43	\$719.29	28.4%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$480.09	\$540.28	-11.1%

STATE OF NEVADA PEBP:

**PRESCRIPTION
DRUG UTILIZATION**
 + TOTAL PLAN
 + Q3 FY24 vs Q3 FY23

Member Cost Summary	Q3 FY 2024	Q3 FY 2023	Change
Total Member Cost Share	\$14,206,772	\$12,990,742	9.4%
Generic Cost Share	\$3,249,948	\$3,057,097	6.3%
Brand Cost Share	\$10,956,824	\$9,933,645	10.3%
MSB Cost Share	\$182,213	\$240,726	-24.3%
Total Copay	\$12,795,961	\$11,360,016	12.6%
Total Deductible	\$1,410,811	\$1,630,726	-13.5%
Avg Copay per Claim (Member Cost Share/ARx)	\$25.61	\$24.11	6.2%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$6.78	\$6.67	1.8%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$144.80	\$123.87	16.9%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$71.57	\$99.35	-28.0%
Copay % of Total Prescription Cost (Member Cost Share %)	18.2%	19.8%	-1.6
Plan Cost Summary	Q3 FY 2024	Q3 FY 2023	Change
Total Plan Cost (Plan Cost)	\$63,879,300	\$52,503,413	21.7%
Generic Plan Cost	\$4,960,995	\$4,753,958	4.4%
Brand Plan Cost	\$58,918,305	\$47,749,454	23.4%
MSB Plan Cost	\$1,040,090	\$1,068,376	-2.6%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$30,285,422	\$25,795,287	17.4%
Total Specialty Drug Cost (Specialty Plan Cost)	\$33,593,879	\$26,708,126	25.8%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$115.14	\$97.44	18.2%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$10.35	\$10.37	-0.1%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$778.63	\$595.42	30.8%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$408.52	\$440.93	-7.4%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$55.24	\$48.39	14.2%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$5,090.75	\$4,661.92	9.2%
Plan Cost PMPM	\$145.40	\$120.71	20.5%
Non-Specialty Plan Cost PMPM	\$68.94	\$59.31	16.2%
Specialty Plan Cost PMPM	\$76.47	\$61.40	24.5%
Specialty % of Plan Cost	52.6%	50.9%	1.7
Net Plan Cost PMPM (factoring Rebates)	\$95.03	\$83.71	13.5%
Non-Specialty Plan Cost PMPM	\$44.09	\$38.11	15.7%
Specialty Plan Cost PMPM	\$50.94	\$45.60	11.7%

STATE OF NEVADA PEBP:

**PRESCRIPTION
DRUG UTILIZATION**
+ CDHP PLAN
+ Q3 FY24 vs Q3 FY23

Membership Summary	Q3 FY 2024	Q3 FY 2023	Change
Member Count (Membership)	24,197	27,720	-12.7%
Utilizing Member Count (Patients)	16,420	19,800	-17.1%
Percent Utilizing (Utilization)	67.9%	71.4%	-3.5%

Claim Summary	Q3 FY 2024	Q3 FY 2023	Change
Net Claims (Total Adjusted Rx's)	254,470	285,096	-10.7%
Claims per Elig Member per Month (Claims PMPM)	1.17	1.14	2.3%
Total Claims for Generic (Generic ARx)	222,058	244,153	-9.0%
Total Claims for Brand (Brand ARx)	32,412	40,943	-20.8%
Total Claims for Multisource Brand Claims (MSB ARx)	921	1,131	-18.6%
Total Non-Specialty Claims	251,565	282,186	-10.9%
Total Specialty Claims	2,905	2,910	-0.2%
Generic % of Total Claims (GFR)	87.3%	85.6%	1.7
Generic Effective Rate (GCR)	99.6%	99.5%	0.0
Mail Order Claims	69,807	79,193	-11.9%
Mail Penetration Rate*	31.2%	31.9%	-0.7%

Claims Cost Summary	Q3 FY 2024	Q3 FY 2023	Change
Total Prescription Cost (Total Gross Cost)	\$32,565,038	\$32,496,133	0.2%
Total Generic Gross Cost	\$3,324,684	\$3,846,786	-13.6%
Total Brand Gross Cost	\$29,240,354	\$28,649,347	2.1%
Total MSB Gross Cost	\$402,567	\$636,697	-36.8%
Total Ingredient Cost	\$31,451,608	\$31,327,047	0.4%
Total Dispensing Fee	\$1,091,671	\$1,133,208	-3.7%
Total Other (e.g. tax)	\$21,758	\$35,878	-39.4%
Avg Total Cost per Claim (Gross Cost/ARx)	\$127.97	\$113.98	12.3%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$14.97	\$15.76	-5.0%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$902.15	\$699.74	28.9%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$437.10	\$562.95	-22.4%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ CDHP PLAN

+ Q3 FY24 vs Q3 FY23

Member Cost Summary	Q3 FY 2024	Q3 FY 2023	Change
Total Member Cost Share	\$7,303,881	\$7,633,929	-4.3%
Generic Cost Share	\$1,508,430	\$1,673,415	-9.9%
Brand Cost Share	\$5,795,451	\$5,960,514	-2.8%
MSB Cost Share	\$106,214	\$184,123	-42.3%
Total Copay	\$5,894,999	\$6,005,678	-1.8%
Total Deductible	\$1,408,882	\$1,628,252	-13.5%
Avg Copay per Claim (Member Cost Share/ARx)	\$28.70	\$26.78	7.2%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$6.79	\$6.85	-0.9%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$178.81	\$145.58	22.8%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$115.32	\$162.80	-29.2%
Copay % of Total Prescription Cost (Member Cost Share %)	22.4%	23.5%	-1.1
Plan Cost Summary	Q3 FY 2024	Q3 FY 2023	Change
Total Plan Cost (Plan Cost)	\$25,261,156	\$24,862,204	1.6%
Generic Plan Cost	\$1,816,253	\$2,173,371	-16.4%
Brand Plan Cost	\$23,444,903	\$22,688,833	3.3%
MSB Plan Cost	\$296,353	\$452,575	-34.5%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$10,589,174	\$10,946,413	-3.3%
Total Specialty Drug Cost (Specialty Plan Cost)	\$14,671,982	\$13,915,791	5.4%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$99.27	\$87.21	13.8%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$8.18	\$8.90	-8.1%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$723.34	\$554.16	30.5%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$321.77	\$400.15	-19.6%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$42.09	\$38.79	8.5%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$5,050.60	\$4,782.06	5.6%
Plan Cost PMPM	\$116.00	\$99.66	16.4%
Non-Specialty Plan Cost PMPM	\$48.62	\$43.88	10.8%
Specialty Plan Cost PMPM	\$67.37	\$55.78	20.8%
Specialty % of Plan Cost	58.1%	56.0%	2.1
Net Plan Cost PMPM (factoring Rebates)	\$74.39	\$68.98	7.8%
Non-Specialty Plan Cost PMPM	\$29.36	\$26.87	9.3%
Specialty Plan Cost PMPM	\$45.03	\$42.11	6.9%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN

+ Q3 FY24 vs Q3 FY23

Membership Summary	Q3 FY 2024	Q3 FY 2023	Change
Member Count (Membership)	5,767	6,498	-11.2%
Utilizing Member Count (Patients)	4,508	5,307	-15.1%
Percent Utilizing (Utilization)	78.2%	81.7%	-3.5%

Claim Summary	Q3 FY 2024	Q3 FY 2023	Change
Net Claims (Total Adjusted Rx's)	94,902	102,425	-7.3%
Claims per Elig Member per Month (Claims PMPM)	1.83	1.75	4.4%
Total Claims for Generic (Generic ARx)	81,545	87,170	-6.5%
Total Claims for Brand (Brand ARx)	13,357	15,255	-12.4%
Total Claims for Multisource Brand Claims (MSB ARx)	515	500	3.0%
Total Non-Specialty Claims	93,757	101,165	-7.3%
Total Specialty Claims	1,145	1,260	-9.1%
Generic % of Total Claims (GFR)	85.9%	85.1%	0.8
Generic Effective Rate (GCR)	99.4%	99.4%	-0.1
Mail Order Claims	27,959	28,564	-2.1%
Mail Penetration Rate*	32.4%	31.0%	1.5

Claims Cost Summary	Q3 FY 2024	Q3 FY 2023	Change
Total Prescription Cost (Total Gross Cost)	\$15,265,936	\$14,872,507	2.6%
Total Generic Gross Cost	\$1,434,234	\$1,551,425	-7.6%
Total Brand Gross Cost	\$13,831,701	\$13,321,082	3.8%
Total MSB Gross Cost	\$300,275	\$284,565	5.5%
Total Ingredient Cost	\$14,862,685	\$14,460,263	2.8%
Total Dispensing Fee	\$390,394	\$397,601	-1.8%
Total Other (e.g. tax)	\$12,856	\$14,642	-12.2%
Avg Total Cost per Claim (Gross Cost/ARx)	\$160.86	\$145.20	10.8%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$17.59	\$17.80	-1.2%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$1,035.54	\$873.23	18.6%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$583.06	\$569.13	2.4%

Express Scripts

By EVERNORTH
Confidential Information

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN

+ Q3 FY24 vs Q3 FY23

Member Cost Summary	Q3 FY 2024	Q3 FY 2023	Change
Total Member Cost Share	\$2,287,037	\$2,401,682	-4.8%
Generic Cost Share	\$561,158	\$581,222	-3.5%
Brand Cost Share	\$1,725,880	\$1,820,459	-5.2%
MSB Cost Share	\$35,639	\$35,414	0.6%
Total Copay	\$2,285,109	\$2,399,207	-4.8%
Total Deductible	\$1,929	\$2,474	-22.1%
Avg Copay per Claim (Member Cost Share/ARx)	\$24.10	\$23.45	2.8%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$6.88	\$6.67	3.2%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$129.21	\$119.34	8.3%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$69.20	\$70.83	-2.3%
Copay % of Total Prescription Cost (Member Cost Share %)	15.0%	16.1%	-1.1
Plan Cost Summary	Q3 FY 2024	Q3 FY 2023	Change
Total Plan Cost (Plan Cost)	\$12,978,898	\$12,470,826	4.1%
Generic Plan Cost	\$873,077	\$970,203	-10.0%
Brand Plan Cost	\$12,105,821	\$11,500,623	5.3%
MSB Plan Cost	\$264,637	\$249,151	6.2%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$6,236,188	\$6,252,963	-0.3%
Total Specialty Drug Cost (Specialty Plan Cost)	\$6,742,711	\$6,217,863	8.4%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$136.76	\$121.76	12.3%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$10.71	\$11.13	-3.8%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$906.33	\$753.89	20.2%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$513.86	\$498.30	3.1%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$66.51	\$61.81	7.6%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$5,888.83	\$4,934.81	19.3%
Plan Cost PMPM	\$250.06	\$213.24	17.3%
Non-Specialty Plan Cost PMPM	\$120.15	\$106.92	12.4%
Specialty Plan Cost PMPM	\$129.91	\$106.32	22.2%
Specialty % of Plan Cost	52.0%	49.9%	2.1
Net Plan Cost PMPM (factoring Rebates)	\$167.99	\$149.33	12.5%
Non-Specialty Plan Cost PMPM	\$76.00	\$69.36	9.6%
Specialty Plan Cost PMPM	\$92.00	\$79.97	15.0%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ PPO PLAN

+ Q3 FY24 vs Q3 FY23

Membership Summary	Q3 FY 2024	Q3 FY 2023	Change
Member Count (Membership)	18,852	14,114	33.6%
Utilizing Member Count (Patients)	14,049	11,038	27.3%
Percent Utilizing (Utilization)	74.5%	78.2%	-3.7

Claim Summary	Q3 FY 2024	Q3 FY 2023	Change
Net Claims (Total Adjusted Rx's)	205,430	151,324	35.8%
Claims per Elig Member per Month (Claims PMPM)	1.21	1.19	1.6%
Total Claims for Generic (Generic ARx)	175,530	127,327	37.9%
Total Claims for Brand (Brand ARx)	29,900	23,997	24.6%
Total Claims for Multisource Brand Claims (MSB ARx)	1,110	792	40.2%
Total Non-Specialty Claims	202,881	149,765	35.5%
Total Specialty Claims	2,549	1,559	63.5%
Generic % of Total Claims (GFR)	85.4%	84.1%	1.3
Generic Effective Rate (GCR)	99.4%	99.4%	0.0
Mail Order Claims	59,172	46,901	26.2%
Mail Penetration Rate*	33.0%	35.9%	-2.9

Claims Cost Summary	Q3 FY 2024	Q3 FY 2023	Change
Total Prescription Cost (Total Gross Cost)	\$30,255,099	\$18,125,515	66.9%
Total Generic Gross Cost	\$3,452,025	\$2,412,844	43.1%
Total Brand Gross Cost	\$26,803,074	\$15,712,671	70.6%
Total MSB Gross Cost	\$519,461	\$387,840	33.9%
Total Ingredient Cost	\$29,361,766	\$17,492,054	67.9%
Total Dispensing Fee	\$869,084	\$607,236	43.1%
Total Other (e.g. tax)	\$24,249	\$26,225	-7.5%
Avg Total Cost per Claim (Gross Cost/ARx)	\$147.28	\$119.78	23.0%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$19.67	\$18.95	3.8%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$896.42	\$654.78	36.9%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$467.98	\$489.70	-4.4%

Express Scripts

By EVERNORTH
Confidential Information

STATE OF NEVADA PEBP:

**PRESCRIPTION
DRUG UTILIZATION**
+ PPO PLAN
+ Q3 FY24 vs Q3 FY23

Member Cost Summary	Q3 FY 2024	Q3 FY 2023	Change
Total Member Cost Share	\$4,615,853	\$2,955,131	56.2%
Generic Cost Share	\$1,180,360	\$802,460	47.1%
Brand Cost Share	\$3,435,493	\$2,152,672	59.6%
MSB Cost Share	\$40,361	\$21,189	90.5%
Total Copay	\$4,615,853	\$2,955,131	56.2%
Total Deductible	\$0	\$0	NA
Avg Copay per Claim (Member Cost Share/ARx)	\$22.47	\$19.53	15.1%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$6.72	\$6.30	6.7%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$114.90	\$89.71	28.1%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$36.36	\$26.75	35.9%
Copay % of Total Prescription Cost (Member Cost Share %)	15.3%	16.3%	-1.0
Plan Cost Summary	Q3 FY 2024	Q3 FY 2023	Change
Total Plan Cost (Plan Cost)	\$25,639,246	\$15,170,384	69.0%
Generic Plan Cost	\$2,271,665	\$1,610,384	41.1%
Brand Plan Cost	\$23,367,581	\$13,559,999	72.3%
MSB Plan Cost	\$479,100	\$366,651	30.7%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$13,460,060	\$8,595,912	56.6%
Total Specialty Drug Cost (Specialty Plan Cost)	\$12,179,186	\$6,574,472	85.2%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$124.81	\$100.25	24.5%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$12.94	\$12.65	2.3%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$781.52	\$565.07	38.3%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$431.62	\$462.94	-6.8%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$66.34	\$57.40	15.6%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$4,778.03	\$4,217.11	13.3%
Plan Cost PMPM	\$151.11	\$119.43	26.5%
Non-Specialty Plan Cost PMPM	\$79.33	\$67.67	17.2%
Specialty Plan Cost PMPM	\$71.78	\$51.76	38.7%
Specialty % of Plan Cost	47.5%	43.3%	4.2
Net Plan Cost PMPM (factoring Rebates)	\$99.19	\$82.39	20.4%
Non-Specialty Plan Cost PMPM	\$53.22	\$45.79	16.2%
Specialty Plan Cost PMPM	\$45.97	\$36.61	25.6%

STATE OF NEVADA PEBP:

**PRESCRIPTION
DRUG UTILIZATION**
+ EPO, CDHP, & PPO PLAN
+ Q3 FY24 vs Q3 FY23

Membership Summary	Total	EPO	CDHP	PPO
Member Count (Membership)	48,814	5,767	24,197	18,852
Utilizing Member Count (Patients)	34,916	4,508	16,420	14,049
Percent Utilizing (Utilization)	71.5%	78.2%	67.9%	74.5%

Claim Summary	Total	EPO	CDHP	PPO
Net Claims (Total Rx's)	554,802	94,902	254,470	205,430
Claims per Elig Member per Month (Claims PMPM)	1.26	1.83	1.17	1.21
Total Claims for Generic (Generic Rx)	479,133	81,545	222,058	175,530
Total Claims for Brand (Brand Rx)	75,669	13,357	32,412	29,900
Total Claims for Multisource Brand Claims (MSB Rx)	2,546	515	921	1,110
Total Non-Specialty Claims	548,203	93,757	251,565	202,881
Total Specialty Claims	6,599	1,145	2,905	2,549
Generic % of Total Claims (GFR)	86.4%	85.9%	87.3%	85.4%
Generic Effective Rate (GCR)	99.5%	99.4%	99.6%	99.4%
Mail Order Claims	156,938	27,959	69,807	59,172
Mail Penetration Rate*	32.1%	32.4%	31.2%	33.0%

Claims Cost Summary	Total	EPO	CDHP	PPO
Total Prescription Cost (Total Gross Cost)	\$78,086,072	\$15,265,936	\$32,565,038	\$30,255,099
Total Generic Gross Cost	\$8,210,943	\$1,434,234	\$3,324,684	\$3,452,025
Total Brand Gross Cost	\$69,875,129	\$13,831,701	\$29,240,354	\$26,803,074
Total MSB Gross Cost	\$1,222,304	\$300,275	\$402,567	\$519,461
Total Ingredient Cost	\$75,676,059	\$14,862,685	\$31,451,608	\$29,361,766
Total Dispensing Fee	\$1,482,066	\$390,394	\$1,091,671	\$869,084
Total Other (e.g. tax)	\$58,864	\$12,856	\$21,758	\$24,249
Avg Total Cost per Claim (Gross Cost/Rx)	\$140.75	\$160.86	\$127.97	\$147.28
Avg Total Cost for Generic (Generic Gross Cost/Generic Rx)	\$17.14	\$17.59	\$14.97	\$19.67
Avg Total Cost for Brand (Brand Gross Cost/Brand Rx)	\$923.43	\$1,035.54	\$902.15	\$896.42
Avg Total Cost for MSB (MSB Gross Cost/MSB Rx)	\$480.09	\$583.06	\$437.10	\$467.98

STATE OF NEVADA PEBP:

PRESCRIPTION
DRUG UTILIZATION
+ EPO, CDHP, & PPO PLAN
+ Q3 FY24 vs Q3 FY23

Member Cost Summary	Total	EPO	CDHP	PPO
Total Member Cost Share	\$14,206,772	\$2,287,037	\$7,303,881	\$4,615,853
Generic Cost Share	\$3,249,948	\$561,158	\$1,508,430	\$1,180,360
Brand Cost Share	\$10,956,824	\$1,725,880	\$5,795,451	\$3,435,493
MSB Cost Share	\$182,213	\$35,639	\$106,214	\$40,361
Total Copay	\$12,795,961	\$2,285,109	\$5,894,999	\$4,615,853
Total Deductible	\$1,410,811	\$1,929	\$1,408,882	\$0
Avg Copay per Claim (Member Cost Share/Rx)	\$25.61	\$24.10	\$28.70	\$22.47
Avg Copay for Generic (Generic Member Cost Share/Generic Rx)	\$6.78	\$6.88	\$6.79	\$6.72
Avg Copay for Brand (Brand Member Cost Share/Brand Rx)	\$144.80	\$129.21	\$178.81	\$114.90
Avg Copay for MSB (MSB Member Cost Share/MSB Rx)	\$71.57	\$69.20	\$115.32	\$36.36
Copay % of Total Prescription Cost (Member Cost Share %)	18.2%	15.0%	22.4%	15.3%

Plan Cost Summary	Total	EPO	CDHP	PPO
Total Plan Cost (Plan Cost)	\$63,879,300	\$12,978,898	\$25,261,156	\$25,639,246
Generic Plan Cost	\$4,960,995	\$873,077	\$1,816,253	\$2,271,665
Brand Plan Cost	\$58,918,305	\$12,105,821	\$23,444,903	\$23,367,581
MSB Plan Cost	\$1,040,090	\$264,637	\$296,353	\$479,100
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$30,285,422	\$6,236,188	\$10,589,174	\$13,460,060
Total Specialty Drug Cost (Specialty Plan Cost)	\$33,593,879	\$6,742,711	\$14,671,982	\$12,179,186
Avg Plan Cost per Claim (Plan Cost/Rx)	\$115.14	\$136.76	\$99.27	\$124.81
Avg Plan Cost for Generic (Generic Plan Cost/Generic Rx)	\$10.35	\$10.71	\$8.18	\$12.94
Avg Plan Cost for Brand (Brand Plan Cost/Brand Rx)	\$778.63	\$906.33	\$723.34	\$781.52
Avg Plan Cost for MSB (MSB Plan Cost/MSB Rx)	\$408.52	\$513.86	\$321.77	\$431.62
Avg Non-Specialty Plan Cost per Claim (Plan Cost/Rx)	\$55.24	\$66.51	\$42.09	\$66.34
Avg Specialty Plan Cost per Claim (Plan Cost/Rx)	\$5,090.75	\$5,888.83	\$5,050.60	\$4,778.03
Plan Cost PMPM	\$145.40	\$250.06	\$116.00	\$151.11
Non-Specialty Plan Cost PMPM	\$68.94	\$120.15	\$48.62	\$79.33
Specialty Plan Cost PMPM	\$76.47	\$129.91	\$67.37	\$71.78
Specialty % of Plan Cost	52.6%	52.0%	58.1%	47.5%
Net Plan Cost PMPM (factoring Rebates)	\$95.03	\$167.99	\$74.39	\$99.19
Non-Specialty Net Plan Cost PMPM	\$44.09	\$76.00	\$29.36	\$53.22
Specialty Net Plan Cost PMPM	\$50.94	\$92.00	\$45.03	\$45.97

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN

+ Q3 FY24 vs Q3 FY23

State of Nevada PEBP				
Q1 - Q3 FY2024				
Description	Grand Total	EPO	CDHP	PPO
Avg Members per Month	48,814	5,767	24,197	18,852
Pct Members Utilizing Benefit	71.5%	78.2%	67.9%	74.5%
Total Plan Cost	\$ 63,879,300	\$ 12,978,898	\$ 25,261,156	\$ 25,639,246
Total Days	14,478,573	2,550,719	6,629,951	5,297,903
Total Adjusted Rxs	554,802	94,902	254,470	205,430
Plan Cost PMPM	\$ 145.40	\$ 250.06	\$ 116.00	\$ 151.11
Plan Cost Net PMPM	\$ 95.03	\$ 167.99	\$ 74.39	\$ 99.19
Plan Cost/Day	\$ 4.41	\$ 5.09	\$ 3.81	\$ 4.84
Plan Cost per Adjusted Rx	\$ 115.14	\$ 136.76	\$ 99.27	\$ 124.81
Nbr Rxs PMPM	1.26	1.83	1.17	1.21
Generic Fill Rate	86.4%	85.9%	87.3%	85.4%
Home Delivery Utilization	32.1%	32.4%	31.2%	33.0%
Member Cost %	18.2%	15.0%	22.4%	15.3%
Specialty Percent of Plan Cost	52.6%	52.0%	58.1%	47.5%
Specialty Plan Cost PMPM	\$ 76.47	\$ 129.91	\$ 67.37	\$ 71.78
Formulary Compliance Rate	99.4%	99.3%	99.6%	99.3%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN

+ Q3 FY24 vs Q3 FY23

State of Nevada PEBP					
Q1 - Q3 FY2024 - Grand Total					
Description	Grand Total	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	48,814	42,585	5,729	12	491
Pct Members Utilizing Benefit	71.5%	70.1%	84.0%	75.0%	94.3%
Total Plan Cost	\$ 63,879,300	\$ 49,879,872	\$ 12,332,270	\$ 271,391	\$ 1,395,767
Total Days	14,478,573	10,794,775	3,221,129	6,786	455,883
Total Adjusted Rxs	554,802	419,965	118,104	253	16,480
Plan Cost PMPM	\$ 145.40	\$ 130.14	\$ 239.18	\$ 2,512.88	\$ 315.86
Plan Cost Net PMPM	\$ 95.03	\$ 85.60	\$ 153.35	\$ 2,232.47	\$ 179.42
Plan Cost/Day	\$ 4.41	\$ 4.62	\$ 3.83	\$ 39.99	\$ 3.06
Plan Cost per Adjusted Rx	\$ 115.14	\$ 118.77	\$ 104.42	\$ 1,072.69	\$ 84.69
Nbr Rxs PMPM	1.26	1.10	2.29	2.34	3.73
Generic Fill Rate	86.4%	86.1%	87.3%	85.4%	87.3%
Home Delivery Utilization	32.1%	29.8%	38.9%	93.2%	36.9%
Member Cost %	18.2%	17.9%	19.4%	22.1%	18.4%
Specialty Percent of Plan Cost	52.6%	52.9%	51.9%	95.6%	41.0%
Specialty Plan Cost PMPM	\$ 76.47	\$ 68.78	\$ 124.12	\$ 2,402.89	\$ 129.40
Formulary Compliance Rate	99.4%	99.4%	99.6%	100.0%	99.6%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ CDHP PLAN

+ Q3 FY24 vs Q3 FY23

State of Nevada PEBP					
Q1 - Q3 FY2024 - CDHP					
Description	CDHP	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	24,197	20,163	3,651	8	375
Pct Members Utilizing Benefit	67.9%	65.3%	81.1%	62.5%	94.7%
Total Plan Cost	\$ 25,261,156	\$ 17,341,053	\$ 6,791,023	\$ 149,764	\$ 979,316
Total Days	6,629,951	4,373,493	1,898,328	1,945	356,185
Total Adjusted Rxs	254,470	171,895	69,609	77	12,889
Plan Cost PMPM	\$ 116.00	\$ 95.56	\$ 206.67	\$ 2,340.07	\$ 290.17
Plan Cost Net PMPM	\$ 74.39	\$ 61.05	\$ 136.29	\$ 2,241.81	\$ 148.22
Plan Cost/Day	\$ 3.81	\$ 3.97	\$ 3.58	\$ 77.00	\$ 2.75
Plan Cost per Adjusted Rx	\$ 99.27	\$ 100.88	\$ 97.56	\$ 1,944.99	\$ 75.98
Nbr Rxs PMPM	1.17	0.95	2.12	1.07	3.82
Generic Fill Rate	87.3%	86.9%	88.2%	88.3%	86.7%
Home Delivery Utilization	31.2%	27.7%	38.2%	96.2%	37.4%
Member Cost %	22.4%	23.0%	21.2%	26.2%	19.6%
Specialty Percent of Plan Cost	58.1%	58.3%	59.8%	99.6%	36.6%
Specialty Plan Cost PMPM	\$ 67.37	\$ 55.67	\$ 123.64	\$ 2,331.37	\$ 106.06
Formulary Compliance Rate	99.6%	99.6%	99.7%	100.0%	99.7%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN

+ Q3 FY24 vs Q3 FY23

State of Nevada PEBP					
Q1 - Q3 FY2024 - EPO					
Description	EPO	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	5,767	4,994	698	2	73
Pct Members Utilizing Benefit	78.2%	76.7%	93.6%	50.0%	89.0%
Total Plan Cost	\$ 12,978,898	\$ 10,035,315	\$ 2,729,934	\$ 9,751	\$ 203,898
Total Days	2,550,719	1,939,211	549,134	2,512	59,862
Total Adjusted Rxs	94,902	72,789	19,877	86	2,150
Plan Cost PMPM	\$ 250.06	\$ 223.27	\$ 434.56	\$ 609.44	\$ 310.35
Plan Cost Net PMPM	\$ 167.99	\$ 149.43	\$ 294.55	\$ 288.87	\$ 225.11
Plan Cost/Day	\$ 5.09	\$ 5.17	\$ 4.97	\$ 3.88	\$ 3.41
Plan Cost per Adjusted Rx	\$ 136.76	\$ 137.87	\$ 137.34	\$ 113.38	\$ 94.84
Nbr Rxs PMPM	1.83	1.62	3.16	4.78	3.73
Generic Fill Rate	85.9%	85.8%	86.0%	77.9%	89.2%
Home Delivery Utilization	32.4%	31.5%	35.2%	99.5%	36.7%
Member Cost %	15.0%	14.2%	17.6%	8.1%	17.7%
Specialty Percent of Plan Cost	52.0%	52.8%	49.6%	0.0%	46.5%
Specialty Plan Cost PMPM	\$ 129.91	\$ 117.80	\$ 215.41	\$ -	\$ 144.47
Formulary Compliance Rate	99.3%	99.2%	99.5%	100.0%	99.0%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ PPO PLAN

+ Q3 FY24 vs Q3 FY23

State of Nevada PEBP					
Q1 - Q3 FY2024 - PPO					
Description	PPO	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	18,852	17,427	1,379	2	43
Pct Members Utilizing Benefit	74.5%	73.8%	87.3%	150.0%	100.0%
Total Plan Cost	\$ 25,639,246	\$ 22,503,504	\$ 2,811,313	\$ 111,876	\$ 212,553
Total Days	5,297,903	4,482,071	773,667	2,329	39,836
Total Adjusted Rxs	205,430	175,281	28,618	90	1,441
Plan Cost PMPM	\$ 151.11	\$ 143.48	\$ 226.52	\$ 6,215.32	\$ 549.23
Plan Cost Net PMPM	\$ 99.19	\$ 95.73	\$ 127.14	\$ 5,167.18	\$ 373.92
Plan Cost/Day	\$ 4.84	\$ 5.02	\$ 3.63	\$ 48.04	\$ 5.34
Plan Cost per Adjusted Rx	\$ 124.81	\$ 128.39	\$ 98.24	\$ 1,243.06	\$ 147.50
Nbr Rxs PMPM	1.21	1.12	2.31	5.00	3.72
Generic Fill Rate	85.4%	85.3%	85.9%	90.0%	89.8%
Home Delivery Utilization	33.0%	31.2%	43.4%	83.8%	32.9%
Member Cost %	15.3%	15.1%	16.5%	17.1%	13.1%
Specialty Percent of Plan Cost	47.5%	48.7%	35.0%	98.6%	56.0%
Specialty Plan Cost PMPM	\$ 71.78	\$ 69.92	\$ 79.25	\$ 6,128.01	\$ 307.37
Formulary Compliance Rate	99.3%	99.3%	99.4%	100.0%	100.0%