

# Nevada PEBP Q1 FY24 Report

7/1/2023 – 12/31/2023

## Report Includes:

- CDHP Comparison Data from Q2 FY23 to Q2 FY24
- EPO Comparison Data from Q2 FY23 to Q2 FY24
- PPO Comparison Data from Q2 FY23 to Q2 FY24
- CDHP, EPO, PPO Breakout Data from Q2 FY23 to Q2 FY24
- Summary Comparison Data from Q2 FY24
- Key Metric Breakout Data from Q2 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

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3/15/24

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# STATE OF NEVADA PEBP:

## PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN

+ Q2 FY24 vs Q2 FY23

Membership Summary	Q2 FY 2024	Q2 FY 2023	Change
Member Count (Membership)	48,640	48,466	0.4%
Utilizing Member Count (Patients)	31,239	32,695	-4.5%
Percent Utilizing (Utilization)	64.2%	67.5%	-3.2

Claim Summary	Q2 FY 2024	Q2 FY 2023	Change
Net Claims (Total Adjusted Rx's)	369,061	363,725	1.5%
Claims per Elig Member per Month (Claims PMPM)	1.26	1.25	1.1%
Total Claims for Generic (Generic ARx)	314,255	306,021	2.7%
Total Claims for Brand (Brand ARx)	54,806	57,704	-5.0%
Total Claims for Multisource Brand Claims (MSB ARx)	1,990	1,601	24.3%
Total Non-Specialty Claims	364,670	359,974	1.3%
Total Specialty Claims	4,391	3,751	17.1%
<b>Generic % of Total Claims (GFR)</b>	<b>85.1%</b>	<b>84.1%</b>	<b>1.0</b>
Generic Effective Rate (GCR)	99.4%	99.5%	-0.1
Mail Order Claims	104,196	99,313	4.9%
Mail Penetration Rate*	32.4%	31.7%	0.7

Claims Cost Summary	Q2 FY 2024	Q2 FY 2023	Change
<b>Total Prescription Cost (Total Gross Cost)</b>	<b>\$51,174,997</b>	<b>\$43,163,579</b>	<b>18.6%</b>
Total Generic Gross Cost	\$5,362,401	\$5,352,108	0.2%
Total Brand Gross Cost	\$45,812,596	\$37,811,471	21.2%
Total MSB Gross Cost	\$921,665	\$867,609	6.2%
Total Ingredient Cost	\$49,458,504	\$41,589,334	18.9%
Total Dispensing Fee	\$1,678,445	\$1,527,949	9.8%
Total Other (e.g. tax)	\$38,049	\$46,296	-17.8%
<b>Avg Total Cost per Claim (Gross Cost/ARx)</b>	<b>\$138.66</b>	<b>\$118.67</b>	<b>16.8%</b>
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$17.06	\$17.49	-2.4%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$835.90	\$655.27	27.6%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$463.15	\$541.92	-14.5%

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# STATE OF NEVADA PEBP:

## PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN

+ Q2 FY24 vs Q2 FY23

Member Cost Summary	Q2 FY 2024	Q2 FY 2023	Change
<b>Total Member Cost Share</b>	<b>\$8,829,619</b>	<b>\$8,353,392</b>	<b>5.7%</b>
Generic Cost Share	\$2,183,710	\$2,202,344	-0.8%
Brand Cost Share	\$6,645,909	\$6,151,048	8.0%
MSB Cost Share	\$121,078	\$166,702	-27.4%
Total Copay	\$7,681,515	\$6,966,342	10.3%
Total Deductible	\$1,148,104	\$1,387,050	-17.2%
<b>Avg Copay per Claim (Member Cost Share/ARx)</b>	<b>\$23.92</b>	<b>\$22.97</b>	<b>4.2%</b>
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$6.95	\$7.20	-3.4%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$121.26	\$106.60	13.8%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$60.84	\$104.12	-41.6%
<b>Copay % of Total Prescription Cost (Member Cost Share %)</b>	<b>17.3%</b>	<b>19.4%</b>	<b>-2.1</b>
Plan Cost Summary	Q2 FY 2024	Q2 FY 2023	Change
<b>Total Plan Cost (Plan Cost)</b>	<b>\$42,345,378</b>	<b>\$34,810,187</b>	<b>21.6%</b>
Generic Plan Cost	\$3,178,691	\$3,149,764	0.9%
Brand Plan Cost	\$39,166,687	\$31,660,423	23.7%
MSB Plan Cost	\$800,588	\$700,907	14.2%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$19,758,899	\$16,686,030	18.4%
Total Specialty Drug Cost (Specialty Plan Cost)	\$22,586,479	\$18,124,157	24.6%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$114.74	\$95.70	19.9%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$10.12	\$10.29	-1.7%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$714.64	\$548.67	30.3%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$402.31	\$437.79	-8.1%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$54.18	\$46.35	16.9%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$5,143.81	\$4,831.82	6.5%
<b>Plan Cost PMPM</b>	<b>\$145.10</b>	<b>\$119.71</b>	<b>21.2%</b>
Non-Specialty Plan Cost PMPM	\$67.70	\$57.38	18.0%
Specialty Plan Cost PMPM	\$77.39	\$62.33	24.2%
Specialty % of Plan Cost	53.3%	52.1%	1.3
<b>Net Plan Cost PMPM (factoring Rebates)</b>	<b>\$94.84</b>	<b>\$83.18</b>	<b>14.0%</b>
Non-Specialty Plan Cost PMPM	\$42.82	\$36.85	16.2%
Specialty Plan Cost PMPM	\$52.02	\$46.34	12.3%

# STATE OF NEVADA PEBP:

**PRESCRIPTION  
DRUG UTILIZATION**  
+ CDHP PLAN  
+ Q2 FY24 vs Q2 FY23

Membership Summary	Q2 FY 2024	Q2 FY 2023	Change
Member Count (Membership)	24,297	28,010	-13.3%
Utilizing Member Count (Patients)	14,819	18,093	-18.1%
Percent Utilizing (Utilization)	61.0%	64.6%	-3.6

Claim Summary	Q2 FY 2024	Q2 FY 2023	Change
Net Claims (Total Adjusted Rx's)	170,990	193,821	-11.8%
Claims per Elig Member per Month (Claims PMPM)	1.17	1.15	1.7%
Total Claims for Generic (Generic ARx)	147,083	163,868	-10.2%
Total Claims for Brand (Brand ARx)	23,907	29,953	-20.2%
Total Claims for Multisource Brand Claims (MSB ARx)	754	769	-2.0%
Total Non-Specialty Claims	169,049	191,901	-11.9%
Total Specialty Claims	1,941	1,920	1.1%
<b>Generic % of Total Claims (GFR)</b>	<b>86.0%</b>	<b>84.5%</b>	<b>1.5</b>
Generic Effective Rate (GCR)	99.5%	99.5%	(0.0)
Mail Order Claims	46,573	51,531	-9.6%
Mail Penetration Rate*	31.4%	31.0%	0.3

Claims Cost Summary	Q2 FY 2024	Q2 FY 2023	Change
<b>Total Prescription Cost (Total Gross Cost)</b>	<b>\$21,492,348</b>	<b>\$21,461,228</b>	<b>0.1%</b>
Total Generic Gross Cost	\$2,170,769	\$2,594,347	-16.3%
Total Brand Gross Cost	\$19,321,579	\$18,866,881	2.4%
Total MSB Gross Cost	\$322,777	\$447,412	-27.9%
Total Ingredient Cost	\$20,692,082	\$20,621,615	0.3%
Total Dispensing Fee	\$786,385	\$818,293	-3.9%
Total Other (e.g. tax)	\$13,880	\$21,320	-34.9%
<b>Avg Total Cost per Claim (Gross Cost/ARx)</b>	<b>\$125.69</b>	<b>\$110.73</b>	<b>13.5%</b>
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$14.76	\$15.83	-6.8%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$808.20	\$629.88	28.3%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$428.09	\$581.81	-26.4%

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# STATE OF NEVADA PEBP:

## PRESCRIPTION DRUG UTILIZATION

+ CDHP PLAN

+ Q2 FY24 vs Q2 FY23

Member Cost Summary	Q2 FY 2024	Q2 FY 2023	Change
<b>Total Member Cost Share</b>	<b>\$4,776,329</b>	<b>\$5,074,756</b>	<b>-5.9%</b>
Generic Cost Share	\$1,054,669	\$1,252,187	-15.8%
Brand Cost Share	\$3,721,660	\$3,822,569	-2.6%
MSB Cost Share	\$74,141	\$134,559	-44.9%
Total Copay	\$3,630,113	\$3,689,916	-1.6%
Total Deductible	\$1,146,216	\$1,384,840	-17.2%
<b>Avg Copay per Claim (Member Cost Share/ARx)</b>	<b>\$27.93</b>	<b>\$26.18</b>	<b>6.7%</b>
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$7.17	\$7.64	-6.2%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$155.67	\$127.62	22.0%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$98.33	\$174.98	-43.8%
<b>Copay % of Total Prescription Cost (Member Cost Share %)</b>	<b>22.2%</b>	<b>23.6%</b>	<b>-1.4</b>
Plan Cost Summary	Q2 FY 2024	Q2 FY 2023	Change
<b>Total Plan Cost (Plan Cost)</b>	<b>\$16,716,019</b>	<b>\$16,386,472</b>	<b>2.0%</b>
Generic Plan Cost	\$1,116,100	\$1,342,160	-16.8%
Brand Plan Cost	\$15,599,919	\$15,044,312	3.7%
MSB Plan Cost	\$248,636	\$312,853	-20.5%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$6,877,440	\$6,997,252	-1.7%
Total Specialty Drug Cost (Specialty Plan Cost)	\$9,838,579	\$9,389,220	4.8%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$97.76	\$84.54	15.6%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$7.59	\$8.19	-7.4%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$652.53	\$502.26	29.9%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$329.76	\$406.83	-18.9%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$40.68	\$36.46	11.6%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$5,068.82	\$4,890.22	3.7%
<b>Plan Cost PMPM</b>	<b>\$114.66</b>	<b>\$97.50</b>	<b>17.6%</b>
Non-Specialty Plan Cost PMPM	\$47.18	\$41.64	13.3%
Specialty Plan Cost PMPM	\$67.49	\$55.87	20.8%
Specialty % of Plan Cost	58.9%	57.3%	1.6
<b>Net Plan Cost PMPM (factoring Rebates)</b>	<b>\$73.39</b>	<b>\$67.29</b>	<b>9.1%</b>
Non-Specialty Plan Cost PMPM	\$27.76	\$25.16	10.3%
Specialty Plan Cost PMPM	\$45.63	\$42.13	8.3%

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# STATE OF NEVADA PEBP:

## PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN

+ Q2 FY24 vs Q2 FY23

Membership Summary	Q2 FY 2024	Q2 FY 2023	Change
Member Count (Membership)	5,797	6,559	-11.6%
Utilizing Member Count (Patients)	4,161	4,948	-15.9%
Percent Utilizing (Utilization)	71.8%	75.4%	-3.7

Claim Summary	Q2 FY 2024	Q2 FY 2023	Change
Net Claims (Total Adjusted Rx's)	63,291	69,558	-9.0%
Claims per Elig Member per Month (Claims PMPM)	1.82	1.77	3.0%
Total Claims for Generic (Generic ARx)	53,768	58,812	-8.6%
Total Claims for Brand (Brand ARx)	9,523	10,746	-11.4%
Total Claims for Multisource Brand Claims (MSB ARx)	413	326	26.7%
Total Non-Specialty Claims	62,523	68,700	-9.0%
Total Specialty Claims	768	858	-10.5%
<b>Generic % of Total Claims (GFR)</b>	<b>85.0%</b>	<b>84.6%</b>	<b>0.4</b>
Generic Effective Rate (GCR)	99.2%	99.4%	-0.2
Mail Order Claims	18,689	18,173	2.8%
Mail Penetration Rate*	32.7%	29.3%	3.4

Claims Cost Summary	Q2 FY 2024	Q2 FY 2023	Change
<b>Total Prescription Cost (Total Gross Cost)</b>	<b>\$10,045,058</b>	<b>\$9,846,897</b>	<b>2.0%</b>
Total Generic Gross Cost	\$933,816	\$1,092,103	-14.5%
Total Brand Gross Cost	\$9,111,242	\$8,754,795	4.1%
Total MSB Gross Cost	\$223,146	\$193,921	15.1%
Total Ingredient Cost	\$9,763,024	\$9,559,049	2.1%
Total Dispensing Fee	\$273,452	\$279,289	-2.1%
Total Other (e.g. tax)	\$8,581	\$8,559	0.3%
<b>Avg Total Cost per Claim (Gross Cost/ARx)</b>	<b>\$158.71</b>	<b>\$141.56</b>	<b>12.1%</b>
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$17.37	\$18.57	-6.5%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$956.76	\$814.70	17.4%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$540.31	\$594.85	-9.2%

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# STATE OF NEVADA PEBP:

## PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN

+ Q2 FY24 vs Q2 FY23

Member Cost Summary	Q2 FY 2024	Q2 FY 2023	Change
<b>Total Member Cost Share</b>	<b>\$1,331,951</b>	<b>\$1,470,033</b>	<b>-9.4%</b>
Generic Cost Share	\$367,712	\$399,198	-7.9%
Brand Cost Share	\$964,238	\$1,070,834	-10.0%
MSB Cost Share	\$21,734	\$24,589	-11.6%
Total Copay	\$1,330,062	\$1,467,823	-9.4%
Total Deductible	\$1,889	\$2,210	-14.5%
<b>Avg Copay per Claim (Member Cost Share/ARx)</b>	<b>\$21.04</b>	<b>\$21.13</b>	<b>-0.4%</b>
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$6.84	\$6.79	0.8%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$101.25	\$99.65	1.6%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$52.63	\$75.43	-30.2%
<b>Copay % of Total Prescription Cost (Member Cost Share %)</b>	<b>13.3%</b>	<b>14.9%</b>	<b>-1.7</b>
Plan Cost Summary	Q2 FY 2024	Q2 FY 2023	Change
<b>Total Plan Cost (Plan Cost)</b>	<b>\$8,713,107</b>	<b>\$8,376,865</b>	<b>4.0%</b>
Generic Plan Cost	\$566,104	\$692,904	-18.3%
Brand Plan Cost	\$8,147,004	\$7,683,960	6.0%
MSB Plan Cost	\$201,412	\$169,332	18.9%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$4,140,543	\$4,119,692	0.5%
Total Specialty Drug Cost (Specialty Plan Cost)	\$4,572,564	\$4,257,173	7.4%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$137.67	\$120.43	14.3%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$10.53	\$11.78	-10.6%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$855.51	\$715.05	19.6%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$487.68	\$519.42	-6.1%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$66.22	\$59.97	10.4%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$5,953.86	\$4,961.74	20.0%
<b>Plan Cost PMPM</b>	<b>\$250.51</b>	<b>\$212.86</b>	<b>17.7%</b>
Non-Specialty Plan Cost PMPM	\$119.04	\$104.68	13.7%
Specialty Plan Cost PMPM	\$131.46	\$108.18	21.5%
Specialty % of Plan Cost	52.5%	50.8%	1.7
<b>Net Plan Cost PMPM (factoring Rebates)</b>	<b>\$168.02</b>	<b>\$149.33</b>	<b>12.5%</b>
Non-Specialty Plan Cost PMPM	\$75.05	\$68.40	9.7%
Specialty Plan Cost PMPM	\$92.97	\$80.94	14.9%

# STATE OF NEVADA PEBP:

## PRESCRIPTION DRUG UTILIZATION

+ PPO PLAN

+ Q2 FY24 vs Q2 FY23

Membership Summary	Q2 FY 2024	Q2 FY 2023	Change
Member Count (Membership)	18,549	13,900	33.4%
Utilizing Member Count (Patients)	12,302	9,717	26.6%
Percent Utilizing (Utilization)	66.3%	69.9%	-3.6

Claim Summary	Q2 FY 2024	Q2 FY 2023	Change
Net Claims (Total Adjusted Rx's)	134,780	100,346	34.3%
Claims per Elig Member per Month (Claims PMPM)	1.21	1.20	0.7%
Total Claims for Generic (Generic ARx)	113,404	83,341	36.1%
Total Claims for Brand (Brand ARx)	21,376	17,005	25.7%
Total Claims for Multisource Brand Claims (MSB ARx)	823	506	62.6%
Total Non-Specialty Claims	133,098	99,373	33.9%
Total Specialty Claims	1,682	973	72.9%
<b>Generic % of Total Claims (GFR)</b>	<b>84.1%</b>	<b>83.1%</b>	<b>1.1</b>
Generic Effective Rate (GCR)	99.3%	99.4%	-0.1
Mail Order Claims	38,934	29,609	31.5%
Mail Penetration Rate*	33.5%	34.7%	(1.2)

Claims Cost Summary	Q2 FY 2024	Q2 FY 2023	Change
<b>Total Prescription Cost (Total Gross Cost)</b>	<b>\$19,637,591</b>	<b>\$11,855,454</b>	<b>65.6%</b>
Total Generic Gross Cost	\$2,257,816	\$1,665,659	35.6%
Total Brand Gross Cost	\$17,379,775	\$10,189,795	70.6%
Total MSB Gross Cost	\$375,742	\$226,275	66.1%
Total Ingredient Cost	\$19,003,397	\$11,408,670	66.6%
Total Dispensing Fee	\$618,607	\$430,366	43.7%
Total Other (e.g. tax)	\$15,587	\$16,417	-5.1%
<b>Avg Total Cost per Claim (Gross Cost/ARx)</b>	<b>\$145.70</b>	<b>\$118.15</b>	<b>23.3%</b>
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$19.91	\$19.99	-0.4%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$813.05	\$599.22	35.7%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$456.55	\$447.18	2.1%

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# STATE OF NEVADA PEBP:

## PRESCRIPTION DRUG UTILIZATION

+ PPO PLAN

+ Q2 FY24 vs Q2 FY23

Member Cost Summary	Q2 FY 2024	Q2 FY 2023	Change
<b>Total Member Cost Share</b>	<b>\$2,721,339</b>	<b>\$1,808,603</b>	<b>50.5%</b>
Generic Cost Share	\$761,329	\$550,958	38.2%
Brand Cost Share	\$1,960,011	\$1,257,645	55.8%
MSB Cost Share	\$25,202	\$7,553	233.7%
Total Copay	\$2,721,339	\$1,808,603	50.5%
Total Deductible	\$0	\$0	NA
<b>Avg Copay per Claim (Member Cost Share/ARx)</b>	<b>\$20.19</b>	<b>\$18.02</b>	<b>12.0%</b>
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$6.71	\$6.61	1.6%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$91.69	\$73.96	24.0%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$30.62	\$14.93	105.1%
<b>Copay % of Total Prescription Cost (Member Cost Share %)</b>	<b>13.9%</b>	<b>15.3%</b>	<b>-1.4</b>
Plan Cost Summary	Q2 FY 2024	Q2 FY 2023	Change
<b>Total Plan Cost (Plan Cost)</b>	<b>\$16,916,252</b>	<b>\$10,046,851</b>	<b>68.4%</b>
Generic Plan Cost	\$1,496,488	\$1,114,700	34.3%
Brand Plan Cost	\$15,419,764	\$8,932,150	72.6%
MSB Plan Cost	\$350,540	\$218,722	60.3%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$8,740,916	\$5,569,086	57.0%
Total Specialty Drug Cost (Specialty Plan Cost)	\$8,175,336	\$4,477,765	82.6%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$125.51	\$100.12	25.4%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$13.20	\$13.38	-1.3%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$721.36	\$525.27	37.3%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$425.93	\$432.26	-1.5%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$65.67	\$56.04	17.2%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$4,860.49	\$4,602.02	5.6%
<b>Plan Cost PMPM</b>	<b>\$152.00</b>	<b>\$120.47</b>	<b>26.2%</b>
Non-Specialty Plan Cost PMPM	\$78.54	\$66.78	17.6%
Specialty Plan Cost PMPM	\$73.46	\$53.69	36.8%
Specialty % of Plan Cost	48.3%	44.6%	3.8
<b>Net Plan Cost PMPM (factoring Rebates)</b>	<b>\$100.05</b>	<b>\$83.98</b>	<b>19.1%</b>
Non-Specialty Plan Cost PMPM	\$52.46	\$45.50	15.3%
Specialty Plan Cost PMPM	\$47.59	\$38.48	23.7%

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## PRESCRIPTION DRUG UTILIZATION

+ EPO, CDHP, & PPO PLAN

+ Q2 FY24 vs Q2 FY23

Membership Summary	Total	EPO	CDHP	PPO
Member Count (Membership)	48,640	5,797	24,297	18,549
Utilizing Member Count (Patients)	31,239	4,161	14,819	12,302
Percent Utilizing (Utilization)	64.2%	71.8%	61.0%	66.3%

Claim Summary	Total	EPO	CDHP	PPO
Net Claims (Total Rx's)	369,061	63,291	170,990	134,780
Claims per Elig Member per Month (Claims PMPM)	1.26	1.82	1.17	1.21
Total Claims for Generic (Generic Rx)	314,255	53,768	147,083	113,404
Total Claims for Brand (Brand Rx)	54,806	9,523	23,907	21,376
Total Claims for Multisource Brand Claims (MSB Rx)	1,990	413	754	823
Total Non-Specialty Claims	364,670	62,523	169,049	133,098
Total Specialty Claims	4,391	768	1,941	1,682
<b>Generic % of Total Claims (GFR)</b>	<b>85.1%</b>	<b>85.0%</b>	<b>86.0%</b>	<b>84.1%</b>
Generic Effective Rate (GCR)	99.4%	99.2%	99.5%	99.3%
Mail Order Claims	104,196	18,689	46,573	38,934
Mail Penetration Rate*	32.4%	32.7%	31.4%	33.5%

Claims Cost Summary	Total	EPO	CDHP	PPO
<b>Total Prescription Cost (Total Gross Cost)</b>	<b>\$51,174,997</b>	<b>\$10,045,058</b>	<b>\$21,492,348</b>	<b>\$19,637,591</b>
Total Generic Gross Cost	\$5,362,401	\$933,816	\$2,170,769	\$2,257,816
Total Brand Gross Cost	\$45,812,596	\$9,111,242	\$19,321,579	\$17,379,775
Total MSB Gross Cost	\$921,665	\$223,146	\$322,777	\$375,742
Total Ingredient Cost	\$49,458,504	\$9,763,024	\$20,692,082	\$19,003,397
Total Dispensing Fee	\$1,059,838	\$273,452	\$786,385	\$618,607
Total Other (e.g. tax)	\$38,049	\$8,581	\$13,880	\$15,587
<b>Avg Total Cost per Claim (Gross Cost/Rx)</b>	<b>\$138.66</b>	<b>\$158.71</b>	<b>\$125.69</b>	<b>\$145.70</b>
Avg Total Cost for Generic (Generic Gross Cost/Generic Rx)	\$17.06	\$17.37	\$14.76	\$19.91
Avg Total Cost for Brand (Brand Gross Cost/Brand Rx)	\$835.90	\$956.76	\$808.20	\$813.05
Avg Total Cost for MSB (MSB Gross Cost/MSB Rx)	\$463.15	\$540.31	\$428.09	\$456.55

# STATE OF NEVADA PEBP:

## PRESCRIPTION DRUG UTILIZATION

+ EPO, CDHP, & PPO PLAN  
+ Q2 FY24 vs Q2 FY23

Member Cost Summary	Total	EPO	CDHP	PPO
<b>Total Member Cost Share</b>	<b>\$8,829,619</b>	<b>\$1,331,951</b>	<b>\$4,776,329</b>	<b>\$2,721,339</b>
Generic Cost Share	\$2,183,710	\$367,712	\$1,054,669	\$761,329
Brand Cost Share	\$6,645,909	\$964,238	\$3,721,660	\$1,960,011
MSB Cost Share	\$121,078	\$21,734	\$74,141	\$25,202
Total Copay	\$7,681,515	\$1,330,062	\$3,630,113	\$2,721,339
Total Deductible	\$1,148,104	\$1,889	\$1,146,216	\$0
<b>Avg Copay per Claim (Member Cost Share/Rx)</b>	<b>\$23.92</b>	<b>\$21.04</b>	<b>\$27.93</b>	<b>\$20.19</b>
Avg Copay for Generic (Generic Member Cost Share/Generic Rx)	\$6.95	\$6.84	\$7.17	\$6.71
Avg Copay for Brand (Brand Member Cost Share/Brand Rx)	\$121.26	\$101.25	\$155.67	\$91.69
Avg Copay for MSB (MSB Member Cost Share/MSB Rx)	\$60.84	\$52.63	\$98.33	\$30.62
<b>Copay % of Total Prescription Cost (Member Cost Share %)</b>	<b>17.3%</b>	<b>13.3%</b>	<b>22.2%</b>	<b>13.9%</b>

Plan Cost Summary	Total	EPO	CDHP	PPO
<b>Total Plan Cost (Plan Cost)</b>	<b>\$42,345,378</b>	<b>\$8,713,107</b>	<b>\$16,716,019</b>	<b>\$16,916,252</b>
Generic Plan Cost	\$3,178,691	\$566,104	\$1,116,100	\$1,496,488
Brand Plan Cost	\$39,166,687	\$8,147,004	\$15,599,919	\$15,419,764
MSB Plan Cost	\$800,588	\$201,412	\$248,636	\$350,540
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$19,758,899	\$4,140,543	\$6,877,440	\$8,740,916
Total Specialty Drug Cost (Specialty Plan Cost)	\$22,586,479	\$4,572,564	\$9,838,579	\$8,175,336
Avg Plan Cost per Claim (Plan Cost/Rx)	\$114.74	\$137.67	\$97.76	\$125.51
Avg Plan Cost for Generic (Generic Plan Cost/Generic Rx)	\$10.12	\$10.53	\$7.59	\$13.20
Avg Plan Cost for Brand (Brand Plan Cost/Brand Rx)	\$714.64	\$855.51	\$652.53	\$721.36
Avg Plan Cost for MSB (MSB Plan Cost/MSB Rx)	\$402.31	\$487.68	\$329.76	\$425.93
Avg Non-Specialty Plan Cost per Claim (Plan Cost/Rx)	\$54.18	\$66.22	\$40.68	\$65.67
Avg Specialty Plan Cost per Claim (Plan Cost/Rx)	\$5,143.81	\$5,953.86	\$5,068.82	\$4,860.49
<b>Plan Cost PMPM</b>	<b>\$145.10</b>	<b>\$250.51</b>	<b>\$114.66</b>	<b>\$152.00</b>
Non-Specialty Plan Cost PMPM	\$67.70	\$119.04	\$47.18	\$78.54
Specialty Plan Cost PMPM	\$77.39	\$131.46	\$67.49	\$73.46
Specialty % of Plan Cost	53.3%	52.5%	58.9%	48.3%
<b>Net Plan Cost PMPM (factoring Rebates)</b>	<b>\$94.84</b>	<b>\$168.02</b>	<b>\$73.39</b>	<b>\$100.05</b>
Non-Specialty Net Plan Cost PMPM	\$42.82	\$75.05	\$27.76	\$52.46
Specialty Net Plan Cost PMPM	\$52.02	\$92.97	\$45.63	\$47.59

**Express Scripts**

By EVERNORTH  
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# STATE OF NEVADA PEBP:

## PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN

+ Q2 FY24 vs Q2 FY23

State of Nevada PEBP				
Q2 FY2024 - FY2024				
Description	Grand Total	EPO	CDHP	PPO
Avg Members per Month	48,640	5,797	24,297	18,549
Pct Members Utilizing Benefit	64.2%	71.8%	61.0%	66.3%
Total Plan Cost	\$ 42,345,378	\$ 8,713,107	\$ 16,716,019	\$ 16,916,252
Total Days	9,531,769	1,691,004	4,404,292	3,436,473
Total Adjusted Rxs	369,061	63,291	170,990	134,780
Plan Cost PMPM	\$ 145.10	\$ 250.51	\$ 114.66	\$ 152.00
Plan Cost Net PMPM	\$ 94.84	\$ 168.02	\$ 73.39	\$ 100.05
Plan Cost/Day	\$ 4.44	\$ 5.15	\$ 3.80	\$ 4.92
Plan Cost per Adjusted Rx	\$ 114.74	\$ 137.67	\$ 97.76	\$ 125.51
Nbr Rxs PMPM	1.26	1.82	1.17	1.21
Generic Fill Rate	85.1%	85.0%	86.0%	84.1%
Home Delivery Utilization	32.4%	32.7%	31.4%	33.5%
Member Cost %	17.3%	13.3%	22.2%	13.9%
Specialty Percent of Plan Cost	53.3%	52.5%	58.9%	48.3%
Specialty Plan Cost PMPM	\$ 77.39	\$ 131.46	\$ 67.49	\$ 73.46
Formulary Compliance Rate	99.4%	99.3%	99.6%	99.2%

# STATE OF NEVADA PEBP:

## PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN

+ Q2 FY24 vs Q2 FY23

State of Nevada PEBP					
Q2 FY2024 - Grand Total					
Description	Grand Total	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	48,640	42,383	5,744	12	503
Pct Members Utilizing Benefit	64.2%	62.2%	78.3%	58.3%	90.9%
Total Plan Cost	\$ 42,345,378	\$ 33,238,455	\$ 7,940,993	\$ 217,391	\$ 948,539
Total Days	9,531,769	7,084,152	2,134,154	4,423	309,040
Total Adjusted Rxs	369,061	278,745	78,899	166	11,251
Plan Cost PMPM	\$ 145.10	\$ 130.71	\$ 230.41	\$ 3,019.32	\$ 314.29
Plan Cost Net PMPM	\$ 94.84	\$ 86.15	\$ 146.03	\$ 2,709.79	\$ 179.24
Plan Cost/Day	\$ 4.44	\$ 4.69	\$ 3.72	\$ 49.15	\$ 3.07
Plan Cost per Adjusted Rx	\$ 114.74	\$ 119.24	\$ 100.65	\$ 1,309.58	\$ 84.31
Nbr Rxs PMPM	1.26	1.10	2.29	2.31	3.73
Generic Fill Rate	85.1%	84.7%	86.4%	84.3%	86.7%
Home Delivery Utilization	32.4%	30.1%	39.1%	93.3%	37.0%
Member Cost %	17.3%	16.8%	19.1%	20.3%	18.3%
Specialty Percent of Plan Cost	53.3%	53.9%	51.1%	96.4%	42.1%
Specialty Plan Cost PMPM	\$ 77.39	\$ 70.46	\$ 117.81	\$ 2,911.50	\$ 132.33
Formulary Compliance Rate	99.4%	99.4%	99.5%	100.0%	99.5%

# STATE OF NEVADA PEBP:

## PRESCRIPTION DRUG UTILIZATION

+ CDHP PLAN

+ Q2 FY24 vs Q2 FY23

State of Nevada PEBP					
Q2 FY2024 - CDHP					
Description	CDHP	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	24,297	20,228	3,679	8	383
Pct Members Utilizing Benefit	61.0%	58.0%	75.6%	50.0%	91.1%
Total Plan Cost	\$ 16,716,019	\$ 11,619,979	\$ 4,311,558	\$ 131,901	\$ 652,581
Total Days	4,404,292	2,896,810	1,264,866	1,412	241,204
Total Adjusted Rxs	170,990	115,342	46,803	55	8,790
Plan Cost PMPM	\$ 114.66	\$ 95.74	\$ 195.32	\$ 2,747.94	\$ 283.98
Plan Cost Net PMPM	\$ 73.39	\$ 61.34	\$ 126.50	\$ 2,616.93	\$ 146.10
Plan Cost/Day	\$ 3.80	\$ 4.01	\$ 3.41	\$ 93.41	\$ 2.71
Plan Cost per Adjusted Rx	\$ 97.76	\$ 100.74	\$ 92.12	\$ 2,398.21	\$ 74.24
Nbr Rxs PMPM	1.17	0.95	2.12	1.15	3.83
Generic Fill Rate	86.0%	85.5%	87.3%	85.5%	86.1%
Home Delivery Utilization	31.4%	27.7%	38.3%	95.9%	37.6%
Member Cost %	22.2%	22.6%	21.3%	25.7%	19.9%
Specialty Percent of Plan Cost	58.9%	59.5%	59.4%	99.7%	36.3%
Specialty Plan Cost PMPM	\$ 67.49	\$ 56.94	\$ 115.97	\$ 2,739.69	\$ 103.07
Formulary Compliance Rate	99.6%	99.6%	99.6%	100.0%	99.6%

# STATE OF NEVADA PEBP:

**PRESCRIPTION  
DRUG UTILIZATION**  
+ EPO PLAN  
+ Q2 FY24 vs Q2 FY23

State of Nevada PEBP					
Q2 FY2024 - EPO					
Description	EPO	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	5,797	5,021	698	2	76
Pct Members Utilizing Benefit	71.8%	69.8%	87.5%	50.0%	85.5%
Total Plan Cost	\$ 8,713,107	\$ 6,824,521	\$ 1,735,305	\$ 6,150	\$ 147,131
Total Days	1,691,004	1,284,263	363,960	1,710	41,071
Total Adjusted Rxs	63,291	48,488	13,265	57	1,481
Plan Cost PMPM	\$ 250.51	\$ 226.53	\$ 414.35	\$ 615.02	\$ 322.66
Plan Cost Net PMPM	\$ 168.02	\$ 151.73	\$ 278.90	\$ 273.08	\$ 224.13
Plan Cost/Day	\$ 5.15	\$ 5.31	\$ 4.77	\$ 3.60	\$ 3.58
Plan Cost per Adjusted Rx	\$ 137.67	\$ 140.75	\$ 130.82	\$ 107.90	\$ 99.35
Nbr Rxs PMPM	1.82	1.61	3.17	4.75	3.73
Generic Fill Rate	85.0%	84.7%	85.5%	78.9%	88.6%
Home Delivery Utilization	32.7%	31.9%	34.7%	100.0%	36.7%
Member Cost %	13.3%	12.2%	16.7%	8.5%	17.7%
Specialty Percent of Plan Cost	52.5%	53.8%	47.6%	0.0%	50.3%
Specialty Plan Cost PMPM	\$ 131.46	\$ 121.90	\$ 197.32	\$ -	\$ 162.19
Formulary Compliance Rate	99.3%	99.2%	99.5%	100.0%	98.8%

# STATE OF NEVADA PEBP:

## PRESCRIPTION DRUG UTILIZATION

+ PPO PLAN

+ Q2 FY24 vs Q2 FY23

State of Nevada PEBP					
Q2 FY2024 - PPO					
Description	PPO	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	18,549	17,135	1,367	2	44
Pct Members Utilizing Benefit	66.3%	65.2%	81.3%	100.0%	97.7%
Total Plan Cost	\$ 16,916,252	\$ 14,793,955	\$ 1,894,130	\$ 79,339	\$ 148,827
Total Days	3,436,473	2,903,079	505,328	1,301	26,765
Total Adjusted Rxs	134,780	114,915	18,831	54	980
Plan Cost PMPM	\$ 152.00	\$ 143.90	\$ 230.94	\$ 6,611.62	\$ 563.74
Plan Cost Net PMPM	\$ 100.05	\$ 96.22	\$ 130.76	\$ 5,563.49	\$ 390.18
Plan Cost/Day	\$ 4.92	\$ 5.10	\$ 3.75	\$ 60.98	\$ 5.56
Plan Cost per Adjusted Rx	\$ 125.51	\$ 128.74	\$ 100.59	\$ 1,469.25	\$ 151.86
Nbr Rxs PMPM	1.21	1.12	2.30	4.50	3.71
Generic Fill Rate	84.1%	84.0%	84.8%	88.9%	88.9%
Home Delivery Utilization	33.5%	31.6%	44.3%	81.8%	31.9%
Member Cost %	13.9%	13.7%	15.8%	10.3%	11.1%
Specialty Percent of Plan Cost	48.3%	49.6%	35.6%	98.5%	59.5%
Specialty Plan Cost PMPM	\$ 73.46	\$ 71.34	\$ 82.15	\$ 6,510.23	\$ 335.38
Formulary Compliance Rate	99.2%	99.2%	99.3%	100.0%	100.0%