

Nevada PEBP Q1 FY24 Report

7/1/2023 – 9/30/2023

Report Includes:

- CDHP Comparison Data from Q1 FY23 to Q1 FY24
- EPO Comparison Data from Q1 FY23 to Q1 FY24
- PPO Comparison Data from Q1 FY23 to Q1 FY24
- CDHP, EPO, PPO Breakout Data from Q1 FY23 to Q1 FY24
- Summary Comparison Data from Q1 FY24
- Key Metric Breakout Data from Q1 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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12/15/24

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN

+ Q1 FY24 vs Q1 FY23

Membership Summary	Q1 FY 2024	Q1 FY 2023	Change
Member Count (Membership)	48,446	48,586	-0.3%
Utilizing Member Count (Patients)	24,546	25,166	-2.5%
Percent Utilizing (Utilization)	50.7%	51.8%	-1.1

Claim Summary	Q1 FY 2024	Q1 FY 2023	Change
Net Claims (Total Adjusted Rx's)	177,729	174,967	1.6%
Claims per Elig Member per Month (Claims PMPM)	1.22	1.20	1.9%
Total Claims for Generic (Generic ARx)	153,759	150,005	2.5%
Total Claims for Brand (Brand ARx)	23,970	24,962	-4.0%
Total Claims for Multisource Brand Claims (MSB ARx)	872	764	14.1%
Total Non-Specialty Claims	175,556	173,120	1.4%
Total Specialty Claims	2,173	1,847	17.7%
Generic % of Total Claims (GFR)	86.5%	85.7%	0.8
Generic Effective Rate (GCR)	99.4%	99.5%	-0.1
Mail Order Claims	52,190	48,209	8.3%
Mail Penetration Rate*	32.9%	31.2%	1.7

Claims Cost Summary	Q1 FY 2024	Q1 FY 2023	Change
Total Prescription Cost (Total Gross Cost)	\$24,323,897	\$21,395,922	13.7%
Total Generic Gross Cost	\$2,475,465	\$2,709,598	-8.6%
Total Brand Gross Cost	\$21,848,432	\$18,686,325	16.9%
Total MSB Gross Cost	\$417,579	\$381,411	9.5%
Total Ingredient Cost	\$23,568,796	\$20,696,378	13.9%
Total Dispensing Fee	\$735,972	\$679,994	8.2%
Total Other (e.g. tax)	\$19,129	\$19,551	-2.2%
Avg Total Cost per Claim (Gross Cost/ARx)	\$136.86	\$122.29	11.9%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$16.10	\$18.06	-10.9%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$911.49	\$748.59	21.8%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$478.88	\$499.23	-4.1%

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PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN

+ Q1 FY24 vs Q1 FY23

Member Cost Summary	Q1 FY 2024	Q1 FY 2023	Change
Total Member Cost Share	\$4,507,598	\$4,648,528	-3.0%
Generic Cost Share	\$1,093,287	\$1,205,465	-9.3%
Brand Cost Share	\$3,414,310	\$3,443,064	-0.8%
MSB Cost Share	\$61,286	\$84,247	-27.3%
Total Copay	\$3,741,870	\$3,672,194	1.9%
Total Deductible	\$765,728	\$976,335	-21.6%
Avg Copay per Claim (Member Cost Share/ARx)	\$25.36	\$26.57	-4.5%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$7.11	\$8.04	-11.5%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$142.44	\$137.93	3.3%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$70.28	\$110.27	-36.3%
Copay % of Total Prescription Cost (Member Cost Share %)	18.5%	21.7%	-3.2
Plan Cost Summary	Q1 FY 2024	Q1 FY 2023	Change
Total Plan Cost (Plan Cost)	\$19,816,299	\$16,747,394	18.3%
Generic Plan Cost	\$1,382,178	\$1,504,133	-8.1%
Brand Plan Cost	\$18,434,121	\$15,243,261	20.9%
MSB Plan Cost	\$356,293	\$297,164	19.9%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$8,985,248	\$7,874,103	14.1%
Total Specialty Drug Cost (Specialty Plan Cost)	\$10,831,051	\$8,873,291	22.1%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$111.50	\$95.72	16.5%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$8.99	\$10.03	-10.4%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$769.05	\$610.66	25.9%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$408.59	\$388.96	5.0%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$51.18	\$45.48	12.5%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$4,984.38	\$4,804.16	3.8%
Plan Cost PMPM	\$136.35	\$114.90	18.7%
Non-Specialty Plan Cost PMPM	\$61.82	\$54.02	14.4%
Specialty Plan Cost PMPM	\$74.52	\$60.88	22.4%
Specialty % of Plan Cost	54.7%	53.0%	1.7
Net Plan Cost PMPM (factoring Rebates)	\$85.14	\$78.59	8.3%
Non-Specialty Plan Cost PMPM	\$36.49	\$33.88	7.7%
Specialty Plan Cost PMPM	\$48.65	\$44.71	8.8%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ CDHP PLAN

+ Q1 FY24 vs Q1 FY23

Membership Summary	Q1 FY 2024	Q1 FY 2023	Change
Member Count (Membership)	24,365	28,326	-14.0%
Utilizing Member Count (Patients)	11,703	13,902	-15.8%
Percent Utilizing (Utilization)	48.0%	49.1%	-1.1

Claim Summary	Q1 FY 2024	Q1 FY 2023	Change
Net Claims (Total Adjusted Rx's)	83,031	93,746	-11.4%
Claims per Elig Member per Month (Claims PMPM)	1.14	1.10	3.0%
Total Claims for Generic (Generic ARx)	72,817	80,924	-10.0%
Total Claims for Brand (Brand ARx)	10,214	12,822	-20.3%
Total Claims for Multisource Brand Claims (MSB ARx)	315	382	-17.5%
Total Non-Specialty Claims	82,077	92,793	-11.5%
Total Specialty Claims	954	953	0.1%
Generic % of Total Claims (GFR)	87.7%	86.3%	1.4
Generic Effective Rate (GCR)	99.6%	99.5%	0.1
Mail Order Claims	23,453	25,149	-6.7%
Mail Penetration Rate*	31.8%	30.6%	1.2

Claims Cost Summary	Q1 FY 2024	Q1 FY 2023	Change
Total Prescription Cost (Total Gross Cost)	\$10,204,216	\$10,623,820	-3.9%
Total Generic Gross Cost	\$1,027,449	\$1,291,483	-20.4%
Total Brand Gross Cost	\$9,176,768	\$9,332,336	-1.7%
Total MSB Gross Cost	\$139,084	\$195,871	-29.0%
Total Ingredient Cost	\$9,854,938	\$10,250,397	-3.9%
Total Dispensing Fee	\$342,436	\$364,675	-6.1%
Total Other (e.g. tax)	\$6,843	\$8,748	-21.8%
Avg Total Cost per Claim (Gross Cost/ARx)	\$122.90	\$113.33	8.4%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$14.11	\$15.96	-11.6%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$898.45	\$727.84	23.4%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$441.54	\$512.75	-13.9%

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+ CDHP PLAN

+ Q1 FY24 vs Q1 FY23

Member Cost Summary	Q1 FY 2024	Q1 FY 2023	Change
Total Member Cost Share	\$2,535,118	\$2,893,147	-12.4%
Generic Cost Share	\$552,403	\$724,309	-23.7%
Brand Cost Share	\$1,982,715	\$2,168,838	-8.6%
MSB Cost Share	\$34,790	\$69,472	-49.9%
Total Copay	\$1,771,104	\$1,918,890	-7.7%
Total Deductible	\$764,014	\$974,257	-21.6%
Avg Copay per Claim (Member Cost Share/ARx)	\$30.53	\$30.86	-1.1%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$7.59	\$8.95	-15.2%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$194.12	\$169.15	14.8%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$110.45	\$181.86	-39.3%
Copay % of Total Prescription Cost (Member Cost Share %)	24.8%	27.2%	-2.4
Plan Cost Summary	Q1 FY 2024	Q1 FY 2023	Change
Total Plan Cost (Plan Cost)	\$7,669,098	\$7,730,673	-0.8%
Generic Plan Cost	\$475,045	\$567,175	-16.2%
Brand Plan Cost	\$7,194,053	\$7,163,498	0.4%
MSB Plan Cost	\$104,294	\$126,399	-17.5%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$2,975,171	\$3,144,721	-5.4%
Total Specialty Drug Cost (Specialty Plan Cost)	\$4,693,927	\$4,585,952	2.4%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$92.36	\$82.46	12.0%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$6.52	\$7.01	-6.9%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$704.33	\$558.69	26.1%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$331.09	\$330.89	0.1%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$36.25	\$33.89	7.0%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$4,920.26	\$4,812.12	2.2%
Plan Cost PMPM	\$104.92	\$90.97	15.3%
Non-Specialty Plan Cost PMPM	\$40.70	\$37.01	10.0%
Specialty Plan Cost PMPM	\$64.22	\$53.97	19.0%
Specialty % of Plan Cost	61.2%	59.3%	1.9
Net Plan Cost PMPM (factoring Rebates)	\$62.37	\$61.24	1.8%
Non-Specialty Plan Cost PMPM	\$20.86	\$21.20	-1.6%
Specialty Plan Cost PMPM	\$41.51	\$40.04	3.7%

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PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN

+ Q1 FY24 vs Q1 FY23

Membership Summary	Q1 FY 2024	Q1 FY 2023	Change
Member Count (Membership)	5,825	6,644	-12.3%
Utilizing Member Count (Patients)	3,492	4,124	-15.3%
Percent Utilizing (Utilization)	59.9%	62.1%	-2.2

Claim Summary	Q1 FY 2024	Q1 FY 2023	Change
Net Claims (Total Adjusted Rx's)	31,089	34,568	-10.1%
Claims per Elig Member per Month (Claims PMPM)	1.78	1.73	2.6%
Total Claims for Generic (Generic ARx)	26,673	29,572	-9.8%
Total Claims for Brand (Brand ARx)	4,416	4,996	-11.6%
Total Claims for Multisource Brand Claims (MSB ARx)	187	165	13.3%
Total Non-Specialty Claims	30,698	34,139	-10.1%
Total Specialty Claims	391	429	-8.9%
Generic % of Total Claims (GFR)	85.8%	85.5%	0.3
Generic Effective Rate (GCR)	99.3%	99.4%	-0.1
Mail Order Claims	9,359	9,024	3.7%
Mail Penetration Rate*	32.9%	28.8%	4.1

Claims Cost Summary	Q1 FY 2024	Q1 FY 2023	Change
Total Prescription Cost (Total Gross Cost)	\$4,927,524	\$5,013,397	-1.7%
Total Generic Gross Cost	\$442,768	\$578,494	-23.5%
Total Brand Gross Cost	\$4,484,755	\$4,434,903	1.1%
Total MSB Gross Cost	\$102,466	\$92,781	10.4%
Total Ingredient Cost	\$4,796,842	\$4,879,463	-1.7%
Total Dispensing Fee	\$125,926	\$129,928	-3.1%
Total Other (e.g. tax)	\$4,755	\$4,006	18.7%
Avg Total Cost per Claim (Gross Cost/ARx)	\$158.50	\$145.03	9.3%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$16.60	\$19.56	-15.1%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$1,015.57	\$887.69	14.4%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$547.95	\$562.31	-2.6%

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PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN

+ Q1 FY24 vs Q1 FY23

Member Cost Summary	Q1 FY 2024	Q1 FY 2023	Change
Total Member Cost Share	\$667,120	\$806,053	-17.2%
Generic Cost Share	\$184,133	\$206,839	-11.0%
Brand Cost Share	\$482,987	\$599,214	-19.4%
MSB Cost Share	\$15,931	\$11,442	39.2%
Total Copay	\$665,406	\$803,975	-17.2%
Total Deductible	\$1,714	\$2,078	-17.5%
Avg Copay per Claim (Member Cost Share/ARx)	\$21.46	\$23.32	-8.0%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$6.90	\$6.99	-1.3%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$109.37	\$119.94	-8.8%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$85.19	\$69.35	22.8%
Copay % of Total Prescription Cost (Member Cost Share %)	13.5%	16.1%	-2.6
Plan Cost Summary	Q1 FY 2024	Q1 FY 2023	Change
Total Plan Cost (Plan Cost)	\$4,260,404	\$4,207,344	1.3%
Generic Plan Cost	\$258,635	\$371,655	-30.4%
Brand Plan Cost	\$4,001,768	\$3,835,689	4.3%
MSB Plan Cost	\$86,535	\$81,338	6.4%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$1,966,606	\$2,079,326	-5.4%
Total Specialty Drug Cost (Specialty Plan Cost)	\$2,293,797	\$2,128,018	7.8%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$137.04	\$121.71	12.6%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$9.70	\$12.57	-22.8%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$906.20	\$767.75	18.0%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$462.75	\$492.96	-6.1%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$64.06	\$60.91	5.2%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$5,866.49	\$4,960.42	18.3%
Plan Cost PMPM	\$243.80	\$211.08	15.5%
Non-Specialty Plan Cost PMPM	\$112.54	\$104.32	7.9%
Specialty Plan Cost PMPM	\$131.26	\$106.76	22.9%
Specialty % of Plan Cost	53.8%	50.6%	3.2
Net Plan Cost PMPM (factoring Rebates)	\$160.48	\$147.50	8.8%
Non-Specialty Plan Cost PMPM	\$68.65	\$67.35	1.9%
Specialty Plan Cost PMPM	\$91.83	\$80.15	14.6%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ PPO PLAN

+ Q1 FY24 vs Q1 FY23

Membership Summary	Q1 FY 2024	Q1 FY 2023	Change
Member Count (Membership)	18,259	13,619	34.1%
Utilizing Member Count (Patients)	9,373	7,170	30.7%
Percent Utilizing (Utilization)	51.3%	52.6%	-1.3

Claim Summary	Q1 FY 2024	Q1 FY 2023	Change
Net Claims (Total Adjusted Rx's)	63,609	46,653	36.3%
Claims per Elig Member per Month (Claims PMPM)	1.16	1.14	1.7%
Total Claims for Generic (Generic ARx)	54,269	39,509	37.4%
Total Claims for Brand (Brand ARx)	9,340	7,144	30.7%
Total Claims for Multisource Brand Claims (MSB ARx)	370	217	70.5%
Total Non-Specialty Claims	62,781	46,188	35.9%
Total Specialty Claims	828	465	78.1%
Generic % of Total Claims (GFR)	85.3%	84.7%	0.6
Generic Effective Rate (GCR)	99.3%	99.5%	-0.1
Mail Order Claims	19,378	14,036	38.1%
Mail Penetration Rate*	34.5%	34.4%	0.1

Claims Cost Summary	Q1 FY 2024	Q1 FY 2023	Change
Total Prescription Cost (Total Gross Cost)	\$9,192,157	\$5,758,706	59.6%
Total Generic Gross Cost	\$1,005,248	\$839,620	19.7%
Total Brand Gross Cost	\$8,186,909	\$4,919,085	66.4%
Total MSB Gross Cost	\$176,029	\$92,759	89.8%
Total Ingredient Cost	\$8,917,016	\$5,566,518	60.2%
Total Dispensing Fee	\$267,610	\$185,391	44.3%
Total Other (e.g. tax)	\$7,531	\$6,797	10.8%
Avg Total Cost per Claim (Gross Cost/ARx)	\$144.51	\$123.44	17.1%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$18.52	\$21.25	-12.8%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$876.54	\$688.56	27.3%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$475.75	\$427.46	11.3%

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+ PPO PLAN

+ Q1 FY24 vs Q1 FY23

Member Cost Summary	Q1 FY 2024	Q1 FY 2023	Change
Total Member Cost Share	\$1,305,360	\$949,329	37.5%
Generic Cost Share	\$356,751	\$274,317	30.1%
Brand Cost Share	\$948,609	\$675,012	40.5%
MSB Cost Share	\$10,565	\$3,333	217.0%
Total Copay	\$1,305,360	\$949,329	37.5%
Total Deductible	\$0	\$0	0.0%
Avg Copay per Claim (Member Cost Share/ARx)	\$20.52	\$20.35	0.8%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$6.57	\$6.94	-5.3%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$101.56	\$94.49	7.5%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$28.55	\$15.36	85.9%
Copay % of Total Prescription Cost (Member Cost Share %)	14.2%	16.5%	-2.3
Plan Cost Summary	Q1 FY 2024	Q1 FY 2023	Change
Total Plan Cost (Plan Cost)	\$7,886,797	\$4,809,377	64.0%
Generic Plan Cost	\$648,497	\$565,303	14.7%
Brand Plan Cost	\$7,238,300	\$4,244,074	70.6%
MSB Plan Cost	\$165,465	\$89,426	85.0%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$4,043,471	\$2,650,055	52.6%
Total Specialty Drug Cost (Specialty Plan Cost)	\$3,843,326	\$2,159,321	78.0%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$123.99	\$103.09	20.3%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$11.95	\$14.31	-16.5%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$774.98	\$594.08	30.5%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$447.20	\$412.10	8.5%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$64.41	\$57.38	12.3%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$4,641.70	\$4,643.70	0.0%
Plan Cost PMPM	\$143.98	\$117.71	22.3%
Non-Specialty Plan Cost PMPM	\$73.82	\$64.86	13.8%
Specialty Plan Cost PMPM	\$70.16	\$52.85	32.8%
Specialty % of Plan Cost	48.7%	44.9%	3.8
Net Plan Cost PMPM (factoring Rebates)	\$91.48	\$81.03	12.9%
Non-Specialty Plan Cost PMPM	\$47.08	\$43.90	7.2%
Specialty Plan Cost PMPM	\$44.39	\$37.13	19.6%

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+ Q1 FY24 vs Q1 FY23

Membership Summary	Total	EPO	CDHP	PPO
Member Count (Membership)	48,446	5,825	24,365	18,259
Utilizing Member Count (Patients)	24,546	3,492	11,703	9,373
Percent Utilizing (Utilization)	50.7%	59.9%	48.0%	51.3%

Claim Summary	Total	EPO	CDHP	PPO
Net Claims (Total Rx's)	177,729	31,089	83,031	63,609
Claims per Elig Member per Month (Claims PMPM)	1.22	1.78	1.14	1.16
Total Claims for Generic (Generic Rx)	153,759	26,673	72,817	54,269
Total Claims for Brand (Brand Rx)	23,970	4,416	10,214	9,340
Total Claims for Multisource Brand Claims (MSB Rx)	872	187	315	370
Total Non-Specialty Claims	175,556	30,698	82,077	62,781
Total Specialty Claims	2,173	391	954	828
Generic % of Total Claims (GFR)	86.5%	85.8%	87.7%	85.3%
Generic Effective Rate (GCR)	99.4%	99.3%	99.6%	99.3%
Mail Order Claims	52,190	9,359	23,453	19,378
Mail Penetration Rate*	32.9%	32.9%	31.8%	34.5%

Claims Cost Summary	Total	EPO	CDHP	PPO
Total Prescription Cost (Total Gross Cost)	\$24,323,897	\$4,927,524	\$10,204,216	\$9,192,157
Total Generic Gross Cost	\$2,475,465	\$442,768	\$1,027,449	\$1,005,248
Total Brand Gross Cost	\$21,848,432	\$4,484,755	\$9,176,768	\$8,186,909
Total MSB Gross Cost	\$417,579	\$102,466	\$139,084	\$176,029
Total Ingredient Cost	\$23,568,796	\$4,796,842	\$9,854,938	\$8,917,016
Total Dispensing Fee	\$468,362	\$125,926	\$342,436	\$267,610
Total Other (e.g. tax)	\$19,129	\$4,755	\$6,843	\$7,531
Avg Total Cost per Claim (Gross Cost/Rx)	\$136.86	\$158.50	\$122.90	\$144.51
Avg Total Cost for Generic (Generic Gross Cost/Generic Rx)	\$16.10	\$16.60	\$14.11	\$18.52
Avg Total Cost for Brand (Brand Gross Cost/Brand Rx)	\$911.49	\$1,015.57	\$898.45	\$876.54
Avg Total Cost for MSB (MSB Gross Cost/MSB Rx)	\$478.88	\$547.95	\$441.54	\$475.75

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PRESCRIPTION DRUG UTILIZATION

+ EPO, CDHP, & PPO PLAN
+ Q1 FY24 vs Q1 FY23

Member Cost Summary	Total	EPO	CDHP	PPO
Total Member Cost Share	\$4,507,598	\$667,120	\$2,535,118	\$1,305,360
Generic Cost Share	\$1,093,287	\$184,133	\$552,403	\$356,751
Brand Cost Share	\$3,414,310	\$482,987	\$1,982,715	\$948,609
MSB Cost Share	\$61,286	\$15,931	\$34,790	\$10,565
Total Copay	\$3,741,870	\$665,406	\$1,771,104	\$1,305,360
Total Deductible	\$765,728	\$1,714	\$764,014	\$0
Avg Copay per Claim (Member Cost Share/Rx)	\$25.36	\$21.46	\$30.53	\$20.52
Avg Copay for Generic (Generic Member Cost Share/Generic Rx)	\$7.11	\$6.90	\$7.59	\$6.57
Avg Copay for Brand (Brand Member Cost Share/Brand Rx)	\$142.44	\$109.37	\$194.12	\$101.56
Avg Copay for MSB (MSB Member Cost Share/MSB Rx)	\$70.28	\$85.19	\$110.45	\$28.55
Copay % of Total Prescription Cost (Member Cost Share %)	18.5%	13.5%	24.8%	14.2%

Plan Cost Summary	Total	EPO	CDHP	PPO
Total Plan Cost (Plan Cost)	\$19,816,299	\$4,260,404	\$7,669,098	\$7,886,797
Generic Plan Cost	\$1,382,178	\$258,635	\$475,045	\$648,497
Brand Plan Cost	\$18,434,121	\$4,001,768	\$7,194,053	\$7,238,300
MSB Plan Cost	\$356,293	\$86,535	\$104,294	\$165,465
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$8,985,248	\$1,966,606	\$2,975,171	\$4,043,471
Total Specialty Drug Cost (Specialty Plan Cost)	\$10,831,051	\$2,293,797	\$4,693,927	\$3,843,326
Avg Plan Cost per Claim (Plan Cost/Rx)	\$111.50	\$137.04	\$92.36	\$123.99
Avg Plan Cost for Generic (Generic Plan Cost/Generic Rx)	\$8.99	\$9.70	\$6.52	\$11.95
Avg Plan Cost for Brand (Brand Plan Cost/Brand Rx)	\$769.05	\$906.20	\$704.33	\$774.98
Avg Plan Cost for MSB (MSB Plan Cost/MSB Rx)	\$408.59	\$462.75	\$331.09	\$447.20
Avg Non-Specialty Plan Cost per Claim (Plan Cost/Rx)	\$51.18	\$64.06	\$36.25	\$64.41
Avg Specialty Plan Cost per Claim (Plan Cost/Rx)	\$4,984.38	\$5,866.49	\$4,920.26	\$4,641.70
Plan Cost PMPM	\$136.35	\$243.80	\$104.92	\$143.98
Non-Specialty Plan Cost PMPM	\$61.82	\$112.54	\$40.70	\$73.82
Specialty Plan Cost PMPM	\$74.52	\$131.26	\$64.22	\$70.16
Specialty % of Plan Cost	54.7%	53.8%	61.2%	48.7%
Net Plan Cost PMPM (factoring Rebates)	\$85.14	\$160.48	\$62.37	\$91.48
Non-Specialty Net Plan Cost PMPM	\$36.49	\$68.65	\$20.86	\$47.08
Specialty Net Plan Cost PMPM	\$48.65	\$91.83	\$41.51	\$44.39

Express Scripts

By EVERNORTH
Confidential Information

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN

+ Q1 FY24 vs Q1 FY23

State of Nevada PEBP				
Q1 FY2024				
Description	Grand Total	EPO	CDHP	PPO
Avg Members per Month	48,446	5,825	24,365	18,259
Pct Members Utilizing Benefit	50.7%	59.9%	48.0%	51.3%
Total Plan Cost	\$ 19,816,299	\$ 4,260,404	\$ 7,669,098	\$ 7,886,797
Total Days	4,691,859	842,525	2,186,559	1,662,775
Total Adjusted Rxs	177,729	31,089	83,031	63,609
Plan Cost PMPM	\$ 136.35	\$ 243.80	\$ 104.92	\$ 143.98
Plan Cost Net PMPM	\$ 85.14	\$ 160.48	\$ 62.37	\$ 91.48
Plan Cost/Day	\$ 4.22	\$ 5.06	\$ 3.51	\$ 4.74
Plan Cost per Adjusted Rx	\$ 111.50	\$ 137.04	\$ 92.36	\$ 123.99
Nbr Rxs PMPM	1.22	1.78	1.14	1.16
Generic Fill Rate	86.5%	85.8%	87.7%	85.3%
Home Delivery Utilization	32.9%	32.9%	31.8%	34.5%
Member Cost %	18.5%	13.5%	24.8%	14.2%
Specialty Percent of Plan Cost	54.7%	53.8%	61.2%	48.7%
Specialty Plan Cost PMPM	\$ 74.52	\$ 131.26	\$ 64.22	\$ 70.16
Formulary Compliance Rate	99.4%	99.2%	99.5%	99.3%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN

+ Q1 FY24 vs Q1 FY23

State of Nevada PEBP					
Q1 FY2024 - Grand Total					
Description	Grand Total	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	48,446	42,165	5,762	12	512
Pct Members Utilizing Benefit	50.7%	48.0%	68.2%	58.3%	82.8%
Total Plan Cost	\$ 19,816,299	\$ 15,628,064	\$ 3,650,876	\$ 76,939	\$ 460,420
Total Days	4,691,859	3,479,113	1,055,470	2,676	154,600
Total Adjusted Rxs	177,729	133,642	38,413	101	5,573
Plan Cost PMPM	\$ 136.35	\$ 123.55	\$ 211.20	\$ 2,137.18	\$ 299.75
Plan Cost Net PMPM	\$ 85.14	\$ 77.89	\$ 127.57	\$ 1,798.54	\$ 163.53
Plan Cost/Day	\$ 4.22	\$ 4.49	\$ 3.46	\$ 28.75	\$ 2.98
Plan Cost per Adjusted Rx	\$ 111.50	\$ 116.94	\$ 95.04	\$ 761.77	\$ 82.62
Nbr Rxs PMPM	1.22	1.06	2.22	2.81	3.63
Generic Fill Rate	86.5%	86.1%	87.7%	88.1%	87.4%
Home Delivery Utilization	32.9%	30.7%	39.7%	94.2%	37.2%
Member Cost %	18.5%	17.9%	20.8%	29.5%	20.9%
Specialty Percent of Plan Cost	54.7%	55.5%	51.6%	95.4%	43.2%
Specialty Plan Cost PMPM	\$ 74.52	\$ 68.58	\$ 108.96	\$ 2,037.83	\$ 129.45
Formulary Compliance Rate	99.4%	99.4%	99.5%	100.0%	99.4%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ CDHP PLAN

+ Q1 FY24 vs Q1 FY23

State of Nevada PEBP					
Q1 FY2024 - CDHP					
Description	CDHP	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	24,365	20,257	3,711	8	389
Pct Members Utilizing Benefit	48.0%	44.1%	66.0%	50.0%	83.0%
Total Plan Cost	\$ 7,669,098	\$ 5,332,477	\$ 1,967,246	\$ 53,333	\$ 316,042
Total Days	2,186,559	1,435,080	629,701	704	121,074
Total Adjusted Rxs	83,031	55,630	23,011	28	4,362
Plan Cost PMPM	\$ 104.92	\$ 87.75	\$ 176.70	\$ 2,222.22	\$ 270.82
Plan Cost Net PMPM	\$ 62.37	\$ 52.28	\$ 106.10	\$ 1,960.19	\$ 131.39
Plan Cost/Day	\$ 3.51	\$ 3.72	\$ 3.12	\$ 75.76	\$ 2.61
Plan Cost per Adjusted Rx	\$ 92.36	\$ 95.86	\$ 85.49	\$ 1,904.76	\$ 72.45
Nbr Rxs PMPM	1.14	0.92	2.07	1.17	3.74
Generic Fill Rate	87.7%	87.4%	88.6%	85.7%	86.9%
Home Delivery Utilization	31.8%	28.1%	39.0%	94.2%	37.9%
Member Cost %	24.8%	25.1%	24.3%	30.0%	23.0%
Specialty Percent of Plan Cost	61.2%	62.6%	60.4%	99.6%	37.1%
Specialty Plan Cost PMPM	\$ 64.22	\$ 54.89	\$ 106.69	\$ 2,212.83	\$ 100.36
Formulary Compliance Rate	99.5%	99.5%	99.6%	100.0%	99.5%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN

+ Q1 FY24 vs Q1 FY23

State of Nevada PEBP					
Q1 FY2024 - EPO					
Description	EPO	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	5,825	5,046	699	2	78
Pct Members Utilizing Benefit	59.9%	57.5%	76.4%	50.0%	78.2%
Total Plan Cost	\$ 4,260,404	\$ 3,382,504	\$ 803,225	\$ 3,090	\$ 71,585
Total Days	842,525	642,012	178,921	1,260	20,332
Total Adjusted Rxs	31,089	23,908	6,401	42	738
Plan Cost PMPM	\$ 243.80	\$ 223.44	\$ 383.04	\$ 515.00	\$ 305.92
Plan Cost Net PMPM	\$ 160.48	\$ 146.77	\$ 254.53	\$ 230.05	\$ 202.57
Plan Cost/Day	\$ 5.06	\$ 5.27	\$ 4.49	\$ 2.45	\$ 3.52
Plan Cost per Adjusted Rx	\$ 137.04	\$ 141.48	\$ 125.48	\$ 73.57	\$ 97.00
Nbr Rxs PMPM	1.78	1.58	3.05	7.00	3.63
Generic Fill Rate	85.8%	85.4%	86.8%	85.7%	89.2%
Home Delivery Utilization	32.9%	32.3%	34.1%	100.0%	36.6%
Member Cost %	13.5%	12.6%	16.8%	10.8%	18.4%
Specialty Percent of Plan Cost	53.8%	55.4%	47.2%	0.0%	58.5%
Specialty Plan Cost PMPM	\$ 131.26	\$ 123.72	\$ 180.78	\$ -	\$ 178.88
Formulary Compliance Rate	99.2%	99.2%	99.3%	100.0%	98.8%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ PPO PLAN

+ Q1 FY24 vs Q1 FY23

State of Nevada PEBP					
Q1 FY2024 - PPO					
Description	PPO	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	18,259	16,861	1,352	2	44
Pct Members Utilizing Benefit	51.3%	49.8%	69.9%	100.0%	90.9%
Total Plan Cost	\$ 7,886,797	\$ 6,913,083	\$ 880,405	\$ 20,515	\$ 72,794
Total Days	1,662,775	1,402,021	246,848	712	13,194
Total Adjusted Rxs	63,609	54,104	9,001	31	473
Plan Cost PMPM	\$ 143.98	\$ 136.67	\$ 217.06	\$ 3,419.20	\$ 551.47
Plan Cost Net PMPM	\$ 91.48	\$ 88.05	\$ 120.88	\$ 2,720.44	\$ 382.16
Plan Cost/Day	\$ 4.74	\$ 4.93	\$ 3.57	\$ 28.81	\$ 5.52
Plan Cost per Adjusted Rx	\$ 123.99	\$ 127.77	\$ 97.81	\$ 661.78	\$ 153.90
Nbr Rxs PMPM	1.16	1.07	2.22	5.17	3.58
Generic Fill Rate	85.3%	85.2%	85.9%	93.5%	89.4%
Home Delivery Utilization	34.5%	32.5%	45.4%	84.0%	31.3%
Member Cost %	14.2%	14.0%	15.6%	30.4%	13.3%
Specialty Percent of Plan Cost	48.7%	50.1%	36.0%	98.7%	54.8%
Specialty Plan Cost PMPM	\$ 70.16	\$ 68.53	\$ 78.05	\$ 3,375.68	\$ 302.04
Formulary Compliance Rate	99.3%	99.2%	99.2%	100.0%	100.0%