

Nevada PEBP FY25 Q3 Report

7/1/2024 – 6/30/2025

Report Includes:

- CDHP Comparison Data from Q4 FY25 to Q4 FY24
- EPO Comparison Data from Q4 FY25 to Q4 FY24
- PPO Comparison Data from Q4 FY25 to Q4 FY24
- CDHP, EPO, PPO Breakout Data from Q4 FY25
- Summary Comparison Data from FY25
- Key Metric Breakout Data from FY25

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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8/31/2025

Express Scripts

By **EVERNORTH**
Confidential Information

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN

+ Q4 FY25 vs Q4 FY24

Membership Summary	FY 2025	FY 2024	Change
Member Count (Membership)	51,616	49,065	5.2%
Utilizing Member Count (Patients)	39,423	37,728	4.5%
Percent Utilizing (Utilization)	76.4%	76.9%	-0.5

Claim Summary	FY 2025	FY 2024	Change
Net Claims (Total Adjusted Rx's)	814,774	747,744	9.0%
Claims per Elig Member per Month (Claims PMPM)	1.32	1.27	3.6%
Total Claims for Generic (Generic ARx)	709,970	650,403	9.2%
Total Claims for Brand (Brand ARx)	104,804	97,341	7.7%
Total Claims for Multisource Brand Claims (MSB ARx)	1,963	3,170	-38.1%
Total Non-Specialty Claims	803,981	738,695	8.8%
Total Specialty Claims	10,793	9,049	19.3%
Generic % of Total Claims (GFR)	87.1%	87.0%	0.2
Generic Effective Rate (GCR)	99.7%	99.5%	0.2
Mail Order Claims	211,585	209,792	0.9%
Mail Penetration Rate*	29.3%	31.6%	-2.3

Claims Cost Summary	FY 2025	FY 2024	Change
Total Prescription Cost (Total Gross Cost)	\$123,028,261	\$107,088,718	14.9%
Total Generic Gross Cost	\$12,436,194	\$11,213,167	10.9%
Total Brand Gross Cost	\$110,592,068	\$95,875,550	15.3%
Total MSB Gross Cost	\$1,324,197	\$1,833,206	-27.8%
Total Ingredient Cost	\$119,631,474	\$104,000,937	15.0%
Total Dispensing Fee	\$3,342,387	\$3,007,226	11.1%
Total Other (e.g. tax)	\$54,401	\$80,555	-32.5%
Avg Total Cost per Claim (Gross Cost/ARx)	\$151.00	\$143.22	5.4%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$17.52	\$17.24	1.6%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$1,055.23	\$984.95	7.1%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$674.58	\$578.30	16.6%

Express Scripts

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+ TOTAL PLAN

+ Q4 FY25 vs Q4 FY24

Express Scripts

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Member Cost Summary	FY 2025	FY 2024	Change
Total Member Cost Share	\$20,991,756	\$18,889,112	11.1%
Generic Cost Share	\$4,689,977	\$4,297,314	9.1%
Brand Cost Share	\$16,301,780	\$14,591,798	11.7%
MSB Cost Share	\$232,635	\$238,250	-2.4%
Total Copay	\$19,171,278	\$17,275,071	11.0%
Total Deductible	\$1,820,478	\$1,614,041	12.8%
Avg Copay per Claim (Member Cost Share/ARx)	\$25.76	\$25.26	2.0%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$6.61	\$6.61	0.0%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$155.55	\$149.90	3.8%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$118.51	\$75.16	57.7%
Copay % of Total Prescription Cost (Member Cost Share %)	17.1%	17.6%	-0.6
Plan Cost Summary	FY 2025	FY 2024	Change
Total Plan Cost (Plan Cost)	\$102,036,505	\$88,199,606	15.7%
Generic Plan Cost	\$7,746,217	\$6,915,853	12.0%
Brand Plan Cost	\$94,290,288	\$81,283,752	16.0%
MSB Plan Cost	\$1,091,562	\$1,594,956	-31.6%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$49,977,533	\$41,840,210	19.4%
Total Specialty Drug Cost (Specialty Plan Cost)	\$52,058,972	\$46,359,396	12.3%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$125.23	\$117.95	6.2%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$10.91	\$10.63	2.6%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$899.68	\$835.04	7.7%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$556.07	\$503.14	10.5%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$62.16	\$56.64	9.7%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$4,823.40	\$5,123.15	-5.9%
Plan Cost PMPM	\$164.74	\$149.80	10.0%
Non-Specialty Plan Cost PMPM	\$80.69	\$71.06	13.5%
Specialty Plan Cost PMPM	\$84.05	\$78.74	6.7%
Specialty % of Plan Cost	51.0%	52.6%	-1.5
Net Plan Cost PMPM (factoring Rebates)	\$102.15	\$93.05	9.8%
Non-Specialty Plan Cost PMPM	\$44.58	\$39.89	11.8%
Specialty Plan Cost PMPM	\$57.57	\$53.17	8.3%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ CDHP PLAN

+ Q4 FY25 vs Q4 FY24

Express Scripts

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Membership Summary	FY 2025	FY 2024	Change
Member Count (Membership)	23,015	24,149	-4.7%
Utilizing Member Count (Patients)	16,603	17,627	-5.8%
Percent Utilizing (Utilization)	72.1%	73.0%	-0.9

Claim Summary	FY 2025	FY 2024	Change
Net Claims (Total Adjusted Rx's)	336,128	340,981	-1.4%
Claims per Elig Member per Month (Claims PMPM)	1.22	1.18	3.4%
Total Claims for Generic (Generic ARx)	296,521	299,849	-1.1%
Total Claims for Brand (Brand ARx)	39,607	41,132	-3.7%
Total Claims for Multisource Brand Claims (MSB ARx)	534	1,118	-52.2%
Total Non-Specialty Claims	331,860	336,994	-1.5%
Total Specialty Claims	4,268	3,987	7.0%
Generic % of Total Claims (GFR)	88.2%	87.9%	0.3
Generic Effective Rate (GCR)	99.8%	99.6%	0.2
Mail Order Claims	84,972	92,626	-8.3%
Mail Penetration Rate*	28.5%	30.7%	-2.2

Claims Cost Summary	FY 2025	FY 2024	Change
Total Prescription Cost (Total Gross Cost)	\$46,306,406	\$44,034,083	5.2%
Total Generic Gross Cost	\$4,639,175	\$4,537,020	2.3%
Total Brand Gross Cost	\$41,667,231	\$39,497,062	5.5%
Total MSB Gross Cost	\$415,739	\$523,976	-20.7%
Total Ingredient Cost	\$44,893,804	\$42,623,341	5.3%
Total Dispensing Fee	\$1,392,358	\$1,381,664	0.8%
Total Other (e.g. tax)	\$20,244	\$29,077	-30.4%
Avg Total Cost per Claim (Gross Cost/ARx)	\$137.76	\$129.14	6.7%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$15.65	\$15.13	3.4%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$1,052.02	\$960.25	9.6%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$778.54	\$468.67	66.1%

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+ CDHP PLAN

+ Q4 FY25 vs Q4 FY24

Express Scripts

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Member Cost Summary	FY 2025	FY 2024	Change
Total Member Cost Share	\$9,829,957	\$9,467,569	3.8%
Generic Cost Share	\$1,938,196	\$1,932,573	0.3%
Brand Cost Share	\$7,891,760	\$7,534,996	4.7%
MSB Cost Share	\$171,803	\$134,550	27.7%
Total Copay	\$8,012,774	\$7,855,498	2.0%
Total Deductible	\$1,817,182	\$1,612,070	12.7%
Avg Copay per Claim (Member Cost Share/ARx)	\$29.24	\$27.77	5.3%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$6.54	\$6.45	1.4%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$199.25	\$183.19	8.8%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$321.73	\$120.35	167.3%
Copay % of Total Prescription Cost (Member Cost Share %)	21.2%	21.5%	-0.3
Plan Cost Summary	FY 2025	FY 2024	Change
Total Plan Cost (Plan Cost)	\$36,476,450	\$34,566,514	5.5%
Generic Plan Cost	\$2,700,979	\$2,604,448	3.7%
Brand Plan Cost	\$33,775,470	\$31,962,066	5.7%
MSB Plan Cost	\$243,936	\$389,426	-37.4%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$15,322,767	\$14,723,970	4.1%
Total Specialty Drug Cost (Specialty Plan Cost)	\$21,153,682	\$19,842,544	6.6%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$108.52	\$101.37	7.0%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$9.11	\$8.69	4.9%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$852.77	\$777.06	9.7%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$456.81	\$348.32	31.1%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$46.17	\$43.69	5.7%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$4,956.35	\$4,976.81	-0.4%
Plan Cost PMPM	\$132.07	\$119.28	10.7%
Non-Specialty Plan Cost PMPM	\$55.48	\$50.81	9.2%
Specialty Plan Cost PMPM	\$76.59	\$68.47	11.9%
Specialty % of Plan Cost	58.0%	57.4%	0.6
Net Plan Cost PMPM (factoring Rebates)	\$81.09	\$73.85	9.8%
Non-Specialty Plan Cost PMPM	\$28.58	\$27.02	5.8%
Specialty Plan Cost PMPM	\$52.51	\$46.83	12.1%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN

+ Q4 FY25 vs Q4 FY24

Express Scripts

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Membership Summary	FY 2025	FY 2024	Change
Member Count (Membership)	5,178	5,730	-9.6%
Utilizing Member Count (Patients)	4,369	4,737	-7.8%
Percent Utilizing (Utilization)	84.4%	82.7%	1.7

Claim Summary	FY 2025	FY 2024	Change
Net Claims (Total Adjusted Rx's)	120,795	126,336	-4.4%
Claims per Elig Member per Month (Claims PMPM)	1.94	1.84	5.8%
Total Claims for Generic (Generic ARx)	104,416	108,983	-4.2%
Total Claims for Brand (Brand ARx)	16,379	17,353	-5.6%
Total Claims for Multisource Brand Claims (MSB ARx)	393	644	-39.0%
Total Non-Specialty Claims	119,000	124,737	-4.6%
Total Specialty Claims	1,795	1,599	12.3%
Generic % of Total Claims (GFR)	86.4%	86.3%	0.2
Generic Effective Rate (GCR)	99.6%	99.4%	0.2
Mail Order Claims	33,844	37,164	-8.9%
Mail Penetration Rate*	30.8%	32.3%	-1.5

Claims Cost Summary	FY 2025	FY 2024	Change
Total Prescription Cost (Total Gross Cost)	\$20,908,722	\$21,119,723	-1.0%
Total Generic Gross Cost	\$1,827,418	\$1,922,634	-5.0%
Total Brand Gross Cost	\$19,081,303	\$19,197,089	-0.6%
Total MSB Gross Cost	\$424,956	\$473,029	-10.2%
Total Ingredient Cost	\$20,397,771	\$20,596,344	-1.0%
Total Dispensing Fee	\$502,689	\$505,922	-0.6%
Total Other (e.g. tax)	\$8,261	\$17,458	-52.7%
Avg Total Cost per Claim (Gross Cost/ARx)	\$173.09	\$167.17	3.5%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$17.50	\$17.64	-0.8%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$1,164.99	\$1,106.27	5.3%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$1,081.31	\$734.52	47.2%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN

+ Q4 FY25 vs Q4 FY24

Express Scripts

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Member Cost Summary	FY 2025	FY 2024	Change
Total Member Cost Share	\$3,116,254	\$3,111,997	0.1%
Generic Cost Share	\$699,103	\$749,049	-6.7%
Brand Cost Share	\$2,417,151	\$2,362,948	2.3%
MSB Cost Share	\$26,941	\$50,090	-46.2%
Total Copay	\$3,112,958	\$3,110,026	0.1%
Total Deductible	\$3,296	\$1,971	67.3%
Avg Copay per Claim (Member Cost Share/ARx)	\$25.80	\$24.63	4.7%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$6.70	\$6.87	-2.6%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$147.58	\$136.17	8.4%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$68.55	\$77.78	-11.9%
Copay % of Total Prescription Cost (Member Cost Share %)	14.9%	14.7%	0.2
Plan Cost Summary	FY 2025	FY 2024	Change
Total Plan Cost (Plan Cost)	\$17,792,468	\$18,007,727	-1.2%
Generic Plan Cost	\$1,128,316	\$1,173,585	-3.9%
Brand Plan Cost	\$16,664,152	\$16,834,141	-1.0%
MSB Plan Cost	\$398,015	\$422,939	-5.9%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$8,630,230	\$8,481,219	1.8%
Total Specialty Drug Cost (Specialty Plan Cost)	\$9,162,238	\$9,526,508	-3.8%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$147.29	\$142.54	3.3%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$10.81	\$10.77	0.3%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$1,017.41	\$970.10	4.9%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$1,012.76	\$656.74	54.2%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$72.52	\$67.99	6.7%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$5,104.31	\$5,957.79	-14.3%
Plan Cost PMPM	\$286.35	\$261.89	9.3%
Non-Specialty Plan Cost PMPM	\$138.89	\$123.35	12.6%
Specialty Plan Cost PMPM	\$147.45	\$138.55	6.4%
Specialty % of Plan Cost	51.5%	52.9%	-1.4
Net Plan Cost PMPM (factoring Rebates)	\$178.52	\$161.86	10.3%
Non-Specialty Plan Cost PMPM	\$75.99	\$69.02	10.1%
Specialty Plan Cost PMPM	\$102.52	\$92.84	10.4%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ PPO PLAN

+ Q4 FY25 vs Q4 FY24

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Membership Summary	FY 2025	FY 2024	Change
Member Count (Membership)	23,427	19,192	22.1%
Utilizing Member Count (Patients)	18,539	15,451	20.0%
Percent Utilizing (Utilization)	79.1%	80.5%	-1.4

Claim Summary	FY 2025	FY 2024	Change
Net Claims (Total Adjusted Rx's)	357,851	280,427	27.6%
Claims per Elig Member per Month (Claims PMPM)	1.27	1.22	4.5%
Total Claims for Generic (Generic ARx)	309,033	241,571	27.9%
Total Claims for Brand (Brand ARx)	48,818	38,856	25.6%
Total Claims for Multisource Brand Claims (MSB ARx)	1,036	1,408	-26.4%
Total Non-Specialty Claims	353,121	276,964	27.5%
Total Specialty Claims	4,730	3,463	36.6%
Generic % of Total Claims (GFR)	86.4%	86.1%	0.2
Generic Effective Rate (GCR)	99.7%	99.4%	0.2
Mail Order Claims	92,769	80,002	16.0%
Mail Penetration Rate*	29.4%	32.4%	-3.0

Claims Cost Summary	FY 2025	FY 2024	Change
Total Prescription Cost (Total Gross Cost)	\$55,813,134	\$41,934,912	33.1%
Total Generic Gross Cost	\$5,969,600	\$4,753,513	25.6%
Total Brand Gross Cost	\$49,843,534	\$37,181,399	34.1%
Total MSB Gross Cost	\$483,502	\$836,201	-42.2%
Total Ingredient Cost	\$54,339,899	\$40,781,251	33.2%
Total Dispensing Fee	\$1,447,339	\$1,119,640	29.3%
Total Other (e.g. tax)	\$25,895	\$34,020	-23.9%
Avg Total Cost per Claim (Gross Cost/ARx)	\$155.97	\$149.54	4.3%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$19.32	\$19.68	-1.8%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$1,021.01	\$956.90	6.7%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$466.70	\$593.89	-21.4%

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+ PPO PLAN

+ Q4 FY25 vs Q4 FY24

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Member Cost Summary	FY 2025	FY 2024	Change
Total Member Cost Share	\$8,045,546	\$6,309,546	27.5%
Generic Cost Share	\$2,052,678	\$1,615,692	27.0%
Brand Cost Share	\$5,992,868	\$4,693,854	27.7%
MSB Cost Share	\$33,891	\$53,610	-36.8%
Total Copay	\$8,045,546	\$6,309,546	27.5%
Total Deductible	\$0	\$0	NA
Avg Copay per Claim (Member Cost Share/ARx)	\$22.48	\$22.50	-0.1%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$6.64	\$6.69	-0.7%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$122.76	\$120.80	1.6%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$32.71	\$38.07	-14.1%
Copay % of Total Prescription Cost (Member Cost Share %)	14.4%	15.0%	-0.6
Plan Cost Summary	FY 2025	FY 2024	Change
Total Plan Cost (Plan Cost)	\$47,767,588	\$35,625,365	34.1%
Generic Plan Cost	\$3,916,922	\$3,137,820	24.8%
Brand Plan Cost	\$43,850,666	\$32,487,545	35.0%
MSB Plan Cost	\$449,611	\$782,591	-42.5%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$26,024,536	\$18,635,021	39.7%
Total Specialty Drug Cost (Specialty Plan Cost)	\$21,743,052	\$16,990,344	28.0%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$133.48	\$127.04	5.1%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$12.67	\$12.99	-2.4%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$898.25	\$836.10	7.4%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$433.99	\$555.82	-21.9%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$73.70	\$67.28	9.5%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$4,596.84	\$4,906.25	-6.3%
Plan Cost PMPM	\$169.92	\$154.69	9.8%
Non-Specialty Plan Cost PMPM	\$92.57	\$80.91	14.4%
Specialty Plan Cost PMPM	\$77.34	\$73.77	4.8%
Specialty % of Plan Cost	45.5%	47.7%	-2.2
Net Plan Cost PMPM (factoring Rebates)	\$105.94	\$96.65	9.6%
Non-Specialty Plan Cost PMPM	\$53.34	\$47.37	12.6%
Specialty Plan Cost PMPM	\$52.60	\$49.28	6.7%

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PRESCRIPTION DRUG UTILIZATION

+ EPO, CDHP, & PPO PLAN
+ Q4 FY25

Membership Summary	Total	EPO	CDHP	PPO
Member Count (Membership)	51,616	5,178	23,015	23,427
Utilizing Member Count (Patients)	39,423	4,369	16,603	18,539
Percent Utilizing (Utilization)	76.4%	84.4%	72.1%	79.1%

Claim Summary	Total	EPO	CDHP	PPO
Net Claims (Total Rx's)	814,774	120,795	336,128	357,851
Claims per Elig Member per Month (Claims PMPM)	1.32	1.94	1.22	1.27
Total Claims for Generic (Generic Rx)	709,970	104,416	296,521	309,033
Total Claims for Brand (Brand Rx)	104,804	16,379	39,607	48,818
Total Claims for Multisource Brand Claims (MSB Rx)	1,963	393	534	1,036
Total Non-Specialty Claims	803,981	119,000	331,860	353,121
Total Specialty Claims	10,793	1,795	4,268	4,730
Generic % of Total Claims (GFR)	87.1%	86.4%	88.2%	86.4%
Generic Effective Rate (GCR)	99.7%	99.6%	99.8%	99.7%
Mail Order Claims	211,585	33,844	84,972	92,769
Mail Penetration Rate*	29.3%	30.8%	28.5%	29.4%

Claims Cost Summary	Total	EPO	CDHP	PPO
Total Prescription Cost (Total Gross Cost)	\$123,028,261	\$20,908,722	\$46,306,406	\$55,813,134
Total Generic Gross Cost	\$12,436,194	\$1,827,418	\$4,639,175	\$5,969,600
Total Brand Gross Cost	\$110,592,068	\$19,081,303	\$41,667,231	\$49,843,534
Total MSB Gross Cost	\$1,324,197	\$424,956	\$415,739	\$483,502
Total Ingredient Cost	\$119,631,474	\$20,397,771	\$44,893,804	\$54,339,899
Total Dispensing Fee	\$1,895,047	\$502,689	\$1,392,358	\$1,447,339
Total Other (e.g. tax)	\$54,401	\$8,261	\$20,244	\$25,895
Avg Total Cost per Claim (Gross Cost/Rx)	\$151.00	\$173.09	\$137.76	\$155.97
Avg Total Cost for Generic (Generic Gross Cost/Generic Rx)	\$17.52	\$17.50	\$15.65	\$19.32
Avg Total Cost for Brand (Brand Gross Cost/Brand Rx)	\$1,055.23	\$1,164.99	\$1,052.02	\$1,021.01
Avg Total Cost for MSB (MSB Gross Cost/MSB Rx)	\$674.58	\$1,081.31	\$778.54	\$466.70

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PRESCRIPTION DRUG UTILIZATION

+ EPO, CDHP, & PPO PLAN
+ Q4 FY25

Member Cost Summary	Total	EPO	CDHP	PPO
Total Member Cost Share	\$20,991,756	\$3,116,254	\$9,829,957	\$8,045,546
Generic Cost Share	\$4,689,977	\$699,103	\$1,938,196	\$2,052,678
Brand Cost Share	\$16,301,780	\$2,417,151	\$7,891,760	\$5,992,868
MSB Cost Share	\$232,635	\$26,941	\$171,803	\$33,891
Total Copay	\$19,171,278	\$3,112,958	\$8,012,774	\$8,045,546
Total Deductible	\$1,820,478	\$3,296	\$1,817,182	\$0
Avg Copay per Claim (Member Cost Share/Rx)	\$25.76	\$25.80	\$29.24	\$22.48
Avg Copay for Generic (Generic Member Cost Share/Generic Rx)	\$6.61	\$6.70	\$6.54	\$6.64
Avg Copay for Brand (Brand Member Cost Share/Brand Rx)	\$155.55	\$147.58	\$199.25	\$122.76
Avg Copay for MSB (MSB Member Cost Share/MSB Rx)	\$118.51	\$68.55	\$321.73	\$32.71
Copay % of Total Prescription Cost (Member Cost Share %)	17.1%	14.9%	21.2%	14.4%

Plan Cost Summary	Total	EPO	CDHP	PPO
Total Plan Cost (Plan Cost)	\$102,036,505	\$17,792,468	\$36,476,450	\$47,767,588
Generic Plan Cost	\$7,746,217	\$1,128,316	\$2,700,979	\$3,916,922
Brand Plan Cost	\$94,290,288	\$16,664,152	\$33,775,470	\$43,850,666
MSB Plan Cost	\$1,091,562	\$398,015	\$243,936	\$449,611
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$49,977,533	\$8,630,230	\$15,322,767	\$26,024,536
Total Specialty Drug Cost (Specialty Plan Cost)	\$52,058,972	\$9,162,238	\$21,153,682	\$21,743,052
Avg Plan Cost per Claim (Plan Cost/Rx)	\$125.23	\$147.29	\$108.52	\$133.48
Avg Plan Cost for Generic (Generic Plan Cost/Generic Rx)	\$10.91	\$10.81	\$9.11	\$12.67
Avg Plan Cost for Brand (Brand Plan Cost/Brand Rx)	\$899.68	\$1,017.41	\$852.77	\$898.25
Avg Plan Cost for MSB (MSB Plan Cost/MSB Rx)	\$556.07	\$1,012.76	\$456.81	\$433.99
Avg Non-Specialty Plan Cost per Claim (Plan Cost/Rx)	\$62.16	\$72.52	\$46.17	\$73.70
Avg Specialty Plan Cost per Claim (Plan Cost/Rx)	\$4,823.40	\$5,104.31	\$4,956.35	\$4,596.84
Plan Cost PMPM	\$164.74	\$286.35	\$132.07	\$169.92
Non-Specialty Plan Cost PMPM	\$80.69	\$138.89	\$55.48	\$92.57
Specialty Plan Cost PMPM	\$84.05	\$147.45	\$76.59	\$77.34
Specialty % of Plan Cost	51.0%	51.5%	58.0%	45.5%
Net Plan Cost PMPM (factoring Rebates)	\$102.15	\$178.52	\$81.09	\$105.94
Non-Specialty Net Plan Cost PMPM	\$44.58	\$75.99	\$28.58	\$53.34
Specialty Net Plan Cost PMPM	\$57.57	\$102.52	\$52.51	\$52.60

Express Scripts

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN
+ Q4 FY25

State of Nevada PEBP				
FY2025 Q4				
Description	Grand Total	EPO	CDHP	PPO
Avg Members per Month	51,616	5,178	23,015	23,427
Pct Members Utilizing Benefit	76.4%	84.4%	72.1%	79.1%
Total Plan Cost	\$ 102,036,505	\$ 17,792,468	\$ 36,476,450	\$ 47,767,588
Total Days	21,476,400	3,259,867	8,865,047	9,351,486
Total Adjusted Rxs	814,774	120,795	336,128	357,851
Plan Cost PMPM	\$ 164.74	\$ 286.35	\$ 132.07	\$ 169.92
Plan Cost Net PMPM	\$ 102.15	\$ 178.52	\$ 81.09	\$ 105.94
Plan Cost/Day	\$ 4.75	\$ 5.46	\$ 4.11	\$ 5.11
Plan Cost per Adjusted Rx	\$ 125.23	\$ 147.29	\$ 108.52	\$ 133.48
Nbr Rxs PMPM	1.32	1.94	1.22	1.27
Generic Fill Rate	87.1%	86.4%	88.2%	86.4%
Home Delivery Utilization	29.3%	30.8%	28.5%	29.4%
Member Cost %	17.1%	14.9%	21.2%	14.4%
Specialty Percent of Plan Cost	51.0%	51.5%	58.0%	45.5%
Specialty Plan Cost PMPM	\$ 84.05	\$ 147.45	\$ 76.59	\$ 77.34
Formulary Compliance Rate	99.5%	99.4%	99.8%	99.4%

STATE OF NEVADA PEBP:

**PRESCRIPTION
DRUG UTILIZATION**
+ TOTAL PLAN
+ Q4 FY25

State of Nevada PEBP					
FY2025 Q4 - Grand Total					
Description	Grand Total	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	51,616	45,692	5,488	13	426
Pct Members Utilizing Benefit	76.4%	75.2%	89.3%	84.6%	96.9%
Total Plan Cost	\$ 102,036,505	\$ 80,754,666	\$ 19,629,010	\$ 49,412	\$ 1,603,417
Total Days	21,476,400	16,522,237	4,363,932	6,856	583,375
Total Adjusted Rxs	814,774	634,599	158,832	250	21,093
Plan Cost PMPM	\$ 164.74	\$ 147.28	\$ 298.06	\$ 316.74	\$ 313.66
Plan Cost Net PMPM	\$ 102.15	\$ 91.18	\$ 188.38	\$ 189.62	\$ 164.51
Plan Cost/Day	\$ 4.75	\$ 4.89	\$ 4.50	\$ 7.21	\$ 2.75
Plan Cost per Adjusted Rx	\$ 125.23	\$ 127.25	\$ 123.58	\$ 197.65	\$ 76.02
Nbr Rxs PMPM	1.32	1.16	2.41	1.60	4.13
Generic Fill Rate	87.1%	86.9%	87.8%	83.6%	88.1%
Home Delivery Utilization	29.3%	27.1%	36.5%	85.7%	35.7%
Member Cost %	17.1%	17.0%	17.5%	20.2%	16.7%
Specialty Percent of Plan Cost	51.0%	50.3%	55.8%	46.0%	28.0%
Specialty Plan Cost PMPM	\$ 84.05	\$ 74.12	\$ 166.20	\$ 145.77	\$ 87.74
Formulary Compliance Rate	99.5%	99.5%	99.7%	100.0%	99.6%

STATE OF NEVADA PEBP:

PRESCRIPTION

DRUG UTILIZATION

+ CDHP PLAN

+ Q4 FY25

State of Nevada PEBP					
FY2025 Q4 - EPO					
Description	EPO	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	5,178	4,447	669	2	60
Pct Members Utilizing Benefit	84.4%	83.5%	95.2%	50.0%	93.3%
Total Plan Cost	\$ 17,792,468	\$ 13,173,301	\$ 4,468,838	\$ 18,026	\$ 132,302
Total Days	3,259,867	2,490,964	702,820	2,859	63,224
Total Adjusted Rxs	120,795	92,937	25,501	99	2,258
Plan Cost PMPM	\$ 286.35	\$ 246.86	\$ 556.66	\$ 751.09	\$ 183.75
Plan Cost Net PMPM	\$ 178.52	\$ 148.14	\$ 385.92	\$ 255.14	\$ 114.77
Plan Cost/Day	\$ 5.46	\$ 5.29	\$ 6.36	\$ 6.31	\$ 2.09
Plan Cost per Adjusted Rx	\$ 147.29	\$ 141.74	\$ 175.24	\$ 182.08	\$ 58.59
Nbr Rxs PMPM	1.94	1.74	3.18	4.13	4.13
Generic Fill Rate	86.4%	86.4%	86.3%	72.7%	91.1%
Home Delivery Utilization	30.8%	29.6%	34.0%	99.9%	37.8%
Member Cost %	14.9%	15.0%	14.8%	5.4%	11.8%
Specialty Percent of Plan Cost	51.5%	49.6%	58.3%	0.0%	17.5%
Specialty Plan Cost PMPM	\$ 147.45	\$ 122.41	\$ 324.74	\$ -	\$ 32.17
Formulary Compliance Rate	99.4%	99.4%	99.5%	100.0%	99.2%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN
+ Q4 FY25

State of Nevada PEBP					
FY2025 Q4 - CDHP					
Description	CDHP	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	23,015	19,417	3,260	14	331
Pct Members Utilizing Benefit	72.1%	69.8%	86.6%	42.9%	95.8%
Total Plan Cost	\$ 36,476,450	\$ 25,279,296	\$ 10,016,197	\$ 55	\$ 1,180,901
Total Days	8,865,047	5,981,170	2,420,502	503	462,872
Total Adjusted Rxs	336,128	231,395	87,923	21	16,789
Plan Cost PMPM	\$ 132.07	\$ 108.49	\$ 256.04	\$ 0.66	\$ 297.31
Plan Cost Net PMPM	\$ 81.09	\$ 65.75	\$ 165.41	\$ 0.66	\$ 152.03
Plan Cost/Day	\$ 4.11	\$ 4.23	\$ 4.14	\$ 0.11	\$ 2.55
Plan Cost per Adjusted Rx	\$ 108.52	\$ 109.25	\$ 113.92	\$ -	\$ 70.34
Nbr Rxs PMPM	1.22	0.99	2.25	0.13	4.23
Generic Fill Rate	88.2%	88.0%	89.0%	100.0%	87.6%
Home Delivery Utilization	28.5%	24.9%	36.0%	0.0%	35.4%
Member Cost %	21.2%	21.9%	19.7%	89.9%	19.0%
Specialty Percent of Plan Cost	58.0%	57.3%	63.3%	0.0%	28.2%
Specialty Plan Cost PMPM	\$ 76.59	\$ 62.15	\$ 162.09	\$ -	\$ 83.69
Formulary Compliance Rate	99.8%	99.8%	99.8%	100.0%	99.7%

STATE OF NEVADA PEBP:

PRESCRIPTION
DRUG UTILIZATION

+ PPO PLAN

+ Q4 FY25

State of Nevada PEBP					
FY2025 Q4 - PPO					
Description	PPO	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	23,427	21,828	1,559	4	36
Pct Members Utilizing Benefit	79.1%	78.6%	93.0%	100.0%	111.1%
Total Plan Cost	\$ 47,767,588	\$ 42,302,069	\$ 5,143,974	\$ 31,330	\$ 290,214
Total Days	9,351,486	8,050,103	1,240,610	3,494	57,279
Total Adjusted Rxs	357,851	310,267	45,408	130	2,046
Plan Cost PMPM	\$ 169.92	\$ 161.50	\$ 274.96	\$ 712.05	\$ 671.79
Plan Cost Net PMPM	\$ 105.94	\$ 102.19	\$ 151.64	\$ 531.87	\$ 357.57
Plan Cost/Day	\$ 5.11	\$ 5.25	\$ 4.15	\$ 8.97	\$ 5.07
Plan Cost per Adjusted Rx	\$ 133.48	\$ 136.34	\$ 113.28	\$ 241.00	\$ 141.84
Nbr Rxs PMPM	1.27	1.18	2.43	2.71	4.74
Generic Fill Rate	86.4%	86.3%	86.3%	89.2%	89.0%
Home Delivery Utilization	29.4%	27.9%	38.7%	86.4%	35.5%
Member Cost %	14.4%	14.3%	15.2%	25.9%	8.5%
Specialty Percent of Plan Cost	45.5%	46.4%	38.8%	72.6%	32.0%
Specialty Plan Cost PMPM	\$ 77.34	\$ 74.94	\$ 106.76	\$ 516.83	\$ 215.07
Formulary Compliance Rate	99.4%	99.3%	99.5%	100.0%	99.9%

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Nevada PEBP

Q4 FY2025

Prepared by Client Analytics

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8/31/2025

**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.*

Hello PEBP Team,

This is the Q4 FY25 Summary File for the three State of Nevada PEBP plans (CDHP, EPO, and PPO). The summary contains Trend breakouts for each plan (Utilization, Unit Cost, and Cost Share). Along with the most notable changes of drugs within the top moving indications. Each plan breakout has a peer comparison of Trend. The file concludes with several Key Statistics of the three plans in aggregate.

CDHP Overall Trend Summaries:

| CDHP Overall Trend | | % Change |
|--------------------------------------------|---------------|-----------------|
| Current Period - Plan Cost Net PMPM | | \$81.09 |
| Utilization | \$2.82 | 3.8% |
| Unit Cost | \$4.23 | 5.7% |
| Member Share | \$0.20 | 0.3% |
| Total Change in Plan Cost Net PMPM | \$7.24 | 9.8% |

Previous Period - Plan Cost Net PMPM

\$73.85

Top moving indications and most notable drug changes within the indications are as follows:

- **HIV:** Previously ranked 4th, currently ranked 3rd by Plan Cost Net.
 - Plan Cost Net: ↑ \$261.9k (16.4%) to current \$1.86M
 - Plan Cost Net PMPM: ↑ \$1.22 (22.2%), current \$6.72
 - Patient Count: ↑ 8 to current count of 123
 - Adjusted RXs: ↑ 130 to current count of 1,094
- **Notable Drug Changes within Indication:**
 - **BIKTARVY:** Previously ranked 1st, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net: ↑ \$128.0k (25.97%) to current \$620k
 - Plan Cost Net PMPM: ↑ \$0.55 (32.2%), current \$2.25
 - Patient Count: ↑ 1 to current count of 21
 - Adjusted RXs: ↑ 32 to current count of 191
 - **DESCOVY:** Previously ranked 2nd, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net: ↑ \$122.6k (29.6%) to current \$540k
 - Plan Cost Net PMPM: ↑ \$0.51 (36.0%), current \$1.95
 - Patient Count: ↑ 6 to current count of 43
 - Adjusted RXs: ↑ 85 to current count of 359
- **GOUT:** Previously ranked 70th, currently ranked 10th by Plan Cost Net.
 - Plan Cost Net: ↑ \$525k (6872.7%) to current \$532k
 - Plan Cost Net PMPM: ↑ \$1.99 (7215.2%), current \$1.93
 - Patient Count: ↓ 20 to current count of 342
 - Adjusted RXs: ↓ 117 to current count of 2,687

- **Notable Drug Changes within Indication:**
 - **KRYSTEXXA:** New, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net: New, current \$520k
 - Plan Cost Net PMPM: New, current \$1.89
 - Patient Count: New, current count of 2
 - Adjusted Rxs: New, current count of 12
 - **Other drug changes in this indication were not notable.**
- **BLOOD CELL DEFICIENCY:** Previously ranked 58th, currently ranked 13th by Plan Cost Net.
 - Plan Cost Net: ↑ \$328k (1500.4%) to current \$350k
 - Plan Cost Net PMPM: ↑ \$1.19 (1579.2%), current \$1.27
 - Patient Count: ↑ 2 to current count of 6
 - Adjusted Rxs: Remains at 21
- **Notable Drug Changes within Indication:**
 - **PROMACTA:** New, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net: New, current \$320k
 - Plan Cost Net PMPM: New, current \$1.16
 - Patient Count: New, current count of 1
 - Adjusted Rxs: New, current count of 10
 - **Other drug changes in this indication were not notable.**
- **Ophthalmic Conditions:** Previously ranked 9th currently ranked 24th by Plan Cost Net.
 - Plan Cost Net ↓ \$532k (-73.2%) to current \$195k.
 - Plan Cost Net PMPM ↓ \$1.80 (-71.9%) to current \$.71.
 - Patient Count ↑ 11 to current count of 378.
 - Adjusted Rxs ↑ 55 to current count of 1,002.
- **Notable Drug Changes within Indication:**
 - **TEPEZZA:** Previously ranked 15th by Plan Cost Net, no current utilization.
 - Plan Cost Net ↓ \$453k (-100%) to current \$0.
 - Plan Cost Net PMPM ↓ \$1.64 (-100%) to current \$0.
 - Patient Count ↓ 1 to current count of 0.
 - Adjusted Rxs ↓ 8 to current count of 0.
 - **Other drug changes in this indication were not notable.**

Peer Comparison:

- Peer: ESI CDH Program
- PEBP CDHP is outperforming the peer.
- Peer experienced Plan Cost Net PMPM of \$94.74 compared to CDHP PEBP of \$81.09.
- Peer experienced Trend of 18.3%, compared to CDHP PEBP Trend of 9.8%

EPO Overall Trend Summaries:

| EPO Overall Trend | | % Change |
|--------------------------------------|----------|---------------|
| Current Period - Plan Cost Net PMPM | | \$178.52 |
| Utilization | \$9.31 | 5.8% |
| Unit Cost | \$7.53 | 4.7% |
| Member Share | (\$0.19) | (0.1%) |
| Total Change in Plan Cost Net PMPM | | \$16.65 10.3% |
| Previous Period - Plan Cost Net PMPM | | \$161.86 |

Top moving indications and most notable drug changes within the indications are as follows:

- **CANCER:** Previously ranked 4th, currently ranked 3rd by Plan Cost Net.
 - Plan Cost Net: ↑ \$276k (28.9%) to current \$1.2M
 - Plan Cost Net PMPM: ↑ \$5.93 (42.6%), current \$19.84
 - Patient Count: ↓ 11 to current count of 69
 - Adjusted RXs: ↓ 78 to current count of 539
- **Notable Drug Changes within Indication:**
 - **VENCLEXTA:** Previously ranked 5th, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net: ↑ \$167k (162.2%) to current \$271k
 - Plan Cost Net PMPM: ↑ \$2.85 (190.1%), current \$4.36
 - Patient Count: ↑ 1 to current count of 2
 - Adjusted RXs: ↑ 9 to current count of 19
 - **LENVIMA:** New utilization currently ranked 3rd by Plan Cost Net.
 - Plan Cost Net: New, current \$191k
 - Plan Cost Net PMPM: New, current \$3.07
 - Patient Count: New, current count of 1
 - Adjusted Rxs: New, current count of 8
 - **MEKINIST:** Previously ranked 13th, currently ranked 7th by Plan Cost Net.
 - Plan Cost Net: ↑ \$60k (966.2%) to current \$66k
 - Plan Cost Net PMPM: ↑ \$0.98 (1079.8%), current \$1.07
 - Patient Count: Remains at count of 1
 - Adjusted RXs: ↑ 5 to current count of 6
- **ATOPIC DERMATITIS:** Previously ranked 14th, currently ranked 7th by Plan Cost Net.
 - Plan Cost Net: ↑ \$130k (52.1%) to current \$384k
 - Plan Cost Net PMPM: ↑ \$2.49 (67.3%), current \$6.18
 - Patient Count: ↑ 4 to current count of 440
 - Adjusted RXs: ↑ 154 to current count of 978
- **Notable Drug Changes within Indication:**

- **DUPIXENT PEN:** Previously ranked 1st, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net: ↑ \$52k (26.0%) to current \$250k
 - Plan Cost Net PMPM: ↑ \$1.14 (39.5%), current \$4.02
 - Patient Count: ↑ 2 to current count of 15
 - Adjusted RXs: ↑ 18 to current count of 118
- **CIBINQO:** New, currently ranked 3rd by Plan Cost Net.
 - Plan Cost Net: New, current \$39k.
 - Plan Cost Net PMPM: New, current \$.64.
 - Patient Count: New, current count of 2.
 - Adjusted Rxs: New, current count of 20.
- **BLOOD CELL DEFICIENCY:** Previously ranked 79th, currently ranked 8th by Plan Cost Net.
 - Plan Cost Net: ↑ \$371k (89848.7%) to current \$371k
 - Plan Cost Net PMPM: ↑ \$5.97 (99437.7%) to current \$5.97
 - Patient Count: ↑ 3 to current count of 4
 - Adjusted RXs: ↑ 14 to current count of 18
- **Notable Drug Changes within Indication:**
 - **CABLIVI:** New, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net: New, current \$359k.
 - Plan Cost Net PMPM: New, current \$5.77.
 - Patient Count: New, current count of 1.
 - Adjusted Rxs: New, current count of 2.
 - **Other drug changes in this indication were not notable.**
- **ENDOCRINE DISORDERS:** Previously ranked 2nd, currently ranked 13th by Plan Cost Net.
 - Plan Cost Net: ↓ \$1,2m (-83.0%) to current \$245k
 - Plan Cost Net PMPM: ↓ \$16.96 (-81.1%), current \$3.94
 - Patient Count: ↑ 3 to current count of 34
 - Adjusted RXs: ↓ 3 to current count of 231
- **Notable Drug Changes within Indication:**
 - **KORLYM:** Previously ranked 1st, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net: ↓ \$1,2m (-94.0%) to current \$80k
 - Plan Cost Net PMPM: ↓ \$18.06 (-93.3%), current \$1.29
 - Patient Count: Remains at count of 2
 - Adjusted RXs: ↓ 21 to current count of 2
 - **Other drug changes in this indication were not notable.**

Peer Comparison:

- Government – West Region/SaveOn (custom peer created for PEBP EPO plan)
- The peer is outperforming PEBP EPO in Plan Cost Net PMPM. However, the Peer has a greater Trend.
- Peer experienced Plan Cost Net PMPM of \$131.13 compared to PEBP EPO of \$178.52
- Peer experienced Trend of 23.4%, compared to PEBP EPO of 10.3%.

PPO Overall Trend Summaries:

| PPO Overall Trend | | % Change |
|--------------------------------------|--------|-------------|
| Current Period - Plan Cost Net PMPM | | \$105.94 |
| Utilization | \$4.78 | 4.9% |
| Unit Cost | \$3.41 | 3.5% |
| Member Share | \$1.10 | 1.1% |
| Total Change in Plan Cost Net PMPM | | \$9.30 9.6% |
| Previous Period - Plan Cost Net PMPM | | \$96.65 |

Top moving indications and most notable drug changes within the indications are as follows:

- **INFLAMMATORY CONDITIONS:** Previously ranked 1st, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net: ↑ \$851k (25.6%) to current \$4.2M
 - Plan Cost Net PMPM: ↑ \$0.42 (2.9%), current \$14.85
 - Patient Count: ↑ 89 to current count of 362
 - Adjusted RXs: ↑ 712 to current count of 3,263
- **Notable Drug Changes within Indication:**
 - **RINVOQ:** Previously ranked 4th, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net: ↑ \$249k (75.6%) to current \$580k
 - Plan Cost Net PMPM: ↑ \$0.63 (43.9%), current \$2.06
 - Patient Count: ↑ 5 to current count of 21
 - Adjusted RXs: ↑ 59 to current count of 174
 - **SKYRIZI PEN:** Previously ranked 3rd, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net: ↑ \$149k (45.3%) to current \$480k
 - Plan Cost Net PMPM: ↑ \$0.27 (19.0%), current \$1.71
 - Patient Count: ↑ 1 to current count of 14
 - Adjusted RXs: ↑ 33 to current count of 143

- **ADALIMUMAB-RYVK(CF)** (Biosimilar for Humira CF): Previously ranked 52nd, currently ranked 5th by Plan Cost Net.
 - Plan Cost Net: ↑ \$204k (28359.9%) to current \$205k
 - Plan Cost Net PMPM: ↑ \$0.72 (23215.1%), current \$0.73
 - Patient Count: ↑ 28 to current count of 29
 - Adjusted RXs: ↑ 202 to current count of 203
- **DIABETES:** Previously ranked 2nd, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net: ↑ \$1.1M (40.1%) to current \$3.9M
 - Plan Cost Net PMPM: ↑ \$1.78 (14.8%), current \$13.82
 - Patient Count: ↑ 461 to current count of 2,044
 - Adjusted RXs: ↑ 7,114 to current count of 30,989
- **Notable Drug Changes within Indication:**
 - **MOUNJARO:** Previously ranked 2nd, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net: ↑ \$717k (112.8%) to current \$1.4M
 - Plan Cost Net PMPM: ↑ \$2.05 (74.4%), current \$4.81
 - Patient Count: ↑ 226 to current count of 462
 - Adjusted RXs: ↑ 2,298 to current count of 4,082
 - **OZEMPIC:** Previously ranked 1st, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net: ↑ \$204k (25.3%) to current \$1M
 - Plan Cost Net PMPM: ↑ \$0.09 (2.6%), current \$3.60
 - Patient Count: ↑ 55 to current count of 411
 - Adjusted RXs: ↑ 808 to current count of 3,304
 - **TRULICITY:** Previously ranked 3rd, currently ranked 4th by Plan Cost Net.
 - Plan Cost Net: ↓ \$92k (-34.2%) to current \$178k
 - Plan Cost Net PMPM: ↓ \$0.54 (-46.1%), current \$0.63
 - Patient Count: ↓ 33 to current count of 70
 - Adjusted RXs: ↓ 279 to current count of 565
- **HIV:** Previously ranked 5th, currently ranked 4th by Plan Cost Net.
 - Plan Cost Net: ↑ \$663k (48.3%) to current \$2M
 - Plan Cost Net PMPM: ↑ \$1.28 (21.5%), current \$7.25
 - Patient Count: ↑ 52 to current count of 145
 - Adjusted RXs: ↑ 373 to current count of 1,081
- **Notable Drug Changes within Indication:**
 - **BIKTARVY:** Previously ranked 1st, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net: ↑ \$225k (39.9%) to current \$789k
 - Plan Cost Net PMPM: ↑ \$0.36 (14.7%), current \$2.81
 - Patient Count: ↑ 7 to current count of 28
 - Adjusted RXs: ↑ 58 to current count of 224

- **DESCOVY:** Previously ranked 2nd, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net: ↑ \$283k (101.6%) to current \$562k
 - Plan Cost Net PMPM: ↑ \$0.79 (65.2%), current \$2.00
 - Patient Count: ↑ 27 to current count of 54
 - Adjusted RXs: ↑ 181 to current count of 354
- **APRETUDE:** Previously ranked 11th, currently ranked 7th by Plan Cost Net.
 - Plan Cost Net: ↑ \$56k (285.7%) to current \$76k
 - Plan Cost Net PMPM: ↑ \$0.18 (215.9%), current \$0.27
 - Patient Count: ↑ 1 to current count of 4
 - Adjusted RXs: ↑ 25 to current count of 36

Peer Comparison:

- Government – West Region/SaveOn (custom peer created for PEBP PPO plan)
 - PEBP PPO is outperforming the peer.
 - PEBP PPO experienced Plan Cost Net PMPM of \$105.94 compared to peer of \$131.13.
 - PEBP PPO experienced Trend of 9.6%, compared to Peer of 23.4%.
-

| Total Overall Trend | | % Change |
|---------------------------------------------|---------------|-----------------|
| Current Period - Plan Cost Net PMPM | | \$102.15 |
| Utilization | \$3.52 | 3.8% |
| Unit Cost | \$4.59 | 4.9% |
| Member Share | \$0.99 | 1.1% |
| Total Change in Plan Cost Net PMPM | \$9.10 | 9.8% |
| Previous Period - Plan Cost Net PMPM | | \$93.05 |

Summary of Total – Overall the main driver of Trend was Specialty Utilization driven by an increase of 19.9% in Specialty patients. This resulted in a 19.6% increase in Specialty Days of Therapy.

Trend was mitigated by increased rebates of 16.0%. This produced a negative Unit Cost Trend of (-6.8%) on Specialty drugs and reduced NonSpecialty Unit Cost Trend to 7.3%, combined is 4.9%.

Member Cost contributed to Trend on both Specialty and NonSpecialty drugs. This is due to increased Utilization on Specialty drugs and Drug Mix on NonSpecialty drugs. Primary driven by utilization of more expensive brand drugs.

Key Statistics:

| Nevada PEBP Total | | | |
|-------------------------------------|---------------|--------------|--------|
| Description | Q4 FY25 | Q4 FY24 | Change |
| Average Members per Month | 51,616 | 49,065 | 5.2% |
| Number of Unique patients | 39,423 | 37,728 | 4.5% |
| Members Utilizing the Benefit | 76.4% | 76.9% | -0.5 |
| Gross Cost/Adjusted Rx | \$151.00 | \$143.22 | 5.4% |
| Plan Spend | \$102,036,505 | \$88,199,606 | 15.7% |
| Rebates (estimated) | \$38,766,166 | \$33,411,415 | 16.0% |
| Plan Cost Net | \$63,270,339 | \$54,788,191 | 15.5% |
| Plan Cost Net PMPM | \$102.15 | \$93.05 | 9.8% |
| Non-Specialty Plan Cost Net PMPM | \$44.58 | \$39.89 | 11.8% |
| Specialty Plan Cost Net PMPM | \$57.57 | \$53.17 | 8.3% |
| Generic Fill Rate | 87.1% | 87.0% | 0.2 |
| 90 Day Utilization | 59.5% | 60.3% | -0.8 |
| Retail - Maintenance 90 Utilization | 30.3% | 28.7% | 1.6 |
| Home Delivery Utilization | 29.3% | 31.6% | -2.3 |
| Member Cost Net % | 24.9% | 25.6% | -0.7 |

END OF REPORT