

Nevada PEBP FY25 Report

7/1/2024 – 12/31/2025

Report Includes:

- CDHP Comparison Data from Q2 FY25 to Q2 FY24
- EPO Comparison Data from Q2 FY25 to Q2 FY24
- PPO Comparison Data from Q2 FY25 to Q2 FY24
- CDHP, EPO, PPO Breakout Data from Q3 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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2/28/2025

Express Scripts

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN

+ Q2 FY25 vs Q2 FY24

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Membership Summary	FY 2025	FY 2024	Change
Member Count (Membership)	51,168	48,640	5.2%
Utilizing Member Count (Patients)	32,714	31,289	4.6%
Percent Utilizing (Utilization)	63.9%	64.3%	-0.4

Claim Summary	FY 2025	FY 2024	Change
Net Claims (Total Adjusted Rx's)	402,631	369,373	9.0%
Claims per Elig Member per Month (Claims PMPM)	1.31	1.27	3.6%
Total Claims for Generic (Generic ARx)	345,200	314,505	9.8%
Total Claims for Brand (Brand ARx)	57,431	54,868	4.7%
Total Claims for Multisource Brand Claims (MSB ARx)	1,034	1,990	-48.0%
Total Non-Specialty Claims	397,549	364,981	8.9%
Total Specialty Claims	5,082	4,392	15.7%
Generic % of Total Claims (GFR)	85.7%	85.1%	0.6
Generic Effective Rate (GCR)	99.7%	99.4%	0.3
Mail Order Claims	106,161	104,196	1.9%
Mail Penetration Rate*	30.1%	32.3%	-2.2

Claims Cost Summary	FY 2025	FY 2024	Change
Total Prescription Cost (Total Gross Cost)	\$59,782,760	\$51,228,312	16.7%
Total Generic Gross Cost	\$6,051,596	\$5,365,166	12.8%
Total Brand Gross Cost	\$53,731,164	\$45,863,146	17.2%
Total MSB Gross Cost	\$651,925	\$921,665	-29.3%
Total Ingredient Cost	\$57,930,884	\$49,511,321	17.0%
Total Dispensing Fee	\$1,814,038	\$1,678,937	8.0%
Total Other (e.g. tax)	\$37,838	\$38,054	-0.6%
Avg Total Cost per Claim (Gross Cost/ARx)	\$148.48	\$138.69	7.1%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$17.53	\$17.06	2.8%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$935.58	\$835.88	11.9%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$630.49	\$463.15	36.1%

STATE OF NEVADA PEBP:

**PRESCRIPTION
DRUG UTILIZATION**
 + TOTAL PLAN
 + Q2 FY25 vs Q2 FY24

Member Cost Summary	FY 2025	FY 2024	Change
Total Member Cost Share	\$10,335,318	\$8,845,863	16.8%
Generic Cost Share	\$2,532,739	\$2,186,795	15.8%
Brand Cost Share	\$7,802,580	\$6,659,068	17.2%
MSB Cost Share	\$113,256	\$121,078	-6.5%
Total Copay	\$8,933,321	\$7,697,158	16.1%
Total Deductible	\$1,401,997	\$1,148,704	22.1%
Avg Copay per Claim (Member Cost Share/ARx)	\$25.67	\$23.95	7.2%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$7.34	\$6.95	5.5%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$135.86	\$121.37	11.9%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$109.53	\$60.84	80.0%
Copay % of Total Prescription Cost (Member Cost Share %)	17.3%	17.3%	0.0
Plan Cost Summary	FY 2025	FY 2024	Change
Total Plan Cost (Plan Cost)	\$49,447,442	\$42,382,450	16.7%
Generic Plan Cost	\$3,518,857	\$3,178,372	10.7%
Brand Plan Cost	\$45,928,585	\$39,204,078	17.2%
MSB Plan Cost	\$538,669	\$800,588	-32.7%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$24,260,280	\$19,787,071	22.6%
Total Specialty Drug Cost (Specialty Plan Cost)	\$25,187,162	\$22,595,379	11.5%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$122.81	\$114.74	7.0%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$10.19	\$10.11	0.9%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$799.72	\$714.52	11.9%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$520.96	\$402.31	29.5%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$61.02	\$54.21	12.6%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$4,956.15	\$5,144.67	-3.7%
Plan Cost PMPM	\$161.06	\$145.22	10.9%
Non-Specialty Plan Cost PMPM	\$79.02	\$67.80	16.5%
Specialty Plan Cost PMPM	\$82.04	\$77.42	6.0%
Specialty % of Plan Cost	50.9%	53.3%	-2.4
Net Plan Cost PMPM (factoring Rebates)	\$96.74	\$91.25	6.0%
Non-Specialty Plan Cost PMPM	\$45.33	\$37.77	20.0%
Specialty Plan Cost PMPM	\$51.42	\$53.48	-3.9%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ CDHP PLAN

+ Q2 FY25 vs Q2 FY24

Membership Summary	FY 2025	FY 2024	Change
Member Count (Membership)	22,923	24,297	-5.7%
Utilizing Member Count (Patients)	13,847	14,851	-6.8%
Percent Utilizing (Utilization)	60.4%	61.1%	-0.7%

Claim Summary	FY 2025	FY 2024	Change
Net Claims (Total Adjusted Rx's)	167,463	171,202	-2.2%
Claims per Elig Member per Month (Claims PMPM)	1.22	1.17	3.7%
Total Claims for Generic (Generic ARx)	145,400	147,270	-1.3%
Total Claims for Brand (Brand ARx)	22,063	23,932	-7.8%
Total Claims for Multisource Brand Claims (MSB ARx)	291	754	-61.4%
Total Non-Specialty Claims	165,441	169,260	-2.3%
Total Specialty Claims	2,022	1,942	4.1%
Generic % of Total Claims (GFR)	86.8%	86.0%	0.8
Generic Effective Rate (GCR)	99.8%	99.5%	0.3
Mail Order Claims	42,791	46,573	-8.1%
Mail Penetration Rate*	29.2%	31.3%	-2.1

Claims Cost Summary	FY 2025	FY 2024	Change
Total Prescription Cost (Total Gross Cost)	\$22,458,284	\$21,520,815	4.4%
Total Generic Gross Cost	\$2,251,760	\$2,173,191	3.6%
Total Brand Gross Cost	\$20,206,524	\$19,347,624	4.4%
Total MSB Gross Cost	\$182,276	\$322,777	-43.5%
Total Ingredient Cost	\$21,681,872	\$20,720,171	4.6%
Total Dispensing Fee	\$763,476	\$786,762	-3.0%
Total Other (e.g. tax)	\$12,937	\$13,882	-6.8%
Avg Total Cost per Claim (Gross Cost/ARx)	\$134.11	\$125.70	6.7%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$15.49	\$14.76	4.9%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$915.86	\$808.44	13.3%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$626.38	\$428.09	46.3%

Express Scripts

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+ CDHP PLAN

+ Q2 FY25 vs Q2 FY24

Member Cost Summary	FY 2025	FY 2024	Change
Total Member Cost Share	\$5,116,449	\$4,786,169	6.9%
Generic Cost Share	\$1,123,185	\$1,057,107	6.3%
Brand Cost Share	\$3,993,264	\$3,729,062	7.1%
MSB Cost Share	\$82,982	\$74,141	11.9%
Total Copay	\$3,717,578	\$3,639,353	2.1%
Total Deductible	\$1,398,872	\$1,146,816	22.0%
Avg Copay per Claim (Member Cost Share/ARx)	\$30.55	\$27.96	9.3%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$7.72	\$7.18	7.6%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$180.99	\$155.82	16.2%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$285.16	\$98.33	190.0%
Copay % of Total Prescription Cost (Member Cost Share %)	22.8%	22.2%	0.5
Plan Cost Summary	FY 2025	FY 2024	Change
Total Plan Cost (Plan Cost)	\$17,341,835	\$16,734,646	3.6%
Generic Plan Cost	\$1,128,575	\$1,116,084	1.1%
Brand Plan Cost	\$16,213,260	\$15,618,562	3.8%
MSB Plan Cost	\$99,294	\$248,636	-60.1%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$7,059,361	\$6,887,168	2.5%
Total Specialty Drug Cost (Specialty Plan Cost)	\$10,282,474	\$9,847,478	4.4%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$103.56	\$97.75	5.9%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$7.76	\$7.58	2.4%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$734.86	\$652.62	12.6%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$341.21	\$329.76	3.5%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$42.67	\$40.69	4.9%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$5,085.30	\$5,070.79	0.3%
Plan Cost PMPM	\$126.09	\$114.79	9.8%
Non-Specialty Plan Cost PMPM	\$51.33	\$47.24	8.6%
Specialty Plan Cost PMPM	\$74.76	\$67.55	10.7%
Specialty % of Plan Cost	59.3%	58.8%	0.4
Net Plan Cost PMPM (factoring Rebates)	\$71.89	\$72.47	-0.8%
Non-Specialty Plan Cost PMPM	\$25.29	\$24.44	3.5%
Specialty Plan Cost PMPM	\$46.60	\$48.02	-3.0%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN

+ Q2 FY25 vs Q2 FY24

Membership Summary	FY 2025	FY 2024	Change
Member Count (Membership)	5,238	5,797	-9.6%
Utilizing Member Count (Patients)	3,866	4,163	-7.1%
Percent Utilizing (Utilization)	73.8%	71.8%	2.0

Claim Summary	FY 2025	FY 2024	Change
Net Claims (Total Adjusted Rx's)	60,738	63,299	-4.0%
Claims per Elig Member per Month (Claims PMPM)	1.93	1.82	6.2%
Total Claims for Generic (Generic ARx)	51,800	53,779	-3.7%
Total Claims for Brand (Brand ARx)	8,938	9,520	-6.1%
Total Claims for Multisource Brand Claims (MSB ARx)	225	413	-45.5%
Total Non-Specialty Claims	59,828	62,531	-4.3%
Total Specialty Claims	910	768	18.5%
Generic % of Total Claims (GFR)	85.3%	85.0%	0.3
Generic Effective Rate (GCR)	99.6%	99.2%	0.4
Mail Order Claims	17,329	18,689	-7.3%
Mail Penetration Rate*	31.6%	32.7%	-1.1

Claims Cost Summary	FY 2025	FY 2024	Change
Total Prescription Cost (Total Gross Cost)	\$10,528,698	\$10,044,959	4.8%
Total Generic Gross Cost	\$926,637	\$934,045	-0.8%
Total Brand Gross Cost	\$9,602,061	\$9,110,914	5.4%
Total MSB Gross Cost	\$238,411	\$223,146	6.8%
Total Ingredient Cost	\$10,245,895	\$9,762,924	4.9%
Total Dispensing Fee	\$276,668	\$273,454	1.2%
Total Other (e.g. tax)	\$6,135	\$8,581	-28.5%
Avg Total Cost per Claim (Gross Cost/ARx)	\$173.35	\$158.69	9.2%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$17.89	\$17.37	3.0%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$1,074.30	\$957.03	12.3%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$1,059.60	\$540.31	96.1%

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PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN

+ Q2 FY25 vs Q2 FY24

Member Cost Summary	FY 2025	FY 2024	Change
Total Member Cost Share	\$1,490,034	\$1,331,976	11.9%
Generic Cost Share	\$363,760	\$367,818	-1.1%
Brand Cost Share	\$1,126,274	\$964,158	16.8%
MSB Cost Share	\$11,468	\$21,734	-47.2%
Total Copay	\$1,486,909	\$1,330,088	11.8%
Total Deductible	\$3,125	\$1,889	65.5%
Avg Copay per Claim (Member Cost Share/ARx)	\$24.53	\$21.04	16.6%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$7.02	\$6.84	2.7%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$126.01	\$101.28	24.4%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$50.97	\$52.63	-3.1%
Copay % of Total Prescription Cost (Member Cost Share %)	14.2%	13.3%	0.9
Plan Cost Summary	FY 2025	FY 2024	Change
Total Plan Cost (Plan Cost)	\$9,038,664	\$8,712,982	3.7%
Generic Plan Cost	\$562,877	\$566,227	-0.6%
Brand Plan Cost	\$8,475,787	\$8,146,755	4.0%
MSB Plan Cost	\$226,943	\$201,412	12.7%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$4,390,109	\$4,140,418	6.0%
Total Specialty Drug Cost (Specialty Plan Cost)	\$4,648,554	\$4,572,564	1.7%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$148.81	\$137.65	8.1%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$10.87	\$10.53	3.2%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$948.29	\$855.75	10.8%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$1,008.63	\$487.68	106.8%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$73.38	\$66.21	10.8%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$5,108.30	\$5,953.86	-14.2%
Plan Cost PMPM	\$287.60	\$250.50	14.8%
Non-Specialty Plan Cost PMPM	\$139.69	\$119.04	17.3%
Specialty Plan Cost PMPM	\$147.91	\$131.46	12.5%
Specialty % of Plan Cost	51.4%	52.5%	-1.1
Net Plan Cost PMPM (factoring Rebates)	\$179.51	\$156.90	14.4%
Non-Specialty Plan Cost PMPM	\$82.44	\$66.43	24.1%
Specialty Plan Cost PMPM	\$97.07	\$90.47	7.3%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ PPO PLAN

+ Q2 FY25 vs Q2 FY24

Express Scripts

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Membership Summary	FY 2025	FY 2024	Change
Member Count (Membership)	23,010	18,549	24.0%
Utilizing Member Count (Patients)	15,040	12,319	22.1%
Percent Utilizing (Utilization)	65.4%	66.4%	-1.1

Claim Summary	FY 2025	FY 2024	Change
Net Claims (Total Adjusted Rx's)	174,430	134,872	29.3%
Claims per Elig Member per Month (Claims PMPM)	1.26	1.21	4.3%
Total Claims for Generic (Generic ARx)	148,000	113,456	30.4%
Total Claims for Brand (Brand ARx)	26,430	21,416	23.4%
Total Claims for Multisource Brand Claims (MSB ARx)	518	823	-37.1%
Total Non-Specialty Claims	172,280	133,190	29.3%
Total Specialty Claims	2,150	1,682	27.8%
Generic % of Total Claims (GFR)	84.8%	84.1%	0.7
Generic Effective Rate (GCR)	99.7%	99.3%	0.4
Mail Order Claims	46,041	38,934	18.3%
Mail Penetration Rate*	30.4%	33.5%	-3.1

Claims Cost Summary	FY 2025	FY 2024	Change
Total Prescription Cost (Total Gross Cost)	\$26,795,778	\$19,662,539	36.3%
Total Generic Gross Cost	\$2,873,199	\$2,257,930	27.2%
Total Brand Gross Cost	\$23,922,579	\$17,404,608	37.4%
Total MSB Gross Cost	\$231,238	\$375,742	-38.5%
Total Ingredient Cost	\$26,003,118	\$19,028,226	36.7%
Total Dispensing Fee	\$773,895	\$618,721	25.1%
Total Other (e.g. tax)	\$18,766	\$15,591	20.4%
Avg Total Cost per Claim (Gross Cost/ARx)	\$153.62	\$145.79	5.4%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$19.41	\$19.90	-2.5%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$905.13	\$812.69	11.4%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$446.41	\$456.55	-2.2%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ PPO PLAN

+ Q2 FY25 vs Q2 FY24

Member Cost Summary	FY 2025	FY 2024	Change
Total Member Cost Share	\$3,728,835	\$2,727,717	36.7%
Generic Cost Share	\$1,045,793	\$761,870	37.3%
Brand Cost Share	\$2,683,042	\$1,965,847	36.5%
MSB Cost Share	\$18,806	\$25,202	-25.4%
Total Copay	\$3,728,835	\$2,727,717	36.7%
Total Deductible	\$0	\$0	NA
Avg Copay per Claim (Member Cost Share/ARx)	\$21.38	\$20.22	5.7%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$7.07	\$6.72	5.2%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$101.52	\$91.79	10.6%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$36.30	\$30.62	18.6%
Copay % of Total Prescription Cost (Member Cost Share %)	13.9%	13.9%	0.0

Plan Cost Summary	FY 2025	FY 2024	Change
Total Plan Cost (Plan Cost)	\$23,066,943	\$16,934,821	36.2%
Generic Plan Cost	\$1,827,406	\$1,496,060	22.1%
Brand Plan Cost	\$21,239,538	\$15,438,761	37.6%
MSB Plan Cost	\$212,432	\$350,540	-39.4%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$12,810,809	\$8,759,485	46.3%
Total Specialty Drug Cost (Specialty Plan Cost)	\$10,256,134	\$8,175,336	25.5%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$132.24	\$125.56	5.3%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$12.35	\$13.19	-6.4%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$803.61	\$720.90	11.5%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$410.10	\$425.93	-3.7%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$74.36	\$65.77	13.1%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$4,770.29	\$4,860.49	-1.9%
Plan Cost PMPM	\$167.08	\$152.16	9.8%
Non-Specialty Plan Cost PMPM	\$92.79	\$78.71	17.9%
Specialty Plan Cost PMPM	\$74.29	\$73.46	1.1%
Specialty % of Plan Cost	44.5%	48.3%	-3.8
Net Plan Cost PMPM (factoring Rebates)	\$102.65	\$95.33	7.7%
Non-Specialty Plan Cost PMPM	\$56.83	\$46.27	22.8%
Specialty Plan Cost PMPM	\$45.82	\$49.06	-6.6%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO, CDHP, & PPO PLAN
+ Q2 FY25

Membership Summary	Total	EPO	CDHP	PPO
Member Count (Membership)	51,168	5,238	22,923	23,010
Utilizing Member Count (Patients)	32,714	3,866	13,847	15,040
Percent Utilizing (Utilization)	63.9%	73.8%	60.4%	65.4%

Claim Summary	Total	EPO	CDHP	PPO
Net Claims (Total Rx's)	402,631	60,738	167,463	174,430
Claims per Elig Member per Month (Claims PMPM)	1.31	1.93	1.22	1.26
Total Claims for Generic (Generic Rx)	345,200	51,800	145,400	148,000
Total Claims for Brand (Brand Rx)	57,431	8,938	22,063	26,430
Total Claims for Multisource Brand Claims (MSB Rx)	1,034	225	291	518
Total Non-Specialty Claims	397,549	59,828	165,441	172,280
Total Specialty Claims	5,082	910	2,022	2,150
Generic % of Total Claims (GFR)	85.7%	85.3%	86.8%	84.8%
Generic Effective Rate (GCR)	99.7%	99.6%	99.8%	99.7%
Mail Order Claims	106,161	17,329	42,791	46,041
Mail Penetration Rate*	30.1%	31.6%	29.2%	30.4%

Claims Cost Summary	Total	EPO	CDHP	PPO
Total Prescription Cost (Total Gross Cost)	\$59,782,760	\$10,528,698	\$22,458,284	\$26,795,778
Total Generic Gross Cost	\$6,051,596	\$926,637	\$2,251,760	\$2,873,199
Total Brand Gross Cost	\$53,731,164	\$9,602,061	\$20,206,524	\$23,922,579
Total MSB Gross Cost	\$651,925	\$238,411	\$182,276	\$231,238
Total Ingredient Cost	\$57,930,884	\$10,245,895	\$21,681,872	\$26,003,118
Total Dispensing Fee	\$1,040,144	\$276,668	\$763,476	\$773,895
Total Other (e.g. tax)	\$37,838	\$6,135	\$12,937	\$18,766
Avg Total Cost per Claim (Gross Cost/Rx)	\$148.48	\$173.35	\$134.11	\$153.62
Avg Total Cost for Generic (Generic Gross Cost/Generic Rx)	\$17.53	\$17.89	\$15.49	\$19.41
Avg Total Cost for Brand (Brand Gross Cost/Brand Rx)	\$935.58	\$1,074.30	\$915.86	\$905.13
Avg Total Cost for MSB (MSB Gross Cost/MSB Rx)	\$630.49	\$1,059.60	\$626.38	\$446.41

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PRESCRIPTION DRUG UTILIZATION

+ EPO, CDHP, & PPO PLAN
+ Q2 FY25

Member Cost Summary	Total	EPO	CDHP	PPO
Total Member Cost Share	\$10,335,318	\$1,490,034	\$5,116,449	\$3,728,835
Generic Cost Share	\$2,532,739	\$363,760	\$1,123,185	\$1,045,793
Brand Cost Share	\$7,802,580	\$1,126,274	\$3,993,264	\$2,683,042
MSB Cost Share	\$113,256	\$11,468	\$82,982	\$18,806
Total Copay	\$8,933,321	\$1,486,909	\$3,717,578	\$3,728,835
Total Deductible	\$1,401,997	\$3,125	\$1,398,872	\$0
Avg Copay per Claim (Member Cost Share/Rx)	\$25.67	\$24.53	\$30.55	\$21.38
Avg Copay for Generic (Generic Member Cost Share/Generic Rx)	\$7.34	\$7.02	\$7.72	\$7.07
Avg Copay for Brand (Brand Member Cost Share/Brand Rx)	\$135.86	\$126.01	\$180.99	\$101.52
Avg Copay for MSB (MSB Member Cost Share/MSB Rx)	\$109.53	\$50.97	\$285.16	\$36.30
Copay % of Total Prescription Cost (Member Cost Share %)	17.3%	14.2%	22.8%	13.9%

Plan Cost Summary	Total	EPO	CDHP	PPO
Total Plan Cost (Plan Cost)	\$49,447,442	\$9,038,664	\$17,341,835	\$23,066,943
Generic Plan Cost	\$3,518,857	\$562,877	\$1,128,575	\$1,827,406
Brand Plan Cost	\$45,928,585	\$8,475,787	\$16,213,260	\$21,239,538
MSB Plan Cost	\$538,669	\$226,943	\$99,294	\$212,432
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$24,260,280	\$4,390,109	\$7,059,361	\$12,810,809
Total Specialty Drug Cost (Specialty Plan Cost)	\$25,187,162	\$4,648,554	\$10,282,474	\$10,256,134
Avg Plan Cost per Claim (Plan Cost/Rx)	\$122.81	\$148.81	\$103.56	\$132.24
Avg Plan Cost for Generic (Generic Plan Cost/Generic Rx)	\$10.19	\$10.87	\$7.76	\$12.35
Avg Plan Cost for Brand (Brand Plan Cost/Brand Rx)	\$799.72	\$948.29	\$734.86	\$803.61
Avg Plan Cost for MSB (MSB Plan Cost/MSB Rx)	\$520.96	\$1,008.63	\$341.21	\$410.10
Avg Non-Specialty Plan Cost per Claim (Plan Cost/Rx)	\$61.02	\$73.38	\$42.67	\$74.36
Avg Specialty Plan Cost per Claim (Plan Cost/Rx)	\$4,956.15	\$5,108.30	\$5,085.30	\$4,770.29
Plan Cost PMPM	\$161.06	\$287.60	\$126.09	\$167.08
Non-Specialty Plan Cost PMPM	\$79.02	\$139.69	\$51.33	\$92.79
Specialty Plan Cost PMPM	\$82.04	\$147.91	\$74.76	\$74.29
Specialty % of Plan Cost	50.9%	51.4%	59.3%	44.5%
Net Plan Cost PMPM (factoring Rebates)	\$96.74	\$179.51	\$71.89	\$102.65
Non-Specialty Net Plan Cost PMPM	\$45.33	\$82.44	\$25.29	\$56.83
Specialty Net Plan Cost PMPM	\$51.42	\$97.07	\$46.60	\$45.82

STATE OF NEVADA PEBP:

**PRESCRIPTION
DRUG UTILIZATION**
+ TOTAL PLAN
+ Q2 FY25

State of Nevada PEBP				
FY2025 Q2				
Description	Grand Total	EPO	CDHP	PPO
Avg Members per Month	51,168	5,238	22,923	23,010
Pct Members Utilizing Benefit	63.9%	73.8%	60.4%	65.4%
Total Plan Cost	\$ 49,447,442	\$ 9,038,664	\$ 17,341,835	\$ 23,066,943
Total Days	10,470,306	1,625,452	4,353,753	4,491,101
Total Adjusted Rxs	402,631	60,738	167,463	174,430
Plan Cost PMPM	\$ 161.06	\$ 287.60	\$ 126.09	\$ 167.08
Plan Cost Net PMPM	\$ 96.74	\$ 179.51	\$ 71.89	\$ 102.65
Plan Cost/Day	\$ 4.72	\$ 5.56	\$ 3.98	\$ 5.14
Plan Cost per Adjusted Rx	\$ 122.81	\$ 148.81	\$ 103.56	\$ 132.24
Nbr Rxs PMPM	1.31	1.93	1.22	1.26
Generic Fill Rate	85.7%	85.3%	86.8%	84.8%
Home Delivery Utilization	30.1%	31.6%	29.2%	30.4%
Member Cost %	17.3%	14.2%	22.8%	13.9%
Specialty Percent of Plan Cost	50.9%	51.4%	59.3%	44.5%
Specialty Plan Cost PMPM	\$ 82.04	\$ 147.91	\$ 74.76	\$ 74.29
Formulary Compliance Rate	99.5%	99.4%	99.8%	99.4%

STATE OF NEVADA PEBP:

**PRESCRIPTION
DRUG UTILIZATION**
+ TOTAL PLAN
+ Q2 FY25

State of Nevada PEBP					
FY2025 Q2 - Grand Total					
Description	Grand Total	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	51,168	45,172	5,552	10	437
Pct Members Utilizing Benefit	63.9%	62.0%	79.3%	40.0%	89.7%
Total Plan Cost	\$ 49,447,442	\$ 38,996,177	\$ 9,682,233	\$ 9,416	\$ 759,616
Total Days	10,470,306	8,006,441	2,169,568	2,780	291,517
Total Adjusted Rxs	402,631	312,311	79,622	102	10,596
Plan Cost PMPM	\$ 161.06	\$ 143.88	\$ 290.65	\$ 156.93	\$ 289.71
Plan Cost Net PMPM	\$ 96.74	\$ 86.75	\$ 174.88	\$ 93.93	\$ 136.68
Plan Cost/Day	\$ 4.72	\$ 4.87	\$ 4.46	\$ 3.39	\$ 2.61
Plan Cost per Adjusted Rx	\$ 122.81	\$ 124.86	\$ 121.60	\$ 92.31	\$ 71.69
Nbr Rxs PMPM	1.31	1.15	2.39	1.70	4.04
Generic Fill Rate	85.7%	85.4%	86.7%	85.3%	87.4%
Home Delivery Utilization	30.1%	28.0%	37.0%	84.9%	36.6%
Member Cost %	17.3%	17.3%	17.2%	9.5%	19.6%
Specialty Percent of Plan Cost	50.9%	50.1%	56.3%	0.0%	28.2%
Specialty Plan Cost PMPM	\$ 82.04	\$ 72.03	\$ 163.66	\$ -	\$ 81.65
Formulary Compliance Rate	99.5%	99.5%	99.6%	100.0%	99.7%

STATE OF NEVADA PEBP:

**PRESCRIPTION
DRUG UTILIZATION**
+ CDHP PLAN
+ Q2 FY25

State of Nevada PEBP					
FY2025 Q2 - CDHP					
Description	CDHP	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	22,923	19,240	3,340	31	338
Pct Members Utilizing Benefit	60.4%	57.2%	76.7%	6.5%	89.3%
Total Plan Cost	\$ 17,341,835	\$ 11,961,201	\$ 4,829,952	\$ 35	\$ 550,646
Total Days	4,353,753	2,908,537	1,213,364	54	231,798
Total Adjusted Rxs	167,463	114,501	44,528	3	8,431
Plan Cost PMPM	\$ 126.09	\$ 103.61	\$ 241.02	\$ 1.14	\$ 271.52
Plan Cost Net PMPM	\$ 71.89	\$ 58.19	\$ 146.83	\$ 1.14	\$ 112.51
Plan Cost/Day	\$ 3.98	\$ 4.11	\$ 3.98	\$ 0.66	\$ 2.38
Plan Cost per Adjusted Rx	\$ 103.56	\$ 104.46	\$ 108.47	\$ -	\$ 65.31
Nbr Rxs PMPM	1.22	0.99	2.22	0.02	4.16
Generic Fill Rate	86.8%	86.4%	87.9%	100.0%	86.9%
Home Delivery Utilization	29.2%	25.6%	36.6%	0.0%	36.5%
Member Cost %	22.8%	23.7%	20.3%	66.3%	23.4%
Specialty Percent of Plan Cost	59.3%	58.7%	64.3%	0.0%	29.3%
Specialty Plan Cost PMPM	\$ 74.76	\$ 60.78	\$ 154.93	\$ -	\$ 79.53
Formulary Compliance Rate	99.8%	99.8%	99.7%	100.0%	99.7%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN
+ Q2 FY25

State of Nevada PEBP					
FY2025 Q2 - EPO					
Description	EPO	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	5,238	4,506	669	2	61
Pct Members Utilizing Benefit	73.8%	72.2%	86.1%	50.0%	85.2%
Total Plan Cost	\$ 9,038,664	\$ 6,577,551	\$ 2,372,607	\$ 9,163	\$ 79,342
Total Days	1,625,452	1,237,212	355,426	1,431	31,383
Total Adjusted Rxs	60,738	46,638	12,919	51	1,130
Plan Cost PMPM	\$ 287.60	\$ 243.29	\$ 591.08	\$ 763.60	\$ 216.78
Plan Cost Net PMPM	\$ 179.51	\$ 148.02	\$ 394.10	\$ 448.60	\$ 143.62
Plan Cost/Day	\$ 5.56	\$ 5.32	\$ 6.68	\$ 6.40	\$ 2.53
Plan Cost per Adjusted Rx	\$ 148.81	\$ 141.03	\$ 183.65	\$ 179.67	\$ 70.21
Nbr Rxs PMPM	1.93	1.73	3.22	4.25	4.04
Generic Fill Rate	85.3%	85.3%	85.1%	70.6%	89.9%
Home Delivery Utilization	31.6%	30.4%	35.0%	99.8%	38.0%
Member Cost %	14.2%	14.5%	13.3%	5.3%	10.5%
Specialty Percent of Plan Cost	51.4%	49.1%	59.0%	0.0%	22.6%
Specialty Plan Cost PMPM	\$ 147.91	\$ 119.50	\$ 348.70	\$ -	\$ 49.01
Formulary Compliance Rate	99.4%	99.4%	99.5%	100.0%	99.2%

STATE OF NEVADA PEBP:

**PRESCRIPTION
DRUG UTILIZATION**
+ PPO PLAN
+ Q2 FY25

State of Nevada PEBP					
FY2025 Q2 - PPO					
Description	PPO	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	23,010	21,426	1,543	4	38
Pct Members Utilizing Benefit	65.4%	64.3%	82.2%	25.0%	100.0%
Total Plan Cost	\$ 23,066,943	\$ 20,457,424	\$ 2,479,674	\$ 217	\$ 129,628
Total Days	4,491,101	3,860,692	600,778	1,295	28,336
Total Adjusted Rxs	174,430	151,172	22,175	48	1,035
Plan Cost PMPM	\$ 167.08	\$ 159.13	\$ 267.84	\$ 10.85	\$ 568.54
Plan Cost Net PMPM	\$ 102.65	\$ 99.51	\$ 140.58	\$ 10.85	\$ 340.55
Plan Cost/Day	\$ 5.14	\$ 5.30	\$ 4.13	\$ 0.17	\$ 4.57
Plan Cost per Adjusted Rx	\$ 132.24	\$ 135.33	\$ 111.82	\$ 4.52	\$ 125.24
Nbr Rxs PMPM	1.26	1.18	2.40	2.00	4.54
Generic Fill Rate	84.8%	84.7%	85.3%	100.0%	88.5%
Home Delivery Utilization	30.4%	29.0%	39.2%	72.0%	36.3%
Member Cost %	13.9%	13.9%	14.5%	65.0%	6.1%
Specialty Percent of Plan Cost	44.5%	45.3%	38.2%	0.0%	26.9%
Specialty Plan Cost PMPM	\$ 74.29	\$ 72.14	\$ 102.34	\$ -	\$ 152.86
Formulary Compliance Rate	99.4%	99.4%	99.5%	100.0%	100.0%