

Nevada PEBP FY25 Report

7/1/2024 – 9/30/2024

Report Includes:

- CDHP Comparison Data from Q1 FY25 to Q1 FY24
- EPO Comparison Data from Q1 FY25 to Q1 FY24
- PPO Comparison Data from Q1 FY25 to Q1 FY24
- CDHP, EPO, PPO Breakout Data from Q1 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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11/30/24

Express Scripts

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN

+ Q1 FY25 vs Q1 FY24

Membership Summary	FY 2025	FY 2024	Change
Member Count (Membership)	50,758	48,446	4.8%
Utilizing Member Count (Patients)	26,406	24,642	7.2%
Percent Utilizing (Utilization)	52.0%	50.9%	1.2

Claim Summary	FY 2025	FY 2024	Change
Net Claims (Total Adjusted Rx's)	197,118	178,178	10.6%
Claims per Elig Member per Month (Claims PMPM)	1.29	1.23	5.6%
Total Claims for Generic (Generic ARx)	169,739	154,135	10.1%
Total Claims for Brand (Brand ARx)	27,379	24,043	13.9%
Total Claims for Multisource Brand Claims (MSB ARx)	505	873	-42.2%
Total Non-Specialty Claims	194,669	176,004	10.6%
Total Specialty Claims	2,449	2,174	12.6%
Generic % of Total Claims (GFR)	86.1%	86.5%	-0.4
Generic Effective Rate (GCR)	99.7%	99.4%	0.3
Mail Order Claims	53,082	52,190	1.7%
Mail Penetration Rate*	30.4%	32.9%	-2.4

Claims Cost Summary	FY 2025	FY 2024	Change
Total Prescription Cost (Total Gross Cost)	\$29,710,091	\$24,410,831	21.7%
Total Generic Gross Cost	\$2,949,018	\$2,475,633	19.1%
Total Brand Gross Cost	\$26,761,073	\$21,935,198	22.0%
Total MSB Gross Cost	\$384,861	\$417,881	-7.9%
Total Ingredient Cost	\$28,832,983	\$23,655,269	21.9%
Total Dispensing Fee	\$857,791	\$736,428	16.5%
Total Other (e.g. tax)	\$19,317	\$19,134	1.0%
Avg Total Cost per Claim (Gross Cost/ARx)	\$150.72	\$137.00	10.0%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$17.37	\$16.06	8.2%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$977.43	\$912.33	7.1%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$762.10	\$478.67	59.2%

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**PRESCRIPTION
DRUG UTILIZATION**
 + TOTAL PLAN
 + Q1 FY25 vs Q1 FY24

Member Cost Summary	FY 2025	FY 2024	Change
Total Member Cost Share	\$5,498,265	\$4,521,487	21.6%
Generic Cost Share	\$1,308,868	\$1,090,252	20.1%
Brand Cost Share	\$4,189,396	\$3,431,235	22.1%
MSB Cost Share	\$60,388	\$61,587	-1.9%
Total Copay	\$4,494,457	\$3,754,505	19.7%
Total Deductible	\$1,003,807	\$766,982	30.9%
Avg Copay per Claim (Member Cost Share/ARx)	\$27.89	\$25.38	9.9%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$7.71	\$7.07	9.0%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$153.01	\$142.71	7.2%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$119.58	\$70.55	69.5%
Copay % of Total Prescription Cost (Member Cost Share %)	18.5%	18.5%	0.0
Plan Cost Summary	FY 2025	FY 2024	Change
Total Plan Cost (Plan Cost)	\$24,211,827	\$19,889,344	21.7%
Generic Plan Cost	\$1,640,149	\$1,385,381	18.4%
Brand Plan Cost	\$22,571,677	\$18,503,963	22.0%
MSB Plan Cost	\$324,474	\$356,293	-8.9%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$11,739,174	\$9,042,124	29.8%
Total Specialty Drug Cost (Specialty Plan Cost)	\$12,472,653	\$10,847,220	15.0%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$122.83	\$111.63	10.0%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$9.66	\$8.99	7.5%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$824.42	\$769.62	7.1%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$642.52	\$408.13	57.4%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$60.30	\$51.37	17.4%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$5,092.96	\$4,989.52	2.1%
Plan Cost PMPM	\$159.00	\$136.85	16.2%
Non-Specialty Plan Cost PMPM	\$77.09	\$62.21	23.9%
Specialty Plan Cost PMPM	\$81.91	\$74.63	9.7%
Specialty % of Plan Cost	51.5%	54.5%	-3.0
Net Plan Cost PMPM (factoring Rebates)	\$96.21	\$84.17	14.3%
Non-Specialty Plan Cost PMPM	\$42.83	\$32.56	31.6%
Specialty Plan Cost PMPM	\$53.38	\$51.62	3.4%

STATE OF NEVADA PEBP:

**PRESCRIPTION
DRUG UTILIZATION**
+ CDHP PLAN
+ Q1 FY25 vs Q1 FY24

Membership Summary	FY 2025	FY 2024	Change
Member Count (Membership)	22,775	24,365	-6.5%
Utilizing Member Count (Patients)	11,103	11,754	-5.5%
Percent Utilizing (Utilization)	48.8%	48.2%	0.5

Claim Summary	FY 2025	FY 2024	Change
Net Claims (Total Adjusted Rx's)	82,174	83,281	-1.3%
Claims per Elig Member per Month (Claims PMPM)	1.20	1.14	5.6%
Total Claims for Generic (Generic ARx)	71,706	73,023	-1.8%
Total Claims for Brand (Brand ARx)	10,468	10,258	2.0%
Total Claims for Multisource Brand Claims (MSB ARx)	146	316	-53.8%
Total Non-Specialty Claims	81,152	82,325	-1.4%
Total Specialty Claims	1,022	956	6.9%
Generic % of Total Claims (GFR)	87.3%	87.7%	-0.4
Generic Effective Rate (GCR)	99.8%	99.6%	0.2
Mail Order Claims	21,457	23,453	-8.5%
Mail Penetration Rate*	29.5%	31.7%	-2.2

Claims Cost Summary	FY 2025	FY 2024	Change
Total Prescription Cost (Total Gross Cost)	\$11,164,795	\$10,266,684	8.7%
Total Generic Gross Cost	\$1,087,557	\$1,032,285	5.4%
Total Brand Gross Cost	\$10,077,238	\$9,234,399	9.1%
Total MSB Gross Cost	\$108,548	\$139,386	-22.1%
Total Ingredient Cost	\$10,794,006	\$9,917,091	8.8%
Total Dispensing Fee	\$364,050	\$342,749	6.2%
Total Other (e.g. tax)	\$6,738	\$6,845	-1.6%
Avg Total Cost per Claim (Gross Cost/ARx)	\$135.87	\$123.28	10.2%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$15.17	\$14.14	7.3%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$962.67	\$900.21	6.9%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$743.48	\$441.09	68.6%

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+ CDHP PLAN

+ Q1 FY25 vs Q1 FY24

Member Cost Summary	FY 2025	FY 2024	Change
Total Member Cost Share	\$2,840,749	\$2,550,066	11.4%
Generic Cost Share	\$615,586	\$554,450	11.0%
Brand Cost Share	\$2,225,163	\$1,995,617	11.5%
MSB Cost Share	\$42,835	\$35,092	22.1%
Total Copay	\$1,839,841	\$1,784,797	3.1%
Total Deductible	\$1,000,908	\$765,269	30.8%
Avg Copay per Claim (Member Cost Share/ARx)	\$34.57	\$30.62	12.9%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$8.58	\$7.59	13.1%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$212.57	\$194.54	9.3%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$293.39	\$111.05	164.2%
Copay % of Total Prescription Cost (Member Cost Share %)	25.4%	24.8%	0.6
Plan Cost Summary	FY 2025	FY 2024	Change
Total Plan Cost (Plan Cost)	\$8,324,046	\$7,716,618	7.9%
Generic Plan Cost	\$471,972	\$477,836	-1.2%
Brand Plan Cost	\$7,852,075	\$7,238,782	8.5%
MSB Plan Cost	\$65,712	\$104,294	-37.0%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$3,234,650	\$3,006,435	7.6%
Total Specialty Drug Cost (Specialty Plan Cost)	\$5,089,396	\$4,710,183	8.1%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$101.30	\$92.66	9.3%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$6.58	\$6.54	0.6%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$750.10	\$705.67	6.3%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$450.08	\$330.04	36.4%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$39.86	\$36.52	9.1%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$4,979.84	\$4,926.97	1.1%
Plan Cost PMPM	\$121.83	\$105.57	15.4%
Non-Specialty Plan Cost PMPM	\$47.34	\$41.13	15.1%
Specialty Plan Cost PMPM	\$74.49	\$64.44	15.6%
Specialty % of Plan Cost	61.1%	61.0%	0.1
Net Plan Cost PMPM (factoring Rebates)	\$68.18	\$64.42	5.8%
Non-Specialty Plan Cost PMPM	\$21.02	\$18.63	12.8%
Specialty Plan Cost PMPM	\$47.16	\$45.80	3.0%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN

+ Q1 FY25 vs Q1 FY24

Membership Summary	FY 2025	FY 2024	Change
Member Count (Membership)	5,275	5,825	-9.4%
Utilizing Member Count (Patients)	3,307	3,493	-5.3%
Percent Utilizing (Utilization)	62.7%	60.0%	2.7

Claim Summary	FY 2025	FY 2024	Change
Net Claims (Total Adjusted Rx's)	29,909	31,098	-3.8%
Claims per Elig Member per Month (Claims PMPM)	1.89	1.78	6.2%
Total Claims for Generic (Generic ARx)	25,535	26,683	-4.3%
Total Claims for Brand (Brand ARx)	4,374	4,415	-0.9%
Total Claims for Multisource Brand Claims (MSB ARx)	106	187	-43.3%
Total Non-Specialty Claims	29,458	30,707	-4.1%
Total Specialty Claims	451	391	15.3%
Generic % of Total Claims (GFR)	85.4%	85.8%	-0.4
Generic Effective Rate (GCR)	99.6%	99.3%	0.3
Mail Order Claims	8,643	9,359	-7.7%
Mail Penetration Rate*	31.8%	32.9%	-1.1

Claims Cost Summary	FY 2025	FY 2024	Change
Total Prescription Cost (Total Gross Cost)	\$5,408,893	\$4,927,859	9.8%
Total Generic Gross Cost	\$465,440	\$436,993	6.5%
Total Brand Gross Cost	\$4,943,453	\$4,490,866	10.1%
Total MSB Gross Cost	\$158,869	\$102,466	55.0%
Total Ingredient Cost	\$5,272,118	\$4,797,172	9.9%
Total Dispensing Fee	\$133,560	\$125,931	6.1%
Total Other (e.g. tax)	\$3,215	\$4,755	-32.4%
Avg Total Cost per Claim (Gross Cost/ARx)	\$180.85	\$158.46	14.1%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$18.23	\$16.38	11.3%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$1,130.19	\$1,017.18	11.1%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$1,498.76	\$547.95	173.5%

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PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN

+ Q1 FY25 vs Q1 FY24

Member Cost Summary	FY 2025	FY 2024	Change
Total Member Cost Share	\$747,420	\$661,180	13.0%
Generic Cost Share	\$179,537	\$178,173	0.8%
Brand Cost Share	\$567,883	\$483,007	17.6%
MSB Cost Share	\$7,866	\$15,931	-50.6%
Total Copay	\$744,520	\$659,466	12.9%
Total Deductible	\$2,900	\$1,714	69.2%
Avg Copay per Claim (Member Cost Share/ARx)	\$24.99	\$21.26	17.5%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$7.03	\$6.68	5.3%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$129.83	\$109.40	18.7%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$74.21	\$85.19	-12.9%
Copay % of Total Prescription Cost (Member Cost Share %)	13.8%	13.4%	0.4
Plan Cost Summary	FY 2025	FY 2024	Change
Total Plan Cost (Plan Cost)	\$4,661,473	\$4,266,679	9.3%
Generic Plan Cost	\$285,903	\$258,820	10.5%
Brand Plan Cost	\$4,375,571	\$4,007,859	9.2%
MSB Plan Cost	\$151,003	\$86,535	74.5%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$2,184,417	\$1,972,881	10.7%
Total Specialty Drug Cost (Specialty Plan Cost)	\$2,477,056	\$2,293,797	8.0%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$155.86	\$137.20	13.6%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$11.20	\$9.70	15.4%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$1,000.36	\$907.78	10.2%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$1,424.56	\$462.75	207.8%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$74.15	\$64.25	15.4%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$5,492.36	\$5,866.49	-6.4%
Plan Cost PMPM	\$294.56	\$244.16	20.6%
Non-Specialty Plan Cost PMPM	\$138.04	\$112.90	22.3%
Specialty Plan Cost PMPM	\$156.53	\$131.26	19.2%
Specialty % of Plan Cost	53.1%	53.8%	-0.6
Net Plan Cost PMPM (factoring Rebates)	\$191.29	\$152.86	25.1%
Non-Specialty Plan Cost PMPM	\$79.90	\$61.01	31.0%
Specialty Plan Cost PMPM	\$111.38	\$91.85	21.3%

STATE OF NEVADA PEBP:

**PRESCRIPTION
DRUG UTILIZATION**
+ PPO PLAN
+ Q1 FY25 vs Q1 FY24

Membership Summary	FY 2025	FY 2024	Change
Member Count (Membership)	22,712	18,259	24.4%
Utilizing Member Count (Patients)	12,015	9,418	27.6%
Percent Utilizing (Utilization)	52.9%	51.6%	1.3

Claim Summary	FY 2025	FY 2024	Change
Net Claims (Total Adjusted Rx's)	85,035	63,799	33.3%
Claims per Elig Member per Month (Claims PMPM)	1.25	1.16	7.2%
Total Claims for Generic (Generic ARx)	72,498	54,429	33.2%
Total Claims for Brand (Brand ARx)	12,537	9,370	33.8%
Total Claims for Multisource Brand Claims (MSB ARx)	253	370	-31.6%
Total Non-Specialty Claims	84,059	62,972	33.5%
Total Specialty Claims	976	827	18.0%
Generic % of Total Claims (GFR)	85.3%	85.3%	0.0
Generic Effective Rate (GCR)	99.7%	99.3%	0.4
Mail Order Claims	22,982	19,378	18.6%
Mail Penetration Rate*	30.8%	34.4%	-3.6

Claims Cost Summary	FY 2025	FY 2024	Change
Total Prescription Cost (Total Gross Cost)	\$13,136,403	\$9,216,288	42.5%
Total Generic Gross Cost	\$1,396,021	\$1,006,355	38.7%
Total Brand Gross Cost	\$11,740,382	\$8,209,934	43.0%
Total MSB Gross Cost	\$117,445	\$176,029	-33.3%
Total Ingredient Cost	\$12,766,859	\$8,941,006	42.8%
Total Dispensing Fee	\$360,181	\$267,748	34.5%
Total Other (e.g. tax)	\$9,363	\$7,534	24.3%
Avg Total Cost per Claim (Gross Cost/ARx)	\$154.48	\$144.46	6.9%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$19.26	\$18.49	4.1%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$936.46	\$876.19	6.9%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$464.21	\$475.75	-2.4%

STATE OF NEVADA PEBP:

**PRESCRIPTION
DRUG UTILIZATION**
+ PPO PLAN
+ Q1 FY25 vs Q1 FY24

Member Cost Summary	FY 2025	FY 2024	Change
Total Member Cost Share	\$1,910,096	\$1,310,241	45.8%
Generic Cost Share	\$513,746	\$357,629	43.7%
Brand Cost Share	\$1,396,350	\$952,612	46.6%
MSB Cost Share	\$9,686	\$10,565	-8.3%
Total Copay	\$1,910,096	\$1,310,241	45.8%
Total Deductible	\$0	\$0	NA
Avg Copay per Claim (Member Cost Share/ARx)	\$22.46	\$20.54	9.4%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$7.09	\$6.57	7.8%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$111.38	\$101.67	9.6%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$38.28	\$28.55	34.1%
Copay % of Total Prescription Cost (Member Cost Share %)	14.5%	14.2%	0.3
Plan Cost Summary	FY 2025	FY 2024	Change
Total Plan Cost (Plan Cost)	\$11,226,307	\$7,906,047	42.0%
Generic Plan Cost	\$882,275	\$648,726	36.0%
Brand Plan Cost	\$10,344,032	\$7,257,322	42.5%
MSB Plan Cost	\$107,759	\$165,465	-34.9%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$6,320,107	\$4,062,808	55.6%
Total Specialty Drug Cost (Specialty Plan Cost)	\$4,906,200	\$3,843,239	27.7%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$132.02	\$123.92	6.5%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$12.17	\$11.92	2.1%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$825.08	\$774.53	6.5%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$425.92	\$447.20	-4.8%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$75.19	\$64.52	16.5%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$5,026.84	\$4,647.21	8.2%
Plan Cost PMPM	\$164.76	\$144.33	14.2%
Non-Specialty Plan Cost PMPM	\$92.76	\$74.17	25.1%
Specialty Plan Cost PMPM	\$72.01	\$70.16	2.6%
Specialty % of Plan Cost	43.7%	48.6%	-4.9
Net Plan Cost PMPM (factoring Rebates)	\$102.23	\$88.60	15.4%
Non-Specialty Plan Cost PMPM	\$56.09	\$42.07	33.3%
Specialty Plan Cost PMPM	\$46.14	\$46.53	-0.9%

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+ EPO, CDHP, & PPO PLAN

+ Q1 FY25

Membership Summary	Total	EPO	CDHP	PPO
Member Count (Membership)	50,758	5,275	22,775	22,712
Utilizing Member Count (Patients)	26,406	3,307	11,103	12,015
Percent Utilizing (Utilization)	52.0%	62.7%	48.8%	52.9%

Claim Summary	Total	EPO	CDHP	PPO
Net Claims (Total Rx's)	197,118	29,909	82,174	85,035
Claims per Elig Member per Month (Claims PMPM)	1.29	1.89	1.20	1.25
Total Claims for Generic (Generic Rx)	169,739	25,535	71,706	72,498
Total Claims for Brand (Brand Rx)	27,379	4,374	10,468	12,537
Total Claims for Multisource Brand Claims (MSB Rx)	505	106	146	253
Total Non-Specialty Claims	194,669	29,458	81,152	84,059
Total Specialty Claims	2,449	451	1,022	976
Generic % of Total Claims (GFR)	86.1%	85.4%	87.3%	85.3%
Generic Effective Rate (GCR)	99.7%	99.6%	99.8%	99.7%
Mail Order Claims	53,082	8,643	21,457	22,982
Mail Penetration Rate*	30.4%	31.8%	29.5%	30.8%

Claims Cost Summary	Total	EPO	CDHP	PPO
Total Prescription Cost (Total Gross Cost)	\$29,710,091	\$5,408,893	\$11,164,795	\$13,136,403
Total Generic Gross Cost	\$2,949,018	\$465,440	\$1,087,557	\$1,396,021
Total Brand Gross Cost	\$26,761,073	\$4,943,453	\$10,077,238	\$11,740,382
Total MSB Gross Cost	\$384,861	\$158,869	\$108,548	\$117,445
Total Ingredient Cost	\$28,832,983	\$5,272,118	\$10,794,006	\$12,766,859
Total Dispensing Fee	\$497,610	\$133,560	\$364,050	\$360,181
Total Other (e.g. tax)	\$19,317	\$3,215	\$6,738	\$9,363
Avg Total Cost per Claim (Gross Cost/Rx)	\$150.72	\$180.85	\$135.87	\$154.48
Avg Total Cost for Generic (Generic Gross Cost/Generic Rx)	\$17.37	\$18.23	\$15.17	\$19.26
Avg Total Cost for Brand (Brand Gross Cost/Brand Rx)	\$977.43	\$1,130.19	\$962.67	\$936.46
Avg Total Cost for MSB (MSB Gross Cost/MSB Rx)	\$762.10	\$1,498.76	\$743.48	\$464.21

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**PRESCRIPTION
DRUG UTILIZATION**
+ EPO, CDHP, & PPO PLAN
+ Q1 FY25

Member Cost Summary	Total	EPO	CDHP	PPO
Total Member Cost Share	\$5,498,265	\$747,420	\$2,840,749	\$1,910,096
Generic Cost Share	\$1,308,868	\$179,537	\$615,586	\$513,746
Brand Cost Share	\$4,189,396	\$567,883	\$2,225,163	\$1,396,350
MSB Cost Share	\$60,388	\$7,866	\$42,835	\$9,686
Total Copay	\$4,494,457	\$744,520	\$1,839,841	\$1,910,096
Total Deductible	\$1,003,807	\$2,900	\$1,000,908	\$0
Avg Copay per Claim (Member Cost Share/Rx)	\$27.89	\$24.99	\$34.57	\$22.46
Avg Copay for Generic (Generic Member Cost Share/Generic Rx)	\$7.71	\$7.03	\$8.58	\$7.09
Avg Copay for Brand (Brand Member Cost Share/Brand Rx)	\$153.01	\$129.83	\$212.57	\$111.38
Avg Copay for MSB (MSB Member Cost Share/MSB Rx)	\$119.58	\$74.21	\$293.39	\$38.28
Copay % of Total Prescription Cost (Member Cost Share %)	18.5%	13.8%	25.4%	14.5%

Plan Cost Summary	Total	EPO	CDHP	PPO
Total Plan Cost (Plan Cost)	\$24,211,827	\$4,661,473	\$8,324,046	\$11,226,307
Generic Plan Cost	\$1,640,149	\$285,903	\$471,972	\$882,275
Brand Plan Cost	\$22,571,677	\$4,375,571	\$7,852,075	\$10,344,032
MSB Plan Cost	\$324,474	\$151,003	\$65,712	\$107,759
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$11,739,174	\$2,184,417	\$3,234,650	\$6,320,107
Total Specialty Drug Cost (Specialty Plan Cost)	\$12,472,653	\$2,477,056	\$5,089,396	\$4,906,200
Avg Plan Cost per Claim (Plan Cost/Rx)	\$122.83	\$155.86	\$101.30	\$132.02
Avg Plan Cost for Generic (Generic Plan Cost/Generic Rx)	\$9.66	\$11.20	\$6.58	\$12.17
Avg Plan Cost for Brand (Brand Plan Cost/Brand Rx)	\$824.42	\$1,000.36	\$750.10	\$825.08
Avg Plan Cost for MSB (MSB Plan Cost/MSB Rx)	\$642.52	\$1,424.56	\$450.08	\$425.92
Avg Non-Specialty Plan Cost per Claim (Plan Cost/Rx)	\$60.30	\$74.15	\$39.86	\$75.19
Avg Specialty Plan Cost per Claim (Plan Cost/Rx)	\$5,092.96	\$5,492.36	\$4,979.84	\$5,026.84
Plan Cost PMPM	\$159.00	\$294.56	\$121.83	\$164.76
Non-Specialty Plan Cost PMPM	\$77.09	\$138.04	\$47.34	\$92.76
Specialty Plan Cost PMPM	\$81.91	\$156.53	\$74.49	\$72.01
Specialty % of Plan Cost	51.5%	53.1%	61.1%	43.7%
Net Plan Cost PMPM (factoring Rebates)	\$96.21	\$191.29	\$68.18	\$102.23
Non-Specialty Net Plan Cost PMPM	\$42.83	\$79.90	\$21.02	\$56.09
Specialty Net Plan Cost PMPM	\$53.38	\$111.38	\$47.16	\$46.14

STATE OF NEVADA PEBP:

**PRESCRIPTION
DRUG UTILIZATION**
+ TOTAL PLAN
+ Q1 FY25

State of Nevada PEBP				
FY2024				
Description	Grand Total	EPO	CDHP	PPO
Avg Members per Month	50,758	5,275	22,775	22,712
Pct Members Utilizing Benefit	52.0%	62.7%	48.8%	52.9%
Total Plan Cost	\$ 24,211,827	\$ 4,661,473	\$ 8,324,046	\$ 11,226,307
Total Days	5,180,277	807,245	2,159,578	2,213,454
Total Adjusted Rxs	197,118	29,909	82,174	85,035
Plan Cost PMPM	\$ 159.00	\$ 294.56	\$ 121.83	\$ 164.76
Plan Cost Net PMPM	\$ 96.21	\$ 191.29	\$ 68.18	\$ 102.23
Plan Cost/Day	\$ 4.67	\$ 5.77	\$ 3.85	\$ 5.07
Plan Cost per Adjusted Rx	\$ 122.83	\$ 155.86	\$ 101.30	\$ 132.02
Nbr Rxs PMPM	1.29	1.89	1.20	1.25
Generic Fill Rate	86.1%	85.4%	87.3%	85.3%
Home Delivery Utilization	30.4%	31.8%	29.5%	30.8%
Member Cost %	18.5%	13.8%	25.4%	14.5%
Specialty Percent of Plan Cost	51.5%	53.1%	61.1%	43.7%
Specialty Plan Cost PMPM	\$ 81.91	\$ 156.53	\$ 74.49	\$ 72.01
Formulary Compliance Rate	99.5%	99.3%	99.7%	99.4%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN
+ Q1 FY25

State of Nevada PEBP					
FY2025 - Grand Total					
Description	Grand Total	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	50,758	44,711	5,596	9	445
Pct Members Utilizing Benefit	52.0%	49.6%	69.7%	22.2%	82.9%
Total Plan Cost	\$ 24,211,827	\$ 18,981,994	\$ 4,854,672	\$ 4,623	\$ 370,537
Total Days	5,180,277	3,947,178	1,085,454	1,326	146,319
Total Adjusted Rxs	197,118	152,263	39,535	50	5,270
Plan Cost PMPM	\$ 159.00	\$ 141.52	\$ 289.18	\$ 171.24	\$ 277.56
Plan Cost Net PMPM	\$ 96.21	\$ 85.86	\$ 176.33	\$ 101.24	\$ 128.48
Plan Cost/Day	\$ 4.67	\$ 4.81	\$ 4.47	\$ 3.49	\$ 2.53
Plan Cost per Adjusted Rx	\$ 122.83	\$ 124.67	\$ 122.79	\$ 92.47	\$ 70.31
Nbr Rxs PMPM	1.29	1.14	2.35	1.85	3.95
Generic Fill Rate	86.1%	85.8%	87.0%	86.0%	87.8%
Home Delivery Utilization	30.4%	28.3%	37.2%	83.9%	36.9%
Member Cost %	18.5%	18.6%	17.9%	9.3%	21.8%
Specialty Percent of Plan Cost	51.5%	50.5%	56.9%	0.0%	31.8%
Specialty Plan Cost PMPM	\$ 81.91	\$ 71.51	\$ 164.57	\$ -	\$ 88.34
Formulary Compliance Rate	99.5%	99.5%	99.6%	100.0%	99.6%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ CDHP PLAN

+ Q1 FY25

State of Nevada PEBP					
FY2025 - CDHP					
Description	CDHP	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	22,775	19,040	3,389	-	342
Pct Members Utilizing Benefit	48.8%	44.9%	67.3%	0.0%	83.0%
Total Plan Cost	\$ 8,324,046	\$ 5,658,614	\$ 2,401,241	-	\$ 264,191
Total Days	2,159,578	1,431,547	611,475	-	116,556
Total Adjusted Rxs	82,174	55,644	22,330	-	4,200
Plan Cost PMPM	\$ 121.83	\$ 99.07	\$ 236.18	\$ -	\$ 257.50
Plan Cost Net PMPM	\$ 68.18	\$ 53.90	\$ 145.34	\$ -	\$ 99.17
Plan Cost/Day	\$ 3.85	\$ 3.95	\$ 3.93	\$ -	\$ 2.27
Plan Cost per Adjusted Rx	\$ 101.30	\$ 101.69	\$ 107.53	\$ -	\$ 62.90
Nbr Rxs PMPM	1.20	0.97	2.20	-	4.09
Generic Fill Rate	87.3%	86.9%	88.1%	0.0%	87.4%
Home Delivery Utilization	29.5%	25.8%	36.8%	0.0%	37.0%
Member Cost %	25.4%	26.6%	22.5%	0.0%	26.4%
Specialty Percent of Plan Cost	61.1%	60.5%	65.7%	0.0%	32.8%
Specialty Plan Cost PMPM	\$ 74.49	\$ 59.96	\$ 155.17	\$ -	\$ 84.48
Formulary Compliance Rate	99.7%	99.8%	99.7%	0.0%	99.6%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN
+ Q1 FY25

State of Nevada PEBP					
FY2025 - EPO					
Description	EPO	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	5,275	4,540	671	2	62
Pct Members Utilizing Benefit	62.7%	60.4%	77.9%	50.0%	75.8%
Total Plan Cost	\$ 4,661,473	\$ 3,355,838	\$ 1,253,054	\$ 4,492	\$ 48,090
Total Days	807,245	613,033	177,477	805	15,930
Total Adjusted Rxs	29,909	22,896	6,414	28	571
Plan Cost PMPM	\$ 294.56	\$ 246.39	\$ 622.48	\$ 748.62	\$ 258.55
Plan Cost Net PMPM	\$ 191.29	\$ 157.04	\$ 422.80	\$ 433.62	\$ 185.73
Plan Cost/Day	\$ 5.77	\$ 5.47	\$ 7.06	\$ 5.58	\$ 3.02
Plan Cost per Adjusted Rx	\$ 155.86	\$ 146.57	\$ 195.36	\$ 160.42	\$ 84.22
Nbr Rxs PMPM	1.89	1.68	3.19	4.67	3.95
Generic Fill Rate	85.4%	85.3%	85.4%	75.0%	90.5%
Home Delivery Utilization	31.8%	30.5%	35.4%	99.9%	36.0%
Member Cost %	13.8%	14.5%	12.2%	5.9%	8.8%
Specialty Percent of Plan Cost	53.1%	50.2%	61.8%	0.0%	34.8%
Specialty Plan Cost PMPM	\$ 156.53	\$ 123.76	\$ 384.84	\$ -	\$ 90.08
Formulary Compliance Rate	99.3%	99.3%	99.5%	100.0%	98.9%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ PPO PLAN
+ Q1 FY25

State of Nevada PEBP					
FY2025 - PPO					
Description	PPO	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	22,712	21,132	1,536	3	41
Pct Members Utilizing Benefit	52.9%	51.5%	71.4%	33.3%	92.7%
Total Plan Cost	\$ 11,226,307	\$ 9,967,542	\$ 1,200,377	\$ 132	\$ 58,256
Total Days	2,213,454	1,902,598	296,502	521	13,833
Total Adjusted Rxs	85,035	73,723	10,791	22	499
Plan Cost PMPM	\$ 164.76	\$ 157.23	\$ 260.50	\$ 14.63	\$ 473.62
Plan Cost Net PMPM	\$ 102.23	\$ 99.35	\$ 137.04	\$ 14.63	\$ 286.32
Plan Cost/Day	\$ 5.07	\$ 5.24	\$ 4.05	\$ 0.25	\$ 4.21
Plan Cost per Adjusted Rx	\$ 132.02	\$ 135.20	\$ 111.24	\$ 5.99	\$ 116.75
Nbr Rxs PMPM	1.25	1.16	2.34	2.44	4.06
Generic Fill Rate	85.3%	85.1%	85.8%	100.0%	87.8%
Home Delivery Utilization	30.8%	29.5%	39.0%	59.3%	37.4%
Member Cost %	14.5%	14.7%	13.6%	59.6%	6.6%
Specialty Percent of Plan Cost	43.7%	45.0%	34.2%	0.0%	24.9%
Specialty Plan Cost PMPM	\$ 72.01	\$ 70.69	\$ 89.08	\$ -	\$ 117.95
Formulary Compliance Rate	99.4%	99.4%	99.6%	100.0%	100.0%