

Nevada PEBP FY25 Q3 Report

7/1/2024 – 3/31/2025

Report Includes:

- CDHP Comparison Data from Q3 FY25 to Q3 FY24
- EPO Comparison Data from Q3 FY25 to Q3 FY24
- PPO Comparison Data from Q3 FY25 to Q3 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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5/30/2025

Express Scripts

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Confidential Information

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN

+ Q3 FY25 vs Q3 FY24

Express Scripts

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Membership Summary	FY 2025	FY 2024	Change
Member Count (Membership)	51,421	48,814	5.3%
Utilizing Member Count (Patients)	36,713	35,002	4.9%
Percent Utilizing (Utilization)	71.4%	71.7%	-0.3

Claim Summary	FY 2025	FY 2024	Change
Net Claims (Total Adjusted Rx's)	605,591	556,069	8.9%
Claims per Elig Member per Month (Claims PMPM)	1.31	1.27	3.4%
Total Claims for Generic (Generic ARx)	524,784	480,306	9.3%
Total Claims for Brand (Brand ARx)	80,807	75,763	6.7%
Total Claims for Multisource Brand Claims (MSB ARx)	1,503	2,548	-41.0%
Total Non-Specialty Claims	597,819	549,468	8.8%
Total Specialty Claims	7,772	6,601	17.7%
Generic % of Total Claims (GFR)	86.7%	86.4%	0.3
Generic Effective Rate (GCR)	99.7%	99.5%	0.2
Mail Order Claims	158,237	156,934	0.8%
Mail Penetration Rate*	29.7%	32.0%	-2.4

Claims Cost Summary	FY 2025	FY 2024	Change
Total Prescription Cost (Total Gross Cost)	\$90,165,995	\$78,129,504	15.4%
Total Generic Gross Cost	\$9,242,318	\$8,217,117	12.5%
Total Brand Gross Cost	\$80,923,677	\$69,912,386	15.8%
Total MSB Gross Cost	\$932,239	\$1,222,647	-23.8%
Total Ingredient Cost	\$87,543,881	\$75,717,837	15.6%
Total Dispensing Fee	\$2,575,717	\$2,352,803	9.5%
Total Other (e.g. tax)	\$46,397	\$58,864	-21.2%
Avg Total Cost per Claim (Gross Cost/ARx)	\$148.89	\$140.50	6.0%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$17.61	\$17.11	2.9%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$1,001.44	\$922.78	8.5%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$620.25	\$479.85	29.3%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN

+ Q3 FY25 vs Q3 FY24

Express Scripts

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Member Cost Summary	FY 2025	FY 2024	Change
Total Member Cost Share	\$16,167,121	\$14,229,320	13.6%
Generic Cost Share	\$3,650,909	\$3,255,993	12.1%
Brand Cost Share	\$12,516,212	\$10,973,327	14.1%
MSB Cost Share	\$171,339	\$182,556	-6.1%
Total Copay	\$14,517,657	\$12,817,242	13.3%
Total Deductible	\$1,649,464	\$1,412,077	16.8%
Avg Copay per Claim (Member Cost Share/ARx)	\$26.70	\$25.59	4.3%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$6.96	\$6.78	2.6%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$154.89	\$144.84	6.9%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$114.00	\$71.65	59.1%
Copay % of Total Prescription Cost (Member Cost Share %)	17.9%	18.2%	-0.3
Plan Cost Summary	FY 2025	FY 2024	Change
Total Plan Cost (Plan Cost)	\$73,998,874	\$63,900,184	15.8%
Generic Plan Cost	\$5,591,408	\$4,961,125	12.7%
Brand Plan Cost	\$68,407,466	\$58,939,059	16.1%
MSB Plan Cost	\$760,900	\$1,040,090	-26.8%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$36,626,669	\$30,300,412	20.9%
Total Specialty Drug Cost (Specialty Plan Cost)	\$37,372,205	\$33,599,772	11.2%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$122.19	\$114.91	6.3%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$10.65	\$10.33	3.2%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$846.55	\$777.94	8.8%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$506.25	\$408.20	24.0%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$61.27	\$55.14	11.1%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$4,808.57	\$5,090.10	-5.5%
Plan Cost PMPM	\$159.90	\$145.45	9.9%
Non-Specialty Plan Cost PMPM	\$79.14	\$68.97	14.8%
Specialty Plan Cost PMPM	\$80.75	\$76.48	5.6%
Specialty % of Plan Cost	50.5%	52.6%	-2.1
Net Plan Cost PMPM (factoring Rebates)	\$98.75	\$90.08	9.6%
Non-Specialty Plan Cost PMPM	\$43.99	\$38.62	13.9%
Specialty Plan Cost PMPM	\$54.76	\$51.46	6.4%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ CDHP PLAN

+ Q3 FY25 vs Q3 FY24

Express Scripts

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Membership Summary	FY 2025	FY 2024	Change
Member Count (Membership)	22,979	24,197	-5.0%
Utilizing Member Count (Patients)	15,443	16,459	-6.2%
Percent Utilizing (Utilization)	67.2%	68.0%	-0.8

Claim Summary	FY 2025	FY 2024	Change
Net Claims (Total Adjusted Rx's)	250,469	255,297	-1.9%
Claims per Elig Member per Month (Claims PMPM)	1.21	1.17	3.3%
Total Claims for Generic (Generic ARx)	219,813	222,850	-1.4%
Total Claims for Brand (Brand ARx)	30,656	32,447	-5.5%
Total Claims for Multisource Brand Claims (MSB ARx)	406	923	-56.0%
Total Non-Specialty Claims	247,382	252,392	-2.0%
Total Specialty Claims	3,087	2,905	6.3%
Generic % of Total Claims (GFR)	87.8%	87.3%	0.5
Generic Effective Rate (GCR)	99.8%	99.6%	0.2
Mail Order Claims	63,722	69,807	-8.7%
Mail Penetration Rate*	28.9%	31.1%	-2.2

Claims Cost Summary	FY 2025	FY 2024	Change
Total Prescription Cost (Total Gross Cost)	\$34,199,222	\$32,580,710	5.0%
Total Generic Gross Cost	\$3,473,600	\$3,329,008	4.3%
Total Brand Gross Cost	\$30,725,623	\$29,251,702	5.0%
Total MSB Gross Cost	\$255,410	\$402,910	-36.6%
Total Ingredient Cost	\$33,103,575	\$31,466,373	5.2%
Total Dispensing Fee	\$1,078,970	\$1,092,583	-1.2%
Total Other (e.g. tax)	\$16,677	\$21,754	-23.3%
Avg Total Cost per Claim (Gross Cost/ARx)	\$136.54	\$127.62	7.0%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$15.80	\$14.94	5.8%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$1,002.27	\$901.52	11.2%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$629.09	\$436.52	44.1%

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+ CDHP PLAN

+ Q3 FY25 vs Q3 FY24

Express Scripts

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Member Cost Summary	FY 2025	FY 2024	Change
Total Member Cost Share	\$7,799,751	\$7,316,771	6.6%
Generic Cost Share	\$1,560,251	\$1,512,444	3.2%
Brand Cost Share	\$6,239,500	\$5,804,327	7.5%
MSB Cost Share	\$121,552	\$106,557	14.1%
Total Copay	\$6,153,430	\$5,906,623	4.2%
Total Deductible	\$1,646,321	\$1,410,148	16.7%
Avg Copay per Claim (Member Cost Share/ARx)	\$31.14	\$28.66	8.7%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$7.10	\$6.79	4.6%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$203.53	\$178.89	13.8%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$299.39	\$115.45	159.3%
Copay % of Total Prescription Cost (Member Cost Share %)	22.8%	22.5%	0.3
Plan Cost Summary	FY 2025	FY 2024	Change
Total Plan Cost (Plan Cost)	\$26,399,471	\$25,263,939	4.5%
Generic Plan Cost	\$1,913,348	\$1,816,564	5.3%
Brand Plan Cost	\$24,486,123	\$23,447,375	4.4%
MSB Plan Cost	\$133,858	\$296,353	-54.8%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$10,949,479	\$10,591,607	3.4%
Total Specialty Drug Cost (Specialty Plan Cost)	\$15,449,992	\$14,672,332	5.3%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$105.40	\$98.96	6.5%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$8.70	\$8.15	6.8%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$798.74	\$722.64	10.5%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$329.70	\$321.08	2.7%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$44.26	\$41.96	5.5%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$5,004.86	\$5,050.72	-0.9%
Plan Cost PMPM	\$127.65	\$116.01	10.0%
Non-Specialty Plan Cost PMPM	\$52.94	\$48.64	8.9%
Specialty Plan Cost PMPM	\$74.71	\$67.37	10.9%
Specialty % of Plan Cost	58.5%	58.1%	0.4
Net Plan Cost PMPM (factoring Rebates)	\$77.58	\$71.93	7.9%
Non-Specialty Plan Cost PMPM	\$26.85	\$25.67	4.6%
Specialty Plan Cost PMPM	\$50.73	\$46.26	9.7%

STATE OF NEVADA PEBP:

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+ EPO PLAN

+ Q3 FY25 vs Q3 FY24

Express Scripts

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Membership Summary	FY 2025	FY 2024	Change
Member Count (Membership)	5,208	5,767	-9.7%
Utilizing Member Count (Patients)	4,167	4,510	-7.6%
Percent Utilizing (Utilization)	80.0%	78.2%	1.8

Claim Summary	FY 2025	FY 2024	Change
Net Claims (Total Adjusted Rx's)	90,683	94,987	-4.5%
Claims per Elig Member per Month (Claims PMPM)	1.93	1.83	5.7%
Total Claims for Generic (Generic ARx)	78,006	81,625	-4.4%
Total Claims for Brand (Brand ARx)	12,677	13,362	-5.1%
Total Claims for Multisource Brand Claims (MSB ARx)	323	515	-37.3%
Total Non-Specialty Claims	89,347	93,842	-4.8%
Total Specialty Claims	1,336	1,145	16.7%
Generic % of Total Claims (GFR)	86.0%	85.9%	0.1
Generic Effective Rate (GCR)	99.6%	99.4%	0.2
Mail Order Claims	25,562	27,959	-8.6%
Mail Penetration Rate*	31.2%	32.4%	-1.3

Claims Cost Summary	FY 2025	FY 2024	Change
Total Prescription Cost (Total Gross Cost)	\$15,462,693	\$15,265,237	1.3%
Total Generic Gross Cost	\$1,376,304	\$1,434,685	-4.1%
Total Brand Gross Cost	\$14,086,389	\$13,830,551	1.8%
Total MSB Gross Cost	\$336,015	\$300,275	11.9%
Total Ingredient Cost	\$15,064,434	\$14,861,963	1.4%
Total Dispensing Fee	\$390,847	\$390,417	0.1%
Total Other (e.g. tax)	\$7,412	\$12,856	-42.3%
Avg Total Cost per Claim (Gross Cost/ARx)	\$170.51	\$160.71	6.1%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$17.64	\$17.58	0.4%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$1,111.18	\$1,035.07	7.4%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$1,040.29	\$583.06	78.4%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN

+ Q3 FY25 vs Q3 FY24

Express Scripts

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Member Cost Summary	FY 2025	FY 2024	Change
Total Member Cost Share	\$2,345,509	\$2,285,407	2.6%
Generic Cost Share	\$532,249	\$561,453	-5.2%
Brand Cost Share	\$1,813,260	\$1,723,954	5.2%
MSB Cost Share	\$22,430	\$35,639	-37.1%
Total Copay	\$2,342,366	\$2,283,478	2.6%
Total Deductible	\$3,143	\$1,929	63.0%
Avg Copay per Claim (Member Cost Share/ARx)	\$25.86	\$24.06	7.5%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$6.82	\$6.88	-0.8%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$143.04	\$129.02	10.9%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$69.44	\$69.20	0.3%
Copay % of Total Prescription Cost (Member Cost Share %)	15.2%	15.0%	0.2
Plan Cost Summary	FY 2025	FY 2024	Change
Total Plan Cost (Plan Cost)	\$13,117,184	\$12,979,829	1.1%
Generic Plan Cost	\$844,055	\$873,233	-3.3%
Brand Plan Cost	\$12,273,130	\$12,106,597	1.4%
MSB Plan Cost	\$313,585	\$264,637	18.5%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$6,512,778	\$6,234,864	4.5%
Total Specialty Drug Cost (Specialty Plan Cost)	\$6,604,406	\$6,744,966	-2.1%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$144.65	\$136.65	5.9%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$10.82	\$10.70	1.1%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$968.14	\$906.05	6.9%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$970.85	\$513.86	88.9%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$72.89	\$66.44	9.7%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$4,943.42	\$5,890.80	-16.1%
Plan Cost PMPM	\$279.85	\$250.08	11.9%
Non-Specialty Plan Cost PMPM	\$138.95	\$120.13	15.7%
Specialty Plan Cost PMPM	\$140.90	\$129.95	8.4%
Specialty % of Plan Cost	50.3%	52.0%	-1.6
Net Plan Cost PMPM (factoring Rebates)	\$172.96	\$153.30	12.8%
Non-Specialty Plan Cost PMPM	\$77.03	\$67.09	14.8%
Specialty Plan Cost PMPM	\$95.93	\$86.21	11.3%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ PPO PLAN

+ Q3 FY25 vs Q3 FY24

Express Scripts

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Membership Summary	FY 2025	FY 2024	Change
Member Count (Membership)	23,237	18,852	23.3%
Utilizing Member Count (Patients)	17,164	14,095	21.8%
Percent Utilizing (Utilization)	73.9%	74.8%	-0.9

Claim Summary	FY 2025	FY 2024	Change
Net Claims (Total Adjusted Rx's)	264,439	205,785	28.5%
Claims per Elig Member per Month (Claims PMPM)	1.26	1.21	4.3%
Total Claims for Generic (Generic ARx)	226,965	175,831	29.1%
Total Claims for Brand (Brand ARx)	37,474	29,954	25.1%
Total Claims for Multisource Brand Claims (MSB ARx)	774	1,110	-30.3%
Total Non-Specialty Claims	261,090	203,234	28.5%
Total Specialty Claims	3,349	2,551	31.3%
Generic % of Total Claims (GFR)	85.8%	85.4%	0.4
Generic Effective Rate (GCR)	99.7%	99.4%	0.3
Mail Order Claims	68,953	59,168	16.5%
Mail Penetration Rate*	29.9%	33.0%	-3.1

Claims Cost Summary	FY 2025	FY 2024	Change
Total Prescription Cost (Total Gross Cost)	\$40,504,080	\$30,283,557	33.7%
Total Generic Gross Cost	\$4,392,414	\$3,453,424	27.2%
Total Brand Gross Cost	\$36,111,666	\$26,830,133	34.6%
Total MSB Gross Cost	\$340,814	\$519,461	-34.4%
Total Ingredient Cost	\$39,375,871	\$29,389,501	34.0%
Total Dispensing Fee	\$1,105,901	\$869,803	27.1%
Total Other (e.g. tax)	\$22,308	\$24,253	-8.0%
Avg Total Cost per Claim (Gross Cost/ARx)	\$153.17	\$147.16	4.1%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$19.35	\$19.64	-1.5%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$963.65	\$895.71	7.6%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$440.33	\$467.98	-5.9%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ PPO PLAN

+ Q3 FY25 vs Q3 FY24

Express Scripts

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Member Cost Summary	FY 2025	FY 2024	Change
Total Member Cost Share	\$6,021,861	\$4,627,141	30.1%
Generic Cost Share	\$1,558,409	\$1,182,096	31.8%
Brand Cost Share	\$4,463,452	\$3,445,046	29.6%
MSB Cost Share	\$27,358	\$40,361	-32.2%
Total Copay	\$6,021,861	\$4,627,141	30.1%
Total Deductible	\$0	\$0	NA
Avg Copay per Claim (Member Cost Share/ARx)	\$22.77	\$22.49	1.3%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$6.87	\$6.72	2.1%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$119.11	\$115.01	3.6%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$35.35	\$36.36	-2.8%
Copay % of Total Prescription Cost (Member Cost Share %)	14.9%	15.3%	-0.4
Plan Cost Summary	FY 2025	FY 2024	Change
Total Plan Cost (Plan Cost)	\$34,482,219	\$25,656,416	34.4%
Generic Plan Cost	\$2,834,006	\$2,271,328	24.8%
Brand Plan Cost	\$31,648,213	\$23,385,088	35.3%
MSB Plan Cost	\$313,457	\$479,100	-34.6%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$19,164,412	\$13,473,941	42.2%
Total Specialty Drug Cost (Specialty Plan Cost)	\$15,317,807	\$12,182,474	25.7%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$130.40	\$124.68	4.6%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$12.49	\$12.92	-3.3%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$844.54	\$780.70	8.2%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$404.98	\$431.62	-6.2%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$73.40	\$66.30	10.7%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$4,573.85	\$4,775.57	-4.2%
Plan Cost PMPM	\$164.88	\$151.22	9.0%
Non-Specialty Plan Cost PMPM	\$91.64	\$79.41	15.4%
Specialty Plan Cost PMPM	\$73.24	\$71.80	2.0%
Specialty % of Plan Cost	44.4%	47.5%	-3.1
Net Plan Cost PMPM (factoring Rebates)	\$103.05	\$94.01	9.6%
Non-Specialty Plan Cost PMPM	\$53.52	\$46.52	15.1%
Specialty Plan Cost PMPM	\$49.53	\$47.50	4.3%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION + EPO, CDHP, & PPO PLAN + Q3 FY25

Membership Summary	Total	EPO	CDHP	PPO
Member Count (Membership)	51,421	5,208	22,979	23,237
Utilizing Member Count (Patients)	36,713	4,167	15,443	17,164
Percent Utilizing (Utilization)	71.4%	80.0%	67.2%	73.9%

Claim Summary	Total	EPO	CDHP	PPO
Net Claims (Total Rx's)	605,591	90,683	250,469	264,439
Claims per Elig Member per Month (Claims PMPM)	1.31	1.93	1.21	1.26
Total Claims for Generic (Generic Rx)	524,784	78,006	219,813	226,965
Total Claims for Brand (Brand Rx)	80,807	12,677	30,656	37,474
Total Claims for Multisource Brand Claims (MSB Rx)	1,503	323	406	774
Total Non-Specialty Claims	597,819	89,347	247,382	261,090
Total Specialty Claims	7,772	1,336	3,087	3,349
Generic % of Total Claims (GFR)	86.7%	86.0%	87.8%	85.8%
Generic Effective Rate (GCR)	99.7%	99.6%	99.8%	99.7%
Mail Order Claims	158,237	25,562	63,722	68,953
Mail Penetration Rate*	29.7%	31.2%	28.9%	29.9%

Claims Cost Summary	Total	EPO	CDHP	PPO
Total Prescription Cost (Total Gross Cost)	\$90,165,995	\$15,462,693	\$34,199,222	\$40,504,080
Total Generic Gross Cost	\$9,242,318	\$1,376,304	\$3,473,600	\$4,392,414
Total Brand Gross Cost	\$80,923,677	\$14,086,389	\$30,725,623	\$36,111,666
Total MSB Gross Cost	\$932,239	\$336,015	\$255,410	\$340,814
Total Ingredient Cost	\$87,543,881	\$15,064,434	\$33,103,575	\$39,375,871
Total Dispensing Fee	\$1,469,817	\$390,847	\$1,078,970	\$1,105,901
Total Other (e.g. tax)	\$46,397	\$7,412	\$16,677	\$22,308
Avg Total Cost per Claim (Gross Cost/Rx)	\$148.89	\$170.51	\$136.54	\$153.17
Avg Total Cost for Generic (Generic Gross Cost/Generic Rx)	\$17.61	\$17.64	\$15.80	\$19.35
Avg Total Cost for Brand (Brand Gross Cost/Brand Rx)	\$1,001.44	\$1,111.18	\$1,002.27	\$963.65
Avg Total Cost for MSB (MSB Gross Cost/MSB Rx)	\$620.25	\$1,040.29	\$629.09	\$440.33

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO, CDHP, & PPO PLAN
+ Q3 FY25

Express Scripts

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Member Cost Summary	Total	EPO	CDHP	PPO
Total Member Cost Share	\$16,167,121	\$2,345,509	\$7,799,751	\$6,021,861
Generic Cost Share	\$3,650,909	\$532,249	\$1,560,251	\$1,558,409
Brand Cost Share	\$12,516,212	\$1,813,260	\$6,239,500	\$4,463,452
MSB Cost Share	\$171,339	\$22,430	\$121,552	\$27,358
Total Copay	\$14,517,657	\$2,342,366	\$6,153,430	\$6,021,861
Total Deductible	\$1,649,464	\$3,143	\$1,646,321	\$0
Avg Copay per Claim (Member Cost Share/Rx)	\$26.70	\$25.86	\$31.14	\$22.77
Avg Copay for Generic (Generic Member Cost Share/Generic Rx)	\$6.96	\$6.82	\$7.10	\$6.87
Avg Copay for Brand (Brand Member Cost Share/Brand Rx)	\$154.89	\$143.04	\$203.53	\$119.11
Avg Copay for MSB (MSB Member Cost Share/MSB Rx)	\$114.00	\$69.44	\$299.39	\$35.35
Copay % of Total Prescription Cost (Member Cost Share %)	17.9%	15.2%	22.8%	14.9%

Plan Cost Summary	Total	EPO	CDHP	PPO
Total Plan Cost (Plan Cost)	\$73,998,874	\$13,117,184	\$26,399,471	\$34,482,219
Generic Plan Cost	\$5,591,408	\$844,055	\$1,913,348	\$2,834,006
Brand Plan Cost	\$68,407,466	\$12,273,130	\$24,486,123	\$31,648,213
MSB Plan Cost	\$760,900	\$313,585	\$133,858	\$313,457
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$36,626,669	\$6,512,778	\$10,949,479	\$19,164,412
Total Specialty Drug Cost (Specialty Plan Cost)	\$37,372,205	\$6,604,406	\$15,449,992	\$15,317,807
Avg Plan Cost per Claim (Plan Cost/Rx)	\$122.19	\$144.65	\$105.40	\$130.40
Avg Plan Cost for Generic (Generic Plan Cost/Generic Rx)	\$10.65	\$10.82	\$8.70	\$12.49
Avg Plan Cost for Brand (Brand Plan Cost/Brand Rx)	\$846.55	\$968.14	\$798.74	\$844.54
Avg Plan Cost for MSB (MSB Plan Cost/MSB Rx)	\$506.25	\$970.85	\$329.70	\$404.98
Avg Non-Specialty Plan Cost per Claim (Plan Cost/Rx)	\$61.27	\$72.89	\$44.26	\$73.40
Avg Specialty Plan Cost per Claim (Plan Cost/Rx)	\$4,808.57	\$4,943.42	\$5,004.86	\$4,573.85
Plan Cost PMPM	\$159.90	\$279.85	\$127.65	\$164.88
Non-Specialty Plan Cost PMPM	\$79.14	\$138.95	\$52.94	\$91.64
Specialty Plan Cost PMPM	\$80.75	\$140.90	\$74.71	\$73.24
Specialty % of Plan Cost	50.5%	50.3%	58.5%	44.4%
Net Plan Cost PMPM (factoring Rebates)	\$98.75	\$172.96	\$77.58	\$103.05
Non-Specialty Net Plan Cost PMPM	\$43.99	\$77.03	\$26.85	\$53.52
Specialty Net Plan Cost PMPM	\$54.76	\$95.93	\$50.73	\$49.53

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN
+ Q3 FY25

State of Nevada PEBP				
FY2025 Q3				
Description	Grand Total	EPO	CDHP	PPO
Avg Members per Month	51,421	5,208	22,979	23,237
Pct Members Utilizing Benefit	71.4%	80.0%	67.2%	73.9%
Total Plan Cost	\$ 73,998,874	\$ 13,117,184	\$ 26,399,471	\$ 34,482,219
Total Days	15,842,962	2,434,417	6,558,528	6,850,017
Total Adjusted Rxs	605,591	90,683	250,469	264,439
Plan Cost PMPM	\$ 159.90	\$ 279.85	\$ 127.65	\$ 164.88
Plan Cost Net PMPM	\$ 98.75	\$ 172.96	\$ 77.58	\$ 103.05
Plan Cost/Day	\$ 4.67	\$ 5.39	\$ 4.03	\$ 5.03
Plan Cost per Adjusted Rx	\$ 122.19	\$ 144.65	\$ 105.40	\$ 130.40
Nbr Rxs PMPM	1.31	1.93	1.21	1.26
Generic Fill Rate	86.7%	86.0%	87.8%	85.8%
Home Delivery Utilization	29.7%	31.2%	28.9%	29.9%
Member Cost %	17.9%	15.2%	22.8%	14.9%
Specialty Percent of Plan Cost	50.5%	50.3%	58.5%	44.4%
Specialty Plan Cost PMPM	\$ 80.75	\$ 140.90	\$ 74.71	\$ 73.24
Formulary Compliance Rate	99.6%	99.4%	99.8%	99.4%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN
+ Q3 FY25

State of Nevada PEBP					
FY2025 Q3 - Grand Total					
Description	Grand Total	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	51,421	45,466	5,515	11	431
Pct Members Utilizing Benefit	71.4%	69.9%	85.5%	81.8%	93.7%
Total Plan Cost	\$ 73,998,874	\$ 58,378,779	\$ 14,436,839	\$ 41,549	\$ 1,141,708
Total Days	15,842,962	12,154,996	3,248,757	5,276	433,933
Total Adjusted Rxs	605,591	470,974	118,702	196	15,719
Plan Cost PMPM	\$ 159.90	\$ 142.67	\$ 290.86	\$ 419.68	\$ 294.33
Plan Cost Net PMPM	\$ 98.75	\$ 87.90	\$ 183.55	\$ 269.49	\$ 153.85
Plan Cost/Day	\$ 4.67	\$ 4.80	\$ 4.44	\$ 7.88	\$ 2.63
Plan Cost per Adjusted Rx	\$ 122.19	\$ 123.95	\$ 121.62	\$ 211.98	\$ 72.63
Nbr Rxs PMPM	1.31	1.15	2.39	1.98	4.05
Generic Fill Rate	86.7%	86.4%	87.4%	83.7%	88.0%
Home Delivery Utilization	29.7%	27.5%	36.7%	86.1%	36.2%
Member Cost %	17.9%	17.9%	18.1%	22.1%	18.9%
Specialty Percent of Plan Cost	50.5%	49.7%	55.8%	54.7%	26.9%
Specialty Plan Cost PMPM	\$ 80.75	\$ 70.85	\$ 162.22	\$ 229.70	\$ 79.28
Formulary Compliance Rate	99.6%	99.5%	99.7%	100.0%	99.6%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ CDHP PLAN

+ Q3 FY25

State of Nevada PEBP					
FY2025 Q3 - EPO					
Description	EPO	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	5,208	4,475	670	2	61
Pct Members Utilizing Benefit	80.0%	78.9%	90.7%	50.0%	85.2%
Total Plan Cost	\$ 13,117,184	\$ 9,632,965	\$ 3,365,020	\$ 13,594	\$ 105,605
Total Days	2,434,417	1,860,720	524,618	2,235	46,844
Total Adjusted Rxs	90,683	69,857	19,068	78	1,680
Plan Cost PMPM	\$ 279.85	\$ 239.18	\$ 558.05	\$ 755.23	\$ 192.36
Plan Cost Net PMPM	\$ 172.96	\$ 141.74	\$ 385.85	\$ 263.44	\$ 121.69
Plan Cost/Day	\$ 5.39	\$ 5.18	\$ 6.41	\$ 6.08	\$ 2.25
Plan Cost per Adjusted Rx	\$ 144.65	\$ 137.90	\$ 176.47	\$ 174.28	\$ 62.86
Nbr Rxs PMPM	1.93	1.73	3.16	4.33	4.05
Generic Fill Rate	86.0%	86.0%	85.8%	73.1%	90.6%
Home Delivery Utilization	31.2%	30.0%	34.2%	99.9%	38.5%
Member Cost %	15.2%	15.3%	14.9%	5.5%	11.5%
Specialty Percent of Plan Cost	50.3%	48.3%	57.3%	0.0%	18.1%
Specialty Plan Cost PMPM	\$ 140.90	\$ 115.60	\$ 319.99	\$ -	\$ 34.87
Formulary Compliance Rate	99.4%	99.4%	99.5%	100.0%	99.2%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN

+ Q3 FY25

State of Nevada PEBP					
FY2025 Q3 - CDHP					
Description	CDHP	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	22,979	19,343	3,296	13	334
Pct Members Utilizing Benefit	67.2%	64.5%	82.8%	30.8%	93.7%
Total Plan Cost	\$ 26,399,471	\$ 18,210,661	\$ 7,354,850	\$ 55	\$ 833,905
Total Days	6,558,528	4,403,098	1,810,863	255	344,312
Total Adjusted Rxs	250,469	171,905	66,062	12	12,490
Plan Cost PMPM	\$ 127.65	\$ 104.61	\$ 247.94	\$ 1.06	\$ 277.41
Plan Cost Net PMPM	\$ 77.58	\$ 62.53	\$ 159.92	\$ 1.06	\$ 137.84
Plan Cost/Day	\$ 4.03	\$ 4.14	\$ 4.06	\$ 0.22	\$ 2.42
Plan Cost per Adjusted Rx	\$ 105.40	\$ 105.93	\$ 111.33	\$ -	\$ 66.77
Nbr Rxs PMPM	1.21	0.99	2.23	0.10	4.16
Generic Fill Rate	87.8%	87.4%	88.7%	100.0%	87.5%
Home Delivery Utilization	28.9%	25.3%	36.3%	0.0%	36.1%
Member Cost %	22.8%	23.7%	20.7%	84.5%	21.9%
Specialty Percent of Plan Cost	58.5%	57.7%	64.0%	0.0%	27.9%
Specialty Plan Cost PMPM	\$ 74.71	\$ 60.35	\$ 158.80	\$ -	\$ 77.35
Formulary Compliance Rate	99.8%	99.8%	99.8%	100.0%	99.7%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ PPO PLAN
+ Q3 FY25

State of Nevada PEBP					
FY2025 Q2 - PPO					
Description	PPO	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	23,237	21,648	1,549	4	37
Pct Members Utilizing Benefit	73.9%	73.1%	89.1%	100.0%	105.4%
Total Plan Cost	\$ 34,482,219	\$ 30,535,153	\$ 3,716,969	\$ 27,899	\$ 202,198
Total Days	6,850,017	5,891,178	913,276	2,786	42,777
Total Adjusted Rxs	264,439	229,212	33,572	106	1,549
Plan Cost PMPM	\$ 164.88	\$ 156.73	\$ 266.62	\$ 871.85	\$ 607.20
Plan Cost Net PMPM	\$ 103.05	\$ 99.43	\$ 146.35	\$ 683.82	\$ 347.16
Plan Cost/Day	\$ 5.03	\$ 5.18	\$ 4.07	\$ 10.01	\$ 4.73
Plan Cost per Adjusted Rx	\$ 130.40	\$ 133.22	\$ 110.72	\$ 263.20	\$ 130.53
Nbr Rxs PMPM	1.26	1.18	2.41	2.94	4.65
Generic Fill Rate	85.8%	85.8%	85.9%	89.6%	89.2%
Home Delivery Utilization	29.9%	28.4%	39.0%	83.0%	34.9%
Member Cost %	14.9%	14.8%	15.6%	27.8%	8.2%
Specialty Percent of Plan Cost	44.4%	45.3%	38.0%	81.5%	27.6%
Specialty Plan Cost PMPM	\$ 73.24	\$ 70.97	\$ 101.25	\$ 710.64	\$ 167.80
Formulary Compliance Rate	99.4%	99.4%	99.5%	100.0%	99.9%