Nevada PEBP FY26 Q3 Report

7/1/2024 – 3/31/2026

Report Includes:

- CDHP Comparison Data from Q3 FY26 to Q3 FY25
- EPO Comparison Data from Q3 FY26 to Q3 FY25
- PPO Comparison Data from Q3 FY26 to Q3 FY25
- CDHP, EPO, PPO Breakout Data from Q3 FY26
- Summary Comparison Data from FY26
- Key Metric Breakout Data from FY26

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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5/28/2026

Express Scripts
By EVERNORTH

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN

+ Q3 FY26 to Q3 FY25

Membership Summary	FY 2026	FY 2025	Change
Member Count (Membership)	52,503	51,421	2.1%
Utilizing Member Count (Patients)	37,513	36,778	2.0%
Percent Utilizing (Utilization)	71.4%	71.5%	-0.1

Claim Summary	FY 2026	FY 2025	Change
Net Claims (Total Adjusted Rx's)	631,612	606,595	4.1%
Claims per Elig Member per Month (Claims PMPM)	1.34	1.31	2.0%
Total Claims for Generic (Generic ARx)	548,537	525,668	4.4%
Total Claims for Brand (Brand ARx)	83,075	80,927	2.7%
Total Claims for Multisource Brand Claims (MSB ARx)	1,176	1,504	-21.8%
Total Non-Specialty Claims	622,097	598,816	3.9%
Total Specialty Claims	9,515	7,779	22.3%
Generic % of Total Claims (GFR)	**86.8%**	**86.7%**	**0.2**
Generic Effective Rate (GCR)	99.8%	99.7%	0.1
Mail Order Claims	147,367	158,237	-6.9%
Mail Penetration Rate*	26.3%	29.6%	-3.3

Claims Cost Summary	FY 2026	FY 2025	Change
Total Prescription Cost (Total Gross Cost)	**$102,935,809**	**$90,299,433**	**14.0%**
Total Generic Gross Cost	$9,332,528	$9,256,851	0.8%
Total Brand Gross Cost	$93,603,281	$81,042,582	15.5%
Total MSB Gross Cost	$963,368	$930,684	3.5%
Total Ingredient Cost	$100,164,624	$87,676,708	14.2%
Total Dispensing Fee	$2,747,353	$2,576,287	6.6%
Total Other (e.g. tax)	$23,833	$46,437	-48.7%
Avg Total Cost per Claim (Gross Cost/ARx)	**$162.97**	**$148.86**	**9.5%**
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	$17.01	$17.61	-3.4%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	$1,126.73	$1,001.43	12.5%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	$819.19	$618.81	32.4%

Express Scripts
By EVERNORTH

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN

+ Q3 FY26 to Q3 FY25

Member Cost Summary	FY 2026	FY 2025	Change
Total Member Cost Share	**$16,296,338**	**$16,218,797**	**0.5%**
Generic Cost Share	$3,289,930	$3,659,288	-10.1%
Brand Cost Share	$13,006,408	$12,559,509	3.6%
MSB Cost Share	$133,397	$171,705	-22.3%
Total Copay	$14,743,196	$14,566,111	1.2%
Total Deductible	$1,553,142	$1,652,686	-6.0%
Avg Copay per Claim (Member Cost Share/ARx)	**$25.80**	**$26.74**	**-3.5%**
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	$6.00	$6.96	-13.8%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	$156.56	$155.20	0.9%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	$113.43	$114.17	-0.6%
Copay % of Total Prescription Cost (Member Cost Share %)	**15.8%**	**18.0%**	**-2.1**

Plan Cost Summary	FY 2026	FY 2025	Change
Total Plan Cost (Plan Cost)	**$86,639,471**	**$74,080,635**	**17.0%**
Generic Plan Cost	$6,042,598	$5,597,563	8.0%
Brand Plan Cost	$80,596,873	$68,483,073	17.7%
MSB Plan Cost	$829,971	$758,979	9.4%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	$39,710,230	$36,649,149	8.4%
Total Specialty Drug Cost (Specialty Plan Cost)	$46,929,241	$37,431,486	25.4%
Avg Plan Cost per Claim (Plan Cost/ARx)	$137.17	$122.13	12.3%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	$11.02	$10.65	3.4%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	$970.17	$846.23	14.6%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	$705.76	$504.64	39.9%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	$63.83	$61.20	4.3%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	$4,932.13	$4,811.86	2.5%
Plan Cost PMPM	**$183.35**	**$160.07**	**14.5%**
Non-Specialty Plan Cost PMPM	$84.04	$79.19	6.1%
Specialty Plan Cost PMPM	$99.32	$80.88	22.8%
Specialty % of Plan Cost	54.2%	50.5%	3.6
Net Plan Cost PMPM (factoring Rebates)	**$121.32**	**$99.78**	**21.6%**
Non-Specialty Plan Cost PMPM	$47.41	$44.22	7.2%
Specialty Plan Cost PMPM	$73.91	$55.56	33.0%

Express Scripts
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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ CDHP PLAN

+ Q3 FY26 to Q3 FY25

Membership Summary	FY 2026	FY 2025	Change
Member Count (Membership)	22,407	22,979	-2.5%
Utilizing Member Count (Patients)	14,990	15,478	-3.2%
Percent Utilizing (Utilization)	66.9%	67.4%	-0.5

Claim Summary	FY 2026	FY 2025	Change
Net Claims (Total Adjusted Rx's)	244,808	250,970	-2.5%
Claims per Elig Member per Month (Claims PMPM)	1.21	1.21	0.0%
Total Claims for Generic (Generic ARx)	215,076	220,267	-2.4%
Total Claims for Brand (Brand ARx)	29,732	30,703	-3.2%
Total Claims for Multisource Brand Claims (MSB ARx)	327	407	-19.7%
Total Non-Specialty Claims	241,208	247,881	-2.7%
Total Specialty Claims	3,600	3,089	16.5%
Generic % of Total Claims (GFR)	**87.9%**	**87.8%**	**0.1**
Generic Effective Rate (GCR)	99.8%	99.8%	0.0
Mail Order Claims	57,380	63,722	-10.0%
Mail Penetration Rate*	26.4%	28.8%	-2.4

Claims Cost Summary	FY 2026	FY 2025	Change
Total Prescription Cost (Total Gross Cost)	**$37,423,470**	**$34,225,980**	**9.3%**
Total Generic Gross Cost	$2,917,664	$3,479,654	-16.2%
Total Brand Gross Cost	$34,505,806	$30,746,325	12.2%
Total MSB Gross Cost	$297,800	$255,775	16.4%
Total Ingredient Cost	$36,325,101	$33,130,168	9.6%
Total Dispensing Fee	$1,089,513	$1,079,135	1.0%
Total Other (e.g. tax)	$8,855	$16,677	-46.9%
Avg Total Cost per Claim (Gross Cost/ARx)	**$152.87**	**$136.37**	**12.1%**
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	$13.57	$15.80	-14.1%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	$1,160.56	$1,001.41	15.9%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	$910.70	$628.44	44.9%

Express Scripts

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ CDHP PLAN
+ Q3 FY26 to Q3 FY25

Member Cost Summary	FY 2026	FY 2025	Change
Total Member Cost Share	**$7,782,834**	**$7,812,777**	**-0.4%**
Generic Cost Share	$1,329,220	$1,564,601	-15.0%
Brand Cost Share	$6,453,614	$6,248,176	3.3%
MSB Cost Share	$79,038	$121,917	-35.2%
Total Copay	$6,233,335	$6,163,234	1.1%
Total Deductible	$1,549,499	$1,649,543	-6.1%
Avg Copay per Claim (Member Cost Share/ARx)	**$31.79**	**$31.13**	**2.1%**
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	$6.18	$7.10	-13.0%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	$217.06	$203.50	6.7%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	$241.71	$299.55	-19.3%
Copay % of Total Prescription Cost (Member Cost Share %)	**20.8%**	**22.8%**	**-2.0**

Plan Cost Summary	FY 2026	FY 2025	Change
Total Plan Cost (Plan Cost)	**$29,640,636**	**$26,413,203**	**12.2%**
Generic Plan Cost	$1,588,444	$1,915,053	-17.1%
Brand Plan Cost	$28,052,192	$24,498,150	14.5%
MSB Plan Cost	$218,762	$133,858	63.4%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	$10,739,662	$10,959,668	-2.0%
Total Specialty Drug Cost (Specialty Plan Cost)	$18,900,974	$15,453,535	22.3%
Avg Plan Cost per Claim (Plan Cost/ARx)	$121.08	$105.24	15.0%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	$7.39	$8.69	-15.1%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	$943.50	$797.91	18.2%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	$669.00	$328.89	103.4%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	$44.52	$44.21	0.7%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	$5,250.27	$5,002.76	4.9%
Plan Cost PMPM	**$146.98**	**$127.72**	**15.1%**
Non-Specialty Plan Cost PMPM	$53.26	$52.99	0.5%
Specialty Plan Cost PMPM	$93.73	$74.72	25.4%
Specialty % of Plan Cost	63.8%	58.5%	5.3
Net Plan Cost PMPM (factoring Rebates)	**$98.22**	**$78.31**	**25.4%**
Non-Specialty Plan Cost PMPM	$27.19	$27.08	0.4%
Specialty Plan Cost PMPM	$71.03	$51.22	38.7%

Express Scripts
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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN

+ Q3 FY26 vs Q3 FY25

Membership Summary	FY 2026	FY 2025	Change
Member Count (Membership)	4,486	5,208	-13.9%
Utilizing Member Count (Patients)	3,625	4,168	-13.0%
Percent Utilizing (Utilization)	80.8%	80.0%	0.8

Claim Summary	FY 2026	FY 2025	Change
Net Claims (Total Adjusted Rx's)	81,599	90,724	-10.1%
Claims per Elig Member per Month (Claims PMPM)	2.02	1.94	4.4%
Total Claims for Generic (Generic ARx)	70,030	78,048	-10.3%
Total Claims for Brand (Brand ARx)	11,569	12,676	-8.7%
Total Claims for Multisource Brand Claims (MSB ARx)	184	323	-43.0%
Total Non-Specialty Claims	80,226	89,383	-10.2%
Total Specialty Claims	1,373	1,341	2.4%
Generic % of Total Claims (GFR)	**85.8%**	**86.0%**	**-0.2**
Generic Effective Rate (GCR)	99.7%	99.6%	0.2
Mail Order Claims	21,222	25,562	-17.0%
Mail Penetration Rate*	28.6%	31.1%	-2.6

Claims Cost Summary	FY 2026	FY 2025	Change
Total Prescription Cost (Total Gross Cost)	**$14,396,498**	**$15,520,767**	**-7.2%**
Total Generic Gross Cost	$1,296,471	$1,377,757	-5.9%
Total Brand Gross Cost	$13,100,027	$14,143,010	-7.4%
Total MSB Gross Cost	$197,389	$336,015	-41.3%
Total Ingredient Cost	$14,027,408	$15,122,314	-7.2%
Total Dispensing Fee	$366,028	$391,041	-6.4%
Total Other (e.g. tax)	$3,062	$7,412	-58.7%
Avg Total Cost per Claim (Gross Cost/ARx)	**$176.43**	**$171.08**	**3.1%**
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	$18.51	$17.65	4.9%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	$1,132.34	$1,115.73	1.5%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	$1,072.77	$1,040.29	3.1%

Express Scripts
By EVERNORTH

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN

+ Q3 FY26 vs Q3 FY25

Member Cost Summary	FY 2026	FY 2025	Change
Total Member Cost Share	**$1,888,422**	**$2,364,028**	**-20.1%**
Generic Cost Share	$421,705	$533,034	-20.9%
Brand Cost Share	$1,466,717	$1,830,995	-19.9%
MSB Cost Share	$25,430	$22,430	13.4%
Total Copay	$1,884,779	$2,360,885	-20.2%
Total Deductible	$3,643	$3,143	15.9%
Avg Copay per Claim (Member Cost Share/ARx)	**$23.14**	**$26.06**	**-11.2%**
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	$6.02	$6.83	-11.8%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	$126.78	$144.45	-12.2%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	$138.21	$69.44	99.0%
Copay % of Total Prescription Cost (Member Cost Share %)	**13.1%**	**15.2%**	**-2.1**

Plan Cost Summary	FY 2026	FY 2025	Change
Total Plan Cost (Plan Cost)	**$12,508,076**	**$13,156,738**	**-4.9%**
Generic Plan Cost	$874,766	$844,723	3.6%
Brand Plan Cost	$11,633,310	$12,312,016	-5.5%
MSB Plan Cost	$171,959	$313,585	-45.2%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	$6,153,521	$6,496,594	-5.3%
Total Specialty Drug Cost (Specialty Plan Cost)	$6,354,555	$6,660,144	-4.6%
Avg Plan Cost per Claim (Plan Cost/ARx)	$153.29	$145.02	5.7%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	$12.49	$10.82	15.4%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	$1,005.56	$971.29	3.5%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	$934.56	$970.85	-3.7%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	$76.70	$72.68	5.5%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	$4,628.23	$4,966.55	-6.8%
Plan Cost PMPM	**$309.81**	**$280.70**	**10.4%**
Non-Specialty Plan Cost PMPM	$152.41	$138.60	10.0%
Specialty Plan Cost PMPM	$157.39	$142.09	10.8%
Specialty % of Plan Cost	50.8%	50.6%	0.2
Net Plan Cost PMPM (factoring Rebates)	**$200.47**	**$176.60**	**13.5%**
Non-Specialty Plan Cost PMPM	$84.42	$77.17	9.4%
Specialty Plan Cost PMPM	$116.06	$99.43	16.7%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ PPO PLAN

+ Q3 FY26 vs Q3 FY25

Membership Summary	FY 2026	FY 2025	Change
Member Count (Membership)	25,612	23,237	10.2%
Utilizing Member Count (Patients)	18,956	17,195	10.2%
Percent Utilizing (Utilization)	74.0%	74.0%	0.0

Claim Summary	FY 2026	FY 2025	Change
Net Claims (Total Adjusted Rx's)	305,205	264,901	15.2%
Claims per Elig Member per Month (Claims PMPM)	1.32	1.27	4.5%
Total Claims for Generic (Generic ARx)	263,431	227,353	15.9%
Total Claims for Brand (Brand ARx)	41,774	37,548	11.3%
Total Claims for Multisource Brand Claims (MSB ARx)	665	774	-14.1%
Total Non-Specialty Claims	300,663	261,552	15.0%
Total Specialty Claims	4,542	3,349	35.6%
Generic % of Total Claims (GFR)	**86.3%**	**85.8%**	**0.5**
Generic Effective Rate (GCR)	99.7%	99.7%	0.1
Mail Order Claims	68,765	68,953	-0.3%
Mail Penetration Rate*	25.5%	29.8%	-4.3

Claims Cost Summary	FY 2026	FY 2025	Change
Total Prescription Cost (Total Gross Cost)	**$51,115,842**	**$40,552,686**	**26.0%**
Total Generic Gross Cost	$5,118,393	$4,399,440	16.3%
Total Brand Gross Cost	$45,997,448	$36,153,246	27.2%
Total MSB Gross Cost	$468,179	$338,894	38.1%
Total Ingredient Cost	$49,812,114	$39,424,226	26.3%
Total Dispensing Fee	$1,291,812	$1,106,112	16.8%
Total Other (e.g. tax)	$11,916	$22,348	-46.7%
Avg Total Cost per Claim (Gross Cost/ARx)	**$167.48**	**$153.09**	**9.4%**
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	$19.43	$19.35	0.4%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	$1,101.10	$962.85	14.4%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	$704.03	$437.85	60.8%

Express Scripts
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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ PPO PLAN
+ Q3 FY26 vs Q3 FY25

Member Cost Summary	FY 2026	FY 2025	Change
Total Member Cost Share	**$6,625,082**	**$6,041,992**	**9.7%**
Generic Cost Share	$1,539,006	$1,561,653	-1.5%
Brand Cost Share	$5,086,077	$4,480,339	13.5%
MSB Cost Share	$28,929	$27,358	5.7%
Total Copay	$6,625,082	$6,041,992	9.7%
Total Deductible	$0	$0	NA
Avg Copay per Claim (Member Cost Share/ARx)	**$21.71**	**$22.81**	**-4.8%**
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	$5.84	$6.87	-14.9%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	$121.75	$119.32	2.0%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	$43.50	$35.35	23.1%
Copay % of Total Prescription Cost (Member Cost Share %)	**13.0%**	**14.9%**	**-1.9**

Plan Cost Summary	FY 2026	FY 2025	Change
Total Plan Cost (Plan Cost)	**$44,490,759**	**$34,510,694**	**28.9%**
Generic Plan Cost	$3,579,388	$2,837,787	26.1%
Brand Plan Cost	$40,911,372	$31,672,907	29.2%
MSB Plan Cost	$439,250	$311,536	41.0%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	$22,817,047	$19,192,887	18.9%
Total Specialty Drug Cost (Specialty Plan Cost)	$21,673,713	$15,317,807	41.5%
Avg Plan Cost per Claim (Plan Cost/ARx)	$145.77	$130.28	11.9%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	$13.59	$12.48	8.9%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	$979.35	$843.53	16.1%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	$660.53	$402.50	64.1%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	$75.89	$73.38	3.4%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	$4,771.84	$4,573.85	4.3%
Plan Cost PMPM	**$193.01**	**$165.02**	**17.0%**
Non-Specialty Plan Cost PMPM	$98.99	$91.77	7.9%
Specialty Plan Cost PMPM	$94.03	$73.24	28.4%
Specialty % of Plan Cost	48.7%	44.4%	4.3
Net Plan Cost PMPM (factoring Rebates)	**$127.65**	**$103.77**	**23.0%**
Non-Specialty Plan Cost PMPM	$58.60	$53.77	9.0%
Specialty Plan Cost PMPM	$69.04	$50.01	38.1%

Express Scripts
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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO, CDHP, & PPO PLAN

+ Q3 FY26

Membership Summary	Total	EPO	CDHP	PPO
Member Count (Membership)	52,503	4,486	22,407	25,612
Utilizing Member Count (Patients)	37,513	3,625	14,990	18,956
Percent Utilizing (Utilization)	71.4%	80.8%	66.9%	74.0%

Claim Summary	Total	EPO	CDHP	PPO
Net Claims (Total Rx's)	631,612	81,599	244,808	305,205
Claims per Elig Member per Month (Claims PMPM)	1.34	2.02	1.21	1.32
Total Claims for Generic (Generic Rx)	548,537	70,030	215,076	263,431
Total Claims for Brand (Brand Rx)	83,075	11,569	29,732	41,774
Total Claims for Multisource Brand Claims (MSB Rx)	1,176	184	327	665
Total Non-Specialty Claims	622,097	80,226	241,208	300,663
Total Specialty Claims	9,515	1,373	3,600	4,542
Generic % of Total Claims (GFR)	**86.8%**	**85.8%**	**87.9%**	**86.3%**
Generic Effective Rate (GCR)	99.8%	99.7%	99.8%	99.7%
Mail Order Claims	147,367	21,222	57,380	68,765
Mail Penetration Rate*	26.3%	28.6%	26.4%	25.5%

Claims Cost Summary	Total	EPO	CDHP	PPO
Total Prescription Cost (Total Gross Cost)	**$102,935,809**	**$14,396,498**	**$37,423,470**	**$51,115,842**
Total Generic Gross Cost	$9,332,528	$1,296,471	$2,917,664	$5,118,393
Total Brand Gross Cost	$93,603,281	$13,100,027	$34,505,806	$45,997,448
Total MSB Gross Cost	$963,368	$197,389	$297,800	$468,179
Total Ingredient Cost	$100,164,624	$14,027,408	$36,325,101	$49,812,114
Total Dispensing Fee	$1,455,541	$366,028	$1,089,513	$1,291,812
Total Other (e.g. tax)	$23,833	$3,062	$8,855	$11,916
Avg Total Cost per Claim (Gross Cost/Rx)	**$162.97**	**$176.43**	**$152.87**	**$167.48**
Avg Total Cost for Generic (Generic Gross Cost/Generic Rx)	$17.01	$18.51	$13.57	$19.43
Avg Total Cost for Brand (Brand Gross Cost/Brand Rx)	$1,126.73	$1,132.34	$1,160.56	$1,101.10
Avg Total Cost for MSB (MSB Gross Cost/MSB Rx)	$819.19	$1,072.77	$910.70	$704.03

Express Scripts
By EVERNORTH

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO, CDHP, & PPO PLAN
+ Q3 FY26

Member Cost Summary	Total	EPO	CDHP	PPO
Total Member Cost Share	**$16,296,338**	**$1,888,422**	**$7,782,834**	**$6,625,082**
Generic Cost Share	$3,289,930	$421,705	$1,329,220	$1,539,006
Brand Cost Share	$13,006,408	$1,466,717	$6,453,614	$5,086,077
MSB Cost Share	$133,397	$25,430	$79,038	$28,929
Total Copay	$14,743,196	$1,884,779	$6,233,335	$6,625,082
Total Deductible	$1,553,142	$3,643	$1,549,499	$0
Avg Copay per Claim (Member Cost Share/Rx)	**$25.80**	**$23.14**	**$31.79**	**$21.71**
Avg Copay for Generic (Generic Member Cost Share/Generic Rx)	$6.00	$6.02	$6.18	$5.84
Avg Copay for Brand (Brand Member Cost Share/Brand Rx)	$156.56	$126.78	$217.06	$121.75
Avg Copay for MSB (MSB Member Cost Share/MSB Rx)	$113.43	$138.21	$241.71	$43.50
Copay % of Total Prescription Cost (Member Cost Share %)	**15.8%**	**13.1%**	**20.8%**	**13.0%**

Plan Cost Summary	Total	EPO	CDHP	PPO
Total Plan Cost (Plan Cost)	**$86,639,471**	**$12,508,076**	**$29,640,636**	**$44,490,759**
Generic Plan Cost	$6,042,598	$874,766	$1,588,444	$3,579,388
Brand Plan Cost	$80,596,873	$11,633,310	$28,052,192	$40,911,372
MSB Plan Cost	$829,971	$171,959	$218,762	$439,250
Total Non-Specialty Cost (Non-Specialty Plan Cost)	$39,710,230	$6,153,521	$10,739,662	$22,817,047
Total Specialty Drug Cost (Specialty Plan Cost)	$46,929,241	$6,354,555	$18,900,974	$21,673,713
Avg Plan Cost per Claim (Plan Cost/Rx)	$137.17	$153.29	$121.08	$145.77
Avg Plan Cost for Generic (Generic Plan Cost/Generic Rx)	$11.02	$12.49	$7.39	$13.59
Avg Plan Cost for Brand (Brand Plan Cost/Brand Rx)	$970.17	$1,005.56	$943.50	$979.35
Avg Plan Cost for MSB (MSB Plan Cost/MSB Rx)	$705.76	$934.56	$669.00	$660.53
Avg Non-Specialty Plan Cost per Claim (Plan Cost/Rx)	$63.83	$76.70	$44.52	$75.89
Avg Specialty Plan Cost per Claim (Plan Cost/Rx)	$4,932.13	$4,628.23	$5,250.27	$4,771.84
Plan Cost PMPM	**$183.35**	**$309.81**	**$146.98**	**$193.01**
Non-Specialty Plan Cost PMPM	$84.04	$152.41	$53.26	$98.99
Specialty Plan Cost PMPM	$99.32	$157.39	$93.73	$94.03
Specialty % of Plan Cost	54.2%	50.8%	63.8%	48.7%
Net Plan Cost PMPM (factoring Rebates)	**$121.32**	**$200.47**	**$98.22**	**$127.65**
Non-Specialty Net Plan Cost PMPM	$47.41	$84.42	$27.19	$58.60
Specialty Net Plan Cost PMPM	$73.91	$116.06	$71.03	$69.04

Express Scripts
By EVERNORTH
Confidential Information

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN
+ Q3 FY26

State of Nevada PEBP FY2026 Q3				
Description	Grand Total	EPO	CDHP	PPO
Avg Members per Month	52,503	4,486	22,407	25,612
Pct Members Utilizing Benefit	71.4%	80.8%	66.9%	74.0%
Total Plan Cost	$ 86,639,471	$ 12,508,076	$ 29,640,636	$ 44,490,759
Total Days	16,652,283	2,208,325	6,456,451	7,987,507
Total Adjusted Rxs	631,612	81,599	244,808	305,205
Plan Cost PMPM	$ 183.35	$ 309.81	$ 146.98	$ 193.01
Plan Cost Net PMPM	$ 121.32	$ 200.47	$ 98.22	$ 127.65
Plan Cost/Day	$ 5.20	$ 5.66	$ 4.59	$ 5.57
Plan Cost per Adjusted Rx	$ 137.17	$ 153.29	$ 121.08	$ 145.77
Nbr Rxs PMPM	1.34	2.02	1.21	1.32
Generic Fill Rate	86.8%	85.8%	87.9%	86.3%
Home Delivery Utilization	26.3%	28.6%	26.4%	25.5%
Member Cost %	15.8%	13.1%	20.8%	13.0%
Specialty Percent of Plan Cost	54.2%	50.8%	63.8%	48.7%
Specialty Plan Cost PMPM	$ 99.32	$ 157.39	$ 93.73	$ 94.03
Formulary Compliance Rate	99.5%	99.4%	99.8%	99.3%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN

+ Q3 FY26

State of Nevada PEBP FY2026 Q3 - Grand Total					
Description	Grand Total	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	52,503	46,696	5,401	16	392
Pct Members Utilizing Benefit	71.4%	70.0%	87.2%	81.3%	92.1%
Total Plan Cost	$ 86,639,471	$ 69,813,342	$ 15,662,952	$ 35,844	$ 1,127,334
Total Days	16,652,283	12,972,363	3,254,250	8,322	417,348
Total Adjusted Rxs	631,612	497,652	118,651	295	15,014
Plan Cost PMPM	$ 183.35	$ 166.12	$ 322.22	$ 248.92	$ 319.54
Plan Cost Net PMPM	$ 121.32	$ 109.47	$ 219.08	$ 132.28	$ 184.24
Plan Cost/Day	$ 5.20	$ 5.38	$ 4.81	$ 4.31	$ 2.70
Plan Cost per Adjusted Rx	$ 137.17	$ 140.29	$ 132.01	$ 121.51	$ 75.09
Nbr Rxs PMPM	1.34	1.18	2.44	2.05	4.26
Generic Fill Rate	86.8%	86.6%	87.7%	79.7%	87.9%
Home Delivery Utilization	26.3%	24.0%	34.2%	69.7%	34.2%
Member Cost %	15.8%	15.8%	15.9%	7.6%	17.0%
Specialty Percent of Plan Cost	54.2%	53.5%	58.9%	0.0%	33.8%
Specialty Plan Cost PMPM	$ 99.32	$ 88.81	$ 189.77	$ -	$ 107.96
Formulary Compliance Rate	99.5%	99.5%	99.7%	100.0%	99.6%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ CDHP PLAN
+ Q3 FY26

State of Nevada PEBP FY2026 Q3 - CDHP					
Description	CDHP	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	22,407	19,114	2,983	9	301
Pct Members Utilizing Benefit	66.9%	64.2%	84.8%	77.8%	92.0%
Total Plan Cost	$ 29,640,636	$ 21,740,077	$ 7,049,681	$ 1,720	$ 849,158
Total Days	6,456,451	4,437,683	1,689,764	680	328,324
Total Adjusted Rxs	244,808	171,474	61,522	27	11,785
Plan Cost PMPM	$ 146.98	$ 126.38	$ 262.59	$ 21.24	$ 313.46
Plan Cost Net PMPM	$ 98.22	$ 84.34	$ 180.82	$ 12.42	$ 163.94
Plan Cost/Day	$ 4.59	$ 4.90	$ 4.17	$ 2.53	$ 2.59
Plan Cost per Adjusted Rx	$ 121.08	$ 126.78	$ 114.59	$ -	$ 72.05
Nbr Rxs PMPM	1.21	1.00	2.29	0.33	4.35
Generic Fill Rate	87.9%	87.5%	88.9%	66.7%	87.6%
Home Delivery Utilization	26.4%	23.0%	34.0%	0.0%	33.3%
Member Cost %	20.8%	21.4%	19.1%	15.8%	19.5%
Specialty Percent of Plan Cost	63.8%	64.1%	65.9%	0.0%	37.3%
Specialty Plan Cost PMPM	$ 93.73	$ 81.02	$ 173.06	$ -	$ 116.96
Formulary Compliance Rate	99.8%	99.7%	99.8%	100.0%	99.6%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN
+ Q3 FY26

State of Nevada PEBP FY2026 Q3 - EPO					
Description	EPO	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	4,486	3,796	629	3	58
Pct Members Utilizing Benefit	80.8%	79.2%	94.1%	66.7%	89.7%
Total Plan Cost	$ 12,508,076	$ 8,958,718	$ 3,411,776	$ 15,077	$ 122,506
Total Days	2,208,325	1,655,998	498,884	2,967	50,476
Total Adjusted Rxs	81,599	61,664	18,014	104	1,817
Plan Cost PMPM	$ 309.81	$ 262.23	$ 602.68	$ 558.39	$ 234.69
Plan Cost Net PMPM	$ 200.47	$ 161.95	$ 436.04	$ 196.02	$ 167.12
Plan Cost/Day	$ 5.66	$ 5.41	$ 6.84	$ 5.08	$ 2.43
Plan Cost per Adjusted Rx	$ 153.29	$ 145.28	$ 189.40	$ 144.97	$ 67.42
Nbr Rxs PMPM	2.02	1.80	3.18	3.85	4.26
Generic Fill Rate	85.8%	85.6%	86.2%	81.7%	90.9%
Home Delivery Utilization	28.6%	26.9%	33.3%	63.5%	34.6%
Member Cost %	13.1%	13.0%	13.4%	5.6%	10.6%
Specialty Percent of Plan Cost	50.8%	47.1%	61.3%	0.0%	37.6%
Specialty Plan Cost PMPM	$ 157.39	$ 123.46	$ 369.31	$ -	$ 88.15
Formulary Compliance Rate	99.4%	99.4%	99.6%	100.0%	99.3%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ PPO PLAN
+ Q3 FY26

State of Nevada PEBP FY2026 Q3 - PPO					
Description	PPO	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	25,612	23,786	1,789	5	32
Pct Members Utilizing Benefit	74.0%	73.3%	89.0%	80.0%	100.0%
Total Plan Cost	$ 44,490,759	$ 39,114,547	$ 5,201,495	$ 19,047	$ 155,669
Total Days	7,987,507	6,878,682	1,065,602	4,675	38,548
Total Adjusted Rxs	305,205	264,514	39,115	164	1,412
Plan Cost PMPM	$ 193.01	$ 182.72	$ 323.05	$ 423.28	$ 540.52
Plan Cost Net PMPM	$ 127.65	$ 121.29	$ 206.60	$ 283.31	$ 411.94
Plan Cost/Day	$ 5.57	$ 5.69	$ 4.88	$ 4.07	$ 4.04
Plan Cost per Adjusted Rx	$ 145.77	$ 147.87	$ 132.98	$ 116.14	$ 110.25
Nbr Rxs PMPM	1.32	1.24	2.43	3.64	4.90
Generic Fill Rate	86.3%	86.3%	86.5%	80.5%	86.8%
Home Delivery Utilization	25.5%	24.0%	35.0%	83.7%	41.1%
Member Cost %	13.0%	13.0%	12.9%	8.4%	6.4%
Specialty Percent of Plan Cost	48.7%	49.0%	47.8%	0.0%	11.6%
Specialty Plan Cost PMPM	$ 94.03	$ 89.54	$ 154.49	$ -	$ 62.56
Formulary Compliance Rate	99.3%	99.3%	99.5%	100.0%	99.9%