

Nevada PEBP FY26 Q1 Report

7/1/2025 – 9/30/2025

Report Includes:

- CDHP Comparison Data from FY26 Q1 to FY25 Q1
- EPO Comparison Data from FY26 Q1 to FY25 Q1
- PPO Comparison Data from FY26 Q1 to FY25 Q1
- CDHP, EPO, PPO Breakout Data from FY26 Q1
- Summary Comparison Data from FY26 Q1
- Key Metric Breakout Data from FY26 Q1

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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11/26/2025

Express Scripts

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN

+ FY26 Q1 vs FY25 Q1

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Membership Summary	FY 2026	FY 2025	Change
Member Count (Membership)	52,495	50,758	3.4%
Utilizing Member Count (Patients)	27,462	26,482	3.7%
Percent Utilizing (Utilization)	52.3%	52.2%	0.1

Claim Summary	FY 2026	FY 2025	Change
Net Claims (Total Adjusted Rx's)	206,341	197,546	4.5%
Claims per Elig Member per Month (Claims PMPM)	1.31	1.30	1.0%
Total Claims for Generic (Generic ARx)	178,490	170,121	4.9%
Total Claims for Brand (Brand ARx)	27,851	27,425	1.6%
Total Claims for Multisource Brand Claims (MSB ARx)	416	508	-18.1%
Total Non-Specialty Claims	203,293	195,083	4.2%
Total Specialty Claims	3,048	2,463	23.8%
Generic % of Total Claims (GFR)	86.5%	86.1%	0.4
Generic Effective Rate (GCR)	99.8%	99.7%	0.1
Mail Order Claims	50,543	53,090	-4.8%
Mail Penetration Rate*	27.4%	30.4%	-2.9

Claims Cost Summary	FY 2026	FY 2025	Change
Total Prescription Cost (Total Gross Cost)	\$32,554,400	\$29,847,820	9.1%
Total Generic Gross Cost	\$3,220,498	\$2,953,195	9.1%
Total Brand Gross Cost	\$29,333,902	\$26,894,625	9.1%
Total MSB Gross Cost	\$334,686	\$385,621	-13.2%
Total Ingredient Cost	\$31,635,607	\$28,968,859	9.2%
Total Dispensing Fee	\$910,530	\$859,624	5.9%
Total Other (e.g. tax)	\$8,263	\$19,337	-57.3%
Avg Total Cost per Claim (Gross Cost/ARx)	\$157.77	\$151.09	4.4%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$18.04	\$17.36	3.9%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$1,053.24	\$980.66	7.4%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$804.53	\$759.10	6.0%

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+ TOTAL PLAN

+ FY26 Q1 vs FY25 Q1

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Member Cost Summary	FY 2026	FY 2025	Change
Total Member Cost Share	\$5,642,093	\$5,537,410	1.9%
Generic Cost Share	\$1,279,022	\$1,313,160	-2.6%
Brand Cost Share	\$4,363,071	\$4,224,250	3.3%
MSB Cost Share	\$45,717	\$60,538	-24.5%
Total Copay	\$4,684,808	\$4,527,652	3.5%
Total Deductible	\$957,285	\$1,009,758	-5.2%
Avg Copay per Claim (Member Cost Share/ARx)	\$27.34	\$28.03	-2.5%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$7.17	\$7.72	-7.2%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$156.66	\$154.03	1.7%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$109.90	\$119.17	-7.8%
Copay % of Total Prescription Cost (Member Cost Share %)	17.3%	18.6%	-1.2
Plan Cost Summary	FY 2026	FY 2025	Change
Total Plan Cost (Plan Cost)	\$26,912,307	\$24,310,410	10.7%
Generic Plan Cost	\$1,941,476	\$1,640,035	18.4%
Brand Plan Cost	\$24,970,831	\$22,670,375	10.1%
MSB Plan Cost	\$288,969	\$325,083	-11.1%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$12,493,908	\$11,733,597	6.5%
Total Specialty Drug Cost (Specialty Plan Cost)	\$14,418,399	\$12,576,813	14.6%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$130.43	\$123.06	6.0%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$10.88	\$9.64	12.8%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$896.59	\$826.63	8.5%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$694.64	\$639.93	8.5%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$61.46	\$60.15	2.2%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$4,730.45	\$5,106.30	-7.4%
Plan Cost PMPM	\$170.89	\$159.65	7.0%
Non-Specialty Plan Cost PMPM	\$79.33	\$77.06	3.0%
Specialty Plan Cost PMPM	\$91.55	\$82.59	10.8%
Specialty % of Plan Cost	53.6%	51.7%	1.8
Net Plan Cost PMPM (factoring Rebates)	\$109.35	\$99.31	10.1%
Non-Specialty Plan Cost PMPM	\$42.37	\$42.89	-1.2%
Specialty Plan Cost PMPM	\$66.99	\$56.42	18.7%

STATE OF NEVADA PEBP:

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+ CDHP PLAN

+ FY26 Q1 vs FY25 Q1

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Membership Summary	FY 2026	FY 2025	Change
Member Count (Membership)	22,492	22,775	-1.2%
Utilizing Member Count (Patients)	10,916	11,143	-2.0%
Percent Utilizing (Utilization)	48.5%	48.9%	-0.4

Claim Summary	FY 2026	FY 2025	Change
Net Claims (Total Adjusted Rx's)	80,629	82,374	-2.1%
Claims per Elig Member per Month (Claims PMPM)	1.19	1.21	-0.9%
Total Claims for Generic (Generic ARx)	70,750	71,884	-1.6%
Total Claims for Brand (Brand ARx)	9,879	10,490	-5.8%
Total Claims for Multisource Brand Claims (MSB ARx)	101	146	-30.8%
Total Non-Specialty Claims	79,477	81,348	-2.3%
Total Specialty Claims	1,152	1,026	12.3%
Generic % of Total Claims (GFR)	87.7%	87.3%	0.5
Generic Effective Rate (GCR)	99.9%	99.8%	0.1
Mail Order Claims	19,456	21,456	-9.3%
Mail Penetration Rate*	27.1%	29.5%	-2.4

Claims Cost Summary	FY 2026	FY 2025	Change
Total Prescription Cost (Total Gross Cost)	\$11,963,244	\$11,202,260	6.8%
Total Generic Gross Cost	\$962,619	\$1,088,293	-11.5%
Total Brand Gross Cost	\$11,000,625	\$10,113,967	8.8%
Total MSB Gross Cost	\$93,899	\$108,548	-13.5%
Total Ingredient Cost	\$11,598,148	\$10,830,881	7.1%
Total Dispensing Fee	\$361,736	\$364,641	-0.8%
Total Other (e.g. tax)	\$3,359	\$6,738	-50.1%
Avg Total Cost per Claim (Gross Cost/ARx)	\$148.37	\$135.99	9.1%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$13.61	\$15.14	-10.1%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$1,113.54	\$964.15	15.5%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$929.69	\$743.48	25.0%

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+ CDHP PLAN

+ FY26 Q1 vs FY25 Q1

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Member Cost Summary	FY 2026	FY 2025	Change
Total Member Cost Share	\$2,944,304	\$2,857,318	3.0%
Generic Cost Share	\$572,159	\$618,521	-7.5%
Brand Cost Share	\$2,372,145	\$2,238,798	6.0%
MSB Cost Share	\$30,817	\$42,835	-28.1%
Total Copay	\$1,990,142	\$1,850,460	7.5%
Total Deductible	\$954,162	\$1,006,858	-5.2%
Avg Copay per Claim (Member Cost Share/ARx)	\$36.52	\$34.69	5.3%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$8.09	\$8.60	-6.0%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$240.12	\$213.42	12.5%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$305.11	\$293.39	4.0%
Copay % of Total Prescription Cost (Member Cost Share %)	24.6%	25.5%	-0.9
Plan Cost Summary	FY 2026	FY 2025	Change
Total Plan Cost (Plan Cost)	\$9,018,940	\$8,344,942	8.1%
Generic Plan Cost	\$390,460	\$469,773	-16.9%
Brand Plan Cost	\$8,628,480	\$7,875,169	9.6%
MSB Plan Cost	\$63,082	\$65,712	-4.0%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$3,151,923	\$3,238,705	-2.7%
Total Specialty Drug Cost (Specialty Plan Cost)	\$5,867,017	\$5,106,237	14.9%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$111.86	\$101.31	10.4%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$5.52	\$6.54	-15.6%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$873.42	\$750.73	16.3%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$624.57	\$450.08	38.8%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$39.66	\$39.81	-0.4%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$5,092.90	\$4,976.84	2.3%
Plan Cost PMPM	\$133.66	\$122.14	9.4%
Non-Specialty Plan Cost PMPM	\$46.71	\$47.40	-1.5%
Specialty Plan Cost PMPM	\$86.95	\$74.73	16.3%
Specialty % of Plan Cost	65.1%	61.2%	3.9
Net Plan Cost PMPM (factoring Rebates)	\$85.44	\$72.75	17.4%
Non-Specialty Plan Cost PMPM	\$20.99	\$22.44	-6.5%
Specialty Plan Cost PMPM	\$64.45	\$50.31	28.1%

STATE OF NEVADA PEBP:

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+ EPO PLAN

+ FY26 Q1 vs FY25 Q1

Express Scripts

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Membership Summary	FY 2026	FY 2025	Change
Member Count (Membership)	4,577	5,275	-13.2%
Utilizing Member Count (Patients)	2,919	3,312	-11.9%
Percent Utilizing (Utilization)	63.8%	62.8%	1.0

Claim Summary	FY 2026	FY 2025	Change
Net Claims (Total Adjusted Rx's)	27,641	29,969	-7.8%
Claims per Elig Member per Month (Claims PMPM)	2.01	1.89	6.3%
Total Claims for Generic (Generic ARx)	23,651	25,592	-7.6%
Total Claims for Brand (Brand ARx)	3,990	4,377	-8.8%
Total Claims for Multisource Brand Claims (MSB ARx)	59	106	-44.3%
Total Non-Specialty Claims	27,217	29,514	-7.8%
Total Specialty Claims	424	455	-6.8%
Generic % of Total Claims (GFR)	85.6%	85.4%	0.2
Generic Effective Rate (GCR)	99.8%	99.6%	0.2
Mail Order Claims	7,558	8,645	-12.6%
Mail Penetration Rate*	29.9%	31.7%	-1.8

Claims Cost Summary	FY 2026	FY 2025	Change
Total Prescription Cost (Total Gross Cost)	\$4,661,307	\$5,429,509	-14.1%
Total Generic Gross Cost	\$462,770	\$466,079	-0.7%
Total Brand Gross Cost	\$4,198,537	\$4,963,429	-15.4%
Total MSB Gross Cost	\$48,069	\$158,869	-69.7%
Total Ingredient Cost	\$4,539,093	\$5,292,343	-14.2%
Total Dispensing Fee	\$121,440	\$133,951	-9.3%
Total Other (e.g. tax)	\$774	\$3,215	-75.9%
Avg Total Cost per Claim (Gross Cost/ARx)	\$168.64	\$181.17	-6.9%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$19.57	\$18.21	7.4%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$1,052.26	\$1,133.98	-7.2%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$814.73	\$1,498.76	-45.6%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN

+ FY26 Q1 vs FY25 Q1

Express Scripts

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Member Cost Summary	FY 2026	FY 2025	Change
Total Member Cost Share	\$543,310	\$753,467	-27.9%
Generic Cost Share	\$156,826	\$179,817	-12.8%
Brand Cost Share	\$386,484	\$573,650	-32.6%
MSB Cost Share	\$7,514	\$7,866	-4.5%
Total Copay	\$540,187	\$750,567	-28.0%
Total Deductible	\$3,123	\$2,900	7.7%
Avg Copay per Claim (Member Cost Share/ARx)	\$19.66	\$25.14	-21.8%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$6.63	\$7.03	-5.6%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$96.86	\$131.06	-26.1%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$127.36	\$74.21	71.6%
Copay % of Total Prescription Cost (Member Cost Share %)	11.7%	13.9%	-2.2
Plan Cost Summary	FY 2026	FY 2025	Change
Total Plan Cost (Plan Cost)	\$4,117,997	\$4,676,042	-11.9%
Generic Plan Cost	\$305,945	\$286,262	6.9%
Brand Plan Cost	\$3,812,053	\$4,389,780	-13.2%
MSB Plan Cost	\$40,555	\$151,003	-73.1%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$2,066,417	\$2,171,593	-4.8%
Total Specialty Drug Cost (Specialty Plan Cost)	\$2,051,580	\$2,504,449	-18.1%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$148.98	\$156.03	-4.5%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$12.94	\$11.19	15.6%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$955.40	\$1,002.92	-4.7%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$687.38	\$1,424.56	-51.7%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$75.92	\$73.58	3.2%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$4,838.63	\$5,504.28	-12.1%
Plan Cost PMPM	\$299.91	\$295.48	1.5%
Non-Specialty Plan Cost PMPM	\$150.49	\$137.23	9.7%
Specialty Plan Cost PMPM	\$149.41	\$158.26	-5.6%
Specialty % of Plan Cost	49.8%	53.6%	-3.7
Net Plan Cost PMPM (factoring Rebates)	\$191.18	\$188.70	1.3%
Non-Specialty Plan Cost PMPM	\$79.10	\$77.61	1.9%
Specialty Plan Cost PMPM	\$112.08	\$111.09	0.9%

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PRESCRIPTION DRUG UTILIZATION

+ PPO PLAN

+ FY26 Q1 vs FY25 Q1

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Membership Summary	FY 2026	FY 2025	Change
Member Count (Membership)	25,428	22,712	12.0%
Utilizing Member Count (Patients)	13,641	12,046	13.2%
Percent Utilizing (Utilization)	53.6%	53.0%	0.6

Claim Summary	FY 2026	FY 2025	Change
Net Claims (Total Adjusted Rx's)	98,071	85,203	15.1%
Claims per Elig Member per Month (Claims PMPM)	1.29	1.25	2.8%
Total Claims for Generic (Generic ARx)	84,089	72,645	15.8%
Total Claims for Brand (Brand ARx)	13,982	12,558	11.3%
Total Claims for Multisource Brand Claims (MSB ARx)	256	256	0.0%
Total Non-Specialty Claims	96,599	84,221	14.7%
Total Specialty Claims	1,472	982	49.9%
Generic % of Total Claims (GFR)	85.7%	85.3%	0.5
Generic Effective Rate (GCR)	99.7%	99.6%	0.0
Mail Order Claims	23,529	22,989	2.3%
Mail Penetration Rate*	27.0%	30.8%	-3.8

Claims Cost Summary	FY 2026	FY 2025	Change
Total Prescription Cost (Total Gross Cost)	\$15,929,850	\$13,216,051	20.5%
Total Generic Gross Cost	\$1,795,109	\$1,398,822	28.3%
Total Brand Gross Cost	\$14,134,741	\$11,817,229	19.6%
Total MSB Gross Cost	\$192,718	\$118,204	63.0%
Total Ingredient Cost	\$15,498,366	\$12,845,635	20.7%
Total Dispensing Fee	\$427,354	\$361,032	18.4%
Total Other (e.g. tax)	\$4,130	\$9,384	-56.0%
Avg Total Cost per Claim (Gross Cost/ARx)	\$162.43	\$155.11	4.7%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$21.35	\$19.26	10.9%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$1,010.92	\$941.01	7.4%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$752.80	\$461.73	63.0%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ PPO PLAN

+ FY26 Q1 vs FY25 Q1

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Member Cost Summary	FY 2026	FY 2025	Change
Total Member Cost Share	\$2,154,479	\$1,926,625	11.8%
Generic Cost Share	\$550,037	\$514,823	6.8%
Brand Cost Share	\$1,604,442	\$1,411,803	13.6%
MSB Cost Share	\$7,386	\$9,836	-24.9%
Total Copay	\$2,154,479	\$1,926,625	11.8%
Total Deductible	\$0	\$0	NA
Avg Copay per Claim (Member Cost Share/ARx)	\$21.97	\$22.61	-2.8%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$6.54	\$7.09	-7.7%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$114.75	\$112.42	2.1%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$28.85	\$38.42	-24.9%
Copay % of Total Prescription Cost (Member Cost Share %)	13.5%	14.6%	-1.1
Plan Cost Summary	FY 2026	FY 2025	Change
Total Plan Cost (Plan Cost)	\$13,775,370	\$11,289,425	22.0%
Generic Plan Cost	\$1,245,072	\$883,999	40.8%
Brand Plan Cost	\$12,530,299	\$10,405,426	20.4%
MSB Plan Cost	\$185,332	\$108,368	71.0%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$7,275,568	\$6,323,298	15.1%
Total Specialty Drug Cost (Specialty Plan Cost)	\$6,499,802	\$4,966,127	30.9%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$140.46	\$132.50	6.0%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$14.81	\$12.17	21.7%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$896.17	\$828.59	8.2%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$723.95	\$423.31	71.0%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$75.32	\$75.08	0.3%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$4,415.63	\$5,057.16	-12.7%
Plan Cost PMPM	\$180.58	\$165.69	9.0%
Non-Specialty Plan Cost PMPM	\$95.37	\$92.80	2.8%
Specialty Plan Cost PMPM	\$85.21	\$72.89	16.9%
Specialty % of Plan Cost	47.2%	44.0%	3.2
Net Plan Cost PMPM (factoring Rebates)	\$115.77	\$105.15	10.1%
Non-Specialty Plan Cost PMPM	\$54.66	\$55.33	-1.2%
Specialty Plan Cost PMPM	\$61.11	\$49.82	22.7%

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PRESCRIPTION DRUG UTILIZATION

+ EPO, CDHP, & PPO PLAN
+ FY26 Q1

Membership Summary	Total	EPO	CDHP	PPO
Member Count (Membership)	52,495	4,577	22,492	25,428
Utilizing Member Count (Patients)	27,462	2,919	10,916	13,641
Percent Utilizing (Utilization)	52.3%	63.8%	48.5%	53.6%

Claim Summary	Total	EPO	CDHP	PPO
Net Claims (Total Rx's)	206,341	27,641	80,629	98,071
Claims per Elig Member per Month (Claims PMPM)	1.31	2.01	1.19	1.29
Total Claims for Generic (Generic Rx)	178,490	23,651	70,750	84,089
Total Claims for Brand (Brand Rx)	27,851	3,990	9,879	13,982
Total Claims for Multisource Brand Claims (MSB Rx)	416	59	101	256
Total Non-Specialty Claims	203,293	27,217	79,477	96,599
Total Specialty Claims	3,048	424	1,152	1,472
Generic % of Total Claims (GFR)	86.5%	85.6%	87.7%	85.7%
Generic Effective Rate (GCR)	99.8%	99.8%	99.9%	99.7%
Mail Order Claims	50,543	7,558	19,456	23,529
Mail Penetration Rate*	27.4%	29.9%	27.1%	27.0%

Claims Cost Summary	Total	EPO	CDHP	PPO
Total Prescription Cost (Total Gross Cost)	\$32,554,400	\$4,661,307	\$11,963,244	\$15,929,850
Total Generic Gross Cost	\$3,220,498	\$462,770	\$962,619	\$1,795,109
Total Brand Gross Cost	\$29,333,902	\$4,198,537	\$11,000,625	\$14,134,741
Total MSB Gross Cost	\$334,686	\$48,069	\$93,899	\$192,718
Total Ingredient Cost	\$31,635,607	\$4,539,093	\$11,598,148	\$15,498,366
Total Dispensing Fee	\$483,176	\$121,440	\$361,736	\$427,354
Total Other (e.g. tax)	\$8,263	\$774	\$3,359	\$4,130
Avg Total Cost per Claim (Gross Cost/Rx)	\$157.77	\$168.64	\$148.37	\$162.43
Avg Total Cost for Generic (Generic Gross Cost/Generic Rx)	\$18.04	\$19.57	\$13.61	\$21.35
Avg Total Cost for Brand (Brand Gross Cost/Brand Rx)	\$1,053.24	\$1,052.26	\$1,113.54	\$1,010.92
Avg Total Cost for MSB (MSB Gross Cost/MSB Rx)	\$804.53	\$814.73	\$929.69	\$752.80

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PRESCRIPTION DRUG UTILIZATION

+ EPO, CDHP, & PPO PLAN
+ FY26 Q1

Member Cost Summary	Total	EPO	CDHP	PPO
Total Member Cost Share	\$5,642,093	\$543,310	\$2,944,304	\$2,154,479
Generic Cost Share	\$1,279,022	\$156,826	\$572,159	\$550,037
Brand Cost Share	\$4,363,071	\$386,484	\$2,372,145	\$1,604,442
MSB Cost Share	\$45,717	\$7,514	\$30,817	\$7,386
Total Copay	\$4,684,808	\$540,187	\$1,990,142	\$2,154,479
Total Deductible	\$957,285	\$3,123	\$954,162	\$0
Avg Copay per Claim (Member Cost Share/Rx)	\$27.34	\$19.66	\$36.52	\$21.97
Avg Copay for Generic (Generic Member Cost Share/Generic Rx)	\$7.17	\$6.63	\$8.09	\$6.54
Avg Copay for Brand (Brand Member Cost Share/Brand Rx)	\$156.66	\$96.86	\$240.12	\$114.75
Avg Copay for MSB (MSB Member Cost Share/MSB Rx)	\$109.90	\$127.36	\$305.11	\$28.85
Copay % of Total Prescription Cost (Member Cost Share %)	17.3%	11.7%	24.6%	13.5%

Plan Cost Summary	Total	EPO	CDHP	PPO
Total Plan Cost (Plan Cost)	\$26,912,307	\$4,117,997	\$9,018,940	\$13,775,370
Generic Plan Cost	\$1,941,476	\$305,945	\$390,460	\$1,245,072
Brand Plan Cost	\$24,970,831	\$3,812,053	\$8,628,480	\$12,530,299
MSB Plan Cost	\$288,969	\$40,555	\$63,082	\$185,332
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$12,493,908	\$2,066,417	\$3,151,923	\$7,275,568
Total Specialty Drug Cost (Specialty Plan Cost)	\$14,418,399	\$2,051,580	\$5,867,017	\$6,499,802
Avg Plan Cost per Claim (Plan Cost/Rx)	\$130.43	\$148.98	\$111.86	\$140.46
Avg Plan Cost for Generic (Generic Plan Cost/Generic Rx)	\$10.88	\$12.94	\$5.52	\$14.81
Avg Plan Cost for Brand (Brand Plan Cost/Brand Rx)	\$896.59	\$955.40	\$873.42	\$896.17
Avg Plan Cost for MSB (MSB Plan Cost/MSB Rx)	\$694.64	\$687.38	\$624.57	\$723.95
Avg Non-Specialty Plan Cost per Claim (Plan Cost/Rx)	\$61.46	\$75.92	\$39.66	\$75.32
Avg Specialty Plan Cost per Claim (Plan Cost/Rx)	\$4,730.45	\$4,838.63	\$5,092.90	\$4,415.63
Plan Cost PMPM	\$170.89	\$299.91	\$133.66	\$180.58
Non-Specialty Plan Cost PMPM	\$79.33	\$150.49	\$46.71	\$95.37
Specialty Plan Cost PMPM	\$91.55	\$149.41	\$86.95	\$85.21
Specialty % of Plan Cost	53.6%	49.8%	65.1%	47.2%
Net Plan Cost PMPM (factoring Rebates)	\$109.35	\$191.18	\$85.44	\$115.77
Non-Specialty Net Plan Cost PMPM	\$42.37	\$79.10	\$20.99	\$54.66
Specialty Net Plan Cost PMPM	\$66.99	\$112.08	\$64.45	\$61.11

Express Scripts

By EVERNORTH
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STATE OF NEVADA PEBP:

PRESCRIPTION
DRUG UTILIZATION
+ TOTAL PLAN
+ FY26 Q1

State of Nevada PEBP				
FY2026 Q1				
Description	Grand Total	EPO	CDHP	PPO
Avg Members per Month	52,495	4,577	22,492	25,428
Pct Members Utilizing Benefit	52.3%	63.8%	48.5%	53.6%
Total Plan Cost	\$ 26,912,307	\$ 4,117,997	\$ 9,018,940	\$ 13,775,370
Total Days	5,468,178	750,917	2,133,832	2,583,429
Total Adjusted Rxs	206,341	27,641	80,629	98,071
Plan Cost PMPM	\$ 170.89	\$ 299.91	\$ 133.66	\$ 180.58
Plan Cost Net PMPM	\$ 109.35	\$ 191.18	\$ 85.44	\$ 115.77
Plan Cost/Day	\$ 4.92	\$ 5.48	\$ 4.23	\$ 5.33
Plan Cost per Adjusted Rx	\$ 130.43	\$ 148.98	\$ 111.86	\$ 140.46
Nbr Rxs PMPM	1.31	2.01	1.19	1.29
Generic Fill Rate	86.5%	85.6%	87.7%	85.7%
Home Delivery Utilization	27.4%	29.9%	27.1%	27.0%
Member Cost %	17.3%	11.7%	24.6%	13.5%
Specialty Percent of Plan Cost	53.6%	49.8%	65.1%	47.2%
Specialty Plan Cost PMPM	\$ 91.55	\$ 149.41	\$ 86.95	\$ 85.21
Formulary Compliance Rate	99.5%	99.4%	99.7%	99.3%

STATE OF NEVADA PEBP:

PRESCRIPTION
DRUG UTILIZATION
+ TOTAL PLAN
+ FY26 Q1

State of Nevada PEBP					
FY2026 Q1 - Grand Total					
Description	Grand Total	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	52,495	46,651	5,428	17	402
Pct Members Utilizing Benefit	52.3%	49.9%	71.9%	52.9%	81.8%
Total Plan Cost	\$ 26,912,307	\$ 21,551,559	\$ 5,034,004	\$ 12,423	\$ 314,321
Total Days	5,468,178	4,246,664	1,080,222	3,125	138,167
Total Adjusted Rxs	206,341	161,954	39,282	113	4,992
Plan Cost PMPM	\$ 170.89	\$ 153.99	\$ 309.14	\$ 243.60	\$ 260.63
Plan Cost Net PMPM	\$ 109.35	\$ 98.21	\$ 203.13	\$ 80.59	\$ 136.62
Plan Cost/Day	\$ 4.92	\$ 5.07	\$ 4.66	\$ 3.98	\$ 2.27
Plan Cost per Adjusted Rx	\$ 130.43	\$ 133.07	\$ 128.15	\$ 109.94	\$ 62.96
Nbr Rxs PMPM	1.31	1.16	2.41	2.22	4.14
Generic Fill Rate	86.5%	86.2%	87.6%	81.4%	87.4%
Home Delivery Utilization	27.4%	25.3%	34.9%	75.4%	33.7%
Member Cost %	17.3%	17.0%	18.3%	9.6%	22.7%
Specialty Percent of Plan Cost	53.6%	52.7%	59.3%	0.0%	22.6%
Specialty Plan Cost PMPM	\$ 91.55	\$ 81.19	\$ 183.28	\$ -	\$ 58.88
Formulary Compliance Rate	99.5%	99.5%	99.7%	100.0%	99.5%

STATE OF NEVADA PEBP:

PRESCRIPTION
DRUG UTILIZATION
+ CDHP PLAN
+ FY26 Q1

State of Nevada PEBP					
FY2026 Q1 - CDHP					
Description	CDHP	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	22,492	19,133	3,039	10	311
Pct Members Utilizing Benefit	48.5%	44.8%	69.5%	40.0%	81.7%
Total Plan Cost	\$ 9,018,940	\$ 6,466,820	\$ 2,328,769	\$ 31	\$ 223,320
Total Days	2,133,832	1,455,233	569,339	269	108,991
Total Adjusted Rxs	80,629	56,033	20,663	11	3,922
Plan Cost PMPM	\$ 133.66	\$ 112.66	\$ 255.43	\$ 1.04	\$ 239.36
Plan Cost Net PMPM	\$ 85.44	\$ 71.84	\$ 168.97	\$ 1.04	\$ 108.25
Plan Cost/Day	\$ 4.23	\$ 4.44	\$ 4.09	\$ 0.12	\$ 2.05
Plan Cost per Adjusted Rx	\$ 111.86	\$ 115.41	\$ 112.70	\$ -	\$ 56.94
Nbr Rxs PMPM	1.19	0.98	2.27	0.37	4.20
Generic Fill Rate	87.7%	87.4%	88.8%	100.0%	87.4%
Home Delivery Utilization	27.1%	23.8%	34.6%	0.0%	31.6%
Member Cost %	24.6%	25.1%	23.0%	85.2%	26.8%
Specialty Percent of Plan Cost	65.1%	65.3%	68.2%	0.0%	23.9%
Specialty Plan Cost PMPM	\$ 86.95	\$ 73.62	\$ 174.18	\$ -	\$ 57.18
Formulary Compliance Rate	99.7%	99.7%	99.8%	100.0%	99.5%

STATE OF NEVADA PEBP:

PRESCRIPTION
DRUG UTILIZATION
+ EPO PLAN
+ FY26 Q1

State of Nevada PEBP					
FY2026 Q1 - EPO					
Description	EPO	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	4,577	3,876	641	2	58
Pct Members Utilizing Benefit	63.8%	61.1%	79.7%	50.0%	75.9%
Total Plan Cost	\$ 4,117,997	\$ 2,982,141	\$ 1,092,525	\$ 7,041	\$ 36,289
Total Days	750,917	564,591	170,159	798	15,369
Total Adjusted Rxs	27,641	20,904	6,152	27	558
Plan Cost PMPM	\$ 299.91	\$ 256.46	\$ 568.14	\$ 1,173.56	\$ 208.56
Plan Cost Net PMPM	\$ 191.18	\$ 155.53	\$ 411.56	\$ 365.22	\$ 132.33
Plan Cost/Day	\$ 5.48	\$ 5.28	\$ 6.42	\$ 8.82	\$ 2.36
Plan Cost per Adjusted Rx	\$ 148.98	\$ 142.66	\$ 177.59	\$ 260.79	\$ 65.03
Nbr Rxs PMPM	2.01	1.80	3.20	4.50	4.14
Generic Fill Rate	85.6%	85.3%	86.2%	66.7%	88.4%
Home Delivery Utilization	29.9%	28.4%	33.8%	89.5%	38.4%
Member Cost %	11.7%	11.4%	12.3%	4.6%	12.7%
Specialty Percent of Plan Cost	49.8%	47.4%	57.4%	0.0%	26.4%
Specialty Plan Cost PMPM	\$ 149.41	\$ 121.67	\$ 326.18	\$ -	\$ 54.98
Formulary Compliance Rate	99.4%	99.4%	99.5%	100.0%	99.1%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ PPO PLAN
+ FY26 Q1

State of Nevada PEBP					
FY2026 Q1 - PPO					
Description	PPO	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	25,428	23,642	1,748	5	33
Pct Members Utilizing Benefit	53.6%	52.3%	73.2%	80.0%	93.9%
Total Plan Cost	\$ 13,775,370	\$ 12,102,598	\$ 1,612,709	\$ 5,351	\$ 54,712
Total Days	2,583,429	2,226,840	340,724	2,058	13,807
Total Adjusted Rxs	98,071	85,017	12,467	75	512
Plan Cost PMPM	\$ 180.58	\$ 170.64	\$ 307.53	\$ 356.71	\$ 552.64
Plan Cost Net PMPM	\$ 115.77	\$ 110.16	\$ 186.08	\$ 125.84	\$ 411.57
Plan Cost/Day	\$ 5.33	\$ 5.43	\$ 4.73	\$ 2.60	\$ 3.96
Plan Cost per Adjusted Rx	\$ 140.46	\$ 142.36	\$ 129.36	\$ 71.34	\$ 106.86
Nbr Rxs PMPM	1.29	1.20	2.38	5.00	5.17
Generic Fill Rate	85.7%	85.7%	86.3%	84.0%	85.9%
Home Delivery Utilization	27.0%	25.5%	36.0%	79.7%	45.1%
Member Cost %	13.5%	13.4%	14.6%	13.0%	8.3%
Specialty Percent of Plan Cost	47.2%	47.3%	47.7%	0.0%	14.8%
Specialty Plan Cost PMPM	\$ 85.21	\$ 80.68	\$ 146.70	\$ -	\$ 81.75
Formulary Compliance Rate	99.3%	99.3%	99.5%	100.0%	100.0%

Nevada PEBP

FY2026 Q1

Prepared by Client Analytics

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**The data contained herein is pulled from a specific point-in-time and is subject to change at any time without notice due to a variety of factors, including but not limited to changes related to Member behavior, population demographics, system updates, and product availability. The data does not represent a guarantee and should not be used for audit purposes.*

Hello PEBP Team,

This is the FY26 Q1 Summary File for the three State of Nevada PEBP plans (CDHP, EPO, and PPO). The summary contains Trend breakouts for each plan (Utilization, Unit Cost, and Cost Share). Along with the most notable changes of drugs within the top moving indications. Each plan breakout has a peer comparison of Trend. The file concludes with several Key Statistics of the three plans in aggregate.

CDHP Overall Trend Summaries:

CDHP Overall Trend		% Change
Current Period - Plan Cost Net PMPM		\$85.44
Utilization	(\$0.14)	(0.2%)
Unit Cost	\$9.35	12.8%
Member Share	\$3.48	4.8%
Total Change in Plan Cost Net PMPM	\$12.69	17.4%
Previous Period - Plan Cost Net PMPM		\$72.75

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

- **Inflammatory Conditions:** Previous ranked 2nd, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net ↑ \$147k (19.3%) to current \$908k.
 - Plan Cost Net PMPM ↑ \$2.32 (20.8%) to current \$13.45.
 - Patient Count ↑ 18 to current count of 195.
 - Adjusted Rx's ↑ 24 to current count of 591.
- **Notable Drug Changes within Indication:**
 - **Rinvoq:**
 - Previously ranked 3rd, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↑ \$41k (54.0%) to current \$117k.
 - Plan Cost Net PMPM ↑ \$.62 (55.9%) to current \$1.74.
 - Patient Count ↑ 3 to current count of 11.
 - Adjusted Rx's ↑ 7 to current count of 30.
 - **Bimzelx Autoinjector:**
 - New, currently ranked 6th by Plan Cost Net.
 - Plan Cost Net: New, current \$46k.
 - Plan Cost Net PMPM: New, current \$.68.
 - Patient Count: New, current count of 3.
 - Adjusted Rx's: New, current count of 8.

- **Skyrizi Pen:**
 - Previously ranked 1st, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net ↓ \$25k (-21.1%) to current \$92k.
 - Plan Cost Net PMPM ↓ \$.34 (-20.2%) to current \$1.37.
 - Patient Count ↑ 2 to current count of 10.
 - Adjusted Rxs ↓ 2 to current count of 29.

- **Gout:** Previously ranked 24th, currently ranked 5th by Plan Cost Net.
 - Plan Cost Net ↑ \$300k (718.2%) to current \$342k.
 - Plan Cost Net PMPM ↑ \$4.46 (728.5%) to current \$5.07.
 - Patient Count ↓ 6 to current count of 229.
 - Adjusted Rxs ↓ 14 to current count of 656.

- **Notable Drug Changes within Indication:**
 - **Krystexxa:**
 - Previously ranked 1st, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↑ \$300k (723.8%) to current \$341k.
 - Plan Cost Net PMPM ↑ \$4.45 (734.2%) to current \$5.06.
 - Patient Count ↑ 1 to current count of 2.
 - Adjusted Rxs ↑ 6 to current count of 7.

 - **Other drug changes in this indication were not notable.**

- **Pulmonary Hypertension:** Previously ranked 11th, currently ranked 8th by Plan Cost Net.
 - Plan Cost Net ↑ \$171k (162.3%) to current \$277k.
 - Plan Cost Net PMPM ↑ \$2.56 (165.6%) to current \$4.10.
 - Patient Count ↑ 3 to current count of 6.
 - Adjusted Rxs ↑ 14 to current count of 26.

- **Notable Drug Changes within Indication:**
 - **Tyvaso DPI:**
 - New, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net: New, current \$119k.
 - Plan Cost Net PMPM: New, current \$1.77.
 - Patient Count: New, current count of 1.
 - Adjusted Rxs: New, current count of 6.

 - **Opsynvi:**
 - New, currently ranked 3rd by Plan Cost Net.
 - Plan Cost Net: New, current \$58k.
 - Plan Cost Net PMPM: New, current \$.86.

- Patient Count: New, current count of 2.
 - Adjusted Rxs: New, current count of 6.
- **Other drug changes in this indication were not notable.**
- **Ophthalmic Conditions:** Previous ranked 28th, currently ranked 12th by Plan Cost Net.
 - Plan Cost Net ↑ \$139k (440.1%) to current \$170k.
 - Plan Cost Net PMPM ↑ \$2.06 (446.9%) to current \$2.53.
 - Patient Count ↓ 25 to current count of 117.
 - Adjusted Rxs ↓ 75 to current count of 187.
- **Notable Drug Changes within Indication:**
 - **Tepezza:**
 - New, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net: New, current \$128k.
 - Plan Cost Net PMPM: New, current \$1.90.
 - Patient Count: New, current count of 1.
 - Adjusted Rxs: New, current count of 3.
 - **Other drug changes in this indication were not notable.**

Peer Comparison:

- Peer: ESI CDH Program
- PEBP CDHP is outperforming the peer in Plan Cost Net PMPM, however the peer has a lower trend.
- Peer experienced Plan Cost Net PMPM of \$113.14 compared to CDHP PEBP of \$85.44.
- Peer experienced Trend of 15.0%, compared to CDHP PEBP Trend of 17.4%

EPO Overall Trend Summaries:

EPO Overall Trend		% Change
Current Period - Plan Cost Net PMPM		\$191.18
Utilization	\$13.18	7.0%
Unit Cost	(\$17.62)	(9.3%)
Member Share	\$6.92	3.7%
Total Change in Plan Cost Net PMPM		\$2.48
Previous Period - Plan Cost Net PMPM		\$188.70

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

- **Cancer:** Previous ranked 3rd, currently ranked 3rd by Plan Cost Net.
 - Plan Cost Net ↓ \$76k (-22.8%) to current \$256k.
 - Plan Cost Net PMPM ↓ \$2.31 (-11.0%) to current \$18.66.
 - Patient Count ↓ 4 to current count of 42.
 - Adjusted Rxs ↓ 33 to current count of 111.

- **Notable Drug Changes within Indication:**
 - **Venclexta:**
 - Previously ranked 4th, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↑ \$62k (136.4%) to current \$107k.
 - Plan Cost Net PMPM ↑ \$4.93 (172.4%) to current \$7.79.
 - Patient Count ↑ 1 to current count of 2.
 - Adjusted Rxs ↑ 4 to current count of 7.

 - **Nilotinib HCL:**
 - New, currently ranked 3rd by Plan Cost Net.
 - Plan Cost Net: New, current \$45k.
 - Plan Cost Net PMPM: New, current \$3.28.
 - Patient Count: New, current count of 1.
 - Adjusted Rxs: New, current count of 3.

 - **Tasigna:**
 - Previously ranked 1st, currently ranked 4th by Plan Cost Net.
 - Plan Cost Net ↓ \$54k (-72.6%) to current \$21k.
 - Plan Cost Net PMPM ↓ \$3.24 (-68.4%) to current \$1.50.
 - Patient Count: Remains at 1.
 - Adjusted Rxs ↓ 3 to current count of 1.

- **Multiple Sclerosis:** Previous ranked 13th, currently ranked 4th by Plan Cost Net.
 - Plan Cost Net ↑ \$121k (174.3%) to current \$190k.
 - Plan Cost Net PMPM ↑ \$9.46 (216.2%) to current \$13.83.
 - Patient Count ↑ 2 to current count of 8.
 - Adjusted Rxs: Remains at 20.

- **Notable Drug Changes within Indication:**
 - **Mavenclad:**
 - New, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net: New, current \$86k.
 - Plan Cost Net PMPM: New, current \$6.26.
 - Patient Count: New, current count of 1.
 - Adjusted Rxs: New, current count of 1.

- **Kesimpta:**
 - Previously ranked 2nd, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net ↑ \$48k (413.8%) to current \$59k.
 - Plan Cost Net PMPM ↑ \$3.59 (492.2%) to current \$4.32.
 - Patient Count ↑ 1 to current count of 2.
 - Adjusted Rxs ↑ 3 to current count of 6.
- **Tecfidera:**
 - Previously ranked 1st, currently ranked 4th by Plan Cost Net.
 - Plan Cost Net ↓ \$21k (-60.4%) to current \$14k.
 - Plan Cost Net PMPM ↓ \$1.19 (-54.4%) to current \$1.00.
 - Patient Count: Remains at 1.
 - Adjusted Rxs ↓ 2 to current count of 2.
- **Atopic Dermatitis:** Previously ranked 11th, currently ranked 7th by Plan Cost Net.
 - Plan Cost Net ↑ \$41k (51.5%) to current \$120k.
 - Plan Cost Net PMPM ↑ \$3.72 (74.6%) to current \$8.71.
 - Patient Count ↓ 14 to current count of 132.
 - Adjusted Rxs ↓ 4 to current count of 216.
- **Notable Drug Changes within Indication:**
 - **Dupixent Pen:**
 - Previously ranked 1st, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↑ \$12k (19.6%) to current \$75k.
 - Plan Cost Net PMPM ↑ \$1.51 (37.9%) to current \$5.49.
 - Patient Count: Remains at 10.
 - Adjusted Rxs ↑ 3 to current count of 33.
 - **Cibinqo:**
 - Previously ranked 3rd, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net ↑ \$19k (520.9%) to current \$23k.
 - Plan Cost Net PMPM ↑ \$1.42 (615.6%) to current \$1.65.
 - Patient Count ↑ 1 to current count of 2.
 - Adjusted Rxs ↑ 5 to current count of 7.
 - **Dupixent Syringe:**
 - Previously ranked 2nd, currently ranked 3rd by Plan Cost Net.
 - Plan Cost Net ↑ \$6k (90.8%) to current \$13k.
 - Plan Cost Net PMPM ↑ \$.53 (119.9%) to current \$.97
 - Patient Count ↑ 1 to current count of 2.
 - Adjusted Rxs ↑ 3 to current count of 7.

- **Endocrine Disorders:** Previously ranked 5th, currently ranked 22nd by Plan Cost Net.
 - Plan Cost Net ↓ \$129k (-81.2%) to current \$30k.
 - Plan Cost Net PMPM ↓ \$7.86 (-78.3%) to current \$2.18.
 - Patient Count ↓ 6 to current count of 17.
 - Adjusted Rxs ↓ 25 to current count of 43.
- **Notable Drug Changes within Indication:**
 - **Korlym:**
 - No Longer utilized, previously ranked 1st by Plan Cost Net.
 - Plan Cost Net: Previously \$80k.
 - Plan Cost Net PMPM: Previously \$5.83.
 - Patient Count: Previous count of 2.
 - Adjusted Rxs: Previous count of 2.
 - **Supprelin LA:**
 - No Longer utilized, previously ranked 2nd by Plan Cost Net.
 - Plan Cost Net: Previously \$49k.
 - Plan Cost Net PMPM: Previously \$3.54.
 - Patient Count: Previous count of 1.
 - Adjusted Rxs: Previous count of 1.
 - **Other drug changes in this indication were not notable.**

Peer Comparison:

- Government – West Region/SaveOn (custom peer created for PEBP EPO plan)
- The peer is outperforming PEBP EPO in Plan Cost Net PMPM, however PEBP EPO plan has a significantly lower trend.
- Peer experienced Plan Cost Net PMPM of \$168.75 compared to PEBP EPO of \$191.18
- Peer experienced Trend of 19.2%, compared to PEBP EPO of 1.3%

PPO Overall Trend Summaries:

PPO Overall Trend		% Change
Current Period - Plan Cost Net PMPM		\$115.77
Utilization	\$4.26	4.0%
Unit Cost	\$4.09	3.9%
Member Share	\$2.28	2.2%
Total Change in Plan Cost Net PMPM		\$10.62
		10.1%

Previous Period - Plan Cost Net PMPM **\$105.15**

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

- **Inflammatory Conditions:** Previously ranked 1st, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↑ \$500k (50.3%) to current \$1.5M.
 - Plan Cost Net PMPM ↑ \$5.00 (34.3%) to current \$19.60.
 - Patient Count ↑ 36 to current count of 284.
 - Adjusted Rxs ↑ 164 to current count of 930.

- **Notable Drug Changes within Indication:**
 - **Rinvoq:**
 - Previously ranked 1st, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↑ \$59k (39.1%) to current \$209k.
 - Plan Cost Net PMPM ↑ \$.53 (24.2%) to current \$2.74.
 - Patient Count ↑ 3 to current count of 17.
 - Adjusted Rxs ↑ 10 to current count of 54.

 - **Skyrizi On-Body:**
 - Previously ranked 30th, currently ranked 3rd by Plan Cost Net.
 - Plan Cost Net ↑ \$80k (1285.2%) to current \$86k.
 - Plan Cost Net PMPM ↑ \$1.04 (1137.2%) to current \$1.13.
 - Patient Count ↑ 4 to current count of 5.
 - Adjusted Rxs ↑ 14 to current count of 16.

 - **Humira(CF) Pen:**
 - Previously ranked 12th, currently ranked 6th by Plan Cost Net.
 - Plan Cost Net ↑ \$44k (186.5%) to current \$68k.
 - Plan Cost Net PMPM ↑ \$.55 (155.9%) to current \$.89.
 - Patient Count ↓ 20 to current count of 2.
 - Adjusted Rxs ↓ 42 to current count of 6.

 - **Adalimumab-ADBM(CF) Pen (Humira Biosimilar):**
 - New, currently ranked 7th by Plan Cost Net.
 - Plan Cost Net: New, current \$62k.
 - Plan Cost Net PMPM: New, current \$.81.
 - Patient Count: New, current count of 20.
 - Adjusted Rxs: New, current count of 61.

 - **Otezla:**
 - Previously ranked 13th, currently ranked 9th by Plan Cost Net.
 - Plan Cost Net ↑ \$32k (144.5%) to current \$54k.
 - Plan Cost Net PMPM ↑ \$.38 (118.4%) to current \$.71.
 - Patient Count ↓ 1 to current count of 7.
 - Adjusted Rxs ↓ 2 to current count of 22.

- **Cancer:** Previously ranked 3rd, currently ranked 3rd by Plan Cost Net.
 - Plan Cost Net ↑ \$176k (30.5%) to current \$755k.
 - Plan Cost Net PMPM ↑ \$1.41 (16.6%) to current \$9.90.
 - Patient Count ↑ 37 to current count of 177.
 - Adjusted Rxs ↑ 41 to current count of 452.

- **Notable Drug Changes within Indication:**
 - **Idihifa:**
 - Previously ranked 9th, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↑ \$124k (366.7%) to current \$158k.
 - Plan Cost Net PMPM ↑ \$1.58 (316.8%) to current \$2.07.
 - Patient Count ↑ 1 to current count of 2.
 - Adjusted Rxs ↑ 4 to current count of 5.

 - **Tibsovo:**
 - New, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net: New, current \$100k.
 - Plan Cost Net PMPM: New, current \$1.31.
 - Patient Count: New, current count of 1.
 - Adjusted Rxs: New, current count of 3.

 - **Lazcluze:**
 - New, currently ranked 6th by Plan Cost Net.
 - Plan Cost Net: New, current \$50k.
 - Plan Cost Net PMPM: New, current \$.65.
 - Patient Count: New, current count of 1.
 - Adjusted Rxs: New, current count of 3.

- **HIV:** Previously ranked 5th, currently ranked 4th by Plan Cost Net.
 - Plan Cost Net ↑ \$156k (34.9%) to current \$604k.
 - Plan Cost Net PMPM ↑ \$1.35 (20.5%) to current \$7.92.
 - Patient Count ↑ 30 to current count of 120.
 - Adjusted Rxs ↑ 93 to current count of 323.

- **Notable Drug Changes within Indication:**
 - **Biktarvy:**
 - Previously ranked 1st, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↑ \$93k (53.9%) to current \$264k.
 - Plan Cost Net PMPM ↑ \$.94 (37.5%) to current \$3.46.
 - Patient Count ↑ 10 to current count of 27.
 - Adjusted Rxs ↑ 23 to current count of 72.

- **Descovy:**
 - Previously ranked 2nd, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net ↑ \$42k (37.3%) to current \$155k.
 - Plan Cost Net PMPM ↑ \$.37 (22.6%) to current \$2.03.
 - Patient Count ↑ 10 to current count of 41.
 - Adjusted Rxs ↑ 32 to current count of 103.
- **Cabenuva:**
 - New, currently ranked 4th by Plan Cost Net.
 - Plan Cost Net: New, current \$32k.
 - Plan Cost Net PMPM: New, current \$.42.
 - Patient Count: New, current count of 3.
 - Adjusted Rxs: New, current count of 10.
- **Enzyme Deficiencies:** Previously ranked 4th, currently ranked 5th by Plan Cost Net.
 - Plan Cost Net ↓ \$88k (-16.0%) to current \$462k.
 - Plan Cost Net PMPM ↓ \$2.01 (-24.9%) to current \$6.06.
 - Patient Count: Remains at 9.
 - Adjusted Rxs: Remains at 20.
- **Notable Drug Changes within Indication:**
 - **Nexviazyme:**
 - No Longer utilized, previously ranked 2nd by Plan Cost Net.
 - Plan Cost Net: Previously \$151k.
 - Plan Cost Net PMPM: Previously \$2.21.
 - Patient Count: Previous count of 1.
 - Adjusted Rxs: Previous count of 2.
 - **Galafold:**
 - No Longer utilized, previously ranked 3rd by Plan Cost Net.
 - Plan Cost Net: Previously \$119k.
 - Plan Cost Net PMPM: Previously \$1.75.
 - Patient Count: Previous count of 1.
 - Adjusted Rxs: Previous count of 4.
 - **Yorvipath:**
 - New, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net: New, current \$148k.
 - Plan Cost Net PMPM: New, current \$1.94.
 - Patient Count: New, current count of 5.
 - Adjusted Rxs: New, current count of 9.

- **Imcivree:**
 - New, currently ranked 3rd by Plan Cost Net.
 - Plan Cost Net: New, current \$100k.
 - Plan Cost Net PMPM: New, current \$1.31.
 - Patient Count: New, current count of 1.
 - Adjusted Rxs: New, current count of 3.
- **Atopic Dermatitis:** Previously ranked 8th, currently ranked 6th by Plan Cost Net.
 - Plan Cost Net ↑ \$166k (58.3%) to current \$450k.
 - Plan Cost Net PMPM ↑ \$1.73 (41.4%) to current \$5.90.
 - Patient Count ↑ 102 to current count of 686.
 - Adjusted Rxs ↑ 126 to current count of 988.
- **Notable Drug Changes within Indication:**
 - **Dupixent Pen:**
 - Previously ranked 1st, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↑ \$80k (41.4%) to current \$272k.
 - Plan Cost Net PMPM ↑ \$.74 (26.3%) to current \$3.56.
 - Patient Count ↑ 13 to current count of 50.
 - Adjusted Rxs ↑ 36 to current count of 139.
 - **Dupixent Syringe:**
 - Previously ranked 2nd, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net ↑ \$35k (91.5%) to current \$73k.
 - Plan Cost Net PMPM ↑ \$.40 (71.1%) to current \$.96.
 - Patient Count ↑ 3 to current count of 12.
 - Adjusted Rxs ↑ 12 to current count of 34.
 - **Ebglyss Pen:**
 - New, currently ranked 3rd by Plan Cost Net.
 - Plan Cost Net: New, current \$31k.
 - Plan Cost Net PMPM: New, current \$.41.
 - Patient Count: New, current count of 3.
 - Adjusted Rxs: New, current count of 9.
- **Kidney Disease:** Previously ranked 22nd, currently ranked 10th by Plan Cost Net.
 - Plan Cost Net ↑ \$176k (248.5%) to current \$247k.
 - Plan Cost Net PMPM ↑ \$2.19 (211.3%) to current \$3.23.
 - Patient Count ↑ 3 to current count of 12.
 - Adjusted Rxs ↑ 10 to current count of 32.
- **Notable Drug Changes within Indication:**

- **Jynarque:**
 - Previously ranked 1st, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↑ \$129k (237.0%) to current \$183k.
 - Plan Cost Net PMPM ↑ \$1.60 (201.0%) to current \$2.40.
 - Patient Count ↑ 2 to current count of 3.
 - Adjusted Rxs ↑ 6 to current count of 9.
- **Lupkynis:**
 - Previously ranked 2nd, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net ↑ \$27k (309.7%) to current \$36k.
 - Plan Cost Net PMPM ↑ \$.34 (266.0%) to current \$.47.
 - Patient Count ↑ 1 to current count of 2.
 - Adjusted Rxs ↑ 3 to current count of 4.
- **Tolvaptan:**
 - New, currently ranked 3rd by Plan Cost Net.
 - Plan Cost Net: New, current \$20k.
 - Plan Cost Net PMPM: New, current \$.26.
 - Patient Count: New, current count of 1.
 - Adjusted Rxs: New, current count of 1.
- **Viral Infections:** Previously ranked 9th, currently ranked 19th by Plan Cost Net.
 - Plan Cost Net ↓ \$143k (-56.6%) to current \$110k.
 - Plan Cost Net PMPM ↓ \$2.28 (-61.2%) to current \$1.44.
 - Patient Count ↓ 68 to current count of 550.
 - Adjusted Rxs ↑ 13 to current count of 965.
- **Notable Drug Changes within Indication:**
 - **Paxlovid:**
 - Previously ranked 1st, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↓ \$142k (-58.2%) to current \$102k.
 - Plan Cost Net PMPM ↓ \$2.24 (-62.6%) to current \$1.34.
 - Patient Count ↓ 121 to current count of 87.
 - Adjusted Rxs ↓ 114 to current count of 83.
 - **Other drug changes in this indication were not notable.**

Peer Comparison:

- Government – West Region/SaveOn (custom peer created for PEBP PPO plan)
- PEBP PPO is outperforming the peer.
- PEBP PPO experienced Plan Cost Net PMPM of \$115.77 compared to peer of \$168.75.
- Peer experienced Trend of 19.2%, compared to PEBP PPO of 10.1%.

Total Overall Trend		% Change
Current Period - Plan Cost Net PMPM		\$109.35
Utilization	\$1.83	1.8%
Unit Cost	\$5.13	5.2%
Member Share	\$3.09	3.1%
Total Change in Plan Cost Net PMPM	\$10.05	10.1%
Previous Period - Plan Cost Net PMPM		\$99.31

Summary of Total – Overall the main driver of Trend was Specialty Utilization driven by an increase of 18.9% in Specialty patients. This resulted in a 23.9% increase in Specialty Days of Therapy.

Trend was mitigated by increased rebates of 5.5%. Which reduced combine Unit Cost Trend to 5.2%.

Member Cost contributed to Trend on both Specialty and Non-Specialty drugs. This is due to increased Utilization on Specialty drugs and Drug Mix on Non-Specialty drugs. Primary driven by utilization of more expensive drugs (exchanging utilization of a brand drug for a more expensive brand drug).

Key Statistics:

Nevada PEBP Total			
Description	Q4 FY25	Q4 FY24	Change
Average Members per Month	52,495	50,758	3.4%
Number of Unique patients	27,462	26,482	3.7%
Members Utilizing the Benefit	52.3%	52.2%	0.1
Gross Cost/Adjusted Rx	\$157.77	\$151.09	4.4%
Plan Spend	\$26,912,307	\$24,310,410	10.7%
Rebates (estimated)	\$9,690,597	\$9,188,758	5.5%
Plan Cost Net	\$17,221,710	\$15,121,652	13.9%
Plan Cost Net PMPM	\$109.35	\$99.31	10.1%
Non-Specialty Plan Cost Net PMPM	\$79.33	\$77.06	3.0%
Specialty Plan Cost Net PMPM	\$91.55	\$82.59	10.8%
Generic Fill Rate	86.5%	86.1%	0.4
90 Day Utilization	59.6%	59.9%	-0.3
Retail - Maintenance 90 Utilization	32.2%	29.5%	2.7
Home Delivery Utilization	27.4%	30.4%	-2.9
Member Cost Net %	17.3%	18.6%	-1.2

END OF REPORT