

Nevada PEBP FY26 Q2 Report

7/1/2024 – 12/31/2025

Report Includes:

- CDHP Comparison Data from Q2 FY26 to Q2 FY25
- EPO Comparison Data from Q2 FY26 to Q2 FY25
- PPO Comparison Data from Q2 FY26 to Q2 FY25
- CDHP, EPO, PPO Breakout Data from Q2 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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2/27/2026

Express Scripts

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STATE OF NEVADA PEBP:

**PRESCRIPTION
DRUG UTILIZATION**

+ TOTAL PLAN

+ Q2 FY26 to Q2 FY25

Membership Summary	FY 2026	FY 2025	Change
Member Count (Membership)	52,586	51,168	2.8%
Utilizing Member Count (Patients)	33,722	32,788	2.8%
Percent Utilizing (Utilization)	64.1%	64.1%	0.0

Claim Summary	FY 2026	FY 2025	Change
Net Claims (Total Adjusted Rx's)	419,432	403,292	4.0%
Claims per Elig Member per Month (Claims PMPM)	2.66	2.63	1.2%
Total Claims for Generic (Generic ARx)	360,821	345,790	4.3%
Total Claims for Brand (Brand ARx)	58,611	57,502	1.9%
Total Claims for Multisource Brand Claims (MSB ARx)	780	1,035	-24.6%
Total Non-Specialty Claims	413,188	398,203	3.8%
Total Specialty Claims	6,244	5,089	22.7%
Generic % of Total Claims (GFR)	86.0%	85.7%	0.3
Generic Effective Rate (GCR)	99.8%	99.7%	0.1
Mail Order Claims	99,860	106,163	-5.9%
Mail Penetration Rate*	27.0%	30.1%	-3.1

Claims Cost Summary	FY 2026	FY 2025	Change
Total Prescription Cost (Total Gross Cost)	\$68,165,649	\$59,882,550	13.8%
Total Generic Gross Cost	\$6,603,705	\$6,061,085	9.0%
Total Brand Gross Cost	\$61,561,944	\$53,821,465	14.4%
Total MSB Gross Cost	\$625,184	\$652,290	-4.2%
Total Ingredient Cost	\$66,230,324	\$58,029,825	14.1%
Total Dispensing Fee	\$1,918,820	\$1,814,847	5.7%
Total Other (e.g. tax)	\$16,505	\$37,878	-56.4%
Avg Total Cost per Claim (Gross Cost/ARx)	\$162.52	\$148.48	9.5%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$18.30	\$17.53	4.4%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$1,050.35	\$935.99	12.2%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$801.52	\$630.23	27.2%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN

+ Q2 FY26 to Q2 FY25

Member Cost Summary	FY 2026	FY 2025	Change
Total Member Cost Share	\$10,390,278	\$10,373,359	0.2%
Generic Cost Share	\$2,438,989	\$2,538,393	-3.9%
Brand Cost Share	\$7,951,290	\$7,834,966	1.5%
MSB Cost Share	\$82,062	\$113,622	-27.8%
Total Copay	\$9,050,301	\$8,968,081	0.9%
Total Deductible	\$1,339,978	\$1,405,278	-4.6%
Avg Copay per Claim (Member Cost Share/ARx)	\$24.77	\$25.72	-3.7%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$6.76	\$7.34	-7.9%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$135.66	\$136.26	-0.4%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$105.21	\$109.78	-4.2%
Copay % of Total Prescription Cost (Member Cost Share %)	15.2%	17.3%	-2.1
Plan Cost Summary	FY 2026	FY 2025	Change
Total Plan Cost (Plan Cost)	\$57,775,371	\$49,509,191	16.7%
Generic Plan Cost	\$4,164,717	\$3,522,692	18.2%
Brand Plan Cost	\$53,610,654	\$45,986,499	16.6%
MSB Plan Cost	\$543,122	\$538,669	0.8%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$26,489,717	\$24,261,500	9.2%
Total Specialty Drug Cost (Specialty Plan Cost)	\$31,285,654	\$25,247,691	23.9%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$137.75	\$122.76	12.2%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$11.54	\$10.19	13.3%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$914.69	\$799.74	14.4%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$696.31	\$520.45	33.8%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$64.11	\$60.93	5.2%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$5,010.51	\$4,961.23	1.0%
Plan Cost PMPM	\$366.23	\$322.53	13.5%
Non-Specialty Plan Cost PMPM	\$167.91	\$158.05	6.2%
Specialty Plan Cost PMPM	\$198.31	\$164.48	20.6%
Specialty % of Plan Cost	54.2%	51.0%	3.2
Net Plan Cost PMPM (factoring Rebates)	\$120.00	\$101.18	18.6%
Non-Specialty Plan Cost PMPM	\$46.35	\$44.76	3.6%
Specialty Plan Cost PMPM	\$73.65	\$56.42	30.5%

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ CDHP PLAN

+ Q2 FY26 to Q2 FY25

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Membership Summary	FY 2026	FY 2025	Change
Member Count (Membership)	22,496	22,923	-1.9%
Utilizing Member Count (Patients)	13,429	13,886	-3.3%
Percent Utilizing (Utilization)	59.7%	60.6%	-0.9%

Claim Summary	FY 2026	FY 2025	Change
Net Claims (Total Adjusted Rx's)	163,086	167,835	-2.8%
Claims per Elig Member per Month (Claims PMPM)	1.21	1.22	-1.0%
Total Claims for Generic (Generic ARx)	141,926	145,744	-2.6%
Total Claims for Brand (Brand ARx)	21,160	22,091	-4.2%
Total Claims for Multisource Brand Claims (MSB ARx)	194	292	-33.6%
Total Non-Specialty Claims	160,704	165,813	-3.1%
Total Specialty Claims	2,382	2,022	17.8%
Generic % of Total Claims (GFR)	87.0%	86.8%	0.2
Generic Effective Rate (GCR)	99.9%	99.8%	0.1
Mail Order Claims	38,707	42,791	-9.5%
Mail Penetration Rate*	26.9%	29.2%	-2.2

Claims Cost Summary	FY 2026	FY 2025	Change
Total Prescription Cost (Total Gross Cost)	\$24,883,569	\$22,469,779	10.7%
Total Generic Gross Cost	\$2,038,479	\$2,257,100	-9.7%
Total Brand Gross Cost	\$22,845,090	\$20,212,679	13.0%
Total MSB Gross Cost	\$185,376	\$182,641	1.5%
Total Ingredient Cost	\$24,115,600	\$21,693,275	11.2%
Total Dispensing Fee	\$761,878	\$763,566	-0.2%
Total Other (e.g. tax)	\$6,092	\$12,937	-52.9%
Avg Total Cost per Claim (Gross Cost/ARx)	\$152.58	\$133.88	14.0%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$14.36	\$15.49	-7.3%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$1,079.64	\$914.97	18.0%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$955.55	\$625.48	52.8%

STATE OF NEVADA PEBP:

**PRESCRIPTION
DRUG UTILIZATION**
+ CDHP PLAN
+ Q2 FY26 to Q2 FY25

Member Cost Summary	FY 2026	FY 2025	Change
Total Member Cost Share	\$5,212,650	\$5,124,253	1.7%
Generic Cost Share	\$1,032,240	\$1,127,183	-8.4%
Brand Cost Share	\$4,180,410	\$3,997,070	4.6%
MSB Cost Share	\$51,837	\$83,348	-37.8%
Total Copay	\$3,876,215	\$3,722,101	4.1%
Total Deductible	\$1,336,435	\$1,402,152	-4.7%
Avg Copay per Claim (Member Cost Share/ARx)	\$31.96	\$30.53	4.7%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$7.27	\$7.73	-6.0%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$197.56	\$180.94	9.2%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$267.20	\$285.44	-6.4%
Copay % of Total Prescription Cost (Member Cost Share %)	20.9%	22.8%	-1.9
Plan Cost Summary	FY 2026	FY 2025	Change
Total Plan Cost (Plan Cost)	\$19,670,919	\$17,345,526	13.4%
Generic Plan Cost	\$1,006,239	\$1,129,916	-10.9%
Brand Plan Cost	\$18,664,680	\$16,215,609	15.1%
MSB Plan Cost	\$133,540	\$99,294	34.5%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$7,072,689	\$7,061,845	0.2%
Total Specialty Drug Cost (Specialty Plan Cost)	\$12,598,231	\$10,283,680	22.5%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$120.62	\$103.35	16.7%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$7.09	\$7.75	-8.6%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$882.07	\$734.04	20.2%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$688.35	\$340.05	102.4%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$44.01	\$42.59	3.3%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$5,288.93	\$5,085.90	4.0%
Plan Cost PMPM	\$145.74	\$126.11	15.6%
Non-Specialty Plan Cost PMPM	\$52.40	\$51.34	2.1%
Specialty Plan Cost PMPM	\$93.34	\$74.77	24.8%
Specialty % of Plan Cost	64.0%	59.3%	4.8
Net Plan Cost PMPM (factoring Rebates)	\$95.92	\$77.00	24.6%
Non-Specialty Plan Cost PMPM	\$25.58	\$26.19	-2.3%
Specialty Plan Cost PMPM	\$70.34	\$50.81	38.5%

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN

+ Q2 FY26 vs Q2 FY25

Membership Summary	FY 2026	FY 2025	Change
Member Count (Membership)	4,533	5,238	-13.5%
Utilizing Member Count (Patients)	3,380	3,865	-12.5%
Percent Utilizing (Utilization)	74.6%	73.8%	0.8

Claim Summary	FY 2026	FY 2025	Change
Net Claims (Total Adjusted Rx's)	55,046	60,764	-9.4%
Claims per Elig Member per Month (Claims PMPM)	2.02	1.93	4.7%
Total Claims for Generic (Generic ARx)	46,871	51,823	-9.6%
Total Claims for Brand (Brand ARx)	8,175	8,941	-8.6%
Total Claims for Multisource Brand Claims (MSB ARx)	121	225	-46.2%
Total Non-Specialty Claims	54,163	59,849	-9.5%
Total Specialty Claims	883	915	-3.5%
Generic % of Total Claims (GFR)	85.1%	85.3%	-0.1
Generic Effective Rate (GCR)	99.7%	99.6%	0.2
Mail Order Claims	14,577	17,329	-15.9%
Mail Penetration Rate*	29.2%	31.6%	-2.4

Claims Cost Summary	FY 2026	FY 2025	Change
Total Prescription Cost (Total Gross Cost)	\$9,545,516	\$10,588,785	-9.9%
Total Generic Gross Cost	\$924,127	\$927,175	-0.3%
Total Brand Gross Cost	\$8,621,388	\$9,661,610	-10.8%
Total MSB Gross Cost	\$117,857	\$238,411	-50.6%
Total Ingredient Cost	\$9,289,839	\$10,305,789	-9.9%
Total Dispensing Fee	\$253,699	\$276,861	-8.4%
Total Other (e.g. tax)	\$1,977	\$6,135	-67.8%
Avg Total Cost per Claim (Gross Cost/ARx)	\$173.41	\$174.26	-0.5%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$19.72	\$17.89	10.2%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$1,054.60	\$1,080.60	-2.4%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$974.03	\$1,059.60	-8.1%

Express Scripts

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN

+ Q2 FY26 vs Q2 FY25

Member Cost Summary	FY 2026	FY 2025	Change
Total Member Cost Share	\$1,131,510	\$1,507,989	-25.0%
Generic Cost Share	\$304,084	\$363,851	-16.4%
Brand Cost Share	\$827,426	\$1,144,139	-27.7%
MSB Cost Share	\$17,737	\$11,468	54.7%
Total Copay	\$1,127,967	\$1,504,864	-25.0%
Total Deductible	\$3,543	\$3,125	13.4%
Avg Copay per Claim (Member Cost Share/ARx)	\$20.56	\$24.82	-17.2%
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	\$6.49	\$7.02	-7.6%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	\$101.21	\$127.97	-20.9%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	\$146.59	\$50.97	187.6%
Copay % of Total Prescription Cost (Member Cost Share %)	11.9%	14.2%	-2.4
Plan Cost Summary	FY 2026	FY 2025	Change
Total Plan Cost (Plan Cost)	\$8,414,006	\$9,080,796	-7.3%
Generic Plan Cost	\$620,043	\$563,324	10.1%
Brand Plan Cost	\$7,793,963	\$8,517,472	-8.5%
MSB Plan Cost	\$100,120	\$226,943	-55.9%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$4,215,569	\$4,376,504	-3.7%
Total Specialty Drug Cost (Specialty Plan Cost)	\$4,198,437	\$4,704,292	-10.8%
Avg Plan Cost per Claim (Plan Cost/ARx)	\$152.85	\$149.44	2.3%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	\$13.23	\$10.87	21.7%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	\$953.39	\$952.63	0.1%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	\$827.43	\$1,008.63	-18.0%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	\$77.83	\$73.13	6.4%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	\$4,754.74	\$5,141.30	-7.5%
Plan Cost PMPM	\$309.36	\$288.94	7.1%
Non-Specialty Plan Cost PMPM	\$155.00	\$139.25	11.3%
Specialty Plan Cost PMPM	\$154.37	\$149.68	3.1%
Specialty % of Plan Cost	49.9%	51.8%	-1.9
Net Plan Cost PMPM (factoring Rebates)	\$198.25	\$183.50	8.0%
Non-Specialty Plan Cost PMPM	\$83.90	\$78.90	6.3%
Specialty Plan Cost PMPM	\$114.35	\$104.60	9.3%

STATE OF NEVADA PEBP:

**PRESCRIPTION
DRUG UTILIZATION**
+ PPO PLAN
+ Q2 FY26 vs Q2 FY25

Membership Summary	FY 2026	FY 2025	Change
Member Count (Membership)	25,559	23,010	11.1%
Utilizing Member Count (Patients)	16,949	15,076	12.4%
Percent Utilizing (Utilization)	66.3%	65.5%	0.8

Claim Summary	FY 2026	FY 2025	Change
Net Claims (Total Adjusted Rx's)	201,300	174,693	15.2%
Claims per Elig Member per Month (Claims PMPM)	1.31	1.27	3.7%
Total Claims for Generic (Generic ARx)	172,024	148,223	16.1%
Total Claims for Brand (Brand ARx)	29,276	26,470	10.6%
Total Claims for Multisource Brand Claims (MSB ARx)	465	518	-10.2%
Total Non-Specialty Claims	198,321	172,541	14.9%
Total Specialty Claims	2,979	2,152	38.4%
Generic % of Total Claims (GFR)	85.5%	84.8%	0.6
Generic Effective Rate (GCR)	99.7%	99.7%	0.1
Mail Order Claims	46,576	46,043	1.2%
Mail Penetration Rate*	26.4%	30.4%	-4.0

Claims Cost Summary	FY 2026	FY 2025	Change
Total Prescription Cost (Total Gross Cost)	\$33,736,564	\$26,823,985	25.8%
Total Generic Gross Cost	\$3,641,099	\$2,876,810	26.6%
Total Brand Gross Cost	\$30,095,465	\$23,947,175	25.7%
Total MSB Gross Cost	\$321,951	\$231,238	39.2%
Total Ingredient Cost	\$32,824,885	\$26,030,760	26.1%
Total Dispensing Fee	\$903,243	\$774,419	16.6%
Total Other (e.g. tax)	\$8,436	\$18,806	-55.1%
Avg Total Cost per Claim (Gross Cost/ARx)	\$167.59	\$153.55	9.1%
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	\$21.17	\$19.41	9.1%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	\$1,027.99	\$904.69	13.6%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	\$692.37	\$446.41	55.1%

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ PPO PLAN

+ Q2 FY26 vs Q2 FY25

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%

STATE OF NEVADA PEBP:

**PRESCRIPTION
DRUG UTILIZATION**
+ EPO, CDHP, & PPO PLAN
+ Q2 FY26

Membership Summary	Total	EPO	CDHP	PPO
Member Count (Membership)	52,586	4,533	22,496	25,559
Utilizing Member Count (Patients)	33,722	3,380	13,429	16,949
Percent Utilizing (Utilization)	64.1%	74.6%	59.7%	66.3%

Claim Summary	Total	EPO	CDHP	PPO
Net Claims (Total Rx's)	419,432	55,046	163,086	201,300
Claims per Elig Member per Month (Claims PMPM)	1.33	2.02	1.21	1.31
Total Claims for Generic (Generic Rx)	360,821	46,871	141,926	172,024
Total Claims for Brand (Brand Rx)	58,611	8,175	21,160	29,276
Total Claims for Multisource Brand Claims (MSB Rx)	780	121	194	465
Total Non-Specialty Claims	413,188	54,163	160,704	198,321
Total Specialty Claims	6,244	883	2,382	2,979
Generic % of Total Claims (GFR)	86.0%	85.1%	87.0%	85.5%
Generic Effective Rate (GCR)	99.8%	99.7%	99.9%	99.7%
Mail Order Claims	99,860	14,577	38,707	46,576
Mail Penetration Rate*	27.0%	29.2%	26.9%	26.4%

Claims Cost Summary	Total	EPO	CDHP	PPO
Total Prescription Cost (Total Gross Cost)	\$68,165,649	\$9,545,516	\$24,883,569	\$33,736,564
Total Generic Gross Cost	\$6,603,705	\$924,127	\$2,038,479	\$3,641,099
Total Brand Gross Cost	\$61,561,944	\$8,621,388	\$22,845,090	\$30,095,465
Total MSB Gross Cost	\$625,184	\$117,857	\$185,376	\$321,951
Total Ingredient Cost	\$66,230,324	\$9,289,839	\$24,115,600	\$32,824,885
Total Dispensing Fee	\$1,015,577	\$253,699	\$761,878	\$903,243
Total Other (e.g. tax)	\$16,505	\$1,977	\$6,092	\$8,436
Avg Total Cost per Claim (Gross Cost/Rx)	\$162.52	\$173.41	\$152.58	\$167.59
Avg Total Cost for Generic (Generic Gross Cost/Generic Rx)	\$18.30	\$19.72	\$14.36	\$21.17
Avg Total Cost for Brand (Brand Gross Cost/Brand Rx)	\$1,050.35	\$1,054.60	\$1,079.64	\$1,027.99
Avg Total Cost for MSB (MSB Gross Cost/MSB Rx)	\$801.52	\$974.03	\$955.55	\$692.37

STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO, CDHP, & PPO PLAN

+ Q2 FY26

Member Cost Summary	Total	EPO	CDHP	PPO
Total Member Cost Share	\$10,390,278	\$1,131,510	\$5,212,650	\$4,046,119
Generic Cost Share	\$2,438,989	\$304,084	\$1,032,240	\$1,102,664
Brand Cost Share	\$7,951,290	\$827,426	\$4,180,410	\$2,943,454
MSB Cost Share	\$82,062	\$17,737	\$51,837	\$12,488
Total Copay	\$9,050,301	\$1,127,967	\$3,876,215	\$4,046,119
Total Deductible	\$1,339,978	\$3,543	\$1,336,435	\$0
Avg Copay per Claim (Member Cost Share/Rx)	\$24.77	\$20.56	\$31.96	\$20.10
Avg Copay for Generic (Generic Member Cost Share/Generic Rx)	\$6.76	\$6.49	\$7.27	\$6.41
Avg Copay for Brand (Brand Member Cost Share/Brand Rx)	\$135.66	\$101.21	\$197.56	\$100.54
Avg Copay for MSB (MSB Member Cost Share/MSB Rx)	\$105.21	\$146.59	\$267.20	\$26.86
Copay % of Total Prescription Cost (Member Cost Share %)	15.2%	11.9%	20.9%	12.0%

Plan Cost Summary	Total	EPO	CDHP	PPO
Total Plan Cost (Plan Cost)	\$57,775,371	\$8,414,006	\$19,670,919	\$29,690,445
Generic Plan Cost	\$4,164,717	\$620,043	\$1,006,239	\$2,538,435
Brand Plan Cost	\$53,610,654	\$7,793,963	\$18,664,680	\$27,152,011
MSB Plan Cost	\$543,122	\$100,120	\$133,540	\$309,463
Total Non-Specialty Cost (Non-Specialty Plan Cost)	\$26,489,717	\$4,215,569	\$7,072,689	\$15,201,460
Total Specialty Drug Cost (Specialty Plan Cost)	\$31,285,654	\$4,198,437	\$12,598,231	\$14,488,985
Avg Plan Cost per Claim (Plan Cost/Rx)	\$137.75	\$152.85	\$120.62	\$147.49
Avg Plan Cost for Generic (Generic Plan Cost/Generic Rx)	\$11.54	\$13.23	\$7.09	\$14.76
Avg Plan Cost for Brand (Brand Plan Cost/Brand Rx)	\$914.69	\$953.39	\$882.07	\$927.45
Avg Plan Cost for MSB (MSB Plan Cost/MSB Rx)	\$696.31	\$827.43	\$688.35	\$665.51
Avg Non-Specialty Plan Cost per Claim (Plan Cost/Rx)	\$64.11	\$77.83	\$44.01	\$76.65
Avg Specialty Plan Cost per Claim (Plan Cost/Rx)	\$5,010.51	\$4,754.74	\$5,288.93	\$4,863.71
Plan Cost PMPM	\$183.11	\$309.36	\$145.74	\$193.61
Non-Specialty Plan Cost PMPM	\$83.96	\$155.00	\$52.40	\$99.13
Specialty Plan Cost PMPM	\$99.16	\$154.37	\$93.34	\$94.48
Specialty % of Plan Cost	54.2%	49.9%	64.0%	48.8%
Net Plan Cost PMPM (factoring Rebates)	\$120.00	\$198.25	\$95.92	\$127.30
Non-Specialty Net Plan Cost PMPM	\$46.35	\$83.90	\$25.58	\$57.96
Specialty Net Plan Cost PMPM	\$73.65	\$114.35	\$70.34	\$69.34

STATE OF NEVADA PEBP:

**PRESCRIPTION
DRUG UTILIZATION**
+ TOTAL PLAN
+ Q2 FY26

State of Nevada PEBP				
FY2026 Q2				
Description	Grand Total	EPO	CDHP	PPO
Avg Members per Month	52,586	4,533	22,496	25,559
Pct Members Utilizing Benefit	64.1%	74.6%	59.7%	66.3%
Total Plan Cost	\$ 57,775,371	\$ 8,414,006	\$ 19,670,919	\$ 29,690,445
Total Days	11,001,989	1,483,788	4,274,171	5,244,030
Total Adjusted Rxs	419,432	55,046	163,086	201,300
Plan Cost PMPM	\$ 183.11	\$ 309.36	\$ 145.74	\$ 193.61
Plan Cost Net PMPM	\$ 120.00	\$ 198.25	\$ 95.92	\$ 127.30
Plan Cost/Day	\$ 5.25	\$ 5.67	\$ 4.60	\$ 5.66
Plan Cost per Adjusted Rx	\$ 137.75	\$ 152.85	\$ 120.62	\$ 147.49
Nbr Rxs PMPM	1.33	2.02	1.21	1.31
Generic Fill Rate	86.0%	85.1%	87.0%	85.5%
Home Delivery Utilization	27.0%	29.2%	26.9%	26.4%
Member Cost %	15.2%	11.9%	20.9%	12.0%
Specialty Percent of Plan Cost	54.2%	49.9%	64.0%	48.8%
Specialty Plan Cost PMPM	\$ 99.16	\$ 154.37	\$ 93.34	\$ 94.48
Formulary Compliance Rate	99.5%	99.4%	99.7%	99.3%

STATE OF NEVADA PEBP:

**PRESCRIPTION
DRUG UTILIZATION**
+ TOTAL PLAN
+ Q2 FY26

State of Nevada PEBP					
FY2026 Q2 - Grand Total					
Description	Grand Total	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	52,586	46,762	5,413	17	397
Pct Members Utilizing Benefit	64.1%	62.3%	81.2%	70.6%	87.7%
Total Plan Cost	\$ 57,775,371	\$ 46,400,585	\$ 10,633,869	\$ 25,339	\$ 715,577
Total Days	11,001,989	8,555,253	2,163,331	5,316	278,089
Total Adjusted Rxs	419,432	329,975	79,216	191	10,050
Plan Cost PMPM	\$ 183.11	\$ 165.38	\$ 327.42	\$ 248.43	\$ 300.41
Plan Cost Net PMPM	\$ 120.00	\$ 107.80	\$ 221.99	\$ 117.24	\$ 165.93
Plan Cost/Day	\$ 5.25	\$ 5.42	\$ 4.92	\$ 4.77	\$ 2.57
Plan Cost per Adjusted Rx	\$ 137.75	\$ 140.62	\$ 134.24	\$ 132.67	\$ 71.20
Nbr Rxs PMPM	1.33	1.18	2.44	1.87	4.22
Generic Fill Rate	86.0%	85.7%	87.2%	79.1%	87.8%
Home Delivery Utilization	27.0%	24.8%	34.5%	76.9%	34.0%
Member Cost %	15.2%	15.1%	15.8%	7.4%	18.9%
Specialty Percent of Plan Cost	54.2%	53.4%	59.4%	0.0%	28.8%
Specialty Plan Cost PMPM	\$ 99.16	\$ 88.25	\$ 194.53	\$ -	\$ 86.58
Formulary Compliance Rate	99.5%	99.5%	99.7%	100.0%	99.6%

STATE OF NEVADA PEBP:

**PRESCRIPTION
DRUG UTILIZATION**
+ CDHP PLAN
+ Q2 FY26

State of Nevada PEBP					
FY2026 Q2 - EPO					
Description	EPO	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	4,533	3,840	633	2	58
Pct Members Utilizing Benefit	74.6%	72.6%	88.5%	50.0%	84.5%
Total Plan Cost	\$ 8,414,006	\$ 6,062,383	\$ 2,268,173	\$ 11,945	\$ 71,505
Total Days	1,483,788	1,114,061	335,508	1,518	32,701
Total Adjusted Rxs	55,046	41,636	12,172	53	1,185
Plan Cost PMPM	\$ 309.36	\$ 263.12	\$ 597.20	\$ 995.38	\$ 205.47
Plan Cost Net PMPM	\$ 198.25	\$ 160.06	\$ 434.72	\$ 334.50	\$ 140.77
Plan Cost/Day	\$ 5.67	\$ 5.44	\$ 6.76	\$ 7.87	\$ 2.19
Plan Cost per Adjusted Rx	\$ 152.85	\$ 145.60	\$ 186.34	\$ 225.37	\$ 60.34
Nbr Rxs PMPM	2.02	1.81	3.20	4.42	4.22
Generic Fill Rate	85.1%	84.8%	85.9%	69.8%	90.6%
Home Delivery Utilization	29.2%	27.6%	33.6%	88.5%	35.0%
Member Cost %	11.9%	11.4%	13.0%	4.8%	12.3%
Specialty Percent of Plan Cost	49.9%	46.2%	60.9%	0.0%	26.9%
Specialty Plan Cost PMPM	\$ 154.37	\$ 121.45	\$ 363.63	\$ -	\$ 55.35
Formulary Compliance Rate	99.4%	99.4%	99.6%	100.0%	99.2%

STATE OF NEVADA PEBP:

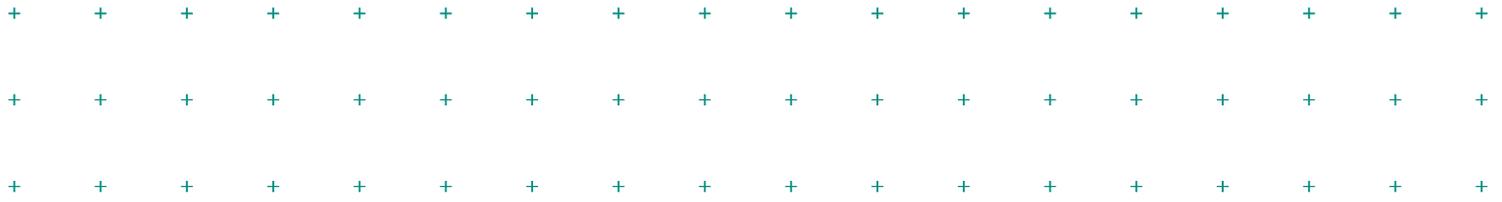
**PRESCRIPTION
DRUG UTILIZATION**
+ EPO PLAN
+ Q2 FY26

State of Nevada PEBP					
FY2026 Q2 - CDHP					
Description	CDHP	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	22,496	19,173	3,008	9	306
Pct Members Utilizing Benefit	59.7%	56.5%	78.4%	77.8%	87.3%
Total Plan Cost	\$ 19,670,919	\$ 14,213,692	\$ 4,919,338	\$ 1,640	\$ 536,250
Total Days	4,274,171	2,927,272	1,127,455	489	218,955
Total Adjusted Rxs	163,086	113,948	41,215	20	7,903
Plan Cost PMPM	\$ 145.74	\$ 123.56	\$ 272.57	\$ 30.36	\$ 292.08
Plan Cost Net PMPM	\$ 95.92	\$ 80.80	\$ 187.59	\$ 17.73	\$ 144.53
Plan Cost/Day	\$ 4.60	\$ 4.86	\$ 4.36	\$ 3.35	\$ 2.45
Plan Cost per Adjusted Rx	\$ 120.62	\$ 124.74	\$ 119.36	\$ -	\$ 67.85
Nbr Rxs PMPM	1.21	0.99	2.28	0.37	4.30
Generic Fill Rate	87.0%	86.5%	88.3%	75.0%	87.6%
Home Delivery Utilization	26.9%	23.7%	34.2%	0.0%	32.9%
Member Cost %	20.9%	21.5%	19.2%	14.7%	21.7%
Specialty Percent of Plan Cost	64.0%	64.3%	66.9%	0.0%	32.6%
Specialty Plan Cost PMPM	\$ 93.34	\$ 79.41	\$ 182.22	\$ -	\$ 95.28
Formulary Compliance Rate	99.7%	99.7%	99.8%	100.0%	99.6%

STATE OF NEVADA PEBP:

**PRESCRIPTION
DRUG UTILIZATION**
+ PPO PLAN
+ Q2 FY26

State of Nevada PEBP					
FY2026 Q2 - PPO					
Description	PPO	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	25,559	23,749	1,772	5	33
Pct Members Utilizing Benefit	66.3%	65.3%	83.5%	80.0%	97.0%
Total Plan Cost	\$ 29,690,445	\$ 26,124,509	\$ 3,446,358	\$ 11,755	\$ 107,822
Total Days	5,244,030	4,513,920	700,368	3,309	26,433
Total Adjusted Rxs	201,300	174,391	25,829	118	962
Plan Cost PMPM	\$ 193.61	\$ 183.34	\$ 324.15	\$ 391.84	\$ 544.56
Plan Cost Net PMPM	\$ 127.30	\$ 121.14	\$ 204.38	\$ 232.90	\$ 408.64
Plan Cost/Day	\$ 5.66	\$ 5.79	\$ 4.92	\$ 3.55	\$ 4.08
Plan Cost per Adjusted Rx	\$ 147.49	\$ 149.80	\$ 133.43	\$ 99.62	\$ 112.08
Nbr Rxs PMPM	1.31	1.22	2.43	3.93	4.86
Generic Fill Rate	85.5%	85.4%	86.0%	83.9%	86.6%
Home Delivery Utilization	26.4%	24.8%	35.3%	82.9%	41.9%
Member Cost %	12.0%	12.0%	12.4%	8.9%	7.0%
Specialty Percent of Plan Cost	48.8%	49.1%	47.8%	0.0%	11.2%
Specialty Plan Cost PMPM	\$ 94.48	\$ 90.03	\$ 155.03	\$ -	\$ 60.77
Formulary Compliance Rate	99.3%	99.3%	99.6%	100.0%	100.0%



Nevada PEBP

Q2 FY2026

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 Qx FY26 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 2, currently ranked 1 by Plan Cost Net.
 - Plan Cost Net ↑ \$502k (31.2%) to current \$2.1M.
 - Plan Cost Net PMPM ↑ \$3.95 (33.7%) to current \$15.66.
 - Patient Count ↑ 20 to current count of 228.
 - Adjusted Rxs ↑ 58 to current count of 1,214.
- **Notable Drug Changes within Indication:**
 - **Adalimumab**
 - Previous ranked 11, currently ranked 10 by Plan Cost Net.
 - Plan Cost Net ↑ \$16k (33.9%) to current \$66k.
 - Plan Cost Net PMPM ↑ \$0.13 (36.5%) to current \$0.49.
 - Patient Count saw no change
 - Adjusted Rxs ↑ 2 to current count of 66.
 - **Ilaris**
 - New, currently ranked 4 by Plan Cost Net.
 - Plan Cost Net: New, current \$164k.
 - Plan Cost Net PMPM: New, current \$1.22.
 - Patient Count: New, current count of 3.
 - Adjusted Rxs: New, current count of 12.
 - **Bimzelx Autoinjector:**
 - New, currently ranked 6 by Plan Cost Net.

- Plan Cost Net: New, current \$128k.
 - Plan Cost Net PMPM: New, current \$0.93.
 - Patient Count: New, current count of 4.
 - Adjusted Rxs: New, current count of 19.
- **Other drug changes in this indication were not notable.**

- **Atopic Dermatitis:** Previous ranked 6, currently ranked 5 by Plan Cost Net.
 - Plan Cost Net ↑ 258\$k (55.4%) to current \$725k.
 - Plan Cost Net PMPM ↑ \$1.98 (58.4%) to current \$5.37.
 - Patient Count ↓ 69 to current count of 785.
 - Adjusted Rxs ↓ 57 to current count of 1368.

- **Adbry Autoinjector**
 - New, currently ranked 3 by Plan Cost Net.
 - Plan Cost Net: New, current \$47k.
 - Plan Cost Net PMPM: New, current \$0.35.
 - Patient Count: New, current count of 4.
 - Adjusted Rxs: New, current count of 17.
- **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 \$119.78 compared to CDHP PEBP of \$95.92.
- Peer experienced Trend of 16.1%, compared to CDHP PEBP Trend of 24.6%

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	1.3%
Previous Period - Plan Cost Net PMPM	\$188.70	

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

- **Inflammatory Conditions:** Previous ranked 1st, currently ranked 1st by Plan Cost Net..
 - Plan Cost Net \$81.9k (-8.8%) to current \$849.0k..
 - Plan Cost Net PMPM ↑ \$1.59 (+5.4%) to current \$31.22.
 - Patient Count ↓ 19 to current count of 97.
 - Adjusted Rxs ↓ 114 to current count of 553.

- **Notable Drug Changes within Indication:**
 - **Taltz Autoinjector:**
 - Previously ranked 9th, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↑ \$63.1k (+162.6%) to current \$101.8k.
 - Plan Cost Net PMPM ↑ \$2.51 (+203.5%) to current \$3.74.
 - Patient Count ↑ 2 to current count of 9.
 - Adjusted Rxs ↑ 11 to current count of 49.
 - **Skyrizi On-Body:**
 - Previously ranked 67th, currently ranked 22nd overall (ranked 5th within indication by Plan Cost Net).
 - Plan Cost Net ↑ \$38.7k (+207.7%) to current \$57.4k..
 - Plan Cost Net PMPM ↑ \$1.52 (+255.6%) to current \$2.11.
 - Patient Count ↑ 3 to current count of 4.
 - Adjusted Rxs ↑ 10 to current count of 16.
 - **Tavneos:**
 - Previously ranked 1st, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net ↓ \$90.5k (-47.6%) to current \$99.8k.
 - Plan Cost Net PMPM ↓ \$2.39 (-39.4%) to current \$3.67.
 - Patient Count ↓ 1 to current count of 1.
 - Adjusted Rxs ↓ 7 to current count of 6.
 - **Rinvoq:**
 - Previously ranked 2nd, currently ranked 4th by Plan Cost Net.
 - Plan Cost Net ↓ \$60.7k (-46.2%) to current \$70.7k.
 - Plan Cost Net PMPM ↓ \$1.58 (-37.8%) to current \$2.60.
 - Patient Count ↓ 3 to current count of 3.
 - Adjusted Rxs ↓ 18 to current count of 18.

- **Diabetes:**
 - Plan Cost Net ↓ \$11.6k (-1.7%) to current \$683.2k.
 - Plan Cost Net PMPM ↑ \$3.01 (+13.6%) to current \$25.12.
 - Patient Count ↓ 48 to current count of 513.
 - Adjusted Rxs ↓ 389 to current count of 5,087.

 - **Mounjaro:**
 - Previously ranked 2nd, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↓ \$60.7k (-46.2%) to current \$70.7k.
 - Plan Cost Net PMPM ↑ \$3.11 (+56.6%) to current \$8.61.
 - Patient Count ↑ 47 to current count of 132.
 - Adjusted Rxs ↑ 190 to current count of 671.

- **Ozempic:**
 - Previously ranked 1st, currently ranked 2nd by Plan Cost Net
 - Plan Cost Net ↓ \$46.3k (-21.7%) to current \$166.7k.
 - Plan Cost Net PMPM ↓ \$0.65 (-9.6%) to current \$6.13.
 - Patient Count ↓ 24 to current count of 101.
 - Adjusted Rxs ↓ 161 to current count of 518.
- **Rybelsus:**
 - Previously ranked 6th, currently ranked 5th by Plan Cost Net.
 - Plan Cost Net ↑ \$4.43k (+27.3%) to current \$20.6k.
 - Plan Cost Net PMPM ↑ \$0.24 (+47.1%) to current \$0.76.
 - Patient Count ↑ 4 to current count of 15.
 - Adjusted Rxs ↑ 12 to current count of 72.
- **Cancer:** Previous ranked 3rd, currently ranked 3rd by Plan Cost Net.
 - Plan Cost Net ↓ \$100.9k (-15.5%) to current \$548.8k.
 - Plan Cost Net PMPM ↓ \$0.49 (-2.4%) to current \$20.18.
 - Patient Count ↓ 50 to current count of 244.
 - Adjusted Rxs ↓ 1,322 to current count of 6,971.
- **Notable Drug Changes within Indication:**
 - **Venclexta:**
 - Previously ranked 3rd, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↑ \$51.7k (+51.2%) to current \$152.8k.
 - Plan Cost Net PMPM ↑ \$2.40 (+74.7%) to current \$5.62.
 - Patient Count: remains at 2.
 - Adjusted Rxs ↑ 3 to current count of 10.
 - **Nilotinib HCL:**
 - Currently ranked 3rd by Plan Cost Net.
 - Plan Cost Net: current \$90.1k.
 - Plan Cost Net PMPM: current \$3.31.
 - Patient Count: current count of 1.
 - Adjusted Rxs: current count of 6.
 - **Tasigna:**
 - Previously ranked 7th, currently ranked 8th by Plan Cost Net.
 - Plan
 - Plan Cost Net PMPM ↑ \$2.40 (+74.7%) to current \$5.62.
 - Patient Count: remains at 2.
 - Adjusted Rxs ↑ 3 to current count of 10.
- **Multiple Sclerosis:** Previous ranked 12th, currently ranked 4th by Plan Cost Net.
 - Plan Cost Net ↑ \$149.3k (+99.8%) to current \$298.9k.
 - Plan Cost Net PMPM ↑ \$6.23 (+130.9%) to current \$10.99.
 - Patient Count ↑ 2 to current count of 43.
 - Adjusted Rxs ↑ 62 to current count of 1,250.

- **Kesimpta Pen:**
 - Previously ranked 44th overall, currently ranked 8th overall (ranked 1st within indication by Plan Cost Net).
 - Plan Cost Net ↑ \$78.5k (+210.8%) to current \$115.7k.
 - Plan Cost Net PMPM ↑ \$3.07 (+259.1%) to current \$4.25.
 - Patient Count ↑ 1 to current count of 2.
 - Adjusted Rx's ↑ 6 to current count of 13.
- **MavenClad:**
 - Current high-cost driver: Plan Cost Net current \$85.9k and PMPM \$3.16.
 - Patient Count: current 1; Adjusted Rx's: current 1.
- **Tecfidera**
 - Previously ranked 1st, currently ranked 4th by Plan Cost Net.
 - Plan Cost Net ↓ \$28.5k (-45.4%) to current \$34.2k.
 - Plan Cost Net PMPM ↓ \$0.74 (-36.9%) to current \$1.26.
 - Patient Count: remains at 1; Adjusted Rx's: current 5.
- **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.
- Peer experienced Plan Cost Net PMPM of \$173.99 compared to PEBP EPO of \$198.25
- Peer experienced Trend of 19.2%, compared to PEBP EPO of 8.0%

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:** Previous ranked 1st, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↑ \$1,093.5k (+50.8%) to current \$3,244.0k.
 - Plan Cost Net PMPM ↑ \$5.58 (+35.8%) to current \$21.15.

- Patient Count ↑ 321 to current count of 1,911.
 - Adjusted Rxs ↑ 8,948 to current count of 54,791.
- **Notable Drug Changes within Indication:**
 - **Rinvoq**
 - Previously ranked 1st, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↑ \$154.5k (+53.3%) to current \$444.5k.
 - Plan Cost Net PMPM ↑ \$0.80 (+38.0%) to current \$2.90.
 - Patient Count ↑ 4 to current count of 20.
 - Adjusted Rxs ↑ 30 to current count of 114.
 - **Skyrizi On-Body:**
 - Previously ranked 147th overall, currently ranked 28th overall (ranked 5th within indication by Plan Cost Net).
 - Plan Cost Net ↑ \$128.7k (+695.8%) to current \$147.2k.
 - Plan Cost Net PMPM ↑ \$0.83 (+616.5%) to current \$0.96.
 - Patient Count ↑ 4 to current count of 5.
 - Adjusted Rxs ↑ 672 to current count of 784.
 - **Stelara:**
 - Previously ranked 2nd, currently ranked 4th by Plan Cost Net.
 - Plan Cost Net ↓ \$102.6k (-37.4%) to current \$171.4k.
 - Plan Cost Net PMPM ↓ \$0.87 (-43.7%) to current \$1.12
 - **Diabetes:** Previous ranked 2nd, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net ↑ \$240.9k (+12.5%) to current \$2,161.2k.
 - Plan Cost Net PMPM ↑ \$0.18 (+1.3%) to current \$14.09.
 - Patient Count ↑ 1,150 to current count of 16,284.
 - Adjusted Rxs ↑ 34,143 to current count of 477,428.
 - **Notable Drug Changes within Indication:**
 - **Mounjaro:**
 - Previously ranked 1st, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↑ \$330.8k (+53.4%) to current \$950.2k.
 - Plan Cost Net PMPM ↑ \$1.71 (+38.1%) to current \$6.20.
 - Patient Count ↑ 230 to current count of 539.

- Adjusted Rxs ↑ 1,061 to current count of 2,825.
 - **Ozempic:**
 - Previously ranked 2nd, currently ranked 2nd by Plan Cost Net.
 - Plan Cost Net ↓ \$109.7k (-20.4%) to current \$428.2k.
 - Plan Cost Net PMPM ↓ \$1.10 (-28.3%) to current \$2.79.
 - Patient Count ↓ 49 to current count of 303.
 - Adjusted Rxs ↓ 379 to current count of 1,372.
 - **Trulicity:**
 - Previously ranked 4th, currently ranked 6th by Plan Cost Net.
 - Plan Cost Net ↓ \$47.5k (-46.9%) to current \$53.7k.
 - Plan Cost Net PMPM ↓ \$0.38 (-52.2%) to current \$0.35.
 - **Other drug changes in this indication were not notable.**
- **Cancer:** Previous ranked 3rd, currently ranked 3rd by Plan Cost Net.
 - Plan Cost Net ↑ \$442.8k (+36.2%) to current \$1,666.2k.
 - Plan Cost Net PMPM ↑ \$2.00 (+22.6%) to current \$10.86.
 - Patient Count ↑ 148 to current count of 948.
 - Adjusted Rxs ↑ 4,445 to current count of 27,311.
- **Notable Drug Changes within Indication:**
 - **Idhifa:**
 - Previously ranked 2nd, currently ranked 1st by Plan Cost Net.
 - Plan Cost Net ↑ \$157.6k (+93.0%) to current \$327.1k.
 - Plan Cost Net PMPM ↑ \$0.91 (+73.8%) to current \$2.13.
 - **Kisqali:**
 - Previously ranked 145th overall, currently ranked 24th overall (ranked 3rd within indication by Plan Cost Net).
 - Plan Cost Net ↑ \$147.8k (+785.3%) to current \$166.6k.
 - Plan Cost Net PMPM ↑ \$0.95 (+697.0%) to current \$1.09.
 - **Other drug changes in this indication were not notable.**

- **Enzyme Deficiencies:** Previous ranked 6th, currently ranked 5th by Plan Cost Net.
 - Plan Cost Net ↑ \$412.1k (+53.6%) to current \$1,180.6k.
 - Plan Cost Net PMPM ↑ \$2.13 (+38.3%) to current \$7.70.
 - Patient Count ↑ 23 to current count of 51.
 - Adjusted Rxs ↑ 624 to current count of 1,430.
- **Notable Drug Changes within Indication:**
 - **Yorvipath:** currently a major driver at \$592.9k Plan Cost Net (ranked #1 in the indication).
 - **Strensiq:** Plan Cost Net ↓ \$41.3k (-12.6%) to \$287.2k.
 - **Sucraid:** Plan Cost Net ↓ \$39.8k (-66.6%) to \$20.0k
 - **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 in Plan Cost Net, however PEBP PPO experienced slightly higher Trend.
- PEBP PPO experienced Plan Cost Net PMPM of \$127.30 compared to peer of \$173.99.
- Peer experienced Trend of 19.2%, compared to PEBP PPO of 19.5%.

Total Overall Trend		% Change
Current Period - Plan Cost Net PMPM	\$120.00	
Utilization	\$2.11	2.1%
Unit Cost	\$11.36	11.2%
Member Share	\$5.35	5.3%
Total Change in Plan Cost Net PMPM	\$18.82	18.6%
Previous Period - Plan Cost Net PMPM	\$101.18	

Summary of Total – Overall the main driver of Trend was Specialty Utilization driven by an increase of 16.9% in Specialty patients. This resulted in an 22.0% increase in Specialty Days of Therapy.

Trend was mitigated by increased rebates of 8.0%. Which reduced the combined unit cost trend to 11.2%

Member Cost contributed to Trend on both Specialty and NonSpecialty drugs. This is due to increased Utilization on Specialty drugs and Drug Mix on NonSpecialty drugs. Primary driven by utilization of more expensive brand drugs.

Key Statistics:

Nevada PEBP Total			
Description	Q2 FY26	Q2 FY25	Change
Average Members per Month	52,586	51,168	2.8%
Number of Unique patients	33,722	32,788	2.8%
Members Utilizing the Benefit	64.1%	64.1%	0.0
Gross Cost/Adjusted Rx	\$162.52	\$148.48	9.5%
Plan Spend	\$57,775,371	\$49,509,191	16.7%
Rebates (estimated)	\$19,913,420	\$18,445,964	5.5%
Plan Cost Net	\$37,861,950	\$31,063,227	21.9%
Plan Cost Net PMPM	\$120.00	\$101.18	18.6%
Non-Specialty Plan Cost Net PMPM	\$83.96	\$79.03	6.2%
Specialty Plan Cost Net PMPM	\$99.16	\$82.24	20.6%
Generic Fill Rate	86.0%	85.7%	0.3
90 Day Utilization	59.6%	59.9%	-0.3
Retail - Maintenance 90 Utilization	32.2%	29.5%	2.7
Home Delivery Utilization	27.0%	30.1%	-3.1
Member Cost Net %	15.2%	17.3%	-2.1

END OF REPORT