



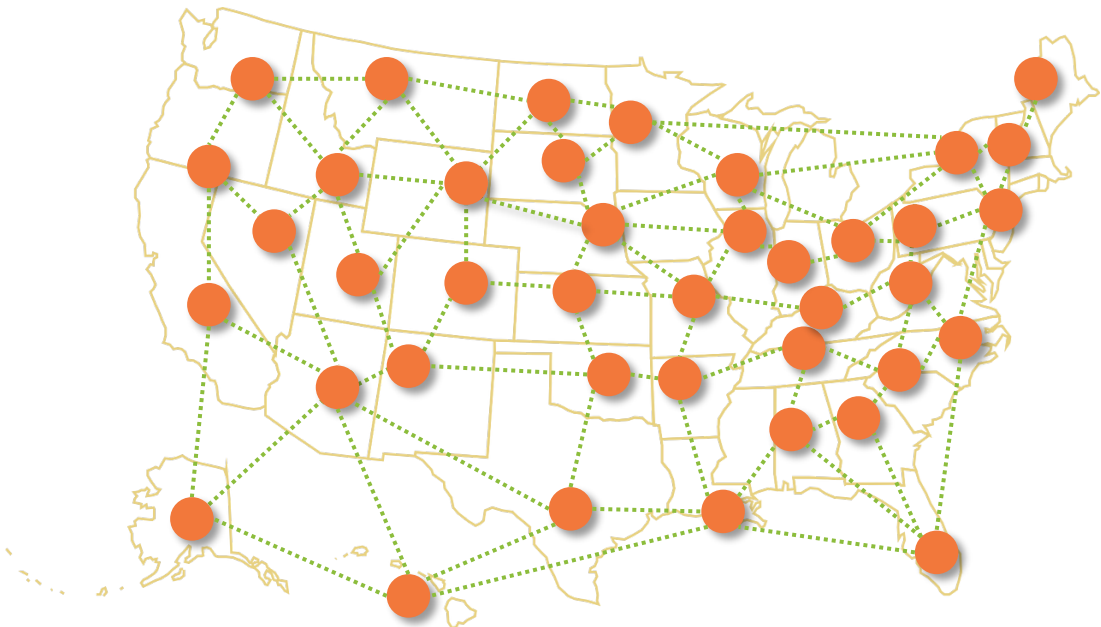
Innovations in Prescription Drug Monitoring Programs (PDMPs)

Texas Pain Society Meeting | October 26, 2025

Agenda

- Introduction to Bamboo Health
- Texas PMP Updates
- Recap/Update on 2024 Innovation
 - Nonfatal Overdose Display
 - MOUD Adherence Prompts
 - Opioid Treatment Program Data
- Naloxone Co-prescribing Prompts
- Care Navigation

Bamboo Health Impact



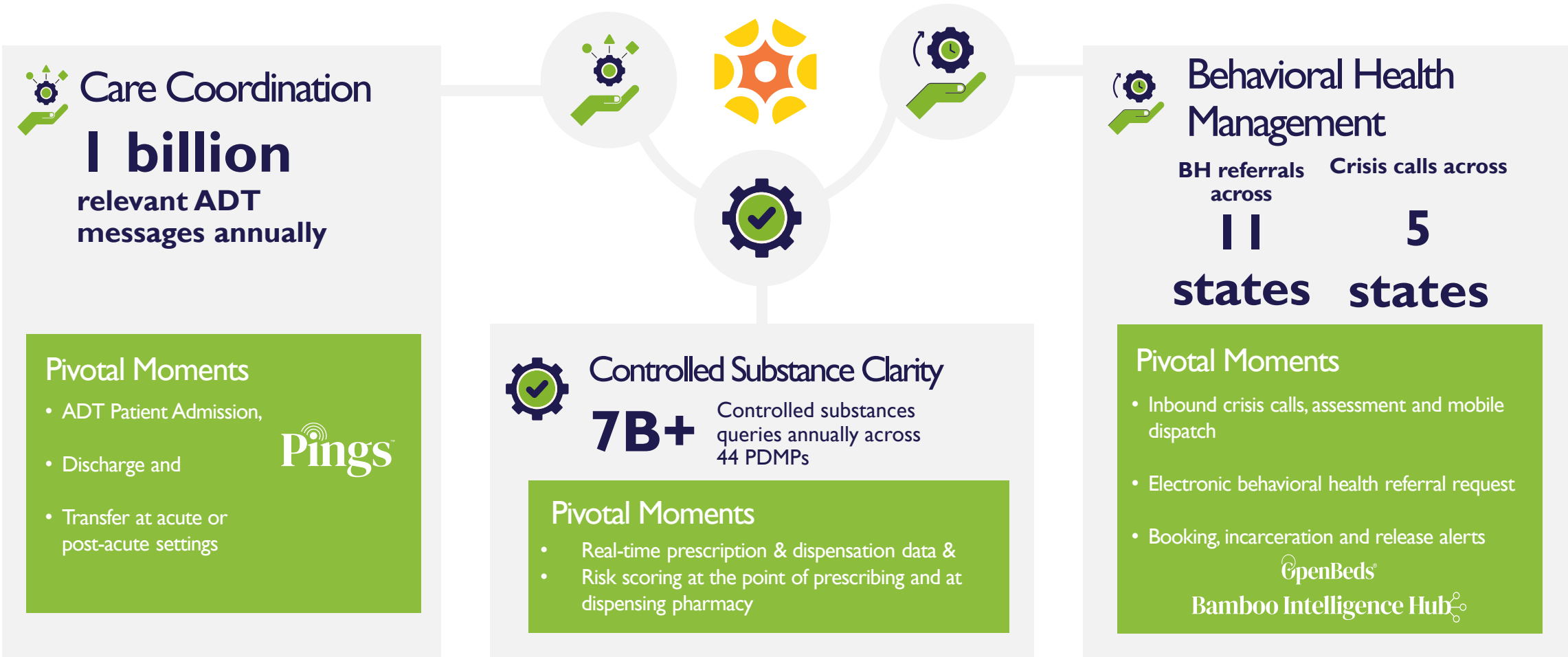
Our Network

Real-time care intelligence, giving healthcare professionals the right information – at the moments that matter



2,500 Hospitals	25,000 Pharmacies	32 Health Plans	50 States	150 Million Lives	1 Billion Patient Encounters Per Year	8,000 Post Acute Facilities	1 Million Clinical Users
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We Provide Solutions That Empower Life-Improving Action During Pivotal Care Moments



Texas PMP Updates

General System Performance

August 2024-August 2025

42,565,110

2.03%▲ Submitted Records



61,380,305

4.73%▲ Search Activity



99.98%

.0%▼ in System Uptime



70

Completed State Initiatives



6,378

22.73%▼ Support Tickets



45

Resolved Engineering Tickets



*Increase/decrease from previous quarter.
Search activity includes all search scenarios from AWAxR and Gateway.*

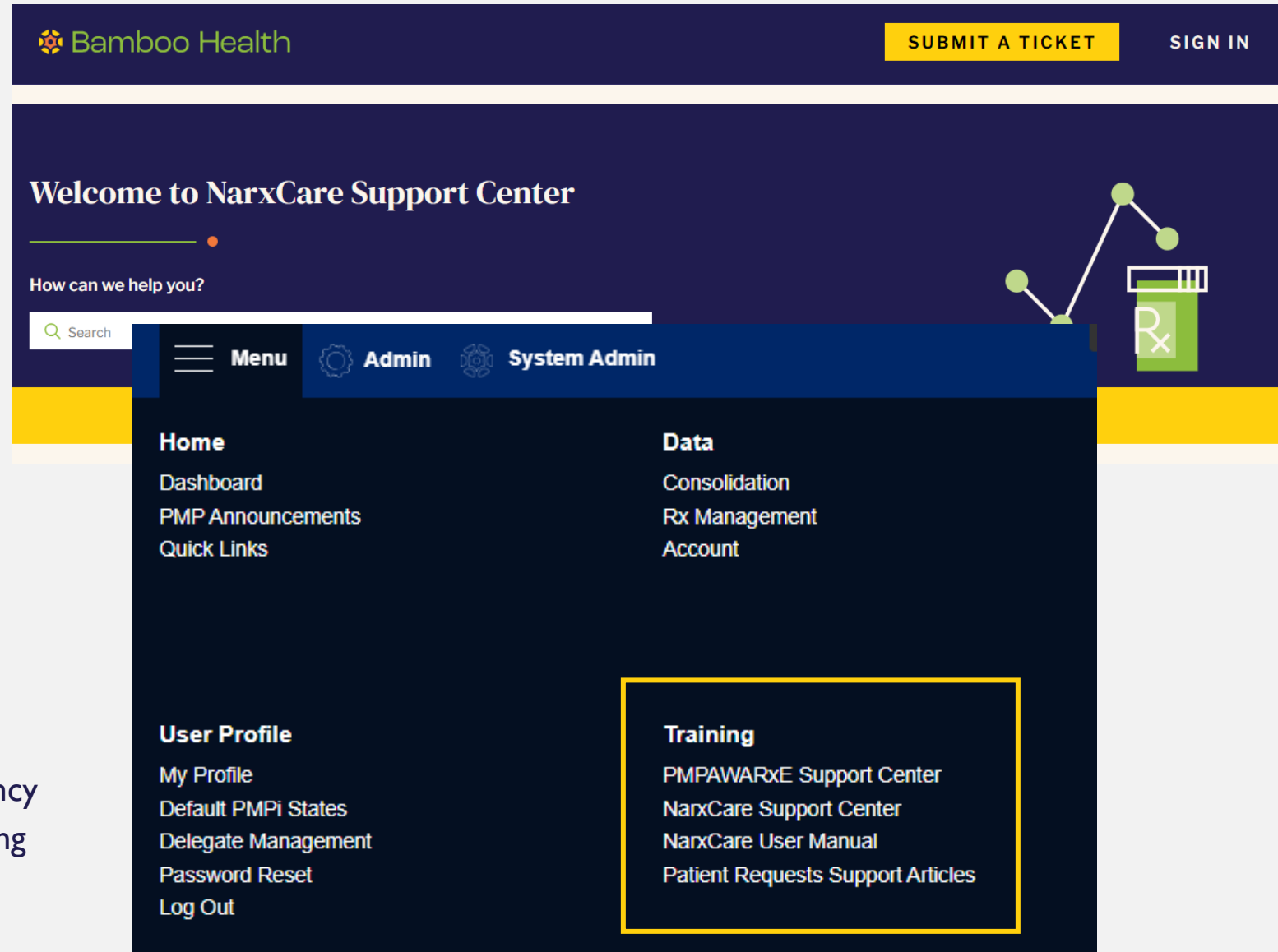
Documentation Updates

Revamped Support Center:

- 23 articles
 - NarxCare Overview
 - Making Patient Requests
 - About State Indicators
 - About Rx Graph
 - About NarxScores
 - About ORS
 - NarxCare Communications
 - PDMP Information & Resources

Revamped NarxCare User Guide:

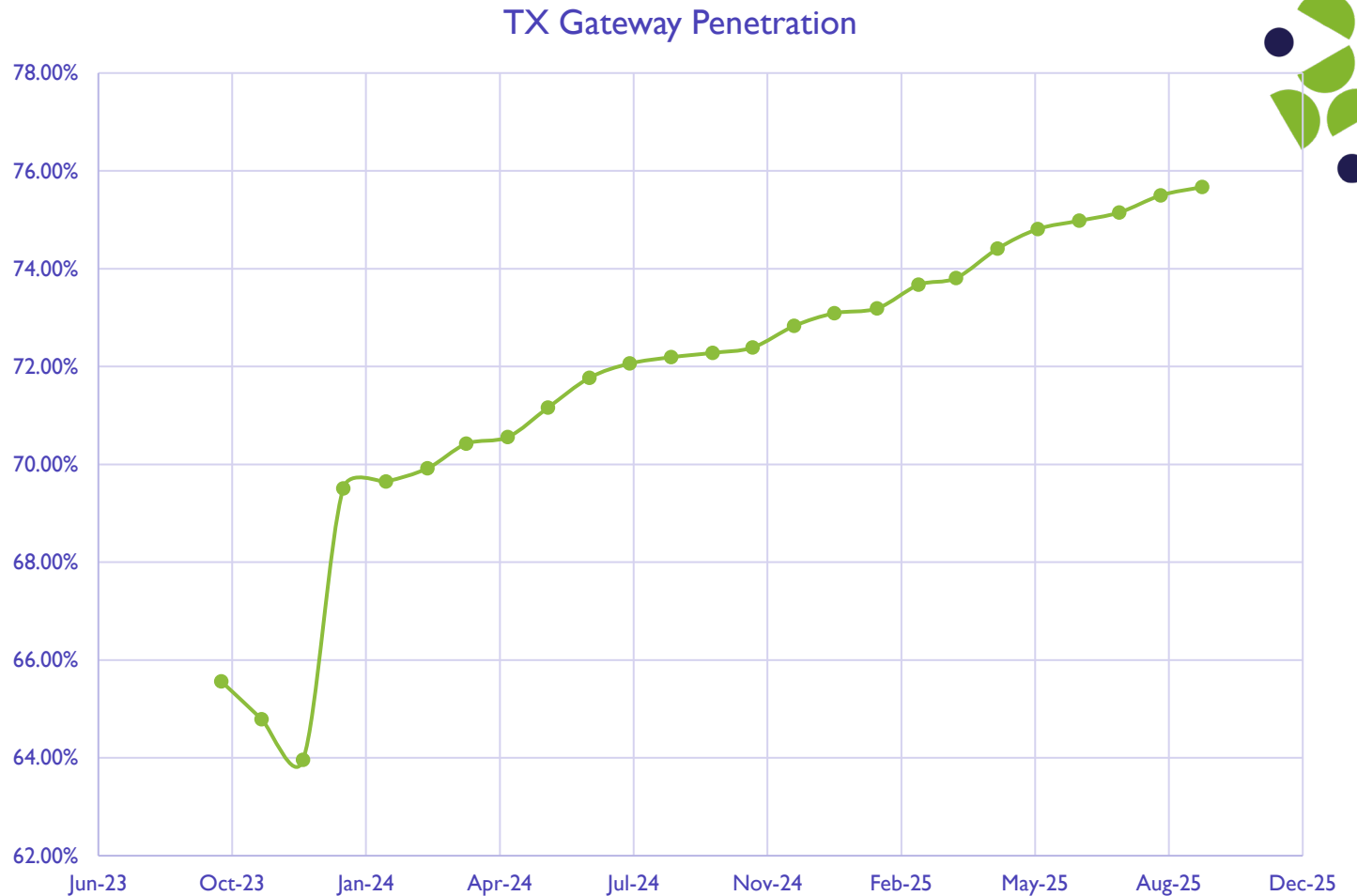
- Key Changes:
 - Complete rewrite of guide
 - Expanded product details & transparency
 - Added use case examples (more coming for Rx Graph)



Gateway Update

Key Metrics:

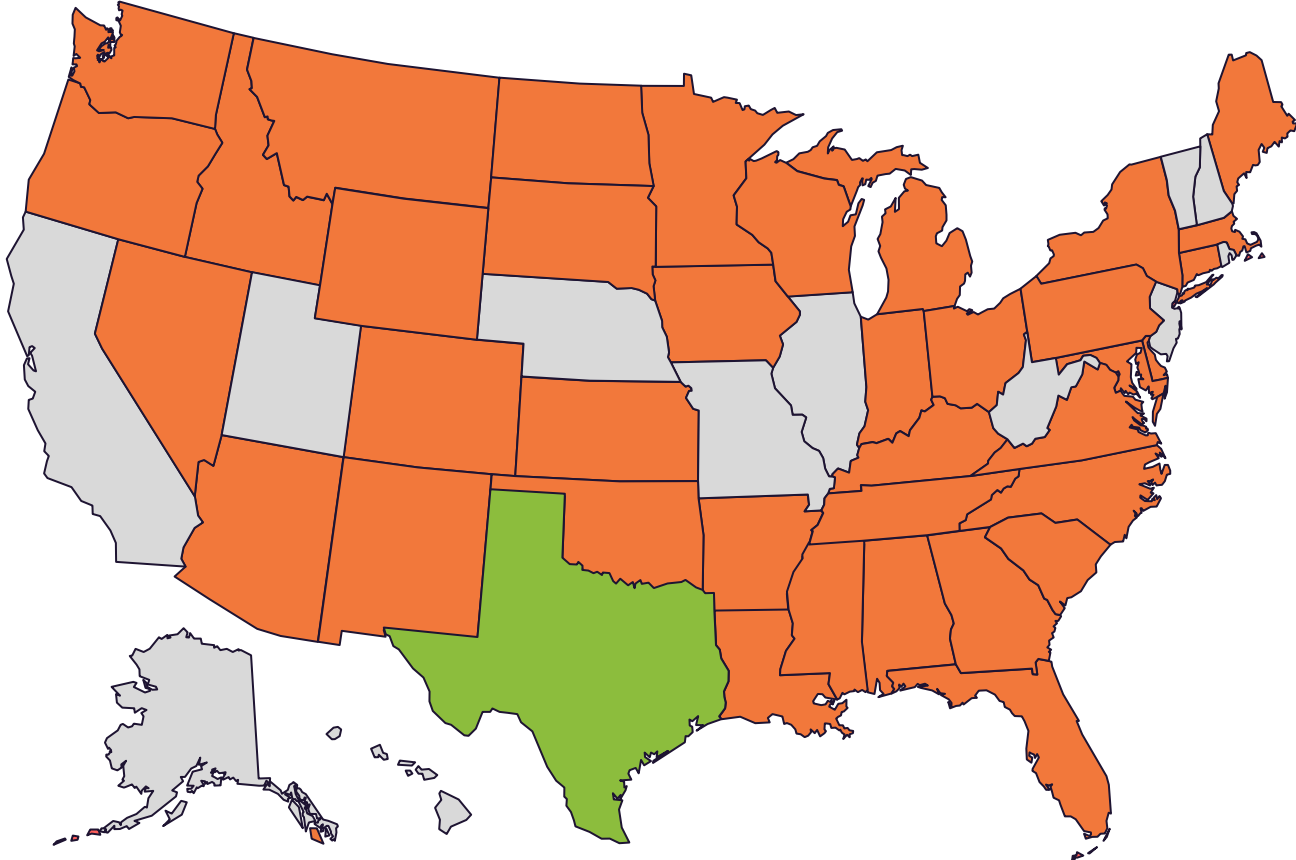
- Individual facilities that are live with Gateway as of 09/12/25: **26,925**
- August 2024 – August 2025 Gateway request from TX: **290,590,952** (12.55% increase from year prior (258,199,762))
- August 2024 – August 2025 Gateway requests to TX from other states: **309,718,756** (21.36% increase from year prior (255,201,624))



10.11% Increase in Gateway Penetration with the reinitiation of state funding.

PDMP Interstate Data Sharing

As of September 2025, your PDMP is sharing with **41 PDMPs** across the United States via PMP InterConnect.



PMPi Connections

41

Yes: Alabama, Arizona, Arkansas, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland CRISP (Partial), Maryland RxGov, Massachusetts, Michigan, Military Health System, Minnesota, Mississippi, Montana, Nevada, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, South Carolina, South Dakota, Tennessee, Texas, Virginia, Washington, Wisconsin, Wyoming

No: Alaska, California, Guam, Hawaii, Illinois, Mariana Islands, Missouri, New Hampshire, New Jersey, Rhode Island, Utah, Vermont, West Virginia

Nonfatal Overdose Display

Background and Partnership

- Created in partnership with Ohio Board of Pharmacy
- Ohio PMP (OARRS) includes a staff with clinical, epidemiological, and technical expertise
- Regular progress reports with state and clinical resources to refine design and respond to provider feedback
- Initial deployment date: October 2024
- Now adopted by:
 - Alaska
 - Florida
 - Ohio
 - Virginia
- Multiple additional states pursuing



Display of Nonfatal Overdose Events

Menu

Weasley, Ronald 43M

Date of Birth: 01/03/1980

Recent Address: 148 Pioneer Cir Pickerington, OH 43147

Status of States Queried: View Details

View Linked Records (3)

Other Tools/Metrics

Non-Fatal Overdose Events available for this patient! Contact the Bamboo Health Knowledge/Help Center

One or more patients do not exactly match the search patient demographic information that was sent during search: Weasley, Ronald, 01/03/1980. The report displayed is for the next best possible match. Please verify the report is for the intended patient before proceeding.

NarxCare®

Report generated on 01/22/2024. Report Date Range: 01/22/2022 - 01/22/2024

UNINTENTIONAL OVERDOSE RISK SCORE MODEL

ABOVE AVERAGE

510

KEY CONTRIBUTING FACTORS TO OVERDOSE RISK SCORE MODEL

Greater than six dispensations

Benzo - Narcotics overlap

Number of high risk scripts

Number of pharmacies where narcotics/sedatives/stimulants filled

Total days supply of short-acting drugs

Yes

0 Days

11

2

0

NARX SCORES

NARCOTICS

430

ACTIVE RX

0

SEDATIVES

180

ACTIVE RX

0

STIMULANTS

000

ACTIVE RX

0

State Indicators (0)

Details

RX Graph

Narcotic

Buprenorphine

Sedative

Stimulant

Other

Learn how to use graph

All Prescribers

Prescribers

5 - Malco Barz

4 - Stanley E Scheidl

Other Health Information

Non-Fatal Overdose Events

Event History

1Y 2Y All

10/10/2023 9:07 AM

Mount Carmel Health System
Columbus OH | 43213

Other opioids - undetermined 402X4A

Fentanyl or fentanyl analogs - undetermined T40414A

Cocaine - intentional self-harm T405X2A

Amphetamines - undetermined T43624A

Show more

01/01/2022 12:10 PM

Mount Carmel Health System
Columbus OH | 43213

Opium - accidental (unintentional) 400X1A

Resources (2)

Non-Fatal Overdose Events

Event History

1Y 2Y All

10/10/2023 9:07 AM

Mount Carmel Health System
Columbus OH | 43213

Other opioids - undetermined 402X4A

Fentanyl or fentanyl analogs - undetermined T40414A

Cocaine - intentional self-harm T405X2A

Amphetamines - undetermined T43624A

Show more

01/01/2022 12:10 PM

Mount Carmel Health System
Columbus OH | 43213

Opium - accidental (unintentional) 400X1A

 Bamboo Health

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The Non-Fatal Overdose Events Tile

Event time stamp
based on facility admit
date & time

Overdose ICD-10
diagnosis description

Chronological history
of NFOD events

Non-Fatal Overdose Events ⓘ

Event History ⓘ

1Y

2Y

All

10/10/2023
9.07 AM

Mount Carmel Health System
Columbus OH | 43213

Other opioids - undetermined
Fentanyl or fentanyl analogs - undetermined
Cocaine - intentional self-harm
Amphetamines - undetermined

402X4A
T40414A
T405X2A
T43624A

Show more ▾

01/01/2022
12.10 PM

Mount Carmel Health System
Columbus OH | 43213

Opium - accidental
(unintentional)

400X1A

Event history
lookback toggles

Reporting facility
name & location

Overdose ICD-10
diagnosis code

MOUD Adherence Prompt

Background and Partnership

- Created in partnership with Massachusetts Department of Public Health
- MA PMP (MassPAT) includes a staff with clinical, epidemiological, and technical expertise
- MassPAT Advisory Committee includes providers from prominent health systems and research facilities like Boston Medical and Northeastern University
- Regular progress reports with state and clinical resources to refine design and respond to provider feedback
- Special considerations:
 - Actionable alerts that support interventions in real time
 - Ability to notify care teams in addition to providers
 - High level of configurability to support variance in MAT drug policy
- Initial deployment date: October 2024
- Now adopted by:
 - Ohio
 - Multiple additional states pursuing



**Northeastern
University Health
and Counseling Services**

MOUD Adherence Prompts

The MOUD (Medication for Opioid Use Disorder) Prompts solution **monitors prescription data** for buprenorphine and other medications used to treat opioid use disorder **to identify patients who experience a lapse in treatment**. The solution automatically generates alerts to the prescriber and the prescriber's delegates and will show as a notification on specified PMP prescription reports run for that patient.

Three alert methods:

1. Patient alerts in PMP
2. Report indicator on patient reports
3. Email notification

Limited to prescribers and delegates with an existing and active PMP account containing a personal DEA number that corresponds with the DEA associated with the prescriptions which prompted the alert will receive the MOUD prompt notification

The image is a composite of three screenshots illustrating MOUD alert methods:

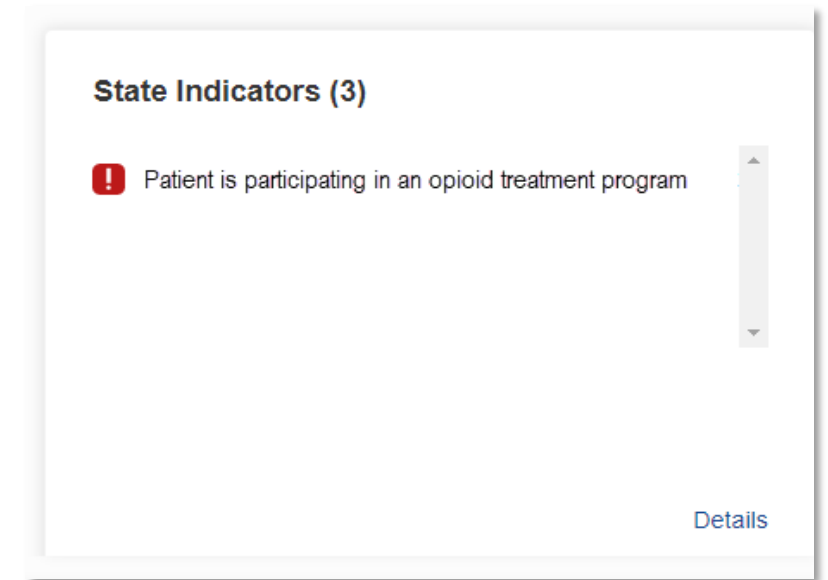
- My Dashboard (PMP Alerts):** A screenshot of a PMP dashboard titled "My Dashboard" with a "Patient Alerts" section. It contains a table of patient alerts. A red box highlights the "View All Patient Alerts" link, and a red arrow points to the "ABBI PATIENT" row.
- State Indicators (1):** A screenshot of a "State Indicators (1)" panel showing a red warning icon and the text: "Patient may be experiencing an interruption in MOUD treatment." A "Details" link is at the bottom.
- Email Notification:** A screenshot of an email with the following content:
FROM: no-reply-pmpaware@globalnotifications.com
TO: [Prescriber@host.com]
SUBJECT: Patient Alert from PMP AWA Rx E

PATIENT ALERT
You are receiving this alert because one of your patients has surpassed a predefined threshold in State PMP, which indicates a gap in the dispensation of Buprenorphine within a specified time frame. No conclusions or judgments have been made based on this information. However, it is strongly encouraged that you log in to State PMP to view identifying information about this patient and further guidance regarding review of this alert.

Opioid Treatment Programs (OTPs) and PMPs

Background and Partnership

- Federal relaxation of 42 CFR Part 2 created an opportunity for states to require collection of OTP data and present it within the PMP.
- Project kicked off with CT in 2023, then adopted by OH and ND. Legislation passed in VA in 2025 session. Two additional states are in contracting and we anticipate that this will be a focus of PMPs for the next legislative cycle.
- Patient consent must be managed by the OTP facility and/or data aggregator since PMPs are not opt-in programs.
- Future state: Display of administration events, dosage, and facility information in a separate tile from dispensations



Naloxone Co-prescribing Prompt

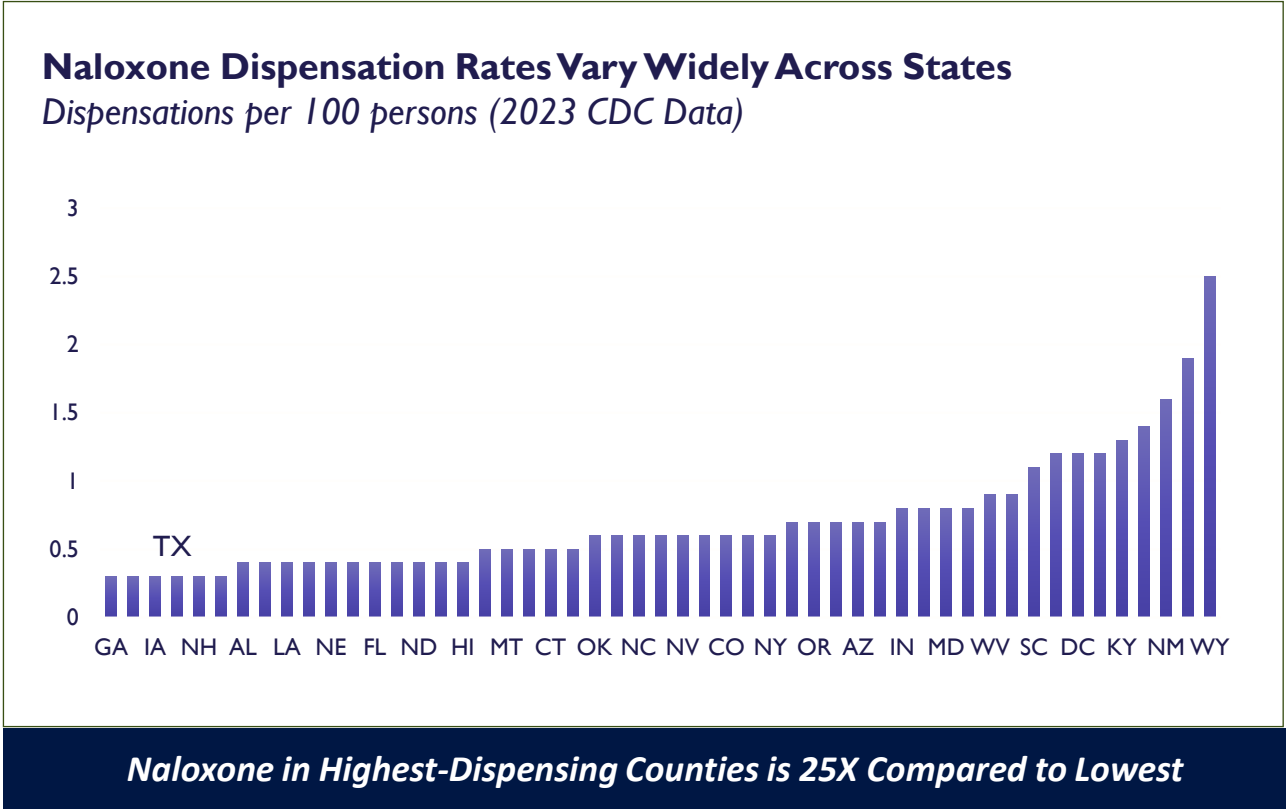
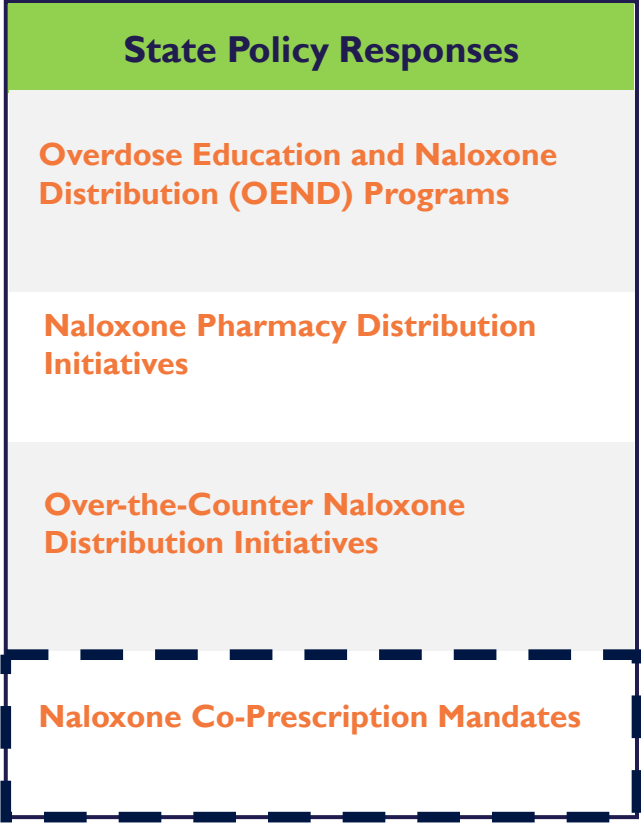
Background and Partnership

- Created in partnership with Ohio Board of Pharmacy
- Initial deployment date: September 2025
- Multiple additional states already pursuing

Naloxone Co-Prescription Prompts are a **real-time monitoring and notifications** designed to recommend a Naloxone co-prescription when a patient hits **defined criteria**.

- History of prior opioid overdose as indicated by a non-fatal overdose event (with OD Insights)
- Prescribed an opioid dose that exceeds a daily average MME amount
- Prescribed an opioid dose in combination with benzodiazepine, sedative hypnotic drug, carisoprodol, tramadol or gabapentin
- Patient has a concurrent SUD as indicated by OTP data (combined with OTP Indicator)

States have attempted to boost naloxone distribution... with mixed results.



Sources: (1) Centers for Disease Control and Prevention

Bamboo PDMP Solutions May Help States Improve Naloxone Co-Prescribing

PDMP – Naloxone Prompts

- Providers utilize PDMPs to inform their opioid prescribing practices.
- Opportunity to deliver co-prescription alerts directly into provider’s PDMP workflow.

Value for Providers

- **Meet CDC recommendations¹ and/or state regulations** on Naloxone co-prescribing
- **Potentially reduce overdose risk** among opioid-affected individuals.

Naloxone Co-Prescription Indicator

State Indicators (6)

- ! Daily Active MME ≥ 1440
- ! Patient has met one or more criteria for which the CDC recommends that a prescriber offer a prescription for an overdose reversal medication (e.g. naloxone).
- ! Consecutive Opioids Received for ≥ 180 Days
- ↓ Below Daily Active Methadone Threshold
- ↓ Below Opioid & Benzodiazepine Threshold
- ↓ Below Prescriber & Dispensary Threshold

Details

Link to More Details

- Relevant source information (e.g., CDC Clinician Factsheet on ‘When to Offer to Naloxone to Patients’) can be made available providers in the Resources section.

Sources: (1) Centers for Disease Control and Prevention Fact Sheet

Care Navigation from the PMP



Health systems and state governments face increasing pressure to manage overdose rates, controlled substance misuse, and address mental health needs efficiently.

1 THE OPIOID CRISIS PERSISTS

\$1.5 trillion

was spent by the U.S. on the opioid epidemic in 2020, up 37% from 2017¹

2 BEHAVIORAL HEALTH NEEDS ARE LEFT UNMET

50 percent

of adults with symptoms of anxiety and/or depressive disorder reported an unmet need for counseling or therapy²

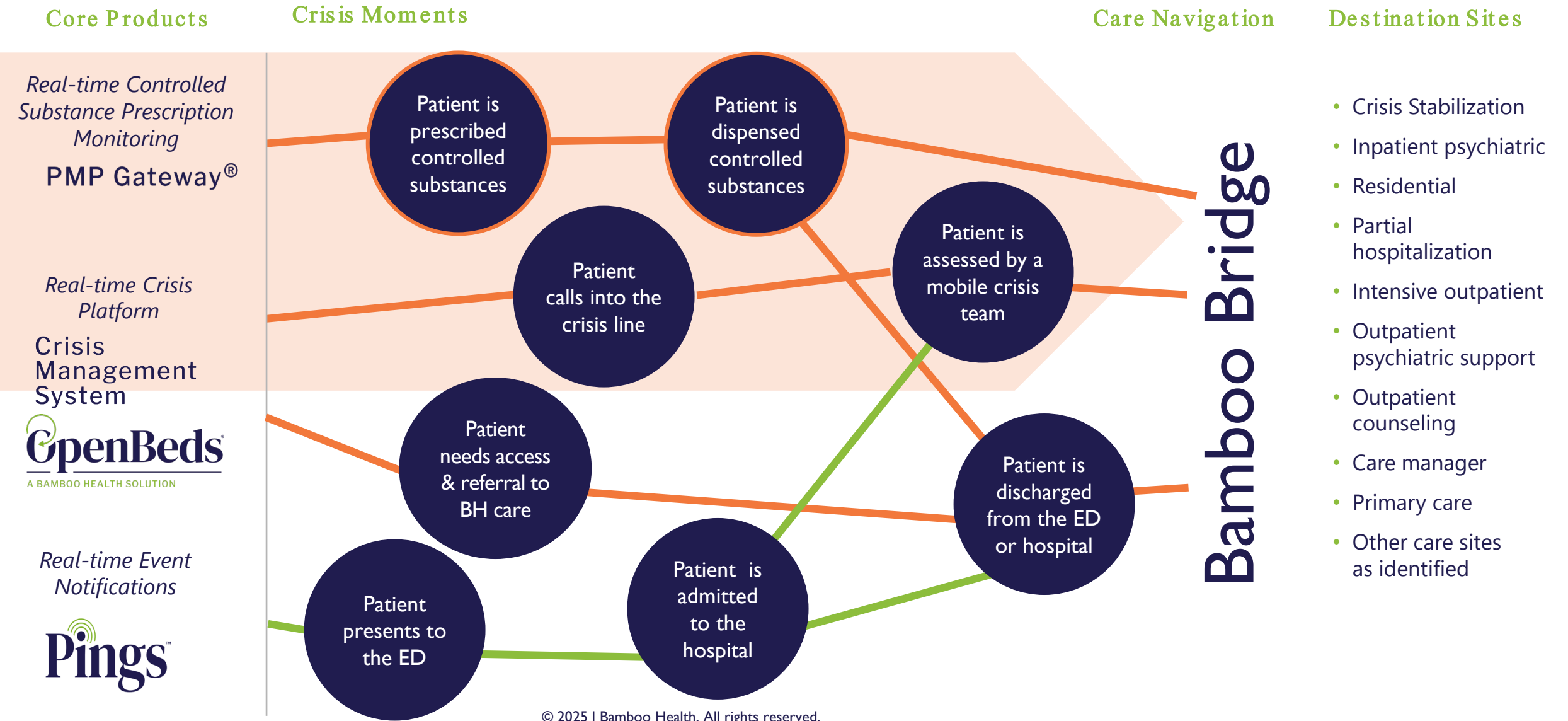
3 HEALTHCARE COSTS CONTINUE TO RISE

\$12,530

in healthcare expenses was spent per person in the U.S., reaching a total of \$4.1 trillion in 2020³

● ● ●

Our core products surface pivotal moments and serve as triggers to initiate care navigation for individuals with mental health and SUD conditions



Our tech-enabled service then bridges individuals to the care they need by engaging and navigating them to definitive assessment, treatment, and social services



Bamboo Bridge is Supporting a Large Medicaid Health Plan to Manage Their Most Challenging Patients

Medicaid Plan is planning to renew our contract for 2025 given our partnership and performance.

Populations covered	Medicaid Plan's population age 6+ being discharged from inpatient psychiatric facilities
Use cases	Managing inpatient discharges from inpatient psychiatric units and hospitals subject to the FUH HEDIS measure, pre-discharge to 30 days out.
Value proposition	- Decrease inpatient and ED utilization & total cost of care - Improve FUH measure performance (subject to capitated withhold) - Offload up front transition of care work by Medicaid Plan care managers and drive more patients into longitudinal care management

We manage patients being discharged from inpatient psychiatric units from pre-discharge to 30 days post-discharge. We direct patients, as applicable, to two distinct teams: transition of care and care management, in addition to outpatient BH care. We work alongside these teams, providing a seamless connection.

7/15/24 - 5/5/25



63%

7-day FUH (89th percentile)



66%

30-day FUH (82nd percentile)



68%

Appointments Scheduled



27%

Members connected to Medicaid Plan care managers



26%

Readmission rate for Bamboo Bridge navigated patients (compared to 43% for non-Bridge patients)



Hypothesis: The point of prescription of controlled substances is a **pivotal moment** to **identify individuals** at risk of engaging in controlled substance misuse or at risk of substance use disorder.



Bamboo Bridge offers personalized care navigation services to identify and engage individuals for timely and comprehensive care during critical moments.

PDMP Request Button Use Case

Prescribers can trigger care navigators to assess and connect their patients to SUD care, as applicable, through a request button in a tile alongside the PDMP Patient Report.

The screenshot displays the PDMP Patient Report for Josh Doe, 43M. The report includes patient information, a warning about potential mismatches, and a NarxCare® report generated on 01/09/2015. The report features a 'UNINTENTIONAL OVERLAP RISK SCORE MODEL' with a score of 430 and a table of 'KEY CONTRIBUTING FACTORS TO OVERLAP RISK SCORE MODEL'. A callout box highlights the 'Request Care Navigator Engagement & Other Resources' button, which is used to trigger care navigators to assess and connect patients to SUD care.

Request Care Navigator Engagement & Other Resources

Other Health Information

- Request Care Navigator Engagement
- Resources (2)

PDMP Request Button Use Case

The button opens an in-screen menu to the side of the prescriber report where prescribers input their patient's details and request a Bamboo Bridge care navigator contact the patient to assess their needs for follow up and referral.

Select patient information automatically included

Prescriber adds both patient and their own contact details for navigator to follow-up

Prescriber adds details regarding the reason for request

PDMP Request Button Use Case

A confirmation appears at the top of the window once the request for care navigation engagement is sent.

Menu

Doe, Josh 43M

Date of Birth: 01/31/1971 | Recent Address: 438 Schulist Squares Wyoming, MI 49548 | View Linked Records (5)

Contact the Bamboo Health Knowledge/Help Center

Request Care Navigation & More

One or more patients do not exactly match the search patient demographic information that was sent during search: **Doe, Josh, 01/31/1971**. The report displayed is for the next best possible match. Please verify the report is for the intended patient before proceeding.

NarxCare®

Report generated on 01/09/2015. Report Date Range: 05/21/2013 - 05/21/2014

UNINTENTIONAL OVERDOSE RISK SCORE MODEL

AVERAGE 400

KEY CONTRIBUTING FACTORS TO OVERDOSE RISK SCORE MODEL

Greater than six dispensations	No
Benzo - Narcotics overlap	0 Days
Number of high risk scripts	0
Number of pharmacies where narcotics/sedatives/stimulants filled	1
Total days supply of short-acting drugs	7

NARX SCORES

NARCOTICS 645	SEDATIVES 321	STIMULANTS 487
ACTIVE RX 0	ACTIVE RX 1	ACTIVE RX 0

State Indicators (2)

- ≥ 5 opioid or sedative providers in any year in the last 2 years
- ≥ 4 opioid or sedative dispensing pharmacies in any 90 day period in the last 2 years

Request Care Navigation

Your care navigation request #1223444 has been successfully sent!
• For additional information, please contact support@carenavigation.services

The Care Navigation Team will review your request and contact the patient to assess their needs. Once this request has been completed, the Care Navigation Team will close the loop with the provider, using the contact information provided.

By completing this form, you are **submitting a request for a care navigator** to contact this patient to assess their needs for follow up mental health and/or substance use disorder care.

- Please complete all required fields below marked with a red asterisk (*) and click Submit.
- The First Name, Last Name, and Birthdate fields are not editable.

If you have any questions, please contact the Bamboo Bridge care navigation team at support@carenavigation.services

Patient Information

This information is being securely transmitted to Bamboo Health, Inc. in accordance with HIPAA regulations.

First Name: John
Last Name: Doe
Postal Code: 48000
Date of Birth: 01/31/1971

From here, the Bamboo Bridge care navigation workflow assesses the individual, triages and navigates to appropriate care, and follows up.



Thank you!

Jacob Cooper
Vice President of State Accounts

jcooper@bamboohealth.com

