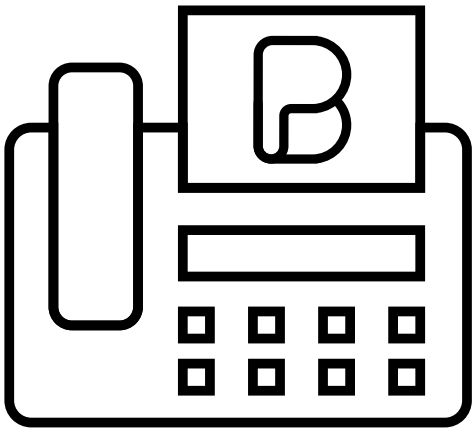
Bayview Pharmacy

Your modern compounding pharmacy.™

FAX COVER SHEET



Please fax your order to:

401-284-4506

3844 Post Road, Warwick RI 02886

Phone: 401 - 284 - 4505

www.bayviewrx.com

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This standardized order form helps ensure accurate, safe, and efficient prescribing of customized compounded medications. Please review the brief instructions below before completing or submitting any form.

For Prescribers

1. **Select the Formulation**
   Fill in the bubble next to the intended compounded product.
2. **Choose Directions/SIG**
   Select one of the provided SIG options or write custom instructions.
3. **Complete Patient Information**
   Include full name, DOB, address, phone number, and other information.
4. **Fill in Prescriber Information**
   Include your NPI, DEA (if required), phone, fax, and address.
5. **Sign and Date**
   Unsigned forms cannot be processed.
6. **Fax Completed Forms**
   Send to (401) 284-4506 or (401) 210-2757.

For Patients & Caregivers

- **Give this form directly to your healthcare provider**. They must complete and sign it before Bayview Pharmacy can prepare your medication.
- You may receive this form from a provider or facility; bring it to your next appointment if it has not yet been completed.
- Do **not** fill out the prescriber sections yourself. Your provider will enter your dosing instructions and clinical details.
- After we receive the prescription, we will reach out to the patient to go over the medication, allergies, shipping/pickup, and payment.

3844 Post Road, Warwick RI 02886
Phone: 401-284-4505
Fax: 401-284-4506
Alternate Fax: 401-210-2757
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Prefer to skip the fax? Bayview Pharmacy accepts electronic prescriptions from all major EHR and e-prescribing platforms on the Surescripts network. Here's how to send your prescription electronically in three quick steps.

How to E-Prescribe

1. **Search for our pharmacy**
   In your EHR or e-prescribing platform, search the pharmacy directory for "Bayview Pharmacy" — or search by ZIP code 02886 and look for us in Warwick, RI.
2. **Verify you have the right location**
   Confirm the listing matches the details in the box below before selecting it.
3. **Enter the prescription and send**
   Enter the compounded medication exactly as it appears on the order form — product, strength, quantity, directions, and refills — then transmit. No fax needed; we take it from there.

Pharmacy Name	Bayview Pharmacy
Address	3844 Post Road, Warwick, RI 02886
NCPDP ID	4106882
NPI	1750455143
Phone	(401) 284-4505
Fax	(401) 284-4506

THE FASTEST WAY — PRESCRIBE WITH BAYVIEW CODES

Every validated formulation has a short **Bayview code** (like **TM8**) — the same codes printed on the order form and the validated formulations sheet. Instead of typing out every ingredient, put the code first in your compound / free-text entry and we match it to the exact validated formulation instantly:

> Bayview TM8 — Alprostadil 20 mcg/ml + Papaverine 30 mg/ml + Phentolamine 1 mg/ml, 1 x 2.5 ml multi-dose vial

Include the quantity, directions/SIG, and refills as usual. If your EHR only accepts a plain formulation name, type it exactly as it appears in the Rx section of the order form.

Questions? Call (401) 284-4505 and one of our pharmacists will walk you through it.

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NEW PRESCRIPTION ORDER FORM – ED INJECTIONS

1 Patient Information

Last Name	First Name	MI
Address		Apt. #

City	State	ZIP	Phone Number
Date of Birth (mm/dd/yyyy)	Sex ○ M ○ F	Email	

2 Prescriber Information

Prescriber's Name		
Phone Number	Fax Number	
Street Address		
City	State	ZIP
NPI	DEA	

3 Medication Selection

HIGHER CONCENTRATION ▼

ALPROSTADIL – Monotherapy	QUANTITY (Multi-Dose Vial)
☐ A1 Alprostadil 20 mcg/ml	QTY: ____ 2.5ml Vial(s)
BI-MIX – Papaverine + Phentolamine	**QUANTITY (Multi-Dose Vial)**
☐ BM2 Papaverine 30 mg/ml + Phentolamine 1 mg/ml	QTY: ____ 2.5ml Vial(s)
☐ BM3 Papaverine 30 mg/ml + Phentolamine 2 mg/ml	QTY: ____ 2.5ml Vial(s)
TRI-MIX – Alprostadil + Papaverine + Phentolamine	**QUANTITY (Multi-Dose Vial)**
☐ TM2 Alprostadil 5 mcg/ml + Papaverine 30 mg/ml + Phentolamine 1 mg/ml	QTY: ____ 2.5ml Vial(s)
☐ TM4 Alprostadil 10 mcg/ml + Papaverine 30 mg/ml + Phentolamine 1 mg/ml	QTY: ____ 2.5ml Vial(s)
☐ TM8 Alprostadil 20 mcg/ml + Papaverine 30 mg/ml + Phentolamine 1 mg/ml	QTY: ____ 2.5ml Vial(s)
☐ TM9 Alprostadil 20 mcg/ml + Papaverine 30 mg/ml + Phentolamine 2 mg/ml	QTY: ____ 2.5ml Vial(s)
☐ TM10 Alprostadil 30 mcg/ml + Papaverine 30 mg/ml + Phentolamine 1 mg/ml	QTY: ____ 2.5ml Vial(s)
☐ TM11 Alprostadil 30 mcg/ml + Papaverine 30 mg/ml + Phentolamine 2 mg/ml	QTY: ____ 2.5ml Vial(s)
☐ TM13 Alprostadil 40 mcg/ml + Papaverine 30 mg/ml + Phentolamine 1 mg/ml	QTY: ____ 2.5ml Vial(s)
☐ TM14 Alprostadil 40 mcg/ml + Papaverine 30 mg/ml + Phentolamine 2 mg/ml	QTY: ____ 2.5ml Vial(s)
QUAD-MIX – Alprostadil + Atropine + Papaverine + Phentolamine	**QUANTITY (Multi-Dose Vial)**
☐ QM4 Alprostadil 20 mcg/ml + Atropine 0.15 mg/ml + Papaverine 30 mg/ml + Phentolamine 2 mg/ml	QTY: ____ 2.5ml Vial(s)
☐ QM5 Alprostadil 30 mcg/ml + Atropine 0.15 mg/ml + Papaverine 30 mg/ml + Phentolamine 2 mg/ml	QTY: ____ 2.5ml Vial(s)
☐ QM6 Alprostadil 40 mcg/ml + Atropine 0.15 mg/ml + Papaverine 30 mg/ml + Phentolamine 2 mg/ml	QTY: ____ 2.5ml Vial(s)
CUSTOM - (see validated therapies)	**QUANTITY (Multi-Dose Vial)**
☐ _____	QTY: ____ 2.5ml Vial(s)

REFILLS (circle one)	SYRINGES (10 COUNT) - 30 GAUGE
1 2 3 4 5 6 7 8 9 10 PRN NR	☐ 0.5ml x 5/16" ☐ 1ml x 5/16" ☐ 0.5ml x ½" ☐ 1ml x ½"

DIRECTIONS/SIG + SIGNATURE

☐ Inject _____ ml. (0.1–0.3 ml) If not desired result, dose may be increased in increments of _____ ml (0.05 or 0.1 ml) not to exceed _____ ml. (0.5–1 ml)

☐ Use no more than _____ times per week, (usually 3) and never more than one dose in any 24 hours.

☐ Other _____

X _____ _____

Prescriber's Signature Date

4 Fill out the Pharmacy Name and Fax number, then fax it to the Pharmacy.

_____ _____

Pharmacy Name *The pharmacy name & fax # cannot be pre-printed in order to comply with RI Law 216-RICR-40-15-1 section 1.3A10* Pharmacy Fax Number

VALIDATED FORMULATIONS – ED INJECTIONS

Bayview Pharmacy

Companion reference to the New Prescription Order Form • All formulations compounded as 2.5 mL multi-dose vials • Refrigerate

1. Find the validated formulation and note its **code**.
2. On the order form, check **CUSTOM** and write the code (e.g., "TM12") with quantity.
3. Complete refills, syringes, and SIG — then sign and fax.

★ = Pre-printed on the order form — check its box directly (no CUSTOM entry needed)

Concentrations per mL • – = not in formulation

ALPROSTADIL – Monotherapy

Single-agent PGE1 — typical first-line therapy

CODE	ALPROSTADIL mcg/mL	ATROPINE mg/mL	PAPAVERINE mg/mL	PHENTOLAMINE mg/mL
★ A1	**20**	**–**	**–**	**–**
A2	40	–	–	–

BI-MIX – Papaverine + Phentolamine

Alprostadil-free — option for PGE1 pain / sensitivity

CODE	ALPROSTADIL mcg/mL	ATROPINE mg/mL	PAPAVERINE mg/mL	PHENTOLAMINE mg/mL
BM1	–	–	30	0.5
★ BM2	**–**	**–**	**30**	**1**
★ BM3	**–**	**–**	**30**	**2**
BM4	–	–	30	3
BM5	–	–	30	4
BM6	–	–	30	6

TRI-MIX – Alprostadil + Papaverine + Phentolamine

Standard escalation path

HIGHER CONCENTRATION ▼

CODE	ALPROSTADIL mcg/mL	ATROPINE mg/mL	PAPAVERINE mg/mL	PHENTOLAMINE mg/mL
TM1	2.5	–	30	4
★ TM2	**5**	**–**	**30**	**1**
TM3	5	–	30	4
★ TM4	**10**	**–**	**30**	**1**
TM5	10	–	30	2
TM6	10	–	30	4
TM7	12.5	–	30	1
★ TM8	**20**	**–**	**30**	**1**
★ TM9	**20**	**–**	**30**	**2**
★ TM10	**30**	**–**	**30**	**1**
★ TM11	**30**	**–**	**30**	**2**
TM12	30	–	30	3
★ TM13	**40**	**–**	**30**	**1**
★ TM14	**40**	**–**	**30**	**2**
TM15	40	–	30	3
TM16	40	–	30	4
TM17	50	–	30	1.5
TM18	50	–	30	2
TM19	50	–	30	5
TM20	60	–	30	2
TM21	60	–	30	3
TM22	60	–	30	4
TM23	60	–	30	6
TM24	70	–	30	4
TM25	80	–	30	2
TM26	100	–	30	3
TM27	100	–	30	6

HIGHER CONCENTRATION ▼

QUAD-MIX – Alprostadil + Atropine + Papaverine + Phentolamine

Adds atropine for inadequate response to Tri-Mix

CODE	ALPROSTADIL mcg/mL	ATROPINE mg/mL	PAPAVERINE mg/mL	PHENTOLAMINE mg/mL
QM1	2.5	0.15	30	4
QM2	7.5	0.3	30	4
QM3	20	0.15	30	1
★ QM4	**20**	**0.15**	**30**	**2**
★ QM5	**30**	**0.15**	**30**	**2**
★ QM6	**40**	**0.15**	**30**	**2**
QM7	40	0.15	30	3
QM8	40	0.15	30	4
QM9	40	0.3	30	2
QM10	50	0.15	30	2
QM11	50	0.15	30	4
QM12	50	0.15	30	5
QM13	60	0.15	30	2
QM14	60	0.15	30	4
QM15	60	0.2	30	3
QM16	60	0.3	30	4
QM17	60	0.3	30	6
QM18	70	0.15	30	2
QM19	80	0.15	30	2
QM20	80	0.3	30	4
QM21	80	0.3	30	6
QM22	80	0.4	30	6
QM23	90	0.15	30	2
QM24	100	0.15	30	6
QM25	120	0.3	30	6
QM26	120	0.4	30	6

ATROPINE TRI-MIX – Atropine + Papaverine + Phentolamine

Alprostadil-free with atropine

CODE	ALPROSTADIL mcg/mL	ATROPINE mg/mL	PAPAVERINE mg/mL	PHENTOLAMINE mg/mL
ATM1	–	0.15	30	2
ATM2	–	0.3	30	4
ATM3	–	0.3	30	6

DOSING & TITRATION — GENERAL GUIDANCE

Start low: typical initial dose 0.1–0.3 mL; titrate in 0.05–0.1 mL increments to the lowest effective dose (not to exceed 0.5–1 mL per dose).

Frequency: use no more than ~3 times per week, and never more than one dose in any 24 hours.

Escalation: if response is inadequate near the maximum volume, step up to the next validated strength rather than exceeding 1 mL — within each family, alprostadil increases first, then phentolamine. Quad-Mix adds atropine for patients not responding to Tri-Mix.

Alprostadil-free options: Bi-Mix and Atropine Tri-Mix — consider for PGE_1-associated penile pain or sensitivity.

Not listed? Additional custom strengths may be available — call the pharmacy to confirm before prescribing.