



E-PRESCRIBING GUIDE – TESTOSTERONE (WOMEN)

SCHEDULE III CONTROLLED SUBSTANCE — E-PRESCRIBE ONLY (EPCS)

Testosterone prescriptions cannot be faxed, phoned, or handwritten. Paper order forms are not accepted — this guide replaces them.

How to E-Prescribe

1. Search for our pharmacy in your EPCS-enabled EHR

Search the pharmacy directory for “Bayview Pharmacy” — or by ZIP code 02886, Warwick, RI. Your e-prescribing platform must be EPCS-certified with identity proofing and two-factor authentication.

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 transmit

Lead with the Bayview code, then the full formulation, strength, quantity (grams or count), directions, days' supply, and refills as permitted for Schedule III (up to 5 refills within 6 months, where state law allows).

Pharmacy Name	Bayview Pharmacy
Address	3844 Post Road, Warwick, RI 02886
NCPDP ID	4106882
NPI	1750455143
Phone	(401) 284-4505
Fax	(401) 284-4506 (not valid for testosterone prescriptions)

PRESCRIBE WITH BAYVIEW CODES

Every validated formulation has a short **Bayview code** (like **TSW-C**) — listed on the validated formulations sheet on page 2. Lead with the code in your compound / free-text entry and write the strength where the formulation is titratable:

Bayview TSW-C — testosterone 1 mg/0.1 mL topical cream [pump], 30 gm — apply 0.1 mL (one pump) topically once daily, 30-day supply

Pump dosing reference: pumps are available with **0.25 mL, 0.5 mL, and 1 mL** per-depression actuators — state the intended size in the prescription and the label will match. Dose per pump = strength × pump volume. Example, testosterone 2% (20 mg/mL): 0.25 mL pump ≈ 5 mg • 0.5 mL ≈ 10 mg • 1 mL ≈ 20 mg. Write the SIG in pump depressions so patients dose consistently.

Include an ICD-10 diagnosis code where your EHR requests one. Questions? Call (401) 284-4505 and one of our pharmacists will walk you through it.

3844 Post Road, Warwick RI 02886

Phone: 401-284-4505

www.bayviewrx.com

VALIDATED FORMULATIONS – TESTOSTERONE (WOMEN)

Companion to the E-Prescribing Guide • Codes identify the form and base — the prescriber sets the strength within the validated range • E-prescribe only (EPCS)

TESTOSTERONE – Women		Schedule III — EPCS only; low physiologic doses
TSW-C	Topical cream [metered pump — 0.25 / 0.5 / 1 mL actuators] — prescriber-set strength, validated range mg/0.1 mL (0.5–2)	dispensed per gm
TSW-G	Topical gel, Atrevis hydrogel [metered pump — 0.25 / 0.5 / 1 mL actuators] — prescriber-set strength, validated range mg/cm ² (1–5)	dispensed per cm ²
TSW-T	Troche — prescriber-set strength, validated range mg (0.25–0.5)	dispensed per troche
TSW-R	Rapid-dissolve tablet 0.25 mg	dispensed per rapid dissolve tablet

Prescribing checklist: (a) Bayview code or full formulation and strength; (b) quantity in grams or count; (c) directions/SIG; (d) days' supply; (e) refills as permitted for Schedule III; (f) ICD-10 diagnosis code where requested. Pump reference: actuators dispense 0.25, 0.5, or 1 mL per full depression (state size in the prescription); dose per pump = strength × pump volume. Not listed? Additional strengths may be available — call the pharmacy to confirm before prescribing.