Bayview Pharmacy

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.

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/gm (1–5)	dispensed per gm
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.