



HELLO.

WELCOME TO BROADWAY APOTHECARY

Broadway Apothecary is a family-owned compounding pharmacy in Eugene, Oregon. We are dedicated to formulating the highest quality customized medications. Our pharmacists work with you and your healthcare provider to compound the strength, dosage, and delivery method that best fit your needs, creating a strong and collaborative healthcare triad. We embrace every interaction as a learning opportunity to cultivate positive and productive partnerships – one conversation at a time.

Sincerely,

The Broadway Apothecary Team

Our Mission

Successful Treatment Outcomes – Medication Adherence – Dynamic Medication Regimens

Clinical Specialties

Topically administered medications for patients with sinus, lung, oral, ear, skin, wound, and nail infections; sinus symptom management needs; thick or scaly skin; and pain.

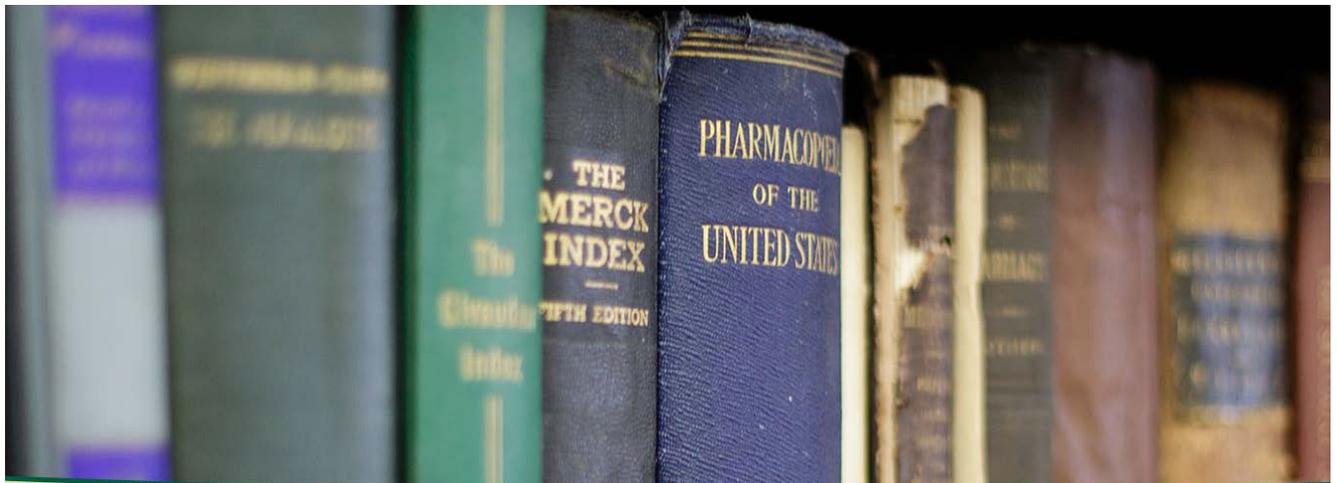


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WE'RE ALWAYS LOOKING FOR WAYS WE CAN BE BETTER.

Please visit www.Broadwayapothecary.com/contact/surveys
to give us feedback about your experience with our pharmacy.

WE VALUE YOUR FEEDBACK.

HOW TO CONTACT US

Please call our pharmacy and speak with one of our pharmacists if you have any questions about your medicine. Our licensed pharmacists are available during both regular business hours and after hours to address any questions. Call us toll-free at 888-644-9352 and select that you would like to speak with a pharmacist. We will attempt to help communicate any information via telephone, print (in the form of directions or patient advisory leaflets), or our website.

Please call 911 if you believe you have a medical emergency.

HOURS OF OPERATION

Walk-in Hours - Monday-Friday from 9am-6pm PST. Phone Hours - Monday-Friday from 9am-6pm PST.

Our licensed pharmacists are available during both regular business hours and after hours to address any questions.

PATIENT SAFETY

If you have questions about your medication or to report any side effects call us at: 541.684.9352 or toll-free 888.644.9352

If you believe an error has occurred please call us at: 541.684.9352 or toll-free 888.644.9352.

Monday-Friday from 9am-6pm PST.

Oregon Board of Pharmacy Contact info:

971-673-0001, Monday-Friday 8am-4:30pm PST

You may also report any side effects to the FDA at 1.800.FDA.1088

Adverse Drug Reactions:

Patients who are experiencing acute symptoms, adverse drug reactions or who are experiencing other problems should contact their primary care provider, local emergency room or call 911.

FILLING YOUR PRESCRIPTION

Prescriptions can be received in person, by mail, eScript, fax or by telephone from a provider or their representative.

Patients may stop by or call the pharmacy to check on an order anytime during normal business hours. Prescriptions are mailed within 24 hours of final check by pharmacist.

- If there is an order, processing or shipping delay, the script is reversed until the problem has been solved and the patient is contacted by phone.

Prescriptions that haven't been picked up within 7 days are returned to stock.

- The insurance claim is reversed and the prescription is put on hold.
- Medications which have never left the pharmacy can be re-dispensed after being returned to stock.

WHAT TO EXPECT AFTER YOU RECEIVE YOUR PRESCRIPTION (Broadway InTouch)

Within 7 days of receiving a prescription, you will be called by a Broadway Apothecary Pharmacist for an initial follow-up. Our primary objective is to help you achieve an optimal result by making sure to answer any questions about how to correctly use your treatment.

During the initial follow-up we will:

- Verify the prescription was received
- Review directions, expectations and outcomes
- Address questions or concerns
- Ensure you have pharmacy contact information

We will also continue to follow up:

- Review your outcomes or progress
- Answer questions or concerns

REFILLS

Refills will be processed no earlier than 4 days before expected fill date.

- If the patient has an emergency or will be leaving town, refills will be assessed by the pharmacist on duty to determine necessity.
- Refills may be placed online at www.Broadwayapothecary.com, in person or by phone. The turnaround time for compounded prescriptions is 24-48 hours.

TRANSFERRING A PRESCRIPTION

Transferring a prescription from another pharmacy to Broadway is an easy process. Just call Broadway at 888-644-9352, and dial “0” to speak to pharmacy employee. Provide Broadway Apothecary staff with your name, phone number, date of birth, current pharmacy name and number, the name of the prescription and the prescription number if available, of the prescription you would like transferred. A Broadway Apothecary pharmacist will contact your current pharmacy and request the prescription be transferred. We will then start the filling process. If your prescription has no refills remaining, we will contact the physician to seek additional refills.

If you wish to transfer a prescription from our pharmacy to a different pharmacy, just have the other pharmacy call us, and we will provide them with the necessary information to fill your prescription.

WHAT IS COVERED?

At Broadway, we accept most major insurance plans, though insurance coverage for compounded and specialty medications vary from company to company and even according to the benefits offered by individual plans. We will work with you, your healthcare provider and your insurance company to determine the best and most cost-effective therapy option.



FINANCIAL OBLIGATION

Drug pricing can change daily, so a final determination of your copay cost cannot be made until your claim is processed. A billing specialist will be assigned to your case and will call and provide this information to you. We will not process a prescription until you are informed and have approved your financial obligations. The obligations include, but are not limited to: out-of-pocket costs such as deductibles, copays, co-insurance, etc. Payments can be made using a credit card (Visa, MasterCard, American Express, Discover) over the phone or by mailing a check or money order.

WHAT IF THE PRESCRIPTION ISN'T COVERED?

You will be notified if the prescription isn't covered. We will then contact the prescriber about a drug substitution. Our pharmacy team can work with your prescriber on formulary alternatives, generic substitution, and additional options to promote your health.

OUT-OF-POCKET EXPENSES

A team member will contact you to review copay or out-of-pocket expenses prior to filling your prescription. If approved, we will then begin the process of filling your prescription. The cost may also vary depending on the quantity of medication or days' supply. Please be sure to advise your physician to prescribe for the maximum amount/day supply allowable by our insurance coverage (days allowed may vary by plan).

If you have Medicare Part D drug coverage, the cost of your prescription will change significantly as you meet your deductible and initial co-pay, progress through the "donut hole" and reach total out-of-pocket expense. Our pharmacy team can assist you in determining and understanding your options.

If you are unable to afford the out-of-pocket cost for your prescription, Broadway will work to identify possible co-pay card assistance (if allowed by your insurance), patient assistance programs, or other support.

NATURAL DISASTER PLAN

When an emergency or disaster occurs in a patient location only, replacement medication may be necessary.

Broadway will send a replacement refill as soon as possible and will work with the patient's insurance company to cover the cost.

If the patient does not have a home address due to destruction or natural disaster, Broadway will coordinate shipment of the refill with the patient to an alternate location. Possible alternate locations include:

- Family member's home
- Physician's office
- Local hospital pharmacy
- Local sheriff's department
- Emergency Red Cross location

If it is not possible to wait for a shipment if an alternate shipping location cannot be coordinated, we will work with the patient and coordinate with local pharmacies or hospitals to obtain a local supply of medication.

You Have the Right to:

1. Considerate and respectful care from your pharmacists and other healthcare professionals.
2. Receive complete and accurate information about the scope of services that Broadway Apothecary will provide and specific limitations on those services.
3. Receive relevant, accurate, current and understandable information from your pharmacist concerning your treatment and/or drug therapy.
4. Receive complete and accurate information from your pharmacist regarding the reason for your treatment and/or drug therapy, the proper use and storage of prescribed medications and the possible adverse side effects and interactions with other drugs, supplements or foods.
5. Receive effective counseling and education from your pharmacists that empowers you to take an active role in your health condition and treatment decisions.
6. Make non-emergency decisions regarding your plan of care before and during treatment, as well as refuse any recommended treatment, therapy or plan of care after being informed of the consequences of refusing treatment, therapy or plan of care.
7. Expect that all prescribed medications you receive are safe, accurately dosed, effective and in usable condition, whether received from a physician, health clinic, retail pharmacy or mail-order pharmacy.
8. Expect that all records, communication, patient counseling by your pharmacists and all related discussions regarding your drug therapy, including its effects and side effects, are conducted in a manner that protects your privacy.
9. Confidentiality and privacy of all your patient information contained in your patient record and Protected Health Information, as described in Broadway Apothecary's Notice of Privacy Practices.
10. Receive appropriate care without discrimination in accordance with physician orders.
11. Be advised if a medication has been recalled at the consumer level.
12. Call Broadway Apothecary with any privacy matters and ask for the Privacy Officer; or contact us through our website, www.BroadwayApothecary.com.
13. Voice your grievances/complaints regarding treatment of care, lack of respect or to recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination or reprisal and have your grievances/complaints investigated.
14. Have your complaint investigated and a resolution or follow up provided immediately to the patient if available or verbally by phone within 72 hours of the initial complaint.

15. Call Broadway Apothecary 888-644-9352 with grievances/complaints about your medication and ask for the Compliance Officer, Pharmacist in Charge or contact us through our website, www.BroadwayApothecary.com
16. Expect that your personal data, including all contact information, is not released by pharmacists, pharmacies or insurance companies to another party to be used in soliciting the purchase of goods or services, whether or not the solicitation is related to your care.
17. Choose the pharmacist and pharmacy provider where your prescriptions are filled and not to be pressured or coerced into transferring your prescriptions to another pharmacy or mail-order service. However, some insurers may have mandatory benefit plans that require you to use a specific pharmacy if the insurance company is paying the drug cost.
18. Choose a health care provider, including choosing an attending physician, if applicable.
19. Receive, in advance of care/services being provided, complete oral and written explanations of charges for care, treatment, services and equipment, including the extent to which payment may be expected from Medicare, Medicaid or any other third party payer, charges for which you may be responsible and an explanation of all forms you are requested to sign.
20. Be advised of any change in Broadway Apothecary's plan of service before the change is made.
21. Receive information in a manner, format and/or language that you understand.
22. Have family members, as appropriate and as allowed by law, and with your authorization or the authorization of your personal representative, be involved in your care and treatment and/or service decisions affecting you.
23. Request and receive complete up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans.
24. Know or ask how to access support from consumer advocates.
25. Have pharmacy health and safety information include patient's rights and responsibilities.
26. Have one's property and person treated with respect, consideration and recognition of patient dignity and individuality. Be free from mistreatment, neglect or verbal, mental, sexual, and physical abuse, including injuries of unknown source and misappropriation of patient property.
27. Be advised on agency's policies and procedures regarding the disclosure of clinical records.
28. Be fully informed of your responsibilities.

You Have the Responsibility to:

1. Give accurate clinical and contact information and to notify the pharmacy of changes in this information.

2. Adhere to the plan of treatment or service established by your physician or healthcare provider.
3. Ask questions about your care, treatment and/or services or to have clarified any instructions provided by a Broadway Apothecary Pharmacy representative.
4. Communicate any information, concerns and/or questions related to perceived risks in your services and unexpected changes in your condition.
5. Treat Broadway Apothecary personnel with respect and dignity without discrimination as to color, religion, sex, creed or national or ethnic origin.
6. Care for and safely use medications, supplies and/or equipment, according to instructions provided, for the purpose they were prescribed and only for/on the individual for whom they were prescribed.
7. Notify Broadway Apothecary of any changes in your physical condition, physician's prescription or insurance coverage. Notify Broadway Apothecary immediately of any address or telephone changes whether temporary or permanent.
8. Pay all charges upon receipt of prescribed drugs.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

As part of the federal Health Insurance Portability and Accountability Act of 1996, known as HIPAA, the pharmacy has created this Notice of Privacy Practices (Notice). This Notice describes the pharmacy's privacy practices and the rights you, the individual, have as they relate to the privacy of your Protected Health Information (PHI). Your PHI is information about you, or that could be used to identify you, as it relates to your past and present physical and mental health care services. The HIPAA regulations require that the pharmacy protect the privacy of your PHI that the pharmacy has received or created, provide with you notice of the pharmacy's legal duties and privacy practices with respect to PHI and notify you if you are affected by a breach of unsecured PHI.

If you have any questions about this notice, please contact the Privacy Officer of our office at Broadway Apothecary - 541-684-9352 or toll-free at 888-644-9352.

YOUR MEDICAL INFORMATION.

We create a record of the care and services you receive at this office. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care maintained by this office, and to our employees and healthcare professionals entering information in your record. Other physicians or health care providers that you use may have different policies or notices regarding the use and disclosure of your medical information. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your

rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to (1) make sure that medical information that identifies you is kept private; (2) give you this notice of our legal duties and privacy practices with respect to medical information about you; (3) notify you in the event a breach of your unsecured protected health information occurs; and (4) follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. “Use” is what we do with your information in this office. “Disclose” means sharing your information with others outside this office. All of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, office staff or other medical personnel who are involved in your care.

For Payment. We may use and disclose medical information about you as reasonably necessary in billing and collecting from you, an insurance company or a responsible third party.

For Health Care Operations. We may use and disclose medical information about you as reasonably necessary to run the office and make sure our patients receive quality care.

Reminders. We may contact you to create a prescription plan for your compounded prescriptions, or let you know when a prescription is ready.

Treatment Alternatives. We may tell you about treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services. We may tell you about health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in a hospital. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes.

As Required By Law. We will disclose medical information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threatened harm.

SPECIAL SITUATIONS

Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers’ Compensation. We may release medical information about you for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose medical information about you for public health activities. These activities generally include the prevention or control of disease, injury or disability; reporting of births and deaths, child abuse or neglect, reactions to medications or problems with products; and notification of people of recalls of products they may be using, a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition, the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make the last disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena.

Law Enforcement. We may release medical information if asked to do so by a law enforcement official (1) in response to a court order, subpoena, warrant, summons or similar process; (2) about a death we believe may be the result of criminal conduct; (3) about criminal conduct at the office; or (4) in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release your medical information to a coroner, medical examiner and a funeral director so they can carry out their duties.

National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you. The following two bullets identify circumstances requiring your express written authorization before your information will be used or disclosed:

Sale of Protected Health Information. A disclosure that constitutes a sale of protected health information requires your written authorization. We will not sell your information without your express written permission.

Marketing. Communications that use your information and are designed to encourage the purchase of products or services require your prior written authorization, unless the communication is (1) a refill reminder or other communication about a currently prescribed drug, and only our costs are covered by a third-party; (2) face-to-face; or (3) for treatment or care coordination purposes and we do not receive financial remuneration from a third-party for the communication. We will not use or disclose your information for marketing purposes without your express written permission. **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.** You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy. With limited exceptions, you have the right to inspect and copy medical information that may be used to make decisions about your care. You must submit your request in writing to the Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. We will select a licensed health care professional to review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for this office. To request an amendment, complete and submit an AMENDMENT REQUEST form to the Privacy Officer. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: (1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the medical information kept by or for the office; (3) is not part of the information which you would be permitted to inspect and copy; or (4) is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you. To request this list, you must submit your request in writing to the Privacy Officer. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. Except in limited circumstances, we are not required to agree to your request. We must agree to your request if the restriction is only on disclosure of PHI to a health plan for purposes of payment or health care operations and the restricted PHI only pertains to a health care item or service for which Pharmacy has been paid out of pocket in full. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you may complete and submit the REQUEST FOR LIMITATION AND RESTRICTION OF PROTECTED HEALTH INFORMATION to the Privacy Officer. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. To request confidential communications, you may complete and submit the PATIENT'S REQUEST TO LIMIT CONFIDENTIAL COMMUNICATIONS to the Privacy Officer. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, contact the Privacy Officer.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office. The summary will contain, in the top right-hand corner, the effective date. You are entitled to a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the office or with the Secretary of the Department of Health and Human Services. To file a complaint with the office, contact the Privacy Officer. To file a complaint with the Secretary, submit the complaint in writing to Office for Civil Rights, DHHS, 2201 Sixth Avenue – Mail Stop RX – 11, Seattle, Washington 98121. You will not be penalized for filing a complaint.

Complaints against the practice of pharmacy may be filed with the:

Department of Public Health 800 NE Oregon Street, Portland, OR 97232

CONTACT INFORMATION

If you have any questions on the pharmacy's privacy practices or for clarification on anything contained within the Notice, please contact:

Broadway Apothecary

ATTN: Privacy Officer

1515 Oak St, Eugene, OR 97401 • Toll Free 888.644.9352

Resources



American Diabetes Association

P: 800.342.2383 - www.diabetes.org



Arthritis Foundation Advocate 101 -

P: 844.571.4357 (HELP) - www.arthritis.org/advocate/advocate-101



The Autism Society of America -

P: 800.328.8476 - www.autism-society.org



Asthma and Allergy Foundation of America -

P: 800.727.8462 (7-Asthma) - www.aafa.org/

Consumers and caregivers should remove expired, unwanted or unused medicines from their homes as quickly as possible to help reduce the chance that others may accidentally take or intentionally misuse the unneeded medicine.

Medicine take-back programs are a good way to safely dispose of most types of unneeded medicines.

The U.S. Drug Enforcement Administration (DEA) periodically hosts National Prescription Drug Take-Back events where collection sites are set up in communities nationwide for safe disposal of prescription drugs. Local law enforcement agencies may also sponsor medicine take-back programs in your community. Likewise, consumers can contact their local waste management authorities to learn about medication disposal options and guidelines for their area.

Another option for consumers and long-term care facilities, like nursing homes, to dispose of unneeded medicines is to transfer unused medicines to collectors registered with the DEA. DEA-authorized collectors safely and securely collect and dispose of pharmaceuticals containing controlled substances and other medicines. In your community, authorized collection sites may be retail pharmacies, hospital or clinic pharmacies and law enforcement locations. Some authorized collection sites may also offer mail-back programs or collection receptacles, sometimes called “drop-boxes,” to assist consumers in safely disposing of their unused medicines.

Consumers can visit the DEA’s website for more information about drug disposal, National Prescription Drug Take-Back Day events and to locate a DEA-authorized collector in their area. Consumers may also call the DEA Office of Diversion Control’s Registration Call Center at 1-800-882-9539 to find an authorized collector in their community.

Disposal in Household Trash

If no medicine take-back programs or DEA-authorized collectors are available in your area, and there are no specific disposal instructions on the label, such as flushing as described below, you can also follow these simple steps to dispose of most medicines in the household trash:

MIX

Mix medicines (do not crush tablets or capsules) with an unpalatable substance such as dirt, kitty litter or used coffee grounds

PLACE

Place the mixture in a container such as a sealed plastic bag

THROW

Throw the container in your household trash

SCRATCH OUT

Scratch out all personal information on the prescription label of your empty pill bottle or empty medicine packaging to make it unreadable and then dispose of the container.

BROADWAY APOTHECARY

1515 OAK ST, EUGENE OR 97401

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www.broadwayapothecary.com