



January 2026

THE SCRIPT

BE AWARE & TAKE CARE: Talk to your pharmacist!

SPECIAL EDITION!

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AB 1503 Sunset Measure Board of Pharmacy Extends Operations

[Assembly Bill \(AB\) 1503](#) (Berman, Chapter 196, Statutes of 2026) is the sunset measure for the California State Board of Pharmacy (Board) and extends operations through January 1, 2030. The measure includes a number of policy issues raised by the Board in its 2025 [Sunset Oversight Review Report](#). The measure was approved by Governor Newsom on October 1, 2025.

Given the comprehensive nature of the measure, significant implementation activities will be ongoing. For educational purposes the Board is releasing this special edition newsletter describing some of the changes resulting from enactment of AB 1503 as well as some of the implementation activities under way.

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PRESIDENT'S MESSAGE



By Seung Oh, President, Board of Pharmacy

Happy New Year! I hope and wish everyone the best of 2026 and many years to come! In light of this special edition of the Script for Assembly Bill 1503, the Board's Sunset Measure, I would like to take a moment to share my deepest gratitude and appreciation to the governor, legislature, legislative staff, Board Members, Board staff, and all those that has worked tirelessly advocating to advance patient care and consumer protection. While I was appointed to the Board in March 2020, it feels like it was just yesterday. At the time of my appointment, the pandemic was in full swing, with so much uncertainty about the future. Despite these challenges, the Board had progressed in so many ways to advance patient care and consumer protection. And the cornerstone of the Board's efforts is our sunset bill, AB 1503. I am so proud of this bill and what I am hopeful will be a steppingstone for many more evolutionary and revolutionary changes to advance and further patient care for Californians.

The Board has already spent substantial time discussing the recommended actions to implement the extensive changes made through Assembly Bill 1503 (Berman, Chapter 196, Statutes of 2025). We are hopeful that this special edition of The Script will provide some further clarification and information. This AB 1503 Special Edition newsletter includes several important legal changes and is intended to highlight key updates and provide clear, helpful, and educational information to licensees.

One of the most important changes, under AB1503, is a transition of several pharmacist-provided patient care services to a standard of care practice model. The standard of care practice model gives pharmacists the necessary flexibility within their scope of practice, enabling them to determine the most appropriate care for their patients. This builds upon efforts laid by Assembly Bill 1286 (Haney, Chapter 470, Statutes of 2023), which reinforced pharmacist autonomy and the importance of preserving, maintaining and exercising pharmacists' professional judgment.

AB 1503 advances the pharmacist-provided patient care services first established under earlier laws, including Senate Bill 493 (Hernandez, Chapter 469, Statutes of 2013). That earlier framework relied on a more prescriptive approach, which required pharmacists to adhere to standardized protocols that outlined the

specific practice requirements for delivering these services. While well intentioned, these protocols served as a barrier to care for patients.

The Board has released a policy statement regarding standard of care practice model and is providing some further information in this edition of The Script. It is more important now than ever for pharmacists to truly be confident in their knowledge, skills, and abilities but also understand their limitations and what they can and cannot do to provide patient care in safe manner. We are hopeful, that these advances would allow further access to patient care by pharmacists in many new and different ways.

AB 1503 also transitions a pharmacist's authority to independently initiate and administer vaccines for persons three years of age and older to a standard of care practice model. This approach aligns pharmacists with other health care practitioners who exercise similar practice authority.

The Board notes that the standard of care practice model does not apply to all areas of pharmacy practice. For example, pharmacists engaged in compounding must continue to comply with all Board regulations, as well as all applicable state and federal laws governing compounding. Further, the standard of care practice model does not extend to business operational matter such as the need to properly

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President's Message

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follow all laws and regulations governing pharmacy operation.

We understand these changes may bring some anxiety or hesitation to the regulated public. We are confident this approach will further the mission, vision, and goals of the Board and create better patient outcomes. As I reflect back on the road we've traveled and the roads ahead, the future as always is uncertain. The world we live in at times may seem uncertain. I am confident that if we work together to build bridges, bring different opinions, and share a common goal of doing what is best for people, together we will overcome the new challenges that lay ahead. I look forward to further advancing the vision and goals of the Board, expanding on the changes made in AB 1503 to continue to advocate for and to advance what I know is good for patient care and outcomes.

In closing, I am proud to be part of a healthcare profession so deeply committed to patient care. I would like to sincerely thank everyone for all you do to take care of your patients. The Board truly appreciates all those out there doing all that you can to provide and help people in need. We are so grateful for your dedication and commitment for all of you to help us achieve our vision "Healthy Californians through quality pharmacist's care". Thank you all!

AB 1503

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The information provided in this newsletter is summary information only. The Board strongly encourages licensees to review the measure in its entirety to gain a full understanding of changes. In addition, the Board has posted a compilation of changes in various statutes that impact the pharmacy profession which is available [here](#).

The Board will be releasing its Pharmacy Law Update, 2026 Edition online webinar in the first quarter of 2026.

Establish Pharmacy Technician Advisory Committee

New Section 4001.5

The Board will establish a Pharmacy Technician Advisory Committee to advise and make recommendations to the Board on matters relating to pharmacy technicians.

The committee shall consist of four licensed pharmacy technicians representing a range of practice settings; two licensed pharmacists, one of whom shall be a member of the Board; and one public member.

Appointee terms will be four years, with the ability to be reappointed once.

The first appointment tenures will vary in length to stagger appointments in the future.

Pharmacy technician positions include:

- a. 1 position representing community pharmacy practice
- b. 1 position representing hospital pharmacy practice
- c. 2 positions unspecified practice

Application process will be online and include the following:

- d. 1 Letter of intent
- e. 2 letters of recommendation
(including one from a current employer and one from a California licensed pharmacist.)
- f. CV or resume

Licensed appointees shall have at least three years of experience as a pharmacist or pharmacy technician in a single setting.

Applicant license shall be current and in good standing.

Individuals interested in applying to serve on this committee should monitor the Board's website for updates on the appointment process.

Title Change to Advanced Pharmacist Practitioners

Amended Sections 4016.5, 4210, and 4233

The title of “advanced practice pharmacist” changed to “advanced pharmacist practitioner.” The definition for and authorities granted to an advanced pharmacist practitioner remain the same.

Specifically, advanced pharmacist practitioner means a licensed pharmacist who has been recognized as an advanced pharmacist practitioner by the Board, pursuant to Section 4210. A Board-recognized advanced pharmacist practitioner is entitled to practice advanced practice pharmacy, as described in Section 4052.6, within or outside of a licensed pharmacy as authorized.

Licensed advanced pharmacist practitioners will receive a license reflecting the new license title as part of the general renewal process over the next two years. Individuals seeking an updated license reflecting this change in title prior to their normal renewal date will need to submit a [request](#) for the reissuance of the license along with the required \$75.00 fee.

Define Pharmacist

Amended Section 4036

The definition of “pharmacist” is updated to remove limitations on the ability for a pharmacist to practice outside of a licensed pharmacy.

Specifically, as amended, the definition provides that a pharmacist is the holder of an unexpired and active pharmacist license issued by the Board that is entitled to practice within or outside of a licensed pharmacy.

As part of the Board’s discussion on implementation activities related to this change in definition, the Board voted to initiate a rulemaking to establish provisions for remote processing. Individuals interested in learning more about the regulation proposal should consider joining the Board’s rulemaking mailing list to keep apprised of the rulemaking status. To be added the mailing list, email your information to: PharmacyRulemaking@dca.ca.gov.

Define Pharmacy Technician Trainee

Amended Section 4038

The definition of “pharmacy technician trainee” was amended to also allow for an individual enrolled in an **accredited** employer-based pharmacy technician training program to perform as such a trainee.

With this change in definition, a “pharmacy technician trainee” includes an individual who is enrolled in a pharmacy technician training program that is:

- Operated by a California public postsecondary education institution
- Operated by a private postsecondary vocational institution
- An **accredited** employer-based program.



Self-Assessment Process

New Sections 4040.6 and 4102

AB 1503 includes provisions that establish the self-assessment process in statute.

(Note: Prior to this change, except for the self-assessment requirement for surgical clinics, these requirements were previously included in various sections of Title 16 of the California Code of Regulations (CCR)).

As included in the statute, with the exception of the self-assessment process for surgical clinics, the self-assessment process must be performed July 1 of every odd-numbered year, as well as within 30 days after a new license is issued, within 30 days after there is a change in pharmacist-in-charge or designated representative-in-charge or when the facility moves to a new location. Surgical clinics are required to perform the assessment every odd-numbered year.

As a reminder, existing law requires, as part of the renewal process for a surgical clinic license every odd-numbered year, submission of the most recently completed self-assessment form.

Consistent with the requirements of the statute, the Board will be approving the revised self-assessment forms during public meetings. Such an approach provides interested stakeholders with an opportunity to provide feedback on the draft forms before Board approval.

As a precursor to consideration by the Board, it is anticipated that the Board's Enforcement and Compounding Committee will undertake review of revisions to the various self-assessment forms as agendized.

As self-assessment forms are approved by the Board, the updated versions will be available on the Board's [website](#). The Board will also release a subscriber alert.

Interested stakeholders should consider monitoring [agendas](#) for the Enforcement and Compounding Committee for scheduled discussion and consideration.

Enforcing Pharmacy Law

Amended Section 4014

The measure included provisions to make clear that the Board shall have exclusive authority to interpret and enforce provisions of Pharmacy Law regarding the practice of pharmacy and the licensing of pharmacists and pharmacies. As amended, the section further provides that any violation of this chapter by a licensee shall be determined only by the Board.

The Board sought these changes to address unfair practices by pharmacy benefit managers and other payors clawing back reimbursements for drugs based on potential technical violations of the law where the Board had not made such a finding.

Standard of Care

Amended Sections 4050, 4051 and 4052

Changes in AB 1503 transition pharmacist practice to a more robust standard of care (SOC) practice model for specified services described further below. With this change, prescriptive requirements are removed in favor of the SOC practice model. The Board notes that an SOC practice model already exists in pharmacist practice where pharmacists exercise independent clinical judgment to take care of their patients.

To facilitate this transition to a more robust SOC practice model. The statute establishes a definition, “accepted standard of care” is the degree of care a prudent and reasonable pharmacist licensed pursuant to the Pharmacy Law, with similar education, training, experience, resources, and setting, would exercise in a similar situation.” [Reference BPC §4051(a)]

Under the provisions of the measure, pharmacists are authorized to provide specified services and activities consistent with the accepted standard of care, including when authorizing the initiation of a prescription. This includes:

1. Furnish epinephrine
2. Furnish FDA-approved or authorized medications for preventative health care services that do not require a diagnosis, including the following:
 - a. Emergency contraception,
 - b. Contraception,
 - c. Smoking cessation,
 - d. Travel medications,
 - e. Anti-viral or anti-infective medications.
3. Order and interpret tests.
4. Furnish medication used to reverse opioid overdose and medication used to treat substance use disorder (e.g. Naloxone).
5. Complete missing information on a prescription for a noncontrolled medication if there is evidence to support the change.
6. Initiate and administer immunizations for persons three years of age and older.

[Reference BPC §4052]



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Standard of Care

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The law also provides that a pharmacist should not provide a service or function if the pharmacist has made a professional determination that (1) they lack sufficient education, training, or expertise, or access to sufficient patient medical information, to perform the service or function properly or safely; (2) performing or providing the service or function would place a patient at risk; or (3) pharmacist staffing at the pharmacy is insufficient to facilitate comprehensive patient care. Provisions also establish a notification requirement to a patient's primary care provider as specified.

As part of the transition to a standard of care practice model for certain pharmacist-provided health care services, some provisions of law that established prescriptive requirements and/or required pharmacists to follow standardized procedures and protocols have been repealed, for example, former sections 4052.01, 4052.02, 4052.03, 4052.3, 4052.8, and 4052.9 and the Board is in the process of repealing numerous related regulations included in Title 16.

As part of the Board's implementation activities, the Board released a [policy statement](#) on the SOC practice model. As included in this statement, it is the responsibility of each pharmacist to determine whether they have sufficient education, training, experience, resources, and setting to perform these authorized duties.

The Board notes that the SOC practice model does not apply to all areas of practice and where legal requirements exist, compliance with such requirements is necessary.

COVID-19 Oral Therapeutics

Amended Section 4052.04

Assembly Bill 1503 removes the sunset date for pharmacist-furnished COVID-19 therapeutics. It is important to note that while the sunset date was removed, the law remains specifying the conditions under which pharmacists may provide this health care service.



Emergency Refill Provisions

Amended Section 4064

AB 1503 amended emergency refill provisions to provide greater flexibility for pharmacists to take care of patients. Recent amendment removes the requirement for a pharmacist to make every reasonable effort to contact a prescriber before providing a refill where a pharmacist has determined that failure to refill the prescription might interrupt the patient's ongoing care and have a significant adverse effect on the patient's well-being.

Due to an editorial oversight, a previous version of this newsletter included a section on Dispensing Hormone Therapy summarizing a provision of AB 1503 that did not become operative. That section has been removed.

Pharmacy Records and Digital Conversion

Amended Sections 4081 and 4105

BPC Section 4081 is amended to specify that policies and procedures related to pharmacy personnel and pharmacy operations must also be maintained in a readily retrievable format. The section further now provides that such records that are maintained electronically shall provide an audit trail for revisions and updates of each record for 3 years and establishes provisions for maintaining prior versions.



This amendment allows paper records to be converted into a digital format and maintained in a noneditable digital format. Certification that the digitized records have not been altered may be required by the Board. [Reference BPC §4105].

The Board notes that while provisions in Pharmacy Law have changed to allow for digitizing records, licensees must remain apprised of requirements of other regulators, including DEA legal requirements, which may place some restrictions on the conversion of paper records to digital records.

Ownership Prohibition

Amended Section 4111

Amendments to BPC Section 4111 update ownership provisions to now allow for pharmacy ownership when the applicant shares a community or other financial interest with a prescriber. Under the law, the prescriber must have no direct or indirect ownership in; including, disavowing any community or financial interest in the license, and the pharmacy must be transmuted into the separate property from the person seeking the license.

The Board's applications and instructions have been updated to reflect these changes. Individuals interested in learning more should contact phystatus@dca.ca.gov.

The Board also would like to highlight that where a pharmacist owns or owns and operates a pharmacy and is also issuing drug orders, the pharmacist must offer to provide a prescription to the patient that the patient may elect to have filled at a pharmacy of their choice, unless prohibited as a condition of a collaborative practice agreement. Full patient consultation is also required.

Nonresident Pharmacies

Amended Sections 4112, 4113, and 4113.1

Any pharmacy located outside California that is involved in the preparation, dispensing, shipping, mailing, or delivery, in any manner, of controlled substances, dangerous drugs, or dangerous devices into California is considered a nonresident pharmacy, and a person shall not act as a nonresident pharmacy unless the person has obtained a license from the Board. Under changes enacted in AB 1503, several changes specifically related to nonresident pharmacies have occurred.

Effective July 1, 2026: New PIC Requirement

Effective July 1, 2026, any nonresident pharmacy applying for initial licensure or renewing its license with the Board **must comply with all California Pharmacy laws**. Additionally, as a prerequisite to licensure or renewal, nonresident pharmacy must identify a **California-licensed pharmacist** employed and working at the nonresident pharmacy to be proposed to serve as the Pharmacist-In-Charge (PIC) over the pharmacy's California operations. Consistent with existing requirements of California pharmacy law, the proposed PIC shall be subject to the Board's approval.

Further, the individual designated as the PIC for a nonresident pharmacy must be fully vested with all authority necessary to ensure operational compliance with California law, including, but not limited to, oversight of dispensing, record-keeping, labeling, patient consultation, controlled substance compliance, and staffing decisions. The Board notes, however, that, as a policy matter, it will not require the individual designated as the PIC for California operations to be the PIC on record for the resident state.

To assist impacted licensees with gaining a full understanding of the changes, the Board released an alert highlighting actions to be taken to ensure compliance. This information was also sent directly to nonresident pharmacies with an email address on record with the Board. Below is the information shared.

Be Prepared and Take Steps Now to Ensure Compliance

To ensure you comply by July 1, 2026, we recommend the following steps:

1. Identify a pharmacist to propose as the PIC for California operations
 - Locate a pharmacist who holds or is eligible to obtain a California pharmacist license.
 - Ensure the identified pharmacist will be employed and actively working at the nonresident facility (or the portion of the facility handling California prescriptions).
2. Ensure that the pharmacist obtains or maintains California licensure
 - If the individual does not yet hold a California pharmacist license, begin the pharmacist exam application process immediately.
 - The individual must pass the North American Pharmacist Licensure Examination and the California Practice Standards and Jurisprudence Examination (CPJE), consistent with the requirements of Business and Professions Code section 4200.

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Nonresident Pharmacies

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Upcoming CPJE Exam Dates

(Check the Board's website for additional dates)

- February 2, 2026
- March 3, 2026
- April 4, 2026
- May 13, 2026
- June 11, 2026

Notify the Board



- Report the PIC's name, California pharmacist license number, and the effective date of designation to the Board within 90 days of appointment. A Change of Pharmacist-in-Charge (PIC) application (is available on the Board's [website](#)).
- Additionally, notify the Board within 90 days of any change in the PIC.

PIC Training Requirement

Finally, note that all designated PICs—including those designated as the PIC of a nonresident pharmacy's California operations—**must have completed the Board-provided PIC training** within two years prior to the date of application to serve as a PIC. (See California Code of Regulations, title 16, section 1709.1.) The training course is available via the Board's training platform here: <https://pharmed.thinkific.com/collections>.

The Board may verify completion of this training during the application, renewal, or inspection process.

Nonresident pharmacies must ensure that their California-licensed PIC has completed the Board's PIC training within the required timeframe and maintain documentation of completion at the pharmacy for Board review.

To learn more about the autonomy of the PIC and specific authority vested with a PIC, please read the Board's [policy statement](#) on The Role of the Pharmacist-in-Charge.

Inspections of Nonresident Pharmacies

Under new authority, operative July 1, 2026 the Board has authority to inspect nonresident pharmacies and recover the costs of such inspections. When an inspection is required, the Board will provide the licensee with notification of the Board's estimated costs of performing the inspection. The licensee must deposit the amount before the inspection occurs. Following the inspection, the Board will issue an invoice for any remaining costs. The law provides that the Board shall not renew a license until all inspection costs, along with any applicable renewal fees, are fully paid. [Reference BPC §4112]



Reporting to CAMER (California Medication Error Reporting)

AB 1503 updated medication error reporting requirements for nonresident pharmacies. As amended, such pharmacies are only required to report medication errors related to prescriptions dispensed to California residents. [Reference BPC §4113.1] Additional information regarding CAMER is available [here](#).

Pharmacist-in-Charge, Staffing Amended Section 4113

Consistent with changes to BPC Section 4113, the pharmacist-in-charge **shall** make staffing decisions to ensure sufficient personnel are present in the pharmacy to prevent fatigue, distraction, or other conditions that may interfere with a pharmacist's ability to practice competently and safely. If the pharmacist-in-charge is not available, a pharmacist on duty may adjust staffing according to workload if needed. This does not apply to facilities of the Department of Corrections and Rehabilitation.

The section also requires the PIC to determine appropriate pharmacist to technician ratio, which may not exceed 1 pharmacist to 3 pharmacy technicians (1:3).

[Additional information is included in the Board's policy statement previously referenced.](#)



Chain Community Pharmacy Employee Notice Amended Section 4113.6

BPC Section 4113.6 was amended to establish a requirement for a chain community pharmacy to post, in a prominent place for pharmacy personnel, a notice that provides information on how to file a complaint with the board.

The Board is developing a sample notice that could be used to meet these notice requirements.

www.pharmacy.ca.gov

Pharmacy Technician Duties

Amended Section 4115

Several clarifying changes to BPC Section 4115 were made to the provisions establishing authorized duties for a specially trained pharmacy technician. The amendments clarify the authorized duties of a specially trained pharmacy technician may perform and the conditions that must be met to perform the additional functions.

This section also establishes authority for a pharmacy technician to compound or administer vaccines outside of a licensed pharmacy, if performed under the direct supervision and control of a pharmacist. Changes were also made to the pharmacist to pharmacy technician ratio, as discussed elsewhere in this newsletter.



High Risk Patients

Amended Section 4118.5

As enacted, AB 1503, establishes a requirement for a pharmacist at a hospital pharmacy to obtain an accurate medication profile for each high-risk patient upon discharge (in addition to upon admission) under specified conditions described below.

A pharmacist at a hospital pharmacy shall obtain an accurate medication profile or list for each high-risk patient upon admission and discharge of the high-risk patient under the following conditions:

- The hospital has more than 100 beds.
- The accurate medication profile or list may be acquired by the pharmacist during the hospital pharmacy's hours of operation.



Notwithstanding any other law, a pharmacy technician or an intern pharmacist may perform the task of obtaining an accurate medication profile or list for a high-risk patient if both of the following conditions are satisfied:

- The hospital pharmacy has a quality assurance program to monitor competency.
- The hospital has established policies and procedures for training and proctoring pharmacy technicians or intern pharmacists by the hospital pharmacy department and the pharmacy technician or intern pharmacist has completed that training and proctoring.

The hospital shall establish criteria regarding who is a high-risk patient for purposes of this section and shall determine the timeframe for completion of the medication profile or list, based on the patient populations served by the hospital.

This shall not apply to the State Department of State Hospitals.

Retired Pharmacists License

Amended Section 4200.5

BPC Section 4200.5 was amended to establish a pathway for pharmacist with a retired license to request to restore their pharmacist license to active status within three years of issuance of the retired license. The request shall be accompanied by the renewal fee established in subdivision (e) of Section 4400 and demonstration that, within the two years preceding the request for restoration, the pharmacist has successfully completed continuing education consistent with the requirements set forth in subdivision (b) of Section 4231. If more than three years have elapsed since the issuance of the retired license, the retired pharmacist shall reapply for licensure as a pharmacist consistent with the provisions of Section 4200.

To assist interested individuals, the Board has updated its [retired pharmacist application](#) to include the provisions for reactivation of the license.

Mail Order Pharmacies

New Section 4317.6

AB 1503, as enacted, adds new section 4317.6, providing the Board with the authority to issue a citation and fine of up to \$100,000 to a mail order pharmacy. The section defines mail order pharmacy as a nonresident pharmacy that dispenses medications and ships them to patients via the postal service or other mail delivery method.

This new statutory authority is similar to statutory authority granted to the Board a few years ago that provided the Board with authority to issue higher fines to chain community pharmacies under specified conditions.



Fees: Medically Underserved Area

Amend Section 4400

Provisions included in AB 1503, establish authority for the Board to waive the application and renewal fee for a pharmacy providing in-person patient care services in a medically underserved area.

The statute defines medically underserved area as a geographic area that does not have within 50 road miles a physical pharmacy that provides in-person patient care services by a pharmacist and serves the general public.

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