

New Nonresident Pharmacy Application Review

Name:	Professional Partners, Inc.
DBA:	Westcliff Compounding Pharmacy
Street Address:	1901 Westcliff Drive
City, State, Zip:	Newport Beach, California 92660
Date application received:	July 7, 2015
Application reviewed by:	Sue Mears
Date application reviewed:	July 8, 2015
Omission(s):	None
Area(s) of Concern:	Disclosed discipline, summarized below

Pharmacy was disciplined by the Colorado Board of Pharmacy in November 2013 for shipping 909 prescription drugs into Colorado without prescription orders over a two year period. The pharmacy had been shipping compounded medications to a prescriber for office use, which it thought to be allowable. The pharmacy agreed to a \$6,600 fine and to only dispense compounded medications into Colorado pursuant to a patient-specific prescription.

UPDATE:

During this board's review of the pharmacy's application at its August / September meeting, the board was concerned about the pharmacy's response to the question of registering and reporting to the PMP for compounded controlled substances. The board asked for further follow up with the pharmacy. The pharmacist explained that if a controlled substance is compounded with a non-controlled substance, he believed the resulting compound to be non-controlled. It was explained to him that the Iowa PMP requires submission of all controlled substances dispensed to Iowa, regardless of final form. He understood and agreed that his pharmacy will register and report to the PMP all compounded medications that contain controlled substances.

APPLICATION FOR NONRESIDENT IOWA PHARMACY LICENSE

Please type or print clearly in ink. Make changes as necessary.

1 APPLICATION FOR:

Renewal New Address Chg. Name Chg. Ownership Chg. Pharmacist in Charge Chg.

FOR LICENSE PERIOD:

IOWA PHARMACY LICENSE NO.:

LICENSE FEE: \$135.00

2 DBA, LEGAL NAME, & LOCATION OF PHARMACY:

Name PROFESSIONAL PARTNERS, INC.

Address DBA WESTCLIFF COMPOUNDING PHARMACY

1901 WESTCLIFF DR #3A

Remit check or money order payable to:
IOWA BOARD OF PHARMACY

(DO NOT SEND CASH)

City, State, Zip NEWPORT BEACH, CA 92660

3 PHARMACY PHONE (949) 272-0158 FAX (949) 272-0038 FED. TAX ID: 900549689

E-MAIL ADDRESS [REDACTED] DEA NO.: [REDACTED]

4 TYPE OF OWNERSHIP: Individual Partnership Corporation Other

5 PHARMACIST IN CHARGE:

NAME MICHAEL PAVLOVICH LICENSE NO. 40+ HRS WORKED/WEEK [REDACTED] SIGNATURE [Signature]

6 ATTACH THE FOLLOWING INFORMATION:

- a) List of the names, titles, and addresses of all principal owners, partners, and officers of the pharmacy.
- b) List of all staff pharmacists currently employed (include home state license number and average hours worked per week for each).
- c) List of all technicians, pharmacist-interns, and pharmacy support persons currently employed (include home state license or registration number and average hours worked per week for each).
- d) Copy of current license, permit, or registration certificate issued by the home state regulatory authority.
- e) Most recent inspection report resulting from an inspection conducted by the home state regulatory authority.
- f) Evidence of correction of any noncompliance noted on the inspection report by the home state.
- g) A copy of a prescription label that includes the toll-free number for use by Iowa patients.
- h) A typed description of the prescription drugs and services provided to patients in Iowa.

7 CRIMINAL HISTORY:

- a) Has the pharmacy, the pharmacy's owner, or any officer or partner (if the pharmacy is owned by a corporation or partnership) been convicted of any crimes (felonies or misdemeanors)? Exclude traffic violations and alcohol-related offenses classified as misdemeanors.
____ Yes X No If yes, attach explanation.
- b) Has the pharmacist in charge been convicted of any crimes (felonies or misdemeanors)? Exclude traffic violations and alcohol-related offenses classified as misdemeanors.
____ Yes X No If yes, attach explanation.

8 DISCIPLINARY HISTORY: (NOTE: Discipline includes, but is not limited to: citations, reprimands, fines, license restrictions, probation, and license or registration surrender, suspension, and revocation.)

- a) Has the pharmacy, the pharmacy's owner, or any officer or partner (if the pharmacy is owned by a corporation or partnership) ever been disciplined by any licensing authority?
X Yes ____ No If yes, describe the discipline and attach all relevant disciplinary documents.
- b) Has the pharmacist in charge ever been disciplined by any licensing authority?
____ Yes X No If yes, describe the discipline and attach all relevant disciplinary documents.

JUL 07 2015

IOWA BOARD OF PHARMACY

- c) Does the pharmacy, the pharmacy's owner, any officer or partner, or the pharmacist in charge have any charges, or knowledge of any complaints or investigations, pending before any licensing authority?
 ___ Yes ___ X No *If yes, attach explanation.*
- d) Has the pharmacy or the pharmacist in charge ever been denied a license by any licensing authority?
 ___ Yes ___ X No *If yes, attach explanation.*

9 PHARMACY INFORMATION:

- a) What are the regular hours of operation of the pharmacy for each period/day identified?
 Monday-Friday: 9-5:30z Saturday: _____ Sunday: _____
- b) Pharmacy's toll-free phone number: 855-806-6768 *(must be printed on prescription label)*
- c) What are the hours of operation of the toll-free phone number?
 Monday-Friday: 9-5:30 Pacific Saturday: _____ Sunday: _____
- d) Does the pharmacist responding to patient calls during the toll-free phone number hours of operation have access to patient records at the time of the call?
 ___ Yes ___ X No *(Attach additional explanation if necessary).*
- e) What type of pharmacy do you operate? *(Check all that apply.)*
 Community Home infusion Nuclear Central Rx processing Hospital
 Mail order Long-Term Care Internet Central Rx filling Other *(explain)*
- f) Which of the following populations does the pharmacy serve? *(Check all that apply.)*
 Human Veterinary—companion animals Veterinary—food-producing animals
- g) Approximately how many prescriptions did the pharmacy deliver into Iowa last year? 0
- h) Which of the following accreditations does the pharmacy have? *(Check all that apply.)*
 VPPS VIPPS PCAB ACHC JCAHO DMEPOS Other _____ None
- i) Does the pharmacy engage in compounding? ___ X Yes ___ No
 If yes, what types? *(Check all that apply.)*
 Sterile High-Risk Sterile Medium-Risk Sterile Low-Risk
 Non-sterile Pursuant to patient-specific Rx In anticipation of patient-specific Rx
 For hospital use For office use by prescriber
- j) Does the pharmacy provide or intend to provide controlled substances to patients in Iowa?
 ___ Yes ___ X No *(Nonresident pharmacies are required to report to Iowa's Prescription Monitoring Program (PMP), including submission of zero reports. Please be aware of the reporting requirements described in 657 Iowa Administrative Code chapter 37 and the Iowa Data Reporting Manual.)*

unless Testosterone + non-control is considered reportable

10 FDA INFORMATION:

- a) Has the pharmacy ever been inspected by the FDA? ___ Yes ___ X No
- b) If yes, date of last inspection: _____
- c) If yes, has the FDA ever issued a 483 or a warning letter to the pharmacy? ___ Yes ___ X No
If yes, please attach the FDA documentation and include documentation regarding your pharmacy's response to the FDA.
- d) Is the pharmacy registered with the FDA as a 503(b) outsourcing facility? ___ Yes ___ X No

REMIT TO: IOWA BOARD OF PHARMACY
 400 S.W. EIGHTH STREET, SUITE E
 DES MOINES, IA 50309-4688
 PHONE: (515) 281-5944

Information provided in this application may be disclosed pursuant to 657 IAC chapter 14.

I hereby swear under penalty of perjury that the information provided in this application is true and correct. I understand that failure to provide complete and truthful information may constitute grounds for denial, revocation, or other disciplinary sanctions against the pharmacy license.

11 SIGN HERE →

[Signature]
 Signature of Owner or Corporate Officer

PRESIDENT
 Title

2/3/15
 Date

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED TO APPLICANT



Ownership Disclosure:

1. Michael Pavlovich, PharmD
President, Pharmacist-In-Charge

238 Savona Walk
Long Beach, CA 90803

Licenses

CA RPH42798 Exp 8/31/15

NV 10179 Exp 10/31/15

AZ Y005467 Exp 10/31/15

MD 21411 Exp 8/31/16

Interest 60%

2. John O'Connell, Pharm.D., MBA
Secretary/Treasurer

3501 Kendell Hill Dr
Santa Rosa, CA 95401

Licenses

CA RPH38957 Exp 9/30/16

Interest 40%



Staff Pharmacists:

1. Michael Pavlovich, PharmD - PIC – CA Lic RPH42798 – 40+ hrs/wk
2. John O'Connell, Pharm.D., MBA – CA Lic RPH38957 – 8 hrs/month
3. Theresa Do, Pharm.D. – CA Lic RPH64293 – 8 hrs/wk

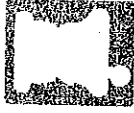
1901 Westcliff Dr #3A – Newport Beach, CA 92660
(949) 272-0775 – (855) 826-6768 – FAX (949) 272-0038
www.westcliffcompounding.com



Technicians:

1. Marisol Rivas – CA TCH38614 – 40 hrs/wk
2. Jeyra Frias – CA TCH64313 – 30 hrs/wk
3. Emilia Alcaraz – CA TCH83397 – 38 hrs/wk

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LICENSE NO. PHY 50599
RECEIPT NO. 50250754

Renewal Certificate



Permit

BOARD OF PHARMACY
1625 NORTH MARKET BLVD., SUITE N-219
SACRAMENTO, CA 95834
(916) 574-7900

VALID UNTIL MARCH 01, 2016

WESTCLIFF COMPOUNDING PHARMACY
1901 WESTCLIFF DR #3A
NEWPORT BEACH CA 92660

02/09/15 The official status of this license can be verified at www.pharmacy.ca.gov
----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name hereon is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy.
This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) administrator or pharmacist-in-charge.
This permit is valid only at the address shown.

WESTCLIFF COMPOUNDING PHARMACY
 1901 WESTCLIFF DR #3
 NEWPORT BEACH, CA 92660-0000-000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FW2500432	05-31-2017	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	RETAIL PHARMACY	04-07-2014
WESTCLIFF COMPOUNDING PHARMACY 1901 WESTCLIFF DR #3A NEWPORT BEACH, CA 92660-0000		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

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California State Board of Pharmacy
 1625 N. Market Blvd, Suite N219 Sacramento, CA 95834
 Phone (916) 574-7900
 Fax (916) 574-8618
 www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
 DEPARTMENT OF CONSUMER AFFAIRS
 GOVERNOR EDMUND G. BROWN JR.

INSPECTION REPORT

Pharmacy Hospital Pharmacy _____ Clinic _____ Exempt Hospital _____ Wholesaler _____ Hypodermic _____

Date: 12/29/2014 Inspector: Anna Yamada

Firm: WESTCLIFF COMPOUNDING PHARMACY Phone: (949) 272-0775

Address: 1901 WESTCLIFF DR #3A City: NEWPORT BEACH Zip: 92660

Ownership: CORPORATION

Permit #: PHY50599 Permit Exp: 3/1/2015 DEA#: FW2500432 DEA Exp: 5/31/2017

Date of Self Assessment Form: 6/30/2013 Other Permit #: N/A Date of DEA Inventory: 5/1/2013

Hours M-F: 9AM-5:30PM Hours Saturday: closed Hours Sunday: closed

PIC MICHAEL A PAVLOVICH RPH42798 Administrator _____

RPH Consultant _____

Staff RPH Name:	License #:	Staff Name:	License #:
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Inspector Remarks:

Here today for follow-up inspection from Advance Outcome Management Pharmacy (PHY49946, AC 4682).

Advance Outcome pharmacy records (invoices, prescription, computer server) and dangerous devices (syringes and needles) were transferred to Westcliff Compounding Pharmacy on 12/24/14. Records and devices were boxed and sealed and stored in one of the pharmacy rooms. PIC Pavlovich was informed these items were no longer the property of Advance Outcome or Clarence Lloyd, and PIC Pavlovich was now responsible for these items.

Only a small number of dangerous drugs were transferred to pharmacy. Among the items were a couple of open containers of compounding ingredients and PIC Pavlovich was instructed to pull from active drug stock.

Licensee Remarks:

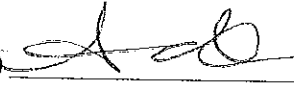


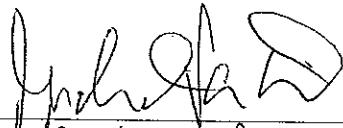
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 GOVERNOR EDMUND G. BROWN JR.

INSPECTION REPORT

I have reviewed, discussed, understand and received a copy of this form .

Inspector (sign) 
 Inspector (print) Anna Yamada

Pharmacist (sign) 
 Pharmacist (print) MICHAEL PAVLOVICH
 Owner(sign) _____
 Owner(print) _____

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:



California State Board of Pharmacy
 1625 N. Market Blvd, Suite N219, Sacramento, CA 95834
 Phone (916) 574-7900
 Fax (916) 574-8618
 www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY
 DEPARTMENT OF CONSUMER AFFAIRS
 GOVERNOR EDMUND G. BROWN JR.

INSPECTION REPORT

Pharmacy Hospital Pharmacy _____ Clinic _____ Exempt Hospital _____ Wholesaler _____ Hypodermic _____

Date: 4/3/2012 Inspector: Joshua Lee

Firm: WESTCLIFF COMPOUNDING PHARMACY Phone: (949) 272-0775

Address: 1901 WESTCLIFF DR #3A City: NEWPORT BEACH Zip: 92660

Ownership: CORPORATION

Permit #: PHY50599 Permit Exp: 3/1/2013 DEA#: FW2500432 DEA Exp: 5/31/2014

Date of Self Assessment Form: 4/18/2011 Other Permit #: N/A Date of DEA Inventory: 4/18/2011

Hours M-F: 9am-5pm Hours Saturday: CLOSED Hours Sunday: CLOSED

PIC MICHAEL A PAVLOVICH RPH42798 Administrator _____

RPH Consultant _____

Staff RPH Name: _____ License #: _____ Staff Name: _____ License #: _____

SARAH M MICHAEL INT24884 MARISOL RIVAS TCH38614

Reference

C	CFR 1305.22(g)	Procedures for filling out electronic orders (CSOS); Purchaser must record quantity and date received. Record must be electronically linked to the original order and archived. In that, the record of schedule II drugs received from Cardinal was not electronically archived and linked to the original order. <div style="text-align: center;"><i>- corrected</i></div>
2	CCR 1707.5d	Interpretive Services to be available In that, policies and procedures and a posted notice for the provision of interpretive services was not available. <div style="text-align: center;"><i>- done</i></div>



INSPECTION REPORT

Inspector Remarks:

ROUTINE PHARMACY INSPECTION: Independent retail compounding pharmacy located adjacent to prescribers offices and retail shops. Pharmacy just recently opened on 3/28/2011.

- *Patient consultation observed
- *Quality Assurance Program: Incident report discussed with PIC
- *CURES: reporting
- *BOP e-mail notification subscription: helped pharmacy sign up
- *Original Notice to Consumer posters displayed
- *Original Pharmacy Permits posted
- *Sink with hot and cold running water during inspection
- *Refrigerator Temperature (USP 36-46F, 2-8C): 40F, temperature log in place
- *Wholesalers: Cardinal (CSOS), API, Keysource
- *Prescription Labeling has product description/ patient-centered
 - o Maintained 1 prescription label Rx # 59203 (patient name redacted)
- *Policies and Procedures: QA P+P/ QA Review, TCH job duties, Temporary absence of RPH for lunch,
- *Refill log: in place
- Compounding: Pharmacy does nonsterile compounding
 - Compounding Self-Assessment: in place
 - Bulk Ingredient Invoices: in place, Letco, Medisca
 - Compounding logs: in place
 - Master formulas: in place
 - Balance/ Temperature log: in place
 - Compounding p/p: in place
 - Compounding QA/ end product testing: ARL
 - Labeling: reviewed

DISCUSSION:

1. Theft/Impairment policy and procedures: revise to include mental and physical impairment.
2. Discussed about requirements of Initial DEA Inventory.

In order to complete inspection, PIC to send Inspector Lee via e-mail or fax the following (Email: Joshua.lee@dca.ca.gov, Fax: (858) 618-1794):

RECTIONS:



INSPECTION REPORT

1. The record of schedule II drugs received from Cardinal was not electronically archived and linked to the original order. Send statement of correction within 30 days. *- corrected*

2. Policies and procedures and a posted notice for the provision of interpretive services was not available. Send copy within 30 days. ✓

Licensee Remarks:

I have reviewed, discussed, understand and received a copy of this form .

Inspector (sign) *[Signature]*
 Inspector (print) Toshua CPP

Pharmacist (sign) *[Signature]*
 Pharmacist (print) MICHAEL PANDOVICH
 Owner (sign) _____
 Owner (print) _____

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:



Description of Prescription Drugs and Services Provided to Iowa Patients

We have developed a line of implantable medications and a tight delivery system whereby orders are placed directly to the pharmacy by way of an electronic prescription connection. The following are intended for shipment to Iowa patients and/or their physicians:

Estradiol
Naltrexone
Oxytocin
Progesterone
Testosterone/DHEA
Testosterone/Povidone

This list is not exclusive and may change upon new research and physician request.

Pellets are compounded in a ISO Class 7 cleanroom within an ISO Class 5 BioSafety Cabinet and ultimately sterilized by way of electron beam process. Batches are routinely tested for sterility and potency. The process has been validated by FDA on multiple occasions in the innovator's pharmacy.

WESTCLIFF COMPOUNDING PHARMACY

COLORADO STATE BOARD OF PHARMACY

STATE LICENSURE ACTION

Date of Action: 11/04/2013

Initial Action

Basis for Initial Action

- PUBLICLY AVAILABLE FINE/MONETARY PENALTY

- OPERATING BEYOND SCOPE OF LICENSE

A. REPORTING ENTITY

Entity Name: COLORADO STATE BOARD OF PHARMACY
Address: 1560 BROADWAY, STE. 1300
City, State, Zip: DENVER, CO 80202-0546
Country:
Name of Office: COLORADO STATE BOARD OF PHARMACY
Title or Department: DORA/PROGRAM DIRECTOR
Telephone: (303) 894-7754
Entity Internal Report Reference:
Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (ORGANIZATION)

Organization Name: WESTCLIFF COMPOUNDING PHARMACY
Other Organization Name(s) Used:
Business Address: 1901 WESTCLIFF DR
STE 3A
City, State, ZIP: NEWPORT BEACH, CA 92660
Organization Type: PHARMACY (345)

Names and Titles of Principal Officers and Owners (POO):

Federal Employer Identification Numbers (FEIN): 900599689

Social Security Numbers (SSN):

Individual Taxpayer Identification Numbers (ITIN):

State License Number, State of Licensure: OSP.0005969, CO

Is the Subject a health care entity that provides health care services and engages in a formal peer review process for the purpose of furthering quality health care?: YES

Drug Enforcement Administration (DEA) Numbers:

Clinical Laboratory Act (CLIA) Numbers:

Food and Drug Administration (FDA) Numbers:

National Provider Identifiers (NPI):

Medicare Provider/Supplier Numbers:

Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.):

Business Address of Affiliate:

City, State, ZIP:

Nature of Relationship(s):

C. INFORMATION REPORTED

Type of Adverse Action: STATE LICENSURE

Basis for Action: OPERATING BEYOND SCOPE OF LICENSE (AF)

Name of Agency or Program That Took the Adverse Action Specified in This Report:

COLORADO STATE BOARD OF PHARMACY

Adverse Action

Classification Code(s): PUBLICLY AVAILABLE FINE/MONETARY PENALTY (3233)
Date Action Was Taken: 11/04/2013
Date Action Became Effective: 11/04/2013
Total Amount of Monetary Penalty, Assessment and/or Restitution: \$ 6,600.00
Is Subject Automatically Reinstated After Adverse Action Period Is Completed?:
Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity: STIPULATION AND FINAL AGENCY ORDER, DISTRIBUTED 909 PRESCRIPTION DRUGS INTO COLORADO WITHOUT PRESCRIPTION ORDERS. PLEASE REFER TO BOARD DOCUMENT FOR ADDITIONAL INFORMATION.

Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- If box is checked, this report has been disputed by the subject identified in Section B.
- If box is checked, at the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- If box is checked, at the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 11/05/2013

Date of Most Recent Change: 11/05/2013

This report is maintained under the provisions of: Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT



Office Outlook Web Access

Type here to search

This Folder



Address Book



Options



Log Off

Mail

- Deleted Items (1733)
- Drafts [40]
- Inbox (6)
- Junk E-Mail
- Sent Items

Click to view all folders

- BOP Staff Information
- CPE Monitor
- Calendar
- Complaints
- Critical Point training ...
- IPA New Practice Model
- Inspections
- NR - New application fol...
- Patient Safety Taskforce...
- Rules Clarification/Info...
- Manage Folders...

Reply Reply to All Forward Move Delete Close

clarification

Mike Pavlovich [mike@westcliffcompounding.com]

Sent: Monday, August 03, 2015 5:33 PM

To: Mears, Sue [IBPE]

Hi Sue,

In response to the deficiency noted in our application for a non-resident pharmacy permit, we are now able to provide coverage through a "call forwarding system" making a pharmacist available on Saturdays during normal business hours (9am to 5:30pm Pacific Time). Any callers during that time will have the option of requesting a timely reply from the pharmacist on call. Therefore, we will, in fact, have availability 6 days of the week.

Should the board require further input on this or any other issue, I can be reached directly at 562-881-2534 (cell) when they meet to review the application.

Sincerely,

--
 Mike Pavlovich, PharmD, FAPhA
 Westcliff Compounding Pharmacy
 1901 Westcliff Dr #3
 Newport Beach, CA 92660
 (949) 272-0775
 (949) 272-0038 FAX
www.westcliffcompounding.com

Connected to Microsoft Exchange