

QUM Priority: ANTICOAGULANTS



Referral for RMMR (Residential Medication Management Review)

“An RMMR is conducted by an accredited pharmacist when requested by a resident’s GP and undertaken in collaboration with the GP and appropriate members of the resident’s healthcare team. A comprehensive assessment is undertaken to identify, resolve and prevent medication-related problems and is provided to the resident’s GP.

For a patient to be eligible for an RMMR service:

✓ *the GP confirms that there is an identifiable clinical need that the patient will benefit from an RMMR”*

Facility Name:	
To: Choice Aged Care	
<i>Please conduct an RMMR for the following resident</i>	
Resident Name: _____ D.O.B./...../..... GP Name: _____	(Or affix resident sticker here)
Reason for RMMR	This resident receives an anticoagulant which reflects an identified clinical need and would benefit from an RMMR: <input type="checkbox"/> <i>Warfarin</i> (Coumadin, Marevan) <input type="checkbox"/> <i>Dabigatran</i> (Pradaxa) <input type="checkbox"/> <i>Rivaroxaban</i> (Xarelto) <input type="checkbox"/> <i>Apixaban</i> (Eliquis) <input type="checkbox"/> <i>Enoxaparin</i> (Clexane) Comments? _____
GP Signature:	Date: / /

Medicare Benefits Schedule – MBS Item 903 (Fee: \$103.90 Benefit: 100% = \$103.90)

GP claiming: If less than 12 months since the last Item 903, annotate the Medicare claim ‘special circumstances’.

Please FAX completed referral to 1300 276 087