

Understanding the Registry

Submitting the Physician Request for Exception Form

When creating orders for a qualified patient that includes daily dose amounts that exceed the amounts set forth in Emergency Rule 64ER22-8, a "Request for Exception (RFE)" form is required to be submitted and approved by the Office of Medical Marijuana Use (OMMU). This form must be completed, submitted, and approved using the Medical Marijuana Use Registry (MMUR).

SUBMITTING DOCUMENTATION VIA THE MMUR:

Step 1: After creating a certification (*For instructions on creating a certification, [click here](#)*) and orders that will require an RFE to be approved by the OMMU, you will need to navigate to the "Not Yet Submitted" RFE on the Certification Documentation dashboard. (*For instructions on navigating to the Certification Documentation dashboard, [click here](#)*).

Step 2: After clicking "VIEW" next to the RFE form, you are navigated to the "Not Yet Submitted" RFE form. Confirm the pre-populated form data are correct (Qualified Physician Name, Physician License Number, Patient ID, Qualifying Condition, etc.).

Certification Documentation - Request for Exception

Section 381.986(4)(f)1., Florida Statutes, permits a qualified physician to request an exception to the daily dose amount limit of marijuana, the 35-day supply limit of marijuana in a form for smoking, and the 4-ounce possession limit of marijuana in a form for smoking. The limitations on daily dose amounts and equivalent dose amounts for each allowable route of administration are set forth in Emergency Rule 64ER22-8. A qualified physician may request an exception by completing and submitting this form to the Medical Marijuana Use Registry.

Qualified Physician Name:	ANY DOCTOR
Qualified Physician License Number (ME or OS):	ME012345
Qualified Patient ID Number:	P6MX7411

Indicate the qualified patient's qualifying medical condition(s), for which the exception is being requested, by checking the appropriate box(es) from the list below.

- Cancer
- Epilepsy
- Glaucoma
- Positive status for human immunodeficiency virus
- Acquired immune deficiency syndrome
- Post-traumatic stress disorder
- Amyotrophic lateral sclerosis
- Crohn's disease
- Parkinson's disease
- Multiple sclerosis
- Medical conditions of the same kind or class as or comparable to those enumerated in paragraphs (a)-(j)

Step 3: Scroll to the table titled “Proposed Route of Administration and Minimum Dosage Information.” This table displays the proposed amounts that have been entered on the patient’s order, and the correlating Aggregate Amount total. The aggregate total is editable, however, if you want to alter a route’s individual daily dose amount. To do this, you must edit the patient’s order.

If you are requesting an exception to the 70-day supply limit of marijuana, fill out the table below with the qualified patient’s proposed dosage information that would be sufficient for the treatment of the qualified patient’s qualifying medical condition.

If you are requesting an exception to the 35 - day supply limit of marijuana in a form for smoking and the 4 - ounce possession limit of marijuana in a form for smoking, fill out the table below with the qualified patient’s proposed dosage information that would be sufficient for the treatment of the qualified patient’s qualifying medical condition.

Route of Administration and Dosage Information		
Route of Admin.	Supply Limit of THC (mg/oz)	Proposed Limit of THC (mg/oz)
Edibles	60 mg	400 mg
Inhalation	350 mg	400 mg
Oral	200 mg	400 mg
Sublingual	190 mg	400 mg
Suppository	195 mg	400 mg
Topical	150 mg	400 mg
70 Day Aggregate Amt-THC:	24500 mg	168000
Smoking	2.500 oz	4.500 oz

The amount in the “70 Day Aggregate Amt-THC:” can be lowered or raised

Step 4: After reviewing the “Route of Administration and Dosage Information” table, scroll to the text box below the table. Here, you must “Provide a brief description outlining the anticipated patient benefit from an increased dosage amount.”

70 Day Aggregate Amt-THC:	This statement of benefit applies to all routes of administration over the daily dose limits. Please enter a brief description outlining the anticipated benefit from an increased dosage amount for the route(s) of administration requested (e.g., edibles, inhalation, oral, sublingual, suppository, topical, and/or marijuana in a form for smoking).	84000
Smoking		5.900 oz

In the space below, provide a brief description outlining the anticipated patient benefit from an increased dosage amount.

0/30000 characters used

Provide a description outlining the anticipated patient benefit from an increased dosage amount

IMPORTANT: Please note, if you hover your mouse over “In the space below, provide a brief description outlining the anticipated patient benefit from an increased dosage amount,” an instructional guidance statement will appear.

Step 5: Scroll to the next table titled “Proposed Total Weight of Marijuana in Possession (oz).” This table will display the calculation details for the “Total Weight of Marijuana in Possession (oz).”

Total Weight was calculated using the equation below:	
a = Amount of Marijuana in a Form of Smoking	
t = Total Weight of Marijuana in Possession	
1.6a = t	
Proposed Total Weight of Marijuana in Possession (oz)	
7.200	

Step 6: After reviewing the “Proposed Route of Administration and Minimum Dosage Information” for marijuana in a form for smoking, scroll to the bottom of the form where you will find the Physician Acknowledgment. Please review this Acknowledgment before submitting the form.

ACKNOWLEDGMENT

As the qualified physician, I acknowledge that the information provided in this request is true and correct. I understand that I commit a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083, if I issue a physician certification for the medical use of marijuana for a patient without a reasonable belief that the patient is suffering from a qualifying medical condition. I also agree to provide the qualified patient’s records upon request of the department.

By requesting this exception, I further certify that the qualified patient identified in this request requires medical marijuana in excess of the maximum limits set forth in rule 64ER22-8. I understand that requesting an exception to the daily dose amount limit of marijuana, the 35-day supply limit of marijuana in a form for smoking, and the 4-ounce possession limit of marijuana in a form for smoking for a qualified patient that does not require an exception is a violation of my practice act. I agree that I am responsible for complying with the relevant practice act, Chapter 458 or 459, F.S., and any applicable standards of practice or practice requirements adopted thereunder and that violations are subject to disciplinary action by the governing regulatory board.

Step 7: After reading the Acknowledgement, click “SUBMIT” to submit your form to the OMMU for review. The form may be withdrawn, except if the OMMU is actively reviewing it, or it has been approved.

IMPORTANT: Please note, if you withdraw and then re-submit this form, your submission date will reset.

Step 8: Click “CONFIRM.”

RFE Form (Submit)

Are you sure you'd like to perform the following action on the Certification Documentation?
Submit

GO BACK CONFIRM

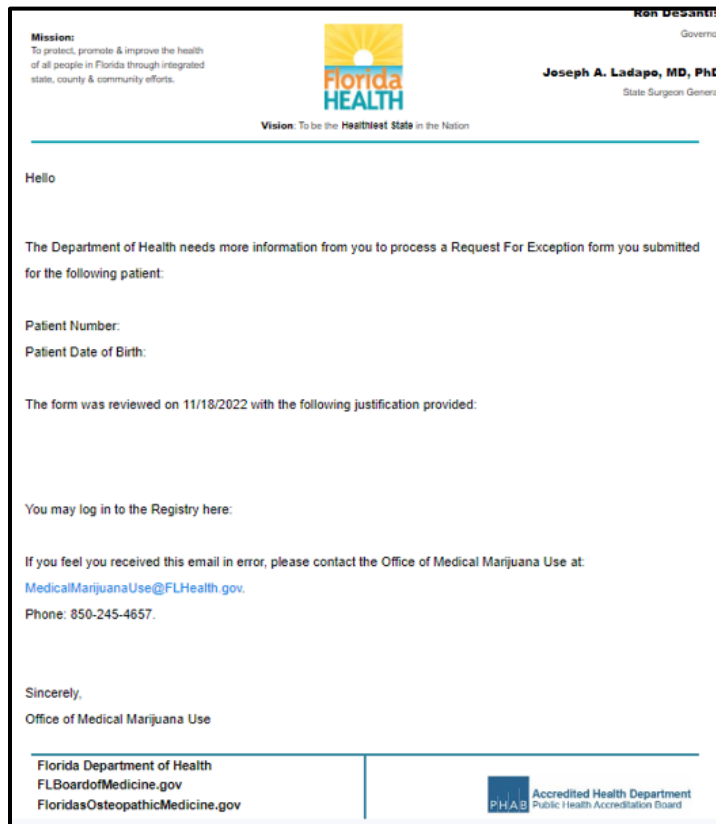
Click “CONFIRM”

Step 9: After clicking “CONFIRM” on the prompt in Step 8, a pop-up window will appear notifying you that the documentation has been submitted successfully. Click “CONTINUE.”

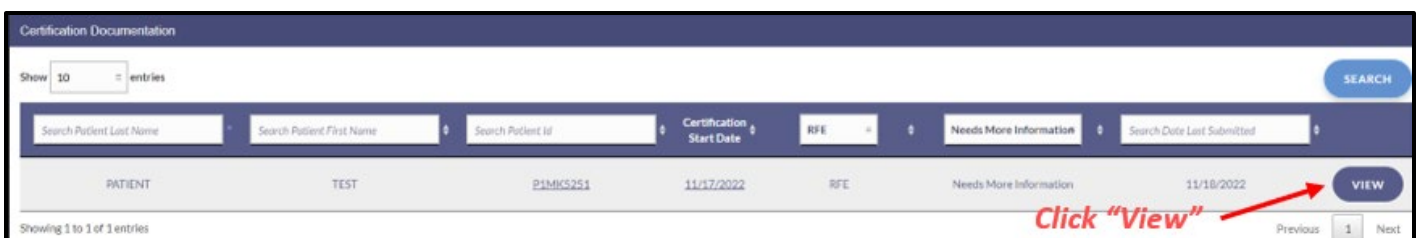


After clicking “CONTINUE,” you are returned to the Certification Documents dashboard. The dashboard will reflect the current status of your forms for each qualified patient or individual qualified patient, depending on which dashboard you are viewing.

Step 10a: An RFE form can be sent back to the physician requiring more information and a request for medical records to justify the allotment increase. The physician will receive a notification via email regarding this request.



Step 10b: Once the physician is notified that a RFE needs more information, and a request for medical records has been made, navigate back to the Certification Documentation dashboard and search for the specific patient and RFE form that was sent back for more information. Then, click “View” next to the respective RFE form.



Step 10c: Viewing the RFE form, navigate towards the bottom of the form and ensure a patient benefit is outlined in the provided text box.

In the space below, provide a brief description outlining the anticipated patient benefit from an increased dosage amount.

Patient Benefit Provided.

257/30000 characters used

Unsaved Changes

Per section 381.986(4)(f)2., Florida Statutes, please provide the qualified patient's medical record(s) to support the proposed, increased dose amount (route or aggregate).

Upload Drag & Drop Files

Total Weight was calculated using the equation below:
a = Amount of Marijuana in a Form of Smoking
t = Total Weight of Marijuana in Possession
 $1.6a = t$

Proposed Total Weight of Marijuana in Possession (oz)

N/A

Step 10d: Click the "Upload" button to provide medical record(s) to support the proposed increased dose amount. You may upload up to 5 documents and the uploaded files must be in a zip format.

Per section 381.986(4)(f)2., Florida Statutes, please provide the qualified patient's medical record(s) to support the proposed, increased dose amount (route or aggregate).

Upload Drag & Drop Files

Total Weight was calculated using the equation below:
a = Amount of Marijuana in a Form of Smoking
t = Total Weight of Marijuana in Possession
 $1.6a = t$

Proposed Total Weight of Marijuana in Possession (oz)

N/A

Step 10e: Once all medical records have been uploaded click “Resubmit” to send the information to the OMMU for review.

Per section 381.986(4)(f)2, Florida Statutes, please provide the qualified patient's medical record(s) to support the proposed, increased dose amount (route or aggregate).

Upload Drag & Drop Files

- 5) Medical Records.zip (76.72 KB) Delete
- 4) Medical Records.zip (76.72 KB) Delete
- 3) Medical Records.zip (76.72 KB) Delete
- 2) Medical Records.zip (76.72 KB) Delete
- 1) Medical Records.zip (76.72 KB) Delete

← Uploaded Medical Records in zip format

Total Weight was calculated using the equation below:
a = Amount of Marijuana in a Form of Smoking
t = Total Weight of Marijuana in Possession
 $1.6a = t$

Proposed Total Weight of Marijuana in Possession (oz)
N/A

ACKNOWLEDGMENT

As the qualified physician, I acknowledge that the information provided in this request is true and correct. I understand that I commit a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083, if I issue a physician certification for the medical use of marijuana for a patient without a reasonable belief that the patient is suffering from a qualifying medical condition. I also agree to provide the qualified patient's records upon request of the department.

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Physician's Name: _____

Submitted on: 11/18/2023

Click "Resubmit"

SAVE AS DRAFT RESUBMIT WITHDRAW

For additional information, visit
KnowTheFactsMMJ.com