

## Understanding the Registry

### Submitting the Physician Request for Exception Form

When creating orders for a patient that includes daily dose amounts that are higher than the amounts allotted in OMMU 64ER22-8, a Request for Exception (RFE) form is required to be submitted to and approved by the Office of Medical Marijuana Use (OMMU). This form must be completed, submitted and approved in the Medical Marijuana Use Registry (MMUR).

#### **SUBMITTING DOCUMENTATION VIA THE MEDICAL MARIJUANA USE REGISTRY:**

**Step 1:** After creating a certification and orders (*for instructions on creating a certification, [click here](#)*) 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 Request for Exception form. Confirm the pre-populated form data is 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:** After reviewing the “Current Route of Administration and Dosage Information” table, scroll to the text box below the table. Here, you will have to “Provide a brief description outlining the anticipated patient benefit from an increased dosage amount.”

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*




Incomplete or Invalid Response

**Step 4:** Scroll to the next 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, you must do so by editing the patient’s order. This table only shows information about a patient’s medical marijuana orders (limits for low-THC orders do not exist).

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.

Proposed Route of Administration and Minimum Dosage Information	
Route of Admin.	Amount of THC (mg)
Edibles	200 mg
Inhalation	200 mg
Oral	200 mg
Sublingual	200 mg
Suppository	200 mg
Topical	200 mg
70 Day Aggregate Amt-THC:	<input style="width: 150px; border: 1px solid gray;" type="text" value="84000"/>



Saved Response

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

**Step 5:** Scroll to the next table also titled “Proposed Route of Administration and Minimum Dosage Information.” This table will display the proposed amounts that have been ordered for the patient’s “Marijuana in a Form for Smoking” Type Orders. Here you will also find the calculation details for the “Total Weight of Marijuana in Possession (oz).”

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.

Total Weight was calculated using the equation below: *Demonstrates how to calculate the “Total Weight of Marijuana in Possession (oz)”*

a = Amount of Marijuana in a Form of Smoking  
t = Total Weight of Marijuana in Possession  
 $1.6a = t$

Proposed Route of Administration and Minimum Dosage Information		
Route of Admin.	Amount of Marijuana in a Form for Smoking (oz)	Total Weight of Marijuana in Possession (oz)
Smoking	4.000	6.400

*Displays the proposed amount of “Marijuana in a Form for Smoking” that has been ordered (oz)*

**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.

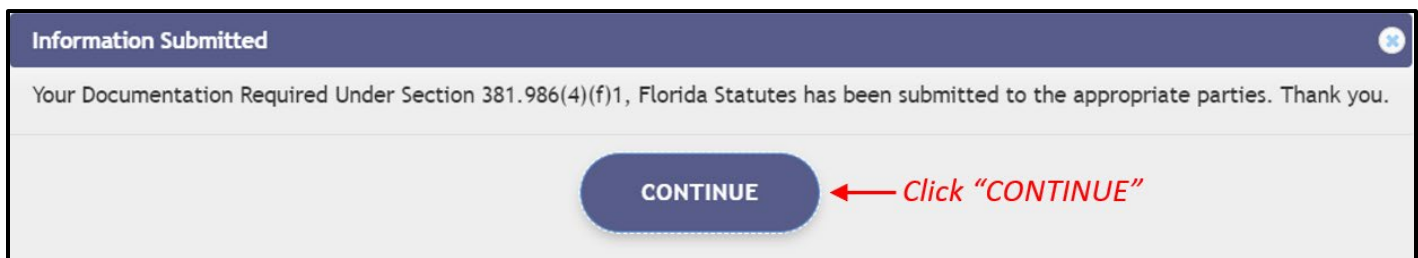
**Step 7:** After reading the Acknowledgment, click “SUBMIT” to submit your form to the Office of Medical Marijuana Use for review. The form may be withdrawn unless the OMMU is actively reviewing it, or it has been approved.

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

**Step 8:** Click “CONFIRM.”



**Step 9:** Another prompt informing you that the documents have been submitted will appear after clicking “CONFIRM” on the first prompt. You will need to click “CONTINUE” on this prompt.



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

For additional information, visit  
**[KnowTheFactsMMJ.com](http://KnowTheFactsMMJ.com)**