



## 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 (Registry).

**Step 1:** Log into the Medical Marijuana Use Registry <https://MMURegistry.FLHealth.gov/>.

*If you do not remember your password, learn how to reset it by [clicking here](#).*

**Step 2:** Locate the patient for whom you wish to submit the “Request for Exception” form.

*For assistance searching for an existing patient or caregiver, [click here](#).*

**Step 3:** After creating the certification, you will need to navigate to the un-submitted form from the Certification Documentation Dashboard. Click “View” next to the “Not Yet Submitted” RFE form.

*For instructions on creating a certification, [click here](#).*

*For instructions on navigating the Physician Documentation Dashboard, [click here](#).*

Patient Information    Manage Caregiver    Certifications    Orders    Cert Docs				
Certification Documentation				
Patient: STANDARD PATIENT				
Certification: 5/7/2024 - 12/2/2024				
Type	Status	Last Date Submitted	Physician	Actions
No Filter	No Filter			
ARF	Not Yet Submitted		PHYSICIAN, TYPICAL	View
RFE	Not Yet Submitted		PHYSICIAN, TYPICAL	View
SKC	Submitted	5/7/2024	PHYSICIAN, TYPICAL	View
<div> <div>1</div> <div>10 items per page</div> <div>1 - 3 of 3 items</div> </div>				

Click “View.”

**Step 4:** You are brought to the “Not Yet Submitted” RFE form. Review the prepopulated information to ensure it is correct.

Certification Documentation: Request for Exception

Certification Dates: 05/07/2024 - 12/02/2024

Form State: Not Yet Submitted

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 form of marijuana dispensed by a medical marijuana treatment center are set forth in the Dosing for Low-THC Cannabis and Medical Marijuana rule. A qualified physician may request an exception to the daily dose amount limit by completing and submitting this form to the Medical Marijuana Use Registry.

Qualifying Physician Name:

PHYSICIAN, TYPICAL

Qualified Physician License Number (ME or OS):

ME123816

Qualified Patient ID:

P3XH7396

Confirm prepopulated information is correct.

**Step 5:** Scroll to the qualifying condition list to ensure the patient’s qualifying condition(s) is indicated correctly.

Review the patient’s qualifying medical condition.

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)

☐ Terminal condition diagnosed by a physician other than the qualified physician issuing the physician certification. “Terminal condition” means a progressive disease or medical or surgical condition that causes significant functional impairment, is not considered by a treating physician to be reversible without the administration of life-sustaining procedures, and will result in death within 1 year after diagnosis if the condition runs its normal course.

☐ Chronic nonmalignant pain that is caused by a qualifying medical condition or that originates from a qualifying medical condition and persists beyond the usual course of that qualifying medical condition.

**Step 6:** Next, scroll to the “Route of Administration and Dosage Information” table. Here you will find the state’s dosing limits and the proposed amount of THC you are ordering for your patient. Review the table to ensure the proposed amounts are accurate.

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	300 mg
Inhalation	350 mg	0 mg
Oral	200 mg	300 mg
Sublingual	190 mg	0 mg
Suppository	195 mg	300 mg
Topical	150 mg	0 mg
70 Day Aggregate Amt-THC:	24500 mg	63000
Smoking	2.500 oz	2.500 oz

Review the proposed amounts of THC.

QP 05/2024

**Step 7:** The amount shown in the “70 Day Aggregate Amt-THC” field can be lowered or raised from this form. If you wish to change the amount, click into the field, and enter a new value.

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	300 mg
Inhalation	350 mg	0 mg
Oral	200 mg	300 mg
Sublingual	190 mg	0 mg
Suppository	195 mg	300 mg
Topical	150 mg	0 mg
70 Day Aggregate Amt-THC:	24500 mg	63000
Smoking	2.500 oz	2.500 oz

The amount shown in the “70 Day Aggregate Amt-THC:” can be lowered or raised from this form.


**Please Note:** To adjust the individual route-level amounts, you must edit the order. For assistance editing or cancelling an existing order, [click here](#). To adjust the order amount, you must change the amount on the order **BEFORE** submitting this RFE form.

**Step 8:** 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.

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

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

0 / 30000 characters used

 Incomplete or Invalid Response

**Please Note:** Hovering your mouse over the instruction statement in the form will show an instructional guidance message.


**Step 9:** After supplying your description outlining the anticipated patient benefit, the status icon will change to a blue circle with a white exclamation point. Scroll to the next field after supplying this information.

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

Anticipated patient benefit statement as it relates to the amounts being proposed.

89 / 30000 characters used

*Indicates unsaved changes for the entry.*

 Unsaved Changes

**Step 10:** After you have supplied a description outlining the anticipated patient benefit, 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)
4.0000

*Displays the maximum amount of marijuana (oz) a patient may possess.*

**Step 11:** 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.

Physician's Name: TYPICAL PHYSICIAN

Submitted On: Not Yet Submitted

*Review the Acknowledgement Statement.*

**Step 12:** After reading the Acknowledgement, click “Submit” to submit your form to the OMMU for review. The form may be withdrawn by clicking “Withdraw” unless the OMMU is actively reviewing it, or it has already been approved.

Physician's Name: TYPICAL PHYSICIAN

Submitted On: Not Yet Submitted

[Save As Draft](#) [Submit](#) [Withdraw](#)

*Click “Submit.”*

**Please Note:** If you withdraw and then re-submit this form, you must create a new RFE form to order amounts that are higher than the State’s dosing limits.

**Step 13:** A pop-up appears for you to confirm your submission. Click “Confirm,” or click “Go Back” to return to the form.

Request for Exception Form - Submit

Are you sure you'd like to perform the following action on the Request for Exception Certification Document?

Submit

Click “Confirm” to submit the form.

Confirm Go Back

Click “Go Back” to return to the form.

**Step 14:** A message will pop-up to notify you that the form has been submitted. Click “Continue.”

Information Submitted

Your Documentation required under Section 381.986 (4)(d) 1, Florida Statutes has been submitted to the appropriate parties. Thank you.

Click “Continue.”

Continue

**Step 15:** After clicking “Continue,” you may return to the Certification Documentation Dashboard. The dashboard will reflect the current status of your form(s) for each qualified patient or individual qualified patient, depending on which dashboard you are viewing.



Type	Status	Last Date Submitted	Physician	Actions
ARF	Submitted	5/13/2024	PHYSICIAN, TYPICAL	View
RFE	Submitted	5/14/2024	PHYSICIAN, TYPICAL	View
SKC	Submitted	5/7/2024	PHYSICIAN, TYPICAL	View



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At this time, there is nothing further for you to do with this RFE. The OMMU will review your submission and either approve the RFE or return the RFE for additional information. You will receive an email notification depending on the outcome of the OMMU’s review.

**- Continue for Request for Exception Review Outcome Instructions -**

**Step 16:** An RFE form may be sent back to the physician requiring with a request for more information and medical records to justify the allotment increase, or it can be sent back due to an insufficient benefit statement.

Needs More Information – Records Requested	
<p><b>Mission:</b> To protect, promote &amp; improve the health of all people in Florida through integrated state, county &amp; community efforts.</p>	<p><b>Ron DeSantis</b> Governor</p> <p><b>Joseph A. Ladapo, MD, PhD</b> State Surgeon General</p>
<p> <b>Vision:</b> To be the Healthiest State in the Nation</p>	
<p>Hello TYPICAL PHYSICIAN,</p> <p>The Department of Health needs more information from you to process a Request For Exception form you submitted for the following patient:</p> <p>Patient Number: P3XH7396 Patient Date of Birth: 01/01/1990</p> <p>The form was reviewed on 05/14/2024 with the following justification provided:</p> <p>The description of benefit provided on the above patient's Request for Exception form was insufficient or incomplete based on the dosing limits being requested.</p> <p>Per section 381.986 (4)(f)(2), Florida Statutes, "A qualified physician must provide the qualified patient's records upon request of the department." Please re-submit a complete Request for Exception form by uploading the respective patient's records as it relates to the daily dose limits of the route of administration (e.g., edibles, inhalation, oral, sublingual, suppository, topical, and/or marijuana in a form for smoking) being requested.</p> <p>You may log in to the Registry here: <a href="https://MMURegistry.flhealth.gov/">https://MMURegistry.flhealth.gov/</a></p> <p>If you feel you received this email in error, please contact the Office of Medical Marijuana Use at: <a href="mailto:MedicalMarijuanaUse@FLHealth.gov">MedicalMarijuanaUse@FLHealth.gov</a> Phone: 850-245-4657.</p> <p>Sincerely, Office of Medical Marijuana Use</p>	
<p>Florida Department of Health FLBoardofMedicine.gov FloridasOsteopathicMedicine.gov FloridaHealth.gov</p>	<p> Accredited Health Department Public Health Accreditation Board</p>

Needs More Information – Insufficient Benefit Statement	
<p><b>Mission:</b> To protect, promote &amp; improve the health of all people in Florida through integrated state, county &amp; community efforts.</p>	<p><b>Ron DeSantis</b> Governor</p> <p><b>Joseph A. Ladapo, MD, PhD</b> State Surgeon General</p>
<p> <b>Vision:</b> To be the Healthiest State in the Nation</p>	
<p>Hello TYPICAL PHYSICIAN,</p> <p>The Department of Health needs more information from you to process a Request For Exception form you submitted for the following patient:</p> <p>Patient Number: P3XH7396 Patient Date of Birth: 01/01/1990</p> <p>The form was reviewed on 05/14/2024 with the following justification provided:</p> <p>The description of benefit provided on the above patient's Request for Exception form was insufficient or incomplete. Please re-submit a complete Request for Exception form by providing a brief description outlining the anticipated benefit from an increased dosage amount for each route(s) of administration requested over the daily dose limits (e.g., edibles, inhalation, oral, sublingual, suppository, topical, and/or marijuana in a form for smoking).</p> <p>You may log in to the Registry here: <a href="https://MMURegistry.flhealth.gov/">https://MMURegistry.flhealth.gov/</a></p> <p>If you feel you received this email in error, please contact the Office of Medical Marijuana Use at: <a href="mailto:MedicalMarijuanaUse@FLHealth.gov">MedicalMarijuanaUse@FLHealth.gov</a> Phone: 850-245-4657.</p> <p>Sincerely, Office of Medical Marijuana Use</p>	
<p>Florida Department of Health FLBoardofMedicine.gov FloridasOsteopathicMedicine.gov FloridaHealth.gov</p>	<p> Accredited Health Department Public Health Accreditation Board</p>

CONTINUE ON NEXT PAGE



**Step 17:** To supply the information requested by the OMMU, click “View” next to the RFE.

Patient Information   Manage Caregiver   Certifications   Orders   Cert Docs

### Certification Documentation

Patient: STANDARD PATIENT  
Certification: 5/7/2024 - 12/2/2024

Type	Status	Last Date Submitted	Physician	Actions
ARF	Submitted	5/13/2024	PHYSICIAN, TYPICAL	<a href="#">View</a>
RFE	Needs More Information	5/14/2024	PHYSICIAN, TYPICAL	<a href="#">View</a>
SKC	Submitted	5/7/2024	PHYSICIAN, TYPICAL	<a href="#">View</a>

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**Step 17a:** If you need to supply a **sufficient benefit statement**, click into the text field and enter a sufficient description outlining the anticipated benefit(s) from the increased dosage amount.

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

Description outlining anticipated patient benefit as it relates to the amounts being proposed.

95 / 30000 characters used

**Step 17b:** If you need to supply **Medical Records** as it relates to the dosage amount being proposed, scroll to the “Select files” button below the anticipated patient benefit section.

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

Description outlining anticipated patient benefit as it relates to the amounts being proposed.

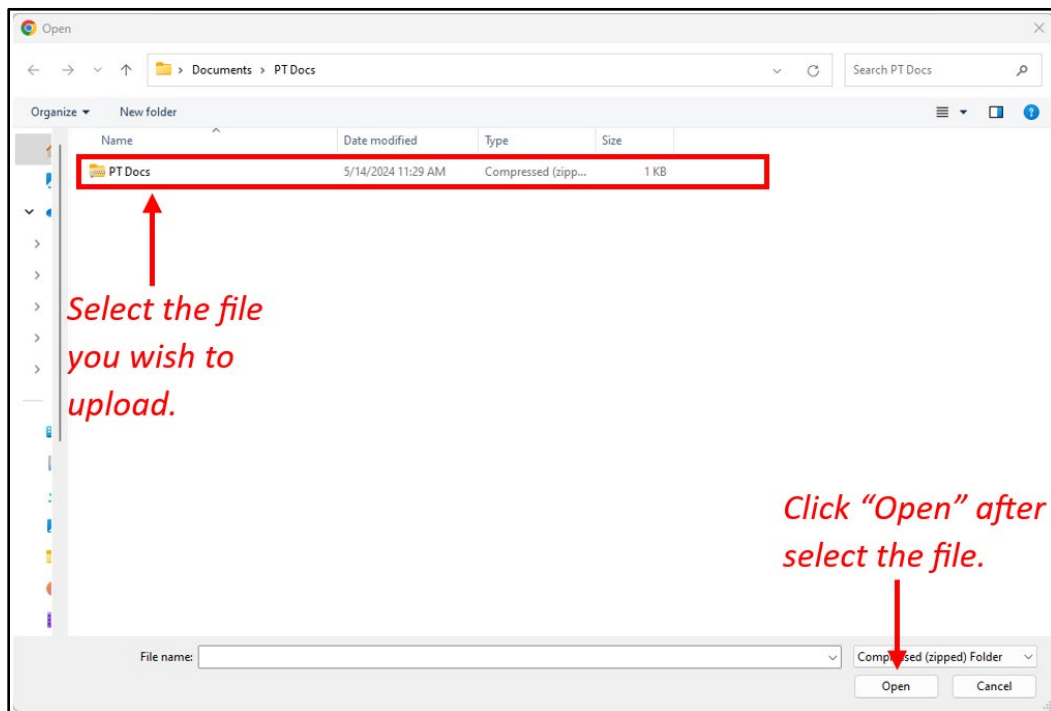
95 / 30000 characters used

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).  
Allowed extensions: zip


[Select files...](#)   Drop files here to upload

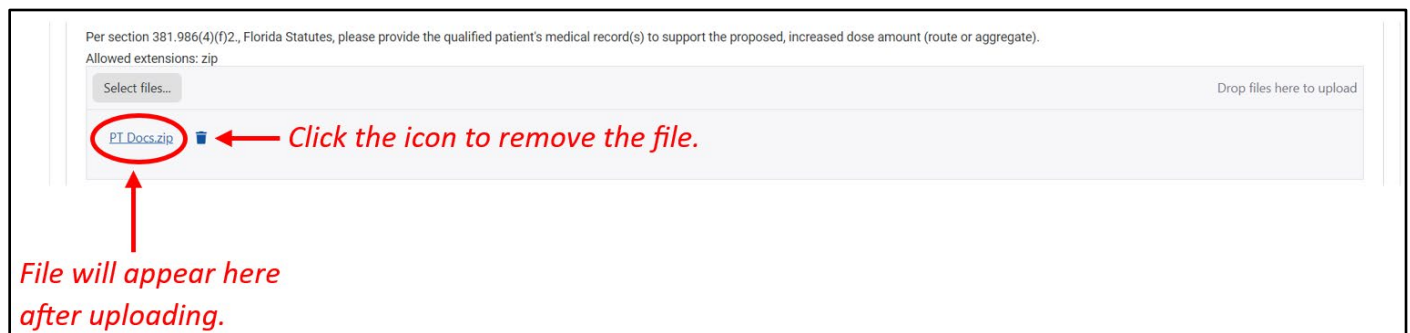
Click “Select files...” or drag and drop your files (.zip).

**Step 17c:** File explorer will open. Select the file you wish to upload for this RFE. Then, click “Open.”



**Please Note:** The file **MUST** be a .zip extension. This is the only file extension allowed.

**Step 17d:** The file will appear as uploaded. You may remove the uploaded file by clicking the  icon next to the respective file.



**Step 18:** After uploading your file, scroll to the bottom of the form and click “Resubmit.”





**Step 19:** A pop-up appears for you to confirm your submission. Click “Confirm,” or click “Go Back” to return to the form.

Request for Exception Form - Submit

Are you sure you'd like to perform the following action on the Request for Exception Certification Document?

Submit

Click “Confirm” to submit the form.

Confirm

Go Back

Click “Go Back” to return to the form.

**Step 20:** A pop-up appears to notify you that the form has been submitted. Click “Continue.”

Information Submitted

Your Documentation required under Section 381.986 (4)(d) 1, Florida Statutes has been submitted to the appropriate parties. Thank you.

Click “Continue.”

Continue

**Step 21:** After clicking “Continue,” you may return to the Certification Documentation Dashboard. The dashboard will reflect the current status of your form(s) for each qualified patient or individual qualified patient, depending on which dashboard you are viewing.

Patient InformationManage CaregiverCertificationsOrdersCert Docs

Certification Documentation

Patient: STANDARD PATIENT

Certification: 5/7/2024 - 12/2/2024

Type	Status	Last Date Submitted	Physician	Actions
No Filter	No Filter			
ARF	Submitted	5/13/2024	PHYSICIAN, TYPICAL	View
RFE	Submitted	5/14/2024	PHYSICIAN, TYPICAL	View
SKC	Submitted	5/7/2024	PHYSICIAN, TYPICAL	View

1

10 items per page

1 - 3 of 3 items

At this time, there is nothing further for you to do with this RFE. The OMMU will review your submission and either approve the RFE or return the RFE for additional information. You will receive an email notification depending on the outcome of the OMMU's review.

For additional information, visit  
**[KnowTheFactsMMJ.com](https://www.knowthefactsmmj.com)**