Note: Within nine months of the publication of the mention of the grant of the European patent in the European Patent Bulletin, any person may give notice to the European Patent Office of opposition to that patent, in accordance with the Implementing Regulations. Notice of opposition shall not be deemed to have been filed until the opposition fee has been paid. (Art. 99(1) European Patent Convention).
• EITAN ALHANATY; ET AL.: "Osmotic fragility of liposomes as affected by antihemolytic compounds" BIOCHIMICA ET BIOPHYSICA ACTA, vol. 339, no. 1, 1974, pages 146-155, XP008008726
• PATRICIA S. FETTERMAN ET AL.: "CONSTITUENTS OF CANNABIS SATIVA L. I: PROPYL HOMOLOGS OF CANNABINOID FROM AN INDIAN VARIANT" JOURNAL OF PHARMACEUTICAL SCIENCES., vol. 61, no. 9, September 1972 (1972-09), pages 1476-1477, XP002217537 AMERICAN PHARMACEUTICAL ASSOCIATION. WASHINGTON., US ISSN: 0022-3549
• KARNIOL I. G. ET AL.: "Cannabidiol interferes with the effects of delta-9-tetrahydrocannabinol in man", EUROPEAN JOURNAL OF PHARMACOLOGY, vol. 28, 1974, pages 172-177,
• HOLLISTER L. E. AND GILLESPIE H.: "Interactions in man of delta-9-tetrahydrocannabinol. II. Cannabinol and cannabidiol", CLINICAL PHARMACOLOGY AND THERAPEUTICS, vol. 18, no. 1, 1975, pages 80-83,
• WILLIAMSON E. M. AND EVANS F. J.: "Cannbinoids in clinical practice", DRUGS, vol. 60, no. 6, 2000, pages 1303-1314,
• GORTER R. W.: "Cancer cachexia and cannabinoids", RESEARCH IN COMPLEMENTARY MEDICINE, vol. 6, no. supp3, 1999, pages 21-22,
The invention relates to liquid spray formulations for use in the administration of medicaments, in particular lipophilic medicaments, via mucosal surfaces.

Medicaments taken by mouth and swallowed are absorbed first into the blood perfusing the gastrointestinal tract. The venous drainage from the GI tract is into the blood perfusing the liver. This means that medicaments absorbed from the lumen of gastrointestinal tract are immediately presented to the liver - the major detoxifying organ of the body. In addition to protecting the organism from ingested toxins, the liver also metabolises medicaments which are treated in the same way. Blood from the liver then returns to the left side of the heart via the hepatic portal vein and reaches the rest of the systemic circulation. This first pass through the liver may result in the removal of a substantial proportion of an ingested medicament. The first pass effect is more pronounced for some drugs than others; in the case of cannabinoids more than 90% of an ingested dose is removed during the first pass.

Certain areas of the alimentary canal have a venous drainage which does not involve a first pass through the liver. These areas (the mucous membrane of the buccal cavity, under the tongue and the nasopharynx, and also the distal rectum) drain directly into the left side of the heart. The avoidance of the first pass effect is the rationale for the use of buccal, nasal and sublingual formulations, and also suppositories. Each of these types of formulation has advantages and disadvantages, as follows:

Suppositories are subject to hygiene and patient compliance restrictions.

Formulations intended for administration to the nasal mucosae may cause pain or reflex sneezing, and in extreme cases cause irritation and damage to the nasal mucosae.

Sublingual formulations may stimulate the flow of saliva and it is difficult for patients to avoid swallowing when substantial amounts of saliva are produced. Buccal formulations may be subject to the same limitations.

Both sublingual and buccal formulations depend on the efficient transfer of medicament from a hydrophilic vehicle to the mucous membrane of the sublingual or buccal mucosae. Transfer of medicament through the interstices between or through epithelial cells is governed principally by the lipid solubility of the medicament. Where a drug is water insoluble this is a further barrier to absorption from the sublingual area. There are therefore physical and biological limitations on the therapeutically useful nature of lipophilic medicaments, such as for example cannabis and cannabinoids, given by mouth and swallowed.

The present invention relates to liquid spray formulations which are particularly suitable for use for administration of lipophilic medicaments via a mucosal surface such as, for example, the sublingual mucosa or the buccal mucosa.

Prior art liquid cannabinoid formulations include:

Pilot study: the effect of cannabis based medicine on cognitive performance, which teaches administration on sublingual drops;

A phase one study of sublingual cannabis-based medicine extract, J. Pharm. Pharmacol 2000, 52 (supplement) 294, which teaches administration via a standard dose sublingual aerosol; and;

WO 99/32107 which teaches nasal delivery of a cannabinoid in a biphasic delivery system.

By direct experiment it has been shown that lipophilic medicaments can be effectively brought into intimate contact with the absorptive mucous membrane when they are formulated into a self-emulsifying formulation.

In the context of the present invention the following terms will be understood to have the following meanings:

A "self-emulsifying agent" is an agent which will form an emulsion when presented with an alternate phase with a minimum energy requirement. In contrast, an emulsifying agent, as opposed to a self-emulsifying agent, is one requiring additional energy to form an emulsion. In the case of the spray formulations disclosed herein, self-emulsification occurs on contact with the alternative phase (saliva).

A "primary" (self) emulsifier is one whose primary function is as a (self) emulsifier. A secondary (self) emulsifier is one whose secondary function is as a (self) emulsifier. The secondary (self) emulsifier may have another function, e.g. as a solubiliser or viscosifying agent.

Generally a self-emulsifying agent will be a soluble soap, a salt or a sulphated alcohol, especially a non-ionic surfactant or a quaternary compound. These are often known as self-emulsifying grades (SE grade), e.g. SE grade glyceryl mono oleate, and SE grade glyceryl monostearate.

The "Hydrophilic Lipophilic Balance" (HLB) system, the balance between the hydrophilic and lipophilic moieties
EP 1 361 864 B9

of a surface-active molecule, is used as a basis for rational means of selecting and classifying emulsifying agents. In
the HLB system each emulsifying agent is assigned a number between 1 and 20 (see Pharmaceutical Codex). Emulsifying
agents with HLB values of between 3 and 6 are lipophilic and form water-in-oil emulsions, while values of 8 to 18 indicate
predominantly hydrophilic characteristics and the formation of oil-in-water emulsions. The preferred emulsifying agents
for use in the present invention generally exhibit HLB values of between 8 and 18.

[0014] Surprisingly, formulations according to the invention do not produce reflex salivation.

[0015] In accordance with the present invention there is provided a pump-action liquid spray formulation which is not
a propellant-driven aerosol formulation, comprising solutions or emulsifiable formulations containing at least 1.0 mg of
cannabinoids per 0.1 ml of liquid spray formulation for buccal delivery, wherein the liquid spray formulation comprises:

- tetrahydrocannabinol (THC) and cannabidiol (CBD) in a pre-defined ratio by weight,
- a solvent and,
- a co-solvent,

wherein the solvent is ethanol and the co-solvent is either:

(i) a co-solvent which acts as a solubility enhancer which is a polyoxyethylene castor oil derivative, or
(ii) a co-solvent which is propylene glycol or glycerol,

and in which the liquid spray formulation is discharged through a break-up button and delivered through a nozzle such that
the mean aerodynamic diameter of the particles produced is between 15 and 45 microns.

[0016] Preferably the formulation is not a propellant-driven liquid spray.

[0017] The preparation of liquid formulations for oropharangeal delivery of cannabinoids poses a number of problems.
First, it is necessary to deliver at least 1.0mg, more preferably at least 2.5mg and even more preferably at least 5mg of
cannabinoids per 0.1ml of liquid formulation to achieve a therapeutic effect in a unit dose. In this regard a patient may
require up to 120mg cannabinoid/day, on average around 40mg/day to be taken in a maximum of six doses.

[0018] In the case of a sublingual or buccal delivery, this means delivering this quantity of the active ingredient in an
amount of formulation which will not be swallowed by the patient, if the active ingredient is to be absorbed transmucosally.

[0019] Whilst such amounts can be achieved by dissolving the cannabinoid in ethanol as the solvent, high concen-
trations of ethanol provoke a stinging sensation and are beyond the limit of tolerability.

[0020] There is thus a need to use a co-solvent in order to reduce the amount of ethanol, whilst still enabling sufficient
quantities of cannabinoid to be solubilised.

[0021] The applicant has discovered that the choice of co-solvent is limited and should be selected from either:

i) a co-solvent which acts as a solubility enhancer, or

ii) a co-solvent which has a solubilizing effect sufficient to allow enough cannabinoid to be solubilised in a unit dose,
which allows the amount of solvent present to be reduced to a level which is within the limits of patient tolerance.

[0022] The co-solvents with reference to i) above are polyoxyethylene castor oil derivatives, particularly cremophor.

[0023] The co-solvents with reference to ii) above are propylene glycol and glycerol.

[0024] Gel-sprays can be distinguished from “liquid” formulations on the basis of viscosity. Gel-sprays are generally
more viscous than simple ethanolic solutions. Typically, the viscosity of a gel-spray will be in the range of 10,000-20,000
centipoises.

[0025] Suitable self-emulsifying agents which may be included into the formulations of the invention include, inter alia,
those substances which are indicated as primary and secondary emulsifiers in Table 2. Preferred self-emulsifying agents
include glyceryl mono-oleate and glyceryl monostearate (particularly the self-emulsifying grade). With glyceryl mono-
oleate and glyceryl monostearate (other than self-emulsifying grades) it is usual to add, for example, a small amount of
alkali in order to produce a “self-emulsifying” agent.

[0026] The total amount of self-emulsifier generally varies in proportion to the total amount of active ingredient (lipophilic
medicament) included in the formulation; the greater the amount of active ingredient, the greater the amount of self-
emulsifying agents. The formulations are intended to accommodate amounts greater than 1% of the active ingredient.
Most preferably the relative proportions of self-emulsifying agent to active ingredient should be between 1% self-emulsifier
per 10% active and 1% self-emulsifier per 5% active.

[0027] The formulation may further comprise one or more viscolising agents (agents which increase viscosity). Suitable
viscolising agents include those listed in Table 2 below.

[0028] Preferably the viscolising agent(s) is/are not block copolymers of oxyethylene and oxypropylene. More prefer-
ably the viscolising agents are non nonionic surfactants. In the latter case these formulations may contain self-emulsifying agents which are nonionic surfactants, but additionally contain at least one viscolising agent which is not a nonionic surfactant.

[0029] Further excipients may be included in the formulations according to the invention as appropriate. For example, the formulations may include one or more antioxidants. Preferred antioxidants include α-tocopherol, ascorbyl palmitate, butylated hydroxy anisole (BHA) etc. The formulation may also include one or more colouring agents. Suitable colouring agents include, for example, curcumin or chlorophylls.

[0030] The accompanying examples illustrate both liquid spray formulations of the invention and other formulations which optimise the absorption of strongly lipophilic medicaments through the mucosae of the buccal and sublingual epithelia and result in the required pharmacokinetic profile for optimum therapeutic action. The formulations may contain at least one self-emulsifying component that in contact with saliva forms a viscous emulsion which adheres, reversibly, to the mucous membrane, without causing irritation or damage, or stimulating excessive salivation.

[0031] Table 1 lists examples of medicaments which can be included in the formulations according to the invention. Classes of compound are indicated in bold.

Table 1

<table>
<thead>
<tr>
<th>CLASS OF MEDICAMENT</th>
<th>EXAMPLE OF MEDICAMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabinoid-rich fractions of <em>Cannabis sativa</em> and <em>Cannabis indica</em>, and chemovars derived from them</td>
<td>Δ⁹-Tetrahydrocannabinol (THC) Cannabidiol (CBD) Cannabinol (CBN)</td>
</tr>
<tr>
<td>Cannabinoids</td>
<td></td>
</tr>
<tr>
<td>Cannabinoid-rich fractions containing cannabinoids other than THC, CBD or CBN as the most abundant component</td>
<td></td>
</tr>
</tbody>
</table>

Table 2

<table>
<thead>
<tr>
<th>Compound Class/Example</th>
<th>Preferred quantity % w/w</th>
<th>Surface Charge (where known)</th>
<th>Regulatory Approval</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acacia</td>
<td></td>
<td>19</td>
<td>F,M</td>
<td>Forms a viscous coacervate with positively charged gels such as gelatin</td>
</tr>
<tr>
<td>Alcohol</td>
<td>Cetostearyl</td>
<td>1-20</td>
<td>F,M</td>
<td>2° emulsifier 2° emulsifier</td>
</tr>
<tr>
<td>Alcohol</td>
<td>Cetyl</td>
<td>1-15</td>
<td>F,M</td>
<td></td>
</tr>
<tr>
<td>Anionic emulsifying wax</td>
<td>3-30</td>
<td>M</td>
<td>G,F,M,R</td>
<td>1° self emulsifier</td>
</tr>
<tr>
<td>Cellulose, hydroxypropyl</td>
<td>5-35</td>
<td></td>
<td>G,F,M,R</td>
<td>2° emulsifier, stabiliser, viscoliser</td>
</tr>
<tr>
<td>Diethanolamine (DEA)</td>
<td>1-10</td>
<td>M</td>
<td>M,F,R</td>
<td>1° self emulsifier</td>
</tr>
<tr>
<td>Gelatin</td>
<td>40-70</td>
<td>Positive</td>
<td>F,M</td>
<td>Gelling agent</td>
</tr>
<tr>
<td>Glyceryl monooleate</td>
<td>1-30</td>
<td>G,F,R</td>
<td></td>
<td>1° self emulsifier, solubiliser</td>
</tr>
<tr>
<td>Glyceryl monostearate</td>
<td>2-20</td>
<td>G,M,F,R</td>
<td></td>
<td>1° self emulsifier, solubiliser, tablet lubricant</td>
</tr>
<tr>
<td>Lecithin</td>
<td>2-15</td>
<td>G,M,F,R,</td>
<td></td>
<td>2° emulsifier</td>
</tr>
</tbody>
</table>

Table 2 lists pharmaceutically acceptable excipients and types of excipient which can be included (without limitation of the invention) to give a suitable degree of viscosity when the dose unit is placed in contact with saliva.

[0033] Table 2 lists classes of compound and examples of agents which can be used to produce emulsification, mucoadhesion and an increase in viscosity. The designation as primary (1°) or secondary (2°) emulsifier is for convenience. Many of the agents can be used alone or in combination to fulfill the role of primary or secondary emulsifier.
The technical principle of delivery of a lipophilic active ingredient to a mucosal surface in a solvent/co-solvent system or a self-emulsifying formulation which adheres to the mucosa for sufficient time to allow absorption of the lipophilic medicament can thus be extended to liquid dosage forms administered via a pump-action spray. A pump-action spray is found to be particularly beneficial when it comes to delivering cannabinoids. Indeed previously people have considered pump-action sprays to be unsuitable for drug delivery and people have focussed their attention on solvent systems including a propellant. Whilst it has been recognised that there are disadvantages with such systems, including the speed of delivery, those skilled in the art have tried to address this by slowing the propellant by altering the nozzle. The applicants have found that by using a pump spray with their formulations they are able to produce a spray in which the particles have a mean aerodynamic particle size of between 15 and 45 microns, more particularly between 20 and 40 microns and an average of about 33 microns. These contrast with particles having a mean aerodynamic particle size of between 5 and 10 microns when delivered using a pressurised system. In fact, comparative tests by the applicant have shown such a pump-action spray system to have advantages in being able to deliver the active components to a larger surface area within the target area. This is illustrated with

<table>
<thead>
<tr>
<th>Compound Class/Example</th>
<th>Preferred quantity % w/w</th>
<th>Surface Charge (where known)</th>
<th>Regulatory Approval</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medium Chain Triglycerides</td>
<td>1-10</td>
<td>G,R</td>
<td>2° emulsifier, solvent</td>
<td></td>
</tr>
<tr>
<td>Methylcellulose</td>
<td>1-5</td>
<td>G,M,F,R</td>
<td>2° emulsifier, viscoliser</td>
<td></td>
</tr>
<tr>
<td>Nonionic emulsifying wax</td>
<td>5-25</td>
<td>M,R</td>
<td>1° emulsifier, viscoliser</td>
<td></td>
</tr>
<tr>
<td>Poloxamer</td>
<td>2-10</td>
<td>M,F,R</td>
<td>2° emulsifier, viscoliser</td>
<td></td>
</tr>
<tr>
<td>Poloxylene</td>
<td>Negative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polyoxyethylene alkyl ethers</td>
<td>10-20</td>
<td>M,R</td>
<td>1° self emulsifier, solubiliser, stabiliser</td>
<td></td>
</tr>
<tr>
<td>Polyoxyethylene ethers (Macrogols)</td>
<td>1-15</td>
<td>M,R</td>
<td>1° self emulsifier, solubiliser, wetting agent</td>
<td></td>
</tr>
<tr>
<td>Polyoxyethylene fatty acid esters (polysorbates)</td>
<td>0.5-10</td>
<td>G,M,F,R</td>
<td>1° self emulsifier, solubiliser</td>
<td></td>
</tr>
<tr>
<td>Polyoxyethelene stearates</td>
<td>0.5-10</td>
<td>M,F,R</td>
<td>2° emulsifier, solubiliser</td>
<td></td>
</tr>
<tr>
<td>Pregelatinised starch</td>
<td>1-20</td>
<td>Negative</td>
<td>G,F,R</td>
<td>Coacervates with gelatin, viscolisers</td>
</tr>
<tr>
<td>Propylene glycol alginate</td>
<td>1-5</td>
<td>G,M,F,R</td>
<td>2° emulsifier, viscoliser</td>
<td></td>
</tr>
<tr>
<td>Sodium lauryl sulfate</td>
<td>0.5-2.5</td>
<td>G,M,F,R</td>
<td>1° self emulsifier</td>
<td></td>
</tr>
<tr>
<td>Sorbitan esters (sorbitan fatty acid esters)</td>
<td>0.1-15</td>
<td>Food, M,F,R</td>
<td>1° self emulsifier, solubiliser</td>
<td></td>
</tr>
<tr>
<td>Starch</td>
<td>2-15</td>
<td>Negative</td>
<td>G,M,F,R</td>
<td>Viscoliser, tablet diluent, disintegrant</td>
</tr>
<tr>
<td>Tri-sodium citrate</td>
<td>0.3-4</td>
<td>G,M,F,R</td>
<td>2° emulsifier, pH modifier, sequestering agent</td>
<td></td>
</tr>
</tbody>
</table>

M - Monograph in major pharmacopoeias
F - Accepted in FDA Inactive Ingredients Guide
R - Included in parenteral medicines, licensed in the UK or Europe
G - Generally Regarded as Safe
The variation in particle distribution and sprayed area has been demonstrated by direct experiment. A formulation as described in the accompanying Example 12 was filled into a pump action spray assembly (Valois vial type VP7100 actuated). The same formulation was filled into a pressurised container powered by HFA 134a.

Both containers were discharged at a distance of 50ml from a sheet of thin paper held at right angles to the direction of travel of the jet. The pattern of spray produced in both cases by discharge of 100μl was then visualised against the light. In both cases the pattern of discharge was circular and measurements were as follows:

<table>
<thead>
<tr>
<th></th>
<th>Mean Diameter (mm)</th>
<th>Mean Area (mm²)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pump Action Spray</td>
<td>23</td>
<td>425.5</td>
</tr>
<tr>
<td>Pressurised Spray</td>
<td>16</td>
<td>201.1</td>
</tr>
</tbody>
</table>

The pressurised spray produced pooling of liquid at the centre of the area. The pump action spray gave a more even pattern of pooling and less "bounce back". There was also a significantly greater area covered by the pump action spray. The conditions under which this test was carried out are relevant to the in-practice use of the device. A wider area of buccal mucosa can be reached by the PAS compared with the pressurised spray.

In a preferred embodiment the total amount of solvent and co-solvent present in the formulation, absent of propellant, is greater than 65% w/w, more preferably greater than 70% w/w, more preferably greater than 75% w/w, more preferably greater than 80% w/w, more preferably greater than 85% w/w of the formulation. Most preferably the total amount of solvent and co-solvent present in the formulation is in the range from 80% w/w to 95% w/w of the formulation.

The solvent of the invention is ethanol.

The co-solvents for use in the invention include propylene glycol or glycerol, and also co-solvents which are also solubilising agents, namely polyoxy hydrogenated castor oils. It is within the scope of the invention for the "solubilising agent" and "self-emulsifying agent" included in the formulation to be the same chemical substance.

In the content of this application the term "solubilising agent" refers to a substance which preferably increases solubility of the active ingredient (i.e. the lipophilic medicament) within the formulation. In the formulation according to this invention a solubilising agent may be included to overcome the problem of improving solubility of the active ingredient (lipophilic medicament) in formulations containing a limited amount of ethanol. Thus the addition of a solubilising agent generally has the effect of increasing the amount of active ingredient which can be incorporated into the formulation, whilst maintaining patient tolerability.

The advantage of including a co-solvent is particularly well illustrated with reference to formulations wherein the lipophilic medicament comprises one or more cannabinoids. Cannabinoid generally have limited solubility in many solvents and this places a limitation on the amount of cannabinoids which may be incorporated into pharmaceutical formulations. For example aerosol sprays containing ethanol plus a propellant could only stabilise 0.7mg of THC per 0.1ml of liquid formulation. As a consequence, multiple applications of these formulations must be administered to the patient in order to achieve a pharmaceutically significant dose of the active cannabinoid. The addition of a co-solvent which is a better Solubiliser than standard propellants, for example propylene glycol or glycerol, or a polyoxy hydrogenated castor oil, as taught by the present invention, enables incorporation of a far greater about of active cannabinoids which in turn means that it is possible to administer a pharmaceutically relevant dose of cannabinoid in a single application of the formulation.

In a preferred embodiment the formulation contains ethanol as a solvent and propylene glycol as co-solvent. In this embodiment the ratio of ethanol to propylene glycol present in the formulation is preferably in the range from 4:1 to 1:4 and is most preferably 1:1.

In a further preferred embodiment the formulation contains ethanol as a solvent and a polyoxy hydrogenated castor oil (most preferably cremophor RH40) as a co-solvent/solubilising agent. In this embodiment the amount of polyoxy hydrogenated castor oil present in the formulation is preferably between 5% and 55% w/w, more preferably between 20% and 40% w/w and most preferably 30% w/w of the total amount of polyoxy hydrogenated castor oil plus ethanol (% w/w) present in the formulation, and is more preferably of the total amount of polyoxy hydrogenated castor oil plus ethanol (% w/w) present in the formulation. The total amount of polyoxy hydrogenated castor oil plus ethanol may be up to 97% w/w of the formulation.

Suitable self-emulsifying agents which may be included in this formulation are those listed in Table 2, and described above in connection with the first aspect of the invention. Most preferred are glyceryl mono-oleate and glyceryl monostearate (preferably the self-emulsifying grade).

In this formulation the total amount of self-emulsifying agents is preferably greater than 1% w/w of the formulation. Other excipients may be included in the formulation, such as antioxidants, flavourings etc, as described above.
Most preferably the formulation does not contain any propellant, such as is commonly present in a propellant-driven aerosol formulation.

[0051] In a preferred embodiment liquid-spray formulations according to the invention may be adapted for application to the buccal mucosae.

[0052] As a result of direct investigation, it has been found that in some circumstances there may be limitations on the applicability of medicaments to the mucosal surface under the tongue, which limit the usefulness of sublingual applications. Certain highly lipid-soluble medicaments (including cannabinoids and extracts of cannabis) can only be brought into solution by dissolving in (principally) non-aqueous solvents. These solvents, such as propylene glycol, ethanol (with or without the addition of glycols) and solubilising agents, are pharmaceutically acceptable but when dropped or sprayed onto the sublingual mucosae (and dependent on concentration of ethanol) may produce a hot stinging sensation. The stinging sensation so produced may cause reflex swallowing. The result is that a proportion of the dose may then be swallowed by stimulation of the swallowing reflex. A variable proportion of the dose is absorbed from the GIT below the level of the oropharynx and is subject to the variability of absorption due to the first pass effect. These factors lead to variable absorption of medicaments by what is assumed to be the sublingual route.

[0053] It has been found that application of solutions or emulsifiable formulations direct to the buccal surface, via a pump action spray, solves the first pass problem and has a number of other unexpected advantages, as follows:

1. When a conventional pressurised aerosol is directed into the oropharyngeal space, a cloud of particles can be seen escaping from the mouth indicating loss of medicament. This can be avoided by spraying directly onto the buccal surface, away from the area under the tongue. The problem can be more completely addressed by using a pump action, manually-operated spray (PAS). The PAS operates at lower pressure, produces a spray with a larger mean aerodynamic diameter (e.g. between 15 and 45 microns) and can be directed to the buccal rather than sublingual areas of the mouth;

2. Avoidance or minimisation of the unacceptable stinging sensation (the buccal mucosa is less sensitive than the sublingual area in this respect);

3. Substantial immobilisation of the dose of medicament in contact with the buccal surface, allowing for absorption from a site not disturbed by normal salivation. After application, the buccal mucosa returns to its normal position in apposition to the outer gingival surface of the maxilla or mandible and is there held in a pocket in contact with absorbing surfaces;

4. Minimisation of loss of dose by swallowing. The swallowing reflex is not stimulated by buccal application, and because the medicament is in a closed space it is possible for the patient to swallow saliva produced normally without disturbing the buccal pocket;

5. The area under the absorption curve (AUC) is similar for sublingual and buccal formulations, for cannabinoids. After buccal administration there is a substantial reduction in the amount of the primary (11-hydroxy-) metabolite of the cannabinoids. This confirms that a greater proportion of cannabinoid/active is absorbed transmucosally than from the sublingual area. A higher degree of absorption is taking place from the buccal mucosae than from the sublingual mucosae following the use of the buccal formulations described below (see Example 12).

Nature of the lipophilic medicament

[0054] The examples illustrate the way in which sublingual and buccal formulations can be made from intractable, lipophilic drug substances such as cannabinoids.

[0055] Where medicaments are soluble in water it is possible to disperse the medicament over the epithelium of the buccal cavity and the sublingual mucosae. Provided that the medicament molecule (if ionised) has the appropriate ionisation constant, it will pass through the epithelium and be absorbed into the systemic circulation. Uncharged, lipid molecules will only pass into, and through, the oropharyngeal mucosae if they are brought into intimate contact with the mucosae.

[0056] Where medicaments are water insoluble, dispersion of oily materials in the aqueous environment of the mouth is uneven. When oily medicaments are brought into intimate contact with the mucosae there is an opportunity for absorption through the epithelium. However, oily substances have an unpleasant mouth feel generally, and it is necessary to formulate them in order to overcome this problem. Emulsions have a mouthfeel which is more acceptable than oil to most patients. Compliance (i.e. temporary abstinence from swallowing) is therefore improved.

[0057] Cannabinoids, the active constituents of cannabis, are soluble in highly non-polar solvents (i.e. in substances such as chloroform, dichloromethane and high concentrations of alcohol); they also have limited solubility in glycols.
Some of these solvents are pharmaceutically unacceptable, and the pharmaceutically acceptable solvents need to be used in high concentrations to produce solutions which can be applied to the oral mucosae. Solubility in some of these solvents imposes a ceiling on the dose which can be given using conventional pharmaceutical methods of formulation.

By direct experiment it has been discovered that formulation of a cannabinoid with at least one self-emulsifying surfactant, surprisingly results in the generation of an oil in water (o/w) emulsion in a few seconds, i.e. as soon as the product is wetted by saliva. Viscosilant agents, optionally with adhesive properties, may be added to the formulation to ensure that the emulsion so formed adheres to the epithelium of the buccal cavity. Carbohydrate-based viscosilants are degraded by amylolytic enzymes in saliva and a combination of viscosilants can be devised such that there is progressive reduction in viscosity with dwell time in the buccal cavity. Advantage can also be taken of the effect of certain glycols and sugar alcohols which enhance formulations containing cannabinoids by, for example, allowing ethanol levels to be reduced. Sugars, which are rapidly soluble, speed dissolution. Where it is necessary to use non-cariogenic solubilisers, sugar alcohols are used preferentially.

A "plant extract" is an extract from a plant material as defined in the Guidance for Industry Botanical Drug Products Draft Guidance, August 2000, US Department of Health and Human Services, Food and Drug Administration Centre for Drug Evaluation and Research.

"Plant material" is defined as a plant or plant part (e.g. bark, wood, leaves, stems, roots, flowers, fruits, seeds, berries or parts thereof) as well as exudates.

The term "Cannabis plant(s)" encompasses wild type Cannabis sativa and also variants thereof, including cannabis chemovars which naturally contain different amounts of the individual cannabinoids, Cannabis sativa subspecies indica including the variants var. indica and var.kafiristanica, Cannabis indica and also plants which are the result of genetic crosses, self-crosses or hybrids thereof. The term "Cannabis plant material" is to be interpreted accordingly as encompassing plant material derived from one or more cannabis plants. For the avoidance of doubt it is hereby stated that "cannabis plant material" includes dried cannabis biomass.

In the context of this application the terms "cannabis extract" or "extract from a cannabis plant", which are used interchangeably encompass "Botanical Drug Substances" derived from cannabis plant material. A Botanical Drug Substance is defined in the Guidance for Industry Botanical Drug Products Draft Guidance, August 2000, US Department of Health and Human Services, Food and Drug Administration Centre for Drug Evaluation and Research as: "A drug substance derived from one or more plants, algae, or macroscopic fungi. It is prepared from botanical raw materials by one or more of the following processes: pulverisation, decoction, expression, aqueous extraction, ethanolic extraction, or other similar processes." A botanical drug substance does not include a highly purified or chemically modified substance derived from natural sources. Thus, in the case of cannabis, "botanical drug substances" derived from cannabis plants do not include highly purified, Pharmacopoeial grade cannabinoids.

"Botanical drug substances" derived from cannabis plants include primary extracts prepared by such processes as, for example, maceration, percolation, extraction with solvents such as C1 to C5 alcohols (e.g. ethanol), Norfluran (HFA134a), HFA227 and liquid carbon dioxide under pressure. The primary extract may be further purified for example by supercritical or subcritical extraction, vapourisation and chromatography. When solvents such as those listed above are used, the resultant extract contains non-specific lipid-soluble material. This can be removed by a variety of processes including "winterisation", which involves chilling to -20°C followed by filtration to remove waxy ballast, extraction with liquid carbon dioxide and by distillation.

Preferred "cannabis extracts" include those which are obtainable by using any of the methods or processes specifically disclosed herein for preparing extracts from cannabis plant material. The extracts are preferably substantially free of waxes and other non-specific lipid soluble material but preferably contain substantially all of the cannabinoids naturally present in the plant, most preferably in substantially the same ratios in which they occur in the intact cannabis plant.

Botanical drug substances are formulated into "Botanical Drug Products" which are defined in the Guidance for Industry Botanical Drug Products Draft Guidance, August 2000, US Department of Health and Human Services, Food and Drug Administration Centre for Drug Evaluation and Research as: "A botanical product that is intended for use as a drug; a drug product that is prepared from a botanical drug substance."

In accordance with a fourth aspect of the invention there is provided a pharmaceutical formulation for use in administration of a lipophilic medicament via a mucosal surface, which formulation comprises at least one lipophilic medicament and at least one self emulsifying agent, wherein upon hydration the formulation forms an emulsion containing the lipophilic medicament which is capable of adhering to a mucosal surface and allowing controlled release of the medicament, wherein the lipophilic medicament comprises a combination of two or more natural or synthetic cannabinoids.

In this embodiment the "cannabinoids" may be highly purified, Pharmacopoeial Grade substances and may be
obtained by purification from a natural source or via synthetic means. The cannabinoids will include, but are not limited to, tetrahydrocannabinoids, their precursors, alkyl (particularly propyl) analogues, cannabidiols, their precursors, alkyl (particularly propyl) analogues, and cannabinol.

In the invention the lipophilic medicament comprises tetrahydrocannabinol and cannabidiol but may further comprise, Δ9-tetrahydrocannabinol, Δ9-tetrahydrocannabinol propyl analogue, cannabidiol propyl analogue, cannabinol, cannabichromene, cannabichromene propyl analogue and cannabigerol.

The formulations according to the invention may be used for delivery of extracts of the cannabis plant and also individual cannabinoids, or synthetic analogues thereof, whether or not derived from cannabis plants and combinations of cannabinoids. "Cannabis plants" includes wild type Cannabis sativa and variants thereof, including cannabis chemovars which naturally contain different amounts of the individual cannabinoids. In particular, the invention provides formulations of cannabis based medicine extracts (CBME).

Cannabis has been used medicinally for many years, and in Victorian times was a widely used component of prescription medicines. It was used as a hypnotic sedative for the treatment of "hysteria, delirium, epilepsy, nervous insomnia, migraine, pain and dysmenorrhoea". The use of cannabis continued until the middle of the twentieth century, and its usefulness as a prescription medicine is now being re-evaluated. The discovery of specific cannabinoid receptors and new methods of administration have made it possible to extend the use of cannabis-based medicines to historic and novel indications.

The recreational use of cannabis prompted legislation which resulted in the prohibition of its use. Historically, cannabis was regarded by many physicians as unique; having the ability to counteract pain resistant to opioid analgesics, in conditions such as spinal cord injury, and other forms of neuropathic pain including pain and spasm in multiple sclerosis.

In the United States and Caribbean, cannabis grown for recreational use has been selected so that it contains a high content of tetrahydrocannabinol (THC), at the expense of other cannabinoids. In the Merck Index (1996) other cannabinoids known to occur in cannabis such as cannabidiol and cannabinol were regarded as inactive substances. Although cannabidiol was formerly regarded as an inactive constituent there is emerging evidence that it has pharmacological activity, which is different from that of THC in several respects. The therapeutic effects of cannabis cannot be satisfactorily explained just in terms of one or the other "active" constituents.

It has been shown that tetrahydrocannabinol (THC) alone produces a lower degree of pain relief than the same quantity of THC given as an extract of cannabis. The pharmacological basis underlying this phenomenon has been investigated. In some cases, THC and cannabidiol (CBD) have pharmacological properties of opposite effect in the same preclinical tests, and the same effect in others. For example, in some clinical studies and from anecdotal reports there is a perception that CBD modifies the psychoactive effects of THC. This spectrum of activity of the two cannabinoids may help to explain some of the therapeutic benefits of cannabis grown in different regions of the world. It also points to useful effects arising from combinations of THC and CBD. These have been investigated by the applicant. Table 3 below shows the difference in pharmacological properties of the two cannabinoids.

<table>
<thead>
<tr>
<th>Effect</th>
<th>THC</th>
<th>THCV</th>
<th>CBD</th>
<th>CBDV</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>CB1 (Brain receptors)</td>
<td>++</td>
<td>±</td>
<td></td>
<td></td>
<td>Pertwee et al, 19</td>
</tr>
<tr>
<td>CB2 (Peripheral receptors)</td>
<td>+</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CNS Effects**

<table>
<thead>
<tr>
<th>Effect</th>
<th>THC</th>
<th>THCV</th>
<th>CBD</th>
<th>CBDV</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticonvulsant †</td>
<td>--</td>
<td>++</td>
<td></td>
<td></td>
<td>Carlini et al, 19</td>
</tr>
<tr>
<td>Antimetrazol</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
<td>GW Data</td>
</tr>
<tr>
<td>Anti-electroshock</td>
<td>-</td>
<td>++</td>
<td></td>
<td></td>
<td>GW data</td>
</tr>
<tr>
<td>Muscle Relaxant</td>
<td>--</td>
<td>++</td>
<td></td>
<td></td>
<td>Petro, 1980</td>
</tr>
<tr>
<td>Antinociceptive</td>
<td>++</td>
<td>+</td>
<td></td>
<td></td>
<td>GW data</td>
</tr>
<tr>
<td>Catalepsy</td>
<td>++</td>
<td>++</td>
<td></td>
<td></td>
<td>GW data</td>
</tr>
<tr>
<td>Psychoactive</td>
<td>++</td>
<td>-</td>
<td></td>
<td></td>
<td>GW data</td>
</tr>
<tr>
<td>Antipsychotic</td>
<td>-</td>
<td>++</td>
<td></td>
<td></td>
<td>Zuardi et al, 199</td>
</tr>
<tr>
<td>Neuroprotective antioxidant</td>
<td>+</td>
<td>++</td>
<td></td>
<td></td>
<td>Hampson A J et al</td>
</tr>
<tr>
<td>activity*</td>
<td>++</td>
<td>-</td>
<td></td>
<td></td>
<td>1998</td>
</tr>
<tr>
<td>Antiemetic Sedation (reduced spontaneous activity)</td>
<td>+</td>
<td>+</td>
<td></td>
<td></td>
<td>Zuardi et al, 199</td>
</tr>
<tr>
<td>Appetite stimulation</td>
<td>++</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appetite suppression</td>
<td>-</td>
<td>++</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
From these pharmacological characteristics and from direct experiments carried out by the applicant it has been shown, surprisingly, that combinations of THC and CBD in varying proportions are particularly useful in the treatment of certain therapeutic conditions. It has further been found clinically that the toxicity of a mixture of THC and CBD is less than that of THC alone.

In a preferred embodiment the formulations provided in accordance with the invention, contain specific ratios of cannabinoids.

It has particularly been observed by the present applicants that the combinations of the specific cannabinoids are more beneficial than any one of the individual cannabinoids alone. Preferred embodiments are those formulations in which the amount of CBD is in a greater amount by weight than the amount of THC. Such formulations are designated as “reverse-ratio” formulations and are novel and unusual since, in the various varieties of medicinal and recreational Cannabis plant available world-wide, CBD is the minor cannabinoid component compared to THC. In other embodiments THC and CBD are present in approximately equal amounts.

Particularly preferred embodiments and the target medical conditions for which they are suitable are shown in Table 4 below.

The pharmaceutical formulations of the invention may be formulated from pure cannabinoids in combination with pharmaceutical carriers and excipients which are well-known to those skilled in the art. For example CBD and THC can be purchased from Sigma-Aldrich Company Ltd, Fancy Road, Poole Dorset, BH12 4QH. CBDV and THCV may be extracted from Cannabis plants using techniques well-known to those skilled in the art. Working with Cannabis plants and cannabinoids may require a government licence in some territories but governments readily make such licences available to parties who apply for the purposes of medicinal research and commercial development of medicines. In the UK a licence may be obtained from the Home Office.

### Table 4: Target Therapeutic Groups for Different Ratios of Cannabinoid

<table>
<thead>
<tr>
<th>Product group</th>
<th>Ratio THC:CBD</th>
<th>Target Therapeutic Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>High THC</td>
<td>&gt;95:5</td>
<td>Cancer pain, migraine, appetite stimulation</td>
</tr>
<tr>
<td>Even ratio</td>
<td>50:50</td>
<td>Multiple sclerosis, spinal cord injury, peripheral neuropathy, other neurogenic pain</td>
</tr>
<tr>
<td>Reverse/Broad ratio CBD</td>
<td>&lt;25:75</td>
<td>Rheumatoid arthritis, Inflammatory bowel diseases.</td>
</tr>
<tr>
<td>High CBD</td>
<td>&lt;5:95</td>
<td>Psychotic disorders (schizophrenia), Epilepsy &amp; movement disorders Stroke, head injury, Disease modification in RA and other inflammatory conditions Appetite suppression</td>
</tr>
</tbody>
</table>

* Effect is CB1 receptor independent.
† THC is pro convulsant
§ THC has a biphasic effect on blood pressure; in naive patients it may produce postural hypotension and it has also been reported to produce hypertension on prolonged usage. GW Internal Report No 002/000159.
In preferred embodiments of the invention the formulations comprise extracts of one or more varieties of whole Cannabis plants, particularly Cannabis sativa, Cannabis indica or plants which are the result of genetic crosses, self-crosses or hybrids thereof. The precise cannabinoid content of any particular cannabis variety may be qualitatively and quantitatively determined using methods well known to those skilled in the art, such as TLC or HPLC. Thus, one may chose a Cannabis variety from which to prepare an extract which will produce the desired ratio of CBD to THC or CBDV to THCV or THCV to THC. Alternatively, extracts from two of more different varieties may be mixed or blended to produce a material with the preferred cannabinoid ratio for formulating into a pharmaceutical formulation.

The preparation of convenient ratios of THC- and CBD-containing medicines is made possible by the cultivation of specific chemovars of cannabis. These chemovars (plants distinguished by the cannabinoids produced, rather than the morphological characteristics of the plant) can be bred by a variety of plant breeding techniques which will be familiar to a person skilled in the art. Propagation of the plants by cuttings for production material ensures that the genotype is fixed and that each crop of plants contains the cannabinoids in substantially the same ratio.

Furthermore, it has been found that by a process of horticultural selection, other chemovars expressing their cannabinoid content as predominantly tetrahydrocannabinovarin (THCV) or cannabidivarin (CBDV) can also be achieved.

Horticulturally, it is convenient to grow chemovars producing THC, THCV, CBD and CBDV as the predominant cannabinoid from cuttings. This ensures that the genotype in each crop is identical and the qualitative formulation (the proportion of each cannabinoid in the biomass) is the same. From these chemovars, extracts can be prepared by the similar method of extraction. Convenient methods of preparing primary extracts include maceration, percolation, extraction with solvents such as C1 to C5 alcohols (ethanol), Norflurane (HFA134a), HFA227 and liquid carbon dioxide under pressure. The primary extract may be further purified for example by supercritical or subcritical extraction, vapourisation and chromatography. When solvents such as those listed above are used, the resultant extract contains non-specific lipid-soluble material. This can be removed by a variety of processes including chilling to -20°C followed by filtration to remove waxy ballast, extraction with liquid carbon dioxide and by distillation. Preferred plant cultivation and extract preparation methods are shown in the Examples. The resulting extract is suitable for incorporation into pharmaceutical preparations. Methods of administration may be based on liquid spray formulations of the invention.

There are advantages and disadvantages attached to each of these routes of administration. In general, preparations administered via the respiratory tract, oral/nasal tract and the distal rectum avoid the hepatic first pass effect. Medicaments swallowed are subject to substantial metabolism during their first pass through the liver, and the pattern of metabolites produced may vary according to the route of administration.

There are a number of therapeutic conditions which may be treated effectively by cannabis. The proportion of different cannabinoids in such preparations determines the specific therapeutic conditions which are best treated, and the present invention addresses the formulations which are most suitable for this purpose. As aforesaid the teaching of the invention is illustrated by the use of preparations containing specific ratios of cannabinoid (Table 4), and is further illustrated by the examples.

By direct experiment, it has been shown that administration of CBD (or CBDV) before the administration of THC modifies the cognitive effects experienced. The psychoactive effects of THC are diminished, and subsequent sedation is postponed and mitigated. This reduction is not observed if the THC is given before CBD.

It is a further observation of the present applicants that CBD is able to act as a pharmaceutical stabilizer of THC. This is due to anti-oxidant properties of CBD. Although its anti-oxidant properties are known to be useful in a pharmacological setting in relation to living matter, its effects as a pharmaceutical stabilizer have not previously been observed.

Accordingly, the use of CBD extends the shelf-life.

The invention will be further understood with reference to the following examples, together with the accompanying Figures in which:

Figure 1 schematically illustrates the packaging of one example of a dosage form according to the invention. (a) cross section at A-A, (b) sealed product in foil packaging, (c) perforation, (d) opened pack, (e) product ready for use.

Figure 2 schematically illustrates the application of a dosage form according to the invention to the maxillary fossa.

Figure 3 schematically illustrates the dosage form in place.

Figure 4 schematically illustrates typical staining of the mucosa which would be observed after the dosage form has been in place for a period of 1 minute.

Figure 5 is a sample HPLC chromatogram for CBD herbal drug extract.

Figure 6 is a sample HPLC chromatogram for THC herbal drug extract.
Of these examples 7, 12, 21 and 22 relate to the claimed invention, the others are provided by way of general information.

Example 1

A 10% solution of pre-gelatinised starch (Component A) is made by dispersing one part of powdered pre-gelatinised starch in 9 parts of water, heating until gelatinised and then cooling. Pre-gelatinised cornstarch is the subject of a monograph in the US National Formulary. This product is used as a component of other formulations given in later examples, and is referred to as "starch gels". It has a negative surface charge.

Example 2

There follows a description of the preparation of a formulation according to the invention in which hop extract, which is an oily resinous material, is used as a surrogate active ingredient. It has a bitter taste and this allows the patient to discern immediately when the active ingredient has stimulated the taste buds, and by implication has interacted with the mucosae. The dispersion of the formulation over the buccal and sublingual mucosae is revealed by the spread of colour. Any increased desire on the part of the patient to swallow the formulation can also be measured by direct observation.

In this example, a formulation is made by bringing together a gel (containing at least one active component which has a negative surface charge) together with a gel of opposing surface charge. The gel of opposing surface charge may contain optionally at least one active component which may be the same as that in the gel of opposite charge or another active ingredient. When the gels of opposing surface charge are brought together coacervation occurs resulting in a change in viscosity although the resulting gel is still thermoplastic and capable of being dispensed into moulds. On cooling the gel sets into a flexible but rigid gel.

Glycogelatin is prepared by heating bovine or porcine gelatine, or fish gelatine (isinglass) 18 parts and glycerol 2 parts on a water bath with distilled water sufficient to produce a final weight of 100 parts by weight. The glycogelatin so produced is a clear, rigid gel which surprisingly is inherently stable. It is resistant to microbial attack and is in equilibrium with air at a relative humidity of 60-70%.

A formulation is prepared from:

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glyceryl monostearate (SE)</td>
<td>5 parts</td>
</tr>
<tr>
<td>Soy lecithin</td>
<td>7 parts</td>
</tr>
<tr>
<td>Chlorophyll (oil-soluble)</td>
<td>3 parts</td>
</tr>
<tr>
<td>Component A</td>
<td>30 parts</td>
</tr>
<tr>
<td>a-Tocopherol BP</td>
<td>0.1 part</td>
</tr>
<tr>
<td>Extract of hops</td>
<td>10 parts</td>
</tr>
<tr>
<td>Glycogelatin to produce</td>
<td>100 parts</td>
</tr>
</tbody>
</table>

The mixture is heated, with stirring to a temperature of 90°C (using a water bath or in a microwave oven). The mixture is thoroughly stirred and while still molten 2g aliquots are dispensed into aluminium foil moulds which have been treated with a releasing agent. A range of releasing agents is suitable for this purpose; a solution of silicone or beeswax in normal hexane is sprayed onto the concave mould, and the solvent allowed to evaporate. The weight of finished product can be varied to accommodate quantities of cannabis extract up to approximately 250mg per piece representing a content of approximately 150mg of THC or CBD.

When cool, a foil laminate is placed over the mould and sealed by the application of heat. Evacuation of air and replacement with nitrogen is carried out before final sealing so that the small, residual space in the finished dose unit is an inert, non-oxidising atmosphere.

The product so formed is a lenticular ovate gel which has one convex surface and one plain surface. It contains a colouring agent which is oil soluble and indicates the pattern of distribution of emulsion over the buccal cavity. Incorporation of chlorophyll as a disclosing agent is an optional feature; where used it indicates the areas of buccal mucosae to which a product containing medicament would also spread. These features of the invention are illustrated in Figures 1-4. It will be clear to a person skilled in the art that variations in the emulsifiers and the physical shape and form of packaging are within the teaching of the invention.
Example 3

The formulation described above produces a product which is an elastic but rigid gel. When half of the tablet is placed between the upper jaw and the inside of the mouth (maxillary fossa) on either side, it starts to melt within one minute and at two minutes has produced an emulsified mass which covers the buccal mucosae. The gel does not produce a discernible sensation when placed between the maxilla and buccal mucosae, and does not induce a desire on the part of the subject to swallow the preparation. The area of buccal mucosae which is covered can be demonstrated by a photographic record taken before, one minute, two minutes, five minutes and 10 minutes, or other convenient time interval after the dosing.

This formulation has a slight taste characteristic of chlorophyll and extract of hops which was discernible for up to 10 minutes after placing the gel in situ, and thus demonstrates the presence of "released medicament" in the oropharynx over this period of time.

The distribution of colour (within one minute, and the persistence of taste for up to 10 minutes) indicates that this type of formulation is suitable as a vehicle for administration of highly lipid soluble medicaments such as cannabis extract or cannabinoids. As formulated, it can be used as a self-indicating placebo preparation in clinical trials. The accompanying Figures illustrate the distribution of one half of a product placed in the mouth. The configuration of the product, and the area of distribution of the product when emulsified in situ is shown in Figures 1-4. Figure 3 shows the position in which the device is originally placed. For clarity of demonstration, the illustration shows the product placed on one side of the mouth. However, it may be divided and placed bilaterally to ensure maximal distribution. Alternatively, products containing different active ingredients can be placed simultaneously, but on separate sides of the mouth.

Example 4

The device described in Example 1 is clamped between two pieces of nylon mesh and attached to the basket of tablet disintegration equipment (BP design) at a temperature of 35°C. The gel dispersed within 1-2 minutes to produce a fine even-textured emulsion.

Example 5

This Example relates to the preparation of a dosage form containing a mixture of extracts of cannabis. The extracts of cannabis are referred to as Cannabis Based Medicine Extract (CBME) for ease of reference. An extract from a chemovar of cannabis producing more than 90% of its total cannabinoid as cannabidiol (CBD) may be prepared by supercritical fluid extraction of dried cannabis herb. This is referred to as CBME-G5. Similarly, an extract with a high proportion (more than 95%) total cannabinoid as tetrahydrocannabinol (THC) is referred to as CBME-G1. The formula in this example can be varied to accommodate CBME with greater or lesser content of cannabinoids, in order to achieve the desired ratio of THC to CBD, and other cannabinoids. Products containing different ratios of THC to CBD are useful for treatment of specific therapeutic conditions.

A mixture is produced by melting together the following ingredients:

- Glyceryl mono-oleate 10 parts
- Soy lecithin 10 parts
- Curcumin 0.1 part
- Component A 20 parts
- CBME - G5 to give CBD 1 part
- CBME - G1 to give THC 2 parts
- α-Tocopherol 0.1 part
- Ascorbyl palmitate BP 0.1 part
- Glycogelatin to produce 100 parts

The components are mixed with gentle heat on a water bath, stirred and poured while hot into moulds. The product in moulds is finished as described in Example 1 and sealed under an atmosphere of inert gas.

In this formulation the curcumin imparts a bright yellow colour which allows the area of distribution of the product in the mouth to be identified. α-Tocopherol and ascorbyl palmitate are antioxidants which together with glyceryl mono oleate provide an effective antioxidant system.

The relatively large size (1-2g) of this dosage form allows a comparatively large amount of active ingredient to be incorporated in the dosage form. Cannabidiol may be given in doses of 900mg/day and the dosage form described
allows this dose to be given in 2-9 (and preferably 2-4) divided doses per day.

[00108] Tetrahydrocannabinol is more active w/w than cannabidiol, and where a smaller unit dose of THC may be required it is possible to include this dose in a sublingual tablet of conventional size. Example 6 illustrates the formulation of such a tablet.

Example 6

[0109]

| Ingredient                          | Amount  
|------------------------------------|---------
| Glyceryl monostearate (self emulsifying grade) | 5 parts |
| Polysorbate 80                     | 0.5 parts |
| Lactose (direct compression grade) | 79.3 parts |
| Soluble starch                     | 10 parts  
| Tetrahydrocannabinol               | 5 parts  
| Ascorbyl Palmitate                 | 0.1 part |
| α-Tocopherol                       | 0.1 part |
| Ethanol (dehydrated) BP            | 10 parts |

[0110] The GMS, polysorbate, ascorbylpalmitate, α-Tocopherol and THC are dispersed and dissolved in the alcohol. The alcoholic solution is sprayed onto the dry powder ingredients which have been thoroughly mixed. Ethanol is allowed to evaporate and the granules are dusted with 1% of talc and compressed to a target tablet weight of 101mg in a conventional tablet press. Biconvex punches with a diameter of 7mm or 9mm produce tablets with a high surface/weight ratio. These absorb water when placed in contact with the sublingual or buccal mucosae. The rate of dissolution can be adjusted by altering the degree of compression. Tablets compressed to a pressure of 1-3 Newtons give tablets which disperse in a period of 0.5 - 5 minutes. The disintegration is determined by the method described in Example 4, and for these tablets was less than four minutes.

Example 7

[0111] The generation of an emulsion from a self-emulsifying formulation is not limited to solid dosage forms. In the following example three liquid formulations suitable for sublingual application are exemplified. A solution is produced by melting together (at a temperature not exceeding 50°C) the following ingredients (amounts given in parts by weight):

| Ingredient                          | Amount  
|------------------------------------|---------
| Glyceryl mono-oleate (self-emulsifying) | 2 parts |
| Medium chain triglycerides         | 5 - -   
| Cremophor RH40                     | 30 26.5 -
| CBME                               | 10 10   
| CBME-G1 to give THC                | 5 - -   
| CBME-G5 to give CBD                | 5 - -   
| α-Tocopherol                       | 0.1 - - 
| Ascorbyl palmitate                 | 0.1 - - 
| Propylene glycol                   | - - 44  
| Ethanol BP                         | 52.8 61.5 44 |
| TOTAL                              | 100 100 100 |

[0112] The products formed by mixing these ingredients are dispensed in 10ml quantities into a glass vial and closed with a pump action spray break-up button. Each 1ml of product contains 100mg of THC and each actuation of the pump delivers a fine spray which can be directed to the area of mucosae under the tongue.

[0113] Solutions of CBME in ethanol alone are not generally suitable to be used as a spray. The aggressive nature of pure ethanol as a solvent further limits the amount which can be applied to the mucosae without producing discomfort to the patient. Surprisingly, the addition of a self-emulsifying primary surfactant and solubiliser allows a greater quantity of cannabinoid to be contained in a unit dose. Spraying small quantities onto the sublingual or buccal mucosae results in evaporation of a significant amount of ethanol, and the emulsion so produced is non-irritant and does not stimulate the swallowing reflex. This provides greater dwell time for the in situ-formed emulsion to be in contact with the sublingual
or buccal mucosae. A particular feature of this formulation is the accessory solvent activity of the medium chain triglycerides which also act as a secondary emulsifier.

[0114] Formulation "B" as listed above has a viscosity within the range of 100-350 centipoises.

Example 8

[0115] The solid dosage form may be a soft gelatin capsule, which can be crushed to release the medicament to give an emulsion. The capsule can then be swallowed to provide the residue of the dose for absorption in the remainder of the gastrointestinal tract. The soft gelatin capsule provides an emulsified form of medicament which can be absorbed from any part of the GI tract. A capsule mass may be made from the following ingredients:-

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Parts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glyceryl monostearate (self emulsifying)</td>
<td>5</td>
</tr>
<tr>
<td>Polysorbate 80</td>
<td>1</td>
</tr>
<tr>
<td>Beeswax</td>
<td>5</td>
</tr>
<tr>
<td>CBME G1 to give THC</td>
<td>10</td>
</tr>
<tr>
<td>CBME G5 to give CBD</td>
<td>10</td>
</tr>
<tr>
<td>(\alpha)-tocopherol</td>
<td>0.1</td>
</tr>
<tr>
<td>Ascorbyl palmitate</td>
<td>0.1</td>
</tr>
<tr>
<td>Hemp oil to produce</td>
<td>100</td>
</tr>
</tbody>
</table>

Example 9

[0116] A dosage form for buccal use which uses vegetable rather than animal gelling agents may be made as follows:

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Parts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sorbitol</td>
<td>35</td>
</tr>
<tr>
<td>Gum Acacia</td>
<td>20</td>
</tr>
<tr>
<td>Glyceryl mono-oleate</td>
<td>10</td>
</tr>
<tr>
<td>Egg lecithin</td>
<td>10</td>
</tr>
<tr>
<td>CBME-1 to produce 5 mg THC</td>
<td>5</td>
</tr>
<tr>
<td>CBME-5 to produce 5 mg CBD</td>
<td>5</td>
</tr>
<tr>
<td>Tocopherol</td>
<td>0.1</td>
</tr>
<tr>
<td>Ascorbyl palmitate</td>
<td>0.1</td>
</tr>
<tr>
<td>Vanillin</td>
<td>0.1</td>
</tr>
<tr>
<td>BHT</td>
<td>0.01</td>
</tr>
<tr>
<td>Glycerol</td>
<td>5.0</td>
</tr>
<tr>
<td>Water</td>
<td>qs</td>
</tr>
</tbody>
</table>

[0117] The fat soluble ingredients are melted together at a temperature of 70°C. Sorbitol is mixed with the Acacia gum, dispersed in glycerol, and added to the other solid ingredients. Water is added, and the mass heated on a boiling water bath until evenly dispersed/dissolved. While still at a temperature of 60°C the mass is distributed into moulds (as described in Example 1). The mass can also be cast or rolled into a sheet, preferably 2.5mm thick. Oval or hexagon-shaped pieces with an area of 40mm² are cut and the pieces applied to a non-stick backing sheet larger than the piece, and covered with a non adhesive protective membrane. The patch so formed is sealed under an inert gas blanket into a pocket formed from heat-sealable foil laminate. The product so produced is suitable for treatment of patients suffering from migraine, arthritis, epilepsy, multiple sclerosis and other types of neuropathic and neurogenic pain, where it is necessary to have release of the medicament over a period of hours. Disintegration time for this formulation is greater than 90 minutes.

Example 10

[0118] A product providing fast release of a constituent and a further release of constituent over a prolonged time can be produced by making a combination dose unit. Using the formulation described in Example 8, a quantity of heated mass is filled into a mould or cast into a film, and allowed to set. A layer of material as described in Example 5 is then cast onto the surface of the gel described in Example 9. The composite gel is then packaged as described in these
examples. Variation of the proportions of mass in the two layers provides for modification of the kinetic profile produced by the dose unit.

[0119] In some circumstances it may be desirable to administer two drugs in a time dependent order. This can arise where one drug of the pair has a protective effect on the other. Example 10 describes a composite gel formulation of the type described in earlier examples. The formulation described in Example 11 provides CBD which is an antioxidant known to have a protective effect on THC to be made available for absorption through the buccal/sublingual mucosae just before THC. Cannabidiol is contained in the fast release layer and THC is dissolved out of the delayed release layer. Example 11 describes a dose unit consisting of two layers with differing dissolution characteristics.

Example 11

[0120]

(a) Glyceryl mono-oleate 7 parts  
Soy lecithin 7 parts  
Acacia gum 15 parts  
Tetrahydrocannabinol 10 parts  
α-tocopherol 0.1 parts  
Xylitol 5.1 parts  
Glycerol 3 parts  
Purified Water to produce 100 parts

(b) Glyceryl mono-oleate 15 parts  
Soy lecithin 10 parts  
Component A 20 parts  
α-tocopherol 0.1 parts  
Cannabidiol 20 parts  
Glycogelatin to produce 100 parts

[0122] A molten mass is prepared as described in previous examples and aliquots cast into moulds or as a sheet.

[0123] A layer of formulation (b) can be cast on the surface of a sheet of formulation (a). The two formulations contain colloidal components with opposing signs and at the zone of fusion good adhesion is produced by coacervation. The composite layer is then cut into shapes suitable for application to the oral mucosae. The product is packed as described in Example 3 and protected from air and light.

Example 12

[0124] The following examples illustrate the distinctive features of formulations intended for spray application to the buccal mucosae, the method of application, and the blood levels produced by buccal absorption in comparison with sublingual administration.

[0125] The following are examples of a liquid formulations suitable for buccal administration. A solution is produced by dissolving (at a temperature not exceeding 50°C) the following ingredients (quantitative details are expressed as parts by weight):-

<table>
<thead>
<tr>
<th></th>
<th>a</th>
<th>b</th>
<th>c</th>
<th>d</th>
<th>e</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glyceril mono-oleate</td>
<td>2</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Glyceril monostearate</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>Cremophor RH40</td>
<td>20</td>
<td>30</td>
<td>30</td>
<td>20</td>
<td>30</td>
</tr>
<tr>
<td>CBME-G1 to give THC</td>
<td>5</td>
<td>10</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>CBME-G5 to give CBD</td>
<td>-</td>
<td>-</td>
<td>5</td>
<td>10</td>
<td>-</td>
</tr>
</tbody>
</table>
Cannabis Based Medicine Extract (CBME) is an extract of cannabis which may be prepared by, for example, percolation with liquid carbon dioxide, with the removal of ballast by cooling a concentrated ethanolic solution to a temperature of -20°C and removing precipitated inert plant constituents by filtration or centrifugation.

The product formed by mixing these ingredients is dispensed in 6ml quantities into a glass vial and closed with a pump action spray. In use, the dose is discharged through a break-up button or conventional design. Proprietary devices that are suitable for this purpose are Type VP7 produced by Valois, but similar designs are available from other manufacturers. The vial may be enclosed in secondary packaging to allow the spray to be directed to a particular area of buccal mucosa. Alternatively, a proprietary button with an extension may be used to direct the spray to a preferred area of buccal mucosa.

Each 1ml of product contains 50-100mg of $\Delta^9$-tetrahydrocannabinol (THC) and/or cannabidiol (CBD). Each actuation of the pump delivers a spray which can be directed to the buccal mucosa. In the above formulations CBMEs of known cannabinoid strength are used. CBME-G1 is an extract from a high THC-yielding strain of cannabis, and CBME-G5 is from a high CBD-yielding variety. It will be clear to a person skilled in the art that purified cannabinoids, and extracts containing the cannabinoids, can be made formulated as described above by quantitative adjustment.

Although solutions of CBME in ethanol alone can be used as a spray, the quantity of cannabinoid that can be delivered is limited by the aggressive nature of pure ethanol in high concentration as a solvent. This limits the amount that can be applied to the mucosae without producing discomfort to the patient. When a group of patients received THC or CBD in a solution of the type described above, directing the spray either sublingually or against the buccal mucosa, the patients uniformly reported a stinging sensation with the sublingual application, but mild or no discomfort when the same solution was sprayed onto the buccal mucosa. It was further, surprisingly, found that the addition of a self-emulsifying primary surfactant as solubiliser allowed a greater quantity of cannabinoid to be contained in a unit dose. Spraying small quantities of this type of formulation onto the buccal mucosa does not appreciably stimulate the swallowing reflex. This provides greater dwell time for emulsion formed in situ to be in contact with the buccal surface.

Formulations were administered to a group of 13 human subjects so that they received 4mg THC, 4mg of CBD or placebo (vehicle alone) via a sublingual tablet, sublingual pump-action spray or buccal route.

Absorption [area under the absorption curve (AUC)] of cannabinoid and primary metabolite were determined in samples of blood taken after dosing. The following Table 5 gives these as normalised mean values.

Table 5

<table>
<thead>
<tr>
<th>Analyte in Plasma</th>
<th>Route of Administration</th>
<th>AUC</th>
<th>AUC</th>
<th>AUC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PAS sublingual</td>
<td>2158.1</td>
<td>1648.4</td>
<td>1575.0</td>
</tr>
<tr>
<td>THC</td>
<td>Sublingual tablet</td>
<td>3097.6</td>
<td>3560.5</td>
<td>2601.1</td>
</tr>
<tr>
<td>11 OH THC</td>
<td></td>
<td>912.0</td>
<td>886.1</td>
<td>858.0</td>
</tr>
</tbody>
</table>

These results show that the total amounts of cannabinoid absorbed by sublingual and buccal (oropharyngeal) routes are similar but that there is a substantial (approximately 25%) reduction in the amount of 11 OH metabolite detected after oropharyngeal (buccal) administration. This finding is not inconsistent with reduced swallowing (and subsequent reduced hepatic) metabolism of the buccal formulation.

It is known that 11-hydroxy metabolite of THC is possibly more psychoactive than the parent compound. It is therefore desirable to minimise the amount of this metabolite during administration, and this is likely to be achieved by using a formulation and method of application which reduces the amount of a buccal or sublingual dose that is swallowed. The pump action spray appears to offer a simple means of reducing the amount of material that is swallowed and metabolised by absorption from the intestinal tract below the level of the oropharynx.
**Example 13**  

The use of a pump action dispenser makes it possible to dispense defined quantities of a gel with the required precision and repeatability for pharmaceutical applications. A gel is prepared from the following ingredients (parts by weight):

- Carboxymethylcellulose Sodium 2
- Glyceryl monostearate 10
- Glycerol 10
- CBME-G1 and G5 to give THC and CBD 5
- Ethanol 40
- Ascorbic Acid 0.1
- Tocopherol 0.1
- Water to 100

The non-aqueous ingredients are melted together at a temperature of not more than 50°C until evenly suspended. Water is then added to produce a viscous creamy gel, taking care not to introduce air during mixing. The product is dispensed into containers whilst still warm and sealed with a pump dispenser head (type 251/331) supplied by Valois. The head on this device delivers a ribbon of gel, and when pressure is removed, there is sufficient retraction of gel to ensure that particles of gel are not left exposed. The quantity of gel can be directed to accessible buccal surfaces, where it adheres. When the buccal surface returns to its normal position the mass of gel then absorbs more water from the available saliva and yields its charge of medicament.

**Example 14**  

Experiments have shown the effect of varying the amount of self-emulsifier and proportions of negative and positively charged viscolising agents on dissolution/disintegration time in the mouth.

Solid gel formulations as described in Examples 1 and 2 were prepared by dissolving the ingredients by heating in a microwave oven, until a uniform molten mass was produced. The molten mass was dispensed using a Gilson-type pipette directly into recycled blisters, which had been washed with 70% alcohol and air dried. Disintegration time was measured in a BP type apparatus.

The effects are described below:-

Disintegration time increases with increased mass:-

<table>
<thead>
<tr>
<th>Mass (mg)</th>
<th>T\textsubscript{dis} (m, s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>G001/A (i)</td>
<td>586</td>
</tr>
<tr>
<td>G001/A (ii)</td>
<td>807</td>
</tr>
<tr>
<td>G001 (iii)</td>
<td>2140</td>
</tr>
</tbody>
</table>

Increasing emulsifier content increases T\textsubscript{dis}:-

<table>
<thead>
<tr>
<th>G001A</th>
<th>G001B</th>
</tr>
</thead>
<tbody>
<tr>
<td>% emuls</td>
<td>10</td>
</tr>
<tr>
<td>T\textsubscript{dis}</td>
<td>1345</td>
</tr>
</tbody>
</table>

Increasing gelatin content of gel has little effect on T\textsubscript{dis}:-

<table>
<thead>
<tr>
<th>G001/A</th>
<th>G001/B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mass (mg)</td>
<td>1145</td>
</tr>
<tr>
<td>% gelatin</td>
<td>14</td>
</tr>
<tr>
<td>T\textsubscript{dis}</td>
<td>1345</td>
</tr>
</tbody>
</table>

Addition of pre-gelatinised maize starch (PGMS) decreases T\textsubscript{dis}:-

<table>
<thead>
<tr>
<th>Mass (mg)</th>
<th>T\textsubscript{dis} (m, s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>G001/A</td>
<td>1145</td>
</tr>
<tr>
<td>G001/B</td>
<td>807</td>
</tr>
</tbody>
</table>
Example 15 Growing of Medicinal Cannabis

[0143] Plants are grown as clones from germinated seed, under glass at a temperature of 25°C ± 1.5°C for 3 weeks in 24 hour daylight; this keeps the plants in a vegetative state. Flowering is induced by exposure to 12 hour day length for 8-9 weeks.

[0144] No artificial pesticides, herbicides, insecticides or fumigants are used. Plants are grown organically, with biological control of insect pests.

[0145] The essential steps in production from seed accession to dried Medicinal Cannabis are summarised as follows:

Seed Accessions
  ↓
Seeds germinated at G-Pharm (UK)
  ↓
Selection for cannabinoid content and vigour
  ↓
Mother Plant
  ↓
Cuttings rooted
    ↓
14-21 days in peat plug
25°C, 24 hour day length
  ↓
Rooted cuttings potted up in 5 litre pots of bespoke compost
  ↓
Young Clone Plant established
    ↓
3 weeks, 24 hour day length, 25°C
  ↓
Lower Branches Removed end of week 3
    ↓
Used to make new generation of cuttings
  ↓
Induction of flowering
    ↓
Plant relocation to 12 hour day length are to induce flowering
    ↓
Flower formation and maturation
      ↓
8-9 weeks at 25°C
    ↓
Harvest
      ↓
90% of flowers and leaves senesced
    ↓
Drying
      ↓
Under conditions of light exclusion
    ↓
MEDICINAL CANNABIS
Example 16 Determination of Cannabinoid Content in Plants and Extracts

Identity by TLC

a) Materials and methods

[0146] Equipment Application device capable of delivering an accurately controlled volume of solution i.e.
1 µl capillary pipette or micro litre syringe.
TLC development tank with lid
Hot air blower
Silica gel G TLC plates (SIL N-HR/UV254), 200 µm layer with fluorescent indicator on polyester support.
Dipping tank for visualisation reagent.

[0147] Mobile phase 80% petroleum ether 60:80/20% Diethyl ether.

[0148] Visualisation reagent 0.1% w/v aqueous Fast Blue B (100mg in 100ml de-ionised water). An optional method is to scan at UV 254 and 365 nm.

b) Sample preparation

i) Herbal raw material

[0149] Approximately 200mg of finely ground, dried cannabis is weighed into a 10ml volumetric flask. Make up to volume using methanol:chloroform (9:1) extraction solvent.

[0150] Extract by ultrasound for 15 minutes. Decant supernatant and use directly for chromatography.

ii) Herbal drug Extract

[0151] Approximately 50mg of extract is weighed into a 25ml volumetric flask. Make up to volume using methanol solvent. Shake vigorously to dissolve and then use directly for chromatography.

c) Standards

[0152] 0.1 mg/ml delta-9-THC in methanol.

[0153] 0.1mg/ml CBD in methanol.

The standard solutions are stored frozen at -20°C between uses and are used for up to 12 months after initial preparation.

d) Test solutions and method

[0154] Apply to points separated by a minimum of 10mm.

i) either 5 µl of herb extract or 1 µl of herbal extract solution as appropriate,
ii) 10 µl of 0.1 mg/ml delta-9-THC in methanol standard solution,
iii) 10 µl of 0.1mg/ml CBD in methanol standard solution.

[0155] Elute the TLC plate through a distance of 8cm, then remove the plate. Allow solvent to evaporate from the plate and then repeat the elution for a second time (double development).

[0156] The plate is briefly immersed in the Fast Blue B reagent until the characteristic re/orange colour of cannabinoids begins to develop. The plate is removed and allowed to dry under ambient conditions in the dark.

[0157] A permanent record of the result is made either by reproduction of the image by digital scanner(preferred option) or by noting spot positions and colours on a tracing paper.
Assay THC, THCA, CBD, CBDA and CBN by HPLC

a) Materials and methods

Equipment: HP 1100 HPLC with diode array detector and autosampler. The equipment is set up and operated in accordance with in-house standard operating procedures (SOPlab037).

HPLC column: Discovery C8 5 μm, 15x 0.46 cm plus Kingsorb ODS2 precolumn 5 μm 3 x 0.46 cm.

Mobile Phase: Acetonitrile:methanol:0.25% aqueous acetic acid (16.7:6 by volume).

Column Operating Temperature: 25°C

Flow Rate: 1.0 ml/min

Injection Volume: 10 μl

Run time: 25mins

Detection: Neutral and acid cannabinoids 220nm (band width 16nm) Reference wavelength 400nm/bandwidth 16nm

Acid cannabinoids are routinely monitored at 310nm (band width 16nm) for qualitative confirmatory and identification purposes only.

Data capture: HP Chemistation with Version A7.01 software

b) Sample preparation

Approximately 40mg of Cannabis Based Medicinal Extract is dissolved in 25ml methanol and this solution is diluted to 1 to 10 in methanol. This dilution is used for chromatography.

0.5 ml of the fill solution, contained within the Pump Action Sublingual Spray unit, is sampled by glass pipette. The solution is diluted into a 25ml flask and made to the mark with methanol. 200 μl of this solution is diluted with 800 ml of methanol.

Herb or resin samples are prepared by taking a 100mg sample and treating this with 5 or 10ml of Methanol/Chloroform (9/1 w/v). The dispersion is sonicated in a sealed tube for 10 minutes, allowed to cool and an aliquot is centrifuged and suitably diluted with methanol prior to chromatography.

c) Standards

External standardisation is used for this method. Dilution of stock standards of THC, CBD and CBN in methanol or ethanol are made to give final working standards of approximately accurately 0.1 mg/ml. The working standards are stored at -20°C and are used for up to 12 months after initial preparation.

Injection of each standard is made in triplicate prior to the injection of any test solution. At suitable intervals during the processing of test solutions, repeat injections of standards are made. In the absence of reliable CBDA and THCA standards, these compounds are analysed using respectively the CBD and THC standard response factors.

The elution order has been determined as CBD, CBDA, CBN, THC and THCA. Other cannabinoids are detected using this method and may be identified and determined as necessary.

d) Test solutions

Diluted test solutions are made up in methanol and should contain analytes in the linear working range of 0.02-0.2 mg/ml.

e) Chromatography Acceptance Criteria:

The following acceptance criteria are applied to the results of each sequence as they have been found to result in adequate resolution of all analytes (including the two most closely eluting analytes CBD and CBDA)

i) Retention time windows for each analyte:
ii) Peak shape (symmetry factor according to BP method)

CBD < 1.30
CBN < 1.25
THC < 1.35

iii) A number of modifications to the standard method have been developed to deal with those samples which contain late eluting impurity peaks e.g method CBD2A extends the run time to 50 minutes. All solutions should be clarified by centrifugation before being transferred into autosampler vials sealed with teflon faced septum seal and cap.

iv) The precolumn is critical to the quality of the chromatography and should be changed when the back pressure rises above 71 bar and/or acceptance criteria regarding retention time and resolution, fall outside their specified limits.

f) Data Processing

Cannabinoids can be subdivided into neutral and acidic- the qualitative identification can be performed using the DAD dual wavelength mode. Acidic cannabinoids absorb strongly in the region of 220nm-310nm. Neutral cannabinoids only absorb strongly in the region of 220nm.

Routinely, only the data recorded at 220 nm is used for quantitative analysis.

The DAD can also be set up to take UV spectral scans of each peak, which can then be stored in a spectral library and used for identification purposes.

Data processing for quantitation utilises batch processing software on the Hewlett Packard Chemstation.

a) Sample Chromatograms

HPLC sample chromatograms for THC and CBD Herbal Drug extracts are provided in the accompanying Figures.

Example 17 Preparation of the Herbal Drug Extract

A flow chart showing the process of manufacture of extract from the High-THC and High-CBD chemovars is given below:

Medicinal Cannabis (High-THC or High-CBD)
↓
Chopping to predominantly 2 to 3mm
↓
Heating at 100 to 150°C for sufficient time to decarboxylate acid form of cannabinoids to produce neutral cannabinoids
↓
Extraction with a specified volume of liquid carbon dioxide over 6 to 8 hours
↓
Removal of CO2 by depressurisation to recover crude extract
↓
"Winterisation"-Dissolution of crude extract in ethanol Ph. Eur. followed by chilling solution (-20°C/48 hrs) to precipitate unwanted waxes
↓
Removal of unwanted waxy material by cold filtration
↓
Removal of ethanol from the filtrate by thin film evaporation under reduced pressure
Example 18

[0173] High THC cannabis was grown under glass at a mean temperature of 21 + 2°C, RH 50-60%. Herb was harvested and dried at ambient room temperature at a RH of 40-45% in the dark. When dry, the leaf and flower head were stripped from stem and this dried biomass is referred to as "medicinal cannabis".

[0174] Medicinal cannabis was reduced to a coarse powder (particles passing through a 3 mm mesh) and packed into the chamber of a Supercritical Fluid Extractor. Packing density was 0.3 and liquid carbon dioxide at a pressure of 600 bar was passed through the mass at a temperature of 35°C. Supercritical extraction is carried out for 4 hours and the extract was recovered by stepwise decompression into a collection vessel. The resulting green-brown oily resinous extract is further purified. When dissolved in ethanol BP (2 parts) and subjected to a temperature of -20°C for 24 hours a deposit (consisting of fat-soluble, waxy material) was thrown out of solution and was removed by filtration. Solvent was removed at low pressure in a rotary evaporator. The resulting extract is a soft extract which contains approximately 60% THC and approximately 6% of other cannabinoids of which 1-2 % is cannabidiol and the remainder is minor cannabinoids including cannabinol. Quantitative yield was 9% w/w based on weight of dry medicinal cannabis.

[0175] A high CBD chemovar was similarly treated and yielded an extract containing approximately 60% CBD with up to 4% tetrahydrocannabinol, within a total of other cannabinoids of 6% Extracts were made using THCV and CBDV chemovars using the general method described above.

[0176] A person skilled in the art will appreciate that other combinations of temperature and pressure (in the range +10°C to 35°C and 60 - 600 bar) can be used to prepare extracts under supercritical and subcritical conditions.

Example 19

[0177] Street cannabis (marijuana) grown in the US and Caribbean typically has a high percentage of total cannabinoid as THC; European (usually described as "Moroccan" cannabis) contains approximately equal quantities of THC and CBD. This may account for conflicting reports on the efficacy of cannabis in certain clinical studies. The applicant has sought to introduce precision in producing defined ratios of cannabinoid in two ways; by using mixtures of defined extracts and also by producing an extract from a single chemovar which produces the appropriate ratio of cannabinoids. Chemovars which express their cannabinoid content as predominantly one compound have been used to prepare the formulations of the invention but the teaching of the patent can be applied to synthetically produced cannabinoids or cannabinoids obtained by purification of cannabis.

[0178] Certain chemovars express an approximately 50:50 ratio of THCV/CBDV. It is therefore convenient to use a single plant extract to provide the ratio of cannabinoids. When the plants are grown from cuttings, the genotype is fixed and the ratio of cannabinoids is a constant. The overall yield may vary but this is factored into the quantity of extract used to provide a defined quantity of cannabinoid. A formulation which is particularly suitable for the treatment of multiple sclerosis is made to the following formula:

CBME extract of chemovar G10 providing

[0179] | THCV | CBDV | THCV | CBDV |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0.1</td>
<td>0.1</td>
<td>5a</td>
<td>5a</td>
</tr>
<tr>
<td>2.5</td>
<td>2.5</td>
<td>5b</td>
<td>5b</td>
</tr>
<tr>
<td>10</td>
<td>10</td>
<td>5c</td>
<td>5c</td>
</tr>
</tbody>
</table>

Spray-dried lactose 60 60 50 parts
Dextrates 37.7 21.5 16.5 parts
Lecithin 1 10 10 parts
α-tocopherol 0.1 2.5 2.5 parts
Magnesium stearate 1 1 1 part

[0180] The CBME-G10 extract is dissolved in 5 parts of ethanol and this solution used to mass the other ingredients. The mass is forced through a sieve, and the granules are dried at low temperature. When dry, the granules are dusted with magnesium stearate and compressed to 1.5 Newtons to give tablets suitable for sublingual administration to patients with multiple sclerosis, spinal chord injury, peripheral neuropathy or other neurogenic pain.
Example 20

In order to make cannabidiol available before THC, a multi-layered dosage form has been developed. In this exemplification, THC obtained either from synthetic or natural sources is contained in a core. CBD obtained from a natural source such as a cannabis chemovar extract or from synthetic material is present in the outer coating, which dissolves first and is followed by THC.

A two-layered tablet is formulated from the following ingredients.

Inner Core:

[0183] The CBME is dissolved in sufficient ethanol for the whole to be sprayed onto the other dry ingredients. The powder is allowed to dry at room temperature and thoroughly mixed. Magnesium stearate is added and the tablets are compressed to a hardness of 6 Newtons. These cores can be pressed conveniently in a tablet press with 7mm biconvex dies. When tested in a BP-type disintegration apparatus, disintegration time of these core tablets was 5 - 10 minutes.

Outer Layer:

[0185] The outer layer of tablets was prepared from the following ingredients:

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Parts</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBME-G5</td>
<td>8 parts</td>
</tr>
<tr>
<td>Glycerol monostearate</td>
<td>5 parts</td>
</tr>
<tr>
<td>Lecithin</td>
<td>5 parts</td>
</tr>
<tr>
<td>Direct compression lactose</td>
<td>55 parts</td>
</tr>
<tr>
<td>Pre-gelatinised starch</td>
<td>26.7 parts</td>
</tr>
<tr>
<td>α-tocopherol</td>
<td>0.2 parts</td>
</tr>
<tr>
<td>Oil of Peppermint</td>
<td>0.1 part</td>
</tr>
</tbody>
</table>

[0186] Sufficient ethanol BP is used to dissolve the CBME extract which is then sprayed on to the other dry ingredients. Ethanol is allowed to evaporate at room temperature and the dry granules are thoroughly mixed and tableting arranged so that half of the charge is delivered into a 9mm table die. The charge is lightly compressed (0.25 Newtons), a core as described above is added to each die, and the remainder of the tablet granules added to the die. Tablets are compressed to a hardness of 1.5 Newtons.

[0187] The tablets so produced have a soft outer coat which is compressed sufficiently hard to withstand limited handling, and are individually packed in blister packs to reduce friability. When the tablet is placed under the tongue, the soft outer core quickly disintegrates and forms a slightly gelatinous mass which yields CBD. The disintegration of this coating when tested in a BP model disintegration apparatus is 1-4 minutes. The harder core containing THC then dissolves and then yields THC for absorption after CBD has already been presented to the sublingual or buccal mucosae. By using a two-layered tablet in this way it is possible to optimise the sequence of presentation of cannabinoids. CBD absorbed first has an *in vitro* and in vivo antioxidant activity which is beneficial in enhancing the stability of THC and aiding its absorption. As the CBD component of the extract used to supply the THC component contains relatively small amounts of CBD which would act as antioxidant, additional tocopherol is included to act as a chemical antioxidant. The tablets so produced are useful in the treatment of multiple sclerosis and other neurogenic pains.

[0188] The same tablet mix when compressed to a hardness of 6 Newtons is also suitable for the treatment of rheumatoid arthritis and other inflammatory bowel diseases when given as an oral preparation intended to be swallowed.

[0189] Surprisingly, although it is reported that cannabis stimulates appetite, it has been shown by direct experiment that high CBD extracts decrease the food intake and weight gain of mice. The high CBD formulation is therefore useful as a means of reducing appetite in humans.
Example 21

A specific chemovar (designated G9) produces two principal cannabinoids, THCV:THC in the ratio 85:15. This chemovar produces relatively little CBD and this exemplifies the extreme of the high THC:CBD ratios. THCV produces a more rapid analgesic effect than THC, with reduced potential for hangover. A pharmaceutical preparation prepared from this extract is therefore desirable for the treatment of opioid-resistant pain where a rapid onset of action is required. A sublingual spray formulation has the following formula.

\[
\begin{align*}
\text{CBMGE-G9 extract providing THCV} & \quad 85 \text{ parts THC} \\
\text{Cremophor RH40} & \quad 300 \text{ parts} \\
\alpha\text{-tocopherol} & \quad 1 \text{ part} \\
\text{Ethanol BP to produce} & \quad 1,000 \text{ parts}
\end{align*}
\]

The ingredients are dissolved in the ethanol and dispensed in 10ml quantities into a glass vial, closed with a pump action spray break-up button. Each 1ml of product contains 100mg of cannabinoid, and each actuation of the pump delivers 100 \(\mu\)l in a fine spray which is directed to the area of mucosae under the tongue.

This preparation is used as part of the treatment for patients suffering from migraine, cancer pain and multiple sclerosis.

Example 22

A formulation as described in the preceding example is made up substituting CBMGE-G5 (high CBD). This spray can be used to prime patients by giving a dose of CBD 5-10 minutes before administration of the high THC/THCV formulation.

Proprietary two-compartment/double pressure buttons are available, and a composite package contains solution as described in this and the preceding example. The availability of the two sublingual solutions in a convenient package allows the patient to titrate the dose of either component to optimise the therapeutic effect required.

The antioxidant effect of CBD in vitro is demonstrated by the following assay levels after storage at 5±3°C. The data are reported as percentage of initial assay value.

<table>
<thead>
<tr>
<th>FORMULATION</th>
<th>ASSAY VALUE AFTER ELAPSED TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3 months (range)</td>
</tr>
<tr>
<td><strong>PASS</strong></td>
<td>THC (98.2 (95.6-100.4))</td>
</tr>
<tr>
<td>High THC</td>
<td>100.6 (99.7-101.6)</td>
</tr>
<tr>
<td>High CBD</td>
<td>101.2 (100.3-102.0)</td>
</tr>
<tr>
<td>Even ratio THC:CBD</td>
<td>99.5 (98.3-101.5)</td>
</tr>
</tbody>
</table>

SUBLINGUAL TABLETS STORED AT 5°C

<table>
<thead>
<tr>
<th>FORMULATION</th>
<th>3 months (range)</th>
<th>6 months (range)</th>
</tr>
</thead>
<tbody>
<tr>
<td>High THC (2mg)</td>
<td>98.4</td>
<td></td>
</tr>
<tr>
<td>High CBD (2mg)</td>
<td>99.0</td>
<td></td>
</tr>
<tr>
<td>Even ratio</td>
<td>95.5</td>
<td>99.0</td>
</tr>
</tbody>
</table>

It is clear from the table above that CBD in this formulation has good stability, whereas THC is less stable. A preparation containing both CBD and THC in the concentrations which are of therapeutic interest appears to have a protective action and enhances the stability of the even ratio spray and tablet products.

Example 23

Cannabinoids are known to be useful in the treatment of inflammatory bowel disease. However, the amount of cannabinoid reaching the lower bowel (distal ileum and colon) is unknown. Enemas are suitable for local application of inflamed bowel. The following formulation is based on a foaming enema and provides a broad ratio combination of cannabinoids for local application.
The CBME extracts are dissolved in the ingredients and mixed in the order indicated above. A 50ml quantity is dispensed into a compressible plastic container fitted with a 150ml enema nozzle with a terminal bulb. Before use, the container is shaken vigorously to produce a foam. The foam is injected by the nozzle and the quantity of foam produced travels typically for 1-2 metres into the lower bowel. The foam is compressible and produces minimal discomfort to the patient compared with non-compressible enemas. The method of treatment can be combined with steroids given either systemically or as an enema for treatment of inflammatory bowel disease.

Example 24

A product as described in Example 10 when placed in the maxillary fosse releases constituent into the buccal mucosae but also into the saliva present in the mouth. Coating the convex surface of the gel with a material that is less soluble than the substance of the gel will reduce the amount of constituent lost into the saliva and thereby increase the concentration in contact with the buccal mucosae. Formulations as described in Example 10 can be further modified in order to provide a gel in which a coating on the convex (proximal or inward facing surface) of the gel forms an integral part of the product. The added layer retards the dissolution of the gel and for convenience is referred to as a water insoluble layer (WIL). The WIL is a thermo setting gel which dispensed first into the mould at a temperature between 50 - 80°C. Whilst still warm the formulations described in Examples 10 or 11 are then dispensed in the manner and in the order described therein. Dispensing the molten mass while the WIL is still molten causes the WIL to be spread around the concave mould and results in a layer which is on the convex side of the contained, moulded gel.

When tested in the method described in Example 4, the distal portion of the gel dissolves leaving the WIL undisolved.

The WIL may be formed from the following composition in which the concentration of acacia gum in Example 11 is increased to give a more rigid, structural component of the gel.

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Concentration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glyceryl mono-oleate</td>
<td>5 parts</td>
</tr>
<tr>
<td>Soya lecithin</td>
<td>5 parts</td>
</tr>
<tr>
<td>Acacia gum</td>
<td>30 parts</td>
</tr>
<tr>
<td>Tetrahydrocannabinol</td>
<td>10 parts</td>
</tr>
<tr>
<td>α-tocopherol</td>
<td>0.1 parts</td>
</tr>
<tr>
<td>Zylitol</td>
<td>3 parts</td>
</tr>
<tr>
<td>Glycerol</td>
<td>3 parts</td>
</tr>
<tr>
<td>Purified water to produce</td>
<td>100 parts</td>
</tr>
</tbody>
</table>

The ingredients are mixed as described in Example 11 and heated until dissolved. Aliquots are dispensed into moulds or as a sheet.

The similarity of the formulation in the WIL with the layer described in Example 11 results in a slight degree of mixing at the interface, and bonding of the components to give a coherent product.

The type of cannabinoid and proportion of cannabinoid, which are described in other examples, can be introduced into a multiple layer product as described in this example.

Example 25

A water insoluble layer can also be formed on the gels by, for example, spraying a 5% solution of ethyl cellulose in ethanol on to the inner surface of the mould before introducing the first component described in Example 10. The alcoholic solution is sprayed through a mask, which protects the surface of the mould where it is intended to have an adherent layer of sealing film. The solvent is allowed to evaporate before introducing the gel as described in Example 10. This procedure has the added advantage, should it be needed, of reducing the bioburden on the inner surface of the mould.
the mould. When mould composition is introduced into the mould it adheres strongly to the ethyl cellulose and forms the water insoluble layer. Where the medicament is formed by casting layers of material on a plane surface, a 5% solution of ethyl cellulose is sprayed onto the surface. After evaporation of solvent, the composite layer as described in Example 10 is formed thereon.

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Pate D. US Patent Application Number 08/919317, 28 August 1997


Petro D.J. (1980) Marijuana as a Therapeutic Agent for Muscle Spasm or Spasticity Psychosomatics 21(1), 81-85

A pump-action liquid spray formulation which is not a propellant-driven aerosol formulation, comprising solutions or emulsifiable formulations containing at least 1.0 mg of cannabinoids per 0.1 ml of liquid spray formulation for buccal delivery, wherein the liquid spray formulation comprises:

- tetrahydrocannabinol (THC) and cannabidiol (CBD) in a pre-defined ratio by weight,
- a solvent and,
- a co-solvent,

wherein the solvent is ethanol and the co-solvent is either:

(i) a co-solvent which acts as a solubility enhancer which is a polyoxyethylene castor oil derivative, or
(ii) a co-solvent which is propylene glycol or glycerol,

and in which the liquid spray formulation is discharged through a break-up button and delivered through a nozzle such that the mean aerodynamic diameter of the particles produced is between 15 and 45 microns.

2. The pump action liquid spray formulation as claimed in claim 1, wherein the co-solvent is propylene glycol and the ethanol:propylene glycol ratio is between 4:1 and 1.4.

3. The pump action liquid spray formulation as claimed in claim 1, wherein the ratio of THC:CBD is greater than 95:5.

4. The pump action liquid spray formulation as claimed in claim 1, wherein the ratio of THC:CBD is approximately 50:50.

5. The pump action liquid spray formulation as claimed in claim 1, wherein the ratio of THC:CBD is less than 25:75.

6. The pump action liquid spray formulation as claimed in claim 1, wherein the ratio of THC:CBD is less than 5:95.

7. The pump action liquid spray formulation according to claim 1, wherein the pharmaceutical formulation is substantially
8. The pump action liquid spray formulation according to claim 1 wherein said CBD and THC are in substantially pure form.

9. The pump action liquid spray formulation according to claim 1 wherein the pharmaceutical formulation further comprises one or more other cannabinoids.

10. The pump action liquid spray formulation according to claim 9 wherein the one or more other cannabinoids are tetrahydrocannabinovarin (THCV) and/or cannabinodivarin (CBDV).

11. The pump action liquid spray formulation according to claim 1 wherein the CBD and THC are derived from at least one extract from at least one Cannabis plant, said at least one extract comprising all the naturally occurring cannabinoids in said plant.

12. The pump action liquid spray formulation according to claim 11 wherein said extract is prepared by supercritical or sub-critical fluid extraction of dried Cannabis plant.

13. The pump action liquid spray formulation according to claim 11 wherein each extract is derived from a specific chemovar.

14. The pump action liquid spray formulation according to claim 11 wherein the Cannabis plant is selected from Cannabis sativa, Cannabis indica, a genetic cross between them, a self-cross or a hybrid thereof.

15. The pump action liquid spray formulation according to claim 11 wherein the Cannabis plant is Cannabis sativa, subspecies indica and is selected from var. indica and var. kafiristanica.

16. The pump action liquid spray formulation as claimed in claim 11 which comprises extracts from two or more different Cannabis varieties.

17. The pump action liquid spray formulation according to claim 11 wherein the pharmaceutical formulation is a botanical drug product prepared from a botanical drug substance.

Patentansprüche

1. Flüssige Pumpspray-Formulierung, die keine treibmittelgetriebene Aerosol-Formulierung ist, die Lösungen oder emulgierbare Formulierungen umfasst, die enthalten: mindestens 1,0 mg Cannabinoide pro 0,1 ml einer flüssigen Spray-Formulierung zur bukkalen Verabreichung, wobei die flüssige Spray-Formulierung umfasst:

   • Tetrahydrocannabinol (THC) und Cannabidiol (CBD) in einem vorbestimmten Gewichtsverhältnis,
   • ein Lösungsmittel und
   • ein Co-Lösungsmittel,

wobei das Lösungsmittel Ethanol und das Co-Lösungsmittel eines der folgenden ist:

   (i) ein Co-Lösungsmittel, das als ein Löslichkeitsverstärker fungiert, das ein Polyoxyethylen-Kastorölverkristat ist, oder
   (ii) ein Co-Lösungsmittel, das Propyglycol oder Glycerin ist,

und wobei die flüssige Spray-Formulierung durch ein Aufbruch-Button freigesetzt und durch einen Zerstäuber verabreicht wird, sodass der durchschnittliche aerodynamische Durchmesser der erzeugten Partikel zwischen 15 und 45 Mikrometer liegt.

3. Flüssige Pumpspray-Formulierung gemäß Anspruch 1, wobei das Verhältnis von THC:CBD größer als 95:5 ist.


5. Flüssige Pumpspray-Formulierung gemäß Anspruch 1, wobei das Verhältnis von THC:CBD kleiner als 25:75 ist.

6. Flüssige Pumpspray-Formulierung gemäß Anspruch 1, wobei das Verhältnis THC:CBD kleiner als 5:95 ist.

7. Flüssige Pumpspray-Formulierung gemäß Anspruch 1, wobei die pharmazeutische Formulierung außer CBD und THC im Wesentlichen keine Cannabinoide enthält.

8. Flüssige Pumpspray-Formulierung gemäß Anspruch 1, wobei das CBD und THC im Wesentlichen in reiner Form vorliegt.

9. Flüssige Pumpspray-Formulierung gemäß Anspruch 1, wobei die pharmazeutische Formulierung weiterhin ein oder mehrere andere Cannabinoide umfasst.

10. Flüssige Pumpspray-Formulierung gemäß Anspruch 9, wobei das eine oder die mehreren anderen Cannabinoide Tetrahydrocannabinovarin (THCV) und/oder Cannabidivarin (CBDV) sind.

11. Flüssige Pumpspray-Formulierung gemäß Anspruch 1, wobei das CBD und das THC aus mindestens einem Auszug von mindestens einer Cannabispflanze gewonnen werden, wobei der mindestens eine Auszug alle die in der Pflanze natürlich vorkommenden Cannabinoide umfasst.


15. Flüssige Pumpspray-Formulierung gemäß Anspruch 14, wobei die Cannabispflanze Cannabis sativa, Unterart indica, ist und aus var. indica und va. kafiristanica ausgewählt wird.


17. Flüssige Pumpspray-Formulierung gemäß Anspruch 11, wobei die pharmazeutische Formulierung ein botanisches Arzneimittelprodukt ist, das aus einer botanischen Arzneimittelsubstanz zubereitet wird.

Revendications

1. Formulation de spray liquide à pompe qui n’est pas une formulation d’aérosol à propulseur, comprenant des solutions ou des formulations émulsifiables contenant au moins 1,0 mg de cannabinoïdes pour 0,1 ml de formulation de spray liquide pour administration buccale, où la formulation de spray liquide comprend :

- du tétrahydrocannabinol (THC) et du cannabidiol (CBD) dans un rapport prédéfini en poids,
- un solvant et,
- un cosolvant,

où le solvant est l’éthanol et le cosolvant est l’un ou l’autre :

(i) d’un cosolvant qui agit en tant qu’amplificateur de la solubilité qui est un dérivé de l’huile de ricin polyoxyé-thylénée, ou
(ii) d’un cosolvant qui est le propylène glycol ou le glycérol,

et où la formulation de spray liquide est déchargée par l’intermédiaire d’un bouton de rupture et administrée par
l’intermédiaire d’une buse de telle manière que le diamètre aérodynamique moyen des particules produites se situe
entre 15 et 45 microns.

2. Formulation de spray liquide à pompe selon la revendication 1, dans laquelle le cosolvant est le propylène glycol
et le rapport éthanol/propylène glycol se situe entre 4/1 et 1/4.

3. Formulation de spray liquide à pompe selon la revendication 1, dans laquelle le rapport THC/CBD est supérieur à 95/5.

4. Formulation de spray liquide à pompe selon la revendication 1, dans laquelle le rapport THC/CBD est approxima-
tivement de 50/50.

5. Formulation de spray liquide à pompe selon la revendication 1, dans laquelle le rapport THC/CBD est inférieur à 25/75.

6. Formulation de spray liquide à pompe selon la revendication 1, dans laquelle le rapport THC/CBD est inférieur à 5/95.

7. Formulation de spray liquide à pompe selon la revendication 1, où la formulation pharmaceutique est pratiquement
dépourvue de cannabinoïdes autres que le CBD et le THC.

8. Formulation de spray liquide à pompe selon la revendication 1, dans laquelle lesdits CBD et THC sont sous forme
pratiquement pure.

9. Formulation de spray liquide à pompe selon la revendication 1, où la formulation pharmaceutique comprend en
outre un ou plusieurs autres cannabinoïdes.

10. Formulation de spray liquide à pompe selon la revendication 9, dans laquelle les un ou plusieurs autres cannabinoïdes
sont la tétrahydrocannabinolvarine (THCV) et/ou la cannabidivarine (CBDV).

11. Formulation de spray liquide à pompe selon la revendication 1, dans laquelle les CBD et THC sont dérivés d’au
moins un extrait provenant d’au moins une plante de Cannabis, ledit au moins un extrait comprenant tous les
cannabinoïdes existant à l’état naturel dans ladite plante.

12. Formulation de spray liquide à pompe selon la revendication 11, dans laquelle ledit extrait est préparé par extraction
supercritique ou subcritique de plante de Cannabis séchée.

13. Formulation de spray liquide à pompe selon la revendication 11, dans laquelle chaque extrait est dérivé d’une variété
chimiotypique spécifique.

14. Formulation de spray liquide à pompe selon la revendication 11, dans laquelle la plante de Cannabis est choisie
parmi Cannabis sativa, Cannabis indica, un croisement génétique entre elles, un auto-croisement ou un hybride de
celles-ci.

15. Formulation de spray liquide à pompe selon la revendication 14, dans laquelle la plante de Cannabis est Cannabis
sativa, sous-espèce indica et est choisie parmi la variété indica et la variété kafiristanica.

16. Formulation de spray liquide à pompe selon la revendication 15, qui comprend des extraits provenant de deux
variétés différentes de Cannabis ou plus.

17. Formulation de spray liquide à pompe selon la revendication 11, où la formulation pharmaceutique est un produit
médicamenteux botanique préparé à partir d’une substance médicamenteuse botanique.
FIG. 5

Example Chromatogram of CBD CBME (AC881)
REFERENCES CITED IN THE DESCRIPTION

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