

SOMAI 25:25 INDICA MINT

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Different THC/CBD ratios to enable a tailored treatment



RRP
£84



BALANCED OIL

30mL

SOMAI 25:25 BALANCED OIL



BALANCED

POTENTIAL THERAPEUTIC INDICATIONS

- Chronic Pain¹
- Spasticity²
- Palliative Care³
- Sleep Disorders⁴
- Other Indications as Clinically Justified

For Healthcare Practitioners Only

SOMAI PHARMACEUTICALS LTD
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Titration and Dosing

THESE TITRATION MODELS SERVE AS AN EXAMPLE AND MUST BE ADAPTED TO EACH PATIENT



| Days | Morning dose (mL of oral solution) | Evening dose (mL of oral solution) | Total daily dose (mL of oral solution) | THC total daily dose | |
|-------|---------------------------------------|---------------------------------------|---|----------------------|-------------|
| | | | | THC (mg) | CBD (mg) |
| 1-2* | 0 | 0.1 | 0.1 | 2.5 | 2.5 |
| 3-4 | 0.1 | 0.1 | 0.2 | 5 | 5 |
| 5-6 | 0.1 | 0.2 | 0.3 | 7.5 | 7.5 |
| 7-8 | 0.2 | 0.2 | 0.4 | 10 | 10 |
| 9-10 | 0.2 | 0.3 | 0.5 | 12.5 | 12.5 |
| 11-12 | 0.3 | 0.3 | 0.6 | 15 | 15 |

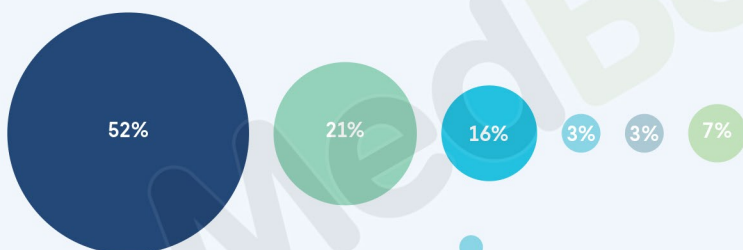
Titration scheme and practical dosing recommendations

The patient should take the minimum dose that provides effective symptom relief with tolerable side effects.⁵ The titration should be conservative, done with increments of 2.5 mg THC every 2 days (or with increments of 1.25 mg THC for fragile patients).⁵

The dosage protocol can be adjusted according to the patient's profile. Increase dose as necessary and as tolerated, up to 15 mg of THC. Daily THC doses exceeding 20-30 mg may elevate the risk of adverse events or lead to the development of tolerance without improving efficacy.⁵ Maximum recommended daily THC dose: 40 mg.^{5,6}

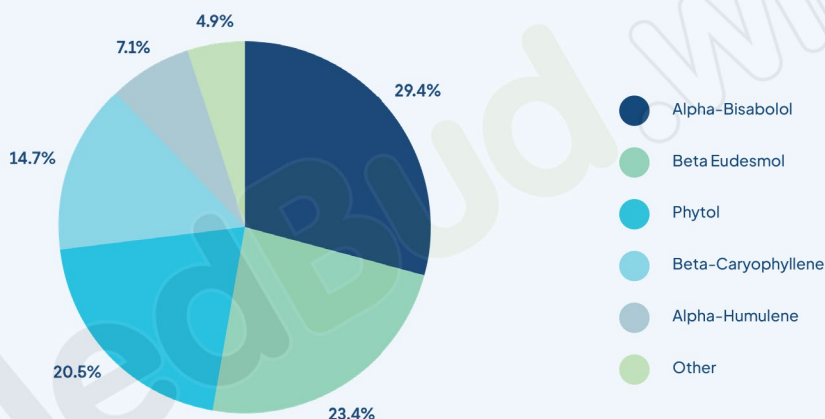
*Ideally, the administration should start with an evening dose to limit adverse events and encourage the development of tolerance.⁷

MINOR CANNABINOIDS PROFILE**



| Tests | Minor Cannabinoids Relative Content (%) |
|-------|---|
| CBC | 52% |
| CBN | 21% |
| CBG | 16% |
| CBDA | 3% |
| CBDV | 3% |
| Other | 7% |

TERPENES PROFILE**



* Relative content of minor cannabinoids is calculated based on the total of minor cannabinoids.

** These percentages are relative and have been determined using high-performance liquid chromatography as part of our quality control process. Please note that they may vary from batch to batch.

1. Therapeutic Goods Administration (TGA). "Guidance for the use of medicinal cannabis in the treatment of chronic non-cancer pain in Australia". January 25, 2024. <https://www.tga.gov.au/medicinal-cannabis-guidance-documents>. Accessed July 2024. 2. Therapeutic Goods Administration (TGA). Guidance for the use of medicinal cannabis in the treatment of multiple sclerosis in Australia. January 25, 2024. <https://www.tga.gov.au/medicinal-cannabis-guidance-documents>. Accessed July 2024. 3. Therapeutic Goods Administration (TGA). Guidance for the use of medicinal cannabis in the treatment of palliative care patients in Australia. January 25, 2024. <https://www.tga.gov.au/medicinal-cannabis-guidance-documents>. Accessed July 2024. 4. Suraev A, Mills L, Abelev SV, Arkell TR, Lintzeris N, McGregor IS. Medical Cannabis Use Patterns for Sleep Disorders in Australia: Results of the Cross-Sectional CAMS-20 Survey. Nat Sci Sleep. 2023;15:245-255. doi:10.2147/NSS.S390583. 5. MacCallum CA, Russo EB. Practical considerations in medical cannabis administration and dosing. European Journal of Internal Medicine. 2018; 49:12-19. 6. Larsen C, Shahinas J. Dosage, Efficacy and Safety of Cannabidiol Administration in Adults: A Systematic Review of Human Trials. J Clin Med Res. 2020;12(3):129-141. doi:10.14740/jocmr4090. 7. Bhaskar A, Bell A, Boivin M, et al. Consensus recommendations on dosing and administration of medical cannabis to treat chronic pain: results of a modified Delphi process. J Cannabis Res. 2021; 3(1): 22.

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