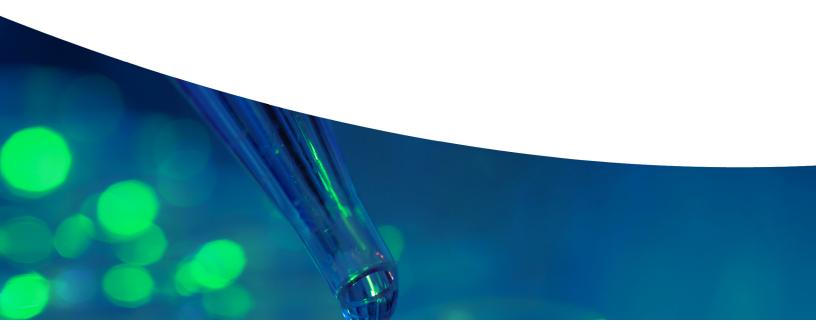


CANNABIS INTELLIGENCE BRIEFING

# Pharmacies vs. Dispensaries: The Future of Cannabinoids as Medicine



# **Executive Summary**



# Pharmacies vs. Dispensaries: The Future of Cannabinoids as Medicine

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Pharmaceutical companies for the first time ever will have to convince consumers and regulators that their protocols, trials, compound isolation and purity processes are really worth the expense versus a much cheaper option readily available just down the street

# Letter from the Editor

What a chapter it will make in the history of science: A band of true believers in the benefits of consuming cannabis gets states to authorize its use for medical purposes starting in 1996. Many scoff that it's just a ruse to get a recreational drug legalized, but it turns out cannabinoids derived from the plant do have efficacy in the treatment of intractable childhood epilepsy.

Last year the Food and Drug Administration (FDA) made the anecdotes official by approving the sale of GW Pharmaceutical's CBD-based Epidiolex for just that purpose. Meanwhile, the case studies and clinical outcomes overwhelmingly demonstrate that cannabidiol (CBD), tetrahydrocannabinol (THC) and likely other cannabinoids derived from *Cannabis sativa* plants, have efficacy in the treatment of many other health problems.

By the time Epidiolex went on sale in pharmacies in 4Q 2018, the number of states allowing the sale of CBD-and THC-containing products at dispensaries had grown to 33. In December, Congress legalized the growing of hemp, defined as low-THC (but potentially very high-CBD) *C. sativa* plants. In theory, at least, as long as marketers don't make specific health claims, companies can sell products with amounts of CBD similar to Epidiolex in United States retail outlets.

That puts Epidiolex in a unique position in the history of pharmaceutical drugs. GW hopes to sell this CBD drug at an average of \$32,500 annually. This is a drug with an active ingredient that is available not just in cannabis dispensaries in legal states, but in health food stores, grocery stores and every kind of general retail outlet in

the country, at a lower cost. Even if retailers decide not to defy federal laws by explicitly marketing products claiming to treat seizures, there's nothing to stop consumers from emulating the proven dosages either in stores or through home-grown hemp.

But the first approval of a naturally-derived pharmaceutical cannabinoid cuts both ways: Medical cannabis retailers, after 22 years of flying under the radar, now face pharmaceutical-grade competition. This report is a first effort to map out the likely parameters of a race to bring the medical benefits of cannabis to consumers who have been denied them—at least legally—for eight decades.

The stakes for the practice of medicine could not be much larger. What if it turns out, as Dr. Kevin Spelman suggested at the February 7 Arcview Market Research Investor Summit in Santa Monica that "Cannabis is not a gateway drug, it is a gateway plant that shows health-care providers that medicinal plants may provide efficacy at a fraction of the cost of pharmaceuticals."



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# Acknowledgements & Disclosure

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### **Disclosure**

There are many companies mentioned in this report. Some of them are clients of The Arcview Group, BDS Analytics and/or their officers and employees. In some cases, the publishers own minority stakes, warrants, or options in them. Neither Arcview nor BDS has received any compensation for coverage in this report. Since such a high percentage of companies in the sector are Arcview or BDS clients it's part of what makes them most suited to have the deepest understanding of the markets.

## Methodology

The foundation of Greenedge™ data is BDS Analytics' panel of participating dispensaries who contribute daily point-of-sales data. Dispensary panels are recruited to be both statistically significant as well as representative of the makeup of dispensaries in the market. Panel recruitment is ongoing, and, whenever possible, new participating dispensaries provide historic sales data that is incorporated into the data of record. As the underlying sample increases over time, historic data also undergoes changes that could impact category mix, brand/product share and average retail prices.





# **Executive Summary**

To date, medical cannabis has primarily been sold at dispensaries in the United States and via mail order in Canada to consumers who have obtained government permission to buy it legally. That is changing as more entities explore and study cannabinoids and the other chemicals found in cannabis for use in pharmaceutical drugs.

While the pharmaceutical industry is one of the largest economic sectors by spending, at an estimated \$1.2 trillion worldwide in 2018, pharmaceutical cannabis drugs are in their infancy. Current revenue from existing drugs is estimated in the tens of millions. As drug trials and approvals happen that number will grow, but in the time frame of our forecast the market will remain small (see "Medical Cannabis Lays the Groundwork"), less than 10% of legal cannabis product sales in 2022.

Cannabinoid receptors are present in the nervous systems of mammals where they interact with neurotransmitters to either amplify or inhibit their actions. The endocannabinoid system is a fairly recent discovery that most physicians do not learn about in medical school. Only a relative handful of medical professionals are comfortable even discussing the subject, much less recommending using cannabis as an adjunct to medical treatment.

However, medical cannabis is helping patients, and that has prompted development efforts at dozens of pharmaceutical companies, as detailed in this report. How far and how fast the existing medical cannabis market can go in treating those conditions before the pharmaceutical industry can get products through the regulatory hoops and to patients will be a key determinant of the relative success of the two related, but very different, industries.

The June 2018 FDA approval of Epidiolex from UK-based GW Pharmaceuticals was a turning point; it is the first approved pharmaceutical drug naturally derived from cannabis plants in the US. Previous pharmaceutical cannabinoid drugs have been synthetic or semi-synthetic. Equally important, the FDA's action forced the Drug Enforcement Administration (DEA) to reschedule the

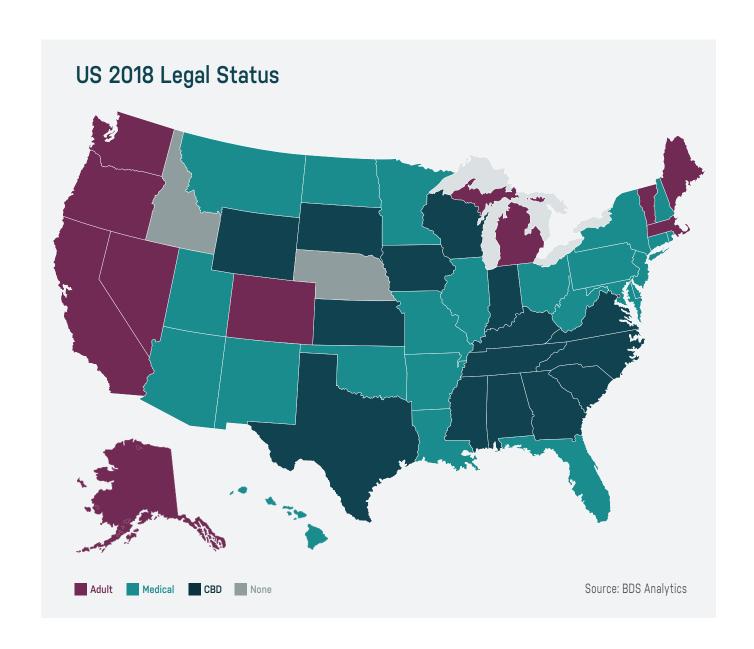
In states that have legalized medical cannabis, opioid drug use has decreased significantly, up to a reported 30%, in statistics tracked through the government's Medicaid programs





Epidiolex formulation on the Controlled Substances Act (CSA) scheduling from I to V. This does not mean the floodgates will open to a blanket approval for plant-based cannabis products. Any other drug from the pharmaceutical channel will have to go through the same rigorous process.

This event brought light to a very serious battle that has been going on in state legislatures as pharmaceutical cannabinoid makers push local authorities to write laws requiring FDA approval for CBD products. It is shaping up to be one of the most consequential battles in the legal cannabis industry's short history.







Thirty-three states and the District of Columbia have passed medical cannabis laws in the US. In those states where medical cannabis possession is legal, it is up to a physician's discretion to recommend cannabis to patients. Cannabis remaining classified as a Schedule I drug at the federal level contributes greatly to physician reluctance to recommend it to, or even discuss it with, their patients.

Even so, cannabis has been recognized for years for its ability to help manage many conditions (see "The Botany and Chemistry of Cannabis"). Now studies are showing that in states that have legalized medical cannabis, opioid drug use has decreased significantly, up to a reported 30%, in statistics tracked through the government's Medicaid programs. But there are still significant political hurdles for pharmaceutical cannabis medicines, particularly in the US where strict prohibitions remain in place regarding cannabis use throughout the medical system.

Now that Epidolex has FDA approval, however, doctors will have more freedom. Off-label use, the practice of doctors prescribing a drug for conditions other than those explicitly approved, is one area of freedom. Off-label uses are typically not reimbursed by insurance companies, so the expense would be borne by the patient.

Most of the already-approved cannabis-related products are in current clinical trials for multiple other indications. Proper pharmaceutical life-cycle planning to include those future uses can help expedite paths that would decrease time to market for pharmaceutical cannabis drugs for those potential uses.

The FDA approval process is strict and doesn't lend itself to a product that is a naturally grown plant. While many plant-based drugs have been approved prior to Epidiolex, there are no standardized tests for plants. Therefore we will continue to see such products approved one by one.

The legal cannabis market has been characterized by two main channels: medical and adult use. Medical cannabis is typically available via retail or mail order in 30-plus countries with the recommendation of a medical professional. Laws requiring payers to cover cannabis exist in some markets (see "Medical Cannabis Lays the Groundwork"), and this will be a key factor in the battle to come between pharmacies and dispensaries. The adult-use market consists of highly regulated, heavily taxed retail sales to adult consumers in four countries and 10 US states plus the District of Columbia.

The pharmaceutical cannabis market, in contrast, is disease-specific, clinically trialed, government approved and payer eligible (e.g. covered by insurance) use of pharmaceutical cannabinoid products (see "Approved Pharmaceutical Cannabis Drugs"). It is the wild card in the already complicated cannabis market.

There are a host of outright facts we just don't know yet about cannabis science that will profoundly affect the medical, pharmaceutical and even adult-use markets. But the approval of Epidolex for distribution through the pharmaceutical channel has given the questions explored in this report a whole new sense of urgency.





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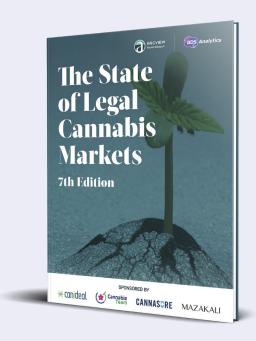
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