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GW Pharmaceuticals and its U.S. Subsidiary Greenwich Biosciences Highlight New Epidiolex® (cannabidiol) Data Released by the American Academy of Neurology

More Detailed Poster Presentation Scheduled for April 25, 2017 at AAN Annual Meeting

LONDON, April 18, 2017 (GLOBE NEWSWIRE) -- GW Pharmaceuticals plc (Nasdaq:GWPH) ("GW," "the Company" or "the Group"), a biopharmaceutical company focused on discovering, developing and commercializing novel therapeutics from its proprietary cannabinoid product platform, noted that the American Academy of Neurology (AAN) issued a press release today announcing positive results from a second Phase 3 study (GWPCARE3) of Epidiolex® (cannabidiol or CBD) in children and adults with Lennox-Gastaut syndrome (LGS). The data will be presented at the upcoming meeting of the American Academy of Neurology (AAN) in Boston, MA.

In the GWPCARE3 study, adding Epidiolex to patients' current treatment significantly reduced the frequency of drop seizures at both the 10 mg/kg/day and 20mg/kg/day doses. During the 14-week treatment period, patients taking both doses of Epidiolex saw a significantly greater median reduction in monthly drop seizures (37 percent and 42 percent, respectively) compared with a 17 percent reduction for placebo ($p=0.0016$ and $p=0.0047$, respectively). New data from key secondary endpoints also showed that a significant number of patients receiving Epidiolex 10 mg/kg/day (36 percent) and Epidiolex 20 mg/kg/day (40 percent) experienced a 50 percent or greater reduction in monthly drop seizures compared with those taking placebo (15 percent, $p=0.0030$ and $p=0.0006$, respectively). In addition, significantly more patients/caregivers reported an improvement in overall condition with Epidiolex 10mg/kg/day (66 percent) and Epidiolex 20mg/kg/day (57 percent) compared to 44 percent for placebo ($p<0.05$ for both comparisons) based on the Subject/Caregiver Global Impression of Change (S/CGIC) questionnaire.

"Lennox-Gastaut syndrome is one of the most challenging types of epilepsy to treat. Results from this large, placebo-controlled study demonstrate that Epidiolex provides clinically meaningful reductions in seizure frequency together with an acceptable safety and tolerability profile," said study investigator Anup Patel, M.D., of Nationwide Children's Hospital and The Ohio State University College of Medicine. "I believe Epidiolex has the potential to change the treatment of LGS and I am excited at the future prospect of prescribing an appropriately standardized and tested pharmaceutical formulation of cannabidiol."

Epidiolex was generally well tolerated in the trial. The pattern of adverse events was consistent with that reported in previous Phase 3 studies. One patient on 10mg/kg Epidiolex discontinued treatment due to an adverse event compared with six patients on 20mg/kg and one patient on placebo. Adverse events (AEs) occurred in 94 percent of patients taking Epidiolex 20mg/kg, 84 percent of patients taking Epidiolex 10mg/kg, and 72 percent of placebo patients. Most were mild or moderate; the two most common (greater than 10 percent) were sleepiness and decreased appetite.

"We are pleased that AAN has chosen to highlight data from our Phase 3 epilepsy program at this prestigious meeting of the broader neurology community. New results from our largest and most recently completed LGS study offer a first look at the significant efficacy of two different doses of Epidiolex added to existing anti-epileptic drug treatment over placebo," said Justin Gover, GW's Chief Executive Officer. "This latest data from our Phase 3 program reinforces the potential of Epidiolex to become an important new medicine for patients who suffer from LGS and our planned NDA submission remains on track for the middle of this year."

Additional data will be presented in a poster at the AAN Annual Meeting on April 25, 2017 at 6.06pm EDT, at which time GW will make an additional disclosure.

The full text of the AAN announcement is available at: <https://www.aan.com/pressroom>.

About Lennox-Gastaut Syndrome

The peak onset of LGS typically occurs between ages of three to five years and can be caused by a number of conditions, including brain malformations, severe head injuries, central nervous system infections, and inherited degenerative or metabolic conditions. In up to 30 percent of patients, no cause can be found. Patients with LGS commonly have multiple seizure types including drop, convulsive and non-convulsive seizures, which frequently lead to falls and injuries. Drug

