

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: Mind Medicine, Inc. Confirmation No.:

Serial No.: 17/833,829 Group No.:

Filing or 371(c) Date: 6 June 2022 Examiner:

Entitled: CONTROLLING EFFECTS AFTER 5HT2A AGONISTS ADMINISTRATION

**THIRD-PARTY PRE-ISSUANCE SUBMISSION**

Examiner:

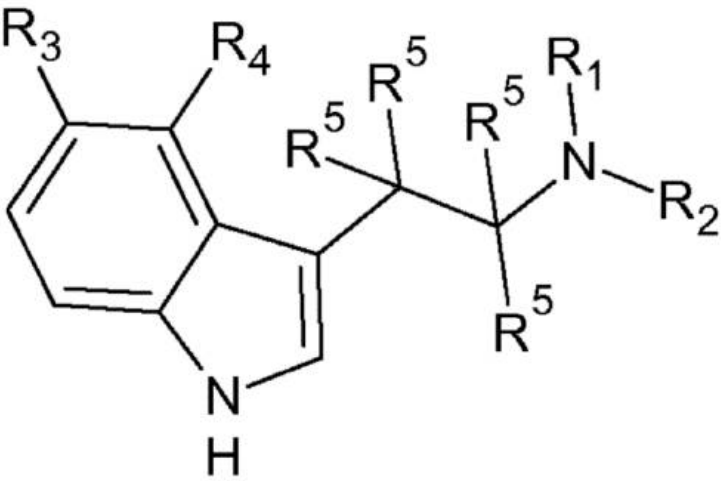
The following documents, which are also identified in the Form PTO/SB/429 filed herewith, are submitted for your consideration as being of potential relevance to the examination of the present application:

1. Int'l Pat. Doc. No. WO/2019/081764 "COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS" (Published 02 May 2019)
2. VALERIANI (2015) "Olanzapine as the ideal "trip terminator"? Analysis of online reports relating to antipsychotics' use and misuse following occurrence of novel psychoactive substance-related psychotic symptoms" *Human Psychopharmacology: Clinical and Experimental*. 30:249-254.
3. PHARMBOY (2013) "Cheating Hofmann - LSD, Quetiapine & Alcohol" Retrieved from 15 October 2013. URL:  
<https://web.archive.org/web/20131015121257/https://erowid.org/experiences/exp.php?ID=71844>
4. GUZMAN (2016) "Mechanism of Action of Quetiapine" URL:  
<https://psychopharmacologyinstitute.com/publication/mechanism-of-action-of-quetiapine-2109>
5. MAHATMAGANJA (2007) "Mood Stabilizers Cancel Trip Mushrooms, Olanzapine (Zyprexa) & Fluoxetine (Prozac)" Retrieved from 05 September 2007. URL:  
<https://web.archive.org/web/20070905190454/https://erowid.org/experiences/exp.php?ID=44850>
6. BIGWOOD (1982) "Variation of psilocybin and psilocin levels with repeated flushes (harvests) of mature sporocarps of *Psilocybe cubensis* (earle) singer" *Journal of Ethnopharmacology*. 5(3):287-291.

7. LEVICH (2020) “Psychedelic Dosage Guide: How Much of Each Substance to Take” Retrieved 28 September 2020. URL:  
<https://web.archive.org/web/20200928082744/https://www.psychedelicpassage.com/psychedelic-dosage-guide-how-much-of-each-substance-to-take/>
8. FDA (2016) “NUPLAZID (PIMAVANSERIN): HIGHLIGHTS OF PRESCRIBING INFORMATION” URL:  
[https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2016/207318lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/207318lbl.pdf)
9. NIMH (2021) “Understanding Psychosis” Retrieved 13 May 2021. URL:  
<https://web.archive.org/web/20210503133654/https://www.nimh.nih.gov/health/publications/understanding-psychosis/>

Attached hereto is a claim chart providing a concise description of the relevance of each reference in the document list to the elements of the presently pending claims.

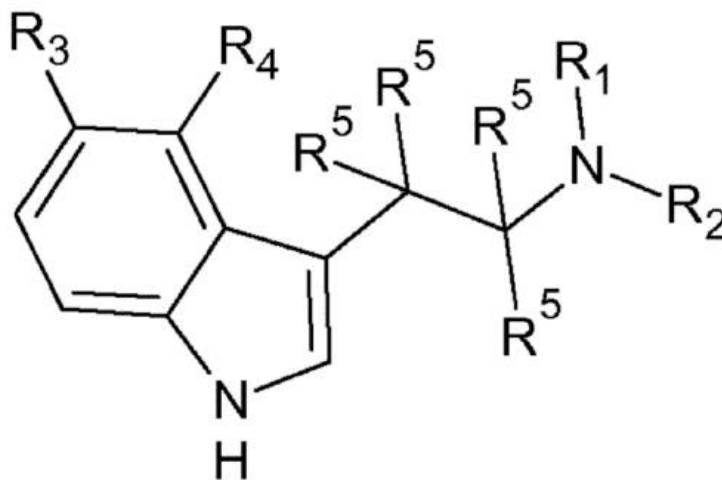
U.S.S.N. 17/833,829 Pending Claims	References
<p>1. A composition for treating an individual while reducing acute effects, comprising effective amounts of a psychedelic drug and a duration shortening agent.</p>	<p>1. Int'l Pat. Doc. No. WO/2019/081764 "COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS" (Published 02 May 2019)</p> <p>From <b>claim 1</b> "A <b>pharmaceutical combination product comprising: compound described by the following formula (I):</b></p> <div data-bbox="565 562 1279 1033" data-label="Chemical-Block"> </div> <p>wherein R1 is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein R2 is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein R3 is selected from the group consisting of hydrogen, methoxy, methyl, hydroxy and a halogen; and</p> <p>wherein R4 is selected from the group consisting of hydrogen, hydroxy, phosphoryloxy and acetoxy;</p> <p>wherein R5 is selected from the group consisting of deuterium (2H) and protium (1H); <b>and</b></p> <p><b>(ii) a 5-HT2A receptor antagonist;</b></p> <p>for use as a medicament."</p> <p>From <b>claim 3</b> "The combination product for use according to anyone of claims 1 -2 wherein the compound described by <b>formula (I)</b> is <b>selected from the group consisting of N,N-</b></p>

	<p><b>dimethyltryptamine, 5-methoxy-N,N-dimethyltryptamine, N,N-diethyltryptamine, N,N-dipropyltryptamine and N,N-diisopropyltryptamine.”</b></p> <p>From <b>claim 4</b> “The combination product for use according to any one of claims 1 -3 wherein the 5-HT2A receptor antagonist is selected from the group consisting of Methiothepin, Ritanserin, Ketanserin, Flibanserin, Methysergide, Trazodone, Nefazodone, Cinitapride, Cyproheptadine, Brexpiprazole, Cariprazine, Agomelatine, <b>Pimavanserin</b>, Eplivanserin, Volinanserin, Altanserin, Setoperone, LY-367,265, 1-(1-Naphthyl)piperazine, SB 206553, Pirenperone, SB-215505, Metergoline, Deramciclane, Amperozide, Glemanserin, 5-MeO-NBpBrT, Adatanserin, AM DA, Cinanserin, Fananserin, Iferanserin, AC-90179, LY86057, GSK-215083, Cyamemazine, Mesulergine, BF-1, LY215840, Sergolexole, Spiramide, LY53857, Amesergide, LY108742, Pipamperone, LY314228 and 5-I-91150.”</p> <p>From <b>page 32</b> “In a preferred embodiment, the 5-HT2A receptor antagonist present in the combination product alleviates and/or eliminates the hallucinogenic and/or psychedelic side effects caused by a compound described by formula (I).”</p>
<p>2. The composition of claim 1, wherein said psychedelic drug is a 5HT2A agonist chosen from the group consisting of LSD, psilocybin, psilocin, mescaline, 5-methoxy-N,N-dimethyltryptamine (5-MeO-DMT), dimethyltryptamine (DMT), 2,5-dimethoxy-4-iodoamphetamine (DOI), 2,5-dimethoxy-4-bromoamphetamine (DOB), salts thereof, tartrates thereof, solvates thereof, isomers thereof, deuterated forms thereof, analogs thereof, and homologues thereof.</p>	<p>1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)</p> <p>From <b>claim 1</b> “A pharmaceutical combination product comprising: compound described by the following formula (I):</p> <div style="text-align: center;">  <p>The chemical structure (I) is a tryptamine derivative. It features an indole ring system with a hydrogen atom on the nitrogen. The 2-position of the indole ring is substituted with a 2-phenylethyl group. The phenyl ring has substituents R3 and R4 at the 3 and 4 positions, respectively. The ethyl chain of the tryptamine core has a quaternary carbon at the 2-position substituted with two R5 groups, and a tertiary carbon at the 3-position substituted with one R5 group and a nitrogen atom. The nitrogen atom is substituted with R1 and R2.</p> </div> <p>wherein R1 is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;</p>

	<p>wherein R2 is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein R3 is selected from the group consisting of hydrogen, methoxy, methyl, hydroxy and a halogen; and</p> <p>wherein R4 is selected from the group consisting of hydrogen, hydroxy, phosphoryloxy and acetoxy;</p> <p>wherein R5 is selected from the group consisting of deuterium (2H) and protium (1H); <b>and</b></p> <p><b>(ii) a 5-HT2A receptor antagonist;</b></p> <p>for use as a medicament.”</p> <p>From <b>claim 3</b> “The combination product for use according to anyone of claims 1 -2 wherein the compound described by <b>formula (I)</b> is selected from the group consisting of <b>N,N-dimethyltryptamine, 5-methoxy-N,N-dimethyltryptamine</b>, N,N-diethyltryptamine, N,N-dipropyltryptamine and N,N-diisopropyltryptamine.”</p> <p>From <b>claim 4</b> “The <b>combination product for use according to any one of claims 1 -3 wherein the 5-HT2A receptor antagonist</b> is selected from the group consisting of Methiothepin, Ritanserin, Ketanserin, Flibanserin, Methysergide, Trazodone, Nefazodone, Cinitapride, Cyproheptadine, Brexpiprazole, Cariprazine, Agomelatine, <b>Pimavanserin</b>, Eplivanserin, Volinanserin, Altanserin, Setoperone, LY-367,265, 1 -(1 -Naphthyl)piperazine, SB 206553, Pirenperone, SB-215505, Metergoline, Deramciclane, Amperozide, Glemanserin, 5-MeO-NBpBrT, Adatanserin, AM DA, Cinanserin, Fananserin, Iferserin, AC-90179, LY86057, GSK-215083, Cyamemazine, Mesulergine, BF-1 , LY215840, Sergolexole, Spiramide, LY53857, Amesergide, LY108742, Pipamperone, LY314228 and 5-I- 91 150.”</p> <p>From <b>page 32</b> “In a preferred embodiment, the <b>5-HT2A receptor antagonist present in the combination product alleviates and/or eliminates the hallucinogenic and/or psychedelic side effects caused by a compound described by formula (I).</b>”</p>
<p>3. The composition of claim 1, wherein said psychedelic drug is present in an amount</p>	<p>1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)</p>

that provides an effect for at least 2 hours.

From **claim 1** “A **pharmaceutical combination product comprising: compound described by the following formula (I):**



wherein R<sub>1</sub> is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;

wherein R<sub>2</sub> is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;

wherein R<sub>3</sub> is selected from the group consisting of hydrogen, methoxy, methyl, hydroxy and a halogen; and

wherein R<sub>4</sub> is selected from the group consisting of hydrogen, hydroxy, phosphoryloxy and acetoxy;

wherein R<sub>5</sub> is selected from the group consisting of deuterium (2H) and protium (1H); and

**(ii) a 5-HT<sub>2A</sub> receptor antagonist;**

for use as a medicament.”

From **claim 3** “The combination product for use according to anyone of claims 1 -2 wherein the compound described by **formula (I)** is selected from the group consisting of N,N-dimethyltryptamine, 5-methoxy-N,N-dimethyltryptamine, N,N-diethyltryptamine, N,N-dipropyltryptamine and N,N-diisopropyltryptamine.”

From **claim 4** “The **combination product for use according to any one of claims 1 -3** wherein the 5-HT<sub>2A</sub> receptor antagonist is selected from the group consisting of Methiothepin, Ritanserin,

Ketanserin, Flibanserin, Methysergide, Trazodone, Nefazodone, Cinitapride, Cyproheptadine, Brexpiprazole, Cariprazine, Agomelatine, **Pimavanserin**, Eplivanserin, Volinanserin, Altanserin, Setoperone, LY-367,265, 1-(1-Naphthyl)piperazine, SB 206553, Pirenperone, SB-215505, Metergoline, Deramciclane, Amperozide, Glemanserin, 5-MeO-NBpBrT, Adatanserin, AM DA, Cinanserin, Fananserin, Ifersanserin, AC-90179, LY86057, GSK-215083, Cyamemazine, Mesulergine, BF-1, LY215840, Sergolexole, Spiramide, LY53857, Amesergide, LY108742, Pipamperone, LY314228 and 5-I-91150.”

From **page 32** “In a preferred embodiment, the **5-HT<sub>2A</sub> receptor antagonist present in the combination product alleviates and/or eliminates the hallucinogenic and/or psychedelic side effects caused by a compound described by formula (I).**”

From **page 29** “In a preferred embodiment, the combination product is administered at least two times, preferably more than two times. A dosage of the combination product can comprise **0.5 -1000 mg of a compound described by formula (I)** and/or 0.5 - 1000 mg of a 5-HT<sub>2A</sub> receptor antagonist.”

2. VALERIANI (2015) “Olanzapine as the ideal “trip terminator”? Analysis of online reports relating to antipsychotics' use and misuse following occurrence of novel psychoactive substance-related psychotic symptoms” Human Psychopharmacology: Clinical and Experimental. 30:249-254.

From **page 250** “In most cases, users reported here to **ingest olanzapine at relatively small dosages, usually ranging from 5 to 10 mg** once a day for just a few days as a **“terminator”/“modulator” of unwanted NPS psychedelic effects.**”

From **page 251** “Most online reports about olanzapine were here related to its use as a short-term, self-prescribed treatment for the psychedelic crises/“bad trips.” Symptoms of psychedelic crises usually last a few hours, depending on the drug taken and dose ingested (Mangot, 2013). Indeed, SC's effects may last 1–4 h (Hoyte et al., 2012); tryptamines' effects 2–6 h (Hallock et al., 2013); lysergic acid diethylamide [LSD] 6–14 h (Krebs and Johansen, 2013); and mescaline 8–16 h (Trachsel, 2012).”

From **page 251** “There are already published data showing the effectiveness of olanzapine and, in general, of second-generation antipsychotics (SGA), as first-line treatments in psychotic disorders

induced by drugs such as cannabis (Bersani et al., 2002a, 2002b; Sevy et al., 2011) and cocaine (Testa et al., 2013). Compared with first-generation antipsychotics (FGA), SGA may present with some advantages while treating drug-induced psychosis, including the following: (i) SGA induce fewer/no extrapyramidal symptoms (Ohno et al., 2013); (ii) SGA quickly dissociate from D2 receptors, unlike FGA/haloperidol, and hence may seem to be less associated with dysphoria and interference with drug reward anticipation/craving (Juckel et al., 2006); (iii) SGA seem more effective in the treatment of negative symptoms (Buchanan et al., 2005), alter positively mood (McIntyre et al., 2004), and have a positive impact on cognition (Bersani et al., 2011); and (iv) **SGA act as antagonists of 5HT2A receptor, which is the main target of most hallucinogenic drugs** (Potvin et al., 2003). From this point of view, **both clozapine and olanzapine may present with a distinct advantage in reducing drug-induced psychotic symptoms** (Murthy and Chand, 2012).”

5. MAHATMAGANJA (2007) “Mood Stabilizers Cancel Trip Mushrooms, Olanzapine (Zyprexa) & Fluoxetine (Prozac)” Retrieved from 05 September 2007.

<https://web.archive.org/web/20070905190454/https://erowid.org/experiences/exp.php?ID=44850>

The screenshot shows a webpage with the following content:

**Mood Stabilizers Cancel Trip**  
Mushrooms, Olanzapine (Zyprexa) & Fluoxetine(Prozac)  
by Mahatmaganja

DOSE:	6 mg	oral	Pharms - Olanzapine	(daily)
	25 mg	oral	Pharms - Fluoxetine	(daily)
	1 g	oral	Mushrooms	(dried)

“For the past 2 months I have been taking 6 mg Zyprexa and 25 mg Prozac under the name Symbyax daily. I have taken mushrooms before, but never while on Symbyax. **Tonight I ate one gram of powerful mushrooms with no effects after 4 hours.** I did some research and found a report of a person **eating 8 g of cubensis mushrooms while on Zyprexa with no effects**”

6. BIGWOOD (1982) “Variation of psilocybin and psilocin levels with repeated flushes (harvests) of mature sporocarps of Psilocybe cubensis (earle) singer” Journal of Ethnopharmacology. 5(3):287-291.



TABLE 1

The dry weight variation of psilocybin and psilocin levels in *Psilocybe cubensis* as a function of flush number (quantified by HPLC)

Flush No.	Miniculture No. 1		Miniculture No. 2		Miniculture No. 3	
	Psilocybin (mg/g)	Psilocin (mg/g)	Psilocybin (mg/g)	Psilocin (mg/g)	Psilocybin (mg/g)	Psilocin (mg/g)
1	8.3	0.5	5.1	0	7.6	0
2	6.5	1.5	7.3	0	6.2	0
3	13.3	1.0	4.7	1.7	5.3	0.9
4	4.8	2.6	3.7	2.9	3.2	1.8
5	—	—	5.2	2.2	6.7	1.7
6	6.8	0.5	—	—	—	—

3. PHARMBOY (2013) “Cheating Hofmann - LSD, Quetiapine & Alcohol” Retrieved from 15 October 2013. URL: <https://web.archive.org/web/20131015121257/https://erowid.org/experiences/exp.php?ID=71844>

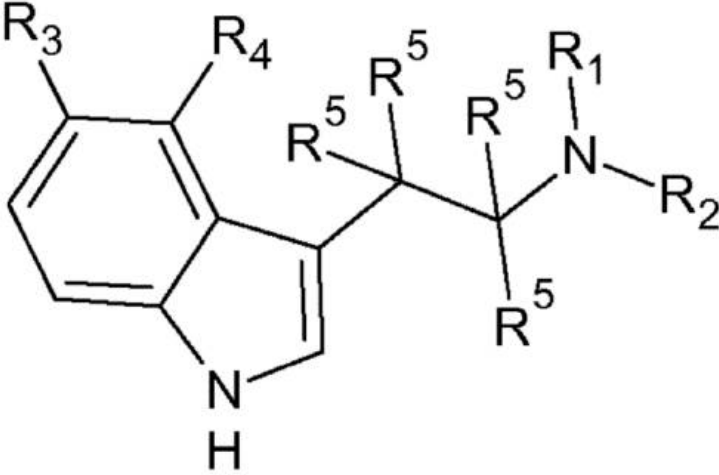
DOSE: T+ 0:00	1 hit	oral	<u>LSD</u>	(blotter / tab)
T+ 2:00	66 mg	oral	<u>Pharms - Quetiapine</u>	(pill / tablet)
T+ 3:00	33 mg	oral	<u>Pharms - Quetiapine</u>	(pill / tablet)
T+ 4:00	200 mg	oral	Pharms - Ibuprofen	
T+ 6:30	1 glass	oral	<u>Alcohol - Beer/Wine</u>	

From **paragraph 25** “Considering how easy and smooth it felt coming down (albeit cutting the LSD short) from the psychedelic aspect of my trip using the Seroquel, I would recommend it to anyone, at least to have as part of a psychedelic crisis kit.”

7. LEVICH (2020) “Psychedelic Dosage Guide: How Much of Each Substance to Take” Retrieved 28 September 2020. URL: <https://web.archive.org/web/20200928082744/https://www.psychedelicpassage.com/psychedelic-dosage-guide-how-much-of-each-substance-to-take/>

“Lysergic Acid Diethylamide (LSD): Recommended Dosage: 50 – 150 µg (micrograms) per individual, 200+ µg in highly supportive settings...the most common form of **LSD comes on blotter paper**, which is an absorbent paper soaked in a solution of LSD. **An average sheet of blotter paper has about 100 uniform tabs containing about 100 µg per tab.**”

4. GUZMAN (2016) “Mechanism of Action of Quetiapine” URL: <https://psychopharmacologyinstitute.com/publication/mechanism-of-action-of-quetiapine-2109>

	<p>From <b>paragraph 5</b> “<b>Quetiapine has antagonist actions at 5-HT2A receptors</b>, one of the key properties of second-generation antipsychotics is that they have a high 5-HT2A/D2 ratio. Quetiapine has higher affinity for 5-HT2A receptors than for D2 receptors [3].”</p>
<p>4. The composition of claim 3, wherein said psychedelic drug is present in an amount chosen from the group consisting of 0.01-1 mg LSD, 10-50 mg psilocybin, 100-800 mg mescaline, 20-100 mg DMT, 0.1-5 mg DOI, and 0.1-5 mg DOB.</p>	<p>1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)</p> <p>From <b>claim 1</b> “A <b>pharmaceutical combination product comprising: compound described by the following formula (I):</b></p>  <p>wherein <b>R1</b> is selected from the group consisting of <b>methyl</b>, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein <b>R2</b> is selected from the group consisting of <b>methyl</b>, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein <b>R3</b> is selected from the group consisting of <b>hydrogen</b>, methoxy, methyl, hydroxy and a halogen; and</p> <p>wherein <b>R4</b> is selected from the group consisting of hydrogen, hydroxy, <b>phosphoryloxy</b> and acetoxy;</p> <p>wherein <b>R5</b> is selected from the group consisting of deuterium (2H) and <b>protium (1H)</b>; and</p> <p><b>(ii) a 5-HT2A receptor antagonist;</b></p> <p>for use as a medicament.”</p>

From **claim 3** “The combination product for use according to anyone of claims 1 -2 wherein the compound described by **formula (I)** is selected from the group consisting of **N,N-dimethyltryptamine, 5-methoxy-N,N-dimethyltryptamine**, N,N-diethyltryptamine, N,N-dipropyltryptamine and N,N-diisopropyltryptamine.”

From **page 29** “In a preferred embodiment, the combination product is administered at least two times, preferably more than two times. A dosage of the combination product can comprise **0.5 -1000 mg of a compound described by formula (I)** and/or 0.5 - 1000 mg of a 5-HT<sub>2A</sub> receptor antagonist.”

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From **page 251** “There are already published data showing the effectiveness of olanzapine and, in general, of second-generation antipsychotics (SGA), as first-line treatments in psychotic disorders induced by drugs such as cannabis (Bersani et al., 2002a, 2002b; Sevy et al., 2011) and cocaine (Testa et al., 2013). Compared with first-generation antipsychotics (FGA), SGA may present with some advantages while treating drug-induced psychosis, including the following: (i) SGA induce fewer/no extrapyramidal symptoms (Ohno et al., 2013); (ii) SGA quickly dissociate from D<sub>2</sub> receptors, unlike FGA/haloperidol, and hence may seem to be less associated with dysphoria and interference with drug reward

anticipation/craving (Juckel et al., 2006); (iii) SGA seem more effective in the treatment of negative symptoms (Buchanan et al., 2005), alter positively mood (McIntyre et al., 2004), and have a positive impact on cognition (Bersani et al., 2011); and (iv) **SGA act as antagonists of 5HT2A receptor, which is the main target of most hallucinogenic drugs** (Potvin et al., 2003). From this point of view, **both clozapine and olanzapine may present with a distinct advantage in reducing drug-induced psychotic symptoms** (Murthy and Chand, 2012).”

5. MAHATMAGANJA (2007) “Mood Stabilizers Cancel Trip Mushrooms, Olanzapine (Zyprexa) & Fluoxetine (Prozac)” Retrieved from 05 September 2007.

<https://web.archive.org/web/20070905190454/https://erowid.org/experiences/exp.php?ID=44850>



Mood Stabilizers Cancel Trip Mushrooms, Olanzapine (Zyprexa) & Fluoxetine(Prozac) by Mahatmaganja			
DOSE:	6 mg	oral	Pharms - Olanzapine (daily)
	25 mg	oral	Pharms - Fluoxetine (daily)
	1 g	oral	Mushrooms (dried)

“For the past 2 months I have been taking 6 mg Zyprexa and 25 mg Prozac under the name Symbyax daily. I have taken mushrooms before, but never while on Symbyax. **Tonight I ate one gram of powerful mushrooms with no effects after 4 hours.** I did some research and found a report of a person **eating 8 g of cubensis mushrooms while on Zyprexa with no effects**”

6. BIGWOOD (1982) “Variation of psilocybin and psilocin levels with repeated flushes (harvests) of mature sporocarps of *Psilocybe cubensis* (earle) singer” *Journal of Ethnopharmacology*. 5(3):287-291.

From page 289

TABLE 1

The dry weight variation of psilocybin and psilocin levels in *Psilocybe cubensis* as a function of flush number (quantified by HPLC)

Flush No.	Miniculture No. 1		Miniculture No. 2		Miniculture No. 3	
	Psilocybin (mg/g)	Psilocin (mg/g)	Psilocybin (mg/g)	Psilocin (mg/g)	Psilocybin (mg/g)	Psilocin (mg/g)
1	8.3	0.5	5.1	0	7.6	0
2	6.5	1.5	7.3	0	6.2	0
3	13.3	1.0	4.7	1.7	5.3	0.9
4	4.8	2.6	3.7	2.9	3.2	1.8
5	—	—	5.2	2.2	6.7	1.7
6	6.8	0.5	—	—	—	—

3. PHARMBOY (2013) “Cheating Hofmann - LSD, Quetiapine & Alcohol” Retrieved from 15 October 2013. URL: <https://web.archive.org/web/20131015121257/https://erowid.org/experiences/exp.php?ID=71844>

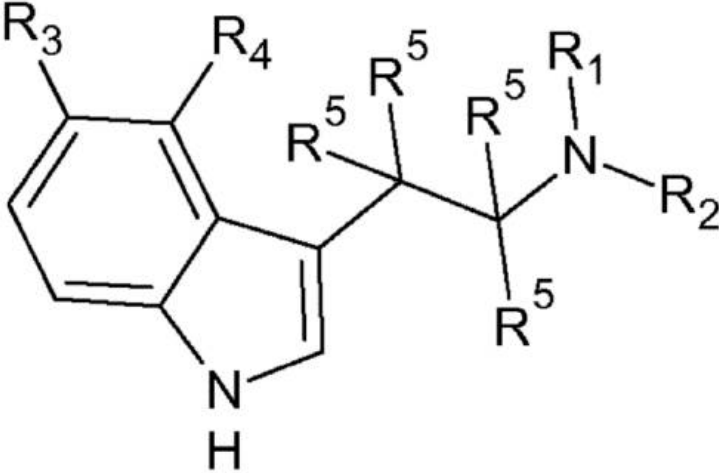
DOSE: T+ 0:00	1 hit	oral	<u>LSD</u>	(blotter / tab)
T+ 2:00	66 mg	oral	<u>Pharms - Quetiapine</u>	(pill / tablet)
T+ 3:00	33 mg	oral	<u>Pharms - Quetiapine</u>	(pill / tablet)
T+ 4:00	200 mg	oral	Pharms - Ibuprofen	
T+ 6:30	1 glass	oral	<u>Alcohol - Beer/Wine</u>	

From **paragraph 25** “Considering how easy and smooth it felt coming down (albeit cutting the LSD short) from the psychedelic aspect of my trip using the Seroquel, I would recommend it to anyone, at least to have as part of a psychedelic crisis kit.”

7. LEVICH (2020) “Psychedelic Dosage Guide: How Much of Each Substance to Take” Retrieved 28 September 2020. URL: <https://web.archive.org/web/20200928082744/https://www.psychedelicpassage.com/psychedelic-dosage-guide-how-much-of-each-substance-to-take/>

“Lysergic Acid Diethylamide (LSD): Recommended Dosage: 50 – 150 µg (micrograms) per individual, 200+ µg in highly supportive settings...the most common form of **LSD comes on blotter paper**, which is an absorbent paper soaked in a solution of LSD. **An average sheet of blotter paper has about 100 uniform tabs containing about 100 µg per tab.**”

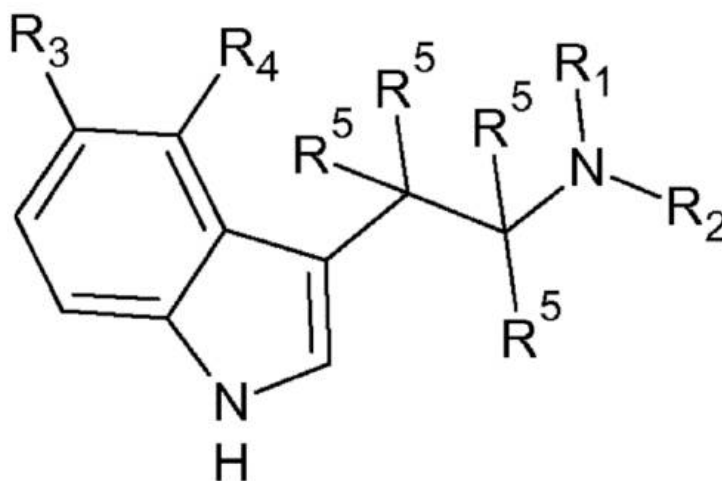
4. GUZMAN (2016) “Mechanism of Action of Quetiapine” URL: <https://psychopharmacologyinstitute.com/publication/mechanism-of-action-of-quetiapine-2109>

	<p>From <b>paragraph 5</b> “<b>Quetiapine has antagonist actions at 5-HT2A receptors</b>, one of the key properties of second-generation antipsychotics is that they have a high 5-HT2A/D2 ratio. Quetiapine has higher affinity for 5-HT2A receptors than for D2 receptors [3].”</p>
<p>5. The composition of claim 1, wherein said duration shortening agent is a 5HT2A receptor antagonist.</p>	<p>1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)</p> <p>From <b>claim 1</b> “A <b>pharmaceutical combination product comprising: compound described by the following formula (I):</b></p> <div style="text-align: center;">  </div> <p>wherein <b>R1</b> is selected from the group consisting of <b>methyl</b>, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein <b>R2</b> is selected from the group consisting of <b>methyl</b>, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein <b>R3</b> is selected from the group consisting of <b>hydrogen</b>, methoxy, methyl, hydroxy and a halogen; and</p> <p>wherein <b>R4</b> is selected from the group consisting of hydrogen, hydroxy, <b>phosphoryloxy</b> and acetoxy;</p> <p>wherein <b>R5</b> is selected from the group consisting of <b>deuterium (2H) and protium (1H)</b>; and</p> <p><b>(ii) a 5-HT2A receptor antagonist;</b></p> <p>for use as a medicament.”</p>

6. The composition of claim 5, wherein said duration shortening agent is chosen from the group consisting of pimavanserin, salts thereof, analogs thereof, and homologs thereof.

1. Int'l Pat. Doc. No. WO/2019/081764 "COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS" (Published 02 May 2019)

From **claim 1** "A **pharmaceutical combination product comprising: compound described by the following formula (I):**



wherein **R1** is selected from the group consisting of **methyl**, ethyl, n-propyl, allyl and isopropyl;

wherein **R2** is selected from the group consisting of **methyl**, ethyl, n-propyl, allyl and isopropyl;

wherein **R3** is selected from the group consisting of **hydrogen**, methoxy, methyl, hydroxy and a halogen; and

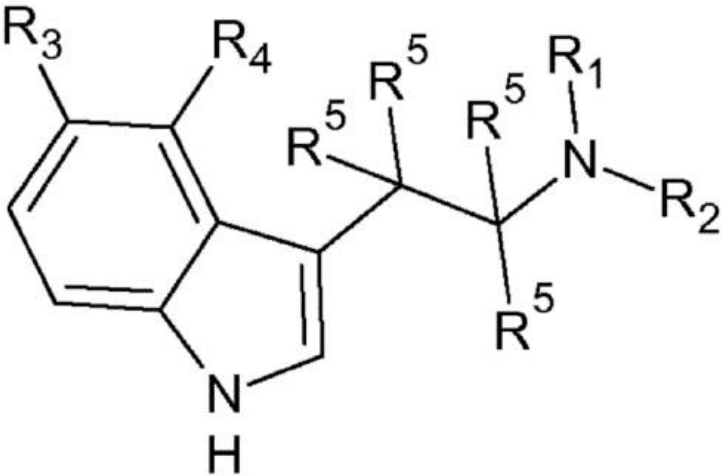
wherein **R4** is selected from the group consisting of hydrogen, hydroxy, **phosphoryloxy** and acetoxy;

wherein **R5** is selected from the group consisting of **deuterium (2H) and protium (1H); and**

**(ii) a 5-HT<sub>2A</sub> receptor antagonist;**

for use as a medicament."

From **claim 4** "The **combination product for use according to any one of claims 1 -3 wherein the 5-HT<sub>2A</sub> receptor antagonist is selected from the group consisting of Methiothepin, Ritanserin, Ketanserin, Flibanserin, Methysergide, Trazodone, Nefazodone,**

	<p>Cinitapride, Cyproheptadine, Brexpiprazole, Cariprazine, Agomelatine, <b>Pimavanserin</b>, Eplivanserin, Volinanserin, Altanserin, Setoperone, LY-367,265, 1-(1-Naphthyl)piperazine, SB 206553, Pirenperone, SB-215505, Metergoline, Deramciclane, Amperozide, Glemanserin, 5-MeO-NBpBrT, Adatanserin, AM DA, Cinanserin, Fananserin, Ifersanserin, AC-90179, LY86057, GSK-215083, Cyamemazine, Mesulergine, BF-1, LY215840, Sergolexole, Spiramide, LY53857, Amesergide, LY108742, Pipamperone, LY314228 and 5-I-91150.”</p> <p>From <b>page 32</b> “In a preferred embodiment, the <b>5-HT<sub>2A</sub> receptor antagonist present in the combination product alleviates and/or eliminates the hallucinogenic and/or psychedelic side effects caused by a compound described by formula (I).</b>”</p>
<p>7. The composition of claim 6, wherein said pimavanserin is present in an amount of 1-100 mg.</p>	<p>1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)</p> <p>From <b>claim 1</b> “A <b>pharmaceutical combination product comprising: compound described by the following formula (I):</b></p> <div style="text-align: center;">  <p>The chemical structure (I) consists of an indole ring system. The benzene ring of the indole has substituents R<sub>3</sub> and R<sub>4</sub> at the 6 and 7 positions, respectively. The nitrogen atom of the indole ring is bonded to a hydrogen atom (H). The 3-position of the indole ring is substituted with a carbon atom bonded to two R<sub>5</sub> groups. This carbon atom is further bonded to another carbon atom, which is bonded to one R<sub>5</sub> group and a nitrogen atom. The nitrogen atom is bonded to R<sub>1</sub> and R<sub>2</sub> groups.</p> </div> <p>wherein <b>R<sub>1</sub></b> is selected from the group consisting of <b>methyl</b>, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein <b>R<sub>2</sub></b> is selected from the group consisting of <b>methyl</b>, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein <b>R<sub>3</sub></b> is selected from the group consisting of <b>hydrogen</b>, methoxy, methyl, hydroxy and a halogen; and</p>

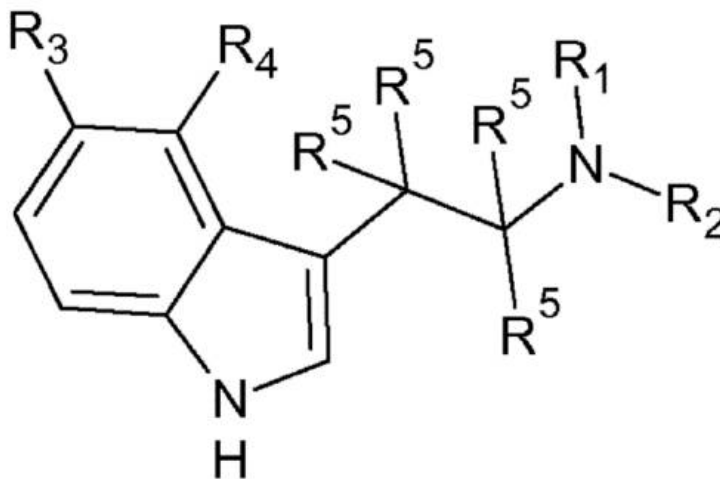


	<p>wherein <b>R4</b> is selected from the group consisting of hydrogen, hydroxy, <b>phosphoryloxy</b> and acetoxy;</p> <p>wherein <b>R5</b> is selected from the group consisting of <b>deuterium (2H) and protium (1H); and</b></p> <p><b>(ii) a 5-HT2A receptor antagonist;</b></p> <p>for use as a medicament.”</p> <p>From <b>claim 4</b> “The <b>combination product for use according to any one of claims 1 -3 wherein the 5-HT2A receptor antagonist</b> is selected from the group consisting of Methiothepin, Ritanserin, Ketanserin, Flibanserin, Methysergide, Trazodone, Nefazodone, Cinitapride, Cyproheptadine, Brexpiprazole, Cariprazine, Agomelatine, <b>Pimavanserin</b>, Eplivanserin, Volinanserin, Altanserin, Setoperone, LY-367,265, 1 -(1 -Naphthyl)piperazine, SB 206553, Pirenperone, SB-215505, Metergoline, Deramciclane, Amperozide, Glemanserin, 5-MeO-NBpBrT, Adatanserin, AM DA, Cinanserin, Fananserin, Iferserin, AC-90179, LY86057, GSK-215083, Cyamemazine, Mesulergine, BF-1 , LY215840, Sergolexole, Spiramide, LY53857, Amesergide, LY108742, Pipamperone, LY314228 and 5-I- 91 150.”</p> <p>From <b>page 32</b> “In a preferred embodiment, the <b>5-HT2A receptor antagonist present in the combination product alleviates and/or eliminates the hallucinogenic and/or psychedelic side effects caused by a compound described by formula (I).</b>”</p> <p>From <b>page 29</b> “In a preferred embodiment, the combination product is administered at least two times, preferably more than two times. A dosage of the combination product can comprise <b>0.5 -1000 mg of a compound described by formula (I) and/or 0.5 - 1000 mg of a 5-HT2A receptor antagonist.</b>”</p> <p>8. FDA (2016) “NUPLAZID (PIMAVANSERIN): HIGHLIGHTS OF PRESCRIBING INFORMATION” URL:  <a href="https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/207318lbl.pdf">https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/207318lbl.pdf</a></p> <p>From <b>page 1</b> “DOSAGE AND ADMINISTRATION:  <b>Recommended dose is 34 mg</b>, taken orally as two 17 mg tablets once daily, without titration.”</p>
<p>8. The composition of claim 1, wherein said</p>	<p>1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL</p>

psychedelic drug and duration shortening agent are in dosage units chosen from the group consisting of separate dosage units, in the same dosage unit with the same release profiles, and in the same dosage unit with different release profiles.

AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)

From **claim 1** “A **pharmaceutical combination product comprising: compound described by the following formula (I):**



wherein **R1** is selected from the group consisting of **methyl**, ethyl, n-propyl, allyl and isopropyl;

wherein **R2** is selected from the group consisting of **methyl**, ethyl, n-propyl, allyl and isopropyl;

wherein **R3** is selected from the group consisting of **hydrogen**, methoxy, methyl, hydroxy and a halogen; and

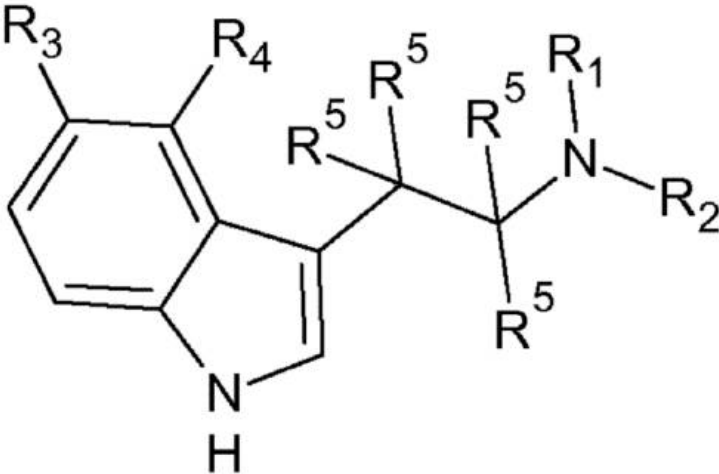
wherein **R4** is selected from the group consisting of hydrogen, hydroxy, **phosphoryloxy** and acetoxy;

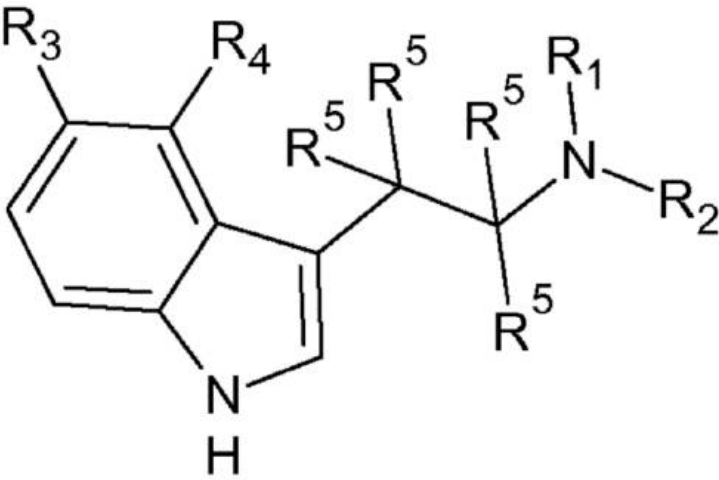
wherein **R5** is selected from the group consisting of **deuterium (2H) and protium (1H)**; and

**(ii) a 5-HT<sub>2A</sub> receptor antagonist;**

for use as a medicament.”

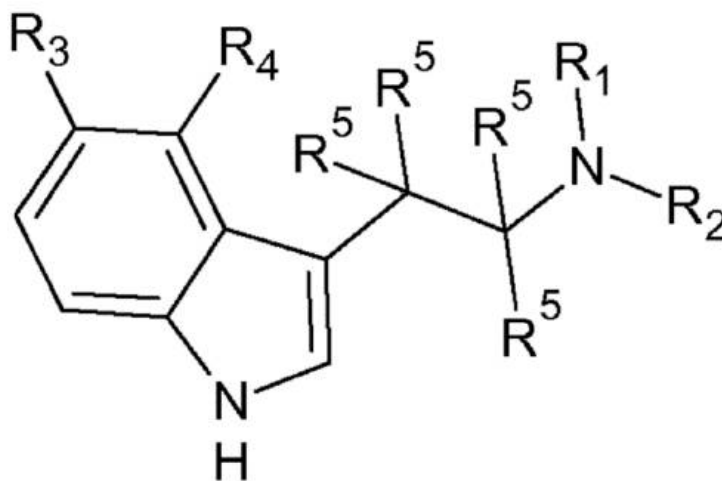
From **page 15** “The term "combination product" can refer to **(i) a product comprised of two or more regulated components that are physically, chemically, or otherwise combined or mixed and produced as a single entity;** **(ii) two or more separate products packaged together** in a single package or as a unit and comprised of drug and device products, device and biological products, or biological and drug products; **(iii) a drug, device, or biological**

	<p>product packaged separately that according to its investigational plan or proposed labeling is intended for use only with an approved individually specified drug, device, or biological product where both are required to achieve the intended use, indication, or effect and where upon approval of the proposed product the labeling of the approved product would need to be changed, e.g., to reflect a change in intended use, dosage form, strength, route of administration, or significant change in dose; or (iv) any investigational drug, device, or biological product packaged separately that according to its proposed labeling is for use only with another individually specified investigational drug, device, or biological product where both are required to achieve the intended use, indication, or effect.”</p>
<p>9. A method of treating an individual with a psychedelic drug and reducing or eliminating its acute duration of action, including the steps of: administering a psychedelic drug to the individual; administering a duration shortening and/or effect blocking agent to the individual; and shortening and/or reducing and/or eliminating the acute effects of the psychedelic drug.</p>	<p>1. Int'l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)</p> <p>From <b>claim 1</b> “A <b>pharmaceutical combination product comprising: compound described by the following formula (I):</b></p>  <p>wherein <b>R1</b> is selected from the group consisting of <b>methyl</b>, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein <b>R2</b> is selected from the group consisting of <b>methyl</b>, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein <b>R3</b> is selected from the group consisting of <b>hydrogen</b>, methoxy, methyl, hydroxy and a halogen; and</p> <p>wherein <b>R4</b> is selected from the group consisting of hydrogen, hydroxy, <b>phosphoryloxy</b> and acetoxy;</p>

	<p>wherein <b>R5</b> is selected from the group consisting of <b>deuterium (2H)</b> and <b>protium (1H)</b>; and</p> <p><b>(ii) a 5-HT2A receptor antagonist;</b></p> <p>for use as a medicament.”</p> <p>From <b>page 32</b> “In a preferred embodiment, the <b>5-HT2A receptor antagonist present in the combination product alleviates and/or eliminates the hallucinogenic and/or psychedelic side effects caused by a compound described by formula (I).</b>”</p>
<p>10. The method of claim 9, wherein the duration shortening agent is administered 1 minute to 24 hours after administering the psychedelic drug.</p>	<p>1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)</p> <p>From <b>claim 1</b> “A <b>pharmaceutical combination product comprising: compound described by the following formula (I):</b></p> <div style="text-align: center;">  <p>The chemical structure (I) consists of an indole ring system. The benzene ring of the indole has substituents R3 and R4 at the 6 and 7 positions, respectively. The pyrrole ring of the indole has a hydrogen atom (H) at the 2-position. At the 3-position of the indole, there is a carbon atom bonded to two R5 groups. This carbon is further bonded to another carbon atom, which is bonded to three R5 groups and a nitrogen atom. The nitrogen atom is bonded to R1 and R2.</p> </div> <p>wherein <b>R1</b> is selected from the group consisting of <b>methyl</b>, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein <b>R2</b> is selected from the group consisting of <b>methyl</b>, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein <b>R3</b> is selected from the group consisting of <b>hydrogen</b>, methoxy, methyl, hydroxy and a halogen; and</p> <p>wherein <b>R4</b> is selected from the group consisting of hydrogen, hydroxy, <b>phosphoryloxy</b> and acetoxy;</p>

	<p>wherein <b>R5</b> is selected from the group consisting of <b>deuterium (2H) and protium (1H); and</b></p> <p><b>(ii) a 5-HT2A receptor antagonist;</b></p> <p>for use as a medicament.”</p> <p>From <b>page 32</b> “In a preferred embodiment, the <b>5-HT2A receptor antagonist present in the combination product alleviates and/or eliminates the hallucinogenic and/or psychedelic side effects caused by a compound described by formula (I).</b>”</p> <p>From <b>page 32</b> “A compound described by <b>formula (I) and a 5-HT2A receptor antagonist may be administered together or separately</b> to an individual who suffers from one or more psychiatric and/or neurological disorders and/or who is at risk of suffering from one or more psychiatric and/or neurological disorders.</p> <p>From <b>page 32</b> “In a preferred embodiment, a compound described by formula (I) may be administered to an individual who is already being administered a 5-HT2A receptor antagonist and who is suffering from one or more psychiatric and/or neurological disorders and/or who is at risk of suffering from one or more psychiatric and/or neurological disorders. Conversely, in an alternative embodiment, <b>a 5-HT2A receptor antagonist may be administered to an individual who is already being administered a compound described by formula (I)</b> and who is suffering from one or more psychiatric and/or neurological disorders and/or who is at risk of suffering from one or more psychiatric and/or neurological disorders.”</p>
<p>11. The method of claim 9, wherein the psychedelic drug is a 5HT2A agonist chosen from the group consisting of LSD, psilocybin, psilocin, mescaline, 5-methoxy-N,N-dimethyltryptamine (5-MeO-DMT), dimethyltryptamine (DMT), 2,5-dimethoxy-4-iodoamphetamine</p>	<p>1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)</p> <p>From <b>claim 1</b> “A <b>pharmaceutical combination product comprising: compound described by the following formula (I):</b></p>

(DOI), 2,5-dimethoxy-4-bromoamphetamine (DOB), salts thereof, tartrates thereof, solvates thereof, isomers thereof, deuterated forms thereof, analogs thereof, and homologues thereof.



wherein **R1** is selected from the group consisting of **methyl**, ethyl, n-propyl, allyl and isopropyl;

wherein **R2** is selected from the group consisting of **methyl**, ethyl, n-propyl, allyl and isopropyl;

wherein **R3** is selected from the group consisting of **hydrogen**, methoxy, methyl, hydroxy and a halogen; and

wherein **R4** is selected from the group consisting of hydrogen, hydroxy, **phosphoryloxy** and acetoxy;

wherein **R5** is selected from the group consisting of deuterium (2H) and **protium (1H)**; and

**(ii) a 5-HT<sub>2A</sub> receptor antagonist;**

for use as a medicament.”

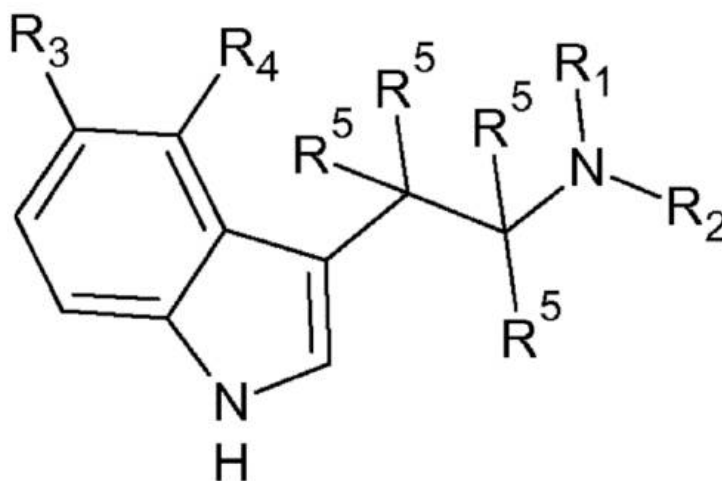
From **claim 3** “The combination product for use according to anyone of claims 1 -2 wherein the compound described by **formula (I)** is selected from the group consisting of **N,N-dimethyltryptamine, 5-methoxy-N,N-dimethyltryptamine, N,N-diethyltryptamine, N,N-dipropyltryptamine and N,N-diisopropyltryptamine.**”

From **page 32** “In a preferred embodiment, the **5-HT<sub>2A</sub> receptor antagonist present in the combination product alleviates and/or eliminates the hallucinogenic and/or psychedelic side effects caused by a compound described by formula (I).**”

12. The method of claim 9, wherein the psychedelic drug is administered in an amount that provides an effect for at least 2 hours.

1. Int'l Pat. Doc. No. WO/2019/081764 "COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS" (Published 02 May 2019)

From **claim 1** "A **pharmaceutical combination product comprising: compound described by the following formula (I):**



wherein **R1** is selected from the group consisting of **methyl**, ethyl, n-propyl, allyl and isopropyl;

wherein **R2** is selected from the group consisting of **methyl**, ethyl, n-propyl, allyl and isopropyl;

wherein **R3** is selected from the group consisting of **hydrogen**, methoxy, methyl, hydroxy and a halogen; and

wherein **R4** is selected from the group consisting of hydrogen, hydroxy, **phosphoryloxy** and acetoxy;

wherein **R5** is selected from the group consisting of deuterium (2H) and **protium (1H)**; and

**(ii) a 5-HT<sub>2A</sub> receptor antagonist;**

for use as a medicament."

From **claim 3** "The combination product for use according to anyone of claims 1 -2 wherein the compound described by **formula (I)** is selected from the group consisting of **N,N-dimethyltryptamine, 5-methoxy-N,N-dimethyltryptamine, N,N-**

**diethyltryptamine, N,N-dipropyltryptamine and N,N-diisopropyltryptamine.”**

From **page 32** “In a preferred embodiment, the **5-HT<sub>2A</sub> receptor antagonist present in the combination product alleviates and/or eliminates the hallucinogenic and/or psychedelic side effects caused by a compound described by formula (I).**”

2. VALERIANI (2015) “Olanzapine as the ideal “trip terminator”? Analysis of online reports relating to antipsychotics' use and misuse following occurrence of novel psychoactive substance-related psychotic symptoms” Human Psychopharmacology: Clinical and Experimental. 30:249-254.

From **page 250** “In most cases, users reported here to **ingest olanzapine at relatively small dosages, usually ranging from 5 to 10 mg** once a day for just a few days as a **“terminator”/“modulator” of unwanted NPS psychedelic effects.**”

From **page 251** “Most online reports about olanzapine were here related to its use as a short-term, self-prescribed treatment for the psychedelic crises/“bad trips.” Symptoms of psychedelic crises usually last a few hours, depending on the drug taken and dose ingested (Mangot, 2013). Indeed, SC's effects may last 1–4 h (Hoyte et al., 2012); tryptamines' effects 2–6 h (Hallock et al., 2013); lysergic acid diethylamide [LSD] 6–14 h (Krebs and Johansen, 2013); and mescaline 8–16 h (Trachsel, 2012).”

From **page 251** “There are already published data showing the effectiveness of olanzapine and, in general, of second-generation antipsychotics (SGA), as first-line treatments in psychotic disorders induced by drugs such as cannabis (Bersani et al., 2002a, 2002b; Sevy et al., 2011) and cocaine (Testa et al., 2013). Compared with first-generation antipsychotics (FGA), SGA may present with some advantages while treating drug-induced psychosis, including the following: (i) SGA induce fewer/no extrapyramidal symptoms (Ohno et al., 2013); (ii) SGA quickly dissociate from D<sub>2</sub> receptors, unlike FGA/haloperidol, and hence may seem to be less associated with dysphoria and interference with drug reward anticipation/craving (Juckel et al., 2006); (iii) SGA seem more effective in the treatment of negative symptoms (Buchanan et al., 2005), alter positively mood (McIntyre et al., 2004), and have a positive impact on cognition (Bersani et al., 2011); and (iv) **SGA act as antagonists of 5HT<sub>2A</sub> receptor, which is the main target of most hallucinogenic drugs** (Potvin et al., 2003). From this point



of view, **both clozapine and olanzapine may present with a distinct advantage in reducing drug-induced psychotic symptoms** (Murthy and Chand, 2012).”

5. MAHATMAGANJA (2007) “Mood Stabilizers Cancel Trip Mushrooms, Olanzapine (Zyprexa) & Fluoxetine (Prozac)” Retrieved from 05 September 2007.

<https://web.archive.org/web/20070905190454/https://erowid.org/experiences/exp.php?ID=44850>

Mood Stabilizers Cancel Trip Mushrooms, Olanzapine (Zyprexa) & Fluoxetine(Prozac) by Mahalmaganja			
DOSE:	6 mg	oral	Pharms - Olanzapine (daily)
	25 mg	oral	Pharms - Fluoxetine (daily)
	1 g	oral	Mushrooms (dried)

“For the past 2 months I have been taking 6 mg Zyprexa and 25 mg Prozac under the name Symbyax daily. I have taken mushrooms before, but never while on Symbyax. **Tonight I ate one gram of powerful mushrooms with no effects after 4 hours.** I did some research and found a report of a person **eating 8 g of cubensis mushrooms while on Zyprexa with no effects**”

6. BIGWOOD (1982) “Variation of psilocybin and psilocin levels with repeated flushes (harvests) of mature sporocarps of *Psilocybe cubensis* (earle) singer” Journal of Ethnopharmacology. 5(3):287-291.

From page 289

TABLE 1

The dry weight variation of psilocybin and psilocin levels in *Psilocybe cubensis* as a function of flush number (quantified by HPLC)

Flush No.	Miniculture No. 1		Miniculture No. 2		Miniculture No. 3	
	Psilocybin (mg/g)	Psilocin (mg/g)	Psilocybin (mg/g)	Psilocin (mg/g)	Psilocybin (mg/g)	Psilocin (mg/g)
1	8.3	0.5	5.1	0	7.6	0
2	6.5	1.5	7.3	0	6.2	0
3	13.3	1.0	4.7	1.7	5.3	0.9
4	4.8	2.6	3.7	2.9	3.2	1.8
5	—	—	5.2	2.2	6.7	1.7
6	6.8	0.5	—	—	—	—

3. PHARMBOY (2013) “Cheating Hofmann - LSD, Quetiapine & Alcohol” Retrieved from 15 October 2013. URL:

<https://web.archive.org/web/20131015121257/https://erowid.org/experiences/exp.php?ID=71844>

DOSE: T+ 0:00	1 hit	oral	<u>LSD</u>	(blotter / tab)
T+ 2:00	66 mg	oral	<u>Pharms - Quetiapine</u>	(pill / tablet)
T+ 3:00	33 mg	oral	<u>Pharms - Quetiapine</u>	(pill / tablet)
T+ 4:00	200 mg	oral	<u>Pharms - Ibuprofen</u>	
T+ 6:30	1 glass	oral	<u>Alcohol - Beer/Wine</u>	

From **paragraph 25** “Considering how easy and smooth it felt coming down (albeit cutting the LSD short) from the psychedelic aspect of my trip using the Seroquel, I would recommend it to anyone, at least to have as part of a psychedelic crisis kit.”

7. LEVICH (2020) “Psychedelic Dosage Guide: How Much of Each Substance to Take” Retrieved 28 September 2020. URL: <https://web.archive.org/web/20200928082744/https://www.psychedelicpassage.com/psychedelic-dosage-guide-how-much-of-each-substance-to-take/>

“Lysergic Acid Diethylamide (LSD): Recommended Dosage: 50 – 150 µg (micrograms) per individual, 200+ µg in highly supportive settings...the most common form of **LSD comes on blotter paper**, which is an absorbent paper soaked in a solution of LSD. **An average sheet of blotter paper has about 100 uniform tabs containing about 100 µg per tab.**”

4. GUZMAN (2016) “Mechanism of Action of Quetiapine” URL: <https://psychopharmacologyinstitute.com/publication/mechanism-of-action-of-quetiapine-2109>

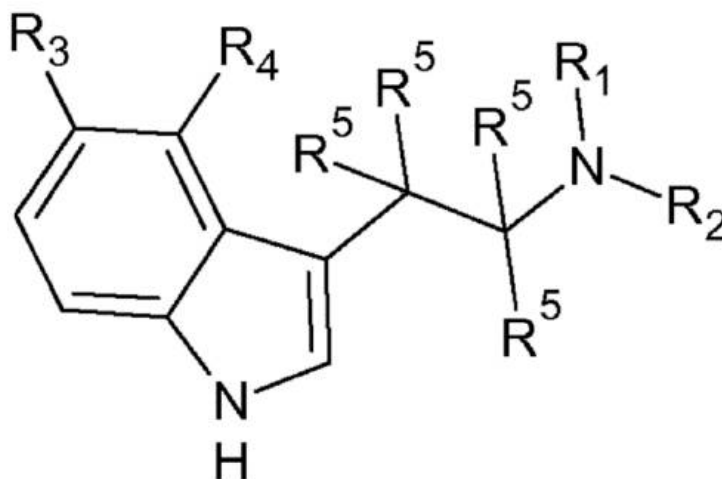
From **paragraph 5** “**Quetiapine has antagonist actions at 5-HT2A receptors**, one of the key properties of second-generation antipsychotics is that they have a high 5-HT2A/D2 ratio. Quetiapine has higher affinity for 5-HT2A receptors than for D2 receptors [3].”

13. The method of claim 12, wherein the psychedelic drug is administered in an amount chosen from the group consisting of 0.01-1 mg LSD, 10-50 mg psilocybin, 100-800 mg mescaline, 20-100 mg DMT, 0.1-5 mg

1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)

From **claim 1** “A **pharmaceutical combination product comprising: compound described by the following formula (I):**

DOI, and 0.1-5 mg  
DOB.



wherein **R1** is selected from the group consisting of **methyl**, ethyl, n-propyl, allyl and isopropyl;

wherein **R2** is selected from the group consisting of **methyl**, ethyl, n-propyl, allyl and isopropyl;

wherein **R3** is selected from the group consisting of **hydrogen**, methoxy, methyl, hydroxy and a halogen; and

wherein **R4** is selected from the group consisting of hydrogen, hydroxy, **phosphoryloxy** and acetoxy;

wherein **R5** is selected from the group consisting of **deuterium (2H) and protium (1H)**; and

**(ii) a 5-HT2A receptor antagonist;**

for use as a medicament.”

From **page 29** “In a preferred embodiment, the combination product is administered at least two times, preferably more than two times. A dosage of the combination product can comprise **0.5 -1000 mg of a compound described by formula (I)** and/or 0.5 - 1000 mg of a 5-HT2A receptor antagonist.”

From **page 32** “In a preferred embodiment, the **5-HT2A receptor antagonist present in the combination product alleviates and/or eliminates the hallucinogenic and/or psychedelic side effects caused by a compound described by formula (I).**”

2. VALERIANI (2015) “Olanzapine as the ideal “trip terminator”? Analysis of online reports relating to antipsychotics' use and misuse following occurrence of novel psychoactive substance-related psychotic symptoms” Human Psychopharmacology: Clinical and Experimental. 30:249-254.

From **page 250** “In most cases, users reported here to **ingest olanzapine at relatively small dosages, usually ranging from 5 to 10 mg** once a day for just a few days as a **“terminator”/“modulator” of unwanted NPS psychedelic effects.**”

From **page 251** “Most online reports about olanzapine were here related to its use as a short-term, self-prescribed treatment for the psychedelic crises/“bad trips.” Symptoms of psychedelic crises usually last a few hours, depending on the drug taken and dose ingested (Mangot, 2013). Indeed, SC's effects may last 1–4 h (Hoyte et al., 2012); tryptamines' effects 2–6 h (Hallock et al., 2013); lysergic acid diethylamide [LSD] 6–14 h (Krebs and Johansen, 2013); and mescaline 8–16 h (Trachsel, 2012).”

From **page 251** “There are already published data showing the effectiveness of olanzapine and, in general, of second-generation antipsychotics (SGA), as first-line treatments in psychotic disorders induced by drugs such as cannabis (Bersani et al., 2002a, 2002b; Sevy et al., 2011) and cocaine (Testa et al., 2013). Compared with first-generation antipsychotics (FGA), SGA may present with some advantages while treating drug-induced psychosis, including the following: (i) SGA induce fewer/no extrapyramidal symptoms (Ohno et al., 2013); (ii) SGA quickly dissociate from D2 receptors, unlike FGA/haloperidol, and hence may seem to be less associated with dysphoria and interference with drug reward anticipation/craving (Juckel et al., 2006); (iii) SGA seem more effective in the treatment of negative symptoms (Buchanan et al., 2005), alter positively mood (McIntyre et al., 2004), and have a positive impact on cognition (Bersani et al., 2011); and (iv) **SGA act as antagonists of 5HT2A receptor, which is the main target of most hallucinogenic drugs** (Potvin et al., 2003). From this point of view, **both clozapine and olanzapine may present with a distinct advantage in reducing drug-induced psychotic symptoms** (Murthy and Chand, 2012).”

5. MAHATMAGANJA (2007) “Mood Stabilizers Cancel Trip Mushrooms, Olanzapine (Zyprexa) & Fluoxetine (Prozac)” Retrieved from 05 September 2007.

<https://web.archive.org/web/20070905190454/https://erowid.org/experiences/exp.php?ID=44850>

Mood Stabilizers Cancel Trip			
Mushrooms, Olanzapine (Zyprexa) & Fluoxetine(Prozac)			
by Mahalmaganja			
DOSE:	6 mg	oral	Pharms - Olanzapine (daily)
	25 mg	oral	Pharms - Fluoxetine (daily)
	1 g	oral	Mushrooms (dried)

“For the past 2 months I have been taking 6 mg Zyprexa and 25 mg Prozac under the name Symbyax daily. I have taken mushrooms before, but never while on Symbyax. **Tonight I ate one gram of powerful mushrooms with no effects after 4 hours.** I did some research and found a report of a person **eating 8 g of cubensis mushrooms while on Zyprexa with no effects**”

6. BIGWOOD (1982) “Variation of psilocybin and psilocin levels with repeated flushes (harvests) of mature sporocarps of *Psilocybe cubensis* (earle) singer” *Journal of Ethnopharmacology*. 5(3):287-291.

From page 289

TABLE 1

The dry weight variation of psilocybin and psilocin levels in *Psilocybe cubensis* as a function of flush number (quantified by HPLC)

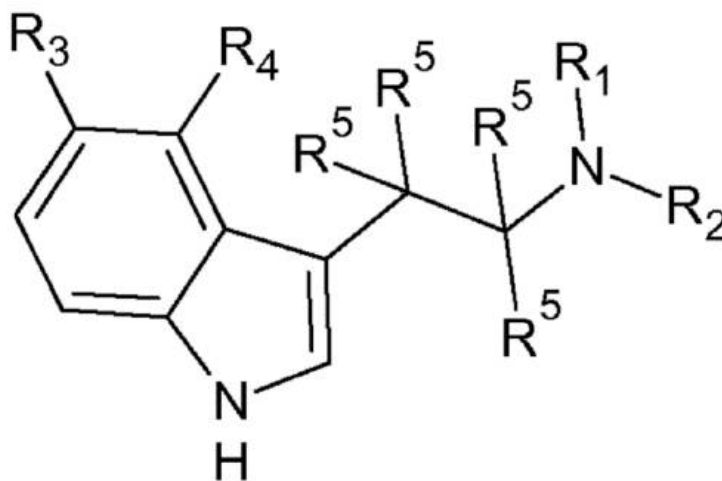
Flush No.	Miniculture No. 1		Miniculture No. 2		Miniculture No. 3	
	Psilocybin (mg/g)	Psilocin (mg/g)	Psilocybin (mg/g)	Psilocin (mg/g)	Psilocybin (mg/g)	Psilocin (mg/g)
1	8.3	0.5	5.1	0	7.6	0
2	6.5	1.5	7.3	0	6.2	0
3	13.3	1.0	4.7	1.7	5.3	0.9
4	4.8	2.6	3.7	2.9	3.2	1.8
5	—	—	5.2	2.2	6.7	1.7
6	6.8	0.5	—	—	—	—

3. PHARMBOY (2013) “Cheating Hofmann - LSD, Quetiapine & Alcohol” Retrieved from 15 October 2013. URL:

<https://web.archive.org/web/20131015121257/https://erowid.org/experiences/exp.php?ID=71844>

DOSE: T+ 0:00	1 hit	oral	LSD	(blotter / tab)
T+ 2:00	66 mg	oral	Pharms - Quetiapine	(pill / tablet)
T+ 3:00	33 mg	oral	Pharms - Quetiapine	(pill / tablet)
T+ 4:00	200 mg	oral	Pharms - Ibuprofen	
T+ 6:30	1 glass	oral	Alcohol - Beer/Wine	

	<p>From <b>paragraph 25</b> “Considering how easy and smooth it felt coming down (albeit cutting the LSD short) from the psychedelic aspect of my trip using the Seroquel, I would recommend it to anyone, at least to have as part of a psychedelic crisis kit.”</p> <p>7. LEVICH (2020) “Psychedelic Dosage Guide: How Much of Each Substance to Take” Retrieved 28 September 2020. URL: <a href="https://web.archive.org/web/20200928082744/https://www.psychedelicpassage.com/psychedelic-dosage-guide-how-much-of-each-substance-to-take/">https://web.archive.org/web/20200928082744/https://www.psychedelicpassage.com/psychedelic-dosage-guide-how-much-of-each-substance-to-take/</a></p> <p>“Lysergic Acid Diethylamide (LSD): Recommended Dosage: 50 – 150 µg (micrograms) per individual, 200+ µg in highly supportive settings...the most common form of <b>LSD comes on blotter paper</b>, which is an absorbent paper soaked in a solution of LSD. <b>An average sheet of blotter paper has about 100 uniform tabs containing about 100 µg per tab.</b>”</p> <p>4. GUZMAN (2016) “Mechanism of Action of Quetiapine” URL: <a href="https://psychopharmacologyinstitute.com/publication/mechanism-of-action-of-quetiapine-2109">https://psychopharmacologyinstitute.com/publication/mechanism-of-action-of-quetiapine-2109</a></p> <p>From <b>paragraph 5</b> “<b>Quetiapine has antagonist actions at 5-HT2A receptors</b>, one of the key properties of second-generation antipsychotics is that they have a high 5-HT2A/D2 ratio. Quetiapine has higher affinity for 5-HT2A receptors than for D2 receptors [3].”</p>
<p>14. The method of claim 9, wherein the duration shortening agent is a 5HT2A receptor antagonist.</p>	<p>1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)</p> <p>From <b>claim 1</b> “<b>A pharmaceutical combination product comprising: compound described by the following formula (I):</b></p>



wherein **R1** is selected from the group consisting of **methyl**, ethyl, n-propyl, allyl and isopropyl;

wherein **R2** is selected from the group consisting of **methyl**, ethyl, n-propyl, allyl and isopropyl;

wherein **R3** is selected from the group consisting of **hydrogen**, methoxy, methyl, hydroxy and a halogen; and

wherein **R4** is selected from the group consisting of hydrogen, hydroxy, **phosphoryloxy** and acetoxy;

wherein **R5** is selected from the group consisting of **deuterium (2H) and protium (1H)**; and

**(ii) a 5-HT2A receptor antagonist;**

for use as a medicament.”

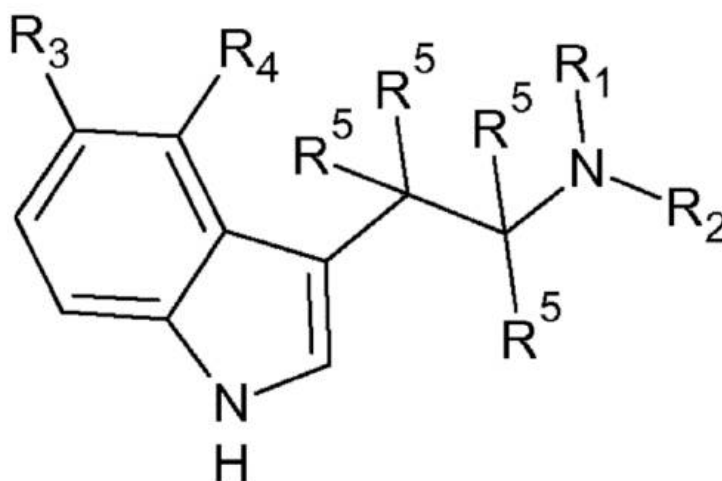
From **claim 3** “The combination product for use according to anyone of claims 1 -2 wherein the compound described by **formula (I)** is selected from the group consisting of **N,N-dimethyltryptamine, 5-methoxy-N,N-dimethyltryptamine, N,N-diethyltryptamine, N,N-dipropyltryptamine and N,N-diisopropyltryptamine.**”

From **page 32** “In a preferred embodiment, the **5-HT2A receptor antagonist present in the combination product alleviates and/or eliminates the hallucinogenic and/or psychedelic side effects caused by a compound described by formula (I).**”

15. The method of claim 14, wherein the duration shortening agent is chosen from the group consisting of pimavanserin, salts thereof, analogs thereof, and homologs thereof.

1. Int'l Pat. Doc. No. WO/2019/081764 "COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS" (Published 02 May 2019)

From **claim 1** "A **pharmaceutical combination product comprising: compound described by the following formula (I):**



wherein **R1** is selected from the group consisting of **methyl**, ethyl, n-propyl, allyl and isopropyl;

wherein **R2** is selected from the group consisting of **methyl**, ethyl, n-propyl, allyl and isopropyl;

wherein **R3** is selected from the group consisting of **hydrogen**, methoxy, methyl, hydroxy and a halogen; and

wherein **R4** is selected from the group consisting of hydrogen, hydroxy, **phosphoryloxy** and acetoxy;

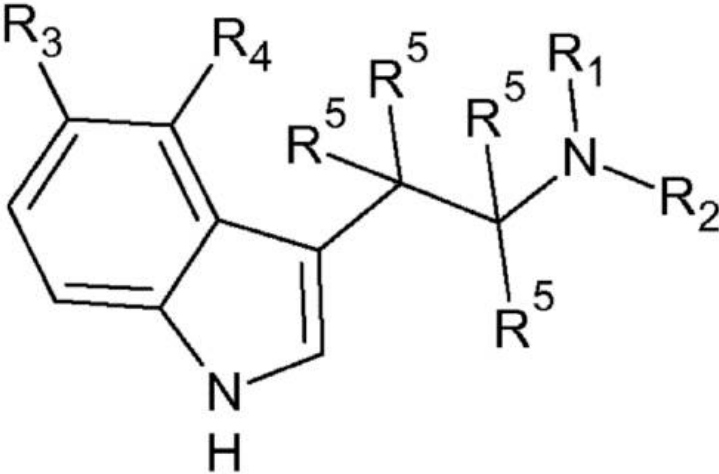
wherein **R5** is selected from the group consisting of **deuterium (2H)** and **protium (1H)**; and

**(ii) a 5-HT<sub>2A</sub> receptor antagonist;**

for use as a medicament."

From **claim 3** "The combination product for use according to anyone of claims 1 -2 wherein the compound described by **formula (I)** is selected from the group consisting of **N,N-dimethyltryptamine, 5-methoxy-N,N-dimethyltryptamine, N,N-**



	<p><b>diethyltryptamine, N,N-dipropyltryptamine and N,N-diisopropyltryptamine.”</b></p> <p>From <b>claim 4</b> “The <b>combination product for use according to any one of claims 1 -3 wherein the 5-HT2A receptor antagonist</b> is selected from the group consisting of Methiothepin, Ritanserin, Ketanserin, Flibanserin, Methysergide, Trazodone, Nefazodone, Cinitapride, Cyproheptadine, Brexpiprazole, Cariprazine, Agomelatine, <b>Pimavanserin</b>, Eplivanserin, Volinanserin, Altanserin, Setoperone, LY-367,265, 1 -(1 -Naphthyl)piperazine, SB 206553, Pirenperone, SB-215505, Metergoline, Deramciclane, Amperozide, Glemanserin, 5-MeO-NBpBrT, Adatanserin, AM DA, Cinanserin, Fananserin, Iferanserin, AC-90179, LY86057, GSK-215083, Cyamemazine, Mesulergine, BF-1 , LY215840, Sergolexole, Spiramide, LY53857, Amesergide, LY108742, Pipamperone, LY314228 and 5-I- 91 150.”</p> <p>From <b>page 32</b> “In a preferred embodiment, the <b>5-HT2A receptor antagonist present in the combination product alleviates and/or eliminates the hallucinogenic and/or psychedelic side effects caused by a compound described by formula (I).”</b></p>
<p>16. The method of claim 15, wherein the pimavanserin is administered in an amount of 1-100 mg.</p>	<p>1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)</p> <p>From <b>claim 1</b> “A <b>pharmaceutical combination product comprising: compound described by the following formula (I):</b></p> <div style="text-align: center;">  <p>The chemical structure (I) consists of an indole ring system. The benzene ring of the indole has substituents R<sub>3</sub> and R<sub>4</sub> at the 3 and 4 positions, respectively. The 2-position of the indole ring is substituted with a propyl chain. The first carbon of this propyl chain is substituted with two R<sub>5</sub> groups. The second carbon of the propyl chain is substituted with one R<sub>5</sub> group and a nitrogen atom. The nitrogen atom is further substituted with R<sub>1</sub> and R<sub>2</sub> groups. The nitrogen atom of the indole ring is bonded to a hydrogen atom (H).</p> </div> <p>wherein <b>R1</b> is selected from the group consisting of <b>methyl</b>, ethyl, n-propyl, allyl and isopropyl;</p>

wherein **R2** is selected from the group consisting of **methyl**, ethyl, n-propyl, allyl and isopropyl;

wherein **R3** is selected from the group consisting of **hydrogen**, methoxy, methyl, hydroxy and a halogen; and

wherein **R4** is selected from the group consisting of hydrogen, hydroxy, **phosphoryloxy** and acetoxy;

wherein **R5** is selected from the group consisting of **deuterium (2H) and protium (1H)**; and

**(ii) a 5-HT2A receptor antagonist;**

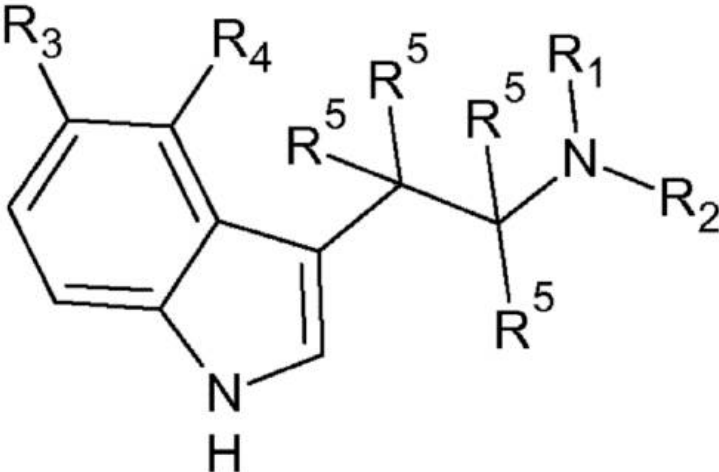
for use as a medicament.”

From **claim 3** “The combination product for use according to anyone of claims 1 -2 wherein the compound described by **formula (I)** is selected from the group consisting of **N,N-dimethyltryptamine, 5-methoxy-N,N-dimethyltryptamine, N,N-diethyltryptamine, N,N-dipropyltryptamine and N,N-diisopropyltryptamine.**”

From **claim 4** “The **combination product for use according to any one of claims 1 -3 wherein the 5-HT2A receptor antagonist** is selected from the group consisting of Methiothepin, Ritanserin, Ketanserin, Flibanserin, Methysergide, Trazodone, Nefazodone, Cinitapride, Cyproheptadine, Brexpiprazole, Cariprazine, Agomelatine, **Pimavanserin**, Eplivanserin, Volinanserin, Altanserin, Setoperone, LY-367,265, 1 -(1 -Naphthyl)piperazine, SB 206553, Pirenperone, SB-215505, Metergoline, Deramciclane, Amperozide, Glemanserin, 5-MeO-NBpBrT, Adatanserin, AM DA, Cinanserin, Fananserin, Iferanserin, AC-90179, LY86057, GSK-215083, Cyamemazine, Mesulergine, BF-1 , LY215840, Sergolexole, Spiramide, LY53857, Amesergide, LY108742, Pipamperone, LY314228 and 5-I- 91 150.”

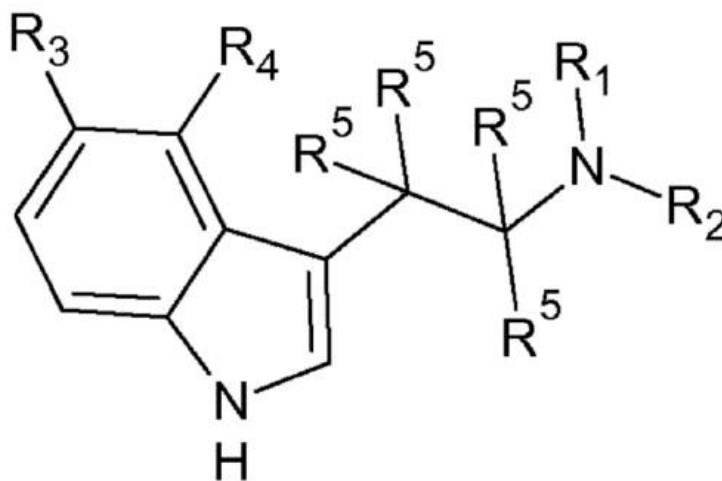
From **page 32** “In a preferred embodiment, the **5-HT2A receptor antagonist present in the combination product alleviates and/or eliminates the hallucinogenic and/or psychedelic side effects caused by a compound described by formula (I).**”

From **page 29** “In a preferred embodiment, the combination product is administered at least two times, preferably more than two times. A dosage of the combination product can comprise **0.5 -1000 mg of a compound described by formula (I) and/or 0.5 - 1000 mg of a 5-HT2A receptor antagonist.**”

	<p>8. FDA (2016) “NUPLAZID (PIMAVANSERIN): HIGHLIGHTS OF PRESCRIBING INFORMATION” URL:  <a href="https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/207318lbl.pdf">https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/207318lbl.pdf</a></p> <p>From <b>page 1</b> “DOSAGE AND ADMINISTRATION: Recommended dose is 34 mg, taken orally as two 17 mg tablets once daily, without titration.”</p>
<p>17. The method of claim 9, wherein the psychedelic drug and duration shortening agent are in dosage units chosen from the group consisting of separate dosage units, in the same dosage unit with the same release profiles, and in the same dosage unit with different release profiles.</p>	<p>1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)</p> <p>From <b>claim 1</b> “A <b>pharmaceutical combination product comprising: compound described by the following formula (I):</b></p> <div style="text-align: center;">  </div> <p>wherein <b>R1</b> is selected from the group consisting of <b>methyl</b>, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein <b>R2</b> is selected from the group consisting of <b>methyl</b>, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein <b>R3</b> is selected from the group consisting of <b>hydrogen</b>, methoxy, methyl, hydroxy and a halogen; and</p> <p>wherein <b>R4</b> is selected from the group consisting of hydrogen, hydroxy, <b>phosphoryloxy</b> and acetoxy;</p>

	<p>wherein <b>R5</b> is selected from the group consisting of <b>deuterium (2H) and protium (1H)</b>; and</p> <p><b>(ii) a 5-HT2A receptor antagonist;</b></p> <p>for use as a medicament.”</p> <p>From <b>page 32</b> “In a preferred embodiment, the <b>5-HT2A receptor antagonist present in the combination product alleviates and/or eliminates the hallucinogenic and/or psychedelic side effects caused by a compound described by formula (I).</b>”</p> <p>From <b>page 15</b> “The term "combination product" can refer to <b>(i) a product comprised of two or more regulated components that are physically, chemically, or otherwise combined or mixed and produced as a single entity;</b> (ii) two or more separate products packaged together in a single package or as a unit and comprised of drug and device products, device and biological products, or biological and drug products; (iii) a drug, device, or biological product packaged separately that according to its investigational plan or proposed labeling is intended for use only with an approved individually specified drug, device, or biological product where both are required to achieve the intended use, indication, or effect and where upon approval of the proposed product the labeling of the approved product would need to be changed, e.g., to reflect a change in intended use, dosage form, strength, route of administration, or significant change in dose; or (iv) any investigational drug, device, or biological product packaged separately that according to its proposed labeling is for use only with another individually specified investigational drug, device, or biological product where both are required to achieve the intended use, indication, or effect.”</p>
<p>18. The method of claim 9, further including the step of reducing the time of subjective effects or/and reducing the amount of effects including any drug effect, bad drug effect, anxiety, ego-dissolution, and autonomic response measures by 10-100% compared with a treatment of the same</p>	<p>1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)</p> <p>From <b>claim 1</b> “A <b>pharmaceutical combination product comprising: compound described by the following formula (I):</b></p>

amount of the psychedelic drug alone.



wherein **R1** is selected from the group consisting of **methyl**, ethyl, n-propyl, allyl and isopropyl;

wherein **R2** is selected from the group consisting of **methyl**, ethyl, n-propyl, allyl and isopropyl;

wherein **R3** is selected from the group consisting of **hydrogen**, methoxy, methyl, hydroxy and a halogen; and

wherein **R4** is selected from the group consisting of hydrogen, hydroxy, **phosphoryloxy** and acetoxy;

wherein **R5** is selected from the group consisting of **deuterium (2H) and protium (1H)**; and

**(ii) a 5-HT<sub>2A</sub> receptor antagonist;**

for use as a medicament.”

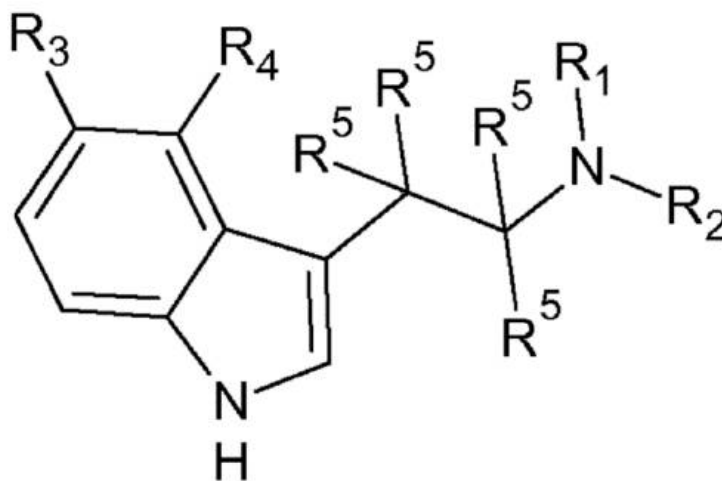
From **page 32** “In a preferred embodiment, the **5-HT<sub>2A</sub> receptor antagonist present in the combination product alleviates and/or eliminates the hallucinogenic and/or psychedelic side effects caused by a compound described by formula (I).**”

19. The method of claim 9, further providing no recurrence of the psychedelic drug effects after the

1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)

From **claim 1** “A **pharmaceutical combination product comprising: compound described by the following formula (I):**

duration shortening agent is administered.



wherein **R1** is selected from the group consisting of **methyl**, ethyl, n-propyl, allyl and isopropyl;

wherein **R2** is selected from the group consisting of **methyl**, ethyl, n-propyl, allyl and isopropyl;

wherein **R3** is selected from the group consisting of **hydrogen**, methoxy, methyl, hydroxy and a halogen; and

wherein **R4** is selected from the group consisting of hydrogen, hydroxy, **phosphoryloxy** and acetoxy;

wherein **R5** is selected from the group consisting of **deuterium (2H) and protium (1H)**; and

**(ii) a 5-HT<sub>2A</sub> receptor antagonist;**

for use as a medicament.”

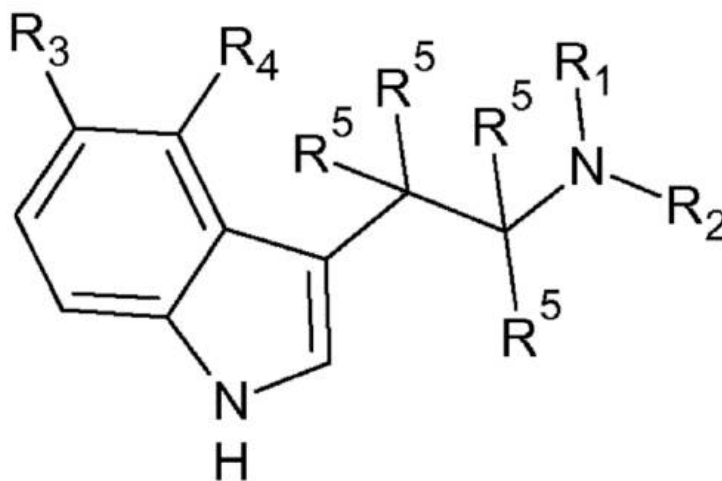
From **page 32** “In a preferred embodiment, the **5-HT<sub>2A</sub> receptor antagonist present in the combination product alleviates and/or eliminates the hallucinogenic and/or psychedelic side effects caused by a compound described by formula (I).**”

20. The method of claim 9, further including a step chosen from the group consisting of reducing time and/or degree of

1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)

From **claim 1** “A **pharmaceutical combination product comprising: compound described by the following formula (I):**

cognitive impairment due to the psychedelic drug, reducing time of treatment session supervision by medical personnel, reducing intensity and/or duration of anxiety or any other acute adverse effects in response to the psychedelic drug, reducing expected acute adverse effects intensity and/or duration due to inadvertent administration of a high dose of the psychedelic drug, reducing expected acute adverse effects intensity and/or duration due to intentional intake of the psychedelic drug, and reducing expected acute adverse effects duration and/or intensity due to intentional intake of the psychedelic drug in doses considered too high or producing too strong effects after administration.



wherein **R1** is selected from the group consisting of **methyl**, ethyl, n-propyl, allyl and isopropyl;

wherein **R2** is selected from the group consisting of **methyl**, ethyl, n-propyl, allyl and isopropyl;

wherein **R3** is selected from the group consisting of **hydrogen**, methoxy, methyl, hydroxy and a halogen; and

wherein **R4** is selected from the group consisting of hydrogen, hydroxy, **phosphoryloxy** and acetoxy;

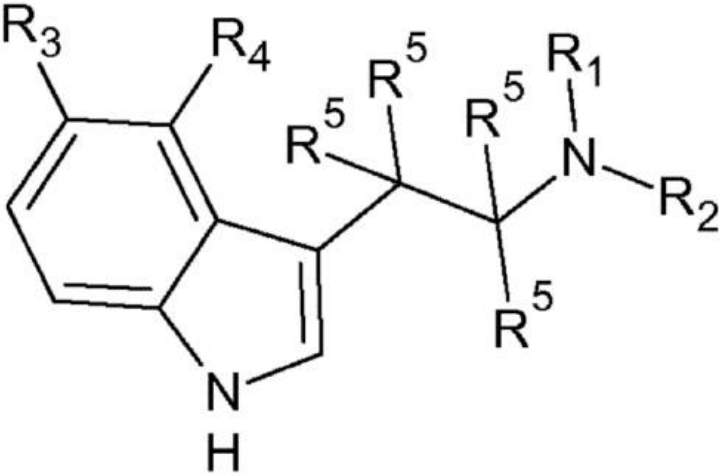
wherein **R5** is selected from the group consisting of **deuterium (2H) and protium (1H)**; and

**(ii) a 5-HT2A receptor antagonist;**

for use as a medicament.”

From **page 32** “In a preferred embodiment, the **5-HT2A receptor antagonist present in the combination product alleviates and/or eliminates the hallucinogenic and/or psychedelic side effects caused by a compound described by formula (I).**”

From **page 14** “The terms “**hallucinogenic side effects**” and “**psychedelic side effects**” are used in the present application interchangeably to refer to unwanted and/or unintended secondary effects caused by the administration of a medicament to an individual resulting in **subjective experiences being qualitatively different from those of ordinary consciousness**. These experiences can include derealization, depersonalization,

	<p>hallucinations and/or sensory distortions in the visual, auditory, olfactory, tactile, proprioceptive and/or interoceptive spheres and/or any other perceptual modifications, and/or <b>any other substantial subjective changes in cognition, memory, emotion and consciousness.</b>”</p>
<p>21. A method of stopping the acute duration of action of a psychedelic drug in an individual, including the steps of: administering a duration shortening and/or effect reducing agent to the individual after the individual has taken a psychedelic drug; and stopping the acute effects of the psychedelic drug.</p>	<p>1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)</p> <p>From <b>claim 1</b> “A <b>pharmaceutical combination product comprising: compound described by the following formula (I):</b></p> <div style="text-align: center;">  </div> <p>wherein <b>R1</b> is selected from the group consisting of <b>methyl</b>, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein <b>R2</b> is selected from the group consisting of <b>methyl</b>, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein <b>R3</b> is selected from the group consisting of <b>hydrogen</b>, methoxy, methyl, hydroxy and a halogen; and</p> <p>wherein <b>R4</b> is selected from the group consisting of hydrogen, hydroxy, <b>phosphoryloxy</b> and acetoxy;</p> <p>wherein <b>R5</b> is selected from the group consisting of <b>deuterium (2H) and protium (1H)</b>; and</p> <p><b>(ii) a 5-HT2A receptor antagonist;</b></p> <p>for use as a medicament.”</p>



From **page 32** “In a preferred embodiment, the **5-HT2A receptor antagonist present in the combination product alleviates and/or eliminates the hallucinogenic and/or psychedelic side effects caused by a compound described by formula (I).**”

From **page 32** “A compound described by **formula (I) and a 5-HT2A receptor antagonist may be administered together or separately** to an individual who suffers from one or more psychiatric and/or neurological disorders and/or who is at risk of suffering from one or more psychiatric and/or neurological disorders.

From **page 32** “In a preferred embodiment, a compound described by formula (I) may be administered to an individual who is already being administered a 5-HT2A receptor antagonist and who is suffering from one or more psychiatric and/or neurological disorders and/or who is at risk of suffering from one or more psychiatric and/or neurological disorders. Conversely, in an alternative embodiment, **a 5-HT2A receptor antagonist may be administered to an individual who is already being administered a compound described by formula (I)** and who is suffering from one or more psychiatric and/or neurological disorders and/or who is at risk of suffering from one or more psychiatric and/or neurological disorders.”

3. PHARMBOY (2013) “Cheating Hofmann - LSD, Quetiapine & Alcohol” Retrieved from 15 October 2013. URL: <https://web.archive.org/web/20131015121257/https://erowid.org/experiences/exp.php?ID=71844>

DOSE: T+ 0:00	1 hit	oral	<a href="#">LSD</a>	(blotter / tab)
T+ 2:00	66 mg	oral	<a href="#">Pharms - Quetiapine</a>	(pill / tablet)
T+ 3:00	33 mg	oral	<a href="#">Pharms - Quetiapine</a>	(pill / tablet)
T+ 4:00	200 mg	oral	<a href="#">Pharms - Ibuprofen</a>	
T+ 6:30	1 glass	oral	<a href="#">Alcohol - Beer/Wine</a>	

From **paragraph 25** “Considering how easy and smooth it felt coming down (albeit cutting the LSD short) from the psychedelic aspect of my trip using the Seroquel, I would recommend it to anyone, at least to have as part of a psychedelic crisis kit.”

7. LEVICH (2020) “Psychedelic Dosage Guide: How Much of Each Substance to Take” Retrieved 28 September 2020. URL:

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“Lysergic Acid Diethylamide (LSD): Recommended Dosage: 50 – 150 µg (micrograms) per individual, 200+ µg in highly supportive settings...the most common form of **LSD comes on blotter paper**, which is an absorbent paper soaked in a solution of LSD. **An average sheet of blotter paper has about 100 uniform tabs containing about 100 µg per tab.**”

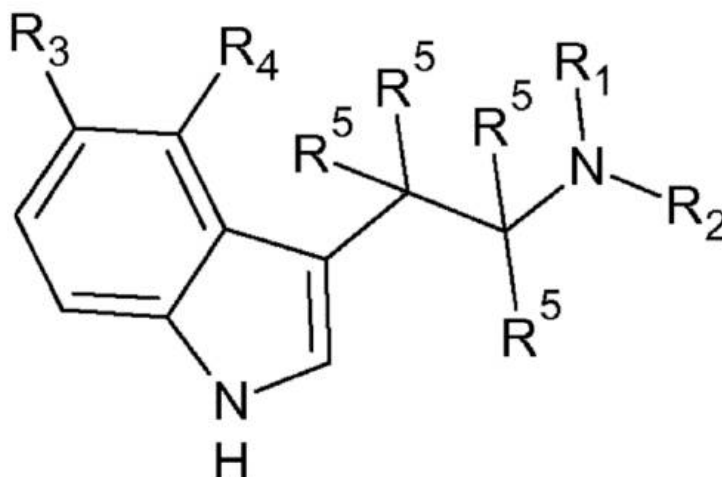
4. GUZMAN (2016) “Mechanism of Action of Quetiapine” URL: <https://psychopharmacologyinstitute.com/publication/mechanism-of-action-of-quetiapine-2109>

From **paragraph 5** “**Quetiapine has antagonist actions at 5-HT<sub>2A</sub> receptors**, one of the key properties of second-generation antipsychotics is that they have a high 5-HT<sub>2A</sub>/D<sub>2</sub> ratio. Quetiapine has higher affinity for 5-HT<sub>2A</sub> receptors than for D<sub>2</sub> receptors [3].”

22. The method of claim 21, wherein the individual is experiencing an adverse effect due to the psychedelic drug.

1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)

From **claim 1** “A **pharmaceutical combination product comprising: compound described by the following formula (I):**



wherein **R<sub>1</sub>** is selected from the group consisting of **methyl**, ethyl, n-propyl, allyl and isopropyl;

wherein **R2** is selected from the group consisting of **methyl**, ethyl, n-propyl, allyl and isopropyl;

wherein **R3** is selected from the group consisting of **hydrogen**, methoxy, methyl, hydroxy and a halogen; and

wherein **R4** is selected from the group consisting of hydrogen, hydroxy, **phosphoryloxy** and acetoxy;

wherein **R5** is selected from the group consisting of **deuterium (2H) and protium (1H)**; and

**(ii) a 5-HT2A receptor antagonist;**

for use as a medicament.”

From **page 32** “In a preferred embodiment, the **5-HT2A receptor antagonist present in the combination product alleviates and/or eliminates the hallucinogenic and/or psychedelic side effects caused by a compound described by formula (I).**”

From **page 32** “A compound described by **formula (I) and a 5-HT2A receptor antagonist may be administered together or separately** to an individual who suffers from one or more psychiatric and/or neurological disorders and/or who is at risk of suffering from one or more psychiatric and/or neurological disorders.

From **page 32** “In a preferred embodiment, a compound described by formula (I) may be administered to an individual who is already being administered a 5-HT2A receptor antagonist and who is suffering from one or more psychiatric and/or neurological disorders and/or who is at risk of suffering from one or more psychiatric and/or neurological disorders. Conversely, in an alternative embodiment, **a 5-HT2A receptor antagonist may be administered to an individual who is already being administered a compound described by formula (I)** and who is suffering from one or more psychiatric and/or neurological disorders and/or who is at risk of suffering from one or more psychiatric and/or neurological disorders.”

From **page 14** “The terms "**hallucinogenic side effects**" and "**psychedelic side effects**" are used in the present application interchangeably to **refer to unwanted and/or unintended secondary effects** caused by the administration of a medicament to an individual resulting in **subjective experiences being qualitatively different from those of ordinary consciousness.**

These experiences can include derealization, depersonalization, hallucinations and/or sensory distortions in the visual, auditory, olfactory, tactile, proprioceptive and/or interoceptive spheres and/or any other perceptual modifications, and/or **any other substantial subjective changes in cognition, memory, emotion and consciousness.**”

3. PHARMBOY (2013) “Cheating Hofmann - LSD, Quetiapine & Alcohol” Retrieved from 15 October 2013. URL: <https://web.archive.org/web/20131015121257/https://erowid.org/experiences/exp.php?ID=71844>

DOSE: T+ 0:00	1 hit	oral	<a href="#">LSD</a>	(blotter / tab)
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T+ 6:30	1 glass	oral	<a href="#">Alcohol - Beer/Wine</a>	

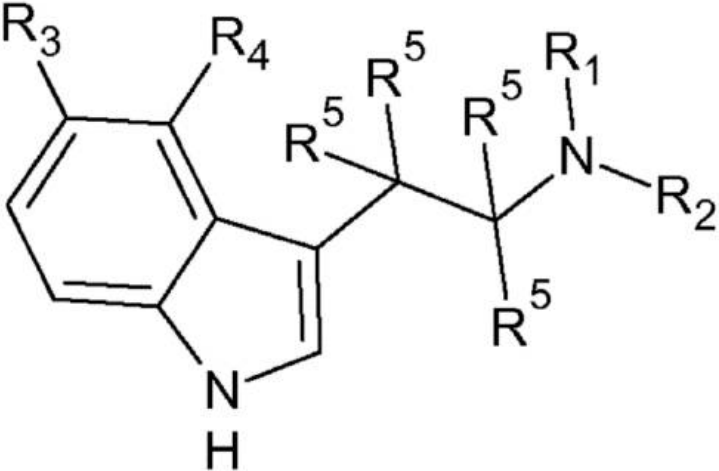
From **paragraph 25** “Considering how easy and smooth it felt coming down (albeit cutting the LSD short) from the psychedelic aspect of my trip using the Seroquel, **I would recommend it to anyone, at least to have as part of a psychedelic crisis kit.**”

7. LEVICH (2020) “Psychedelic Dosage Guide: How Much of Each Substance to Take” Retrieved 28 September 2020. URL: <https://web.archive.org/web/20200928082744/https://www.psychedelicpassage.com/psychedelic-dosage-guide-how-much-of-each-substance-to-take/>

“Lysergic Acid Diethylamide (LSD): Recommended Dosage: 50 – 150 µg (micrograms) per individual, 200+ µg in highly supportive settings...the most common form of **LSD comes on blotter paper**, which is an absorbent paper soaked in a solution of LSD. **An average sheet of blotter paper has about 100 uniform tabs containing about 100 µg per tab.**”

4. GUZMAN (2016) “Mechanism of Action of Quetiapine” URL: <https://psychopharmacologyinstitute.com/publication/mechanism-of-action-of-quetiapine-2109>

From **paragraph 5** “**Quetiapine has antagonist actions at 5-HT<sub>2A</sub> receptors**, one of the key properties of second-generation

	antipsychotics is that they have a high 5-HT <sub>2A</sub> /D <sub>2</sub> ratio. Quetiapine has higher affinity for 5-HT <sub>2A</sub> receptors than for D <sub>2</sub> receptors [3].”
23. The method of claim 21, wherein the individual has overdosed on the psychedelic drug.	<p>1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)</p> <p>From <b>claim 1</b> “A <b>pharmaceutical combination product comprising: compound described by the following formula (I):</b></p> <div style="text-align: center;">  <p>The chemical structure (I) consists of a benzimidazole ring system. The benzimidazole ring has a hydrogen atom (H) attached to the nitrogen atom. The benzimidazole ring is substituted with R<sub>3</sub> at the 6-position, R<sub>4</sub> at the 7-position, and R<sub>5</sub> at the 2-position. The 2-position of the benzimidazole ring is also substituted with a side chain consisting of a carbon atom bonded to R<sub>5</sub> and another carbon atom bonded to R<sub>5</sub>, R<sub>5</sub>, and a nitrogen atom. The nitrogen atom is bonded to R<sub>1</sub> and R<sub>2</sub>.</p> </div> <p>wherein <b>R<sub>1</sub></b> is selected from the group consisting of <b>methyl</b>, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein <b>R<sub>2</sub></b> is selected from the group consisting of <b>methyl</b>, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein <b>R<sub>3</sub></b> is selected from the group consisting of <b>hydrogen</b>, methoxy, methyl, hydroxy and a halogen; and</p> <p>wherein <b>R<sub>4</sub></b> is selected from the group consisting of hydrogen, hydroxy, <b>phosphoryloxy</b> and acetoxy;</p> <p>wherein <b>R<sub>5</sub></b> is selected from the group consisting of <b>deuterium (2H) and protium (1H)</b>; and</p> <p><b>(ii) a 5-HT<sub>2A</sub> receptor antagonist;</b></p> <p>for use as a medicament.”</p> <p>From <b>claim 4</b> “The <b>combination product for use according to any one of claims 1 -3 wherein the 5-HT<sub>2A</sub> receptor antagonist</b> is selected from the group consisting of Methiothepin, Ritanserin,</p>

Ketanserin, Flibanserin, Methysergide, Trazodone, Nefazodone, Cinitapride, Cyproheptadine, Brexpiprazole, Cariprazine, Agomelatine, **Pimavanserin**, Eplivanserin, Volinanserin, Altanserin, Setoperone, LY-367,265, 1 -(1 -Naphthyl)piperazine, SB 206553, Pirenperone, SB-215505, Metergoline, Deramciclane, Amperozide, Glemanserin, 5-MeO-NBpBrT, Adatanserin, AM DA, Cinanserin, Fananserin, Iferanserin, AC-90179, LY86057, GSK-215083, Cyamemazine, Mesulergine, BF-1 , LY215840, Sergolexole, Spiramide, LY53857, Amesergide, LY108742, Pipamperone, LY314228 and 5-I- 91 150.”

From **page 32** “In a preferred embodiment, the **5-HT2A receptor antagonist present in the combination product alleviates and/or eliminates the hallucinogenic and/or psychedelic side effects caused by a compound described by formula (I).**”

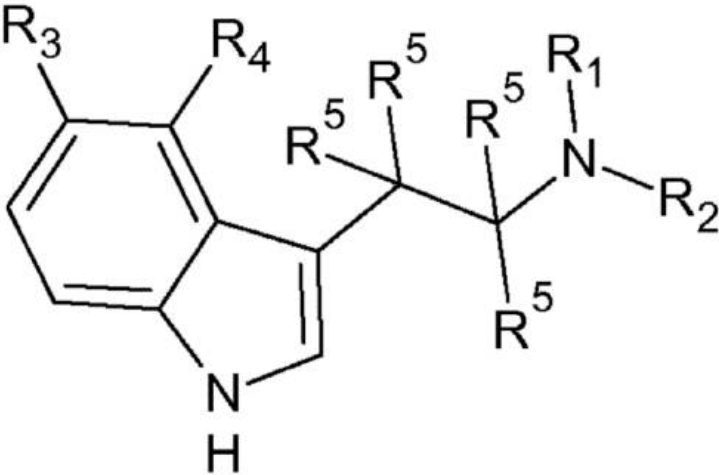
From **page 29** “In a preferred embodiment, the combination product is administered at least two times, preferably more than two times. A dosage of the combination product can comprise **0.5 -1000 mg of a compound described by formula (I) and/or 0.5 - 1000 mg of a 5-HT2A receptor antagonist.**”

3. PHARMBOY (2013) “Cheating Hofmann - LSD, Quetiapine & Alcohol” Retrieved from 15 October 2013. URL: <https://web.archive.org/web/20131015121257/https://erowid.org/experiences/exp.php?ID=71844>

DOSE: T+ 0:00	1 hit	oral	<a href="#">LSD</a>	(blotter / tab)
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T+ 3:00	33 mg	oral	<a href="#">Pharms - Quetiapine</a>	(pill / tablet)
T+ 4:00	200 mg	oral	Pharms - Ibuprofen	
T+ 6:30	1 glass	oral	<a href="#">Alcohol - Beer/Wine</a>	

From **paragraph 25** “Considering how easy and smooth it felt coming down (albeit cutting the LSD short) from the psychedelic aspect of my trip using the Seroquel, I would recommend it to anyone, at least to have as part of a psychedelic crisis kit.”

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	<p>“Lysergic Acid Diethylamide (LSD): Recommended Dosage: 50 – 150 µg (micrograms) per individual, 200+ µg in highly supportive settings...the most common form of <b>LSD comes on blotter paper</b>, which is an absorbent paper soaked in a solution of LSD. <b>An average sheet of blotter paper has about 100 uniform tabs containing about 100 µg per tab.</b>”</p> <p>4. GUZMAN (2016) “Mechanism of Action of Quetiapine” URL: <a href="https://psychopharmacologyinstitute.com/publication/mechanism-of-action-of-quetiapine-2109">https://psychopharmacologyinstitute.com/publication/mechanism-of-action-of-quetiapine-2109</a></p> <p>From <b>paragraph 5</b> “<b>Quetiapine has antagonist actions at 5-HT2A receptors</b>, one of the key properties of second-generation antipsychotics is that they have a high 5-HT2A/D2 ratio. Quetiapine has higher affinity for 5-HT2A receptors than for D2 receptors [3].”</p>
<p>24. The method of claim 21, wherein the duration shortening agent is administered 1 minute to 24 hours after administering the psychedelic drug.</p>	<p>1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)</p> <p>From <b>claim 1</b> “A <b>pharmaceutical combination product comprising: compound described by the following formula (I):</b></p> <div style="text-align: center;">  <p>The chemical structure (I) consists of a benzimidazole ring system. The benzimidazole core has a hydrogen atom (H) attached to the nitrogen atom. The benzimidazole ring is substituted with R3 at the 6-position, R4 at the 7-position, and R5 at the 2-position. The 2-position of the benzimidazole ring is also connected to a side chain. This side chain consists of a carbon atom bonded to two R5 groups and another carbon atom. This second carbon atom is bonded to one R5 group and a nitrogen atom. The nitrogen atom is bonded to R1 and R2.</p> </div> <p>wherein <b>R1</b> is selected from the group consisting of <b>methyl</b>, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein <b>R2</b> is selected from the group consisting of <b>methyl</b>, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein <b>R3</b> is selected from the group consisting of <b>hydrogen</b>, methoxy, methyl, hydroxy and a halogen; and</p>

wherein **R4** is selected from the group consisting of hydrogen, hydroxy, **phosphoryloxy** and acetoxy;

wherein **R5** is selected from the group consisting of **deuterium (2H) and protium (1H)**; and

(ii) a **5-HT2A receptor antagonist**;

for use as a medicament.”

From **page 32** “In a preferred embodiment, the **5-HT2A receptor antagonist present in the combination product alleviates and/or eliminates the hallucinogenic and/or psychedelic side effects caused by a compound described by formula (I).**”

From **page 32** “A compound described by **formula (I) and a 5-HT2A receptor antagonist may be administered together or separately** to an individual who suffers from one or more psychiatric and/or neurological disorders and/or who is at risk of suffering from one or more psychiatric and/or neurological disorders.

From **page 32** “In a preferred embodiment, a compound described by formula (I) may be administered to an individual who is already being administered a 5-HT2A receptor antagonist and who is suffering from one or more psychiatric and/or neurological disorders and/or who is at risk of suffering from one or more psychiatric and/or neurological disorders. Conversely, in an alternative embodiment, **a 5-HT2A receptor antagonist may be administered to an individual who is already being administered a compound described by formula (I)** and who is suffering from one or more psychiatric and/or neurological disorders and/or who is at risk of suffering from one or more psychiatric and/or neurological disorders.”

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DOSE: T+ 0:00	1 hit	oral	<u>LSD</u>	(blotter / tab)
T+ 2:00	66 mg	oral	<u>Pharms - Quetiapine</u>	(pill / tablet)
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From **paragraph 25** “Considering how easy and smooth it felt coming down (albeit cutting the LSD short) from the psychedelic aspect of my trip using the Seroquel, I would recommend it to anyone, at least to have as part of a psychedelic crisis kit.”

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“Lysergic Acid Diethylamide (LSD): Recommended Dosage: 50 – 150 µg (micrograms) per individual, 200+ µg in highly supportive settings...the most common form of **LSD comes on blotter paper**, which is an absorbent paper soaked in a solution of LSD. **An average sheet of blotter paper has about 100 uniform tabs containing about 100 µg per tab.**”

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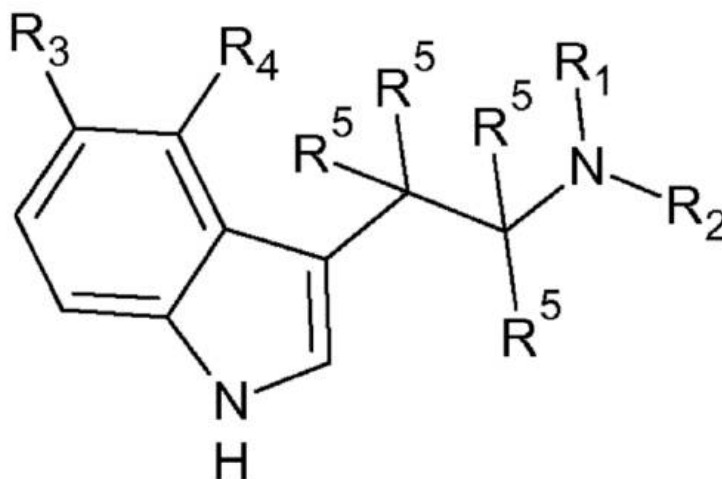
From **paragraph 5** “**Quetiapine has antagonist actions at 5-HT2A receptors**, one of the key properties of second-generation antipsychotics is that they have a high 5-HT2A/D2 ratio. Quetiapine has higher affinity for 5-HT2A receptors than for D2 receptors [3].”

25. The method of claim 21, wherein the psychedelic drug is a 5HT2A agonist chosen from the group consisting of LSD, psilocybin, psilocin, mescaline, 5-methoxy-N,N-dimethyltryptamine (5-MeO-DMT),

1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)

From **claim 1** “**A pharmaceutical combination product comprising: compound described by the following formula (I):**

dimethyltryptamine (DMT), 2,5-dimethoxy-4-iodoamphetamine (DOI), 2,5-dimethoxy-4-bromoamphetamine (DOB), salts thereof, tartrates thereof, solvates thereof, isomers thereof, deuterated forms thereof, analogs thereof, and homologues thereof.



wherein **R1** is selected from the group consisting of **methyl**, ethyl, n-propyl, allyl and isopropyl;

wherein **R2** is selected from the group consisting of **methyl**, ethyl, n-propyl, allyl and isopropyl;

wherein **R3** is selected from the group consisting of **hydrogen**, methoxy, methyl, hydroxy and a halogen; and

wherein **R4** is selected from the group consisting of hydrogen, hydroxy, **phosphoryloxy** and acetoxy;

wherein **R5** is selected from the group consisting of **deuterium (2H) and protium (1H)**; and

**(ii) a 5-HT2A receptor antagonist;**

for use as a medicament.”

From **page 32** “In a preferred embodiment, the **5-HT2A receptor antagonist present in the combination product alleviates and/or eliminates the hallucinogenic and/or psychedelic side effects caused by a compound described by formula (I).**”

From **page 32** “A compound described by **formula (I) and a 5-HT2A receptor antagonist may be administered together or separately** to an individual who suffers from one or more psychiatric and/or neurological disorders and/or who is at risk of suffering from one or more psychiatric and/or neurological disorders.

From **page 32** “In a preferred embodiment, a compound described by formula (I) may be administered to an individual who is already being administered a 5-HT<sub>2A</sub> receptor antagonist and who is suffering from one or more psychiatric and/or neurological disorders and/or who is at risk of suffering from one or more psychiatric and/or neurological disorders. Conversely, in an alternative embodiment, **a 5-HT<sub>2A</sub> receptor antagonist may be administered to an individual who is already being administered a compound described by formula (I)** and who is suffering from one or more psychiatric and/or neurological disorders and/or who is at risk of suffering from one or more psychiatric and/or neurological disorders.”

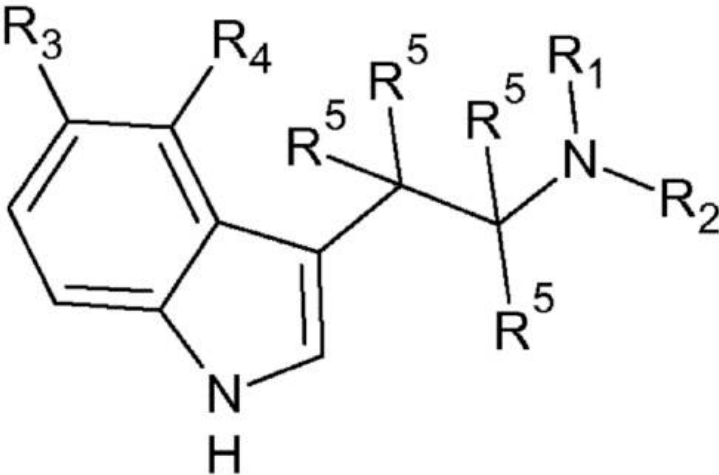
From **claim 3** “The combination product for use according to anyone of claims 1 -2 wherein the compound described by **formula (I)** is selected from the group consisting of **N,N-dimethyltryptamine, 5-methoxy-N,N-dimethyltryptamine, N,N-diethyltryptamine, N,N-dipropyltryptamine and N,N-diisopropyltryptamine.**”

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T+ 4:00	200 mg	oral	Pharms - Ibuprofen	
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From **paragraph 25** “Considering how easy and smooth it felt coming down (albeit cutting the LSD short) from the psychedelic aspect of my trip using the Seroquel, I would recommend it to anyone, at least to have as part of a psychedelic crisis kit.”

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	<p>“Lysergic Acid Diethylamide (LSD): Recommended Dosage: 50 – 150 µg (micrograms) per individual, 200+ µg in highly supportive settings...the most common form of <b>LSD comes on blotter paper</b>, which is an absorbent paper soaked in a solution of LSD. <b>An average sheet of blotter paper has about 100 uniform tabs containing about 100 µg per tab.</b>”</p> <p>4. GUZMAN (2016) “Mechanism of Action of Quetiapine” URL: <a href="https://psychopharmacologyinstitute.com/publication/mechanism-of-action-of-quetiapine-2109">https://psychopharmacologyinstitute.com/publication/mechanism-of-action-of-quetiapine-2109</a></p> <p>From <b>paragraph 5</b> “<b>Quetiapine has antagonist actions at 5-HT2A receptors</b>, one of the key properties of second-generation antipsychotics is that they have a high 5-HT2A/D2 ratio. Quetiapine has higher affinity for 5-HT2A receptors than for D2 receptors [3].”</p>
<p>26. The method of claim 21, wherein the psychedelic drug is administered in an amount that provides an effect for at least 2 hours.</p>	<p>1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)</p> <p>From <b>claim 1</b> “A <b>pharmaceutical combination product comprising: compound described by the following formula (I):</b></p> <div style="text-align: center;">  <p>The chemical structure (I) consists of a benzimidazole ring system. The benzimidazole core has a hydrogen atom (H) attached to the nitrogen atom. The benzimidazole ring is substituted with R3 at the 6-position, R4 at the 7-position, and R5 at the 2-position. The 2-position of the benzimidazole ring is also connected to a side chain. The side chain consists of a carbon atom bonded to two R5 groups and another carbon atom. This second carbon atom is bonded to one R5 group and a nitrogen atom. The nitrogen atom is bonded to R1 and R2.</p> </div> <p>wherein R1 is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein R2 is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein R3 is selected from the group consisting of hydrogen, methoxy, methyl, hydroxy and a halogen; and</p>

wherein R4 is selected from the group consisting of hydrogen, hydroxy, phosphoryloxy and acetoxy;

wherein R5 is selected from the group consisting of deuterium (2H) and protium (1H); **and**

**(ii) a 5-HT2A receptor antagonist;**

for use as a medicament.”

From **claim 3** “The combination product for use according to anyone of claims 1 -2 wherein the compound described by **formula (I)** is selected from the group consisting of **N,N-dimethyltryptamine, 5-methoxy-N,N-dimethyltryptamine, N,N-diethyltryptamine, N,N-dipropyltryptamine and N,N-diisopropyltryptamine.**”

From **page 29** “In a preferred embodiment, the combination product is administered at least two times, preferably more than two times. A dosage of the combination product can comprise **0.5 -1000 mg of a compound described by formula (I)** and/or 0.5 - 1000 mg of a 5-HT2A receptor antagonist.”

2. VALERIANI (2015) “Olanzapine as the ideal “trip terminator”? Analysis of online reports relating to antipsychotics' use and misuse following occurrence of novel psychoactive substance-related psychotic symptoms” Human Psychopharmacology: Clinical and Experimental. 30:249-254.

From **page 250** “In most cases, users reported here to **ingest olanzapine at relatively small dosages, usually ranging from 5 to 10 mg** once a day for just a few days as a **“terminator”/“modulator” of unwanted NPS psychedelic effects.**”

From **page 251** “Most online reports about olanzapine were here related to its use as a short-term, self-prescribed treatment for the psychedelic crises/“bad trips.” **Symptoms of psychedelic crises usually last a few hours, depending on the drug taken and dose ingested (Mangot, 2013). Indeed, SC's effects may last 1–4 h (Hoyte et al., 2012); tryptamines' effects 2–6 h (Hallock et al., 2013); lysergic acid diethylamide [LSD] 6–14 h (Krebs and Johansen, 2013); and mescaline 8–16 h (Trachsel, 2012).**”

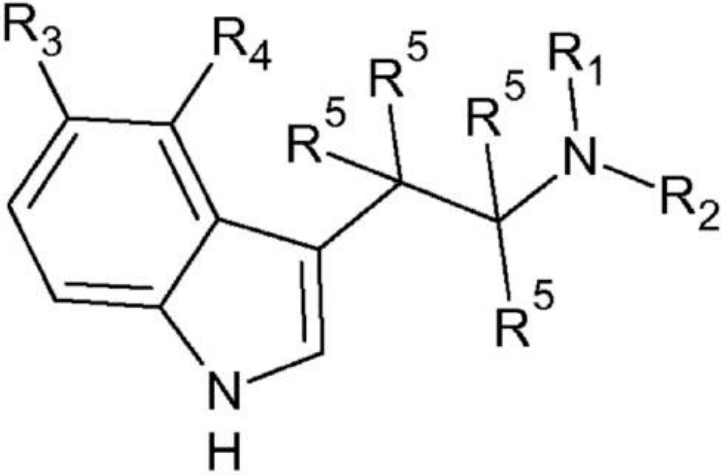
From **page 251** “There are already published data showing the effectiveness of olanzapine and, in general, of second-generation antipsychotics (SGA), as first-line treatments in psychotic disorders induced by drugs such as cannabis (Bersani et al., 2002a, 2002b; Sevy et al., 2011) and cocaine (Testa et al., 2013). Compared with first-generation antipsychotics (FGA), SGA may present with some advantages while treating drug-induced psychosis, including the following: (i) SGA induce fewer/no extrapyramidal symptoms (Ohno et al., 2013); (ii) SGA quickly dissociate from D2 receptors, unlike FGA/haloperidol, and hence may seem to be less associated with dysphoria and interference with drug reward anticipation/craving (Juckel et al., 2006); (iii) SGA seem more effective in the treatment of negative symptoms (Buchanan et al., 2005), alter positively mood (McIntyre et al., 2004), and have a positive impact on cognition (Bersani et al., 2011); and (iv) **SGA act as antagonists of 5HT2A receptor, which is the main target of most hallucinogenic drugs** (Potvin et al., 2003). From this point of view, **both clozapine and olanzapine may present with a distinct advantage in reducing drug-induced psychotic symptoms** (Murthy and Chand, 2012).”

3. PHARMBOY (2013) “Cheating Hofmann - LSD, Quetiapine & Alcohol” Retrieved from 15 October 2013. URL: <https://web.archive.org/web/20131015121257/https://erowid.org/experiences/exp.php?ID=71844>

DOSE; T+ 0:00	1 hit	oral	<a href="#">LSD</a>	(blotter / tab)
T+ 2:00	66 mg	oral	<a href="#">Pharms - Quetiapine</a>	(pill / tablet)
T+ 3:00	33 mg	oral	<a href="#">Pharms - Quetiapine</a>	(pill / tablet)
T+ 4:00	200 mg	oral	Pharms - Ibuprofen	
T+ 6:30	1 glass	oral	<a href="#">Alcohol - Beer/Wine</a>	

From **paragraph 25** “Considering how easy and smooth it felt coming down (albeit cutting the LSD short) from the psychedelic aspect of my trip using the Seroquel, I would recommend it to anyone, at least to have as part of a psychedelic crisis kit.”

7. LEVICH (2020) “Psychedelic Dosage Guide: How Much of Each Substance to Take” Retrieved 28 September 2020. URL: <https://web.archive.org/web/20200928082744/https://www.psychedelicpassage.com/psychedelic-dosage-guide-how-much-of-each-substance-to-take/>

	<p>“Lysergic Acid Diethylamide (LSD): Recommended Dosage: 50 – 150 µg (micrograms) per individual, 200+ µg in highly supportive settings...the most common form of <b>LSD comes on blotter paper</b>, which is an absorbent paper soaked in a solution of LSD. <b>An average sheet of blotter paper has about 100 uniform tabs containing about 100 µg per tab.</b>”</p> <p>4. GUZMAN (2016) “Mechanism of Action of Quetiapine” URL: <a href="https://psychopharmacologyinstitute.com/publication/mechanism-of-action-of-quetiapine-2109">https://psychopharmacologyinstitute.com/publication/mechanism-of-action-of-quetiapine-2109</a></p> <p>From <b>paragraph 5</b> “<b>Quetiapine has antagonist actions at 5-HT2A receptors</b>, one of the key properties of second-generation antipsychotics is that they have a high 5-HT2A/D2 ratio. Quetiapine has higher affinity for 5-HT2A receptors than for D2 receptors [3].”</p>
<p>27. The method of claim 25, wherein the psychedelic drug is administered in an amount chosen from the group consisting of 0.01-1 mg LSD, 10-50 mg psilocybin, 100-800 mg mescaline, 20-100 mg DMT, 0.1-5 mg DOI, and 0.1-5 mg DOB.</p>	<p>1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)</p> <p>From <b>claim 1</b> “A <b>pharmaceutical combination product comprising: compound described by the following formula (I)</b>:</p> <div style="text-align: center;">  </div> <p>wherein R1 is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein R2 is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;</p>

wherein R3 is selected from the group consisting of hydrogen, methoxy, methyl, hydroxy and a halogen; and

wherein R4 is selected from the group consisting of hydrogen, hydroxy, phosphoryloxy and acetoxy;

wherein R5 is selected from the group consisting of deuterium (2H) and protium (1H); and

**(ii) a 5-HT2A receptor antagonist;**

for use as a medicament.”

From **claim 3** “The combination product for use according to anyone of claims 1 -2 wherein the compound described by **formula (I)** is selected from the group consisting of **N,N-dimethyltryptamine, 5-methoxy-N,N-dimethyltryptamine, N,N-diethyltryptamine, N,N-dipropyltryptamine and N,N-diisopropyltryptamine.**”

From **page 29** “In a preferred embodiment, the combination product is administered at least two times, preferably more than two times. A dosage of the combination product can comprise **0.5 -1000 mg of a compound described by formula (I)** and/or 0.5 - 1000 mg of a 5-HT2A receptor antagonist.”

2. VALERIANI (2015) “Olanzapine as the ideal “trip terminator”? Analysis of online reports relating to antipsychotics' use and misuse following occurrence of novel psychoactive substance-related psychotic symptoms” Human Psychopharmacology: Clinical and Experimental. 30:249-254.

From **page 250** “In most cases, users reported here to **ingest olanzapine at relatively small dosages, usually ranging from 5 to 10 mg** once a day for just a few days as a **“terminator”/“modulator” of unwanted NPS psychedelic effects.**”

From **page 251** “Most online reports about olanzapine were here related to its use as a short-term, self-prescribed treatment for the psychedelic crises/“bad trips.” **Symptoms of psychedelic crises usually last a few hours, depending on the drug taken and dose ingested (Mangot, 2013). Indeed, SC's effects may last 1–4 h (Hoyte et al., 2012); tryptamines' effects 2–6 h (Hallock et al., 2013); lysergic acid diethylamide [LSD] 6–14 h (Krebs and Johansen, 2013); and mescaline 8–16 h (Trachsel, 2012).**”



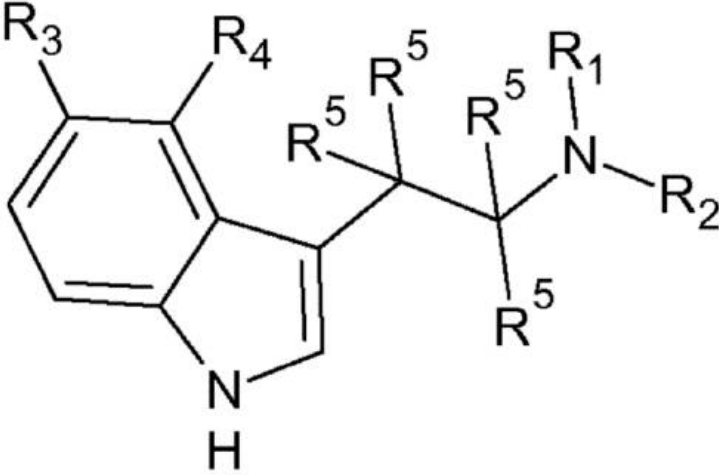
From **page 251** “There are already published data showing the effectiveness of olanzapine and, in general, of second-generation antipsychotics (SGA), as first-line treatments in psychotic disorders induced by drugs such as cannabis (Bersani et al., 2002a, 2002b; Sevy et al., 2011) and cocaine (Testa et al., 2013). Compared with first-generation antipsychotics (FGA), SGA may present with some advantages while treating drug-induced psychosis, including the following: (i) SGA induce fewer/no extrapyramidal symptoms (Ohno et al., 2013); (ii) SGA quickly dissociate from D2 receptors, unlike FGA/haloperidol, and hence may seem to be less associated with dysphoria and interference with drug reward anticipation/craving (Juckel et al., 2006); (iii) SGA seem more effective in the treatment of negative symptoms (Buchanan et al., 2005), alter positively mood (McIntyre et al., 2004), and have a positive impact on cognition (Bersani et al., 2011); and (iv) **SGA act as antagonists of 5HT2A receptor, which is the main target of most hallucinogenic drugs** (Potvin et al., 2003). From this point of view, **both clozapine and olanzapine may present with a distinct advantage in reducing drug-induced psychotic symptoms** (Murthy and Chand, 2012).”

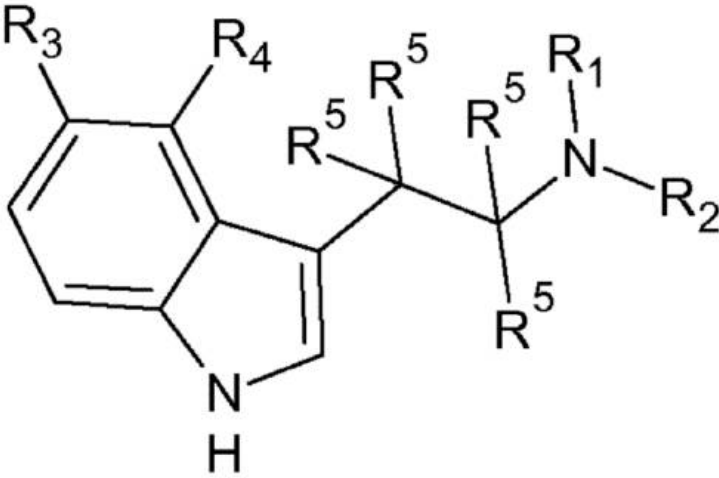
3. PHARMBOY (2013) “Cheating Hofmann - LSD, Quetiapine & Alcohol” Retrieved from 15 October 2013. URL: <https://web.archive.org/web/20131015121257/https://erowid.org/experiences/exp.php?ID=71844>

DOSE: T+ 0:00	1 hit	oral	<a href="#">LSD</a>	(blotter / tab)
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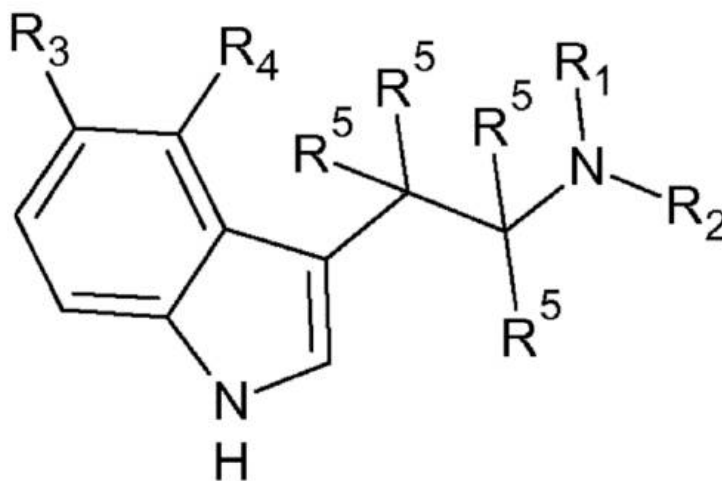
From **paragraph 25** “Considering how easy and smooth it felt coming down (albeit cutting the LSD short) from the psychedelic aspect of my trip using the Seroquel, I would recommend it to anyone, at least to have as part of a psychedelic crisis kit.”

7. LEVICH (2020) “Psychedelic Dosage Guide: How Much of Each Substance to Take” Retrieved 28 September 2020. URL: <https://web.archive.org/web/20200928082744/https://www.psychedelicpassage.com/psychedelic-dosage-guide-how-much-of-each-substance-to-take/>

	<p>“Lysergic Acid Diethylamide (LSD): Recommended Dosage: 50 – 150 µg (micrograms) per individual, 200+ µg in highly supportive settings...the most common form of <b>LSD comes on blotter paper</b>, which is an absorbent paper soaked in a solution of LSD. <b>An average sheet of blotter paper has about 100 uniform tabs containing about 100 µg per tab.</b>”</p> <p>4. GUZMAN (2016) “Mechanism of Action of Quetiapine” URL: <a href="https://psychopharmacologyinstitute.com/publication/mechanism-of-action-of-quetiapine-2109">https://psychopharmacologyinstitute.com/publication/mechanism-of-action-of-quetiapine-2109</a></p> <p>From <b>paragraph 5</b> “<b>Quetiapine has antagonist actions at 5-HT2A receptors</b>, one of the key properties of second-generation antipsychotics is that they have a high 5-HT2A/D2 ratio. Quetiapine has higher affinity for 5-HT2A receptors than for D2 receptors [3].”</p>
<p>28. The method of claim 21, wherein the duration shortening agent is a 5HT2A receptor antagonist.</p>	<p>1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)</p> <p>From <b>claim 1</b> “A <b>pharmaceutical combination product comprising: compound described by the following formula (I):</b></p> <div style="text-align: center;">  </div> <p>wherein R1 is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein R2 is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein R3 is selected from the group consisting of hydrogen, methoxy, methyl, hydroxy and a halogen; and</p>

	<p>wherein R4 is selected from the group consisting of hydrogen, hydroxy, phosphoryloxy and acetoxy;</p> <p>wherein R5 is selected from the group consisting of deuterium (2H) and protium (1H); <b>and</b></p> <p><b>(ii) a 5-HT2A receptor antagonist;</b></p> <p>for use as a medicament.”</p> <p>From <b>page 32</b> “In a preferred embodiment, the <b>5-HT2A receptor antagonist present in the combination product alleviates and/or eliminates the hallucinogenic and/or psychedelic side effects caused by a compound described by formula (I).</b>”</p>
<p>29. The method of claim 28, wherein the duration shortening agent is chosen from the group consisting of pimavanserin, salts thereof, analogs thereof, and homologs thereof.</p>	<p>1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)</p> <p>From <b>claim 1</b> “A <b>pharmaceutical combination product comprising: compound described by the following formula (I):</b></p> <div style="text-align: center;">  <p>The chemical structure (I) consists of an indole ring system. The benzene ring of the indole has substituents R3 at the 6-position and R4 at the 7-position. The indole nitrogen has a hydrogen atom (H) attached. At the 3-position of the indole ring, there is a carbon atom bonded to two R5 groups. This carbon is further bonded to another carbon atom, which is bonded to one R5 group and a nitrogen atom. The nitrogen atom is bonded to R1 and R2.</p> </div> <p>wherein R1 is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein R2 is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein R3 is selected from the group consisting of hydrogen, methoxy, methyl, hydroxy and a halogen; and</p>

	<p>wherein R4 is selected from the group consisting of hydrogen, hydroxy, phosphoryloxy and acetoxy;</p> <p>wherein R5 is selected from the group consisting of deuterium (2H) and protium (1H); <b>and</b></p> <p><b>(ii) a 5-HT2A receptor antagonist;</b></p> <p>for use as a medicament.”</p> <p>From <b>claim 3</b> “The combination product for use according to anyone of claims 1 -2 wherein the compound described by <b>formula (I)</b> is selected from the group consisting of <b>N,N-dimethyltryptamine, 5-methoxy-N,N-dimethyltryptamine, N,N-diethyltryptamine, N,N-dipropyltryptamine and N,N-diisopropyltryptamine.</b>”</p> <p>From <b>claim 4</b> “The <b>combination product for use according to any one of claims 1 -3 wherein the 5-HT2A receptor antagonist</b> is selected from the group consisting of Methiothepin, Ritanserin, Ketanserin, Flibanserin, Methysergide, Trazodone, Nefazodone, Cinitapride, Cyproheptadine, Brexpiprazole, Cariprazine, Agomelatine, <b>Pimavanserin</b>, Eplivanserin, Volinanserin, Altanserin, Setoperone, LY-367,265, 1 -(1 -Naphthyl)piperazine, SB 206553, Pirenperone, SB-215505, Metergoline, Deramciclane, Amperozide, Glemanserin, 5-MeO-NBpBrT, Adatanserin, AM DA, Cinanserin, Fananserin, Iferanserin, AC-90179, LY86057, GSK-215083, Cyamemazine, Mesulergine, BF-1 , LY215840, Sergolexole, Spiramide, LY53857, Amesergide, LY108742, Pipamperone, LY314228 and 5-I- 91 150.”</p> <p>From <b>page 32</b> “In a preferred embodiment, the <b>5-HT2A receptor antagonist present in the combination product alleviates and/or eliminates the hallucinogenic and/or psychedelic side effects caused by a compound described by formula (I).</b>”</p>
<p>30. The method of claim 29, wherein the pimavanserin is administered in an amount of 1-100 mg.</p>	<p>1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)</p> <p>From <b>claim 1</b> “A <b>pharmaceutical combination product comprising: compound described by the following formula (I):</b></p>



wherein R1 is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;

wherein R2 is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;

wherein R3 is selected from the group consisting of hydrogen, methoxy, methyl, hydroxy and a halogen; and

wherein R4 is selected from the group consisting of hydrogen, hydroxy, phosphoryloxy and acetoxy;

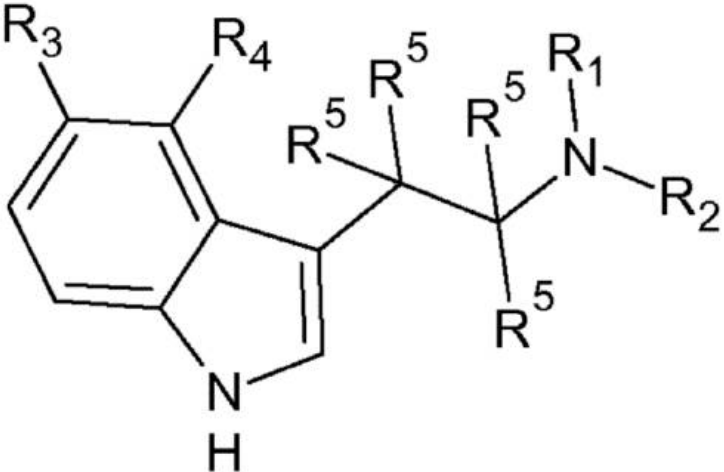
wherein R5 is selected from the group consisting of deuterium (2H) and protium (1H); **and**

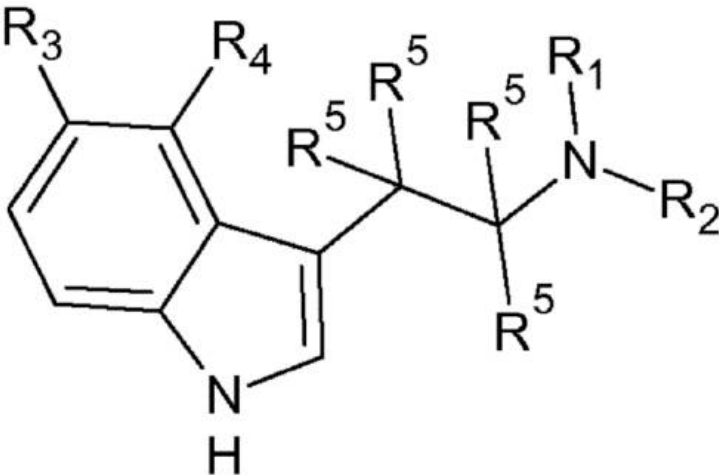
**(ii) a 5-HT2A receptor antagonist;**

for use as a medicament.”

From **claim 3** “The combination product for use according to anyone of claims 1 -2 wherein the compound described by **formula (I)** is selected from the group consisting of **N,N-dimethyltryptamine, 5-methoxy-N,N-dimethyltryptamine, N,N-diethyltryptamine, N,N-dipropyltryptamine and N,N-diisopropyltryptamine.**”

From **claim 4** “The **combination product for use according to any one of claims 1 -3 wherein the 5-HT2A receptor antagonist is** selected from the group consisting of Methiothepin, Ritanserin, Ketanserin, Flibanserin, Methysergide, Trazodone, Nefazodone, Cinitapride, Cyproheptadine, Brexpiprazole, Cariprazine,

	<p>Agomelatine, <b>Pimavanserin</b>, Eplivanserin, Volinanserin, Altanserin, Setoperone, LY-367,265, 1-(1-Naphthyl)piperazine, SB 206553, Pirenperone, SB-215505, Metergoline, Deramciclane, Amperozide, Glemanserin, 5-MeO-NBpBrT, Adatanserin, AM DA, Cinanserin, Fananserin, Iferserin, AC-90179, LY86057, GSK-215083, Cyamemazine, Mesulergine, BF-1, LY215840, Sergolexole, Spiramide, LY53857, Amesergide, LY108742, Pipamperone, LY314228 and 5-I- 91 150.”</p> <p>From <b>page 29</b> “In a preferred embodiment, the combination product is administered at least two times, preferably more than two times. A dosage of the combination product can comprise <b>0.5 -1000 mg of a compound described by formula (I)</b> and/or <b>0.5 - 1000 mg of a 5-HT<sub>2A</sub> receptor antagonist.</b>”</p> <p>8. FDA (2016) “NUPLAZID (PIMAVANSERIN): HIGHLIGHTS OF PRESCRIBING INFORMATION” URL: <a href="https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/207318lbl.pdf">https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/207318lbl.pdf</a></p> <p>From <b>page 1</b> “DOSAGE AND ADMINISTRATION: <b>Recommended dose is 34 mg</b>, taken orally as two 17 mg tablets once daily, without titration.”</p>
<p>31. The method of claim 21, further providing no recurrence of the psychedelic drug effects after the duration shortening agent is administered.</p>	<p>1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)</p> <p>From <b>claim 1</b> “A <b>pharmaceutical combination product comprising: compound described by the following formula (I)</b>:</p>  <p>The chemical structure (I) consists of a benzimidazole ring system. The benzimidazole has a hydrogen atom on the nitrogen. The benzimidazole ring is substituted with R<sub>3</sub> at the 6-position, R<sub>4</sub> at the 7-position, and R<sub>5</sub> at the 2-position. The 2-position of the benzimidazole is further substituted with a side chain: -CH(R<sub>5</sub>)-CH(R<sub>5</sub>)-N(R<sub>1</sub>)(R<sub>2</sub>).</p>

	<p>wherein <b>R1</b> is selected from the group consisting of <b>methyl</b>, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein <b>R2</b> is selected from the group consisting of <b>methyl</b>, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein <b>R3</b> is selected from the group consisting of <b>hydrogen</b>, methoxy, methyl, hydroxy and a halogen; and</p> <p>wherein <b>R4</b> is selected from the group consisting of hydrogen, hydroxy, <b>phosphoryloxy</b> and acetoxy;</p> <p>wherein <b>R5</b> is selected from the group consisting of <b>deuterium (2H) and protium (1H)</b>; and</p> <p><b>(ii) a 5-HT2A receptor antagonist;</b></p> <p>for use as a medicament.”</p> <p>From <b>page 32</b> “In a preferred embodiment, the <b>5-HT2A receptor antagonist present in the combination product alleviates and/or eliminates the hallucinogenic and/or psychedelic side effects caused by a compound described by formula (I).</b>”</p>
<p>32. A method of stopping psychosis due to psychedelic administration, including the steps of: administering a duration shortening agent to the individual after the individual has taken a psychedelic drug; and stopping psychosis caused by the psychedelic drug.</p>	<p>1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)</p> <p>From <b>claim 1</b> “A <b>pharmaceutical combination product comprising: compound described by the following formula (I):</b></p>  <p>The chemical structure (I) is a 5-HT2A receptor antagonist. It features a benzimidazole ring system. The benzimidazole ring has a hydrogen atom on the nitrogen atom. The 2-position of the benzimidazole ring is substituted with a quaternary carbon atom bonded to four R5 groups. The 3-position of the benzimidazole ring is substituted with a quaternary carbon atom bonded to three R5 groups and one R1 group. The nitrogen atom of the benzimidazole ring is bonded to an R2 group.</p>

wherein **R1** is selected from the group consisting of **methyl**, ethyl, n-propyl, allyl and isopropyl;

wherein **R2** is selected from the group consisting of **methyl**, ethyl, n-propyl, allyl and isopropyl;

wherein **R3** is selected from the group consisting of **hydrogen**, methoxy, methyl, hydroxy and a halogen; and

wherein **R4** is selected from the group consisting of hydrogen, hydroxy, **phosphoryloxy** and acetoxy;

wherein **R5** is selected from the group consisting of **deuterium (2H) and protium (1H)**; and

**(ii) a 5-HT<sub>2A</sub> receptor antagonist;**

for use as a medicament.”

From **page 32** “In a preferred embodiment, the **5-HT<sub>2A</sub> receptor antagonist present in the combination product alleviates and/or eliminates the hallucinogenic and/or psychedelic side effects caused by a compound described by formula (I).**”

From **page 14** “The terms "**hallucinogenic side effects**" and "**psychedelic side effects**" are used in the present application interchangeably to **refer to unwanted and/or unintended secondary effects** caused by the administration of a medicament to an individual resulting in **subjective experiences being qualitatively different from those of ordinary consciousness**. These experiences can include derealization, depersonalization, hallucinations and/or sensory distortions in the visual, auditory, olfactory, tactile, proprioceptive and/or interoceptive spheres and/or any other perceptual modifications, and/or **any other substantial subjective changes in cognition, memory, emotion and consciousness.**”

9. NIMH (2021) “Understanding Psychosis” Retrieved 13 May 2021. URL:

<https://web.archive.org/web/20210503133654/https://www.nimh.nih.gov/health/publications/understanding-psychosis/>

“The word psychosis is used to describe conditions that affect the mind, **where there has been some loss of contact with reality.**”



**“Symptoms of psychosis include delusions (false beliefs) and hallucinations (seeing or hearing things that others do not see or hear). Other symptoms include incoherent or nonsense speech and behavior that is inappropriate for the situation.** A person in a psychotic episode also may experience depression, anxiety, sleep problems, social withdrawal, lack of motivation, and difficulty functioning overall.”

3. PHARMBOY (2013) “Cheating Hofmann - LSD, Quetiapine & Alcohol” Retrieved from 15 October 2013. URL: <https://web.archive.org/web/20131015121257/https://erowid.org/experiences/exp.php?ID=71844>

DOSE: T+ 0:00	1 hit	oral	<a href="#">LSD</a>	(blotter / tab)
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T+ 4:00	200 mg	oral	<a href="#">Pharms - Ibuprofen</a>	
T+ 6:30	1 glass	oral	<a href="#">Alcohol - Beer/Wine</a>	

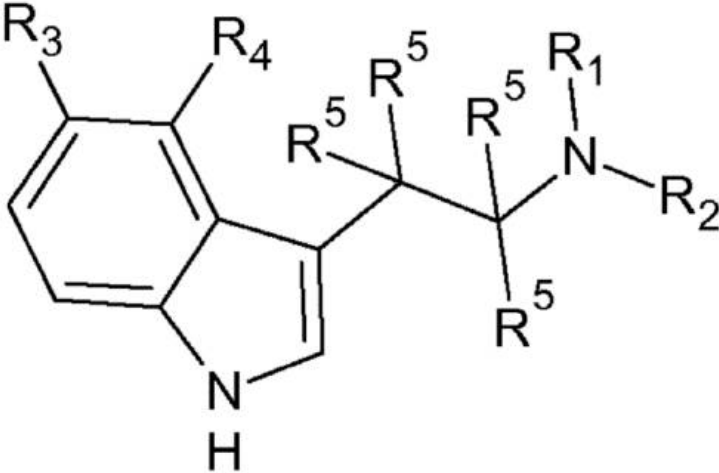
From **paragraph 12** “Visualizations began at around 10:30 with crawling carpeting and changes in color hues. I felt as if my head was being detached from the rest of my body. Looking outside I noticed the color of the tree outside our home was leaning closer and closer to the window.”

From **paragraph 12** “By around 10:45 - 11:00, the peak is in full swing and I am melting into the floor, **getting very intense, hard to see, my visual field is sideways and standing up straight becomes hard.** Wow, this is really good acid. **Maybe too good, I thought, this is only the beginning, time to cut this short.**”

From **paragraph 13** “At 11:30 (or thereabouts) I consumed approx. 66mg of the Quetiapine.”

From **paragraph 25** “Considering how easy and smooth it felt coming down (albeit **cutting the LSD short**) from the psychedelic aspect of my trip using the Seroquel, **I would recommend it to anyone, at least to have as part of a psychedelic crisis kit.**”

7. LEVICH (2020) “Psychedelic Dosage Guide: How Much of Each Substance to Take” Retrieved 28 September 2020. URL: <https://web.archive.org/web/20200928082744/https://www.psychedicpassage.com/psychedelic-dosage-guide-how-much-of-each-substance-to-take/>

	<p>“Lysergic Acid Diethylamide (LSD): Recommended Dosage: 50 – 150 µg (micrograms) per individual, 200+ µg in highly supportive settings...the most common form of <b>LSD comes on blotter paper</b>, which is an absorbent paper soaked in a solution of LSD. <b>An average sheet of blotter paper has about 100 uniform tabs containing about 100 µg per tab.</b>”</p> <p>4. GUZMAN (2016) “Mechanism of Action of Quetiapine” URL: <a href="https://psychopharmacologyinstitute.com/publication/mechanism-of-action-of-quetiapine-2109">https://psychopharmacologyinstitute.com/publication/mechanism-of-action-of-quetiapine-2109</a></p> <p>From <b>paragraph 5</b> “<b>Quetiapine has antagonist actions at 5-HT2A receptors</b>, one of the key properties of second-generation antipsychotics is that they have a high 5-HT2A/D2 ratio. Quetiapine has higher affinity for 5-HT2A receptors than for D2 receptors [3].”</p>
<p>33. The method of claim 32, wherein said stopping step further includes stopping or reducing a symptom chosen from the group consisting of delusions, hallucinations, talking incoherently, and agitation.</p>	<p>1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)</p> <p>From <b>claim 1</b> “A <b>pharmaceutical combination product comprising: compound described by the following formula (I):</b></p> <div style="text-align: center;">  <p>The chemical structure (I) consists of a benzimidazole ring system. The benzimidazole ring has a hydrogen atom (H) attached to the nitrogen atom. The benzimidazole ring is substituted with R3 at the 6-position, R4 at the 7-position, and R5 at the 2-position. The 2-position of the benzimidazole ring is also substituted with a side chain consisting of a carbon atom bonded to two R5 groups, which is further bonded to another carbon atom bonded to one R5 group and a nitrogen atom. The nitrogen atom is bonded to R1 and R2.</p> </div> <p>wherein <b>R1</b> is selected from the group consisting of <b>methyl</b>, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein <b>R2</b> is selected from the group consisting of <b>methyl</b>, ethyl, n-propyl, allyl and isopropyl;</p>

wherein **R3** is selected from the group consisting of **hydrogen**, methoxy, methyl, hydroxy and a halogen; and

wherein **R4** is selected from the group consisting of hydrogen, hydroxy, **phosphoryloxy** and acetoxy;

wherein **R5** is selected from the group consisting of **deuterium (2H) and protium (1H)**; and

**(ii) a 5-HT<sub>2A</sub> receptor antagonist;**

for use as a medicament.”

From **page 32** “In a preferred embodiment, the **5-HT<sub>2A</sub> receptor antagonist present in the combination product alleviates and/or eliminates the hallucinogenic and/or psychedelic side effects caused by a compound described by formula (I).**”

From **page 14** “The terms "**hallucinogenic side effects**" and "**psychedelic side effects**" are used in the present application interchangeably to **refer to unwanted and/or unintended secondary effects** caused by the administration of a medicament to an individual resulting in **subjective experiences being qualitatively different from those of ordinary consciousness**. These experiences can include derealization, depersonalization, **hallucinations** and/or sensory distortions in the visual, auditory, olfactory, tactile, proprioceptive and/or interoceptive spheres and/or any other perceptual modifications, and/or any other substantial **subjective changes in cognition, memory, emotion and consciousness.**”

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“The word psychosis is used to describe conditions that affect the mind, **where there has been some loss of contact with reality.**”

“**Symptoms of psychosis include delusions (false beliefs) and hallucinations (seeing or hearing things that others do not see or hear). Other symptoms include incoherent or nonsense speech and behavior that is inappropriate for the situation.** A person in a psychotic episode also may experience depression, anxiety, sleep problems, social withdrawal, lack of motivation, and difficulty functioning overall.”

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From **paragraph 12** "Visualizations began at around 10:30 with crawling carpeting and changes in color hues. I felt as if my head was being detached from the rest of my body. Looking outside I noticed the color of the tree outside our home was leaning closer and closer to the window."

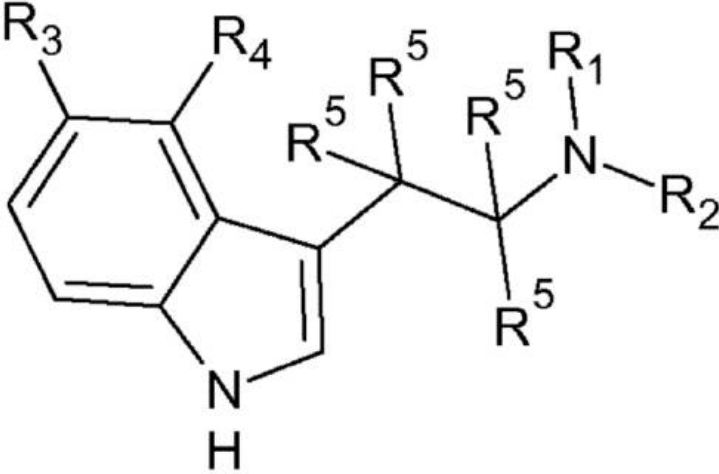
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From **paragraph 13** "At 11:30 (or thereabouts) I consumed approx. 66mg of the Quetiapine."

From **paragraph 25** "Considering how easy and smooth it felt coming down (albeit **cutting the LSD short**) from the psychedelic aspect of my trip using the Seroquel, **I would recommend it to anyone, at least to have as part of a psychedelic crisis kit.**"

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<p>34. The method of claim 32, wherein the duration shortening agent is administered 1 minute to 24 hours after administering the psychedelic drug.</p>	<p>1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)</p> <p>From <b>claim 1</b> “A <b>pharmaceutical combination product comprising: compound described by the following formula (I):</b></p> <div style="text-align: center;">  </div> <p>wherein <b>R1</b> is selected from the group consisting of <b>methyl</b>, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein <b>R2</b> is selected from the group consisting of <b>methyl</b>, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein <b>R3</b> is selected from the group consisting of <b>hydrogen</b>, methoxy, methyl, hydroxy and a halogen; and</p> <p>wherein <b>R4</b> is selected from the group consisting of hydrogen, hydroxy, <b>phosphoryloxy</b> and acetoxy;</p> <p>wherein <b>R5</b> is selected from the group consisting of <b>deuterium (2H) and protium (1H)</b>; and</p>

(ii) a 5-HT2A receptor antagonist;

for use as a medicament.”

From page 32 “In a preferred embodiment, the **5-HT2A receptor antagonist present in the combination product alleviates and/or eliminates the hallucinogenic and/or psychedelic side effects caused by a compound described by formula (I).**”

From page 32 “A compound described by **formula (I) and a 5-HT2A receptor antagonist may be administered together or separately** to an individual who suffers from one or more psychiatric and/or neurological disorders and/or who is at risk of suffering from one or more psychiatric and/or neurological disorders.

From page 32 “In a preferred embodiment, a compound described by formula (I) may be administered to an individual who is already being administered a 5-HT2A receptor antagonist and who is suffering from one or more psychiatric and/or neurological disorders and/or who is at risk of suffering from one or more psychiatric and/or neurological disorders. Conversely, in an alternative embodiment, **a 5-HT2A receptor antagonist may be administered to an individual who is already being administered a compound described by formula (I)** and who is suffering from one or more psychiatric and/or neurological disorders and/or who is at risk of suffering from one or more psychiatric and/or neurological disorders.”

From page 14 “The terms **"hallucinogenic side effects" and "psychedelic side effects"** are used in the present application interchangeably to **refer to unwanted and/or unintended secondary effects** caused by the administration of a medicament to an individual resulting in **subjective experiences being qualitatively different from those of ordinary consciousness**. These experiences can include derealization, depersonalization, **hallucinations** and/or sensory distortions in the visual, auditory, olfactory, tactile, proprioceptive and/or interoceptive spheres and/or any other perceptual modifications, and/or any other substantial **subjective changes in cognition, memory, emotion and consciousness.**”

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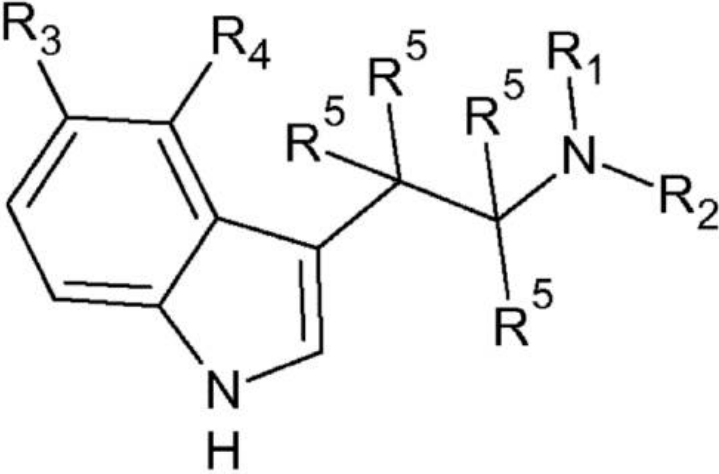
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From **paragraph 12** “Visualizations began at around 10:30 with crawling carpeting and changes in color hues. I felt as if my head was being detached from the rest of my body. Looking outside I noticed the color of the tree outside our home was leaning closer and closer to the window.”

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From **paragraph 13** “At 11:30 (or thereabouts) I consumed approx. 66mg of the Quetiapine.”

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<p>35. The method of claim 32, wherein the psychedelic drug is a 5HT2A agonist chosen from the group consisting of LSD, psilocybin, psilocin, mescaline, 5-methoxy-N,N-dimethyltryptamine (5-MeO-DMT), dimethyltryptamine (DMT), 2,5-dimethoxy-4-iodoamphetamine (DOI), 2,5-dimethoxy-4-bromoamphetamine (DOB), salts thereof, tartrates thereof, solvates thereof, isomers thereof, deuterated forms thereof, analogs</p>	<p>1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)</p> <p>From <b>claim 1</b> “A <b>pharmaceutical combination product comprising: compound described by the following formula (I):</b></p>  <p>The chemical structure (I) is a tryptamine derivative. It features an indole ring system. The benzene ring of the indole has two substituents, R<sub>3</sub> and R<sub>4</sub>, at the 3 and 4 positions respectively. The nitrogen atom of the indole ring is bonded to a hydrogen atom (H). The 2-position of the indole ring is connected to a side chain. This side chain consists of a carbon atom bonded to two R<sub>5</sub> groups and another carbon atom. This second carbon atom is bonded to one R<sub>5</sub> group and a nitrogen atom. The nitrogen atom is further substituted with R<sub>1</sub> and R<sub>2</sub> groups.</p>



<p>thereof, and homologues thereof.</p>	<p>wherein <b>R1</b> is selected from the group consisting of <b>methyl</b>, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein <b>R2</b> is selected from the group consisting of <b>methyl</b>, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein <b>R3</b> is selected from the group consisting of <b>hydrogen</b>, methoxy, methyl, hydroxy and a halogen; and</p> <p>wherein <b>R4</b> is selected from the group consisting of hydrogen, hydroxy, <b>phosphoryloxy</b> and acetoxy;</p> <p>wherein <b>R5</b> is selected from the group consisting of <b>deuterium (2H) and protium (1H); and</b></p> <p><b>(ii) a 5-HT2A receptor antagonist;</b></p> <p>for use as a medicament.”</p> <p>From <b>claim 3</b> “The combination product for use according to anyone of claims 1 -2 wherein the compound described by <b>formula (I)</b> is selected from the group consisting of <b>N,N-dimethyltryptamine, 5-methoxy-N,N-dimethyltryptamine, N,N-diethyltryptamine, N,N-dipropyltryptamine and N,N-diisopropyltryptamine.</b>”</p> <p>From <b>page 32</b> “In a preferred embodiment, the <b>5-HT2A receptor antagonist present in the combination product alleviates and/or eliminates the hallucinogenic and/or psychedelic side effects caused by a compound described by formula (I).</b>”</p> <p>From <b>page 32</b> “A compound described by <b>formula (I) and a 5-HT2A receptor antagonist may be administered together or separately</b> to an individual who suffers from one or more psychiatric and/or neurological disorders and/or who is at risk of suffering from one or more psychiatric and/or neurological disorders.</p> <p>From <b>page 32</b> “In a preferred embodiment, a compound described by formula (I) may be administered to an individual who is already being administered a 5-HT2A receptor antagonist and who is suffering from one or more psychiatric and/or neurological disorders and/or who is at risk of suffering from one or more psychiatric and/or neurological disorders. Conversely, in an alternative embodiment, <b>a 5-HT2A receptor antagonist may be administered to an individual who is already being administered a compound described by formula (I)</b> and who is suffering from one or more</p>
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psychiatric and/or neurological disorders and/or who is at risk of suffering from one or more psychiatric and/or neurological disorders.”

From page 14 “The terms **"hallucinogenic side effects"** and **"psychedelic side effects"** are used in the present application interchangeably to **refer to unwanted and/or unintended secondary effects** caused by the administration of a medicament to an individual resulting in **subjective experiences being qualitatively different from those of ordinary consciousness**. These experiences can include derealization, depersonalization, **hallucinations** and/or sensory distortions in the visual, auditory, olfactory, tactile, proprioceptive and/or interoceptive spheres and/or any other perceptual modifications, and/or any other substantial **subjective changes in cognition, memory, emotion and consciousness.**”

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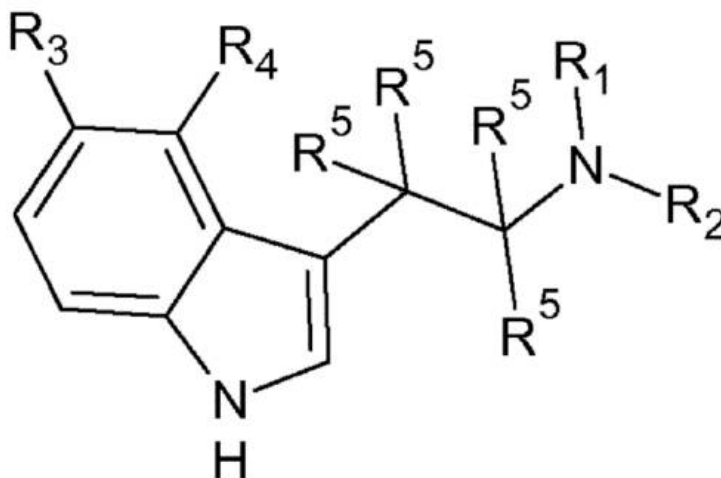
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	<p>From <b>paragraph 12</b> “Visualizations began at around 10:30 with crawling carpeting and changes in color hues. I felt as if my head was being detached from the rest of my body. Looking outside I noticed the color of the tree outside our home was leaning closer and closer to the window.”</p> <p>From <b>paragraph 12</b> “By around 10:45 - 11:00, the peak is in full swing and I am melting into the floor, <b>getting very intense, hard to see, my visual field is sideways and standing up straight becomes hard.</b> Wow, this is really good acid. <b>Maybe too good, I thought, this is only the beginning, time to cut this short.</b>”</p> <p>From <b>paragraph 13</b> “At 11:30 (or thereabouts) I consumed approx. 66mg of the Quetiapine.”</p> <p>From <b>paragraph 25</b> “Considering how easy and smooth it felt coming down (albeit <b>cutting the LSD short</b>) from the psychedelic aspect of my trip using the Seroquel, <b>I would recommend it to anyone, at least to have as part of a psychedelic crisis kit.</b>”</p> <p>7. LEVICH (2020) “Psychedelic Dosage Guide: How Much of Each Substance to Take” Retrieved 28 September 2020. URL: <a href="https://web.archive.org/web/20200928082744/https://www.psychedelicpassage.com/psychedelic-dosage-guide-how-much-of-each-substance-to-take/">https://web.archive.org/web/20200928082744/https://www.psychedelicpassage.com/psychedelic-dosage-guide-how-much-of-each-substance-to-take/</a></p> <p>“Lysergic Acid Diethylamide (LSD): Recommended Dosage: 50 – 150 µg (micrograms) per individual, 200+ µg in highly supportive settings...the most common form of <b>LSD comes on blotter paper</b>, which is an absorbent paper soaked in a solution of LSD. <b>An average sheet of blotter paper has about 100 uniform tabs containing about 100 µg per tab.</b>”</p> <p>4. GUZMAN (2016) “Mechanism of Action of Quetiapine” URL: <a href="https://psychopharmacologyinstitute.com/publication/mechanism-of-action-of-quetiapine-2109">https://psychopharmacologyinstitute.com/publication/mechanism-of-action-of-quetiapine-2109</a></p> <p>From <b>paragraph 5</b> “<b>Quetiapine has antagonist actions at 5-HT2A receptors</b>, one of the key properties of second-generation antipsychotics is that they have a high 5-HT2A/D2 ratio. Quetiapine has higher affinity for 5-HT2A receptors than for D2 receptors [3].”</p>
<p>36. The method of claim 32, wherein the psychedelic drug is</p>	<p>1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)</p>

administered in an amount that provides an effect for at least 2 hours.

From **claim 1** “A **pharmaceutical combination product comprising: compound described by the following formula (I):**



wherein R<sub>1</sub> is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;

wherein R<sub>2</sub> is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;

wherein R<sub>3</sub> is selected from the group consisting of hydrogen, methoxy, methyl, hydroxy and a halogen; and

wherein R<sub>4</sub> is selected from the group consisting of hydrogen, hydroxy, phosphoryloxy and acetoxy;

wherein R<sub>5</sub> is selected from the group consisting of deuterium (2H) and protium (1H); **and**

**(ii) a 5-HT<sub>2A</sub> receptor antagonist;**

for use as a medicament.”

From **claim 3** “The combination product for use according to anyone of claims 1 -2 wherein the compound described by **formula (I)** is selected from the group consisting of N,N-dimethyltryptamine, 5-methoxy-N,N-dimethyltryptamine, N,N-diethyltryptamine, N,N-dipropyltryptamine and N,N-diisopropyltryptamine.”

From **claim 4** “The combination product for use according to any one of claims 1 -3 wherein the 5-HT<sub>2A</sub> receptor antagonist is

selected from the group consisting of Methiothepin, Ritanserin, Ketanserin, Flibanserin, Methysergide, Trazodone, Nefazodone, Cinitapride, Cyproheptadine, Brexpiprazole, Cariprazine, Agomelatine, **Pimavanserin**, Eplivanserin, Volinanserin, Altanserin, Setoperone, LY-367,265, 1-(1-Naphthyl)piperazine, SB 206553, Pirenperone, SB-215505, Metergoline, Deramciclone, Amperozide, Glemanserin, 5-MeO-NBpBrT, Adatanserin, AM DA, Cinanserin, Fananserin, Iferanserin, AC-90179, LY86057, GSK-215083, Cyamemazine, Mesulergine, BF-1, LY215840, Sergolexole, Spiramide, LY53857, Amesergide, LY108742, Pipamperone, LY314228 and 5-I- 91 150.”

From **page 32** “In a preferred embodiment, the **5-HT<sub>2A</sub> receptor antagonist present in the combination product alleviates and/or eliminates the hallucinogenic and/or psychedelic side effects caused by a compound described by formula (I).**”

From **page 14** “The terms "**hallucinogenic side effects**" and "**psychedelic side effects**" are used in the present application interchangeably to refer to **unwanted and/or unintended secondary effects** caused by the administration of a medicament to an individual resulting in **subjective experiences being qualitatively different from those of ordinary consciousness**. These experiences can include derealization, depersonalization, **hallucinations** and/or sensory distortions in the visual, auditory, olfactory, tactile, proprioceptive and/or interoceptive spheres and/or any other perceptual modifications, and/or any other substantial **subjective changes in cognition, memory, emotion and consciousness.**”

From **page 29** “In a preferred embodiment, the combination product is administered at least two times, preferably more than two times. A dosage of the combination product can comprise **0.5 -1000 mg of a compound described by formula (I)** and/or 0.5 - 1000 mg of a 5-HT<sub>2A</sub> receptor antagonist.”

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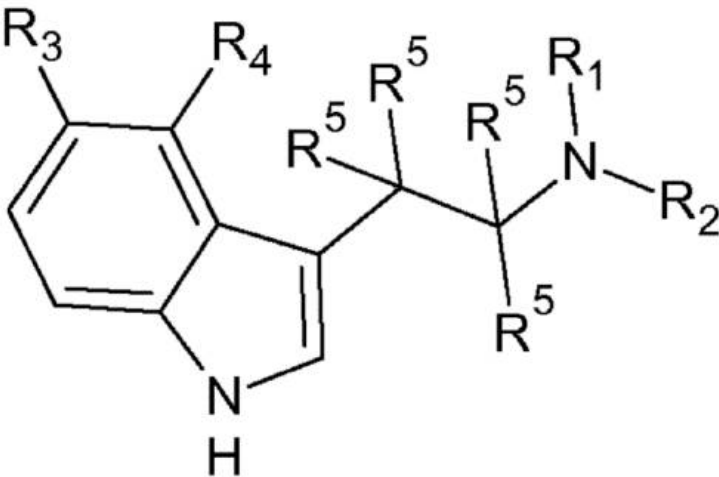
From **paragraph 12** “Visualizations began at around 10:30 with crawling carpeting and changes in color hues. I felt as if my head was being detached from the rest of my body. Looking outside I noticed the color of the tree outside our home was leaning closer and closer to the window.”

From **paragraph 12** “By around 10:45 - 11:00, the peak is in full swing and I am melting into the floor, **getting very intense, hard to see, my visual field is sideways and standing up straight becomes hard.** Wow, this is really good acid. **Maybe too good, I thought, this is only the beginning, time to cut this short.**”

From **paragraph 13** “At 11:30 (or thereabouts) I consumed approx. 66mg of the Quetiapine.”

From **paragraph 25** “Considering how easy and smooth it felt coming down (albeit **cutting the LSD short**) from the psychedelic aspect of my trip using the Seroquel, **I would recommend it to anyone, at least to have as part of a psychedelic crisis kit.**”

7. LEVICH (2020) “Psychedelic Dosage Guide: How Much of Each Substance to Take” Retrieved 28 September 2020. URL: <https://web.archive.org/web/20200928082744/https://www.psychedelicpassage.com/psychedelic-dosage-guide-how-much-of-each-substance-to-take/>

	<p>“Lysergic Acid Diethylamide (LSD): Recommended Dosage: 50 – 150 µg (micrograms) per individual, 200+ µg in highly supportive settings...the most common form of <b>LSD comes on blotter paper</b>, which is an absorbent paper soaked in a solution of LSD. <b>An average sheet of blotter paper has about 100 uniform tabs containing about 100 µg per tab.</b>”</p> <p>4. GUZMAN (2016) “Mechanism of Action of Quetiapine” URL: <a href="https://psychopharmacologyinstitute.com/publication/mechanism-of-action-of-quetiapine-2109">https://psychopharmacologyinstitute.com/publication/mechanism-of-action-of-quetiapine-2109</a></p> <p>From <b>paragraph 5</b> “<b>Quetiapine has antagonist actions at 5-HT2A receptors</b>, one of the key properties of second-generation antipsychotics is that they have a high 5-HT2A/D2 ratio. Quetiapine has higher affinity for 5-HT2A receptors than for D2 receptors [3].”</p>
<p>37. The method of claim 35, wherein the psychedelic drug is administered in an amount chosen from the group consisting of 0.01-1 mg LSD, 10-50 mg psilocybin, 100-800 mg mescaline, 20-100 mg DMT, 0.1-5 mg DOI, and 0.1-5 mg DOB.</p>	<p>1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)</p> <p>From <b>claim 1</b> “<b>A pharmaceutical combination product comprising: compound described by the following formula (I):</b></p> <div style="text-align: center;">  </div> <p>wherein R1 is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein R2 is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein R3 is selected from the group consisting of hydrogen, methoxy, methyl, hydroxy and a halogen; and</p>

wherein R4 is selected from the group consisting of hydrogen, hydroxy, phosphoryloxy and acetoxy;

wherein R5 is selected from the group consisting of deuterium (2H) and protium (1H); **and**

**(ii) a 5-HT2A receptor antagonist;**

for use as a medicament.”

From **claim 3** “The combination product for use according to anyone of claims 1 -2 wherein the compound described by **formula (I)** is selected from the group consisting of **N,N-dimethyltryptamine, 5-methoxy-N,N-dimethyltryptamine, N,N-diethyltryptamine, N,N-dipropyltryptamine and N,N-diisopropyltryptamine.**”

From **claim 4** “The **combination product for use according to any one of claims 1 -3 wherein the 5-HT2A receptor antagonist** is selected from the group consisting of Methiothepin, Ritanserin, Ketanserin, Flibanserin, Methysergide, Trazodone, Nefazodone, Cinitapride, Cyproheptadine, Brexpiprazole, Cariprazine, Agomelatine, **Pimavanserin**, Eplivanserin, Volinanserin, Altanserin, Setoperone, LY-367,265, 1 -(1 -Naphthyl)piperazine, SB 206553, Pirenperone, SB-215505, Metergoline, Deramciclane, Amperozide, Glemanserin, 5-MeO-NBpBrT, Adatanserin, AM DA, Cinanserin, Fananserin, Iferanserin, AC-90179, LY86057, GSK-215083, Cyamemazine, Mesulergine, BF-1 , LY215840, Sergolexole, Spiramide, LY53857, Amesergide, LY108742, Pipamperone, LY314228 and 5-I- 91 150.”

From **page 32** “In a preferred embodiment, the **5-HT2A receptor antagonist present in the combination product alleviates and/or eliminates the hallucinogenic and/or psychedelic side effects caused by a compound described by formula (I).**”

From **page 14** “The terms "**hallucinogenic side effects**" and "**psychedelic side effects**" are used in the present application interchangeably to **refer to unwanted and/or unintended secondary effects** caused by the administration of a medicament to an individual resulting in **subjective experiences being qualitatively different from those of ordinary consciousness.** These experiences can include derealization, depersonalization, **hallucinations** and/or sensory distortions in the visual, auditory, olfactory, tactile, proprioceptive and/or interoceptive spheres and/or any other perceptual modifications, and/or any other substantial



**subjective changes in cognition, memory, emotion and consciousness.”**

From **page 29** “In a preferred embodiment, the combination product is administered at least two times, preferably more than two times. A dosage of the combination product can comprise **0.5 -1000 mg of a compound described by formula (I)** and/or 0.5 - 1000 mg of a 5-HT2A receptor antagonist.”

9. NIMH (2021) “Understanding Psychosis” Retrieved 13 May 2021. URL:

<https://web.archive.org/web/20210503133654/https://www.nimh.nih.gov/health/publications/understanding-psychosis/>

“The word psychosis is used to describe conditions that affect the mind, **where there has been some loss of contact with reality.**”

“**Symptoms of psychosis include delusions (false beliefs) and hallucinations (seeing or hearing things that others do not see or hear). Other symptoms include incoherent or nonsense speech and behavior that is inappropriate for the situation.** A person in a psychotic episode also may experience depression, anxiety, sleep problems, social withdrawal, lack of motivation, and difficulty functioning overall.”

3. PHARMBOY (2013) “Cheating Hofmann - LSD, Quetiapine & Alcohol” Retrieved from 15 October 2013. URL:

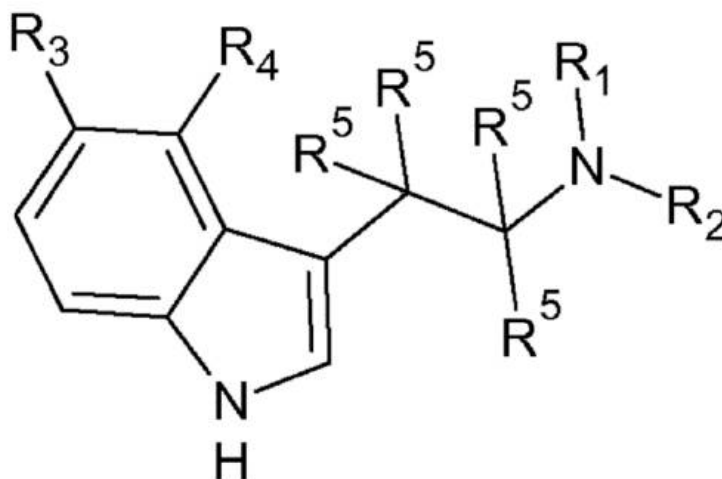
<https://web.archive.org/web/20131015121257/https://erowid.org/experiences/exp.php?ID=71844>

DOSE: T+ 0:00	1 hit	oral	<a href="#">LSD</a>	(blotter / tab)
T+ 2:00	66 mg	oral	<a href="#">Pharms - Quetiapine</a>	(pill / tablet)
T+ 3:00	33 mg	oral	<a href="#">Pharms - Quetiapine</a>	(pill / tablet)
T+ 4:00	200 mg	oral	<a href="#">Pharms - Ibuprofen</a>	
T+ 6:30	1 glass	oral	<a href="#">Alcohol - Beer/Wine</a>	

From **paragraph 12** “Visualizations began at around 10:30 with crawling carpeting and changes in color hues. I felt as if my head was being detached from the rest of my body. Looking outside I noticed the color of the tree outside our home was leaning closer and closer to the window.”

From **paragraph 12** “By around 10:45 - 11:00, the peak is in full swing and I am melting into the floor, **getting very intense, hard to**

	<p><b>see, my visual field is sideways and standing up straight becomes hard. Wow, this is really good acid. Maybe too good, I thought, this is only the beginning, time to cut this short.”</b></p> <p>From <b>paragraph 13</b> “At 11:30 (or thereabouts) I consumed approx. 66mg of the Quetiapine.”</p> <p>From <b>paragraph 25</b> “Considering how easy and smooth it felt coming down (albeit <b>cutting the LSD short</b>) from the psychedelic aspect of my trip using the Seroquel, <b>I would recommend it to anyone, at least to have as part of a psychedelic crisis kit.”</b></p> <p>7. LEVICH (2020) “Psychedelic Dosage Guide: How Much of Each Substance to Take” Retrieved 28 September 2020. URL: <a href="https://web.archive.org/web/20200928082744/https://www.psychedelicpassage.com/psychedelic-dosage-guide-how-much-of-each-substance-to-take/">https://web.archive.org/web/20200928082744/https://www.psychedelicpassage.com/psychedelic-dosage-guide-how-much-of-each-substance-to-take/</a></p> <p>“Lysergic Acid Diethylamide (LSD): Recommended Dosage: 50 – 150 µg (micrograms) per individual, 200+ µg in highly supportive settings...the most common form of <b>LSD comes on blotter paper</b>, which is an absorbent paper soaked in a solution of LSD. <b>An average sheet of blotter paper has about 100 uniform tabs containing about 100 µg per tab.”</b></p> <p>4. GUZMAN (2016) “Mechanism of Action of Quetiapine” URL: <a href="https://psychopharmacologyinstitute.com/publication/mechanism-of-action-of-quetiapine-2109">https://psychopharmacologyinstitute.com/publication/mechanism-of-action-of-quetiapine-2109</a></p> <p>From <b>paragraph 5</b> “<b>Quetiapine has antagonist actions at 5-HT2A receptors</b>, one of the key properties of second-generation antipsychotics is that they have a high 5-HT2A/D2 ratio. Quetiapine has higher affinity for 5-HT2A receptors than for D2 receptors [3].”</p>
<p>38. The method of claim 32, wherein the duration shortening agent is a 5HT2A receptor antagonist.</p>	<p>1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)</p> <p>From <b>claim 1</b> “<b>A pharmaceutical combination product comprising: compound described by the following formula (I):</b></p>



wherein R1 is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;

wherein R2 is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;

wherein R3 is selected from the group consisting of hydrogen, methoxy, methyl, hydroxy and a halogen; and

wherein R4 is selected from the group consisting of hydrogen, hydroxy, phosphoryloxy and acetoxy;

wherein R5 is selected from the group consisting of deuterium (2H) and protium (1H); **and**

**(ii) a 5-HT2A receptor antagonist;**

for use as a medicament.”

From **page 32** “In a preferred embodiment, the **5-HT2A receptor antagonist present in the combination product alleviates and/or eliminates the hallucinogenic and/or psychedelic side effects caused by a compound described by formula (I).**”

From **page 14** “The terms **"hallucinogenic side effects"** and **"psychedelic side effects"** are used in the present application interchangeably to **refer to unwanted and/or unintended secondary effects** caused by the administration of a medicament to an individual resulting in **subjective experiences being qualitatively different from those of ordinary consciousness.** These experiences can include derealization, depersonalization,

**hallucinations** and/or sensory distortions in the visual, auditory, olfactory, tactile, proprioceptive and/or interoceptive spheres and/or any other perceptual modifications, and/or any other substantial **subjective changes in cognition, memory, emotion and consciousness.**”

9. NIMH (2021) “Understanding Psychosis” Retrieved 13 May 2021. URL:

<https://web.archive.org/web/20210503133654/https://www.nimh.nih.gov/health/publications/understanding-psychosis/>

“The word psychosis is used to describe conditions that affect the mind, **where there has been some loss of contact with reality.**”

“**Symptoms of psychosis include delusions (false beliefs) and hallucinations (seeing or hearing things that others do not see or hear). Other symptoms include incoherent or nonsense speech and behavior that is inappropriate for the situation.** A person in a psychotic episode also may experience depression, anxiety, sleep problems, social withdrawal, lack of motivation, and difficulty functioning overall.”

3. PHARMBOY (2013) “Cheating Hofmann - LSD, Quetiapine & Alcohol” Retrieved from 15 October 2013. URL:

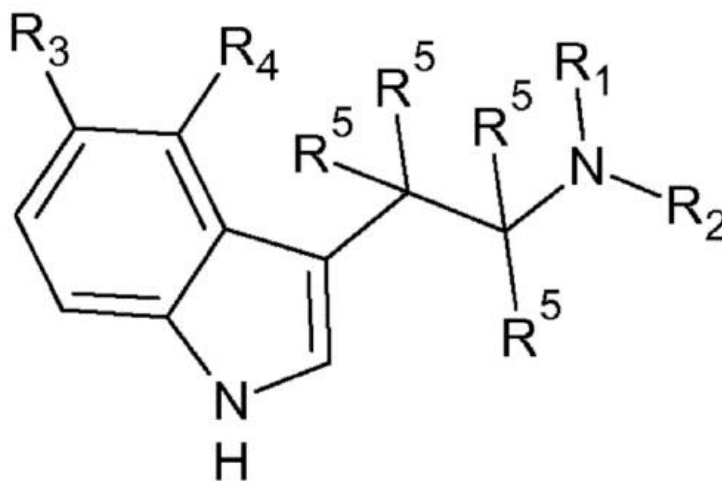
<https://web.archive.org/web/20131015121257/https://erowid.org/experiences/exp.php?ID=71844>

DOSE: T+ 0:00	1 hit	oral	<a href="#">LSD</a>	(blotter / tab)
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T+ 4:00	200 mg	oral	<a href="#">Pharms - Ibuprofen</a>	
T+ 6:30	1 glass	oral	<a href="#">Alcohol - Beer/Wine</a>	

From **paragraph 12** “Visualizations began at around 10:30 with crawling carpeting and changes in color hues. I felt as if my head was being detached from the rest of my body. Looking outside I noticed the color of the tree outside our home was leaning closer and closer to the window.”

From **paragraph 12** “By around 10:45 - 11:00, the peak is in full swing and I am melting into the floor, **getting very intense, hard to see, my visual field is sideways and standing up straight becomes hard.** Wow, this is really good acid. **Maybe too good, I thought, this is only the beginning, time to cut this short.**”

	<p>From <b>paragraph 13</b> “At 11:30 (or thereabouts) I consumed approx. 66mg of the Quetiapine.”</p> <p>From <b>paragraph 25</b> “Considering how easy and smooth it felt coming down (albeit <b>cutting the LSD short</b>) from the psychedelic aspect of my trip using the Seroquel, <b>I would recommend it to anyone, at least to have as part of a psychedelic crisis kit.</b>”</p> <p>7. LEVICH (2020) “Psychedelic Dosage Guide: How Much of Each Substance to Take” Retrieved 28 September 2020. URL: <a href="https://web.archive.org/web/20200928082744/https://www.psychedelicpassage.com/psychedelic-dosage-guide-how-much-of-each-substance-to-take/">https://web.archive.org/web/20200928082744/https://www.psychedelicpassage.com/psychedelic-dosage-guide-how-much-of-each-substance-to-take/</a></p> <p>“Lysergic Acid Diethylamide (LSD): Recommended Dosage: 50 – 150 µg (micrograms) per individual, 200+ µg in highly supportive settings...the most common form of <b>LSD comes on blotter paper</b>, which is an absorbent paper soaked in a solution of LSD. <b>An average sheet of blotter paper has about 100 uniform tabs containing about 100 µg per tab.</b>”</p> <p>4. GUZMAN (2016) “Mechanism of Action of Quetiapine” URL: <a href="https://psychopharmacologyinstitute.com/publication/mechanism-of-action-of-quetiapine-2109">https://psychopharmacologyinstitute.com/publication/mechanism-of-action-of-quetiapine-2109</a></p> <p>From <b>paragraph 5</b> “<b>Quetiapine has antagonist actions at 5-HT2A receptors</b>, one of the key properties of second-generation antipsychotics is that they have a high 5-HT2A/D2 ratio. Quetiapine has higher affinity for 5-HT2A receptors than for D2 receptors [3].”</p>
<p>39. The method of claim 38, wherein the duration shortening agent is chosen from the group consisting of pimavanserin, salts thereof, analogs thereof, and homologs thereof.</p>	<p>1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)</p> <p>From <b>claim 1</b> “A <b>pharmaceutical combination product comprising: compound described by the following formula (I):</b></p>



wherein R1 is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;

wherein R2 is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;

wherein R3 is selected from the group consisting of hydrogen, methoxy, methyl, hydroxy and a halogen; and

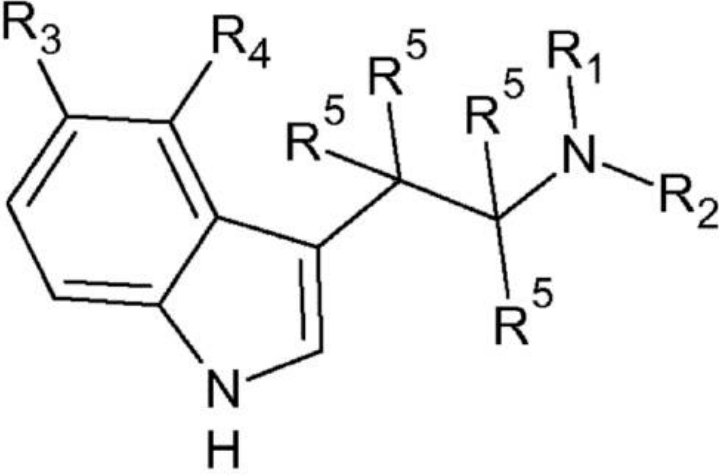
wherein R4 is selected from the group consisting of hydrogen, hydroxy, phosphoryloxy and acetoxy;

wherein R5 is selected from the group consisting of deuterium (2H) and protium (1H); **and**

**(ii) a 5-HT2A receptor antagonist;**

for use as a medicament.”

From **claim 4** “The **combination product for use according to any one of claims 1 -3 wherein the 5-HT2A receptor antagonist is** selected from the group consisting of Methiothepin, Ritanserin, Ketanserin, Flibanserin, Methysergide, Trazodone, Nefazodone, Cinitapride, Cyproheptadine, Brexpiprazole, Cariprazine, Agomelatine, **Pimavanserin**, Eplivanserin, Volinanserin, Altanserin, Setoperone, LY-367,265, 1-(1-Naphthyl)piperazine, SB 206553, Pirenperone, SB-215505, Metergoline, Deramciclane, Amperozide, Glemanserin, 5-MeO-NBpBrT, Adatanserin, AM DA, Cinanserin, Fananserin, Iferanserin, AC-90179, LY86057, GSK-215083, Cyamemazine, Mesulergine, BF-1 , LY215840,

	<p>Sergolexole, Spiramide, LY53857, Amesergide, LY108742, Pipamperone, LY314228 and 5-I- 91 150.”</p> <p>From <b>page 32</b> “In a preferred embodiment, the <b>5-HT<sub>2A</sub> receptor antagonist present in the combination product alleviates and/or eliminates the hallucinogenic and/or psychedelic side effects caused by a compound described by formula (I).</b>”</p> <p>From <b>page 14</b> “The terms "<b>hallucinogenic side effects</b>" and "<b>psychedelic side effects</b>" are used in the present application interchangeably to <b>refer to unwanted and/or unintended secondary effects</b> caused by the administration of a medicament to an individual resulting in <b>subjective experiences being qualitatively different from those of ordinary consciousness</b>. These experiences can include derealization, depersonalization, <b>hallucinations</b> and/or sensory distortions in the visual, auditory, olfactory, tactile, proprioceptive and/or interoceptive spheres and/or any other perceptual modifications, and/or any other substantial <b>subjective changes in cognition, memory, emotion and consciousness.</b>”</p>
<p>40. The method of claim 39, wherein the pimavanserin is administered in an amount of 1-100 mg.</p>	<p>1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)</p> <p>From <b>claim 1</b> “A <b>pharmaceutical combination product comprising: compound described by the following formula (I):</b></p> <div style="text-align: center;">  <p>The chemical structure (I) consists of an indole ring system. The benzene ring of the indole has substituents R<sub>3</sub> and R<sub>4</sub> at the 6 and 7 positions, respectively. The indole nitrogen has a hydrogen atom (H) attached. At the 3-position of the indole ring, there is a carbon atom bonded to two R<sub>5</sub> groups. This carbon is further bonded to another carbon atom, which is bonded to one R<sub>5</sub> group and a nitrogen atom. The nitrogen atom is bonded to R<sub>1</sub> and R<sub>2</sub> groups.</p> </div> <p>wherein R1 is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;</p>

wherein R2 is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;

wherein R3 is selected from the group consisting of hydrogen, methoxy, methyl, hydroxy and a halogen; and

wherein R4 is selected from the group consisting of hydrogen, hydroxy, phosphoryloxy and acetoxy;

wherein R5 is selected from the group consisting of deuterium (2H) and protium (1H); and

**(ii) a 5-HT<sub>2A</sub> receptor antagonist;**

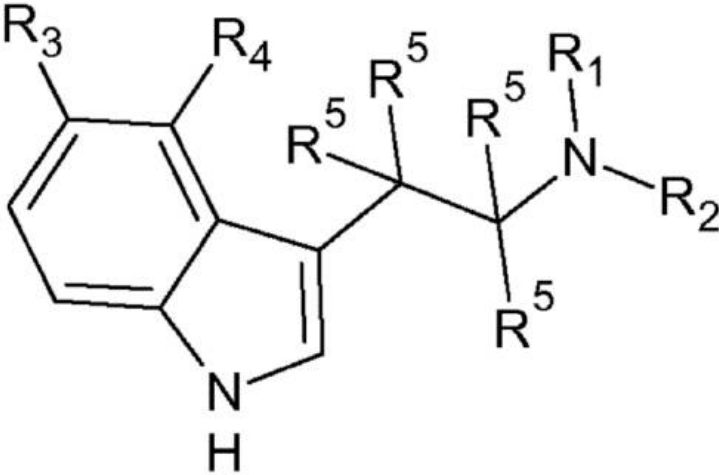
for use as a medicament.”

From **claim 4** “The **combination product for use according to any one of claims 1 -3 wherein the 5-HT<sub>2A</sub> receptor antagonist** is selected from the group consisting of Methiothepin, Ritanserin, Ketanserin, Flibanserin, Methysergide, Trazodone, Nefazodone, Cinitapride, Cyproheptadine, Brexpiprazole, Cariprazine, Agomelatine, **Pimavanserin**, Eplivanserin, Volinanserin, Altanserin, Setoperone, LY-367,265, 1 -(1 -Naphthyl)piperazine, SB 206553, Pirenperone, SB-215505, Metergoline, Deramciclane, Amperozide, Glemanserin, 5-MeO-NBpBrT, Adatanserin, AM DA, Cinanserin, Fananserin, Iferanserin, AC-90179, LY86057, GSK-215083, Cyamemazine, Mesulergine, BF-1 , LY215840, Sergolexole, Spiramide, LY53857, Amesergide, LY108742, Pipamperone, LY314228 and 5-I- 91 150.”

From **page 32** “In a preferred embodiment, the **5-HT<sub>2A</sub> receptor antagonist present in the combination product alleviates and/or eliminates the hallucinogenic and/or psychedelic side effects caused by a compound described by formula (I).**”

From **page 14** “The terms "**hallucinogenic side effects**" and "**psychedelic side effects**" are used in the present application interchangeably to **refer to unwanted and/or unintended secondary effects** caused by the administration of a medicament to an individual resulting in **subjective experiences being qualitatively different from those of ordinary consciousness**. These experiences can include derealization, depersonalization, **hallucinations** and/or sensory distortions in the visual, auditory, olfactory, tactile, proprioceptive and/or interoceptive spheres and/or any other perceptual modifications, and/or any other substantial **subjective changes in cognition, memory, emotion and consciousness.**”



	<p>From <b>page 29</b> “In a preferred embodiment, the combination product is administered at least two times, preferably more than two times. A dosage of the combination product can comprise <b>0.5 -1000 mg of a compound described by formula (I)</b> and/or <b>0.5 - 1000 mg of a 5-HT<sub>2A</sub> receptor antagonist.</b>”</p> <p>8. FDA (2016) “NUPLAZID (PIMAVANSERIN): HIGHLIGHTS OF PRESCRIBING INFORMATION” URL:  <a href="https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/207318lbl.pdf">https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/207318lbl.pdf</a></p> <p>From <b>page 1</b> “DOSAGE AND ADMINISTRATION:  <b>Recommended dose is 34 mg</b>, taken orally as two 17 mg tablets once daily, without titration.</p>
<p>41. A method of stopping psychosis due to a substance or disease, including the steps of:  administering a duration shortening agent to the individual caused by a substance or disease other than Parkinson's disease or schizophrenia; and stopping psychosis caused by the substance or disease.</p>	<p>1. Int'l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)</p> <p>From <b>claim 2</b> “A <b>pharmaceutical combination product comprising: compound described by the following formula (I):</b></p> <div style="text-align: center;">  </div> <p>wherein R1 is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein R2 is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein R3 is selected from the group consisting of hydrogen, methoxy, methyl, hydroxy and a halogen; and</p>

wherein R4 is selected from the group consisting of hydrogen, hydroxy, phosphoryloxy and acetoxy;

wherein R5 is selected from the group consisting of deuterium (2H) and protium (1H); **and**

**(ii) a 5-HT<sub>2A</sub> receptor antagonist;**

for use in the treatment and/or prevention of psychiatric and/or neurological disorders.”

From **claim 9** “The combination product according to any one of claims 2-8 for use in the treatment and/or prevention of a disorder selected from the group consisting of acquired brain injury, ataxia, brain tumor, dementia, dystonia, epilepsy, functional and dissociative neurological symptoms, meningitis, motor neuron disease, multiple sclerosis, muscular dystrophy, myalgic encephalomyelitis, Parkinson's disease, progressive supranuclear palsy, Huntington's disease, Alzheimer's disease, fronto-temporal dementia, vascular dementia, cognitive decline associated with aging, spina bifida, hydrocephalus, spinal injury, stroke, Tourette syndrome, transverse myelitis, panic disorder, agoraphobia, social anxiety disorder, phobias, post-traumatic stress disorder, obsessive compulsive disorder, generalized anxiety disorder, bipolar disorder, depression, anorexia nervosa, binge eating disorder, bulimia nervosa, **psychosis**, schizophrenia, substance addiction and personality disorders.”

2. VALERIANI (2015) “Olanzapine as the ideal “trip terminator”? Analysis of online reports relating to antipsychotics' use and misuse following occurrence of novel psychoactive substance-related psychotic symptoms” Human Psychopharmacology: Clinical and Experimental. 30:249-254.

From **page 250** “In most cases, users reported here to **ingest olanzapine at relatively small dosages, usually ranging from 5 to 10 mg once a day for just a few days as a “terminator”/“modulator” of unwanted NPS psychedelic effects.**”

From **page 251** “**Most online reports about olanzapine were here related to its use as a short-term, self-prescribed treatment for the psychedelic crises/“bad trips.”** Symptoms of psychedelic crises usually last a few hours, depending on the drug taken and dose ingested (Mangot, 2013). Indeed, SC's effects may last 1–4 h

(Hoyte et al., 2012); tryptamines' effects 2–6 h (Hallock et al., 2013); lysergic acid diethylamide [LSD] 6–14 h (Krebs and Johansen, 2013); and mescaline 8–16 h (Trachsel, 2012).”

From **page 251** “There are already published data showing the effectiveness of olanzapine and, in general, of **second-generation antipsychotics (SGA)**, as first-line treatments in psychotic disorders induced by drugs such as cannabis (Bersani et al., 2002a, 2002b; Sevy et al., 2011) and cocaine (Testa et al., 2013). **Compared with first-generation antipsychotics (FGA), SGA may present with some advantages while treating drug-induced psychosis**, including the following: (i) SGA induce fewer/no extrapyramidal symptoms (Ohno et al., 2013); (ii) SGA quickly dissociate from D2 receptors, unlike FGA/haloperidol, and hence may seem to be less associated with dysphoria and interference with drug reward anticipation/craving (Juckel et al., 2006); (iii) SGA seem more effective in the treatment of negative symptoms (Buchanan et al., 2005), alter positively mood (McIntyre et al., 2004), and have a positive impact on cognition (Bersani et al., 2011); and (iv) **SGA act as antagonists of 5HT2A receptor, which is the main target of most hallucinogenic drugs** (Potvin et al., 2003). From this point of view, **both clozapine and olanzapine may present with a distinct advantage in reducing drug-induced psychotic symptoms** (Murthy and Chand, 2012).

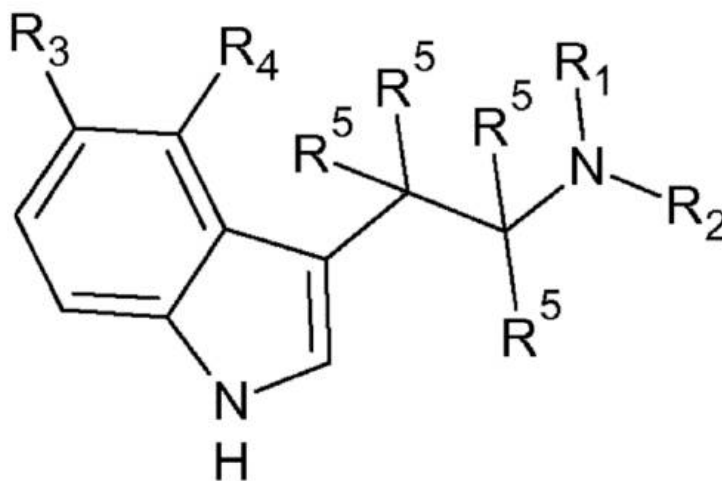
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From **paragraph 12** “Visualizations began at around 10:30 with crawling carpeting and changes in color hues. I felt as if my head was being detached from the rest of my body. Looking outside I noticed the color of the tree outside our home was leaning closer and closer to the window.”

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	<p><b>becomes hard.</b> Wow, this is really good acid. <b>Maybe too good, I thought, this is only the beginning, time to cut this short.</b>”</p> <p>From <b>paragraph 13</b> “At 11:30 (or thereabouts) I consumed approx. 66mg of the Quetiapine.”</p> <p>From <b>paragraph 25</b> “Considering how easy and smooth it felt coming down (albeit <b>cutting the LSD short</b>) from the psychedelic aspect of my trip using the Seroquel, <b>I would recommend it to anyone, at least to have as part of a psychedelic crisis kit.</b>”</p> <p>7. LEVICH (2020) “Psychedelic Dosage Guide: How Much of Each Substance to Take” Retrieved 28 September 2020. URL: <a href="https://web.archive.org/web/20200928082744/https://www.psychedelicpassage.com/psychedelic-dosage-guide-how-much-of-each-substance-to-take/">https://web.archive.org/web/20200928082744/https://www.psychedelicpassage.com/psychedelic-dosage-guide-how-much-of-each-substance-to-take/</a></p> <p>“Lysergic Acid Diethylamide (LSD): Recommended Dosage: 50 – 150 µg (micrograms) per individual, 200+ µg in highly supportive settings...the most common form of <b>LSD comes on blotter paper</b>, which is an absorbent paper soaked in a solution of LSD. <b>An average sheet of blotter paper has about 100 uniform tabs containing about 100 µg per tab.</b>”</p> <p>4. GUZMAN (2016) “Mechanism of Action of Quetiapine” URL: <a href="https://psychopharmacologyinstitute.com/publication/mechanism-of-action-of-quetiapine-2109">https://psychopharmacologyinstitute.com/publication/mechanism-of-action-of-quetiapine-2109</a></p> <p>From <b>paragraph 5</b> “<b>Quetiapine has antagonist actions at 5-HT2A receptors</b>, one of the key properties of second-generation antipsychotics is that they have a high 5-HT2A/D2 ratio. Quetiapine has higher affinity for 5-HT2A receptors than for D2 receptors [3].”</p>
<p>42. The method of claim 41, wherein the disease is chosen from the group consisting of bipolar disorder, severe depression, severe stress, severe anxiety, HIV, AIDS, malaria, syphilis, hypoglycemia, lupus, multiple sclerosis, and brain tumors.</p>	<p>1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)</p> <p>From <b>claim 2</b> “<b>A pharmaceutical combination product comprising: compound described by the following formula (I):</b></p>



wherein R1 is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;

wherein R2 is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;

wherein R3 is selected from the group consisting of hydrogen, methoxy, methyl, hydroxy and a halogen; and

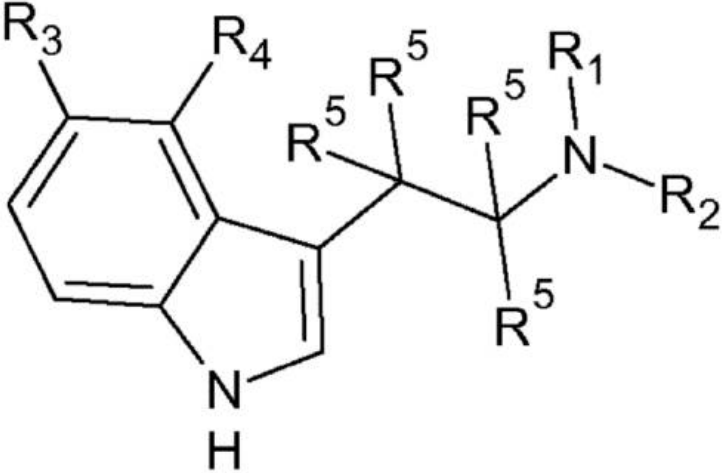
wherein R4 is selected from the group consisting of hydrogen, hydroxy, phosphoryloxy and acetoxy;

wherein R5 is selected from the group consisting of deuterium (2H) and protium (1H); **and**

**(ii) a 5-HT<sub>2A</sub> receptor antagonist;**

for use in the treatment and/or prevention of psychiatric and/or neurological disorders.”

From **claim 9** “The combination product according to anyone of claims 2-8 for use in the treatment and/or prevention of a disorder selected from the group consisting of acquired brain injury, ataxia, **brain tumor**, dementia, dystonia, epilepsy, functional and dissociative neurological symptoms, meningitis, motor neuron disease, **multiple sclerosis**, muscular dystrophy, myalgic encephalomyelitis, Parkinson's disease, progressive supranuclear palsy, Huntington's disease, Alzheimer's disease, fronto-temporal dementia, vascular dementia, cognitive decline associated with aging, spina bifida, hydrocephalus, spinal injury, stroke, Tourette syndrome, transverse myelitis, panic disorder, agoraphobia, social

	<p>anxiety disorder, phobias, post-traumatic stress disorder, obsessive compulsive disorder, <b>generalized anxiety disorder, bipolar disorder, depression</b>, anorexia nervosa, binge eating disorder, bulimia nervosa, <b>psychosis</b>, schizophrenia, <b>substance addiction</b> and personality disorders.”</p>
<p>43. The method of claim 41, wherein the substance is chosen from the group consisting of cocaine, cannabis, alcohol, muscle relaxants, antihistamines, antidepressants, cardiovascular medications, antihypertensive medications, analgesics, anticonvulsants, anti-Parkinson medications, chemotherapy agents, corticosteroids, and psychedelics.</p>	<p>1. Int'l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)</p> <p>From <b>claim 2</b> “A <b>pharmaceutical combination product comprising: compound described by the following formula (I):</b></p> <div style="text-align: center;">  <p>The chemical structure (I) consists of a benzimidazole ring system. The benzimidazole ring has a hydrogen atom (H) attached to the nitrogen atom. The benzimidazole ring is substituted with R3 at the 6-position, R4 at the 7-position, and R5 at the 2-position. The 2-position of the benzimidazole ring is also substituted with a side chain consisting of a carbon atom bonded to R5, which is further bonded to another carbon atom bonded to R5 and a nitrogen atom bonded to R1 and R2. The nitrogen atom is also bonded to R2.</p> </div> <p>wherein R1 is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein R2 is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein R3 is selected from the group consisting of hydrogen, methoxy, methyl, hydroxy and a halogen; and</p> <p>wherein R4 is selected from the group consisting of hydrogen, hydroxy, phosphoryloxy and acetoxy;</p> <p>wherein R5 is selected from the group consisting of deuterium (2H) and protium (1H); <b>and</b></p> <p><b>(ii) a 5-HT2A receptor antagonist;</b></p>

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From **claim 9** “The combination product according to anyone of claims 2-8 for use in the treatment and/or prevention of a disorder selected from the group consisting of acquired brain injury, ataxia, **brain tumor**, dementia, dystonia, epilepsy, functional and dissociative neurological symptoms, meningitis, motor neuron disease, **multiple sclerosis**, muscular dystrophy, myalgic encephalomyelitis, Parkinson's disease, progressive supranuclear palsy, Huntington's disease, Alzheimer's disease, fronto-temporal dementia, vascular dementia, cognitive decline associated with aging, spina bifida, hydrocephalus, spinal injury, stroke, Tourette syndrome, transverse myelitis, panic disorder, agoraphobia, social anxiety disorder, phobias, post-traumatic stress disorder, obsessive compulsive disorder, **generalized anxiety disorder**, **bipolar disorder**, depression, anorexia nervosa, binge eating disorder, bulimia nervosa, **psychosis**, schizophrenia, **substance addiction** and personality disorders.”

2. VALERIANI (2015) “Olanzapine as the ideal “trip terminator”? Analysis of online reports relating to antipsychotics' use and misuse following occurrence of novel psychoactive substance-related psychotic symptoms” Human Psychopharmacology: Clinical and Experimental. 30:249-254.

From **page 250** “In most cases, users reported here to **ingest olanzapine at relatively small dosages, usually ranging from 5 to 10 mg** once a day for just a few days as a **“terminator”/“modulator” of unwanted NPS psychedelic effects.**”

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first-generation antipsychotics (FGA), SGA may present with some advantages while treating drug-induced psychosis, including the following: (i) SGA induce fewer/no extrapyramidal symptoms (Ohno et al., 2013); (ii) SGA quickly dissociate from D2 receptors, unlike FGA/haloperidol, and hence may seem to be less associated with dysphoria and interference with drug reward anticipation/craving (Juckel et al., 2006); (iii) SGA seem more effective in the treatment of negative symptoms (Buchanan et al., 2005), alter positively mood (McIntyre et al., 2004), and have a positive impact on cognition (Bersani et al., 2011); and (iv) **SGA act as antagonists of 5HT2A receptor, which is the main target of most hallucinogenic drugs** (Potvin et al., 2003). From this point of view, **both clozapine and olanzapine may present with a distinct advantage in reducing drug-induced psychotic symptoms** (Murthy and Chand, 2012).

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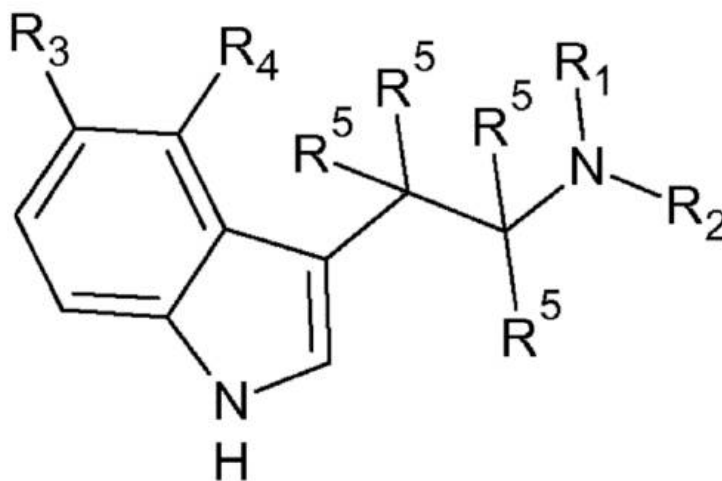
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<p>44. The method of claim 41, wherein the duration shortening agent is administered 1 minute to 24 hours after administering the psychedelic drug.</p>	<p>1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)</p> <p>From <b>claim 2</b> “<b>A pharmaceutical combination product comprising: compound described by the following formula (I):</b></p>



wherein R1 is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;

wherein R2 is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;

wherein R3 is selected from the group consisting of hydrogen, methoxy, methyl, hydroxy and a halogen; and

wherein R4 is selected from the group consisting of hydrogen, hydroxy, phosphoryloxy and acetoxy;

wherein R5 is selected from the group consisting of deuterium (2H) and protium (1H); **and**

**(ii) a 5-HT<sub>2A</sub> receptor antagonist;**

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anxiety disorder, phobias, post-traumatic stress disorder, obsessive compulsive disorder, generalized anxiety disorder, bipolar disorder, depression, anorexia nervosa, binge eating disorder, bulimia nervosa, **psychosis**, schizophrenia, substance addiction and personality disorders.”

From **page 32** “In a preferred embodiment, a compound described by formula (I) may be administered to an individual who is already being administered a 5-HT<sub>2A</sub> receptor antagonist and who is suffering from one or more psychiatric and/or neurological disorders and/or who is at risk of suffering from one or more psychiatric and/or neurological disorders. Conversely, in an alternative embodiment, **a 5-HT<sub>2A</sub> receptor antagonist may be administered to an individual who is already being administered a compound described by formula (I)** and who is suffering from one or more psychiatric and/or neurological disorders and/or who is at risk of suffering from one or more psychiatric and/or neurological disorders.”

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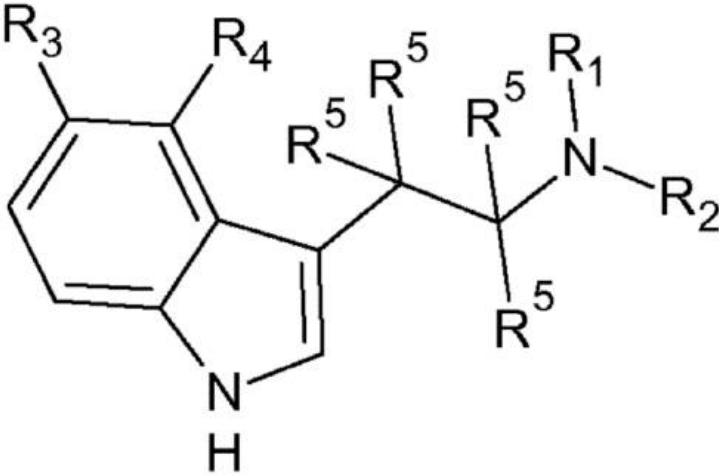
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<p>45. The method of claim 41, wherein the psychedelic drug is a 5HT2A agonist chosen from the group consisting of LSD, psilocybin, psilocin, mescaline, 5-methoxy-N,N-dimethyltryptamine (5-MeO-DMT), dimethyltryptamine (DMT), 2,5-dimethoxy-4-iodoamphetamine (DOI), 2,5-dimethoxy-4-bromoamphetamine (DOB), salts thereof, tartrates thereof, solvates thereof, isomers thereof, deuterated forms thereof, analogs thereof, and homologues thereof.</p>	<p>1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)</p> <p>From <b>claim 2</b> “A <b>pharmaceutical combination product comprising: compound described by the following formula (I)</b>:</p> <div style="text-align: center;">  </div> <p>wherein R1 is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein R2 is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein R3 is selected from the group consisting of hydrogen, methoxy, methyl, hydroxy and a halogen; and</p> <p>wherein R4 is selected from the group consisting of hydrogen, hydroxy, phosphoryloxy and acetoxy;</p> <p>wherein R5 is selected from the group consisting of deuterium (2H) and protium (1H); <b>and</b></p>

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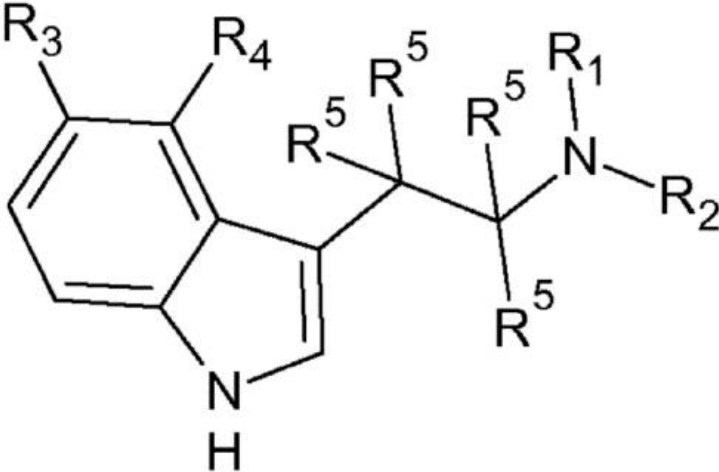
From **claim 3** “The combination product for use according to anyone of claims 1 -2 wherein the compound described by **formula (I)** is selected from the group consisting of **N,N-dimethyltryptamine, 5-methoxy-N,N-dimethyltryptamine, N,N-diethyltryptamine, N,N-dipropyltryptamine and N,N-diisopropyltryptamine.**”

From **claim 4** “The **combination product for use according to any one of claims 1 -3 wherein the 5-HT<sub>2A</sub> receptor antagonist** is selected from the group consisting of Methiothepin, Ritanserin, Ketanserin, Flibanserin, Methysergide, Trazodone, Nefazodone, Cinitapride, Cyproheptadine, Brexpiprazole, Cariprazine, Agomelatine, **Pimavanserin**, Eplivanserin, Volinanserin, Altanserin, Setoperone, LY-367,265, 1 -(1 -Naphthyl)piperazine, SB 206553, Pirenperone, SB-215505, Metergoline, Deramciclane, Amperozide, Glemanserin, 5-MeO-NBpBrT, Adatanserin, AM DA, Cinanserin, Fananserin, Iferanserin, AC-90179, LY86057, GSK-215083, Cyamemazine, Mesulergine, BF-1 , LY215840, Sergolexole, Spiramide, LY53857, Amesergide, LY108742, Pipamperone, LY314228 and 5-I- 91 150.”

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<p>46. The method of claim 41, wherein the psychedelic drug is administered in an amount that provides an effect for at least 2 hours.</p>	<p>1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)</p> <p>From <b>claim 2</b> “A <b>pharmaceutical combination product comprising: compound described by the following formula (I):</b></p> <div style="text-align: center;">  </div> <p>wherein R1 is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;</p>

wherein R2 is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;

wherein R3 is selected from the group consisting of hydrogen, methoxy, methyl, hydroxy and a halogen; and

wherein R4 is selected from the group consisting of hydrogen, hydroxy, phosphoryloxy and acetoxy;

wherein R5 is selected from the group consisting of deuterium (2H) and protium (1H); **and**

**(ii) a 5-HT<sub>2A</sub> receptor antagonist;**

for use in the treatment and/or prevention of psychiatric and/or neurological disorders.”

From **claim 3** “The combination product for use according to anyone of claims 1 -2 wherein the compound described by **formula (I)** is selected from the group consisting of **N,N-dimethyltryptamine, 5-methoxy-N,N-dimethyltryptamine, N,N-diethyltryptamine, N,N-dipropyltryptamine and N,N-diisopropyltryptamine.**”

From **claim 4** “The **combination product for use according to any one of claims 1 -3 wherein the 5-HT<sub>2A</sub> receptor antagonist** is selected from the group consisting of Methiothepin, Ritanserin, Ketanserin, Flibanserin, Methysergide, Trazodone, Nefazodone, Cinitapride, Cyproheptadine, Brexpiprazole, Cariprazine, Agomelatine, **Pimavanserin**, Eplivanserin, Volinanserin, Altanserin, Setoperone, LY-367,265, 1 -(1 -Naphthyl)piperazine, SB 206553, Pirenperone, SB-215505, Metergoline, Deramciclane, Amperozide, Glemanserin, 5-MeO-NBpBrT, Adatanserin, AM DA, Cinanserin, Fananserin, Ifersanserin, AC-90179, LY86057, GSK-215083, Cyamemazine, Mesulergine, BF-1 , LY215840, Sergolexole, Spiramide, LY53857, Amesergide, LY108742, Pipamperone, LY314228 and 5-I- 91 150.”

From **claim 9** “The combination product according to anyone of claims 2-8 for use in the treatment and/or prevention of a disorder selected from the group consisting of acquired brain injury, ataxia, brain tumor, dementia, dystonia, epilepsy, functional and dissociative neurological symptoms, meningitis, motor neuron disease, multiple sclerosis, muscular dystrophy, myalgic encephalomyelitis, Parkinson's disease, progressive supranuclear palsy, Huntington's disease, Alzheimer's disease, fronto-temporal



dementia, vascular dementia, cognitive decline associated with aging, spina bifida, hydrocephalus, spinal injury, stroke, Tourette syndrome, transverse myelitis, panic disorder, agoraphobia, social anxiety disorder, phobias, post-traumatic stress disorder, obsessive compulsive disorder, generalized anxiety disorder, bipolar disorder, depression, anorexia nervosa, binge eating disorder, bulimia nervosa, **psychosis**, schizophrenia, substance addiction and personality disorders.”

From **page 29** “In a preferred embodiment, the combination product is administered at least two times, preferably more than two times. A dosage of the combination product can comprise **0.5 -1000 mg of a compound described by formula (I)** and/or 0.5 - 1000 mg of a 5-HT2A receptor antagonist.”

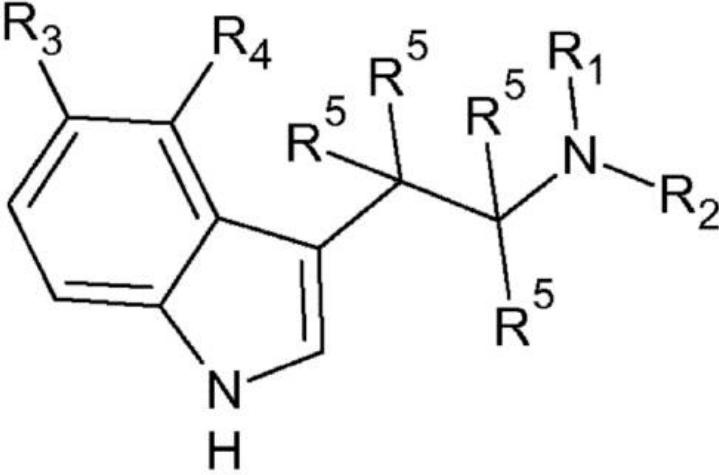
3. PHARMBOY (2013) “Cheating Hofmann - LSD, Quetiapine & Alcohol” Retrieved from 15 October 2013. URL: <https://web.archive.org/web/20131015121257/https://erowid.org/experiences/exp.php?ID=71844>

DOSE: T+ 0:00	1 hit	oral	<a href="#">LSD</a>	(blotter / tab)
T+ 2:00	66 mg	oral	<a href="#">Pharms - Quetiapine</a>	(pill / tablet)
T+ 3:00	33 mg	oral	<a href="#">Pharms - Quetiapine</a>	(pill / tablet)
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T+ 6:30	1 glass	oral	<a href="#">Alcohol - Beer/Wine</a>	

From **paragraph 25** “Considering how easy and smooth it felt coming down (albeit cutting the LSD short) from the psychedelic aspect of my trip using the Seroquel, I would recommend it to anyone, at least to have as part of a psychedelic crisis kit.”

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	<p>4. GUZMAN (2016) “Mechanism of Action of Quetiapine” URL: <a href="https://psychopharmacologyinstitute.com/publication/mechanism-of-action-of-quetiapine-2109">https://psychopharmacologyinstitute.com/publication/mechanism-of-action-of-quetiapine-2109</a></p> <p>From <b>paragraph 5</b> “<b>Quetiapine has antagonist actions at 5-HT2A receptors</b>, one of the key properties of second-generation antipsychotics is that they have a high 5-HT2A/D2 ratio. Quetiapine has higher affinity for 5-HT2A receptors than for D2 receptors [3].”</p>
<p>47. The method of claim 45, wherein the psychedelic drug is administered in an amount chosen from the group consisting of 0.01-1 mg LSD, 10-50 mg psilocybin, 100-800 mg mescaline, 20-100 mg DMT, 0.1-5 mg DOI, and 0.1-5 mg DOB.</p>	<p>1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)</p> <p>From <b>claim 2</b> “A <b>pharmaceutical combination product comprising: compound described by the following formula (I):</b></p> <div style="text-align: center;">  </div> <p>wherein R1 is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein R2 is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;</p> <p>wherein R3 is selected from the group consisting of hydrogen, methoxy, methyl, hydroxy and a halogen; and</p> <p>wherein R4 is selected from the group consisting of hydrogen, hydroxy, phosphoryloxy and acetoxy;</p> <p>wherein R5 is selected from the group consisting of deuterium (2H) and protium (1H); <b>and</b></p>

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From **claim 3** “The combination product for use according to anyone of claims 1 -2 wherein the compound described by **formula (I)** is selected from the group consisting of **N,N-dimethyltryptamine, 5-methoxy-N,N-dimethyltryptamine, N,N-diethyltryptamine, N,N-dipropyltryptamine and N,N-diisopropyltryptamine.**”

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DOSE; T+ 0:00	1 hit	oral	<u>LSD</u>	(blotter / tab)
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From **paragraph 25** “Considering how easy and smooth it felt coming down (albeit cutting the LSD short) from the psychedelic aspect of my trip using the Seroquel, I would recommend it to anyone, at least to have as part of a psychedelic crisis kit.”

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“Lysergic Acid Diethylamide (LSD): Recommended Dosage: 50 – 150 µg (micrograms) per individual, 200+ µg in highly supportive settings...the most common form of **LSD comes on blotter paper**, which is an absorbent paper soaked in a solution of LSD. **An average sheet of blotter paper has about 100 uniform tabs containing about 100 µg per tab.**”

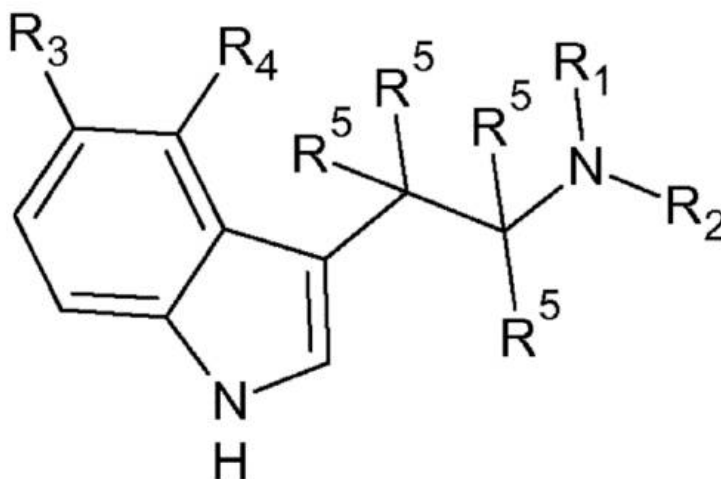
4. GUZMAN (2016) “Mechanism of Action of Quetiapine” URL: <https://psychopharmacologyinstitute.com/publication/mechanism-of-action-of-quetiapine-2109>

From **paragraph 5** “**Quetiapine has antagonist actions at 5-HT2A receptors**, one of the key properties of second-generation antipsychotics is that they have a high 5-HT2A/D2 ratio. Quetiapine has higher affinity for 5-HT2A receptors than for D2 receptors [3].”

48. The method of claim 41, wherein the duration shortening agent is a 5HT2A receptor antagonist.

1. Int'l Pat. Doc. No. WO/2019/081764 "COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS" (Published 02 May 2019)

From **claim 2** "A **pharmaceutical combination product comprising: compound described by the following formula (I):**



wherein R1 is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;

wherein R2 is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;

wherein R3 is selected from the group consisting of hydrogen, methoxy, methyl, hydroxy and a halogen; and

wherein R4 is selected from the group consisting of hydrogen, hydroxy, phosphoryloxy and acetoxy;

wherein R5 is selected from the group consisting of deuterium (2H) and protium (1H); **and**

**(ii) a 5-HT2A receptor antagonist;**

for use in the treatment and/or prevention of psychiatric and/or neurological disorders."

From **claim 3** "The combination product for use according to anyone of claims 1 -2 wherein the compound described by **formula (I)** is selected from the group consisting of N,N-dimethyltryptamine, 5-methoxy-N,N-dimethyltryptamine, N,N-

**diethyltryptamine, N,N-dipropyltryptamine and N,N-diisopropyltryptamine.”**

From **claim 4** “The **combination product for use according to any one of claims 1 -3 wherein the 5-HT<sub>2A</sub> receptor antagonist** is selected from the group consisting of Methiothepin, Ritanserin, Ketanserin, Flibanserin, Methysergide, Trazodone, Nefazodone, Cinitapride, Cyproheptadine, Brexpiprazole, Cariprazine, Agomelatine, **Pimavanserin**, Eplivanserin, Volinanserin, Altanserin, Setoperone, LY-367,265, 1 -(1 -Naphthyl)piperazine, SB 206553, Pirenperone, SB-215505, Metergoline, Deramciclane, Amperozide, Glemanserin, 5-MeO-NBpBrT, Adatanserin, AM DA, Cinanserin, Fananserin, Iferanserin, AC-90179, LY86057, GSK-215083, Cyamemazine, Mesulergine, BF-1 , LY215840, Sergolexole, Spiramide, LY53857, Amesergide, LY108742, Pipamperone, LY314228 and 5-I- 91 150.”

From **claim 9** “The combination product according to anyone of claims 2-8 for use in the treatment and/or prevention of a disorder selected from the group consisting of acquired brain injury, ataxia, brain tumor, dementia, dystonia, epilepsy, functional and dissociative neurological symptoms, meningitis, motor neuron disease, multiple sclerosis, muscular dystrophy, myalgic encephalomyelitis, Parkinson's disease, progressive supranuclear palsy, Huntington's disease, Alzheimer's disease, fronto-temporal dementia, vascular dementia, cognitive decline associated with aging, spina bifida, hydrocephalus, spinal injury, stroke, Tourette syndrome, transverse myelitis, panic disorder, agoraphobia, social anxiety disorder, phobias, post-traumatic stress disorder, obsessive compulsive disorder, generalized anxiety disorder, bipolar disorder, depression, anorexia nervosa, binge eating disorder, bulimia nervosa, **psychosis**, schizophrenia, substance addiction and personality disorders.”

From **page 29** “In a preferred embodiment, the combination product is administered at least two times, preferably more than two times. A dosage of the combination product can comprise **0.5 -1000 mg of a compound described by formula (I)** and/or 0.5 - 1000 mg of a 5-HT<sub>2A</sub> receptor antagonist.”

From **page 32** “In a preferred embodiment, the **5-HT<sub>2A</sub> receptor antagonist present in the combination product alleviates and/or eliminates the hallucinogenic and/or psychedelic side effects caused by a compound described by formula (I).**”

3. PHARMBOY (2013) “Cheating Hofmann - LSD, Quetiapine & Alcohol” Retrieved from 15 October 2013. URL: <https://web.archive.org/web/20131015121257/https://erowid.org/experiences/exp.php?ID=71844>

DOSE: T+ 0:00	1 hit	oral	<u>LSD</u>	(blotter / tab)
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From **paragraph 25** “Considering how easy and smooth it felt coming down (albeit **cutting the LSD short**) **from the psychedelic aspect of my trip using the Seroquel**, I would recommend it to anyone, at least to have as part of a psychedelic crisis kit.”

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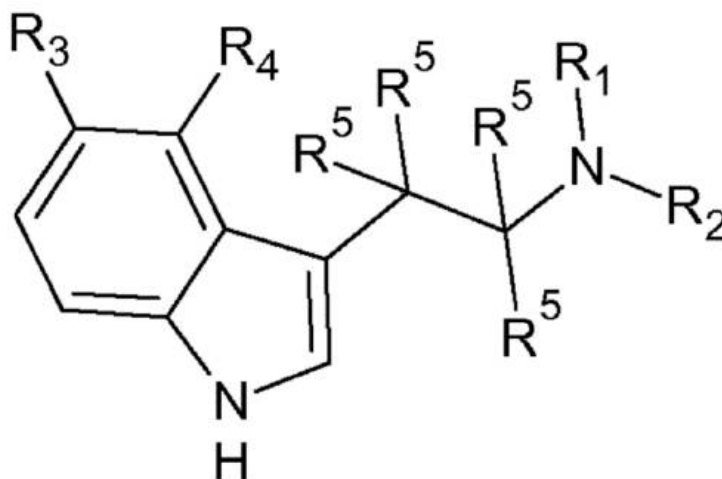
From **paragraph 5** “**Quetiapine has antagonist actions at 5-HT2A receptors**, one of the key properties of second-generation antipsychotics is that they have a high 5-HT2A/D2 ratio. Quetiapine has higher affinity for 5-HT2A receptors than for D2 receptors [3].”

49. The method of claim 48, wherein the duration shortening agent is chosen from the group consisting of pimavanserin, salts

1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)

From **claim 2** “A **pharmaceutical combination product comprising: compound described by the following formula (I):**

thereof, analogs thereof, and homologs thereof.



wherein R<sub>1</sub> is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;

wherein R<sub>2</sub> is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;

wherein R<sub>3</sub> is selected from the group consisting of hydrogen, methoxy, methyl, hydroxy and a halogen; and

wherein R<sub>4</sub> is selected from the group consisting of hydrogen, hydroxy, phosphoryloxy and acetoxy;

wherein R<sub>5</sub> is selected from the group consisting of deuterium (2H) and protium (1H); **and**

**(ii) a 5-HT<sub>2A</sub> receptor antagonist;**

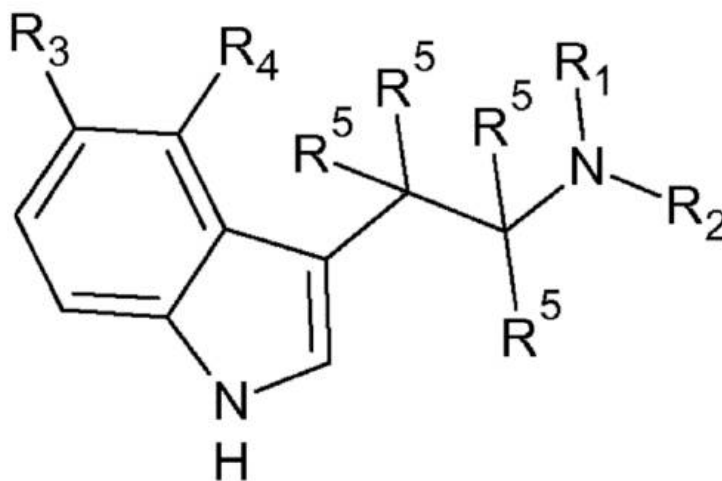
for use in the treatment and/or prevention of psychiatric and/or neurological disorders.”

From **claim 3** “The combination product for use according to anyone of claims 1 -2 wherein the compound described by **formula (I)** is selected from the group consisting of N,N-dimethyltryptamine, 5-methoxy-N,N-dimethyltryptamine, N,N-diethyltryptamine, N,N-dipropyltryptamine and N,N-diisopropyltryptamine.”

From **claim 4** “The combination product for use according to any one of claims 1 -3 wherein the 5-HT<sub>2A</sub> receptor antagonist is selected from the group consisting of Methiothepin, Ritanserin, Ketanserin, Flibanserin, Methysergide, Trazodone, Nefazodone,



	<p>Cinitapride, Cyproheptadine, Brexpiprazole, Cariprazine, Agomelatine, <b>Pimavanserin</b>, Eplivanserin, Volinanserin, Altanserin, Setoperone, LY-367,265, 1 -(1 -Naphthyl)piperazine, SB 206553, Pirenperone, SB-215505, Metergoline, Deramciclane, Amperozide, Glemanserin, 5-MeO-NBpBrT, Adatanserin, AM DA, Cinanserin, Fananserin, Iferanserin, AC-90179, LY86057, GSK-215083, Cyamemazine, Mesulergine, BF-1 , LY215840, Sergolexole, Spiramide, LY53857, Amesergide, LY108742, Pipamperone, LY314228 and 5-I- 91 150.”</p> <p>From <b>claim 9</b> “The combination product according to anyone of claims 2-8 for use in the treatment and/or prevention of a disorder selected from the group consisting of acquired brain injury, ataxia, brain tumor, dementia, dystonia, epilepsy, functional and dissociative neurological symptoms, meningitis, motor neuron disease, multiple sclerosis, muscular dystrophy, myalgic encephalomyelitis, Parkinson's disease, progressive supranuclear palsy, Huntington's disease, Alzheimer's disease, fronto-temporal dementia, vascular dementia, cognitive decline associated with aging, spina bifida, hydrocephalus, spinal injury, stroke, Tourette syndrome, transverse myelitis, panic disorder, agoraphobia, social anxiety disorder, phobias, post-traumatic stress disorder, obsessive compulsive disorder, generalized anxiety disorder, bipolar disorder, depression, anorexia nervosa, binge eating disorder, bulimia nervosa, <b>psychosis</b>, schizophrenia, substance addiction and personality disorders.”</p> <p>From <b>page 29</b> “In a preferred embodiment, the combination product is administered at least two times, preferably more than two times. A dosage of the combination product can comprise <b>0.5 -1000 mg of a compound described by formula (I)</b> and/or 0.5 - 1000 mg of a 5-HT2A receptor antagonist.”</p> <p>From <b>page 32</b> “In a preferred embodiment, the <b>5-HT2A receptor antagonist present in the combination product alleviates and/or eliminates the hallucinogenic and/or psychedelic side effects caused by a compound described by formula (I).</b>”</p>
<p>50. The method of claim 49, wherein the pimavanserin is administered in an amount of 1-100 mg.</p>	<p>1. Int’l Pat. Doc. No. WO/2019/081764 “COMBINATION PRODUCT FOR THE TREATMENT OF NEUROLOGICAL AND/OR PSYCHIATRIC DISORDERS” (Published 02 May 2019)</p> <p>From <b>claim 2</b> “A <b>pharmaceutical combination product comprising: compound described by the following formula (I):</b></p>



wherein R1 is selected from the group consisting of methyl, ethyl, n-propyl, allyl and isopropyl;

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wherein R3 is selected from the group consisting of hydrogen, methoxy, methyl, hydroxy and a halogen; and

wherein R4 is selected from the group consisting of hydrogen, hydroxy, phosphoryloxy and acetoxy;

wherein R5 is selected from the group consisting of deuterium (2H) and protium (1H); **and**

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From **claim 3** “The combination product for use according to anyone of claims 1 -2 wherein the compound described by **formula (I)** is selected from the group consisting of **N,N-dimethyltryptamine, 5-methoxy-N,N-dimethyltryptamine, N,N-diethyltryptamine, N,N-dipropyltryptamine and N,N-diisopropyltryptamine.**”

From **claim 4** “The **combination product for use according to any one of claims 1 -3** wherein the **5-HT2A receptor antagonist** is selected from the group consisting of Methiothepin, Ritanserin, Ketanserin, Flibanserin, Methysergide, Trazodone, Nefazodone,

Cinitapride, Cyproheptadine, Brexpiprazole, Cariprazine, Agomelatine, **Pimavanserin**, Eplivanserin, Volinanserin, Altanserin, Setoperone, LY-367,265, 1 -(1 -Naphthyl)piperazine, SB 206553, Pirenperone, SB-215505, Metergoline, Deramciclane, Amperozide, Glemanserin, 5-MeO-NBpBrT, Adatanserin, AM DA, Cinanserin, Fananserin, Ifersanserin, AC-90179, LY86057, GSK-215083, Cyamemazine, Mesulergine, BF-1 , LY215840, Sergolexole, Spiramide, LY53857, Amesergide, LY108742, Pipamperone, LY314228 and 5-I- 91 150.”

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8. FDA (2016) “NUPLAZID (PIMAVANSERIN): HIGHLIGHTS OF PRESCRIBING INFORMATION” URL:  
[https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2016/207318lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/207318lbl.pdf)

From **page 1** “DOSAGE AND ADMINISTRATION:  
**Recommended dose is 34 mg**, taken orally as two 17 mg tablets once daily, without titration.



## Electronic Acknowledgement Receipt

<b>EFS ID:</b>	47816445
<b>Application Number:</b>	17833829
<b>International Application Number:</b>	
<b>Confirmation Number:</b>	4702
<b>Title of Invention:</b>	CONTROLLING EFFECTS AFTER 5HT2A AGONISTS ADMINISTRATION
<b>First Named Inventor/Applicant Name:</b>	Daniel R. KARLIN
<b>Customer Number:</b>	48924
<b>Filer:</b>	Shahin Shams
<b>Filer Authorized By:</b>	
<b>Attorney Docket Number:</b>	0614.00142
<b>Receipt Date:</b>	10-APR-2023
<b>Filing Date:</b>	06-JUN-2022
<b>Time Stamp:</b>	15:02:50
<b>Application Type:</b>	

### Payment information:

Submitted with Payment	yes
Payment Type	CARD
Payment was successfully received in RAM	\$72
RAM confirmation Number	E202340F02448302
Deposit Account	
Authorized User	

The Director of the USPTO is hereby authorized to charge indicated fees and credit any overpayment as follows:

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**File Listing:**

Document Number	Document Description	File Name	File Size(Bytes)/ Message Digest	Multi Part /.zip	Pages (if appl.)
1	Concise Description of Relevance	Concise-description-generated.pdf	48337 a11054f8b61af065fd19149cb5822652b4d046ea	no	9

**Warnings:**

**Information:**

2	Third-Party Submission Under 37 CFR 1.290	Third-party-preissuance-submission.pdf	71269 8b4afbfcf1a587e41f0ffb54278721c4eb21b6c2	no	5
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**Warnings:**

**Information:**

3	Request for Notification of Non-compliant Third-Party Submission	Third-party-notification-request.pdf	23721 2aa887b2b082cb0560bb7c9cd3218e074777990b	no	1
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**Warnings:**

**Information:**

4	Concise Description of Relevance	US20220395499ClaimsChartComp.pdf	566867 30ce2233a1454e4957822ad164c722199081af2a	no	116
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**Warnings:**

**Information:**

5	Evidence of Publication	1-WO2019081764AsFiledComp.pdf	701437 48868c73c78727322f643830337480839fa1de01	no	64
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**Warnings:**

**Information:**

6	Evidence of Publication	2-Valeriani2015.pdf	160452 685f6afcdc5f2ecfa41e2009ff53d2f7c0653b6e	no	6
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**Warnings:**

**Information:**

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7	Evidence of Publication	3-PHARMBOYComp.pdf	500446	no	3
			c6727faad88b8562cd75c746c56417f4d25b272b		
<b>Warnings:</b>					
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8	Evidence of Publication	4-GUZMAN.pdf	639874	no	4
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<b>Information:</b>					
9	Evidence of Publication	5-MAHATMAGANJA.pdf	184780	no	1
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<b>Information:</b>					
10	Evidence of Publication	6-BIGWOODComp5.pdf	863469	no	5
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<b>Information:</b>					
11	Evidence of Publication	7-LEVICH.pdf	13674060	no	16
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<b>Warnings:</b>					
<b>Information:</b>					
12	Evidence of Publication	8-NUPLAZIDComp.pdf	277818	no	1
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<b>Warnings:</b>					
<b>Information:</b>					
13	Evidence of Publication	9-NIMH.pdf	370938	no	3
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<b>Warnings:</b>					
<b>Information:</b>					

14	Fee Worksheet (SB06)	fee-info.pdf	37327	no	2
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<b>Total Files Size (in bytes):</b>	18120795
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